

# Nursing Faculty Well-Being: A Qualitative Study

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**Abstract:** The purpose of this qualitative study was to explore faculty perceptions of nursing faculty well-being (NFWB) and the relationship between NFWB and the nursing faculty shortage. Individual interviews were conducted with a sample of 12 nursing faculty. Data were analyzed using content analysis. The three categories that emerged were NFWB with subcategories multidimensional, enjoyment, supportive work environment, and support from administration; maintaining well-being with subcategories balance and time; and negative effect on well-being with subcategories burnout, lack of support, lack of time, and the COVID-19 pandemic. Participants perceived NFWB as fundamental to their professional roles and their personal lives.

**Keywords:** nursing faculty well-being; nursing faculty shortage; Watson's Human Caring Theory; burnout; qualitative research

## Background

Nursing schools across the country are challenged to expand their capacity to accommodate the increased need for nurses (American Association of Colleges of Nursing (AACN), 2020a). The shortage of nurses is expected to rise dramatically as the healthcare needs of aging population increases (AACN, 2020a). An estimated 1.1 million new nurses will be needed to avoid the worsening shortage (American Nurses

Association [ANA], 2018). Through 2026, the need for registered nurses is expected to increase 15% faster than all other professions (ANA, 2018). An ongoing nursing faculty shortage further compromises the nursing shortage. Faculty shortages limit student capacity in spite of the rapidly escalating demand for care. Qualified faculty are essential to educate a sufficient number of nurses (American Association of Colleges of Nursing (AACN), 2020a; National Advisory Council for Nursing Education and

Practice [NACNEP], 2021). The nursing faculty shortage must be addressed (American Association of Colleges of Nursing (AACN), 2020a, b; Mazinga, 2021; NACNEP, 2021). Understanding the factors that influence faculty to remain in academia is needed to prevent faculty from leaving (Aquino et al., 2018; Evans, 2018; NACNEP, 2021).

Although the nursing faculty shortage has been examined in relation to a variety of factors, to the best of our knowledge, nursing faculty well-being (NFWB) has not been studied. Nursing faculty experience considerable challenges due to the demands associated with teaching/service/scholarship, maintaining clinical competence, and heavy workloads, increasing their risk for burnout (Aquino et al., 2018; Loerzel et al., 2021; Sarmiento et al., 2004). Burnout was introduced by Freudenberg (1974) who described the emotional exhaustion he witnessed in dedicated, committed workers who took on “too much, for too long, and too intensely” (p. 74). Burnout is described as emotional exhaustion, depersonalization, and a low sense of personal accomplishment at work (National Academy of Medicine [NAM], 2022). In contrast, individuals experiencing well-being perceive their lives as meaningful and maintain cooperative, positive relationships (Centers for Disease Control and Prevention [CDC], 2018; Office of Disease Prevention and Health Promotion [ODPHP], 2021). Although consensus regarding a single definition of well-being has not been established, well-being generally includes positive emotions, life satisfaction, fulfillment, and positive functioning (CDC, 2018; Diener et al., 1997; NAM, 2022; ODPHP, 2021).

The shortage of academically qualified faculty to teach in colleges of nursing and the number of faculty expected to retire in the next 10 years are contributing factors to the ongoing shortage (American Association of Colleges of Nursing (AACN), 2020a; Li et al., 2019; Mazinga, 2021). As faculty age increases, their number of productive years decreases (American Association of Colleges of Nursing (AACN), 2020b; Li et al., 2019) with projected retirements expected to surpass new faculty replacements (Fang & Kesten, 2017; NACNEP, 2021). A limited pool of doctorally prepared educators is also contributing to the shortage (AACN, 2020b; NACNEP, 2021).

Significant numbers of applicants for prelicensure and graduate programs continue to be turned away because the supply of nursing faculty does not meet the demand (Mazinga, 2021). Over 80,000 qualified applicants were not admitted to baccalaureate and graduate programs due to a lack of faculty, clinical sites and preceptors, and classroom space (American Association of Colleges of Nursing (AACN), 2020a). The paucity of research regarding NFWB is unexpected due to the significance of well-being (CDC, 2018; National Academy of Medicine (NAM), 2022; NACNEP, 2021; ODPHP, 2021), the demands placed upon nursing faculty, and the worsening nursing faculty shortage.

## Theoretical Framework

The concept of well-being was explored based on Watson, 2018 Unitary Caring Science. The theory embraces new dimensions of mind-body-spirit and is based on the belief that humans are inseparable from self and others. Caritas Processes 1, 2, 3, and 4 were used to guide the study: “(1) sustaining humanistic-altruistic values by practicing loving-kindness, compassion, and equanimity with self/other; (2) being authentically present, enabling faith/hope/belief; (3) being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence; and (4) developing and sustaining loving, trusting-caring relationships” (Watson, 2018).

The purpose of this qualitative, descriptive study was to explore faculty perceptions of NFWB and the relationship between NFWB and the nursing faculty shortage. Research questions included the following: (a) How do nursing faculty perceive their well-being? (b) What factors do they associate with their well-being? (c) How does their well-being impact their decision to be a faculty member?

## Method

### Design

Individual interviews (Patton, 2015) were used to generate data. The researchers were faculty members who did not function in an administrative capacity. Participants were informed that participation in this study was completely voluntary and that it had no effect on their faculty evaluations. To maintain rigor, reflexive journals,

an audit trail, and field notes were maintained (Morse, 2015). A semistructured interview guide (Krueger & Casey, 2014; Patton, 2015) was created based on the study purpose and the literature (Table 1).

### **Setting/Sample**

The study was conducted over a 3-month period at a medium-sized state university in the Midwest. The College of Nursing provides RN-BSN, traditional and accelerated BSN, MSN, DNP, and PhD programs. Following institutional review board approval, nursing faculty were recruited during a college-wide faculty meeting and through email. The inclusion criteria were faculty who were teaching full-time, part-time, or adjunct. Based on a recommended minimum sample size of 12 for qualitative studies to achieve data saturation (Guest et al., 2006), a sample of 12 was considered appropriate for this study. Purposeful, homogeneous sampling (Patton, 2015) resulted in a sample of 12 faculty.

### **Data Collection**

The demographic questionnaire and consent form were completed via email on the day of the interview. Interviews were scheduled at a time chosen by each participant using an online meeting poll. The first author conducted 11 interviews, while the second and third authors observed. The second author conducted one interview, and the first and third authors observed. Each interview was video recorded using Zoom and lasted approximately 50 minutes. As defined by Guest et al. (2020), saturation was determined once incoming interviews no longer produced new information in relation to the research purpose. Meetings were held after the fourth and eighth interviews to discuss emerging categories and subcategories. The research team determined saturation had been met by the paucity of new information collected in the final interview.

### **Data Analysis**

Qualitative content analysis was applied to interpret and describe faculty experiences (Krippendorff, 2019). Qualitative content analysis is a structured approach to interpret participants' perspectives for the purpose of developing replicable, valid inferences from texts (Krippendorff, 1989, Krippendorff, 2019). The antecedents,

correlates, and consequences of immediately observable communication as well as the unobserved aspects of the data are captured to generate a justified inference (Krippendorff, 1989). The content analysis process was iterative and included decontextualization, recontextualization, categorization, and compilation (Krippendorff, 2019). Five 2-hour meetings were held, which included one meeting after the fourth and eighth interviews and three meetings after the final interview.

Data analysis began with verbatim transcription of each interview recording. Interviews were transcribed by the first author within 24 hours. Each researcher completed an initial analysis of each transcript individually prior to team meetings. In the first stage, each researcher read each transcript in its entirety several times to gain a comprehensive sense of participant descriptions. The text (the unit of analysis) was decontextualized into codes to identify manifest, what was visible, and latent, what was underlying, meanings. In the next stage, the most significant statements in the text, meaning units, were identified and recontextualized. The condensed meaning units were abstracted into codes based on Watson (2018) Unitary Caring Science, maintaining the core meaning of participant experiences. Next, categories were created by grouping codes with similar meanings. Each category was clearly distinguished by determining variations in meaning through continuous comparison of emerging categories and the text as a whole. Comparisons across categories were made to determine their unique characteristics and to generate subcategories based on variations within each category. To maintain trustworthiness, the text, meaning units, codes, and categories were discussed throughout the interpretation process (Morse, 2015). Four categories initially emerged, with the second and third being collapsed into the first for a total of three categories. In the final stage, coded data were compiled to create the final structure. The categories and their content were viewed as a whole with the central ideas related to NFWB clearly described.

## **Results**

### **Demographics**

The majority of participants were female (83%), full-time (92%), doctorally prepared (75%), 30–39 (50%), and not currently employed in a health-care setting (75%). All of the participants were

**TABLE 1.** Semistructured Guiding Questions

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How would you describe well-being?

How would you describe your well-being in terms of your faculty role?

How does well-being impact your decision to be a faculty member?

What are your perceptions of burnout in relation to your faculty role? Your well-being?

All things considered, describe the one factor that is most significant about your well-being in relation to your faculty role.

How well does this summary capture what was said here?

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White and teaching full-time. Faculty who were employed in a practice setting worked in the hospital (8%), family practice (8%), and county health department (8%). Years in teaching ranged from 1 to 34 years ( $\bar{x} = 11$ ). Eight participants taught only in undergraduate programs, one taught only in graduate programs, and three taught in both programs. Three participants taught only in the classroom, two taught only clinical, and seven taught in both. Six participants were tenure-track, and six were nontenure-track instructional assistant professors (see Table 2).

### Three Emerging Categories

The final structure consisted of 3 categories and 10 subcategories. Categories included NFWB, maintaining well-being, and negative effects on well-being. Categories and subcategories are illustrated in Figure 1.

### Nursing Faculty Well-Being

Caritas Processes 1, 2, and 4 (Watson, 2018) underpin this category. Well-being was the reason faculty entered and stayed in academia: "I wouldn't be a faculty member if that wasn't important to me. I made the decision to go into academia because ... I wanted to lead a fulfilling life and a lifestyle and a career that really afforded me progression in my career and really to feel that I had a career, rather than a job" (Participant 2). NFWB was a joyful, all-encompassing state of being that was strengthened through a supportive work environment and a supportive administration: "So for well-being I always think about the big picture, looking at everything. It's not just one piece, but how all the pieces are coming together to make us not just happy, but satisfied with where things are at" (Participant 10).

**Multidimensional.** This subcategory aligns with Caritas Processes 2, 3, and 4 (Watson, 2018). NFWB was all-encompassing. Personal,

professional, physical, mental, spiritual, and social aspects of their lives were involved: "For me when I think about well-being ... its body-mind-spiritual, it's all aspects, well-being for me is all aspects of my life. ...Support, flexibility, a sense of fulfillment, feeling like I'm making a difference, for me those are really the things that helped me maintain well-being in all aspects of my life" (Participant 7).

**Enjoyment.** This subcategory aligns with Caritas Process 1 (Watson, 2018). Participants' lives were enriched: "So that work is not a liability or a negative but it's something that actually adds to your life" (Participant 3). They were doing what they loved to do. Faculty felt productive and wanted to make a difference. Fulfillment reflected the multidimensional nature of NFWB: "Being an educator and an academician was the best for me, for who I am and what I enjoy. Part of the joy for me comes from the fact that I don't have to separate, that it really blends my personal and my professional very well" (Participant 2).

**Supportive Work Environment.** This subcategory aligns with Caritas Processes 1, 3, and 4 (Watson, 2018). Loving-kindness and authenticity were experienced in work relationships: "...the support of my leaders and my coworkers, fellow faculty. I think that that support kind of encompasses a lot of other things of like feeling like I have work life balance, and feeling like I am able to succeed ... and allows me to grow as a faculty, but also grow as a person..." (Participant 12). Work relationships promoted equanimity and sensitivity with self and others: "I definitely I teach because I want to have an impact on the students...the human connection is what gives me peace and gives me well-being, that person, whoever I'm helping ... That sense of peace that I've helped them through either a challenging moment ... so I feel like that in my faculty role gives me the best sense of peace and well-being" (Participant 4).

**TABLE 2.** Demographic Data

#	Age range	Race	Track		Status		Years in teaching		Teach in which program(s)				Courses taught				Clinical practice		Setting
			TT	NT	FT	PT	BSN	MSN	PhD	DNP	D	C	B	A	Yes	No			
1	30-39	White		X	X		4	X						X				X	
2	60 and above	White	X		X		34	X	X			X						X	
3	30-39	White	X		X		7	X			X							X	
4	50-59	White		X	X		18	X						X				X	
5	40-49	White	X		X		11	X						X				X	
6	50-59	White		X	X		12	X	X					X				X	
7	30-39	White	X		X		4		X			X						X	
8	30-39	White		X	X		6	X						X				X	
9	40-49	White		X	X		15	X					X					X	
10	30-39	White		X	X		8	X						X				X	
11	60 and above	White		X		X	13	X	X									X	
12	30-39	White		X	X		1	X				X						X	

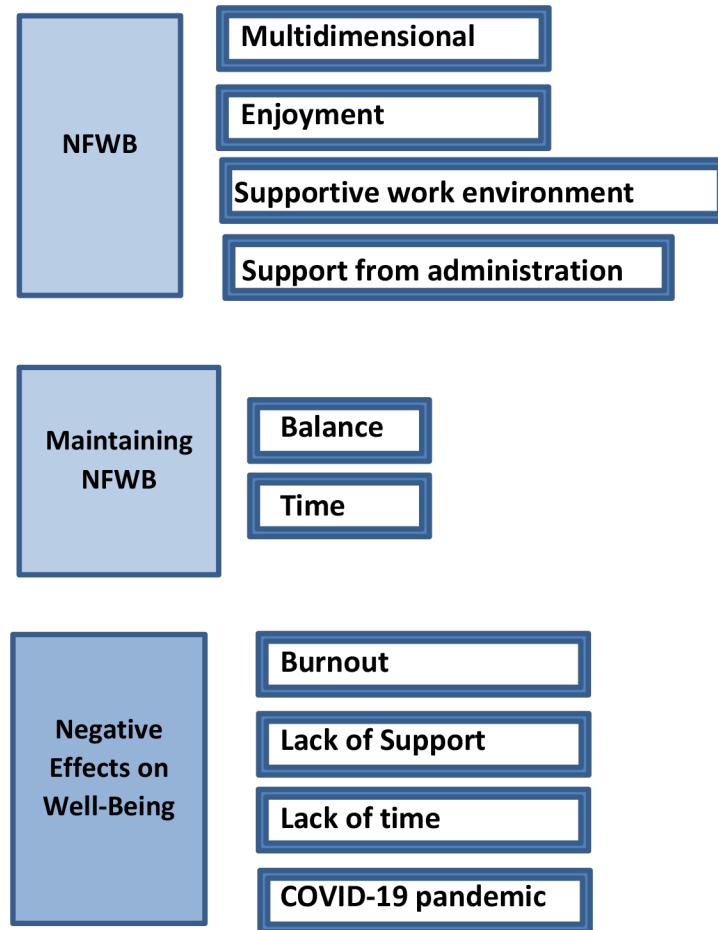


Figure 1. Categories and subcategories.

**Support From Administration.** This subcategory aligns with Caritas Processes 1 and 3 (Watson, 2018). Administrative support resulted in participants feeling valued and appreciated: “I am feeling appreciated, feeling valued because I think at the end of the day ... that comes from an administration that is flexible or that makes sure that you have time” (Participant 3). Support promoted a sense of purpose and balance: “Having administration who is supportive ... feeling like someone has my back if I need assistance with a difficult interaction...” (Participant 7).

### Maintaining NFWB

Caritas Processes 1 and 3 (Watson, 2018) underpin this category. Faculty described sustaining their well-being through physical activity, mindfulness, gratitude, positive thinking, supportive relationships, and spiritual practices: “...when I have those moments where I can just detach ... there has to be some kind of outlet, has to be some kind of timeframe, some kind of activity” (Participant 4). Participants were sensitive to self: “I know

myself really well. I make it a point to make sure I’m keeping physically healthy, exercising, mentally healthy ... when you’re no longer enjoying any given task or any given responsibility, that you need time to check out, time for yourself to do whatever that means for you” (Participant 5).

**Balance.** This subcategory aligns with Caritas Process 1 (Watson, 2018). Balance across the dimensions was foundational to NFWB: “A state of balance. Body mind spirit ... Connection with and relationships with ... those that are most meaningful” (Participant 2). Balance was described in terms of equanimity: “I think the thing that’s the most significant would be that work-life balance. I have been in roles where I did not have it, and I have been in roles that I have had it...so I kind of have like an internal gauge. And so, if it starts getting towards the end of we don’t have work-life balance anymore, then I know I have a decision to make” (Participant 9).

**Time.** This subcategory aligns with Caritas Process 1 (Watson, 2018). Time allowed faculty

“to do things well” and “to achieve well-being.” Time allowed participants to maintain sensitivity to self and others: “...feeling like I have enough time to be a mom and a wife, feeling like I have enough time to prioritize things that are important to me” (Participant 12). Workload influenced time: “What this concept of time comes down to is workload, teaching assignments, number of students, all of those kinds of specific things at the end of the day affect how much time one has” (Participant 3).

### **Negative Effect on Well-Being**

The Caritas Processes (Watson, 2018) do not align with this category due to the adverse effects of burnout, lack of support and time, and the pandemic on NFWB. Burnout, lack of support, lack of time, and the pandemic destabilized the humanistic–altruistic values described in Caritas Process 1 (Watson, 2018). The authentic presence and faith/hope/belief described in Caritas Process 2 (Watson, 2018) were weakened. Participants were unable to maintain the sensitivity to self and others as described in Caritas Process 3 (Watson, 2018), and the loving, trusting-caring relationships defined in Caritas Process 4 (Watson, 2018) were undermined (Watson, 2018). As Participant 12 stated, “...it makes it difficult to really enjoy any aspect of your life or focus on your own health or well-being because you’re so focused on the negative or the feeling of just being overwhelmed and almost not knowing where to start.”

**Burnout.** Burnout was described as professional hopelessness: “I think burnout is huge because when you’re exhausted or when you’re dealing with repetitive things that never seem to change ... a professional hopelessness” (Participant 10). Faculty experienced exhaustion, unhappiness, inadequacy, excessive self-criticism, imbalance, and impatience. Their personal lives were engulfed: “...that’s what feels like burnout to me, when professional just completely consumes any focus or really any time that I have for personal, family life, any non-professional interest or activities” (Participant 2). As a result of burnout, faculty considered changing roles: “... feeling as though there’s got to be something better than this” (Participant 8).

**Lack of Support.** Feeling unsupported resulted from a lack of responsiveness, increased

workload, and unreasonable expectations: “When you feel like you’re just banging your head on the wall because you keep making all these changes and nothing is coming from it” (Participant 10). Increased workload was perceived as unsupportive: “Appropriate workload distribution, appropriate appraisal and honoring of the time. If that was rebalanced, I think things would be a lot better. The biggest barrier to my well-being is that workload piece” (Participant 1). Faculty described unreasonable expectations: “... the expectations on us as faculty members just continued to grow...our faculty requirements in terms of attendance, in terms of additional work outside the classroom, seems to be continually evolving and getting larger” (Participant 10).

**Lack of Time.** Insufficient time negatively impacted NFWB. Time was directly affected by workload. Imbalance resulted with insufficient time: “Time constraints. When I really can’t focus at all and have a balance at all between personal and professional” (Participant 2). Without adequate time, faculty questioned their roles: “... it gets the point where if this continues to be a sustained part of who I am then I have got to give up the thing that’s demanding all that time, which is my job, which I love my job. So this can’t continue, essentially, at the end of the day” (Participant 1).

**COVID-19 Pandemic.** The pandemic was a “never-ending struggle” that adversely affected “all aspects of life”: “It is just that sense of heaviness, of interruption in your peace, interruption in your well-being because you’re so out of your norm. And you’re being pulled so many different ways ... than you had ever been” (Participant 4). Due to these challenges, NFWB felt untenable: “I think before the pandemic things were very at my well-being was great. And now ... it’s unsustainable ... for me” (Participant 1).

### **Discussion**

These findings revealed the factors associated with NFWB as well as influences that obstructed NFWB. NFWB encompassed the personal, professional, physical, mental, spiritual, and social aspects of participants’ lives, which is consistent with the literature (CDC, 2018). Participants entered and remained in academia to promote balance in their lives and to

make a difference in others' lives, supporting the literature regarding factors that influence faculty retention (Aquino et al., 2018; Evans, 2018; NACNEP, 2021). Consistent with the literature (CDC, 2018; Diener et al., 1997; National Academy of Medicine (NAM), 2022; ODPHP, 2021), NFWB was described in terms of positive emotions, life satisfaction, and positive functioning. More specifically, participants described NFWB in relation to connectivity, family relationships, flexibility, support, balance, communication, coping skills, and teamwork, which aligns with the factors of clinician well-being described by the NAM (2022). This multidimensional, all-encompassing state of being was experienced through loving-kindness, authenticity, equanimity, and sensitivity to self and others, which supports the work of Watson (2018). Participants described the significance of a supportive work environment, which aligns with the research (Bice et al., 2019; Evans, 2018; Stegen & Wankier, 2018) and self-care activities, which is consistent with the literature (Bogue & Carter, 2019). These findings suggest that the multidimensional nature of well-being influences the decision to go into and stay in academia as a result of the balance faculty experience in their own lives and their ability to positively impact the lives of others.

When considering burnout, participants understood the concept as a negative experience and were able to describe factors that adversely affected their well-being. Burnout was experienced as professional hopelessness and was associated with the expectations of teaching/service/scholarship, clinical competence, and workload, which is consistent with the literature (Aquino et al., 2018; Loerzel et al., 2021; Sarmiento et al., 2004). As reported by the NAM (2022), participants described burnout in terms of negative emotions, including unhappiness, excessive self-criticism, and inadequacy, indicating that the experience of clinician well-being is similar to that of nursing faculty. Consideration of burnout facilitated more detailed descriptions of NFWB. Because each participant perceived burnout as a state of "not well-being," reflecting on experiences of exhaustion, unhappiness, and imbalance allowed them to contemplate NFWB more clearly.

As noted, participants described personal aspects of NFWB, which included supportive relationships and physical, psychosocial, and spiritual aspects. The personal dimension of NFWB is consistent with the conceptualization of clinician well-being (NAM, 2022). These findings also indicate that NFWB involves mind-body-spirit and the inseparability of self from others, supporting Watson (2018). A clear definition of NFWB is needed to better understand the personal dimension of this multidimensional concept.

### **Limitations**

Limitations of this study include a homogeneous sample. Faculty may have had less time to participate due to the pandemic. Additionally, due to pandemic restrictions, interviews were conducted virtually. Face-to-face interviews would have allowed full interaction between researchers and participants and complete observation of their nonverbal communication.

### **Implications**

A challenge for this study was the lack of definition of NFWB. Interview questions were generated based on Watson's theory due to its alignment with definitions of well-being in the literature (CDC, 2018; Diener et al., 1997; NAM, 2022; Office of Disease Prevention and Health Promotion (ODPHP), 2021). The establishment of the state of the science is needed through the use of extant theory or through the development of a middle-range theory of NFWB. The next step for this research would be a descriptive, survey study to explore the factors described by these participants in relation to Watson (2018) theory.

### **Conclusion**

Although a variety of factors have been associated with the nursing faculty shortage, to the best of our knowledge, this is the first study to explore NFWB. Its importance is evident. Participants perceived NFWB as fundamental to their professional roles and their personal lives.

Well-being was maintained through a supportive work environment, while a lack of support and burnout challenged their well-being. The significance of NFWB to these participants, the considerable expectations placed upon faculty, and the worsening shortage indicate a need to understand NFWB.



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