8-1-2015

Life Balance in Nurse Educators: A Mixed Methods Study

Joan Marie Owens
University of Northern Colorado

Recommended Citation

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

LIFE BALANCE IN NURSE EDUCATORS:
A MIXED METHODS STUDY

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Joan Marie Owens

College of Natural and Health Sciences
School of Nursing
Nursing Education

August 2015

This Dissertation by: Joan Marie Owens

Entitled: *Life Balance in Nurse Educators: A Mixed Methods Study*

has been approved as meeting the requirements for the Degree of Doctor of Philosophy in College of Natural and Health Sciences in School of Nursing, Program of Nursing Education

Accepted by the Doctoral Committee:

_____
Carol Roehrs, Ph.D., RN, Research Advisor

_____
Lory Clukey, Ph.D., Psy.D, CNS, RN, Committee Member

_____
Melissa Henry, Ph.D., RN, FNP-C, Committee Member

_____
Kathryn Bright, Ph.D., Faculty Representative

Date of Dissertation Defense   July 1, 2015

Accepted by the Graduate School

_____
Linda L. Black, Ed.D.
Associate Provost and Dean
Graduate School and International Admissions

ABSTRACT

Owens, Joan Marie. *Life Balance in Nurse Educators: A Mixed Methods Study*.
Published Doctor of Philosophy dissertation, University of Northern Colorado,
2015.

The topic of nurse educator life balance is significant to the nurse educator
community, which is facing a national nurse faculty shortage, challenges in producing
enough new nurses, and a continuing shortage of nurses. This compromises patient
safety and the quality of care. Major factors identified as contributing to the shortage
of nurse educators are educator dissatisfaction with workload and work life balance.
Life balance is described as an enjoyable array of daily activities that is meaningful
and contributes to the individual's health. Professional quality of life is described as
the quality one feels in relation to one's work as a helper and may be related to life
balance in the nurse educator role.

This mixed methods study used a sample of 32 nurse educators from
Washington state to examine relationships that exist between nurse educator life
balance as measured by the life balance inventory, and professional quality of life
related to work as measured by the Professional Quality of Life 5 tool. The study also
explored the lived experience of life balance phenomena through interviews with 12
nurse educators.

The findings illustrate that the nurse educator participants reported moderate
life balance, and that the more life balance an educator perceives they have, the more

compassion satisfaction they may perceive they have. There were significant positive

correlations between compassion satisfaction and the total life balance score and

subcategories health, challenge, and identity. There were significant negative

correlations in the expected directions between all of the life balance scores (total life

balance and the subcategories health, relationships, challenge, and identity) and

burnout. There were also significant negative relationships between the total life

balance scores and the three subcategories of health, challenge, and identity. The four

themes that emerged in the interviews highlighted areas of concern for nurse

educators: (a) support, (b) demands, (c) workload, and (d) personal and time attributes.

The reports of the dissatisfaction with life balance or lack of life balance in the

literature may be more an indicator of the educator's dissatisfaction with work-related

factors, not necessarily related to actual life balance.

DECICATION

I have been blessed with an inner strength and confidence that is continually reinforced by the unending love and support of my husband and best friend, Joe Owens. Your faith in me strengthens and empowers me, and this work is dedicated to you. Thank you for believing in me and the importance of my work; without you it would not have been possible.

ACKNOWLEDGMENTS

I would like to express heartfelt thanks to many who have played a role in my doctoral education and dissertation research. This has been a life enriching experience and I am truly appreciative of those who have assisted me in various ways throughout this journey.

First, I wish to thank the members of my dissertation committee. To my committee chair, Dr. Carol Roehrs, I am extremely grateful for your ongoing support, patience, and the direction provided through the many drafts of this project. Dr. Lory Clukey, your expertise in qualitative research was invaluable. Dr. Melissa Henry, your attention to detail and knowledge of professional quality of life tools greatly appreciated. Dr. Kathryn Bright, your kind words of encouragement were a true gift.

Thank you to Dr. Kathleen Matuska for sharing your wisdom and expertise on the topic of life balance. Your dedication to life balance is inspiring.

I wish to express thanks to my 2010 UNCO cohort members whose support has been essential in this journey. The bonds developed throughout this journey are unique and cannot be broken. A special thank you to Dr. Cathy Coram, whose continual encouragement and ability to help redirect my focus has been invaluable.

And last but certainly not least, thank you to my family. To my husband Joe and my children; Lisa, Joey and Cameron, thank you for your unending gift of love and encouragement that made this accomplishment possible.

TABLE OF CONTENTS

CHAPTER

Background and Statement of the Problem
Theoretical Framework
Purpose Statement
Research Questions
Definitions
Importance of the Study

Theoretical Framework for the Study
Professional Quality of Life

Introduction
Research Questions
Design
Procedures
Quantitative Data
Qualitative Data
Integration
Data Security
Conclusion

CHAPTER

LIST OF TABLES

TABLE

LIST OF FIGURES

FIGURE

CHAPTER I

INTRODUCTION

Background and Statement of the Problem

The topic of nurse educator balance is significant to the nurse educator

community, which is facing a national nurse faculty shortage crisis. There is an

inherent link between the nursing faculty shortage, challenges in producing enough

new nurses, and a continuing shortage of nurses. This compromises patient safety and

the quality of care, resulting in compromised patient outcomes.

The nursing shortage creates staffing issues for hospitals, which are unable to

hire and retain appropriate numbers of qualified nursing staff. Hospitals with low

nurse staffing levels tend to have higher rates of poor patient outcomes such as

pneumonia, shock, cardiac arrest, and urinary tract infections (Needleman et al.,

2011). According to Aiken, Clarke, Sloane, Sochalski, and Silber (2002), in hospitals

with high patient to nurse ratios, surgical patients experience higher risk-adjusted 30-

day morbidity and mortality after major complications.

The Agency for Healthcare Research and Quality (2011) described the nursing

shortage as a threat to public health and emergency preparedness. Nurses are needed

for disaster response, and a shortage of nurses puts hospitals at risk for inadequately

triaging patients, administering medications, and giving immunizations. The Agency

for Healthcare Research and Quality directly linked the nursing shortage and potential

threat to public health to the nurse educator shortage. The agency suggested that to keep up with the demand for nurses, nursing schools need to graduate 25% more nurses yearly. This will be difficult because nursing schools throughout the country are keeping enrollment numbers down due to insufficient numbers of nursing faculty members. Schools cannot produce the number of nurses needed without increased numbers of nursing faculty. The National League for Nursing (2010) reported that the primary reason schools of nursing are unable to expand their student enrollment is due to insufficient faculty.

According to a *Special Survey on Vacant Faculty Positions for Academic Year 2011–2012* by the American Association of Colleges of Nursing (2012), a total of 1,358 faculty vacancies were identified in a survey of 680 nursing schools with baccalaureate and/or graduate programs across the country showing a faculty vacancy rate of 8.3 %, up from the previous survey of 7.6% faculty vacancy rate. The survey had a 79.7% response rate and also showed the schools cited a need to create an additional 98 faculty positions to meet student demand. The major nursing associations involved with nursing education in general and with nurse educators, the American Association of Colleges of Nursing and the National League for Nursing, have both released recent statements regarding the severity of the nurse educator shortage. The two organizations identify retention and recruitment as major strategies toward correcting the nurse educator shortage.

Major factors identified as contributing to the shortage of nurse educators are educator dissatisfaction with workload and work balance (American Association of Colleges of Nursing, 2012; National League for Nursing, 2010). Lack of employee

support from employers has been demonstrated to contribute significantly to job dissatisfaction, nurse educator burnout, and turnover (Sarmiento, Laschinger, & Iwasiw, 2004). Life balance is described as an enjoyable array of daily activities that is meaningful and contributes to the individual's health (Matuska & Christiansen, 2008). Life balance and imbalance are factors related to a person's happiness and subjective well-being (Sirgy & Wu, 2009). Nurse educators experiencing high work load volume, typically 56-hour work weeks as identified by the National League for Nursing (2010), may have a difficult time achieving life balance. The inability to achieve life balance contributes to job dissatisfaction and burnout, which are cited as major factors contributing to the nurse educator shortage. This mixed methods study looked at relationships that exist between nurse educator life balance and quality of life related to work, as well as explored the lived experience of life balance phenomena.

Theoretical Framework

The life balance model (Matuska & Christiansen, 2008) is a model that conceptualizes a satisfactory life balance by a congruence in how much time an individual spends doing an array of life activities with the time the person actually prefers to spend on the activities or variables. Life balance was measured with the Life Balance Inventory (LBI), a Likert scale survey that measures the congruence between desired and actual time use in 53 categories and equivalence among four need-based scales of physiological health, relationships, identity, and challenge/interest (Matuska & Christiansen, 2008). Detailed information on the life balance model is in Chapter II and on the inventory in Chapter III.

Professional quality of life incorporates the positive and the negative aspects of working in a helping profession. Research has shown that individuals who help people who are exposed to traumatic stressors are at risk for developing negative symptoms such as burnout, depression, and post-traumatic stress disorder (Stamm, 2010). The compassion satisfaction compassion fatigue model depicts how three key environments feed into the positive and negative aspects of helping others. The positive aspect according to Stamm (2010) is compassion satisfaction, and the negative aspect is compassion fatigue, comprised of burnout and secondary stress. Compassion fatigue in nurses results from giving high levels of energy and compassion over a prolonged period (McHolm, 2006) and may be a significant factor related to nurse educator life balance. Professional quality of life was measured by the Professional Quality of Life (ProQOL 5) scale tool, a 30-item Likert-type survey to measure compassion satisfaction, fatigue, and burnout.

Purpose Statement

The nurse educator shortage is a significant problem that needs to be addressed in the nursing community. Job dissatisfaction and burnout are frequently cited as major factors contributing to the shortage of educators. Dissatisfaction and burnout contribute to one's inability to achieve life balance. The purpose of this study was to explore the phenomenon of life balance, as well as the relationship between a nurse educator's professional quality of life and life balance. The results may lead to designing ways to prevent or to minimize the challenging aspects of the nurse educator profession that lead to nurse educator lack of balance, dissatisfaction, and/or burnout. The study may also provide information on useful strategies for retention of nurse

educators to directly affect the nurse educator shortage. The study utilized a mixed methods approach as is best suited to answer the posited research questions since quantitative or qualitative methods alone cannot capture the essence of life balance.

Research Questions

Q1   What is the relationship between nurse educator life balance as measured by the Life Balance Inventory (LBI) and professional quality of life (compassion satisfaction, compassion fatigue, and secondary stress) as measured by the Professional Quality of Life (ProQOL 5) scale?

Q2   How do nurse educators describe their experience of life balance? What is nurse educators' experience of life balance? or How do nurse educators experience life balance?

Definitions

Burnout

Theoretical. A state of continual physical and mental exhaustion that can result in workers being disconnected from both work and home life due to lack of energy for either important facet of life (Simmons, 2012).

Operational. A measured score above 57 on the compassion fatigue scale of the ProQOL 5 (Stamm, 2010).

Compassion Fatigue

Theoretical. The negative aspect of work as helpers and concerns things such as exhaustion, frustration, anger, and depression typical of burnout and hopelessness in dealing with work or performing a job effectively (Stamm, 2010).

Operational. A measured score above 57 on the compassion fatigue scale of the ProQOL 5 (Stamm, 2010).

Compassion Satisfaction

>**Theoretical.** The pleasure derived from helping others at work (Stamm, 2010).

>**Operational.** A measured score above the average of 50 on the compassion satisfaction scale of the ProQOL 5 (Stamm, 2010).

Life Balance

>**Theoretical.** A satisfying pattern of daily activities that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances (Matuska & Christiansen, 2008).

>**Operational.** The overall life balance score from the LBI, which indicates how satisfied the individual is with the match between how much time is spent versus how much time is desired to be spent, as well as how satisfied the individual is with the four needs of health, relationships, challenge, and identity (Matuska & Christiansen, 2008).

Professional Quality of Life

>**Theoretical.** The quality one feels in relation to one's work as a helper (Stamm, 2010).

>**Operational.** A measured score above the average of 50 on the compassion satisfaction scale of the ProQOL 5.

Importance of the Study

The lack of literature and thus lack of knowledge on the topic of nurse educator life balance, specifically as life balance relates to professional quality of life or job satisfaction, justified this study. The nurse educator shortage is a significant problem that needs to be addressed in the nursing community. Job dissatisfaction and

burnout are frequently cited as major factors contributing to the shortage of educators. Exploring the phenomenon of life balance and the relationship between a nurse educator's professional quality of life and life balance may provide key information for preventing nurse educator dissatisfaction and/or burnout as well as contributing to nurse educator retention.

CHAPTER II

LITERATURE REVIEW

Theoretical Framework for the Study

The purpose of this study was to explore the phenomenon of life balance, as well as the relationship between a nurse educator's professional quality of life and life balance. The study may provide key information for preventing nurse educator dissatisfaction and/or burnout as well as to provide information that may contribute to nurse educator retention. This chapter presents the evolution of life balance, theoretical definition of life balance, an introduction to the life balance model, followed by a discussion on nurse educator life balance. The tools to be used for the study, the LBI and the ProQOL 5 scale, are also introduced.

Evolution of the Concept
of Life Balance

The philosophical foundation of balance itself, in a health related context, although not specifically stated in any of the literature, stems from holistic principles of well-being. The epistemology of subjectivism seems to fit with the published literature on balance. Crotty (1998) related," meaning does not come out of an interplay between subject and object but is imposed on the object by the subject" (p. 9). A literature review on balance constructs meaning being interpreted to fit the author need. Interpretivism is also conveyed in the literature on the concept of balance

in that balance appears to be inherently social in perspective, and recognized culturally as an interpretation of a good life. The definitions of balance from the literature review of balance as a concept are varied. The most frequently encountered definitions in the literature review are weight or force of one side in excess of another (Bottelli & Wadia, 2010; Spiegelman & Flier, 2001), physical equilibrium (De Kegel et al., 2010; Tyson, 2009), and stability or equipoise between contrasting or opposing elements (Flores, Forrest, & Tena, 2010; Kawai & Kanda, 2010).

The definition of mental and emotional steadiness was related or implied in articles from the disciplines of business (Burton, 2004) and law (Collier, 2005), as well as in articles from the disciplines of psychology (Gropel & Kuhl, 2009) and veterinary medicine (Roark, 2010). These articles all discussed the concept of balance as it relates to achieving lists of pursuits and getting what one wants in life.

The middle range of the Matuska life balance theory (Hakansson & Matuska, 2010) defines balance as a satisfying and stress reduced life and good health and well-being with a satisfying pattern of daily occupations that is healthful, meaningful, and sustainable. The model itself provides a process of measuring and defining life balance by measuring the dimension of lifestyle defined within the model. There are five dimensions of lifestyle measured in the Matuska life balance model: Basic needs for security and safety, having rewarding and self-affirming relationships with others, feeling challenged and competent, creating meaning and positive personal identity, and organizing time and energy in ways that enable personal goals for achievement. There are other related definitions to this model of balance in the literature. Hansen (2002) described balance as a decreased employee stress with work life conflicts.

According to Parker and Wang (2013), half of all working parents with children under age 18 say it is difficult for them to balance the responsibilities of their job with the responsibilities of their family. In a 2012 study, the authors completed over 1,500 interviews with working men and women and found there was no significant gap in attitudes between mothers and fathers: 56% of mothers and 50% of fathers say juggling work and family life is difficult for them. Harris and Bennett (2010) noted a family friendly working environment as balance. Losoncz and Bortolotto (2009) and Roberts (2008) also addressed job satisfaction as balance with mentions of improving home life quality. Marks and MacDermid (1996) and Sirgy and Wu (2009) related similar definitions discussing balance as becoming fully engaged in the performance of every role and/or satisfaction in domains.

Gropel and Kuhl (2009) outlined the individual's perceived need fulfillment as needing to occur in order for balance to be achieved. Similarly, the work of Hakansson and Matuska (2010) characterized the fulfillment of the needs defined within the Matuska life balance model as being antecedent to balance. The needs outlined within this model are broad and well defined within the five dimensions of the model, which include safety and security, rewarding and self-affirming relationships, feeling engaged and challenged, creating meaning and positive personal identity, and organizing time and energy for personal goal achievement. Sirgy and Wu (2009) specified survival and growth needs of the individual needing to be met in order to fulfill balance but did not specify exactly how the survival and growth needs are defined. Van der Klis and Karsten (2009) discussed the importance of both individual and family needs being met for balance to be achieved. In a related antecedent,

Hansen (2002) also specified need fulfillment but narrows the fulfillment to family life rather than the individual and family life.

Flexible working as an antecedent to balance was discussed by several of the authors reviewed (Burton, 2004; Collier, 2005; Hansen, 2002; Harris & Bennett, 2010; Roark, 2010). In addition to flexibility at work, decreased work stress was also discussed (Losoncz & Bortolotto, 2009) as an antecedent for balance to occur.

The work of Marks and MacDermid (1996) detailed decreased role strain, increased self-esteem, and specified indicators of well-being needing to be present for balance to exist. The indicators of well-being in this study were derived from self-esteem measurements as well as depression scales.

The literature on life balance, rather than simply balance, supports the view that life balance is important for an individual's psychological well-being and the satisfaction one has with life can be an indicator of successful balance between roles (Clark, 2000; Clarke, Koch, & Hill, 2004; Marks & MacDermid, 1996). There is a lack of agreement on how the concept should be defined. The earliest definitions of life balance dates back centuries when Aristotle described human flourishing in the context of life activities that were virtuous and balanced to the interests, goals, values, and capabilities of the individual (Christiansen & Matuska, 2006). According to Veenhovan (2009), life balance is best reflected in a lifestyle mix that yields the most happiness rather than one with short lived pleasures, incidental peak experiences, or satisfaction in particular domains of life but not others. Sheldon and Niemiec (2006) studied life balance in four studies with multiple designs and found that people who experienced balanced need satisfaction reported higher well-being than those with

greater variability in need satisfaction, even when the sum of total scores was equal. Matuska and Christiansen (2008), who created the life balance model, described daily configurations of activities that meet the basic needs of maintaining physiological health, having positive relationships and experiencing challenge and competence, creating a positive personal identity.

Life balance in the literature has been defined as role balance (Marks & MacDermid, 1996); as happiness from a balanced lifestyle that provides satisfaction with life as a whole (Veenhoven, 2009), more simply as balanced need satisfaction (Sheldon, 2009; Sheldon & Niemiec, 2006); as satisfactory engagement in a mix of activity experiences (Persson & Jonsson, 2009); and in detail by a satisfying pattern of daily activities that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances (Matuska & Christiansen, 2008). The last definition is the definition of life balance used for this study. The literature does not address life balance for nurses or nurse educators, but for individuals in general.

Theoretical Definition
of Life Balance

The life balance model (Matuska, 2012) was used in this study. The model describes how the variables interact and how time spent meeting the different activities is in congruence with life balance. The life balance model depicts expected relationships between activity configurations; environment; and associated life outcomes, such as life balance or imbalance, personal well-being, need satisfaction, and other mental or physical outcomes. The model is designed with two large ovals in the center that depict the activity configurations people engage in. According to

Matuska (2012), it is expected that activity configurations will vary across people because individuals have different personalities, values, and interests. It is also expected that activity configurations will vary for individuals across situations and time because people have unique roles and role requirements in different situations. Oval A of the model represents congruence of activity configurations, which means that one's actual activity configuration in everyday life matches one's desired activity configuration in everyday life. The life balance model proposes that one component of a balanced life is high activity configuration congruence. Oval B of the model represents equivalence of activity configurations. The life balance model proposes that the second component of a balanced life includes activity configurations that allow people to meet the four need dimensions identified in the life balance model.

Life Balance Concept in General

The literature on life balance tends to support the view that life balance is important for an individual's psychological well-being, and the satisfaction one has with life can be an indicator of successful balance between roles (Clark, 2000; Clarke et al., 2004; Marks & MacDermid, 1996). Burnout is defined as a state of continual physical and mental exhaustion that can result in workers being disconnected from both work and home life due to lack of energy for either important facet of life (Simmons, 2012).

According to Veenhovan (2009), life balance is best reflected by having life experiences that provide happiness in a combination of short lived enjoyment and gratification with peak experiences. Sheldon and Niemiec (2006) studied life balance in four studies with mixed method design and found that people who experienced

balanced need satisfaction reported higher well-being than those with greater

variability in need satisfaction, even when the sum of the total scores was equal. The

life balance model (Matuska & Christiansen, 2008) also identified the importance of

having time for important life needs.

There seems to be a lack of agreement within the literature regarding how the

concept of life balance is defined. Life balance, according to Khallash and Kruse

(2012) is about managing external pressure from a competitive work environment with

leisure and or family. This is important in the context of nurse educators who typically

work 56 hours weekly (National League for Nursing, 2010), which limits the ability to

spend time on the other important facets of life, thus limiting the potential to achieve

life balance. The life balance model and LBI (Matuska, 2012) used in this study

looked at the desired time versus actual time spent in various activities.

The relationship of life balance and well-being is well documented in the

literature. The nature of why that relationship exists was explored by Gropel and Kuhl

(2009) with the hypothesis tested being that a sufficient amount of the time available

increases well-being because it facilitates satisfaction of personal needs. The study

included two study groups, one with 73 college undergraduate volunteers and the other

with 79 married employee respondents. The respondents answered two different

Likert-type surveys, one on life balance and one on conflict. The results of the study

showed that perceived life balance was not only a predictor of well-being, but that the

relationship is mediated by an individual's need fulfillment. Women reported higher

well-being than men (F ¼ 9:73, p .01, Study 1 and F ¼ 5:5, p .05, Study 2) and scored

higher in work-life balance (F ¼ 25:2, p :001, Study 2 only) and lower in either form

of conflict (F ¼ 15:4, p , :001, for work-to-family conflict and F ¼ 8:1, p , :01, for family to-work conflict (Gropel & Kuhl, 2009). The study utilized two rather small convenience samples providing limited generalizability and was not aimed at any specific population such as nurse educators. The current study looked at nurse educators specifically to see how life balance is related to professional quality of life.

The work by Sheldon and Niemiec (2006) intended to further the research on life balance by taking a look at the psychological needs the self-determination theory defined as essential for psychological health. The study looked at the actual psychological needs for autonomy, competence, and relatedness to see whether the balance among these three needs is important to overall well-being. The authors performed the study with a sample of 315 students and determined that the measures of need satisfaction and life balance were positively correlated with a p value < .001. The study successfully utilized online surveys for the measurement of life balance, although different tools were used than for this study. The study utilized students with a mean age of 19 years of age, which is not necessarily generalizable to the nurse educator population whose perceived definitions of autonomy, competence, and relatedness would potentially be vastly different than those of traditional college students. The measurement of autonomy, competence, and relatedness can be seen in the life balance model and was measured by the LBI (Matuska, 2012), which indicates how satisfied the individual is with the match between how much time is spent versus how much time is desired to be spent (autonomy) as well as how satisfied the individual is with the four needs of health, relationships (relatedness), challenge (competence), and identity.

In a nationwide study in New Zealand (Jamieson, Kirk, & Andrew, 2013),

views on life balance were elicited from Generation Y nurses. Generation Y, also

known as Millennials, is the generation born between the years 1977 and 1994. In the

study of 358 nurses with a mean age of 25, 89.9% of the respondents reported that life

balance was highly important and necessary to allow for energy levels needed to enjoy

their personal lives. The research was not generalizable to the nurse educator

population, but it can be assumed that these young nurses from New Zealand were

similar to those from other countries in being aware of the importance of life balance

and would not be willing to move into the educator role if that role did not allow for

life balance. The current study aimed to provide information to assist in alleviating the

nurse faculty shortage and addressing recruitment and retention issues important to

nurse educators, whichever generation they are from.

Marks and McDermid (1996) suggested that people who have well balanced

role systems, which they conceptualize as full engagement in and enjoyment of all

roles, have higher levels of well-being and positivity. Using a sample of 65 employed

mothers, all who had at least one child under the age of 18 at home, who were chosen

through a two-stage sampling strategy, the authors showed that those who were more

balanced and enjoyed every part of their life equally well reported less overload and

had higher self-esteem and lower depression levels. The authors used various Likert-

type scales to measure role balance, role ease, and role overload. Omnibus tests for the

multivariate analyses of covariance were completed to test for significant effects while

taking into account relationships among dependent variables. The omnibus test for the

between-groups factor was significant, both without the co-variate, $F(18, 106) = 2.2$,

$p < .01$, and with positivity as covariate, $F(8, 116) = 3.1$, $p < .0035$. Not all nurse educators are mothers, but this study intended to show the relationship between life balance and professional quality of life for nurse educators. In addition, the role balance theory developed by Marks and McDermid influenced the development of the life balance model (Matuska, 2012; Matuska & Christiansen, 2008), which was used in the current study by showing that an individual's ability to balance multiple demands on time and role responsibilities correlates with the person's perception of ease and satisfaction with adequately meeting daily role demands.

The Losoncz and Bortolotto (2009) research explored the different aspects of working mothers' life balance and found that life conflicts arose from various work obligations or overload. The research highlighted the importance of a healthy life balance, as mothers who experience strong tension between their work and family responsibilities tend to report lower outcomes on physical and mental health measures. The participant pool of the study was large, utilizing data from a national database of over 9,000 households to focus on working mothers. The respondents were defined as female respondents in paid work with parenting responsibilities for any children under the age of 17. The final sample size was 1,738 mothers. The respondents were asked to indicate on a rating scale how strongly they agree or disagree with 13 statements combining work and family responsibilities on self, work, and family. A cluster analysis was performed on the data, which created six clusters on two continuums of work life balance: the ability to manage work life and value the working mother role. The largest cluster among the six defined, treading water, included 21% of the working mothers. These respondents experienced tension in the working mother role,

but coped with the role. A cluster titled indifferent and struggling included 13% of the working mothers. These respondents placed a low value on the working mother role and struggle to manage the demands of these two aspects of their life. Although many nurse educators may also fit the participant pool of working mothers, further research utilizing only the workforce population of nurse educators may address more specifically the workload or support issues faced in nursing education.

The work of Matuska (2012), Matuska and Christiansen (2008), and Matuska and Erikson (2008) on life balance is cited frequently in the literature, and the life balance model developed by Matuska and Christiansen is the model that was chosen for use in the current study. This model was chosen for use with nurse educators as it aligns well with Maslow's hierarchy of needs, a model that is widely used in nursing and nursing education to guide prioritization of needs (see Table 1).

Table 1

Comparison of Hierarchy of Needs (Maslow) to Life Balance Model (Matuska & Christiansen, 2008)

Maslow Hierarchy of needs	Matuska & Christiansen Life balance model
Self-actualization	Create meaning and personal identity
Aesthetics/cognition Esteem	Feel engaged, challenged, and competent Organize time to meet goals
Affiliation	Have rewarding and fulfilling relationships with others
Safety/security	Meet basic needs for biological health, safety, and security

The life balance model by Matuska and Christiansen (2008) measures life balance with the intent to answer if there is congruence between desired and actual time use in 53 categories and equivalence among four need-based scales of physiological health, relationships, identity, and challenge/interest. The life balance model assumes that when these dimensions are met consistently, that an individual will perceive life as more satisfying, less stressful, and more meaningful or balanced. Research using the model to develop a measurement tool (Matuska, 2012) utilized a sample of 458 respondents with ages from 18 to 90 years with a mean age of 41.1 years who had a mix of education levels, income, marital status, employment status, and completed the LBI survey. The ordinal raw data from the LBI total score was converted to interval data using Rasch analysis. This conversion created the congruence score, which confirmed that relationships exist between a person's satisfaction with how one spent time and perceived stress levels, well-being, and need satisfaction. The research limitations included that this was a broad population of individuals, not nurse educators; the population of the study included ages from 18 to 90, so since many of the respondents were younger and older than those found in the nurses educator field, it was unknown whether the findings could be generalizable to this population.

The life balance model developed by Matuska and Christiansen (2008), and refined by Matuska (2012), added legitimacy to the idea that having a balanced life is something of value, and it contributed to the overall evidence about what a balanced life may look like. The model was tested by Matuska (2012) who, after two pilot tests, utilized a stratified purposeful sample of 458 respondents to measure construct validity

of the tool and the model by the completion of the LBI surveys. The diverse sample was made up of 45% male and 55% female respondents, ages 18 to 90 years old, with a mix of education level and marital and employment status. The author used a confirmatory analysis to show that a good match between desired and actual time spent in activities was significantly related ($p \leq .000$) to lower stress, higher personal well-being, and higher basic psychological need satisfaction. The Rasch analysis of the LBI showed that the items on the inventory capture a range of congruence traits that fit intuitively with the model of life balance (Matuska & Christiansen, 2008). Reliability testing of the LBI data indicated all of the items on the LBI fit the expectations of the Rasch model, and each item had a mean square value between 1.82 and .82, showing that each item contributed positively to the total score.

The construct validity was affirmed since the LBI successfully predicted what it was hypothesized to predict. The internal consistency of the LBI measured by Cronbach's alpha was 0.89 to 0.97. Matsuka's (2012) research provided a model and measure that was used as the foundation of the proposed study.

Life Balance in Nurse Educators

There is an abundance of literature relating to life balance as a concept, but very little as the concepts relate to nurse educators. Harri's (1995) study is the only published research identified relating to nurse educators as the subject population. Although the study is from 1995, the historical value for the purposes of nurse educator life balance research is significant. The study was performed to assess the experiences of nurse educators at work utilizing a self-assessment tool. The study sent questionnaires developed by the author to 706 nurse educators. The questionnaire

consisted of a Likert-type scale on items covering topics such as workload, atmosphere and interaction at work, and work/leisure-time balance. Data from 477 educators and 409 spouses were collected and analyzed. The items addressed were physical environment, support, and work. The educators assessed the physical environment quality as good and workload as reasonable. The study also demonstrated that the ability to make professional decisions and to function with individual autonomy contributed to reducing negative feelings of nurse educators concerning workload and stress. The educators reported they received the least support from their union and the director of the college but the most support from their families. These results are important because they provide information on aspects important to work life balance from the nurse educator point of view. The respondents of the study were all teaching in a two-year nursing program, which may be similar to current associate degree programs, which do not traditionally have research and scholarship added to their workload but teaching loads are heavier. Further and more timely research is needed to contribute to the body of knowledge regarding nurse educator life balance by including educators at all institutional levels and experience.

Burnout in Nurse Educators

Burnout is a challenge to the education system as a whole and a growing issue for nurse educators. The educator shortage places undue stress on educators who already are working a typical 56-hour work week (National League for Nursing, 2010).

Burnout is known as compassion fatigue (Stamm, 2010) and is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job

effectively. Negative feelings can have a gradual onset and can reflect the feeling that an individual's efforts do not make a difference or can be associated with a very high workload or a non-supportive work environment. The characteristics of burnout for educators can include a loss of interest in teaching, becoming cynical, and withdrawing from co-workers. According to Brock and Grady (2000), educators describe feeling exhausted and overwhelmed leading to burnout. Educator burnout affects the lives of students, educators, and administration, as well as lends itself to the growing nurse educator shortage. According to Shirey (2006), individuals in the caring professions, particularly teachers, nurses, and social workers, are more at risk to experience job-related burnout. Nursing faculty experience additional stressors as a result of high job expectations associated with teaching, service, research, heavy work loads, and life balance issues (Shirey, 2006).

Sarimento et al. (2004) performed a descriptive correlational study of nurse educators working in the community college setting. The research question looked at college nurse educators and attempted to determine if educators who perceive their workplace to be empowering and who have low levels of burnout have high levels of job satisfaction. The investigators sent out invitations to 146 educators with a response rate of 61%. The sample of 89 educators completed four questionnaires. The investigators noted that high levels of work empowerment in combination with low levels of burnout were significant predictors of college educators' job satisfaction. Correlational analyses were conducted to examine the relationships between specific empowerment dimensions and burnout and job satisfaction with overall empowerment and satisfaction were strongly related ($p = .01$).

Anderson (1998) performed a descriptive correlational design study to ascertain the prevalence of burnout and organizational change among full-time nurse faculty members in higher education and to determine the association between organizational change-stress and burnout. The population of the study was full-time nurse faculty who taught in baccalaureate or higher degree nursing programs in five different states. The research was conducted on 255 faculty members who completed two self-administered questionnaires, the burnout assessment inventory, and the organizational change-stress survey. Results of the study showed that 16% of the sample fit the profile of burned out as reflected in enthusiasm scores of normal or below normal and extremely high scores on either or both frustration and alienation scales; however, the largest percentage (64%) of nurse faculty members fit the confused category, as shown by enthusiasm scores of normal or above normal and normal or above normal scores on either one or both frustration or alienation scales. Ten percent of the nurse faculty fit the scorched category, which indicated normal or below on enthusiasm and moderately high on either one or both of the frustration and alienation scales.

Burnout can also be attributed to incivility. Incivility in nursing education is defined as "rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations" (Clark, Farnsworth, & Landrum, 2009, p. 7). There are three identified directions of incivility in the literature (Marchiondo, Marchiondo, & Lasiter, 2010). Top down incivility is uncivil behavior by a higher status toward a lower status individual, such as may be directed to students by faculty. Lateral

incivility refers to uncivil acts between those with equal status, so faculty to faculty

incivility. Bottom up incivility is directed toward a person in a higher position by a

person in a lower position, such as student uncivil behavior toward faculty. Factors

that have been identified to contribute to faculty to faculty incivility include increased

faculty stressors, such as multiple work demands, problematic students, and financial

pressures from salary inequities between practice and educator roles (Clark &

Springer, 2010). Clark and Springer (2010) reported the following uncivil behaviors

faculty have experienced from other faculty:

- Overt rude and disruptive behaviors (in person and in cyberspace).
- Hazing, bullying, and overt acts of intimidation.
- Unwelcome and unsupportive put-downs.
- Setting others up to fail.
- Exerting superiority and rank over others—abuse of power.
- Not performing one's share of the workload.
- Avoidant, isolative, and exclusionary behaviors.
- Marginalizing and excluding others.
- Refusing to listen or openly communicate.
- Gossip and passive-aggressive behavior.
- Rude nonverbal behaviors and gestures.
- Resistant to change, unyielding, unwilling to negotiate.
- Engaging in clandestine meetings behind closed doors. (p. 323)

Student to faculty incivility are also noted frequently in the literature and

media accounts. Extreme examples of incivility as aggression have led to acts of

violence and even murder of professors throughout the country. Student to faculty

incivility can span a broad continuum of behaviors ranging from lack of preparation

for class, to an unwillingness to engage in the learning process, promoting the

cessation of the learning process (Clark & Springer, 2010; Robertson, 2012). Kolanko

et al. (2005) classified the various acts of incivility based on the following student

behaviors:

- Annoyances that disrupt learning—tardiness and use of cell phones/pagers in class.

- Acts of classroom terrorism—distracting side conversations, unwanted, and irrelevant commentaries.

- Acts of intimidation—instructor taunted with poor evaluations.

- Direct threats of violence aimed at injuring or incapacitating the instructor.

Burnout is a challenge for nurse educators and an individual's ability to achieve life balance.

Life Balance Model

The life balance model (Matuska, 2012) defines a balanced lifestyle as a satisfying pattern of daily occupation that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances. The definition recognizes that individuals have different roles in life, role requirements, values, and interests that change over time. The life balance model also recognizes that the ability to meet needs may vary based on the physical, social, and cultural environment of the individual. The model describes lifestyle patterns that enable an individual to meet basic instrumental needs or variables necessary for sustained biological health and physical safety; have rewarding and self-affirming relationships with others; feel engaged, challenged, and competent; create meaning and a positive personal identity; and organize time and energy in ways that enable one to meet important personal goals and renewal. The life balance model considers that when these dimensions are met consistently, an individual will perceive life as more satisfying, less stressful, and more meaningful or balanced (Matuska, 2012). The life balance model variables

defined as important in attaining life balance are shown in Table 2 with indicators of how these variables may be met. According to Matuska (2012), for an individual with a balanced life, these need-based activities are engaged in throughout a span of time in a manner that a person feels satisfied that his or her needs have been met and that their important goals have been achieved.

Life Balance Inventory

The purpose of the LBI is to assess an individual's perceived congruence between how an individual wants to spend one's time in various activity categories and how one actually spends time in those categories (Matuska, 2012). The tool provides individuals with an overall life balance score, indicating how satisfied the individual is with the match between how much time is spent versus how much time is desired to be spent, as well as how satisfied the individual is with the four needs of health, relationships, challenge, and identity. The tool is an online instrument that measures the congruence between desired and actual time use in 53 categories and equivalence among four need-based scales of physiological health, relationships, identity, and challenge/interest. For this scale, an individual answers yes/no to a series of whether they do or do not want to do an activity. For the items that are answered do or want to do, a further rating is perceived satisfaction with the amount of time spent on that activity versus time wanted to spend on activity. The inventory provides a satisfaction score within the four subscales.

Table 2

Life Balance Model Variables

Variable	Indicator	Measurement
Meet basic needs for sustained biological health & physical safety	• Taking care of personal hygiene • Getting adequate sleep • Relaxing • Getting adequate exercise • Eating nutritiously • Managing health needs	Self-reporting of using stress reducing strategies, getting adequate rest and getting regular exercise nutrition
Have rewarding & self-affirming relationships with others	• Doing things with family members • Doing things with spouse/significant other • Doing things with friends • Taking care of children/family members • Having an intimate relationship • Participating in groups • Meeting new people • Socializing at work • Mentoring others	Self-reporting of prioritizing reciprocal and close relationships and being assertive about relationship needs
Feel engaged, challenged, & competent	• Managing money • Working for pay • Gaining competence in job • Participating in educational opportunities • Participating in organized events	Self-reporting of actively choosing occupations, engagement in creative endeavors, challenged or stimulated with a variety of activity, and managing time

Table 2 (continued)

Variable	Indicator	Measurement
Organize time & energy in ways that enable personal goals & renewal	• Gardening • Doing outdoor activities • Planning or coordinating events • Decorating • Crafts, hobbies, sewing, art • Reading • Dancing, yoga • Playing games of skill • Watching TV • Making music • Maintaining or repairing equipment	
Create meaning & a positive personal identity	• Taking care of appearance • Participating in formal religious activities • Participating in tradition, rituals, holidays • Participating in professional organizations • Volunteering • Cooking • Doing housework • Shopping • Going to restaurants/bars • Going to plays, movies, sporting events • Reflecting, journaling travel	Self-reported identity that is personally meaningful and congruent with their values

In addition to the previously identified lack of agreement in the research on how the actual concept of how life balance should be defined, the bulk of the literature only addresses life balance for individuals in general, but not for the specific

population of nurse educators. There is scant literature addressing nurse educator life balance as it relates to the educator role or in relation to professional quality of life or job satisfaction. Nurse educators are a unique population of workers due to the nature of nursing education with the associated clinical hours required. The role ambiguity of nurse educators adds to the stress of the position (Langemo, 1998) as they juggle responsibilities for both students and patients. Nurse educators have varying levels of additional responsibilities including lecture courses, supervising students in lab and/or simulation, as well as professional responsibilities of research, scholarship, and committee work requirements of the institution. Nurse educators may also be responsible for maintaining an expertise and/or clinical practice.

Summary

The literature identifies the various complexities of defining life balance as it applies to many disciplines. The life balance model developed by Matuska and Christiansen (2008) and refined by Matuska (2012) utilizes need based dimensions which is a familiar concept for nurses and nurse educators. The life balance model provides an operational definition of life balance and a measurement tool using variables and time spent meeting those variables as a way to assess one's life balance which was used in the current study.

<div align="center">**Professional Quality of Life**</div>

Bednarski (2009) discussed the caregiving nature of nurses and the tendency nurses have to define themselves solely as caregiver. The giving of oneself to patients, families, and students experiencing stress, illness, death, bereavement, and ethical dilemmas adds a stressful component that may lead to compassion fatigue in the nurse

educator. Potter et al. (2010) discussed the characteristics nurses develop that reflect compassion fatigue including chronic fatigue, irritability, dreading going to work, aggravation of physical ailments, and a lack of joy in life or burnout. Compassion fatigue results from giving high levels of energy and compassion over a prolonged period (McHolm, 2006) and may be a significant factor related to nurse educator life balance.

Research has shown that individuals who help people who are exposed to traumatic stressors are at risk for developing negative symptoms associated with burnout, depression, and post-traumatic stress disorder (Stamm, 2010). People who work in helping professions may respond to individual, community, national, or international crisis. Professional job classifications that are considered helper professions include healthcare professionals, teachers, social service workers, police officers, and firefighters.

Professional quality of life incorporates the positive and the negative aspects of working in a helping profession. The positive aspects according to Stamm (2010) are considered compassion satisfaction, and the negative aspects are considered compassion fatigue. Compassion fatigue is further broken down into burnout and secondary stress, which Stamm (2010) defined as a negative fear a person develops driven by work related trauma.

Stamm (2010) developed the compassion satisfaction compassion fatigue model depicted in Figure 1. The model is derived from the compassion satisfaction compassion fatigue theory that describes professional quality of life as the quality one feels in relation to one's work in a helping profession. The theory describes how both

the positive and negative aspects of doing one's job in a helping profession influences one's professional quality of life. The theory incorporates the two aspects of professional quality of life, the positive (compassion satisfaction), and the negative (compassion fatigue). Compassion fatigue has two parts: the first part concerns things such as exhaustion, frustration, anger, and depression typical of burnout; the second part, secondary traumatic stress, is a negative feeling driven by fear and work-related trauma. Secondary traumatic stress is an element of compassion fatigue that is related to vicarious trauma. It is work related, secondary exposure to extremely stressful events. An example of secondary stress that can occur for educators (Stamm, 2010) is repeatedly hearing stories about the traumatic things that happen to other people. Educators are in a unique role in which they are not only mentors, but often serve as counsel for students. According to McCammom (1999), students may disclose trauma or abuse histories privately, such as in papers or journal entries or in conversations with the professor. Students may also publically reveal their experiences to the class, putting the educator at risk for secondary stress. Nursing faculty who witness repeated acts of incivility toward each other or students may also be at risk from being repeatedly exposed to extremely stressful events. The symptoms of secondary traumatic stress are usually rapid in onset and include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that are reminiscent of the event. The Figure 1 model depicts the elements of professional quality of life and a theoretical path analysis of positive and negative outcomes of helping others.

The conceptual definition of compassion fatigue is the feeling of hopelessness or avoidance with regard to one's work (Hoffman, 2000). With compassion fatigue, an individual develops a lack of caring, increased absenteeism from work, and loss of focus while at work. Compassion fatigue is detrimental to the well-being of the individual and to the institution. Compassion fatigue has financial, emotional, and morale consequences for administrators and institutions. The stress associated with individuals leaving the organization, rehiring, training, and mentoring can result in financial hardships for the institution and psychological hardships for the remaining staff (Hoffman, 2000).
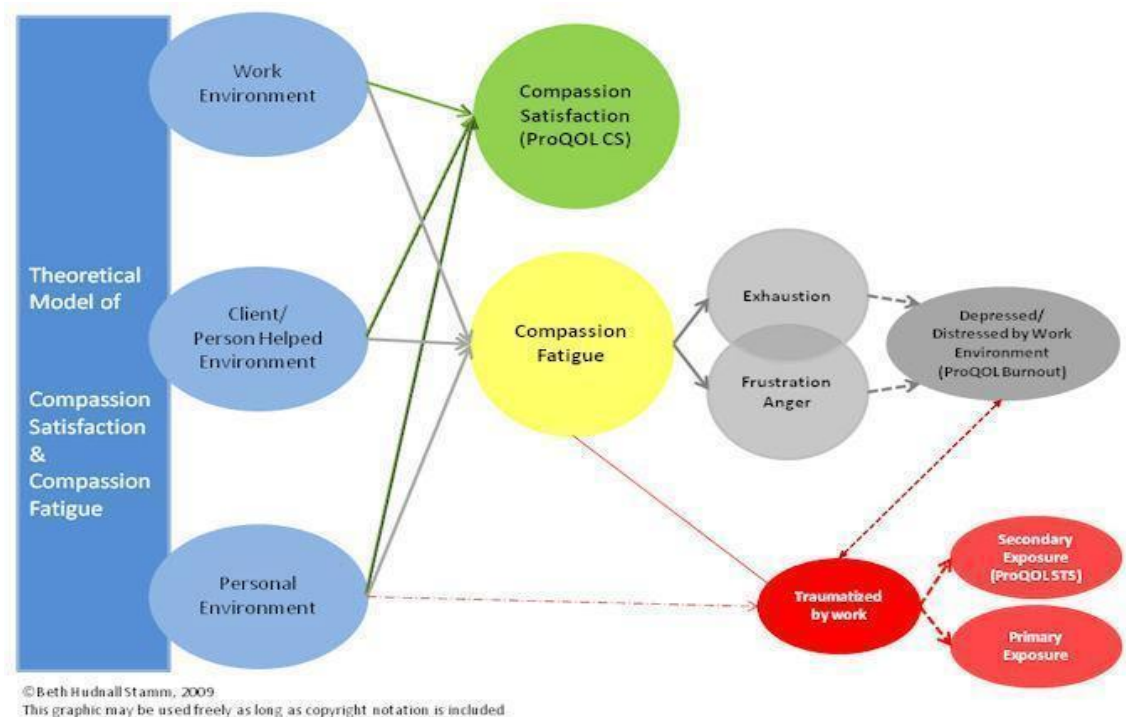
Figure 1. Professional quality of life model. From *The ProQOL Concise Manual,* by B. H. Stamm, 2010, retrieved from http://www.proqol.org

Potter et al. (2010) conducted a cross sectional survey among healthcare providers to gain a better understanding of the extent to which nurses and other oncology healthcare providers are affected by conditions such as burnout and compassion fatigue. The study is a descriptive analysis of a quality-improvement evaluation of oncology healthcare staff that was conducted at a large national cancer institute–designated cancer center. The study utilized the 30-item ProQOL 5 scale for measuring compassion fatigue, compassion satisfaction, and burnout (Stamm, 2010). A total of 153 healthcare providers participated in the study, for a response rate of 34%; most of the respondents were registered nurses. Descriptive statistics were used to analyze demographic information, including age, number of years as a healthcare provider, number of years working in oncology, and education background. A series of cross tabs were calculated to show the relationship between demographics and total scores on each of the three subscales using Pearson chi-square analysis. The average compassion fatigue score was 38.3, which is higher than the 37 average reported by Stamm (2010) in developing the tool, so consistent with expectations. The study did not include nurse educators, but the results may be generalizable to the nurse educator population of whom many practice at the bedside. The use of the ProQOL 5 exhibits construct validity of three scales that measure separate constructs. The compassion fatigue scale is distinct with inter scale correlations of 2% shared variance ($r = -.23$; co $-\sigma = 5\%$; $n = 1,187$) with secondary traumatic stress and 5% shared variance ($r = -.14$; co $-\sigma = 2\%$; $n = 1,187$) with burnout. According to Stamm (2010), there is shared variance between burnout and secondary traumatic stress. The two scales measure different constructs with the shared variance likely reflecting the distress that

is common to both conditions. The shared variance between these two scales is 34%

($r = .58$; co -$\sigma = 34\%$).

In an exploratory study on the experiences of career satisfaction, burnout, and

compassion fatigue in public school educators, Robinson (2005) utilized the ProQOL

5 tool in a survey of 184 teachers, counselors, and administrators. The study sought to

determine where educators tend to be located on the continuum of career engagement

and whether relationships exist between the nature of career engagement and

demographic characteristics, traumatization history, and current trauma status. The

respondents were asked to respond to the items on the ProQOL 5 in the context of

their roles as helpers within the public school teaching profession that included

secondary and technical teaching. In the interest of facilitating statistical analysis at an

exploratory level, those receiving scores at or above the test author's theoretically

derived upper cut-points (top 25%) on a subscale were deemed to demonstrate high

likelihood or risk of meeting criteria for that particular construct and its corresponding

category of quality of career engagement. Additionally, the lower cut-point (lower

25%) on the compassion satisfaction subscale was employed as an indicator of career

dissatisfaction. In the study, 48 of 184 respondents exceeded the upper quartile score

of 41, and 40 of 184 scored below the lower quartile cut-off of 32. The remaining

portion received scores in the mid-range, suggesting moderate career satisfaction and

relatively healthy career engagement. An interesting finding of the study was that

about one-third (33.15%) of the study respondents surpassed the cut-off score,

providing evidence of over engagement and risk for compassion fatigue. This finding

contributes to the growing literature suggestive of high incidence of compassion

fatigue in educators. Nurse educators are at risk for career over engagement as educators and, combined with the unique role of educating future nurses, may be at a greater risk of compassion fatigue. According to Robinson (2005), career over engagement refers to a lack, or the crossing, of professional boundaries. The boundaries between self and others become blurred as educators become enmeshed with the lives of their students, students' families, and colleagues. When educators demonstrate career over involvement, it may be accompanied by detrimental effects to their mental health and, possibly, physical health.

Professional Quality of
Life Nurse Educators

Nurse faculty members experience the same stressors as the clinical nurse, but their role is unique because the nurse educator has additional stressors. Nurses who experience compassion fatigue at the bedside and carry this into nursing academia may negatively impact the care recipient, the nursing student, in the same manner in which it negatively affects (Espeland, 2006) the patient at the bedside.

Stress in the nurse educator workplace is often described as the emotional and physical outcome when the demands of work become excessive and when there is a disparity in the amount of control the nurse has in meeting those demands (Lambert & Lambert, 2008). This disparity in control can result in compassion fatigue due to the imbalance of the work and the emotional consequences related to stress. The additional stressors nurse faculty may experience include the training of the new nurses; interactions with clinical staff and administrators in the clinical facility; and the academic challenges of research, teaching, scholarship, and service. Healthy work environments in the academic setting are critical for the recruitment and retention of

nurse faculty (Brady, 2010). The workload for nurse faculty members may include any or all of the following: classroom and skills lab teaching, simulation, clinical instruction, advising, committee participation, clinical practice, research, and/or service. The faculty member's ability to balance these competing responsibilities is critical if the environment is to be perceived as healthy (Brady, 2010). Many nursing programs use an unbalanced ratio, which devalues clinical teaching by making two or three hours of clinical instruction equivalent to one hour of classroom instruction. This means that faculty teaching 24 clinical hours have a workload equivalent to 12 credits of classroom hours when one classroom hour is equal to two clinical hours (Brady, 2010).

Price (2013) conducted an explanatory mixed methods study designed to determine if compassion fatigue was a risk for full time nurse educators and to what extent nurse educators experienced compassion fatigue. The study had 61 respondents and utilized the ProQOL 5 and the margin in life questionnaire. In analyzing the data of the ProQOL 5, z scores were converted to t scores, with the raw score mean equal to 50 and the raw score standard deviation equal to 10. The t scores were then described as a percentage to compare to the given cut scores of the ProQOL 5 as indicated in the ProQOL 5 manual (Stamm, 2010). If the scores were lower than the 50th percentile, which was set as the cut point, the indication was that the subjects did not exhibit that trait. If the compassion satisfaction score was above 50, then it is assumed that the subject has compassion satisfaction. In order to have compassion fatigue, the subject must have both burnout and secondary traumatic stress scores above 50. The findings of this study indicated that only 55% of nurse faculty member respondents experience

compassion satisfaction and 20% experience compassion fatigue. The other tool used

in the study, margin in life instrument, is a 58-item Likert scale questionnaire which

examines how an individual copes with stress in life (Price, 2013). The investigator

found no significant relationship between the two instruments, but did note that the

respondents who had compassion satisfaction showed a moderate negative correlation

to those who experienced total burnout ($r = -.420$, $p = .001$). For this study, the

participant pool of nurse educators was not separated into faculty who teach clinical

courses and those who do not. The qualitative findings of the study provided broad

information on the challenges nurse educators face. Content analysis of one-on-one

interview data suggested the presence of multiple professional obligations of nurse

faculty, tempered by the realities of operating in a high stress environment, student

expectations, and administrative demands for efficiency and high test success. The

themes provided information that indicated leadership in the organization had a

profound impact on nurse faculty satisfaction/compassion fatigue.

In another mixed methods study using the ProQOL 5 for the qualitative data

and nurse educator subjects, Gardner (2014) examined the extent to which nurse

educators in academia experienced compassion fatigue, compassion satisfaction, and

burnout. The study utilized 11 schools of nursing in the state of Pennsylvania and

attempted to evaluate across levels at which the educators taught (undergraduate,

master's, and doctoral) and to identify stressors unique to nursing academia which

may contribute to or mitigate the phenomena. The study utilized an open-ended survey

to gather qualitative data on nurse educator experience of compassion fatigue. The

investigator sent out 145 invitations to participate in the study and had 46 respondents

aged 26 to 65 participate. The years of experience as a nurse educator ranged from 0 to 36, with approximately 24% having 11 to 15 years of experience teaching. In the analysis, the study results showed that many nurse educators maintain compassion satisfaction regardless of years teaching, level, or age. However, the results also noted that when comparing clinical area of expertise, burnout was highest among those who identified their area of expertise as community health ($\beta = 0.279$, P $= 0.078$,) and lowest among those citing expertise in education (P $= 0.310$, $\beta = -0.169$). Secondary traumatic stress/compassion fatigue was highest in the medical/surgical area of expertise (P $= 0.085$, $\beta = -0.264$) and lowest in the oncology area of expertise (P $= 0.258$, $\beta = 0.177$). Psychiatric nursing area of expertise was the only area that demonstrated statistically significantly low levels of compassion satisfaction ($\beta = -0.298$, P $= 0.047$) where $p < 0.05$. Common themes from the qualitative analysis included contractual obligations, faculty incivility, scholarship and service obligations, and student-related issues including incivility as stressors unique to the environment of the nurse educator.

Professional Quality of Life Scale

The second tool for this study was another online tool, the ProQOL 5, which uses the compassion satisfaction and compassion fatigue model (Stamm, 2010). This tool is appropriate for nurse educators who are empathetic and caring nurses, but can develop stress from attempting to meet the needs of students, patients, and families, resulting in compassion fatigue (Lombardo & Eyre, 2011). According to Thompson (2003), helping professionals, including teachers who hear stories of fear, pain, and

suffering of others, may feel similar fear, pain, and suffering because they care. Helping professionals in all settings are especially vulnerable to compassion fatigue. Compassion fatigue affects not only the nurse educator in terms of job satisfaction and emotional and physical health, but also affects the workplace environment by decreasing productivity and increasing turnover. The respondents of the study were asked to complete the ProQOL 5, which is comprised of three subscales reflective of behavioral manifestations indicative of compassion satisfaction, compassion fatigue, and burnout. This model and tool are applicable for nurse educators as professional quality of life is defined as the quality one feels in relation to their work in a helping type profession. The positive and negative aspects of a person's job influence one's professional quality of life. The ProQOL 5 is the latest revision of the tool (Stamm, 2010) and is comprised of 30 questions to which the respondents answer how frequently the item has been experienced in the previous 30 days using a Likert-type scale of 1 to 5 from *never* to *very often*.

Summary

The ProQOL 5 model and scale (Stamm, 2010) was used in the study because educators are prone to developing compassion fatigue, and nurse educators may also be at risk for secondary stress. The use of this tool identifies compassion satisfaction and/or compassion fatigue experienced by nurse educators. The relationship between life balance and professional quality of life is essential to the current study exploring life balance for nurse educators.

CHAPTER III

RESEARCH METHODS

Introduction

The nurse educator shortage is a significant problem that needs to be addressed in the nursing community. Job dissatisfaction and burnout are frequently cited as major factors contributing to the shortage of educators. This study utilized a mixed methods approach to explore the phenomenon of life balance and the relationship between a nurse educator's professional quality of life and life balance. The aim of the study was to provide key information for understanding the lived experience of nurse educators and to assist in designing ways to prevent or minimize the challenging aspects of the nurse educator profession that lead to nurse educator dissatisfaction and/or burnout. A second aim of the study was to provide information on useful strategies for retention of nurse educators to directly affect the nurse educator shortage.

Research Questions

Q1 What is the relationship between nurse educator life balance as measured by the Life Balance Inventory (LBI) and professional quality of life (compassion satisfaction, compassion fatigue, and secondary stress) as measured by the Professional Quality of Life (ProQOL 5) scale?

Q2 How do nurse educators describe their experience of life balance? What is nurse educators' experience of life balance? or How do nurse educators experience life balance?

Design

This study utilized a mixed methods approach, as is best suited to answer the posited research questions. The research questions were not able to be fully addressed, and the essence of life balance in nurse educators is not something that quantitative or qualitative methods alone could capture.

In order to explore nurse educator life balance fully, it is important to gain a qualitative understanding of the phenomenon of life balance as well as quantitative information. This study utilized interviews to look at the experience of life balance and the strategies utilized by nurse educators to achieve that balance. The study also included the use of survey data to explore correlations among life balance and professional quality of life. The life balance model explains life balance and imbalance through their relationships to activity configurations, health and well-being outcomes, and the influence of the environment. According to Matuska (2012), activity configurations are the focus of the life balance model. High levels of congruence or equivalence in activity configurations lead to the perception of a balanced life with resultant lower stress, higher personal well-being, and need satisfaction, further resulting in positive health and well-being outcomes. Low levels of congruence or equivalence in the activity configurations are proposed to lead to an imbalanced life resulting in higher stress and lower personal well-being and need satisfaction, further resulting in negative health and well-being outcomes. No research has been found to date specifically addressing the relationship of life balance and professional quality of life of nurse educator faculty.

The study followed the convergent, parallel mixed methods design (Creswell & Plano-Clark, 2007). The intent of this design is to bring together differing strengths and weaknesses of quantitative methods with those of qualitative methods. For example, with a mixed methods design, words, pictures, and narratives can be used to add meaning to numbers. According to Creswell and Plano-Clark (2007), a mixed methods design can answer a broader and more complete range of research questions because the researcher is not confined to a single method or approach. The two forms of data will provide greater insight into the topic of nurse educator life balance than would be obtained by either method alone. The convergent design is efficient for use in this study because both types of data were collected during one phase of the research, analyzed separately, and then merged. The ability to graphically display mixed methods research can better communicate the results, and the most common ways of transforming the data in mixed methods research is by quantitizing and/or qualitizing the data (Teddlie & Tashakkori, 2009). Quantitizing involves transforming the qualitative data into a numerical form by assigning numbers to the themes. Teddlie and Tashakkori (2009) described qualitizing as a process that utilizes quantitative data and transforms that data to be analyzed qualitatively. The qualitative data in this study was transformed into quantitative to provide visual comparison.

<div align="center">**Procedures**</div>

Sampling

The target population for the study was nurse educator faculty. The purposeful sample utilized was nurse educators in Washington state. The study included 30 Washington state schools of nursing with an average number of nurse educator faculty

members being 12. Teddlie and Yu (2007) outlined sampling designs for mixed methods studies and explained that in a concurrent mixed methods study, where the research questions are linked together, as in this study, both the qualitative and the quantitative strands can be achieved with purposeful sampling.

The criteria for a purposeful sample were nursing schools in the state of Washington with either Accreditation Commission for Education in Nursing or Commission on Collegiate Nursing Education accreditation. No schools with conditional approval were utilized. The list of schools and accreditation status was obtained from the Washington State Department of Health (2014a).

A purposeful sample (Coyne, 1997) was chosen so that knowledgeable holders of information regarding the phenomenon of life balance in nurse educators can be utilized. Nurse faculty members from all schools within Washington state, who met the accreditation criterion, were invited to answer the research questions. Nurse educators are the knowledge holders of personal life balance in an educator role, and therefore the only ones with an ability to impart knowledge to enhance the research. According to Coyne (1997), purposive sampling provides large amounts of information and knowledge to answer a research question.

Obtaining Consent

After obtaining Institutional Review Board approval (see Appendix A), invitations to participate were sent to e-mail addresses of 348 nursing faculty members. The e-mail addresses were either published on school websites or provided/forwarded by the school's nursing program director to each faculty member. Inclusion criteria for participation in the study included being active nurse faculty

members, either tenured or non-tenured. Clinical teaching is relevant to nurse

educators' work, but not all educators have clinical teaching as part of the workload.

For this reason, clinical teaching was not mandated as inclusion or exclusion criteria,

allowing the investigator to obtain information from educators who taught in the

clinical setting and those who did not. Exclusion criteria included those faculty

members who were retired or on sabbatical. Diversity of participant ethnicity and

gender was unknown prior to beginning the study; demographic data of respondents

was assessed and compared to national values available from the National League for

Nursing (2009a) to consider suitability for generalizing the findings. No respondents

of this study were under the age of 18.

For the surveys, participating/completing the survey was clearly stated as

indicating consent for participation in the study. For the interview portion,

participation was solicited at the end of the survey, where respondents were asked to

provide an e-mail address for contact if the nurse educator desired to be interviewed.

The respondents who provided an e-mail were sent a consent form (see Appendix B)

to print, sign, and return by mail to the researcher. The signed consent forms were

forwarded to the research advisor and will be kept in a sealed envelope and locked in a

drawer for a period of three years, and then will be destroyed.

Quantitative Data

Collection: Professional
Quality of Life Scale

Using SurveyMonkey, respondents were asked to complete a demographic

survey and the ProQOL 5 (see Appendix C), which is based on the compassion

satisfaction and compassion fatigue model (Stamm, 2010). The ProQOL 5 initially

remained open for 20 days, with an e-mail reminder sent to all invited respondents on day 10. A second reminder was sent out at day 20 to increase the number of respondents for the study; the survey was reopened for another seven days.

The ProQOL 5 is comprised of three subscales, all reflective of behavioral manifestations indicative of compassion satisfaction, compassion fatigue, and burnout. This model and tool is applicable for nurse educators because professional quality of life is defined as the quality they feel in relation to their work in a helping profession. Educators and health care professionals are both defined as helpers in the model. The positive and negative aspects of a person's job influence a person's professional quality of life. The ProQOL 5 is comprised of 30 questions to which the respondents answer how frequently the item has been experienced in the previous 30 days using a Likert-type scale of 1 to 5 from *never* to *very often*. The ProQOL 5 has demonstrated good construct validity, having been used in over 200 published research papers (Stamm, 2009), and has also demonstrated acceptable to moderate internal validity using Cronbach's alpha = 0.77 to 0.89. The three scales measure separate constructs with shared variance. The tool provides scores relating to the individual's compassion satisfaction and compassion burnout/fatigue. The ProQOL 5 is included in Appendix C.

Collection: Life Balance Inventory

In order to fully describe life balance, subjective data must be obtained on the variables of interest in this study in relation to nurse educators. The approach utilized for obtaining data was the LBI tool developed by Kathleen Matuska, Ph.D., which is included in Appendix D. This tool was created to measure life balance utilizing the

principle that everyday activity patterns must enable an individual to meet the following important needs (Matuska, 2012):

1. Have basic health and safety.

2. Have rewarding and satisfying relationships.

3. Have regular activities that are interesting and challenging.

4. Have a satisfactory personal identity.

Study respondents were asked to complete the LBI online, along with the included demographic items. The LBI takes approximately 10 minutes to complete. Information provided upon completion of the survey includes an overall life balance score, indicating how satisfied the individual is with the match between how much time he/she desires to be doing activities and how much he/she is actually doing the activities. There are also subcategory scores for each of the four needs (health, relationships, challenge, and identity), again indicating how satisfied the individual is with the match between how much time he/she desires doing activities and how much he/she is actually doing the activities in each subcategory. The level of stress using the perceived stress scale is also included. The study followed the Life balance model scoring method as follows: total score on the LBI of 1.0 to 1.49, very unbalanced; 1.50 to 1.99, unbalanced; 2.00 to 2.49, moderately balanced; and 2.50 to 3.00, very balanced (Matuska, 2012).

A function of the LBI is to assess perceived congruence between how individuals want to spend their time in various activity categories and how they actually spend their time in those categories. The LBI also provides information about activity configuration equivalence or the perceived satisfaction across the need-based

dimensions of the life balance model: health, relationships, identity, and challenge/interest (Matuska, 2012). The expectation is that when there is a similar perceived average satisfaction across the four LBI subscales, there will be an associated greater need satisfaction, higher personal well-being, and lower perceived stress.

The tool measures the congruence between desired and actual time use in 53 categories and equivalence among four need based scales of physiological health, relationships, identity, and challenge/interest. For this scale, individuals answer yes/no to a series of items asking whether they do or do not want to do an activity. For the items that are answered do or want to do, there is a further rating of perceived satisfaction with the amount of time spent on that activity versus time wanted to spend on that activity. The inventory provides a satisfaction score within each of the four subscales. The LBI demonstrates acceptable internal consistency and content validity as a measure of life balance. The construct validity of the LBI was tested by Matuska (2012), who determined the LBI successfully predicted what it was hypothesized to predict. The internal consistency for the four need-based scales of the LBI was measured by Cronbach's alpha (0.89 to 0.97).

The Rasch model is a unidimensional model chosen by Matuska (2010) in developing the LBI. The model asserts that the easier the item is, the more likely it will be passed (affirmed); and the more able the patient, the more likely the individual will pass (affirm) an item (or do a task) compared to a less able patient (Tennant, McKenna, & Hagel, 2004). Rasch analysis showed that the LBI items capture a range of congruence traits and that the items on the inventory fit intuitively with the model

of life balance (Matuska & Christiansen, 2008). Reliability testing of the LBI data indicates all of the items on the LBI fit the expectations of the Rasch model, and each item had mean square value between 1.82 and .82, showing that each item contributed positively to the total score.

Analysis

Data analysis began upon the closing of the surveys. The SPSS (version 23) was utilized to analyze the quantitative data. The scores on the ProQOL 5 for compassion satisfaction, compassion fatigue, and secondary stress are presented in Chapter IV and compared by type of nursing school participants represented: Bachelor of Science in Nursing (BSN) and Associate Degree in Nursing (ADN).

According to Prion and Haerling (2014), the most common statistical calculation is the Pearson product-moment correlation coefficient. The Pearson *r* is a measure of the covariance of the two variables divided by the product of their standard deviation. Utilizing SPSS (version 23), the Pearson *r* provides a value between –1and þ1 or zero to show the correlation between life balance scores of the nurse educators in the study and their professional quality of life scores. Zero would denote that there is no relationship. After preliminary analyses were performed to ensure no violations of the assumptions of normality, linearity and homoscedasticity, the means from LBI data on respondents' life balance scores (Matuska, 2012) were correlated to the means of the ProQOL 5 compassion satisfaction and compassion fatigue scores to determine strength of the relationship.

Qualitative Data

Collection

The qualitative data were collected concurrently through interviews with nurse faculty members. In the initial invitation, respondents were informed that they would be asked to supply their e-mail address if interested in participating in the interview component of the study. Respondents who volunteered for the qualitative portion of the study were interviewed face–to–face or via telephone with the interview audio recorded. Permission for the recording was granted by each participant at the start of the interview session. The interviews each required 15 to 20 minutes to complete. The interviews were semi-structured and began with the following broad open-ended questions (see Appendices E & F) regarding the phenomenon of life balance:

Question 1: Thinking of your time as a nurse educator, what have you

experienced in terms of life balance?

Question 2: Tell me about what affects your experience of life balance?

Question 3: What other obligations do you have outside of work?

Question 4: How do you balance work with family?

Question 5: How do you balance work with leisure?

Question 6: How do you balance the demands of the other obligations on your

time?

These questions focused on gathering descriptive and structural descriptions of the life balance experience and provided a means to develop an understanding of common experiences and strategies. To fully explore the individuals' experience, the

questions and follow-up questions were revised as the continuous data analysis yielded

developing themes.

Analysis

> Q2   How do nurse educators describe their experience of life balance? What
> is nurse educators' experience of life balance? or How do nurse
> educators experience life balance?

The qualitative data analysis followed the procedures of transcendental

phenomenology as described by Moustakas (1994), beginning with a description of

the authors' own experiences or epoche of the phenomenon. Epoche involves the

investigator setting aside personal views on the phenomenon of study in order to focus

on the information reported by the respondents. The investigator reflected on the

personal experience of achieving life balance by journaling about personal experience

and reviewing personal journals before each interview in order to separate personal

views from the data obtained from the respondents. The reduction of bias was

facilitated by the use of member checking as outlined below.

Interview recordings were transcribed verbatim by the investigator. The

transcripts then were analyzed through the process of horizontalization (Creswell,

2007). Significant statements, sentences, and quotes were highlighted to provide an

understanding of the experience. The significant statements across respondents were

developed into clusters of meaning or themes. The investigator utilized categorical and

contextualizing strategies (Teddlie & Tashakkori, 2009) to break down the narrative

data and to interpret the data in a holistic manner that included interconnections or

themes between statements. The investigator looked for patterns in the interconnected

statements and, as is typical in this type of design, created a composite to show

essence or the essential, invariant structure of life balance (Creswell & Plano-Clark, 2007). A member check was completed by summarizing themes discovered during the interview process. The investigator e-mailed interview participants a Likert-type survey on the themes found to determine to what extent the themes developed were representative of their experience of life balance. The final findings were shared with all study respondents to promote accuracy and completeness.

Integration

The quantitative and qualitative strands were mixed during interpretation, after both sets of data were collected and analyzed, following the method outlined by Creswell and Plano-Clark (2007). A visual display of the data can be created by the process of quantitizing the data or transforming the data into information that can be analyzed quantitatively (Teddlie & Tashakkori, 2009).

Data Security

During the study, electronic data were stored on the researcher's password-protected personal computer. The voice recordings and all hard copies of data were stored in a locked file cabinet in the researcher's office. Only the researcher had access to voice recordings. Once the voice recordings were transcribed and checked for accuracy, the recordings were destroyed. When the study was completed, all data results were downloaded from the computer to several jump drives, and the data on the hard drive were deleted. The jump drives will also be kept in a locked file cabinet in the researcher's office for a period of three years and then destroyed.

Only the researcher and research advisor know the identity of respondents. Participant confidentiality is protected by assignment of a unique eight digit code to

each participant that was used during analysis, discussion, and dissemination of the results.

Conclusion

This mixed methods study explored relationships that exist between nurse educator life balance and quality of life related to work as well as the lived experience of life balance. Exploring the phenomenon of life balance and the relationship between a nurse educator's professional quality of life and life balance provides key information for preventing nurse educator dissatisfaction and/or burnout as well as contributes to nurse educator retention.

CHAPTER IV

RESULTS

Chapter IV presents results of the analysis of participant responses to the demographic questions, the LBI, and the ProQOL 5. In addition, the qualitative analysis of the interview data is presented and the integration of the two study methods is discussed. The chapter begins with sample characteristics and descriptive data for the LBI and ProQOL 5 tools. Analyses that follow are presented by relevancy to the research questions. For the purposes of description, where results are reported by individual instruments, all data received for that instrument will be included in the descriptive results. To ensure clarity, the specific number of responses included in the descriptive results is noted in the title of each application table.

Characteristics of the Sample

E-mail invitations were sent to 348 nurse educators within the state of Washington. The invitations were timed to correspond to week three of the semester, attempting to avoid interfering with the educators first week of classes, midterms, and finals. The total number of nurse educators who participated in this study was 56, representing an overall response rate of approximately 16%. The response rate for those completing only the ProQOL 5 for this study was 16%, and the total number of respondents who answered both surveys was 32, or 9.2%. For the purposes of inference related to Research Question Q1 (i.e., the relationship between LBI and

ProQOL 5 scores), data will be used only from those respondents who provided answers to both instruments.

According to Connelly (2011), frequent requests for surveys can be overwhelming for busy nurses and can negatively affect the nurses' response rate to requests. Teddlie and Tashakkori (2009) discussed the use of purposeful sampling in mixed methods studies as was used in this study and reported that purposeful samples are typically small, less than 30 or fewer cases, and are focused on the depth of the information that can be generated. The 32 respondents who completed both tools utilizing a typical case, purposeful sampling (Teddlie & Tashakkori, 2009), offer representativeness of nurse educators and life balance and were used for the data analysis of this study.

The number of female respondents who completed both surveys was 31, with one male completing both surveys. In order to prevent unintentional re-identification of respondents, no analysis based on gender was pursued. The race of all respondents was White. Table 3 details the demographic data.

The demographics of the respondents were compared to statewide demographics and national demographics. The Washington State Department of Health (2014b) *Nursing Education Programs 2013-2014 Annual School Report; Statistical Summary and Trends Analysis* reported that 51% of the nurse educators in the state are 51 to 60 years of age. The mean age for the survey respondents, 52, falls within this range. Ellis (2013) reported that the percentage of male nurse educators within the state is 9%. This demographic is under-represented in the study since the one male respondent represents 3.1% of the study respondents. The statewide report

also details ethnicity demographics of nurse faculty within the state with 96% White-Caucasian. The participants in this study were 100% White-Caucasian. The national demographic profile for nurse educators is slightly more diverse than Washington state. According to the National League for Nursing (2009c), 12.6% of nurse educators nationally are of non-White ethnicities. The mean age for educators nationally is 46 to 60 years of age, which is similar to the educator participants in this study National League for Nursing (2009a).

Table 3

Respondent Demographic Data

Race	M age	Education		Marital status		Employment	
N %		n %		n %		n %	
White	52.03	Doctorate		Married/partnered		Full-time	
32 100		8 25		26 81.3		28 87.5	
		Master		Divorced/separated		Part-time	
		22 68.8		5 15.6		4 12.5	
		Bachelor		Single			
		2 6.3		2 6.4			

The education level of the nurse educators is also reported in the annual state report. Twenty-four percent of the nursing faculty in the state have doctorates, 59% were prepared at the master's degree level, and 17% of nursing faculty members had a BSN as their highest degree. The study sample (25% Doctor of Philosophy, 69%

Master of Science in Nursing, and 6% BSN) included about the same percentage with

doctoral degrees, more educators with master's degrees, and fewer with BSN degrees

than Washington state as a whole.

The nurse educator respondents were separated into two groups for comparison.

Group one was comprised of those who work in a school of nursing that provides

education at the baccalaureate level, and group two was educators teaching in an ADN

program. Ten respondents (31.3%) from a baccalaureate program comprised group

one, and 22 (68.8%) respondents from ADN programs comprised group two. The

disparity in numbers for the two types of programs does not allow for further

statistical comparison of the two groups, but the data will be presented for the sake of

description. However, it is interesting to note that among the BSN educators, 60%

hold a Doctor of Philosophy degree, 30% have a Master of Science in Nursing, and

10% hold a BSN degree. The ADN educators also have Doctor of Philosophy

representation with 13.6%, Master of Science in Nursing degrees are held by 81.8%,

and 4.5% hold a BSN. The three degree levels are represented at both types of schools,

showing that educational level of the educator is not a defining factor in the type of

nursing school at which an educator teaches.

Quantitative Results

Q1   What is the relationship between nurse educator life balance as
measured by the Life Balance Inventory (LBI) and professional quality
of life (compassion satisfaction, compassion fatigue, and secondary
stress) as measured by the Professional Quality of Life (ProQOL5)
scale?

In order to determine whether any relationships exist between life balance as

measured by the LBI (Matuska, 2012) and professional quality of life as measured by

the ProQOL 5 (Stamm, 2010), the means from LBI data on respondents' life balance scores were correlated with the means of the ProQOL 5 compassion satisfaction, compassion fatigue/burnout, and secondary stress scores to determine the strength of the relationships. The SPSS (version 23) was used to complete the analyses that follow using the LBI and ProQOL 5 data.

Professional Quality of Life Scale

The ProQOL 5 survey is comprised of three subscales, all reflective of behavioral manifestations indicative of compassion satisfaction, compassion fatigue, and burnout. The ProQOL 5 is comprised of 30 questions to which the respondents answer how frequently the item has been experienced in the previous 30 days using a Likert-type scale of 1 to 5 from *never* to *very often*. The ProQO 5 demonstrates good construct validity with over 200 published papers (Stamm, 2009) and has demonstrated internal consistency using Cronbach's alpha = 0.77 to 0.89. The three scales measure separate constructs with shared variance. The tool provides scores relating to the individual's compassion satisfaction and compassion fatigue/burnout. The ProQOL 5 is included in Appendix C.

The tool utilizes a standard mean so that the scores across the tool can be interpreted the same way (Stamm, 2009). The standardized mean of each scale is 50. The mean scores of the ProQOL 5 subcategories (compassion satisfaction, compassion fatigue/burnout, and secondary stress) for the two groups together and the ADN and BSN educators separately are provided in Table 4 and presented here.

Table 4

Professional Quality of Life Scale Descriptive Statistics

ProQOL 5 subscale		All	BSN	ADN
Compassion satisfaction	*M*	41.531	41.800	41.409
	Mdn	42.000	41.500	42.00
	Variance	40.257	39.956	42.253
	SD	6.3448	6.321	6.500
	Minimum	23.0	30.0	23.0
	Maximum	50.0	50.0	49.0
	Range	27.0	20.0	26.0
Compassion fatigue/burnout	*M*	23.063	23.800	22.727
	Mdn	23.000	24.000	21.500
	Variance	43.222	42.400	45.255
	SD	6.5743	6.511	6.7272
	Minimum	14.0	14.0	14.0
	Maximum	41.0	35.0	41.0
	Range	27.0	21.0	27.0
Secondary stress	*M*	23.156	23.80	22.864
	Mdn	22.500	25.0	21.50
	Variance	37.620	25.067	44.504
	SD	6.1335	5.006	6.671
	Minimum	14.0	16.0	14.0
	Maximum	38.0	29.0	38.0
	Range	24.0	13.0	24.0

Note. ProQOL = Professional Quality of Life, BSN = Bachelor of Science in Nursing, ADN = Associate Degree in Nursing.

Compassion satisfaction is about the pleasure one derives from being able to do your work well. The average score for compassion satisfaction is 50. The mean scores were converted to a t score using the ProQOL 5 manual (Stamm, 2010). The combined respondents in this study had a mean compassion satisfaction score of 41.5

(*t* score of 57). The mean of the BSN group for compassion satisfaction was 41.8 (*t* score of 57) and for the ADN group, 41.41 (*t* score of 57). According to Stamm (2010), people with scores below 43 may have problems feeling positive about their job. Those with scores closer to 50 tend to feel positively toward colleagues, the ability to contribute to work, and the greater good of the role (Stamm, 2010). The respondents' scores for compassion satisfaction ranged from 23 to 50.

Compassion fatigue/burnout is associated with dealing with feelings of hopelessness and difficulties in dealing with work. Respondents of the survey had a mean compassion fatigue or burnout score of 23.06. This score was converted to a *t* score using the ProQOL 5 manual (Stamm, 2010) which converts to 53 compared with the mean compassion fatigue/Burnout score for the ProQOL 5 of 50. The mean score for the BSN group was 23.8 (*t* score of 55) and for the ADN group, 22.7 (*t* score of 53). Stamm (2010) suggested a score above 57 on compassion fatigue/burnout reflects a higher risk for burnout and is associated with a high workload and an unsupportive work environment. Lower scores in this category, such as below 18, suggests positive feelings about being able to be effective in work.

Secondary stress reflects work-related exposure to stressful events that creates difficulty for the helper in sleeping and/or creates a need to avoid certain behaviors to keep from being traumatized because of the exposure (Stamm, 2010). The average score on the secondary stress scale is 50, and it is suggested that those whose score is above 57 may be experiencing secondary stress and feeling frightened at work. The mean score for the BSN group was 23.8 (*t* score of 67) and for the ADN group, 22.9 (*t* score of 65). The mean of the study respondents as a whole was 23.16 (*t* score of 65).

The study participants' ProQOL 5 results reflect an overall mean on compassion satisfaction just above the standardized mean of the tool of 50. When looking at the burnout results of the ProQOL 5, the participants scored relatively low, suggesting that burnout risk is not necessarily high, but average risk for these educators. The nurse educators scored high on secondary stress in this study. They are at risk for having difficulties coping with the trauma that they are exposed to through working with students, by discussing or seeing traumatic experiences in the clinical area, so that it may adversely affecting their ability to function.

Life Balance Inventory Scale

The LBI is an online survey that takes approximately 10 minutes to complete. Information provided upon completion of the survey includes an overall life balance score, indicating how satisfied the individual is with the match between how much time he/she desires to be doing activities and how much he/she is actually doing the activities. There are subcategory scores included for each of the four needs (health, relationships, challenge, and identity), indicating how satisfied the individual is with the match between how much time he/she desires doing activities and how much he/she is actually doing the activities in each subcategory. The level of stress using the perceived stress scale is also included. The LBI demonstrates acceptable internal consistency and content validity as a measure of life balance. The construct validity of the LBI was tested by Matuska (2012), who determined the LBI successfully predicted what it was hypothesized to predict. The internal consistency for the four need-based scales of the LBI was measured by Cronbach's alpha (0.89 to 0.97). The study follows the life balance model scoring method as follows: total score on the LBI of 1.0 to 1.49,

very unbalanced; 1.50 to 1.99, unbalanced; 2.00 to 2.49, moderately balanced; and 2.50 to 3.00, very balanced (Matuska, 2012). The descriptive statistics for the two groups for the total life balance scores, as well as the subcategories of health, relationships, challenge, and identity are provided in Table 5.

The total life balance score of the respondents ranged from 1.277 (very unbalanced) to 2.830 (very balanced). The mean for total life balance was 2.197 for all groups together; the mean for the BSN group was 2.259, and for the ADN group 2.169. These means fall into the moderately balanced range.

The respondents' health scores ranged from 1.167 (unbalanced) to 3.00 (very balanced). The health category represents how satisfied the individual is with physiological health. The overall mean for the respondents was 2.265, the mean for the BSN group was 2.2005, and the mean for the ADN group was 2.295. These means fall into the moderately balanced range.

The scoring on the subcategory of relationships represents if respondents reported having self-affirming and rewarding relationships with others. The respondents had scores that ranged from 1.3 (very unbalanced) to 3.0 (very balanced) in this need. The overall mean for all respondents in the relationship sub category was 2.27. The means for the BSN group and the ADN group were 2.41 and 2.21, respectively. These means fall into the moderately balanced range.

Table 5

Life Balance Inventory Descriptive Statistics for Whole Sample and Degree Subgroups

LBI subscale		All	BSN	ADN
Total	*M*	2.19753	2.259	2.169
Life balance	*Mdn*	2.20900	2.250	2.209
	Variance	.158	.128	.176
	SD	.397958	.3577	.4198
	Minimum	1.277	1.622	1.277
	Maximum	2.830	2.702	2.830
	Range	1.553	1.080	1.553
Health	*M*	2.26569	2.200	2.295
	Mdn	2.33300	2.250	2.333
	Variance	.260	.221	.286
	SD	.509466	.4698	.5343
	Minimum	1.167	1.667	1.167
	Maximum	3.000	3.000	3.000
	Range	1.833	1.333	1.833
Relationships	*M*	2.27031	2.407	2.208
	Mdn	2.27750	2.578	2.143
	Variance	.226	.227	.224
	SD	.475748	.4761	.4732
	Minimum	1.300	1.300	1.333
	Maximum	3.000	2.800	3.000
	Range	1.700	1.500	1.625
Challenge	*M*	2.11050	2.140	2.096
	Mdn	2.14300	2.071	2.143
	Variance	.174	.123	.203
	SD	.416602	.3511	.4502
	Minimum	1.125	1.750	1.125
	Maximum	2.750	2.625	2.750
	Range	1.625	.875	1.625

Table 5 (continued)

LBI subscale		All	BSN	ADN
Identity	*M*	2.18000	2.246	2.149
	Mdn	2.19050	2.231	2.190
	Variance	.176	.163	.186
	SD	.419222	.4041	.4317
	Minimum	1.267	1.455	1.267
	Maximum	2.889	2.800	2.889
	Range	1.622	1.345	1.622

Note. LBI = Life Balance Inventory, BSN = Bachelor of Science in Nursing, ADN = Associate Degree in Nursing.

Respondents had challenge scores ranging from 1.125 (very unbalanced) to 2.75 (very balanced). The challenge category represents feeling engaged, challenged and competent. The overall mean for the respondents in the subcategory of challenge was 2.11. The means of the two groups were BSN with 2.14 and ADN with 2.09. These means fall into the moderately balanced range.

The identity subcategory of the LBI is intended to show how satisfied a person is in the need of identity. The results ranged from 1.267 (very unbalanced) to 2.889 (very balanced) with the scoring range being the same as the other subcategories. The mean for the study respondents as a whole in the subcategory of identity was 2.18. The mean of the BSN group was 2.11, and the mean of the ADN group was 2.21. These means fall into the moderately balanced range.

Relationships Between Professional
Quality of Life Scale and Life
Balance Inventory Scores

As previously discussed, the most common statistical calculation for

determining the relationship between two variables is the Pearson product-moment

correlation coefficient (Prion & Haerling, 2014). The Pearson r is a measure of the

covariance of the two variables divided by the product of their standard deviation.

Bonett and Wright (2000) discussed sample size for Pearson's correlation and noted

that in Pearson's original article, a sample size of > 25 was suggested. Utilizing SPSS

(version 23), the Pearson r was determined to find the correlation between measures of

the LBI and the ProQOL 5 of the 32 nurse educators in the study who completed both

tools. The scores for total life balance from the LBI and each of the four subcategories

were tested for correlation to the ProQOL 5 scores for compassion satisfaction,

compassion fatigue/burnout, and secondary stress. Appendix G details the correlation

tables, and summary tables are provided in the discussions below.

Total Life Balance Results

There was a significant positive relationship between the total life balance

score and compassion satisfaction ($r = .419, p < .05$): meaning more compassion

satisfaction, more balance. There was a significant negative correlation between the

total life balance score and burnout ($r = -.492, p < .01$): less burnout, more balance,

and also a significant negative correlation between total life balance and secondary

stress ($r = -.469, p < .01$): less stress, more balance The summary of the results are

presented in Table 6.

Table 6

Summary of Pearson r Total Life Balance and Professional Quality of Life Scale

	Compassion satisfaction		Compassion fatigue/burnout		Secondary stress	
	r	p	r	p	r	p
Total life balance	.419	.05	-.492	.01	-.469	.01
Health	.371	.05	-.456	.01	-.459	.01
Challenge	.391	.05	-.471	.01	-.463	.01
Identity	.415	.05	-.471	.01	-.465	.01
Relationships	.280		.332		-.358	.05

Life Balance Subcategory Results

The first life balance subcategory, health, was significantly related to the nurse educators' compassion satisfaction ($r = .371$, $p < .05$): better health, more compassion satisfaction. There was a significant negative relationship between health and burnout, $r = -.456$, $p < .01$: better health, lower burnout. There was also a significant negative relationship between the health and secondary stress ($r = -.459$, $p < .01$): less stress, better health. There was a significant negative relationship between the subcategory of relationship and burnout ($r = -.358$, $p < .05$): stronger interactions, less burnout.

In examining the subcategory of challenge, this category was significantly related to compassion satisfaction ($r = .391$, $p < .05$): more challenge, more compassion satisfaction. Challenge was strongly negatively related to burnout

($r = -.471$, $p < .01$), and to secondary stress ($r = -.463$, $p < .01$): more challenge, less burnout and stress. Again, these relationships fit expectations and are strong.

The last subcategory of the life balance inventory is identity. There was a significant relationship between identity and compassion satisfaction ($r = .415$, $p < .05$): stronger identity, stronger compassion satisfaction. There were significant negative relationships between identity and burnout ($r = -.471$, $p < .01$) and between identity and secondary stress ($r = -.465$, $p < .01$): strong identity, less burnout and stress.

Summary

There were significant relationships between compassion satisfaction and the total life balance score and subcategories health, challenge, and identity. These results reflect that the more life balance an educator perceives they have, the more compassion satisfaction they may perceive as well. The more perceived balance in each of the subcategories, the greater the compassion satisfaction.

There are significant negative relationships as expected between all of the life balance scores (total life balance and the subcategories health, relationships, challenge, and identity) and burnout. The stronger the perceived life balance and compassion satisfaction in each category, the less burnout. There are also significant negative relationships between the total life balance scores and the three subcategories of health, challenge, and identity, again showing that the stronger the perceived life balance and compassion satisfaction in the subcategories, the less incidence of secondary stress.

There was no relationship noted between the subcategory of relationship and compassion satisfaction, nor was there a correlation of relationship with secondary stress. It appears that having rewarding and satisfying personal relationships is not associated with compassion satisfaction or secondary stress for these educators.

Qualitative Results

Q2   How do nurse educators describe their experience of life balance? What is nurse educators' experience of life balance? or How do nurse educators experience life balance?

The qualitative data were collected concurrently through interviews with nurse faculty members who indicated during the qualitative portion of the study that they would be interested in participating in the interview. They provided an e-mail address for the investigator to arrange an interview. The respondents were chosen to participate based on the date of providing an e-mail address for participation and on type of school. The first five nurse educators who responded from a school of nursing providing associate degrees were contacted to arrange an interview. Similarly, the first five respondents from schools of nursing providing baccalaureate education were also contacted. The respondents were sent the consent for participation in the interview portion of the study and appointments for interviews were arranged upon receipt of the consent forms by the investigator. Three of the interviews were conducted face–to–face, and seven of the interviews were conducted via telephone. All of the interviews were audio recorded and transcribed verbatim. The interviews each lasted 15 to 20 minutes. The interviews were focused and specifically targeted to perceptions of life balance, providing the opportunity to glean spontaneous comments from the respondents. The interviews included a set of open-ended questions that were revised

after the first two interviews, resulting in the following questions (see Appendix E for original and final questions with rationale for change) regarding the phenomenon of life balance:

Question 1: Thinking of your time as a nurse educator, what have you experienced in terms of life balance?

Question 2: Tell me about what affects your experience of life balance?

Question 3: What other obligations do you have outside of work?

Question 4: How do you balance work with family?

Question 5: How do you balance work with leisure?

Question 6: How do you balance the demands of the other obligations on your time?

Analysis

The epoche process is the first step of phenomenological reduction in qualitative research and involves the author setting aside personal views on the phenomenon in order to focus on the information reported by the respondents (Moustakas, 1994). The investigator reflected upon personal life balance experience over the preceding eight years while working as a nurse educator. The epoche was revisited by the investigator prior to each interview to keep personal views separated. The lived experience of life balance for the investigator has been varied and related to the environment of the institution of employment. For the investigator, the ability to achieve life balance was difficult while employed in a school of nursing in a university setting, providing baccalaureate education. Life balance was difficult to attain due to ever changing assignments and lack of clear direction in the role. Life balance for the

investigator became more achievable with the ability to maintain that balance in a different university setting and also in a subsequent school of nursing providing associate degree education. The experience of life balance for the investigator includes keeping family and self the focus, while keeping work responsibilities from encroaching on family life. The ability to create blocks of time for family, self, and work and to diligently adhere to the schedule is essential to the investigator, who believes that achieving life balance is due, in part, to the unique personality of the individual educator combined with a desire and ability to take care of self and family. The investigator further assumes that other nurse educators would have the same outlook for self-care and self-preservation. The ability to work in a supportive work environment allows nurse educators to balance self and family responsibilities with work. It is believed by the investigator that it is an educator's responsibility to self to leave a negative working environment where life balance is not respected or able to be achieved. The importance of teaching healthcare must come with an educator being able to model healthy behaviors, such as the importance of life balance. Assumptions about factors involved in unhealthy environments include administrative issues, high workload expectations, lack of faculty members, and lack of support for faculty.

Significant Statements

The process of horizontalization (Moustakas, 1994) was completed looking for significant statements about the respondents' experience of life balance. The process includes viewing all the data with equal weight and organizing that data into clusters or themes. Significant statements are words or phrases that have particular meaning to the respondents or have direct relevance to the phenomenon being studied. The

interviews of the respondents were coded during this process to identify significant statements and themes.

Twenty-five significant statements were identified in the horizontalization process and are noted below. The statements derived from the interview process do not overlap and provide information about how respondents view life balance in the role of nurse educator. The significant statements derived in the horizontalization process sought to define life balance for the nurse educator respondents:

- Heavy workload.

- Difficulty scheduling time (including time for self, students, and responsibilities).

- Time constraints (of responsibilities) insufficient to meet responsibilities?

- Need for organization (of professional and personal life).

- Stressful role.

- Support of administration.

- Lack of support of administration.

- Unspoken rules/demands.

- Low salary (overload necessary for livable wage).

- Faculty turnover.

- Support of faculty peers.

- Lack of support of faculty peers.

- Bullying/Incivility.

- Difficult to separate personal time from work time.

- Student expectations.

- National Council Licensure Examination (NCLEX) pass rates (pressure to increase).

- Tenure expectations.

- Respect (of peers, students, and administration).

- Teaching model used affects time.

- Clinical facility issues.

- Modeling of self-care and professional behavior.

- Self-care and inability to perform fully.

- Varied and changing hours.

- Unrealistic expectations of role.

- Needs of students.

- Technology demands.

- Clinical practice (schedule of own and demands of clinical institutions).

Themes

The significant statements were examined for textural meaning and clustered into theme units (Moustakas, 1994). The significant statements and themes can be understood as what happens surrounding the experience of life balance in the nurse educator role. They are discussed below and outlined in Table 7.

The survey respondents provided spontaneous comments about life balance in the role of nurse educator which helped to shape the themes and meaning units.

Table 7

Life Balance in Nurse Educator Themes and Meaning Units

Themes	Meaning units
Support	1. Support of administration
	2. Lack of support of administration
	3. Support of faculty peers
	4. Lack of support of faculty peers
	5. Bullying/Incivility
	6. Respect
Demands	1. Unspoken rules/demands
	2. Technology demands
	3. Needs of students
	4. NCLEX pass rates
	5. Student expectations
	6. Tenure expectations
	7. Unrealistic expectations of role
Workload	1. Heavy workload
	2. Teaching model
	3. Clinical practice
	4. Clinical facility issues
	5. Low salary
	6. Faculty turnover
Personal & time attributes	1. Self-Care
	2. Modeling
	3. Stressful role
	4. Difficult scheduling time
	5. Varied changing hours
	6. Time constraints/organize time
	7. Difficult to separate personal time

Note. NCLEX = National Council Licensure Examination.

Support. In discussing meaning units of the theme support, respondents discussed levels of support from administration and faculty peers with the following comments: "Knowing you can't make one [faculty member] mad or your workload will suffer," "Faculty that aren't supportive is one of the biggest stressors," "Faculty unwilling to help relieve workload issues," "There seems to be a lot of drama," and "Your enjoyment of the role is affected by people who are not team players." The respondents of the study described their experiences of life balance in the nurse educator role as being affected by support and lack of support. In discussing personal experiences of life balance as a nurse educator and the contexts that influence the experience, respondents elaborated on issues of lacking support. The lack of support from administration was also discussed by respondents of the study and one participant expressed a thought on why lack of support from administrators occurs: "I don't really think that administrators understand the nursing department and the demands we have, and nursing is so different than other departments in academia." Support was framed as an essential need of nurse educator faculty in order to achieve life balance, but study respondents discussed concern over administrations that did not fully support the faculty or department needs.

The nurse educators interviewed spoke about support and lack of support from faculty peers. Respondents discussed needing the support of other faculty members as an important element in the quest for life balance in the role. A sentiment shared by a study respondent was, "The faculty do not work well together or help each other out where I work." An interesting quote about how faculty peers affect life balance was expressed by another study participant: "The faculty members that you work with not

only affect your workload, but also how your day goes. Your enjoyment of the role is affected by people who are not team players." Respondents expressed concerns about faculty peers being unwilling to help define roles and provide direction, especially for newer faculty members.

The statements expressed regarding bullying, incivility, and respect of peers is related to lack of support. One participant in the study related a story of disrespectful, bullying/uncivil behavior exhibited by the nursing department chair. The department chair bullied faculty into taking extra workload and if the faculty member did not agree, she would have her workload reassigned and decreased for not only that quarter, but the following quarter as well.

Another aspect of faculty peer respect and incivility that was discussed by respondents included the relationships newer faculty members have with senior faculty members. A sentiment expressed by a study participant was, "The senior faculty seem to want new people to fail." A nurse educator participant of the study discussed how senior faculty members bullied a new faculty member by providing misinformation about rescheduling a final. The new instructor followed the guidelines provided by the faculty mentor and was subsequently reprimanded by an administrator for not following the guidelines in place for changing the dates of a final.

The respondents of the study related that mentors frequently did not provide mentoring, but engaged in bullying of mentees. One participant discussed the use of a mentor in a positive light regarding life balance in the role:

> I talked to my mentors a lot and they are helping me to make some difficult decisions on how to best invest my time, and my resources, and to be able to achieve not only what I think are the goals in the classroom, and the clinical setting, but also personal goals and it's tough.

Demands. The demands discussed by respondents covered a range of demands placed upon educators, including tenure demands, student demands, and technology demands. The demands of educating students to pass NCLEX were also discussed by respondents: "In academics, because of our technology, and e-mail, and things like PowerPoint and Prezi and Camtasia, the demands are very high," "You hear from administration that the student experience needs to be especially positive," "And the scholarly work and expectation of clinical practice," "Students will try to reach you 24/7," "Technology requirements play a part in the inability to achieve life balance too," and "Everyone has so much access to you all the time."

The needs of the students are a high priority for nurse educators and the respondents of the study. However, the students can be unrealistic in their expectations of the nurse educator. As an example, when discussing student demands and expectations, a study participant stated, "The students expect you to be available 24/7 and if you do not answer their e-mails on a Sunday afternoon, they get angry and that affects your evals."

The NCLEX pass rates are another demand of the nurse educator role that affects life balance. The pressure is because pass rates for the NCLEX affect the school of nursing's accreditation. The Accreditation Commission for Education in Nursing (2015) requires NCLEX pass rates at or above the national average, while the Commission on Collegiate Nursing Education (2015) requires the NCLEX pass rate to be 80% or higher. Nurse educators are required to keep up with the NCLEX test plan changes and adjust teaching accordingly. One participant stated when discussing the demand of the NCLEX, "We don't teach to the test, but we sure better be certain the

students can pass." This pressure to have a high rate of passing by students taking the NCLEX the first time is connected to the administration's demands and the student demands on the nurse educator.

Study respondents discussed the use of various learning management systems and lecture capture programs that are always changing and updating. The implementation of a learning management system requires a great deal of support and training. According to a study participant, whenever new technology is implemented at an institution, nurse educators are expected to, "Learn the systems very quickly and provide student support." Computer proficiency and comfort with the learning management system affects an educator's ability to utilize the system effectively. As one study participant shared, "I didn't grow up with a computer in my hand like many of our students. All this constantly changing technology is a challenge for me."

The tenure expectations of institutions of higher learning are varied, yet play an important role in a nurse educator's perception of life balance. Nurse educators come from a background of service to others while they practice in the clinical setting. The adjustment to academia can be very challenging, especially in understanding the requirements of tenure appointment. It may also be a difficult adjustment in valuing the tenure requirements enough to complete the steps required for the process. As mentioned earlier, the student expectations can be unrealistic, resulting in low evaluations. The student evaluations are also swayed by the testing process of the instructor. A study participant explained the challenge of testing while in the tenure process by saying, "Giving appropriate difficulty tests affects student evaluations.

They just want it all handed to them and blame it on instructors when they perform poorly."

Service expectations vary widely; nurse educators often have a heavy service commitment or an expectation for active nursing practice. The ability to juggle the service expectations of the institution often includes departmental and university committee work, which affects an educator's perception of life balance: "It seems like I am always having to go to someone else's meeting!"

The scholarship expectations of the tenure process also vary by institution. A research university generally has stricter requirements, and an educator's research agenda for generating new knowledge is weighted heavily in the tenure process. One study participant discussed tenure and publishing with uncertainty: "I am also a doctoral student, just trying to finish up my dissertation, and in doing that, I guess if I publish from that, it might count as my publication."

The study respondents discussed the issue of unrealistic expectations of the role as being a demand placed upon nurse educators. The reasons why a nurse chooses academia were discussed and, as one participant put it, "Many people go into academics or education because they think it is easy. Nursing education is a way to get away from the bedside and the stress of patient care." The realities of the role are not what these new educators are finding. In some cases, the educator was not provided full information on the role expectations until after accepting the position: "What was presented to me, what they told me, and then the reality of it is so different."

Workload. The theme of workload was discussed frequently by study respondents. Workload as a theme encompasses comments regarding low salary,

faculty turnover, clinical practice, and teaching model, as well as the heavy workloads of nurse educators: "In order to make enough money, overload provides for some of that, but requires more planning and less family time," "Money is a big factor," "There is a lot of stress over workload," "There has been a lot of turnover," "We don't really have the faculty numbers we should," "My income went down," "My workload increased," "The workload is very heavy," "I am often needing to teach overload due to having fewer faculty than we should," "Workload is a huge issue for me," and "There is also an expectation to be active in clinical practice—now how do you fit that in?"

Participants in the study frequently discussed the heavy workload associated with the role of nurse educator. One participant discussed the issues with workload as it is related to the institution's difficulty recruiting and retaining faculty members by stating, "I think the most difficult thing about trying to maintain balance is the heavy workload in academia. I often need to teach overload due to having fewer faculty than we should."

Another participant discussing the lack of life balance reported that, "The workload is heavy, especially if you are in a tenure track position."

The teaching model that the institution utilizes was discussed as having an effect on the faculty member's workload. One respondent provided detail on the model used within her institution: "With the team model, doing the work takes a lot more time for a limited payback. The amount of time put in doesn't match the gains, as far as how much are the students getting out of it."

Clinical practice may be a component of the nurse educator workload, whether a requirement of the facility or a requirement for certification or licensure of the nurse. A participant in the study while related, "There is also the expectation to be active in clinical practice- now how do you fit that in?" Another participant discussed the clinical component as a personal obligation, stating, "I think it is absolutely imperative that in order to be a good educator, you need to know what's going on in healthcare."

The difficulty experienced with scheduling clinical facilities was discussed as it relates to the workload overload experienced by nurse educators in their role. A participant succinctly stated the problem: "Coordinating with the other facilities is sometimes challenging and more time consuming than it should be."

The participants in this study discussed compensation as it relates to life balance in the educator role. The comments regarding compensation included:

> I also think that the money is a big factor. You can actually make pretty good money if overload is available, but then in doing that, you have increased the demands on your time and have less chance to balance family needs.

Another participant stated, "Money always affects life balance to some degree. If you have to work too many hours to make enough money, then you aren't spending any of that quality time with the other important things in your life."

In discussing life balance as it relates to the educator role and faculty turnover, one participant was leaving the profession at the end of the year due to the lack of balance and low pay. The faculty turnover affects others as it relates to workload issues as one participant stated, "I am often needing to teach overload due to having fewer faculty than we should."

Personal and time attributes. The ability to manage time and the time constraints of the nurse educator role are central to the theme of personal and time attributes. Ideas shared about self-care practices and modeling behavior of nurse educators was also part of building this theme: "Hard to drive home to students when you can't manage that balance yourself," "It's so important that they (students) see it (self-care) modeled in their faculty, it's such a challenge," "As long as I chunk out time weekly for fun, I feel like I am doing okay," "Work is taking up nearly every waking hour," "All the time constraints of teaching itself are multiplied when you are in the tenure process," "Trying to find life balance is trying to organize myself to stay on top of my work life so that I can also try to manage my personal life," and "If you figure out how to organize your time efficiently, it can be a lot easier."

The participants in this study discussed inherent characteristics of the role as it relates to their personal care and use of time. Self-care was discussed along with the difficulties of balancing self-care in the role of nurse educator.

> It's such a self-sacrificing profession; we pour so much of ourselves into it. And then we say, okay everyone you need to focus on self-care—but, that is really where it ends. It's really hard to drive it home to your student when you feel you can't manage that balance yourself.

Many nurses and nurse educators believed that taking time for oneself is selfish. Role modeling of professional behavior is an inherent characteristic of the nurse educator role. Respondents discussed role modeling behavior as important and one participant related, "Is so important that they see it modeled in their faculty."

The respondents frequently mentioned the personal scheduling of time as an important aspect of life balance in the educator role: "I think the hardest thing is the

time that it takes above and beyond your own work that you have to spend. I feel like you have to spend more time off work [completing work related tasks]."

When discussing obligations outside of work, a participant discussed how the decision is made to incorporate more into her life or not by stating, "I look at the time constraints and make a decision of whether I can fit it into my schedule or not."

Organizing and prioritizing tasks is also needed. For instance, one participant stated, "I feel that I have good organization skills from being in the military." Another added, "[Life balance is] about my ability to manage time."

Summary

The themes that emerged from the interviews—support, demands, workload, and personal and time attributes—provide rich information about the aspects of the profession and life balance as an educator. The support an educator receives from school administration and faculty member peers affects the experience of life balance. The varied demands placed on the educator, ranging from student demands to the expectations of the tenure process, can negatively affect the ability to obtain life balance. The workload theme encompasses course and clinical loads as well as the low salary of nurse educators; both of these generate dissatisfaction and alter life balance. The inability to manage time effectively in light of a varied and changing class and clinical schedule emerged strongly in the theme of personal and time attributes that inhibit life balance.

<div align="center">

Validity

</div>

The validity of the qualitative portion of the research is based on determining whether the findings are accurate from the standpoint of the respondents and is best

done with themes and patterns rather than with the transcripts (Creswell, 2007). In

order to obtain the validity from the standpoint of the respondents, the investigator

utilized SurveyMonkey to send the respondents a Likert-type survey regarding the

themes and meaning units the researcher gleaned from the transcripts of the

interviews. The respondents were presented the four themes and the meaning units of

those themes and asked how they felt each of the themes presented reflects life

balance in the nurse educator role (see Appendix H). The response options were

strongly agree, agree, undecided, disagree, or *strongly disagree*. Space was provided

on the survey for respondents to add any comments or details they wished to each of

the themes. A comment was made under the support theme agreeing with the meaning

units: "without the support of both faculty and administration there are 'wars'." There

was a comment placed with the workload theme offering further validation of the

theme and meaning units: "All these things impact how you feel about the job and

how you are able to do your job, one to five lead to six." Eight of the 10 interview

respondents responded to the survey and agreed that the themes and meaning units

presented reflected life balance in the nurse educator role. Although each theme may

not have been specifically mentioned by each participant, their responses to the

member check indicated their agreement with the theme as part of their understanding

of life balance for nurse educators. A graphic display of the member check responses

is shown in Table 8.

Table 8

Themes and Meaning Unit Member Check

Theme %	Strongly agree %	Agree %	Undecided %	Disagree %	Strongly disagree %
Support	62.5%	37.5%	0	0	0
Demands	62.5%	37.5%	0	0	0
Workload	75%	25%	0	0	0
Personal & time attributes	75%	25%	0	0	0

Integration

According to Fetters, Curry, and Creswell (2013), data transformation is one of the forms of integration utilized for mixed methods studies. Integration through data transformation happens in two steps. In the first step, one type of data must be converted into the other type of data (i.e., qualitative into quantitative or quantitative into qualitative). After the conversion, the transformed data are then integrated with the data that have not been transformed.

In order to integrate the qualitative and quantitative data in this study, the themes discovered in the qualitative portion were first quantitized (transformed into quantitative data). After the themes were confirmed by member check, the interview transcripts were reviewed again for the mention of themes in each transcript. For each

participant, each theme was quantitized to a score of "1" or "0." The score of "1" was given for a theme if it represented a significant statement or observation pertaining to that educator, as expressed by the educator in the interview, or "0"if it did not. A matrix was created with the quantitized data, and the frequency data is provided in Table 9. Table 9 illustrates the fact that three of the four themes were mentioned by 90% to 100% of the participants, with "demands" being the least universally mentioned with 70% of the participants.

Table 9

Participant Theme Frequencies

Theme	Frequency 1	Frequency 2	%
Support	9	1	90
Demands	7	3	70
Workload	9	1	90
Personal/time	10	0	100

As noted in Table 9, the themes represented the views of the respondents well with the theme of personal and time attributes pertaining to all participants. Fetters et al. (2013) further discussed the data transformation in mixed methods studies, relating that the qualitative data can be transformed to quantitative data, then integrated with illustrative examples from the original dataset. For this study, an illustrative example of the participants' total life balance scores and the quantitized data set is provided in

Figure 2. In this illustration, the x axis is representing the participant number for the interviewees. The colored bars denote the mention of a statement related to a significant theme by that participant, no bar is no mention. Red bars denote if the support theme was mentioned in the interview, green if demands were mentioned, purple if workload was mentioned, and light blue if personal/time issues were discussed in the interview. The yellow line with data points denotes the total life balance score for each participant.
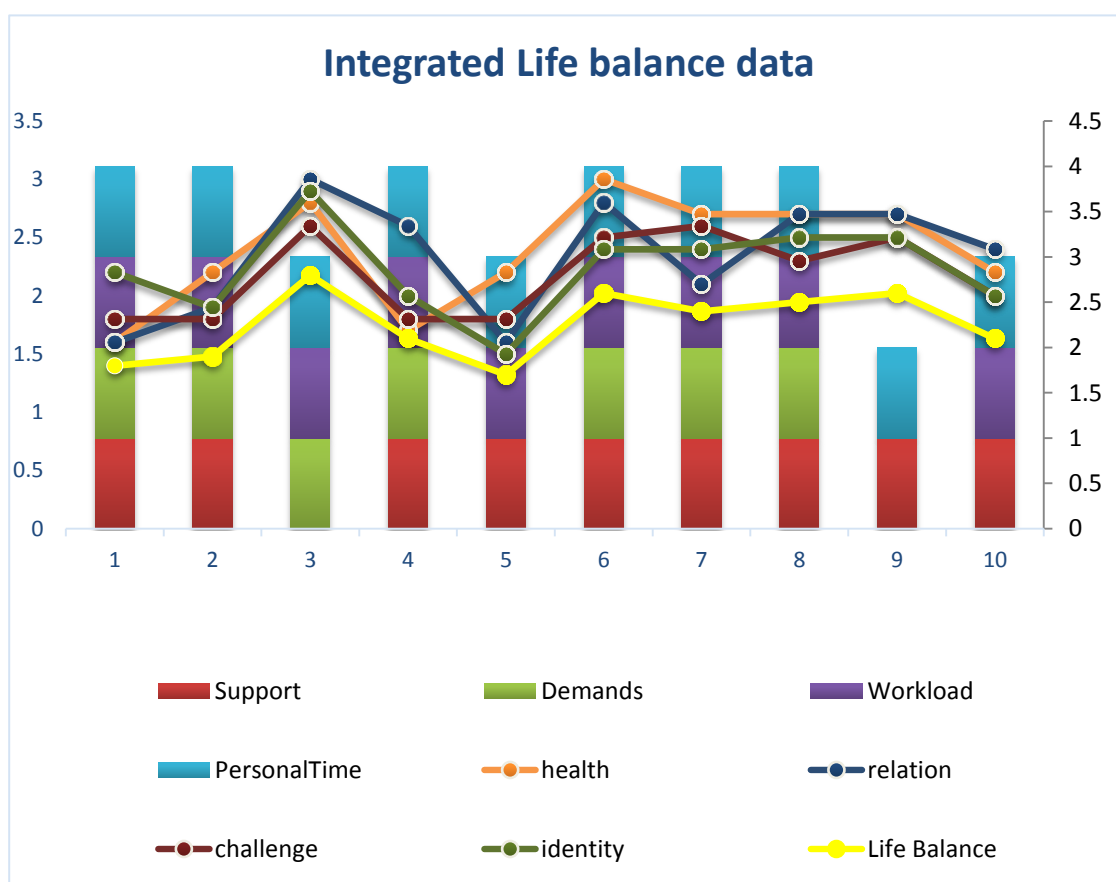

Figure 2. Illustrative view of life balance data.

The nurse educators who participated in the qualitative portion of the study had a mean total life balance score in the moderate life balance range as did the overall study participants. The life balance subcategories were generally in alignment with the total life balance scores of the participants. There are educators who scored in the very balanced total life balance range and those who scored in the unbalanced range. One educator only mentioned two of the themes in her interview, yet had a very high life balance score, as did a participant who mentioned only three themes. Six of the participants mentioned all four themes, two of which had life balance scores that were very balanced. Overall, the data seem to describe the phenomenon of life balance in different ways. The life balance inventory showed a picture of moderately balanced life balance. The themes found do not equate to the life balance scores. Table 10 shows these comments as they relate (either congruent or discrepant) to the total life balance scores for further comparison.

As Table 10 shows, the statements regarding life balance for educators who scored in the very balanced range are not congruent with the score. All the comments on the themes from educators who scored very balanced reflect negative life balance. The participants who scored in the moderately balanced range had comments relating to maintain balance utilizing organizational abilities, but the majority of the comments reflected a negative or unbalanced life. The comments of participants who scored in the unbalanced category were all reflective of the unbalanced score obtained on the life balance inventory.

Table 10

Total Life Balance Comments

Total life balance score	Congruent	Discrepant
Very balanced 2.5 – 3.0	No data available	Work takes up nearly every waking hour. I need help figuring this [balance] out. The biggest stressor is workload. It doesn't create an environment of work life balance the actual academic year. Recently there is a lot more stress on academics to teach to a different level. Schedule issues, students issues, they are always taking up my time.
Moderately balanced 2.0 – 2.4	[It takes] lots of planning ahead I have good organizational skills.	The most difficult thing is the heavy workload in academia. I have No life balance. I'm actually not going to stay an instructor, I am quitting in June. Workload is heavy I have to do less of those [family] things. Money always affects life balance to a degree, if you have to work too many hours to make enough money, then you aren't spending any of that quality time with other important things in your life.

(table continues)

Table 10 (continued)

Total life balance score	Congruent	Discrepant
Unbalanced 1.5 – 1.99	From the moment I get up until I go to bed, it's spent either preparing for class, grading papers, going to meetings, responding to students. No clear boundary between personal life and work [in tenure position]. Such a self-sacrificing profession. Really no balance at all. It [work] never ends. The heavy workload and low pay along with the lack of support makes it such a thankless job.	No data available
Very unbalanced 1.0 – 1.49	No data available	No data available

Summary

This chapter presented the data from the LBI and the ProQOL 5, as well as the significant statements and themes derived from the participant interviews. Data describing the characteristics of the participants and state and national data on nurse educators were also provided. The results showed that participants were 100% White,

with a mean age of 52. The participants teach nursing at schools that offer BSN and those that offer ADN degrees. The results of the LBI showed that the nurse educators had moderate life balance as a whole.

The exploration of the relationship between the LBI and ProQOL 5 data from the participants, utilizing Pearson's correlation, showed a significant positive relationship between the total life balance score and compassion satisfaction and a significant negative correlation between the total life balance score and burnout. Results also showed a significant negative correlation between total life balance and secondary stress. Overall, the relationships show that more compassion satisfaction is related to the perception of more life balance and that less stress is related to more perceived life balance.

The nurse educator participants of the study described their life balance as being affected by the following themes: support, demands, workload, and personal/time attributes. Upon integration, the themes provided were not consistently congruent with the overall life balance scores of the educators.

The data presented will be discussed in Chapter V, including a discussion of the relevant findings related to the research questions. Interpretation and implications of the results will be offered, followed by consideration of study limitations and recommendations for future research.

CHAPTER V

DISCUSSION

The intent of this mixed methods study was to explore the phenomenon of life balance as well as the relationship between a nurse educator's professional quality of life and life balance. The research questions sought to explore how nurse educators describe their experience of life balance and what contexts or situations influence or affect life balance. In particular, the research was conducted to augment the literature on nurse educator life balance and compassion satisfaction and fatigue. This chapter will discuss the study data related to response rate and demographic information, followed by a discussion of the relevant findings related to the research questions. Interpretation and implications of the results will be offered, followed by consideration of study limitations and recommendations for future research.

Research Questions

Q1   What is the relationship between nurse educator life balance as measured by the Life Balance Inventory (LBI) and professional quality of life (compassion satisfaction, compassion fatigue, and secondary stress) as measured by the Professional Quality of Life (ProQOL 5) scale?

Sample Data

Research Question Q1 sought to determine what relationships exist between life balance in nurse educators and professional quality of life. The request for participation in the study was e-mailed to 348 nurse educators in Washington state.

After two requests for participation, 56 educators completed the ProQOL5 (16%

return rate) and 32 completed both tools (9.2%). The 32 complete sets of data were the

only responses included in the statistical analyses.

The sample participants had a mean age that was within the mean range of

nurse educators in Washington state and nationally. The sample was not as ethnically

diverse as the state with all respondents being White/Caucasian, where the

Washington rate of non-White educators is 4% (Ellis, 2013), and the national average

of non-White nurse educators is 12% (National League for Nursing, 2009b). The study

participant age is representative of the population, and the ethnicity of the study

participants is not too dissimilar from the state and national averages for nurse

educators. The educational level of the participants reflects a higher rate of graduate

degrees than the state mean and fewer BSN educators than the population mean.

Cook, Heath, and Thompson (2000) discussed the representativeness of the

sample as being more important than the response rate in a survey. The 9% return rate

of this study may not affect the representativeness of the study, since the nurse

educator participants are not systematically different from nurse educators in any

meaningful way (Baruch & Holtom, 2008). However, the nurse educator respondents

may be those who are more interested in the topic of life balance, either because they

have or do not have balance.

**Professional Quality of
Life Scale Discussion**

The ProQOL 5 scores from this study (see Table 4 in Chapter IV) indicate that

the nurse educator participants of the study have high compassion satisfaction scores,

which indicates positive feelings about their work or feeling as if they are doing the

job well. However, the burnout scores are relatively low or average for the participants

of the study, which is in contrast with previously reported studies pertaining to nurse

educator recruitment and retention (American Association of Colleges of Nursing,

2012; National League for Nursing, 2010). The nurse educators also scored high on

secondary stress in this study, suggesting these educators are at risk for difficulties

coping with any trauma that they are exposed to while working that may adversely

affect their ability to function.

Overall, the nurse educator participants' results on the ProQOL 5 are contrary

to the literature as far as reporting dissatisfaction with the job (American Association

of Colleges of Nursing, 2012; National League for Nursing, 2010; Sarmiento et al.,

2004). The high level of burnout is not as evident in this study as in the literature,

suggesting that it may be dissatisfaction with work related factors that is affecting the

recruitment and retention of educators rather than educator burnout.

Life Balance Inventory

The study follows the LBI model scoring method as follows: Total score on the

LBI of 1.0 to 1.49, very unbalanced; 1.50 to 1.99, unbalanced; 2.00 to 2.49,

moderately balanced; and 2.50 to 3.00, very balanced (Matuska, 2012). Table 5 (in

Chapter IV) presented the means for total score and the four subcategories. All fall in

the moderately balanced range.

The nurse educator participants of the study scored in the moderately balanced

range on the LBI. Although there are educators who score in the lowest and highest

ranges of life balance, the overall mean score is just below the midpoint of the

moderately balanced range. According to Matuska (2012), the LBI developer, the LBI
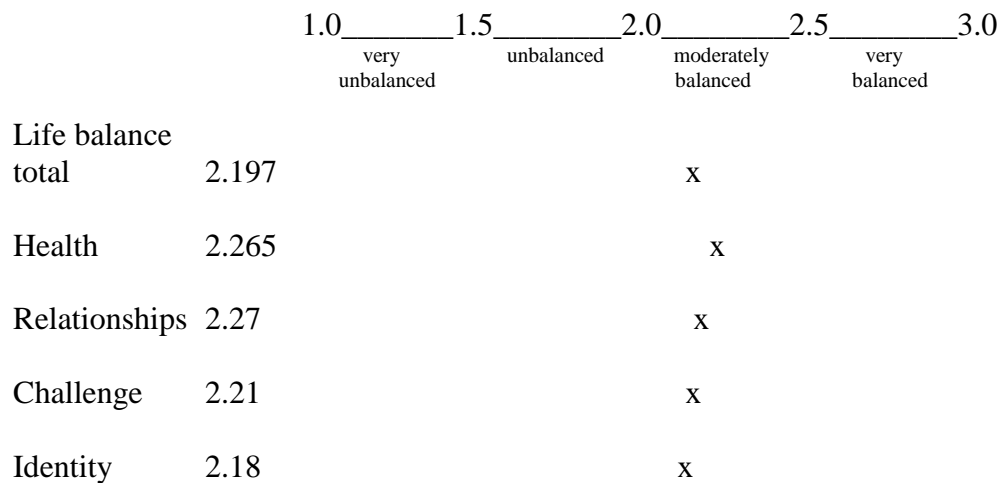
scores are reflective of how satisfied the person is with the time he or she does or wants to do the items in the need-based dimensions, taking into consideration the uniqueness of each individual and the activities they do or desire to do. A score of less than very balanced indicates that the individual is not completely satisfied with the level of time doing some of the scales in the dimension.

Living with diminished life balance, even if not completely unbalanced, may be part of the dissatisfaction that is expressed by faculty both in this study and the reports discussed by American Association of Colleges of Nursing (2012) and National League for Nursing (2010). Dissatisfaction leads to difficulty recruiting and retaining nurse educators at a time when many faculty members are reaching retirement age and aging out of the profession. The current demand to educate an increased number of student nurses to attempt to meet the growing needs of an aging and chronically ill population is being affected by the dissatisfaction and decreased availability of nurse educators. Figure 3 presents the LBI means for visual comparison of where the study participants fall in relation to being very balanced.

Relationships Between Life Balance
Inventory and Professional Quality
of Life Scale

To answer Research Question Q1, life balance and professional quality of life scores were examined for relationships. The results of the Pearson's *r* correlation demonstrated that there were significant relationships between the participant's total life balance score, health subcategory, challenge subcategory, identity subcategory, and compassion satisfaction. These results reflect that the more life balance educators perceive they have, the more compassion satisfaction they may perceive they have.

The more the perceived balance on the subcategories, the greater the compassion

satisfaction.

		1.0_____1.5_____2.0_____2.5_____3.0

```
                       1.0_____1.5_____2.0_____2.5_____3.0
                          very          unbalanced   moderately      very
                       unbalanced                     balanced      balanced

Life balance
total          2.197                                x

Health         2.265                                   x

Relationships  2.27                                  x

Challenge      2.21                                  x

Identity       2.18                                  x
```

Figure 3. Life balance results.

The significant negative relationships discovered are in alignment with the

literature. The relationship between all of the life balance scores (total life balance and

subcategories health, relationships, challenge, and identity) and burnout are strongly

negative. Job dissatisfaction and burnout are frequently cited as major factors

contributing to the shortage of educators. This study demonstrated that the stronger the

perceived life balance in each of the categories—total life balance, health,

relationships, challenge and identity—the less risk for burnout existed. There are also

significant negative relationships between the total life balance scores and three

subcategories of health, challenge and identity, again showing the stronger the

perceived life balance and satisfaction in the subcategories, the less incidence of

perceived secondary stress. The study did not reveal a relationship between the

subcategory of relationship and compassion satisfaction or relationship and secondary stress. It appears that the LBI subcategory encompassing having rewarding and satisfying personal relationships is not something that effects compassion satisfaction or secondary stress in either direction for this group of educators.

> Q2   How do nurse educators describe their experience of life balance? What is nurse educators' experience of life balance? or How do nurse educators experience life balance?

Themes

The experience of life balance was explored with focused interviews. The themes that emerged from the interviews depicted a larger story, with more examples of problems with balance than was apparent in the quantitative portion of the study alone. The four themes that emerged highlighted the contexts and situations that affect life balance of these nurse educators and are discussed below.

Support

The respondents in this study described their experiences of life balance in the nurse educator role as being affected by support and lack of support. In discussing personal experiences of life balance as a nurse educator and the contexts that influence the experience, respondents elaborated on issues of lacking support. According to Brady (2010), institutional support of a nursing education department unit is necessary to support a healthy work environment. A necessary component of institutional support to evaluate is the presence of adequate personnel as well as financial, physical, and technological resources within the institution.

The collegiality of the environment is dependent upon organizational support and relationships with administrators, other faculty members, and students and is

important for a healthy working environment (Brady, 2010). Respondents expressed concerns about faculty peers being unwilling to help define roles and provide direction, especially for newer faculty members.

The respondents made statements concerning bullying, incivility, and lack of respect of peers. Incivility in nursing education is defined as "rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations" (Clark et al., 2009). One participant in the study told a story of disrespectful, bullying/uncivil behavior related to workload exhibited by a nursing department chair toward the faculty member.

Another aspect of faculty peer respect and incivility that was discussed by respondents included the relationships newer faculty members have with senior faculty members. "The senior faculty seem to want new people to fail," was a sentiment expressed by a study participant which is in sharp contrast to what is expected of a mentor. According to Casey and Clark (2011), a mentor is one who is wiser and more experienced who facilitates, supports, guides, and encourages an individual in their learning process to maximize their learning potential in theory and practice.

The lack of perceived support from administrators, peers, and students is an issue that the nurse educators of the study find as a challenge to their ability to achieve life balance. The three levels of incivility discussed by Marchiondo et al. (2010) were all reflected by the respondents and can contribute significantly to the dissatisfaction and lack of compassion satisfaction the nurse educator participants exhibited.

Demands

The demands of the nurse educator role are varied and play an important part in the inability to achieve life balance in the position. The needs of the students are a high priority for nurse educators and the respondents of the study. The provision of proper support of students by faculty is important in retaining students and in enabling them to succeed (Ooms, Fergy, Marks-Maran, Burke, & Sheehy, 2013). The NCLEX pass rates are another demand of the nurse educator role that affects life balance because they affect the school of nursing's accreditation. One participant stated when discussing the demand of the NCLEX, "we don't teach to the test, but we sure better be certain the students can pass." The technology demands of the nurse educator role are related to student expectations for promptness as well as the ability of the educator to learn and implement frequently changing technology in the classroom.

The technology demands of the nurse educator role are related to student expectations for promptness as well as the ability of the educator to learn and implement frequently changing technology in the classroom. Supporting students who need help can be another expectation. According to Al-Busaidi and Al-Shihi (2012), a learning management system is the use of a web-based communication, collaboration, learning, knowledge transfer, and training to add value to the learning environment. Learning new technology is a time consuming challenge for nurse educators who are often resistant to changes when it comes to technology use (Huffstutler, Wyatt, & Wright, 2002).

The tenure expectations of institutions of higher learning are varied, yet play an important role in a nurse educator's perception of life balance. Nurse educators

come from a background of service and may find it difficult to adjust to the

scholarship focus needed for tenure. According to O'Connor and Yanni (2013), only

37% of nursing faculty achieves tenure successfully. The tenure process weights the

teaching process heavily, and student evaluations are a major part of how teaching

effectiveness is measured.

The scholarship expectations of the tenure process also vary by institution, and

it is important that the nurse educator understand the culture of scholarship at the

institution where they are employed (O'Connor & Yanni, 2013). A research university

generally has more requirements, and an educator's research agenda and publication

history are crucial. One study participant discussed tenure and publishing with

uncertainty: "I am also a doctoral student, just trying to finish up my dissertation, and

in doing that, I guess if I publish from that, it might count as my publication."

The service expectation in the tenure process varies greatly per institution, but

as a whole, nurses are usually quite active in service and keeping up their clinical

expertise (O'Connor & Yanni, 2013). Another participant summed up the challenge

the tenure process has on life balance in the role of educator by stating the following:

> You have obligations to commit to doing a certain amount of research and also
> community service, which isn't considered part of your work, but it is part of
> your life, you have to do it. It's not part of your FTE [full time equivalent for
> workload], so you aren't paid for it. Do you call it work, or do you call it life,
> or do you call it the life of someone who chooses to be a nurse educator in
> academia? How much is personal life versus what you have to do for work?
> There is not really a clear boundary.

The study respondents discussed the issue of unrealistic expectations of the

role as being a demand placed upon nurse educators. "Even though you have summers

off, and holidays, it doesn't create an environment of work life balance the actual

academic year." In some cases, the educator was not provided full information on the

role expectations until after accepting the position. "What was presented to me, what

they told me, and then the reality of it is so different." Schoening (2013) discussed

difficulties with transitioning to the nurse educator role from practice and noted the

lack of clear guidance and absence of pedagogical education as major factors

hindering successful transition.

The demands expressed are varied for the nurse educator participants of the

study. The pressure placed on educators to educate high achieving students while

gaining a grasp on ever changing technologies may be leading to the dissatisfaction

with the role and lower compassion satisfaction. The additional demands of a tenured

or tenure track position were also expressed as an issue for the nurse educators that

affected their ability to feel balanced.

Workload

According to Kaufman (2007), nurse educator faculty work approximately 56

hours per week while school is in session and up to 58 hours per week if they have

administrative responsibilities. Brady (2010) discussed the nurse educator faculty

workload as including any or all of the following: teaching, advising, committee

participation, practice, research, and/or service. Team teaching adds to the time spent

preparing for classes and coordinating exam items. The faculty member's ability to

balance these competing responsibilities is critical if the environment is to be

perceived as healthy.

Clinical practice may be a component of the nurse educator workload, whether

a requirement of the school or clinical facility or a requirement for certification or

licensure of the nurse. A participant in the study while related, "There is also the expectation to be active in clinical practice—now how do you fit that in?"

A competitive salary is fundamental to the recognition of faculty contributions and accomplishments (Brady, 2010). According to Kaufman (2007), 53% of faculty members in a national nurse educator survey, gave "more compensation" as the reason for planning to leave their current position over the following year. The participants in this study discussed compensation as it relates to life balance in the educator role. The comments regarding compensation included:

> I also think that the money is a big factor. You can actually make pretty good money if overload is available, but then in doing that, you have increased the demands on your time and have less chance to balance family needs.

According to the National League for Nursing (2010), the nurse faculty shortage is nationwide and is affecting all levels of nurse education. In a study of nurse educators looking at recruitment and retention, Evans (2013) found that nearly all of the 562 respondents, at all teaching levels, believed that higher salaries are needed to increase the number of nurse educators. The low salaries reported by the participants in this study play a part in the meaning unit of faculty turnover, but issues of leadership and faculty support also play a large role (Brady, 2010).

The workload theme encompasses the actual amount of work the nurse educator participants are required to do in both didactic and clinical practice, as well as the nationally recognized rate of insufficient pay. These factors contribute significantly to the respondents' ability to attain or feel as if they are able to attain life balance.

Personal and Time Attributes

The participants in this study discussed inherent characteristics of the role as it relates to their personal care and use of time. Self-care was discussed along with the difficulties of balancing self-care in the role of nurse educator. According to Mills, Wand, and Fraser (2015), self-care is not selfish or narcissistic as many nurses and nurse educators believe, and the ability to care for one's self is essential for the well-being and congruence of nurses as educators and health promotion advocates and the foundation for compassionate care.

Role modeling of professional behavior is an inherent characteristic of the nurse educator role. Educators must demonstrate enthusiasm for nursing practice and demonstrate positive attitudes towards nursing through teaching (Del Prato, 2013). Respondents discussed role modeling behavior as important and as one participant related, "is so important that they see it modeled in their faculty."

Garrosa, Moreno-Jiménez, Rodríguez-Muñoz, and Rodríguez-Carvajal (2011) emphasized that role stress is an important factor in burnout and engagement dimensions. The participants in this study described the role as stressful: "There are a lot of stresses in this job for sure." The roles within departments and the pressures from administration were specifically mentioned in interviews as adding to the stress of the role of nurse educator.

The respondents frequently mentioned the personal scheduling of time as an important aspect of life balance in the educator role. Shellenbarger (2009) discussed tips for nurse educator time management that many of the study respondents report utilizing, including being organized and prioritizing projects. The difficulties in

managing time can be summed up by a comment from another participant who reported, "From the moment I get up until I go to bed, it's spent either preparing for class, grading papers, going to meetings, participation in other people's meetings, catching up on e-mails, responding to students."

The personal and time theme was stated as an issue for all of the study participants. The time constraints often overlap with the demands and significantly contribute to role dissatisfaction.

One participant's interesting take on nurse educators and life balance that did not fit into one of the themes, but is important to discuss, is an idea of nurses and nurse educators seeking an internal "badge of honor." One study participant discussed a personality trait she felt many nurses and nurse educators possessed that she described as a self-awarded, internal badge of honor. In discussing this theory, the educator expressed her idea that nurses like to feel like they do more work than anyone else. She said that nurse educators "sometimes create an environment for themselves that is so much work, constant work that it is nearly impossible to have any kind of balance." This is an area not identified in the literature previously that can be investigated in future research.

Implications of the Results

The participants of the study showed an overall moderate life balance which is contradictory to much of the published literature on the nurse educator shortage (American Association of Colleges of Nursing, 2012; National League for Nursing, 2010) that states lack of balance and burnout contribute to the nurse educator shortage. The expectations of nurse educators when it comes to life balance may differ from the

definitions in the literature. Life balance is described as an enjoyable array of daily activities that is meaningful and contributes to the individual's health (Matuska & Christiansen, 2008). The participants of this study had moderate balance in total life balance, and moderate balance in the four need dimensions of health, identity, relationships, and challenge. Perhaps the reports of dissatisfaction with life balance or lack of life balance are more an indicator of the educator's dissatisfaction with work-related factors such as workload, pay, and incivility experiences, but not necessarily related to actual life balance.

The study demonstrated that there were significant relationships between life balance and professional quality of life. These results suggest that the more life balance an educator perceives they have, the more compassion satisfaction they may perceive they have. The more perceived life balance the educator has in the subcategories, the greater the compassion satisfaction as well. The study also demonstrated significant negative relationships as expected between all of the life balance scores and burnout and secondary stress. The stronger the perceived life balance and compassion satisfaction in each category, the less burnout and secondary stress experienced, again showing the stronger the perceived life balance and satisfaction in the subcategories, the lower the incidence of secondary stress.

The LBI measured the perceived life balance of the educators in total life balance and the various subcategories, where, as discussed, the participants' scores demonstrated moderate balance. However, the interview respondents presented many examples of experiences that negatively impact life balance. The themes generated from interview data painted a less balanced picture than the LBI indicated with

moderate life balance. The life balance perceptions may be different than the expectations of nurse educators and any deviation from being very balanced may add to the dissatisfaction with the role.

Limitations

Several limitations should be considered when interpreting the results of this study. The first limitation is the generalizability of the results. The participants in this study were a purposeful sample of nurse educators from schools of nursing in the state of Washington with either Accreditation Commission for Education in Nursing or Commission on Collegiate Nursing Education accreditation. While they may in fact have similar experiences with life balance and teaching, that is not known so they cannot be said to represent nurse educators across the United States or the world.

Another limitation is the self-selection aspect of the sampling. It is not known whether nurse educators were drawn to participate in the survey portion of the study and then the interview position because of their positive or negative experiences of life balance. If those with difficulties were more likely to participate, the results would not represent the experience of the whole population of nurse educators.

A third limitation is the sample size of the study. The nurse educator respondents of the study may not be representative of either Washington state or the national nurse educator population. The proponents of the mixed methods approach that was used in this study report that purposeful samples are typically small, "less than 30 or fewer cases," and are focused on the depth of the information that can be generated (Teddlie & Tashakkori, 2009).

The demographics of the study that are unknown are also limitations of the study. Although age did not seem to be a factor, the length of time teaching and the various life circumstances, that is, caring for children or parents, can affect the experience of life balance.

The study identified many challenging aspects of the nurse educator role, as defined in the significant statement and themes, that affect life balance. The study did not identify ways to prevent the challenges. A deeper dive into how educators cope with these issues can provide more information to guide nurse educators successfully in the role.

Recommendations for Future Research

This study was designed to develop a beginning understanding of the phenomenon of life balance as a first step toward seeking ways to prevent or minimize challenging aspects of the profession that lead to dissatisfaction and or burnout by exploring the contexts or situations that affect life balance for the nurse educator. The study also aimed at beginning to identify strategies for retention to affect the current nurse educator shortage. The findings of the study add to the existing literature by confirming dissatisfaction with certain aspects of the role of nurse educator for the study participants, but do not confirm high levels of burnout. Future research on what nurse educator's view as burnout and on how nurse educators cope with the challenges may provide additional information to affect the retention of nurse educators.

Exploring further the expectations of nurse educators related to life balance may also help to provide information to affect the recruitment and retention issues creating the nurse educator shortage. What is the acceptable level of balance—

complete, very balanced, or moderately balanced? Is life balance that is perhaps less than optimal one of the factors that is integral to teaching in nursing, as it is for other kinds of jobs and professions, and must be accommodated?

The life balance themes that emerged in this study have been presented in the literature previously, but further research is warranted on many of them. Incivility continues to be an issue for educators in this study, and research on civility education and alleviation of faculty to faculty incivility is important for continued research. Workload and competitive income is an essential component in the nurse educator's ability to be satisfied in the role. Additional research on creative ways to increase faculty pay through community or hospital partnerships is warranted. The faculty shortage will continue to affect the workload through overload assignments until the wages are improved and faculty numbers improve.

An additional area of future research is looking at personality traits of nurse educators. How prevalent is the "badge of honor" mentality, and are there other common traits that can be discovered and utilized for recruitment and retention purposes?

A final area of future research is looking at faculty workload in academia overall. Is nursing education, with its varied clinical responsibilities, different from other disciplines in academia? Is academia the key factor in challenges or difficulties that affect life balance?

Conclusion

There are inherent links among the nursing faculty shortage, challenges in producing enough new nurses, and a continuing shortage of nurses. The shortages

compromise patient safety and the quality of care, resulting in compromised patient outcomes. The literature addressing recruitment and retention of nurse educators frequently cites dissatisfaction with workload and balance as contributing factors to the shortage. This study highlighted the fact that nurse educators, despite many issues with support, demands, workload, and personal time issues, generally report moderate life balance. Living with less than optimal life balance in the educators' perception, even if not completely unbalanced, may be part of the dissatisfaction that is expressed by nursing faculty. Future research aimed at nurse educator expectations and traits of successful nurse educators may provide additional information to alleviate the nurse and nurse educator shortage.

REFERENCES

Accreditation Commission for Education in Nursing. (2015). *ACEN 2013 Standards and Criteria*. Retrieved from http://www.acenursing.net/manuals /SC2013_ASSOCIATE.pdf

Agency for Healthcare Research and Quality. (2011). *Nursing shortage may have adverse impact on public health emergency preparedness*. Retrieved from http://www.ahrq.gov/news/newsletters/research-activities/apr11/0411ra14.html

Aiken, L, Clarke S, Sloane, D. Sochalski J., & Silber J. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association, 288*(16), 1987–1993. doi:10.1001/jama.288.16.1987

Al-Busaidi, K. A., & Al-Shihi, H. (2012). Key factors to instructors' satisfaction of learning management systems in blended learning. *Journal of Computing in Higher Education*, *24*(1), 18–39. doi:10.1007/s12528-011-9051-x

American Association of Colleges of Nursing. (2012). *Special survey on vacant faculty positions for academic year 2011-2012*. Retrieved from http://aacn.nche.edu

Anderson, G. J. (1998). *Stress and burnout among higher education nurse faculty members in five southern states* (Order No. 9830026). ProQuest Dissertations & Theses Global database (UMI No. 304432827). Retrieved from http://0-search.proquest.com.source.unco.edu/docview/304432827?accountid=12832

Baruch, Y., & Holtom, B. (2008). Survey response rate levels and trends in organizational research. *Human Relations, 61*(81), 1139–1160. doi:101177/0018726708094863

Bednarski, D. (2009). Caring for caregivers. *Nephrology Nursing Journal, 36*(4), 369–369, 417. Retrieved from http://0-search.proquest.com.source.unco.edu /docview/216539638?accountid=12832

Bonett, D., & Wright, T. (2000). Sample size requirements for estimating pearson, kendall and spearman correlations. *Psychometrika*, *65*(1), 23–28. doi:10.1007/BF02294183

Bottelli, R., & Wadia, Z. (2010). Cash Balance Renaissance. *Benefits Quarterly, Q4*, 25–28.

Brady, M. (2010). Healthy nursing academic work environment. *The Online Journal of Issues in Nursing, 15*(1), Manuscript 6.

Brock, B. L., & Grady, M. L. (2000). *Rekindling the flame: Principals combating teacher burnout.* Thousand Oaks, CA: Corwin Press.

Burton, C. (2004). What does work-life balance mean anyway? *Journal for Quality and Participation, Fall*, 12–13.

Casey, D. C., & Clark, L. (2011). Roles and responsibilities of the student nurse mentor: an update. *British Journal of Nursing*, *20*(15), 933–937.

Christiansen, C., & Matuska, K. (2006). Lifestyle balance: A review of concepts and research. *Journal of Occupational Science, 13*(1), 49–61.

Clark, C., Farnsworth, J., & Landrum, E. (2009). Development and description of the incivility in nursing education (INE) Survey. *Journal of Theory Construction & Testing, 13,* 7–15.

Clark, C., & Springer, P. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education, 49*(6), 319–325.

Clark, S. (2000). Work family border theory: A new theory of work/family balance. *Human Relations*, *53*, 747–770.

Clarke, M., Koch L., & Hill, E. (2004). The work-family interface: Differentiating balance and fit. *Family and Consumer Science*, *33*, 121–140.

Collier, R. (2005). Work-life balance: Ladies only? *The Lawyer, 23*, 33.

Commision on Collegiate Nursing Education. (2015). *Standards for accreditation* of *baccalaureate and graduate nursing programs*. Retrieved from http://www.aacn.nche.edu/ccne-accreditation/Standards-Amended-2013.pdf

Connelly, L. M. (2011). Surveys, surveys, and more surveys. *MEDSURG Nursing, 20*(2), 61, 95. Retrieved from http://0-search.proquest.com.source .unco.edu/docview/872386694?accountid=12832

Cook, C., Heath, F., & Thompson, R. (2000). A meta-analysis of response rates in web- or internet-based surveys. *Educational and Psychological Measurement, 60,* 821–836.

Coyne, I. (1997). Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries? *Journal of Advanced Nursing, 26*(3), 622–630. doi:10.1046j.1365-2648.1997.t01-25-00999.x

Creswell, J. W. (2007). *Qualitative inquiry and research design. Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J., & Plano-Clark, V. (2007). *Designing and conducting mixed methods research.* Thousand Oaks, CA: Sage.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* Thousand Oaks, CA: Sage.

De Kegel, A., Dhooge, I., Peersman, W., Rijckaert, J., Baetens, T., Cambier, D., & Van Waelvelde, H. (2010). Construct validity of the assessment of balance in children who are developing typically and in children with hearing impairments. *Physical Therapy, 90*(12), 1783–1794.

Del Prato, D. (2013). Students' voices: The lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. *Nurse Education Today*, *33*(3), 286–290. doi:10.1016 /j.nedt.2012.05.030

Ellis, J. (2013). *Nursing education in Washington state*. Retrieved from the Washington State Nurses Association website: http://www.wsna.org/education /documents/White-Paper-on-Nursing-Education_2013.pdf

Espeland, K. (2006). Overcoming burnout: How to revitalize your career. *Journalof Continuing Education in Nursing, 37*(4), 178–184.

Evans, J. (2013). Factors influencing recruitment and retention of nurse educators reported by current nurse faculty, *Journal of Professional Nursing*, *29*(1), 11–20. doi:10.1016/j

Fetters, M., Curry, L, & Creswell, J. (2013). Achieving integration in mixed methods designs—Principles and practices. *Health Services Research*, *48*(6 Pt. 2), 2134–2156. doi:10.1111/1475-6773.12117

Flores, R., Forrest, D., & Tena, J. (2010). Impact on competitive balance from allowing foreign players in a sports league: Evidence from European soccer. *Kyklos, 63*, 546–557.

Gardner, E. K., III. (2014). *Differences in perceptions of compassion fatigue, compassion satisfaction, and burnout among nursing faculty* (Order No. 3646937). ProQuest Dissertations & Theses Global database (UMI No. 1637643250). Retrieved from http://0-search.proquest.com.source.unco.edu /docview /1637643250?accountid=12832

Garrosa, E., Moreno-Jiménez, B., Rodríguez-Muñoz, A., & Rodríguez-Carvajal, R. (2011). Role stress and personal resources in nursing: A cross-sectional study of burnout and engagement. *International Journal of Nursing Studies*, *48*(4), 479–489. doi:10.1016/j.ijnurstu.2010.08.004

Gropel, P., & Kuhl, J. (2009). Work–life balance and subjective well-being: The mediating role of need fulfilment. *British Journal of Psychology, 100*, 365–373.

Hakansson, C., & Matuska, K. (2010). How life balance is perceived by Swedish women recovering from a stress related disorder: A validation of the life balance model. *Journal of Occupational Science, 17*(2), 112–119.

Hansen, F. (2002, December). Truth and myths about work-life balance. *Workforce,* 34–39.

Harri, M. (1995). Assessing the quality of the working life of nurse educators in Finland: Perceptions of nurse educators and their spouses. *Journal of Advanced Nursing, 21*, 378–386.

Harris, R., & Bennett, J. (2010). Work-life in the balance. *Nursing Standard, 24*(48), 64.

Hoffman, M. (2000). *Empathy and moral development: Implications for caring and justice*. New York, NY: Cambridge University Press.

Huffstutler, S., Wyatt, T., & Wright, C. (2002). The use of handheld technology in nursing education. *Nurse Educator, 27*(6), 271–275

Jamieson, I., Kirk, R., & Andrew, C. (2013). Work–life balance: What Generation Y nurses want. *Nurse Leader*, *11*(3), 36–39.

Kaufman, K. (2007). Headlines from the NLN—compensation for nurse educators: Findings from the NLN/Carnegie national survey with implications for recruitment and retention. *Nursing Education Perspectives, 28*, 223–225.

Kawai, T., & Kanda, M. (2010). Urban energy balance obtained from the comprehensive outdoor scale model experiment. Part I: Basic features of the surface energy balance. *Journal of Applied Meteorology and Climatology., 49*, 1341–1359.

Khallash, S., & Kruse, M. (2012). The future of work and work–life balance 2025. *Futures, 44*(7), 678–686.

Kolanko, K., Clark, C., Heinrich, K., Olive, D., Serembus, J., & Sifford, K. (2005). Academic dishonesty, bullying, incivility and violence: Difficult challenges facing nurse educators. *Nursing Education Perspectives, 27*(1), 34–43.

Lambert, V., & Lambert, C. (2008). Nurse's workplace stressors and their coping strategies. *Indian Journal of Palliative Care, 14*(1), 38–44.

Langemo, D. (1998). Work related stress in baccalaureate nurse educators. *Western Journal of Nursing Research, 10*(3), 327–334.

Lombardo, B., & Eyre, C. (2011). Compassion fatigue: A nurse's primer. *Online Journal of Issues in Nursing, 16*(1), 8–3. Retrieved from http://0-search.proquest.com .source.unco.edu/docview/878058735?accountid=12832

Losoncz, I., & Bortolotto, N. (2009). Work–life balance: The experience of working mothers. *Journal of Family Studies, 15*, 122–138.

Marchiondo, K., Marchiondo, L., & Lasiter, S. (2010). Faculty incivility: Effects in program satisfaction of BSN students. *The Journal of Nursing Education, 49*(11), 608–614. doi:10.3928/01484834-20100524-05

Marks, S., & MacDermid, S. (1996). Multiple roles and the self: A theory of role balance. *Journal of Marriage and the Family*, *58*(2), 417.

Matuska, K. (2010). *Validity evidence for a model and measure of life balance* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 635432775)

Matuska, K. (2012). Validity evidence of a model and measure of life balance. *OTJR: Occupation, Participation and Health, 32*, 229–237.

Matuska, K., & Christiansen, C. (2008). A proposed model of lifestyle balance. *Journal of Occupational Science, 15*(1), 9–19.

Matuska, K., & Erikson, B. (2008). Lifestyle balance: How it is described and experienced by women with multiple sclerosis. *Journal of Occupational Science, 15*(1), 20–26.

McCammom, S. (1999). Painful pedagogy: Teaching about trauma in academic and training settings. In B. H. Stamm (Ed.), *Secondary traumatic stress. Self care issues for clinicians, researchers and educators* (pp. 105–120). Baltimore, MD: Sidran Press.

McHolm, F. (2006). Rx for compassion fatigue. *Journal of Christian Nursing*, *23*, 12–19.

Mills, J., Wand, T., & Fraser, J. A. (2015). On self-compassion and self-care in nursing: Selfish or essential for compassionate care? *International Journal of Nursing Studies*, *52*(4), 791–793. doi:10.1016/j.ijnurstu.2014.10.009

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

National League for Nursing. (2009a). *Age of fulltime nurse educators by rank*. Retrieved from http://www.nln.org/researchgrants/slides/pdf/FC0809_F07.pdf

National League for Nursing. (2009b) *Executive summary. Findings from 2009 faculty census*. Retrieved from http://www.nln.org/docs/default-source/about/fc_exec_summary_0809.pdf?sfvrsn=2

National League for Nursing. (2009c). *Sex of nurse educators by employment status*. Retrieved from http://www.nln.org/researchgrants/slides/pdf/FC0809_F13.pdf

National League for Nursing. (2010). *Nurse faculty shortage fact sheet*. Retrieved from http://www.nln.org/governmentaffairs/pdf/NurseFacultyShortage.pdf

Needleman, J., Buerhaus, P., Pankratz, V., Leibson, C., Stevens, S., & Harris, M. (2011). Nurse staffing and inpatient hospital mortality. *The New England Journal of Medicine, 364*(11), 1037–1045. doi:10.1056 /NEJMsa1001025

O'Connor, L. G., & Yanni, C. K. (2013). Promotion and tenure in nursing education: Lessons learned. *Journal of Nursing Education and Practice, 3*(5), 78. Retrieved from http://0-search.proquest.com.source.unco.edu/docview /1355944500?accountid=12832

Ooms, A., Fergy, S., Marks-Maran, D., Burke, L., & Sheehy, K. (2013). Providing learning support to nursing students: A study of two universities. *Nurse Education in Practice, 13*(2), 89–95. doi:10.1016/j.nepr.2012.07.011

Parker, K., & Wang, W. (2013). *Modern parenting: Roles of moms and dads converge as they balance work and family*. Retrieved from PewResearchCenter, Social and Demographic Trends website: http://www.pewsocialtrends.org/2013/03/14 /modern-parenthood-roles-of-moms-and-dads-converge-as-they-balance-work-and-family/

Persson, D., & Jonsson, H. (2009). The importance of experienced challenges in a balanced life; micro and macro perspectives. In K. Matuska & C. Christiansen (Eds.), *Life Balance: Multidisciplinary theories and research* (pp. 133–148). Bethesda, MD: SLACK Incorporated and AOTA Press.

Potter, P., Deshields, T., Divanbeigi, J., Berger, J., Cipriano, D., Norris, L., & Olsen, S. (2010). Compassion fatigue and burnout: Prevalence among oncology nurses. *Clinical Journal of Oncology Nursing, 14*(5), E56–E62. Retrieved from http://0-search.proquest.com.source.unco.edu/docview/757194777 ?accountid=12832

Price, P. (2013). *Compassion fatigue in nurse faculty* (Unpublished doctoral dissertation). Rowan University, Glassboro, NJ.

Prion, S., & Haerling, K. A. (2014). Making sense of methods and measurement: Pearson product-moment correlation coefficient. *Clinical Simulation in Nursing*, *10*(11), 587–588. doi:10.1016/j.ecns.2014.07.010

Roark, A. (2010). Work-life balance: Keep your eye on the ball. *DVM:The Newsmagazine of Veterinary Medicine Newsmagazine, 14*(11), 52–53.

Roberts, E. (2008). Time and work life balance: The roles of temporal customization and life temporality. *Gener, Work and Organization, 15*(5) 430–453.

Robertson, J. (2012). Can't we all just get along? A primer on student incivility in nursing education. *Nursing Education Perspectives, 33*(1), 21–26. Retrieved from http://0-search.proquest.com.source.unco.edu/docview/923246031 ?accountid=12832

Robinson, B. C. (2005). *Exploring career satisfaction, burnout, and compassion fatigue as indicators of the quality of career engagement of public school educators Available from* ProQuest Dissertations and Theses Global database (UMI No. 305384210)

Sarmiento, T., Laschinger, H., & Iwasiw, C. (2004). Nurse educators' workplace empowerment, burnout, and job satisfaction: Testing Kanter's theory. *Journal of Advanced Nursing, 46*(2), 134–143. doi:10.1111/j.1365-2648.2003.02973.x

Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives, 34*(3), 167.

Sheldon, K. (2009). Defining and validating measures of life-balance: Suggestions, a new measure, and some preliminary results. In K. Matuska & C. Christiansen (Eds.), *Life balance: Multidisciplinary research and theories* (pp. 61–72). Bethesda, MD: Slack, Incorporated and AOTA Press.

Sheldon, K., & Niemiec, C. (2006). It's not just the amount that counts: Balanced need satisfaction also affects well-being. *Journal of Personality and Social Psychology, 91*, 331–344.

Shellenbarger, T. (2009). Time and project management tips for educators. *The Journal of Continuing Education in Nursing, 40*(7), 292–293. Retrieved from http://0-search.proquest.com.source.unco.edu/docview/223312633 ?accountid=12832

Shirey, M. (2006). Stress and burnout in nursing faculty. *Nurse Educator*, 31(3), 95–97.

Simmons, S. (2012). Striving for work life balance. *Nursing*, *42*(1), 25–26.

Sirgy, M., & Wu, J. (2009). The pleasant life, the engaged life, and the meaningful life: What about the balanced life? *Journal of Happiness Studies, 10*(2), 183–196.

Spiegelman, B., & Flier, J. (2001). Obesity and the regulation of energy balance. *Cell, 104*, 531–543.

Stamm, B. H. (2009). *Professional quality of life: Compassion satisfaction and fatigue* (Version 5). Retrieved from www.isu.edu/~bhstamm

Stamm, B. H. (2010). *The ProQOL concise manual*. Retrieved from www.proqol.org

Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. Thousand Oaks CA: Sage.

Teddlie, C., & Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Methods Research*, *1*(1), 77–100. doi:10.1177/2345678906292430

Tennant, A., McKenna, S., & Hagel, P. (2004). Application of Rasch analysis in the development and application of quality of life instruments. *Value in Health*, 7, 22–26.

Thompson, R. (2003). *Compassion fatigue: The professional liability for caring too much*. Paper presented at The Human Side of School Crises—A Public Entity Risk Institute Symposium. Retrieved from: http://www.riskinstitute.org /peri/images /file/CompassionFatiguePERISymposiumPaper.pdf

Tyson, S. (2009). How to measure balance in clinical practice. A systematic review of the psychometrics and clinical utility of measures of balance activity for neurological conditions. *Clinical Rehabilitation, 23*, 824–840.

Van der Klis, M., & Karsten, L. (2009). The commuter family as a geographical adaptive strategy for the work-family balance. *Community, Work and Family, 13*(3), 339–354.

Veenhoven, R. (2009). Optimal lifestyle-mix: An inductive approach. In K. Matuska & C. Christiansen (Eds.), *Life balance: Multidisciplinary research and theories* (pp. 33–42). Bethesda, MD: Slack Incorporated and AOTA Press.

Washington State Department of Health. (2014a). *Approved nursing programs in the state of Washington*. Retrieved from http://www.doh.wa.gov/portals/1 /Documents/Pubs/669080.pdf

Washington State Department of Health. (2014b). *Nursing education programs 2013-2014 annual school report; statistical summary and trends analysis*. Retrieved from http://www.doh.wa.gov/Portals/1/Documents/6000/669269.pdf

APPENDIX A

INSTITUTIONAL REVIEW BOARD
APPROVAL

UNIVERSITY *of*
NORTHERN COLORADO

Institutional Review Board

DATE: February 19, 2015

TO: Joan Owens
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [712177-2] Life Balance in Nurse Educators
SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED
APPROVAL DATE: February 18, 2015
EXPIRATION DATE: February 18, 2016
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of February 18, 2016.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

Generated on IRBNet

Joan -

Thank you for clearly highlighting all revisions requested by the first reviewer, Dr. Heather Helm. She has provided her approval based on these modifications. Subsequently, I reviewed your original and revised materials and have no further requests for changes or additional materials.

Please be sure to use all revised documents (e.g., consent form) and protocols in your actual participant recruitment and data collection.

Best wishes with your research and don't hesitate to contact me with any IRB-related questions or concerns.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

APPENDIX B

**CONSENT FORM FOR HUMAN PARTICIPATION
IN RESEARCH**

UNIVERSITY *of*
NORTHERN COLORADO

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Life Balance in Nurse Educators
Researcher: Joan Owens RN, MSN   College of Natural and Health Sciences
Phone: XXX-XXX-XXXX   E-mail: owen9469@bears.unco.edu
Research Advisor: Dr. Carol Roehrs, Carol.roehrs@unco.edu   Phone: 970-351-1699

Purpose and Description: The primary purpose of this mixed methods study is to explore relationships that exist between nurse educator life balance and quality of life related to work, as well as explore the lived experience of life balance. Studying the phenomenon of life balance and the relationship between a nurse educator's professional quality of life and life balance may provide key information for preventing nurse educator dissatisfaction and/or burnout as well as contributing to nurse educator retention.

If you volunteer to participate in the interview, you will be asked six open ended questions regarding life balance. The interviews will be recorded, with your permission, so that I can transcribe them for content analysis. The voice recordings will be destroyed after being transcribed and checked for accuracy. Only the researcher and possibly the advisor will know the identity of participants. Participant confidentiality will be protected by assignment of a pseudonym to each. During the study, electronic data will be stored on the researcher's personal computer. Any hard copies of data will be stored in a locked file cabinet in the researcher's office. Only the researcher will have access to voice recordings. Voice recordings will be stored in a locked cabinet. When the study is complete, all data results and documents will be downloaded from the computer to a jump drive and the data on the hard drive will be deleted. The jump drive and hard copies of data will be kept in a locked file cabinet in the researcher's office.

If you would like to participate in the second portion of the study, please sign a copy of this consent form and send it to Joan Owens at the email address above or mail a hard copy to: Joan Owens 11505 N King Arthur Dr. Spokane, WA 99218. The signed forms will be kept in a sealed envelope in the research advisor's office (3250 Gunter Hall, University of Northern Colorado, Greeley, CO 80639) and destroyed after 3 years.

The study is voluntary and the risks inherent in this research are not greater than those normally encountered in conversations about work life of a nursing faculty member. Participants may experience some discomfort in discussing work load issues. There will be no compensation for participation.

page 1 of 2_____
(participant initials here)

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

_____

Subject's Signature   Date

_____

Researcher's Signature   Date

APPENDIX C

PROFESSIONAL QUALITY OF LIFE SCALE

Professional Quality of Life Scale

© B. Hudnall Stamm, 2009.
Professional Quality of Life: Compassion
Satisfaction and Fatigue Version 5 (ProQOL)
.

www.isu.edu/~bhstamm or www.proqol.org

When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days
.
1=Never
2=Rarely
3=Sometimes
4=Often
5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I help
3. I get satisfaction from being able to help people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I help.
7. I find it difficult to separate my personal life from my life as a helper.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.
9. I think that I might have been affected by the traumatic stress of those I help.
10. I feel trapped by my job as a helper.
11. Because of my helping, I have felt "on edge" about various things.
12. I like my work as a helper.
13. I feel depressed because of the traumatic experiences of the people I help.
14. I feel as though I am experiencing the trauma of someone I have helped.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with helping techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a helper.
20. I have happy thoughts and feelings about those I help and how I could help them.

21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
24. I am proud of what I can do to help.
25. As a result of my helping, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a helper.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

<End of ProQOL>

If you are interested in participating in the second part of this study that includes a telephone or face to face interview on life balance, please enter your email address so that the investigator can arrange the interview: _____.

Demographic Data:
What is your age?
Please indicate highest degree earned:
Please indicate your teaching status (PT, FT)?
Are you in a tenured or nontenured position?
Please indicate percentage of clinical teaching.
Please indicate percentage of clinical practice.
Have you witnessed incivility, either faculty to faculty or student to faculty?

APPENDIX D

LIFE BALANCE INVENTORY

Life Balance Inventory

To rate the following items, **STEP 1** indicate if you **do** the activity or **want** to do the activity by circling YES or NO. Then, **STEP 2,** for the activities you circled YES, think about yourself doing each activity in the <u>past month</u>, and rate how much time you **actually** spend in each activity compared to the amount of time you **want** to spend in each activity.

STEP 1: I DO this activity Or WANT to do this activity	ALWAYS LESS than I want	SOMETIMES LESS than I want	ABOUT RIGHT for me	SOMETIMES MORE than I want	ALWAYS MORE than I want
Yes No Taking care of personal hygiene and bathing	1	2	3	2	1
Yes No Taking care of your appearance	1	2	3	2	1
Yes No Getting adequate sleep	1	2	3	2	1
Yes No Relaxing	1	2	3	2	1
Yes No Getting regular exercise	1	2	3	2	1
Yes No Eating nutritiously	1	2	3	2	1
Yes No Managing your health needs	1	2	3	2	1
Yes No Managing money (bills/budget/investments)	1	2	3	2	1
Yes No Driving	1	2	3	2	1
Yes No Taking the bus	1	2	3	2	1
Yes No Doing things with family members	1	2	3	2	1
Yes No Doing things with spouse/significant other	1	2	3	2	1
Yes No Doing things with friends	1	2	3	2	1
Yes No Taking care of children or family members	1	2	3	2	1
Yes No Having an intimate sexual relationship	1	2	3	2	1
Yes No Participating in groups (clubs, classes, etc.)	1	2	3	2	1
Yes No Meeting new people	1	2	3	2	1
Yes No Working for pay	1	2	3	2	1
Yes No Gaining competence in your job	1	2	3	2	1
Yes No Socializing at work	1	2	3	2	1
Yes No Participating in formal religious activities	1	2	3	2	1
Yes No Participating in traditional rituals, holidays	1	2	3	2	1
Yes No Participating in educational opportunities	1	2	3	2	1
Yes No Participating in professional organizations	1	2	3	2	1
Yes No Volunteering in the community	1	2	3	2	1
Yes No Participating in organized sports	1	2	3	2	1
Yes No Doing outdoor activities (hunting, fishing)	1	2	3	2	1

©Kathleen Matuska PhD, OTR/L

STEP 2: For the activities you circled YES, The amount of time I spend doing this activity is:

STEP 1: I DO this activity Or WANT to do this activity		Activity	ALWAYS LESS than I want	SOMETIMES LESS than I want	ABOUT RIGHT for me	SOMETIMES MORE than I want	ALWAYS MORE than I want
Yes	No	Gardening	1	2	3	2	1
Yes	No	Communing with nature	1	2	3	2	1
Yes	No	Planning and coordinating events	1	2	3	2	1
Yes	No	Decorating or organizing spaces	1	2	3	2	1
Yes	No	Cooking	1	2	3	2	1
Yes	No	Doing housework	1	2	3	2	1
Yes	No	Shopping	1	2	3	2	1
Yes	No	Taking care of pets	1	2	3	2	1
Yes	No	Going to restaurants/bars	1	2	3	2	1
Yes	No	Going to plays, movies, sporting events	1	2	3	2	1
Yes	No	Doing crafts, hobbies	1	2	3	2	1
Yes	No	Making music	1	2	3	2	1
Yes	No	Making Art	1	2	3	2	1
Yes	No	Maintaining or repairing equipment	1	2	3	2	1
Yes	No	Sewing/needlework	1	2	3	2	1
Yes	No	Reading	1	2	3	2	1
Yes	No	Using computers (text, internet, blogs)	1	2	3	2	1
Yes	No	Reflecting or meditating	1	2	3	2	1
Yes	No	Journaling	1	2	3	2	1
Yes	No	Composing, writing, (music, poetry etc)	1	2	3	2	1
Yes	No	Dancing, yoga, etc.	1	2	3	2	1
Yes	No	Playing games of skill (cards, electronic, etc)	1	2	3	2	1
Yes	No	Watching TV	1	2	3	2	1
Yes	No	Mentoring (teaching) others	1	2	3	2	1
Yes	No	Traveling (any means, locally, globally)	1	2	3	2	1
Yes	No	Storytelling	1	2	3	2	1

©Kathleen Matuska PhD, OTR/L

About You

Please indicate the option that best describes you by putting an X in the box next to the answer or fill in the blank.

What is your age? _____ (fill in)

What is your sex?
- ☐ Male
- ☐ Female

What is your race?
- ☐ American Indian or Alaskan native
- ☐ Asian
- ☐ Black
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

What is your marital status?
- ☐ Single
- ☐ Married/partnered
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Number of children _____ (fill in)

If you have children, how many are living with you?
_____ (fill in)

What is your employment status? (check all that apply)
- ☐ Full time
- ☐ Part time
- ☐ Temporary leave from job
- ☐ Unemployed and looking for work
- ☐ Retired
- ☐ In school
- ☐ Not employed outside the home

What is the highest level of education you completed?
- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's or professional degree
- ☐ Doctoral degree

What is your yearly household income?
- ☐ Less than $10,000
- ☐ $10,000- $22,999
- ☐ $21,000-$39,999
- ☐ $40,000 –$52,999
- ☐ $53,000-$72,999
- ☐ $73,000- $110,000
- ☐ $110,000 or more

Add your   language here
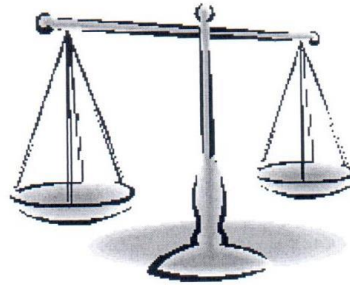
The Life Balance Inventory

This is an invitation for you to complete the enclosed battery of assessments related to your lifestyle. It is a group of short questionnaires that will take about 20 minutes to complete where you will be asked about your time use in activities, your feelings, and your stress. Specific instructions precede each part.

The purpose of this research is ......

I deeply appreciate your willingness to fill out the assessments and assist with this research!
Please return the completed assessments to me as soon as you have finished them.
Many thanks in advance

signature

©Kathleen Matuska PhD, OTR/L

APPENDIX E

QUALITATIVE QUESTIONS OF STUDY

Qualitative Questions of Study

Question 1: What have you experienced in terms of life balance since you have been a faculty member?

Question 2: Tell me about what affects your experiences of life balance?

Question 3: What other obligations do you have outside of work?

Question 4: How do you balance work with family?

Question 5: How do you balance work with leisure?

Question 6: How do you balance the demands of the other obligations on your time?

APPENDIX F

INTERVIEW GUIDE

Interview Guide

Date:
Location:
Pseudonym of Interviewee:

Script: This interview is to explore the experience of life balance among nurse

educators. This interview will be recorded and transcribed to be used in research. This

information will be transcribed and the content shared with you. I will disguise your

name so that you will not be identified and the institution you work for will not be

identified in the research either. Please acknowledge that you are aware of the tape

recording, and the fact that the information will be shared with others.

if you have any questions about the process, you can always contact me or my

research advisor, Carol Roehrs- both of our contact information is on the consent form

should you need it.

Do you have any questions before we start?

Let's begin with some general background information about you- note gender, ask

age.

How long have you been a nurse educator?

How long have you been at this institution?

Let's begin-
      Question 1: Thinking about your time working as a nurse educator, what have

you experienced in terms of life balance?

      Question 2: Tell me about what affects your experiences of life balance?

      Question 3: What other obligations do you have outside of work?

      Question 4: How do you balance work with family?

Question 5: How do you balance work with leisure?

Question 6: How do you balance the demands of the other obligations on your time?

The questions were revised after the conclusion of the first two interviews to be more succinct and integrate evolving themes.

Question two was revised to ask, "Can you tell me about what affects your experience of life balance, either positively or negatively in your role as an educator?"

Question three and six were combined to ask, "Can you tell me about other obligations you have outside of work and how you balance them?"

A new question six, "Is there anything else about life balance in your role as an educator that you would like to share?" was added before closing the interview. This question provided an opportunity for the respondent to add thoughts that may have arisen while thinking about life balance more thoughtfully during the interview.

APPENDIX G

CORRELATION TABLES

Table 11

Total Life Balance Inventory Correlations

		Total LB	Compassion satisfaction	Burnout	Secondary stress	ADN/BSN
Total life balance	Pearson correlation	1	.419[*]	-.492[**]	-.469[**]	-.076
	Sig. (2-tailed)		.017	.004	.007	.680
	N	32	32	32	32	32
Compassion satisfaction	Pearson correlation			-.770[**]	-.568[**]	.018
	Sig. (2-tailed)			.000	.001	.921
	N			32	32	32
Burnout	Pearson correlation				.762[**]	.077
	Sig. (2-tailed)				.000	.676
	N				32	32
Secondary stress	Pearson correlation					.105
	Sig. (2-tailed)					.566
	N					32
ADN/BSN	Pearson correlation					1
	Sig. (2-tailed)					
	N					32

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).

Table 12

Life Balance Inventory Health Correlations

		Health	Compassion satisfaction	Burnout	Secondary stress	ADN/BSN
Health	Pearson correlation	1	.371[*]	-.456[**]	-.459[**]	-.001
	Sig. (2-tailed)		.037	.009	.008	.994
	N	32	32	32	32	32
Compassion satisfaction	Pearson correlation		1	-.770[**]	-.568[**]	.018
	Sig. (2-tailed)			.000	.001	.921
	N		32	32	32	32
Burnout	Pearson correlation			1	.762[**]	.077
	Sig. (2-tailed)				.000	.676
	N			32	32	32
Secondary stress	Pearson correlation				1	.105
	Sig. (2-tailed)					.566
	N				32	32
ADN/BSN	Pearson correlation					1
	Sig. (2-tailed)					
	N					32

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).

Table 13

Life Balance Inventory Relationship Correlations

		Relation-ship	Compassion satisfaction	Burnout	Secondary stress	ADN/BSN
Relationship	Pearson correlation	1	.280	-.4358[*]	-.352[**]	-.224
	Sig. (2-tailed)		-.120	.045	.063	.216
	N	32	32	32	32	32
Compassion satisfaction	Pearson correlation		1	-.770[**]	-.568[**]	.018
	Sig. (2-tailed)			.000	.001	.921
	N		32	32	32	32
Burnout	Pearson correlation			1	.762[**]	.077
	Sig. (2-tailed)				.000	.676
	N			32	32	32
Secondary stress	Pearson correlation				1	.105
	Sig. (2-tailed)					.566
	N				32	32
ADN/BSN	Pearson correlation					1
	Sig. (2-tailed)					
	N					32

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed)
.

Table 14

Life Balance Inventory Challenge Correlations

		Challenge	Compassion satisfaction	Burnout	Secondary stress	ADN/BSN
Challenge	Pearson correlation	1	.391*	-.471**	-.463*	.064
	Sig. (2-tailed)		.027	.007	.008	.727
	N	32	32	32	32	32
Compassion satisfaction	Pearson correlation		1	-.770**	-.568**	.018
	Sig. (2-tailed)			.000	.001	.921
	N		32	32	32	32
Burnout	Pearson correlation			1	.762**	.077
	Sig. (2-tailed)				.000	.076
	N			32	32	32
Secondary stress	Pearson correlation				1	.105
	Sig. (2-tailed)					.566
	N				32	32
ADN/BSN	Pearson correlation					1
	Sig. (2-tailed)					
	N					32

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).

Table 15

Total Life Balance Inventory Identity Correlations

		Identity	Compassion satisfaction	Burnout	Secondary stress	ADN/BSN
Total life balance	Pearson correlation	1	.415[*]	-.471[**]	-.455[**]	-.713
	Sig. (2-tailed)		.018	.006	.007	.539
	N	32	32	32	32	32
Compassion satisfaction	Pearson correlation	415*	1	-.770[**]	-.568[**]	.018
	Sig. (2-tailed)	218		.000	.001	.921
	N	32	32	32	32	32
Burnout	Pearson correlation	-.471	-.770**	1	.762[**]	.077
	Sig. (2-tailed)	.006	.000	.000	.000	.676
	N	32	32	32	32	32
Secondary stress	Pearson correlation	-.465	-568*	.762**	1	.105
	Sig. (2-tailed)					.566
	N					32
ADN/BSN	Pearson correlation	-.113	.018	.077	.105	1
	Sig. (2-tailed)	.539	.921	.676	.566	
	N	32	32	32	32	32

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).

APPENDIX H

THEMES AND MEANING UNIT QUESTIONNAIRE

<div align="center">Themes and Meaning Unit Questionnaire</div>

1. Please rate how you feel the following theme reflects elements of life balance in the nurse educator role.
Theme: Support
Meaning Units:
1. Support of administration
2. Lack of support of administration
3. Support of faculty peers
4. Lack of support of faculty peers
5. Bullying/Incivility
6. Respect

      Strongly Agree
      Agree
      Undecided
      Disagree
      Strongly Disagree

2. Please rate how you feel the following theme reflects elements of life balance in the nurse educator role.
Theme: Demands
Meaning Units:
1. Unspoken rules/demands
2. Technology demands
3. Needs of students
4.NCLEX pass rates
5. Student expectations
6. Tenure expectations
7. Unrealistic expectations of role

      Strongly Agree
      Agree
      Undecided
      Disagree
      Strongly Disagree

3. Please rate how you feel the following theme reflects elements of life balance in the nurse educator role.
Theme: Workload
Meaning Units:
1. Heavy workload
2. Teaching model
3. Clinical practice
4. Clinical facility issues

5. Low salary
6. Faculty turnover

       Strongly Agree
       Agree
       Undecided
       Disagree
       Strongly Disagree

4. Please rate how you feel the following theme reflects elements of life balance in the nurse educator role.

<u>Theme: Personal & Time Attributes</u>

Meaning Units:
1. Self-Care
2. Modeling
3. Role stress
4. Difficulty scheduling time
5. Varied/changing hours
6. Organize time
7. Difficulties separating out personal time

       Strongly Agree
       Agree
       Undecided
       Disagree
       Strongly Disagree