

---

## Advanced Practice Nurse Faculty Perception

Frances DiAnna Kinder, PhD<sup>1</sup> and Daisy Sherry, PhD, ACNP-BC<sup>2</sup>

### 1. Background

Lasallian universities are changing with the times and professional needs of society. These needs include the need to address a shortage of nurses. It is well known that there exists a nursing shortage in the American health care system. There are several American Lasallian universities which offer a Bachelor's degree in Nursing, and in more recent years, a graduate degree and training as an Advanced Practice Nurse.

In fact, one American Lasallian university includes the following among its institutional goals:

to recruit and maintain a distinguished faculty with diverse educational and ethnic backgrounds . . . [and] . . . in association, make explicit our distinctive Lasallian educational heritage to create an atmosphere of collegiality, mutual respect, and trust within a community . . . .<sup>3</sup>

There are only a limited number of American Lasallian universities with graduate programs for preparing Advance Practice Nurses (APNs<sup>4</sup>). This is likely due to the unique challenges of this type of program, one of them being to require faculty to be licensed as APNs, and nationally-certified in a specific population of focus. In order to teach APN specialty courses in graduate programs, the APN faculty must maintain national certification as a requirement. These faculty members are composed of nurse practitioners (NP), clinical nurse specialists (CNS), midwives, and nurse anesthetists; and all are considered to be in a faculty shortage to be able to train the next generation of APN professionals.

Health Resources and Service Administration (HRSA) conducted the 2012 National Sample Survey of Nurse Practitioners (NP) to document their education, certification and practice pattern. At that time, there were 154,000 NPs in the USA; and 96% of NP workforce reported working primarily in clinical practice (direct patient care). Nearly 3% were in faculty positions and 1% in administrative positions. The survey was completed by nearly 13,000 randomly selected NPs who reported mostly satisfied with their level of autonomy, time spent in patient care, sense of value for what they do, and respect from physicians and colleagues.<sup>5</sup> While there are surveys for APNs to explore role perception, there is a gap in literature measuring the role perception of APNs who serve a dual role, in teaching and providing health care. In such a role, which implicates doctoral-level preparation, and serving both universities and health care institutions, one would suspect added challenges to perceptions and function within that role.

Some of the challenges with universities hiring APNs are related to clinical practice and national certification. The American Nurses Credentialing Center (ANCC), one of the largest organizations to provide certification as well as re-certification every 5 years, in 2016 published guidelines for

re-certification that have significant implications for NP faculty who wish to remain certified. There are several requirements, but one of the most challenging for NP faculty includes the requirement of clinical practice time. Specifically, the

- NP must meet approximately 1,000 hours of direct patient care in their specialty area during the 5-year recertification.<sup>6</sup> The clinical practice must be in the focused area of patient population, and role must include functioning at the advanced-practice level for the practice hours to qualify.
- Presentations and lectures in content in the focused area of patient population, clinical practice may be counted toward the clinical practice time requirement.
- Continuing education hours are required and may vary by State.

The requirement of clinical practice time is justifiable to be sure that the health care provider remains current in knowledge and skill set for providing care and health care recommendations to patients. However, it also places NP faculty at a hardship. It has forced NP faculty to become creative in approaches to meet this requirement. Many faculty engage in practice hours during summer, holiday or vacation time, especially for faculty with 9-month appointments. There is also another approach to schedule a day a week of practice for 12-month faculty appointments.<sup>7</sup> In many instances, however, sustainability for NP faculty to maintain dual roles is grim.

To add to the duality of the NP faculty role, there are also the requirements to meet as faculty in higher education, which are not only teaching, but also scholarship and service. For those in tenure-track faculty positions, juggling between scholarship, service, and clinical practice – along with upholding teaching as priority – is highly challenging. The sustainability of these faculty and the programs they teach in, with the many described requirements and stressors, is a conundrum for our American Lasallian university administrators.

## **2. Literature Review**

As mentioned, the gap in literature is significant on the topic of APN faculty and the perception of their challenging role. Several researchers explore the concept of cognitive dissonance as experienced by NP faculty. A mixed methods design was used to explore this topic. According to the researchers, faculty members may work up to 50-60 hours or more a week to accomplish all that is required such as teaching, advising students, grading assignments, committee work, research, writing, mentoring, and service, in addition to practice hours. According to the nursing literature, cognitive dissonance is defined as a discrepancy between what people are paid to do and what they are rewarded for through salary, merit raises, or the tenure and/ or promotion system.<sup>5</sup> The instrument used by these researchers consisted of demographic questions, a list of responsibilities from the literature for NP faculty and two qualitative questions which included expectations of the faculty positions and the respondents' perceptions of what they are rewarded for in their faculty roles. Additionally, the qualitative questions asked what is expected of NP faculty to earn promotion and tenure. The email survey was sent to AANP members who were full-time NP faculty and 44 returns were received.

Study findings describe that 88.1% maintain NP practice and 28% report practicing 8 hours per week. The mean age reported was 55 years old with a mean of 14 years' experience as NP faculty.

The majority of that sample, 73%, held a PhD or Doctorate in Nursing; and 91% of those who practice report doing so without the academic institution's support. The themes in the qualitative questions included practice time not being valued or included in workload toward the process of tenure and promotion. The themes that emerged included being frustrated over the workload of teaching, advising, publishing and service without practice being valued as a part of scholarship. Many expectations, it is reported, are placed on the unique role of NP faculty; and many of the NP faculty respondents do appear to experience cognitive dissonance when considering what they are required to do and are rewarded for. New faculty members are at an increased risk of being set up for failure. Mentoring was found to be very important; however when you have administration and faculty who are not engaged in practice, it was difficult to be empathetic to the NP faculty role. Finding ways of connecting practice with research and scholarship is very important to NP faculty. This raises the point that the value of practice brings a high quality to teaching. The real-world experience is conveyed to students when the faculty is a practitioner.<sup>8</sup>

These findings, along with real-world anecdotal experiences and discussions among NP peers, led to the development of a new survey instrument that is aimed to describe the role perceptions of NP faculty given their many responsibilities and expectations, beyond that of the Registered Nurse. An instrument to examine NP role perceptions, we believe, would be useful in providing legitimate evidence of role strain and potential cognitive dissonance and burnout.

### **3. An Exploration of APN Faculty Role Perceptions**

#### ***a. Purpose***

Advance Practice Nurses (APN) who are faculty members are in a unique position. APNs hold a clinical practice in the community and hold faculty positions in universities to uphold a distinct set of responsibilities. There is a gap in literature exploring their perceptions of dual responsibilities as APN and faculty member. There were no formal, valid, and reliable instruments found in the literature. A concept analysis was previously performed by a researcher exploring job satisfaction in nursing to understand their role perceptions; however, the definition of job satisfaction was made up of several complex factors, and the author suggested that nurse researchers develop a culturally-adaptable instrument.<sup>9</sup>

The purpose of this study was, then, to pilot an instrument to explore APN faculty role perceptions. There were two research aims: 1) identify the perceptions of the APN Faculty member role, and 2) explore the reliability of a new instrument to measure perception of APN faculty role.

#### ***b. Methods***

The investigators used a non-experimental, mixed methods study design. To address the study purpose to explore APN faculty role perceptions, descriptive statistics were used. Rating percentages for each item, including demographics, were examined. Comments were compiled by theme for the open-ended question. Cronbach Alpha coefficients for reliability were computed for the new instrument.

### *c. Sample & Setting*

The target population included all licensed APN faculty members employed in schools of nursing at Lasallian universities. For this sample, participants were recruited from two Lasallian schools of nursing with accredited NP programs. For this study, inclusion criteria included adults (aged 21 years of age and older) who were faculty members employed at full-time, part-time, or adjunct instructor status at two Catholic and Lasallian institutions of higher education schools of nursing, and who could read and write in the English language. Exclusion criteria excluded faculty members who were not licensed APNs.

After IRB approval, a list of names and emails from the department of nursing leadership were provided to the investigators for those faculty members determined eligible for the study. Investigators were limited to lists pertaining only to the school of nursing for which they were employed. Invitations were sent to 29 APN faculty at one school and 11 at the second school.

### *d. Instrumentation*

Our survey contains 17 items, where 16 items use a 5-point Likert scale of Strongly Disagree to Strongly Agree. The survey items included a combination of an existing survey and items developed by content experts in the APN/ faculty role. In developing our survey, the investigators adapted 6 items from the Mindtools self- burnout test. This survey was a publicly-available survey on burnout.<sup>10</sup> Permission was granted to use and adapt these items. APN content experts used the limited literature and professional experiences to develop the additional 11 items. As a whole, the items were developed to gain an understanding of role perceptions for APN faculty.

The survey begins with an introductory statement to ground the participants' answers for the items. "Based on your education or experience in the health care environment, select the number that corresponds with your level of agreement or disagreement on each item." Table 1 (*cf. Appendix I*) provides a specific list of survey items. The seventeenth item is open-ended, stating, "anything else you would like to tell us: Please feel free to let us know more about your experience as an APN/ faculty member." The purpose of this item was to provide an opportunity for any comments to capture any perceptions of the role that were not already addressed. There are an additional 9 items in the survey to gather information about demographics, which include but are not limited to education, faculty status, clinical practice, and role responsibilities. Altogether, participants were asked a total of 26 questions with an estimated time to completion of 20 minutes.

Items were set up in the electronic format requiring an answer to each item in order to move forward onto the next item in the survey. This was the case for all items except the open-ended item. Once developed in electronic form, the investigators completed the survey prior to official implementation of the survey to ensure any problems with survey administration by the internet would be avoided.

The survey was deployed by email invitations to department-identified licensed APN faculty members that shared a web-link to Google Forms. Only those with the link could access the survey. Initial invitations were sent in July 2020, with a reminder email sent ten days later. During the data collection period, responses were monitored to ensure participants were completing the survey.

No names or emails were collected from the survey. Survey responses were anonymous. Surveys were able to be completed at a time convenient to the participant during the three weeks of survey availability using a computer, smart phone, or tablet. Upon survey completion, participants received immediate feedback that the survey was finished and a thank you for completing it.

### *e. Results*

There were a total of 16 completed survey responses for a response rate of 40%. Excluding the open-ended item, there was no missing data from the survey.

The demographic data for the sample of participants are found in Table 2 (*cf. Appendix 2*). Ages of the participants ranged from 32 to 73 years old with a mean age of 53 years old; 94% of the sample reported being white; 38% completed a PhD; 31% completed a DNP. The largest population-focus NP group was 25% reporting preparation as a Family Nurse Practitioner. Calendar years as an APN faculty member ranged from 1 to 20 years with a mean of approximately 9 years, and 63% of the sample reported working full-time as an APN faculty member.

To address the first aim, about identifying perceptions of the APN faculty member roles, a summary of survey items is found in Table 5 (*cf. Appendix 5*). The 5- point Likert scale scores could range from 1 (strongly disagree) to 5 (strongly agree). The highest percentage was item with over 93% in strong agreement, which was item 4. This item highlights that the APN strongly agree that their practice role benefits their faculty teaching role. Another item where a large portion of the sample were in agreement related to item 14, "I find I do not have time to plan as much as I would like to engage in scholarship," with 50% of the group in strong agreement. Items 11 and 12 found a significant percentage of faculty in agreement. In item 11, "I feel that I am in the wrong organization or the wrong profession," over 43% of the group strongly disagreed. Most of the participants felt they were in the right profession and right organization. In item 12, "I am frustrated with parts of my job," over 43% of the group strongly agreed with this statement. Most APNs felt frustration with their role and job expectations.

In Table 3 (*cf. Appendix 3*), that addresses APN faculty role responsibilities, findings indicate that all the responding participants engaged in a heavy workload of practicing, research, scholarship, and teaching. Many were involved in community service, political advocacy, conference presentations, advising, volunteering, precepting, and administration duties.

Table 4 (*cf. Appendix 4*) contains the comments in which six faculty answered the open-ended question: "Please feel free to let us know more about your experience as an APN/ faculty member." The six participants who offered comments on the open-ended question discussed workload, clinical practice, and requirements for certification. The teaching load along with clinical practice seem to present challenges to APN faculty. The participants verbalized the need for support in order to blend their practice while offering a quality education for students, and not burn oneself out in the process.

To address the second aim, to explore the reliability of a new instrument to measure perception of APN Faculty role, using a sample (n = 16) of people in the roles of both APN and faculty member, reliability analyses were performed. After data were examined for normality, the Cronbach's alpha

value on the 16-item instrument was found to be 0.676. Details can be found in Table 6 (*cf. Appendix 6*) on Reliability Analyses. The corrected item-total correlation coefficients, for items 6 through 15, were greater than .30. The corrected item-total correlation coefficients, for items 1 through 5, ranged from -.217 through -.709. Examination of items led to the consideration for removal of poorly performing items to increase the value of the Cronbach's alpha. Therefore, a second analysis with the 10 items, removing items 1 through 5 and item 16, was performed. This second reliability analysis demonstrated Cronbach's alpha at 0.958; and such that if any further items were removed, the change in Cronbach's alpha would be reduced or negligible. The corrected item-total correlation coefficients for the second analysis were all greater than .60.

#### **4. Implications and Recommendations**

The findings of this study, even as a pilot, confirm along with the limited literature, that faculty and practice responsibilities are challenging; and this perception is shared by many APN faculty. The workload is heavy while trying to maintain certification and current practice knowledge not only to serve patients but also to inform classroom discussions for the benefit of students. Along with this unique workload, at the present we are also living in times of unsure economic situations. This survey was filled out during the time of the Covid-19 pandemic while universities were cutting salaries, decreasing sabbaticals and course releases, and faculty and students were forced to teach and learn virtually. Practice sites were forced to restrict student practicum experiences creating a hardship in securing sites and continuing student training. Amidst and likely even prior to the public health emergency, APN faculty were challenged in their roles and looking for additional support from universities despite limitations due to the pandemic.

The role of APN faculty is very important to promote a positive work environment and quality education. APN faculty offer students a unique perspective in education; but they are challenged by requirements of teaching, practice, and scholarship. The value of being a faculty member who is practicing as an advanced practice nurse with current knowledge guidelines, should be recognized as a benefit to the students as an excellent educator. Therefore, APN educators in active clinical practice should be valuable to the institution of higher education that can even promote student national certification board pass rates.

Additional research is recommended to increase the reliability and validity of the instrument. This would include the use of a larger sample size for generalizability and consideration for future factor analysis to validate the instrument and potential sub-scales. For example, given the results of items 1 through 5 and item 16, as compared with items 6 through 15, there should be consideration for study replication with instrument modifications such as re-wording items for clarification of a singular concept within the item, or even with separated item groups based upon these pilot study results.

This research was a Lasallian collaboration between the faculties of two schools of nursing, who intend to continue to develop this instrument in Lasallian universities across the country. Formed in the Lasallian charism, the activation of real-time association for the shared goal of justice for faculty and developing knowledge and wisdom in the search of truth with our APN students demonstrates the embodiment of Lasallian values. The Lasallian network is large and part of the mission is to strengthen our bonds toward the purpose of our roots in education and mission. As

faculty members who hold strong beliefs in the Lasallian values, we want to shed light on the duality of the APN faculty member role and the challenges that come with it. There are other similar cases for disciplines, particularly in the health sciences, that require clinical practice and faculty expectations. It behooves the institutions of higher education to recognize the duality of roles, the inherent challenges, and faculty perceptions to ensure sustainability of programs and support a just culture for those involved.

This new instrument can be used in the future with a larger population of diverse nursing faculty. Also, qualitative studies would also be recommended in order to follow themes. The quality of education is very important for our future Advance Practice Nurses. The faculty who teach them should be supported and recognized for their research, scholarship, and practice. Their contribution to the health of our nation is imperative. Now is the time for nursing faculty to raise their voices on this issue, in every venue where they can be heard. There is no doubt that a functioning and productive national economy is essential, but it is no more essential than the other basic building blocks of a modern society, including a capable, sufficiently large, and well-educated nursing workforce that can skillfully and effectively meet the needs of the populations it serves.<sup>11</sup>

## Appendix 1

Table 1: Survey Items

Statement	SD	D	U	A	SA
1. My responsibilities as an APN/ faculty are not a burden.					
2. I feel supported in my role as an APN/ faculty from my academic colleagues.					
3. I feel supported in my role as an APN/ faculty from the university administration.					
4. I feel that being an APN is beneficial to my teaching role as a faculty member.					
5. My practice hours are supported by my institution.					
6. I feel that I am burned out or stressed between having two roles.					
7. I feel misunderstood or unappreciated by my co-workers.					
8. I feel that I am achieving less than I should.					
9. I feel under an unpleasant level of pressure to succeed.					
10. I feel that I am not getting what I want out of my job.					
11. I feel that I am in the wrong organization or the wrong profession.					
12. I am frustrated with parts of my job.					
13. I feel that I do not have time to do many of the things that are important to doing a good quality job in academia.					
14. I find that I do not have time to plan as much as I would like to engage in scholarship.					
15. I feel that the responsibilities of an APN/ faculty member is not appreciated or valued by my employer.					
16. I feel the responsibilities are too stressful to be an APN/ faculty member due to the credentialing requirements.					



## Appendix 2

Table 2: Demographics (n = 16)

Variable	Category	N	%
Age	30-40	2	12
	41-50	5	31
	51-60	3	19
	60+	6	38
Race	White	15	94
	Asian	1	6
Education	PhD	6	38
	DNP	5	31
	PsyD	1	6
	Master's	4	25
Population-focus	Family NP	4	25
	PMHNP	3	19
	AGACNP	3	19
	Other (pediatric, neonatal, women's, AGPCNP)	6	37
Calendar years as APN faculty member	1-5	5	31
	6-10	4	25
	11-15	4	25
	16+	3	19
Faculty employment status	Full-time	10	63
	Part-time	2	12
	Adjunct	2	12
	Tenured	3	19
	Tenure-track	3	19
	Non-tenure track	10	63

Key: PsyD = Doctor of Psychology, DNP = Doctor of Nursing Practice, PhD = Doctor of Philosophy, NP = nurse practitioner, PMHNP = public mental health nurse practitioner, AGACNP = adult gerontologic acute care nurse practitioner, AGPCNP = adult gerontologic primary care nurse practitioner

### Appendix 3

Table 3: APN Faculty Role Responsibilities (n = 16)

Responsibility	Category	N	%
Teaching	Undergraduate	5	31
	Graduate	12	75
Research		9	56
Conference presentations		8	50
Publications		9	56
Clinical practice		12	75
	Full time	3	19
	Part time	9	56
	As needed	3	19
	None	1	6
Site visits		8	50
Precept students		10	63
Precept faculty		5	31
Advising	Undergraduate	4	25
	Graduate	8	50
Service to university		11	69
Service to profession		11	69
Service to community		10	63
Committee work		11	69
Other (Political advocacy, family, church)		2	13
Find/arrange/monitor clinical sites		8	50
Administrative (Dean, Director)		4	25

## Appendix 4

*Table 4: Faculty Comments to address the item: (n = 6)*

“Please feel free to let us know more about your experience as an APN/ faculty member.”

### *Comments:*

Unfortunately, PhD or DNP is required to teach at the graduate level. This may result in missed opportunities for students to be taught by very experienced master's prepared clinicians with years of evidenced based knowledge.

I am often told by my supervisors that my faculty job is a priority over my clinical job. However, I need my clinical job to maintain board certification and to stay current with my teaching.

There is a lack of cooperation among faculty to achieve some of the requirements in academia.

Expectations for NP faculty are heavy and at times overwhelming to maintain teaching excellence and clinical practice, along with scholarship and service. I wish there would be university recognition of these higher than usual faculty expectations and take it into account for the calculation of workload. I see burnout in my near future.

The teaching load for Nursing as compared to other departments in the University is very heavy. Additionally, many of them have accrediting bodies that reduce faculty load for research and practice. CCNE does not.

The needs of an NP program and its faculty members are unlike undergraduate programs in nursing. There needs to be support of clinical practice and a smarter way to harness the clinician-faculty member relationship for the benefits of student learning through workload, precepting, clinical partnerships.

## Appendix 5

Table 5: Survey Results

Item	Content	% sample	Response
1	My responsibilities as an APN faculty are not a burden.	31.3	strongly agree
		31.3	undecided/neutral
2	I feel supported in my role as an APN/faculty from my academic colleagues.	43.8	strongly agree
3	I feel supported in my role as an APN/faculty from the university administration.	31.3	strongly agree
		31.3	Disagree
4	I feel that being an APN is beneficial to my teaching role as a faculty member.	93.8	Strongly agree
5	My practice hours are supported by my institution.	31.3	Undecided/neutral
6	I feel that I am burned out or stressed between having two roles.	25	Strongly disagree
		25	Strongly agree
7	I feel misunderstood or unappreciated by my co-workers.	31.3	Strongly disagree
		31.3	Disagree
8	I feel that I am achieving less than I should.	25	Strongly disagree
		25	Disagree
		25	Strongly agree
9	I feel under an unpleasant level of pressure to succeed.	37.5	Agree
10	I feel that I am not getting what I want out of my job.	25	Undecided/neutral
11	I feel that I am in the wrong organization or the wrong profession.	43.8	Strongly disagree
12	I am frustrated with parts of my job.	43.7	Strongly agree
13	I feel that I do not have time to do many of the things that are important to doing a good quality job in academia.	37.5	Strongly agree
14	I find that I do not have time to plan as much as I would like to engage in scholarship	50	Strongly agree
15	I feel that the responsibilities of an APN/faculty member is not appreciated or valued by my employer.	31.3	Agree
16	I feel the responsibilities are too stressful to be an APN/faculty member due to the credentialing requirements.	25	Strongly disagree
		25	Agree

## Appendix 6

Table 6: Reliability Analyses

Item	Corrected Item-Total Correlation (n = 16)	Cronbach's alpha if item deleted (n = 16)	2 <sup>nd</sup> Corrected Item-Total Correlation (n = 10)	2 <sup>nd</sup> Cronbach's alpha if item deleted (n = 10)
1	-.681	.763		
2	-.709	.768		
3	-.709	.768		
4	-.217	.684		
5	-.634	.763		
6	.821	.579	.841	.952
7	.695	.601	.793	.955
8	.681	.601	.736	.957
9	.880	.576	.919	.949
10	.876	.580	.902	.950
11	.636	.641	.720	.960
12	.585	.618	.667	.960
13	.837	.578	.918	.949
14	.860	.574	.896	.950
15	.775	.591	.850	.952
16	.322	.656		
<b>Total</b>		<b>.676</b>		<b>.958</b>

## Endnotes

1. Frances DiAnna Kinder obtained an Associate Degree in Nursing from Felician College in 1980 and a Bachelor of Science in Nursing Degree from La Salle University; and she attended Gwynedd-Mercy College for her MSN to become a Pediatric Nurse. She finished her PhD in nursing at Widener University in 2012. She has held a variety of nursing roles and worked in the neonatal intensive care for 15 years. In addition to practicing as a PNP, she is a tenured, Associate Professor at La Salle University where she teaches pediatrics for the undergraduate and graduate programs. She has published her instrument, vaccine refusal studies and several nursing research projects in pediatric journals. She attended the IALU in 2015. She has presented at nursing organization conferences, Huether Educational Conference and Lasallian International research symposiums. She has been on mission trips to Haiti and took students to the Generalate in Rome for a pediatric clinical.

2. Daisy Sherry PhD, ACNP-BC, is Associate Professor in the College of Nursing and Health Sciences and Director of the Doctorate of Nursing Practice (DNP) program at Lewis University. She holds a doctorate of Philosophy in Nursing from the University of Illinois at Chicago where

she also earned her Master's of Science degree in Nursing. Since 2001, she has been nationally board-certified as a nurse practitioner with specialization in Adult Acute Care. Since 2007, Daisy has helped to develop new nurse practitioner programs at Lewis, including the DNP and has served in her leadership position since 2014. Daisy's program of research includes dissertation and post-doctoral fellowship (US Department of Veterans Affairs, 2011-2013) project topics on the promotion of physical activity, motivational interviewing, and trust in the patient-provider relationship. More recent projects include the provision of quality care and interdisciplinary collaboration.

3. "Lasallian Mission and Core Values," La Salle University (2020). <https://www.lasalle.edu/mission-and-heritage>

4. "APNs are nurses who have met advanced educational and clinical practice requirements, and often provide services in community-based settings."

5. Health Resources and Service Administration, "National Sample Survey of Nurse Practitioners" (2012). <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/npsurveyhighlights.pdf>

6. American Nurses Credentialing Agency (2016). <https://www.nursingworld.org/~4ac164/globalassets/certification/renewals/RenewalRequirements>

7. Sara E. Barger, "Professional Practice: The Reality of Recertification for Advanced Practice Nurse Faculty" in *Journal of Professional Nursing*, vol. 16, issue 6 (2000): 312.

8. Holly B. Fontenot, Joellen W. Hawkins, and Josie A. Weiss, "Cognitive Dissonance Experienced by Nurse Practitioner Faculty" in *Journal of the American Academy of Nurse Practitioners*, vol. 24, issue 8 (2012): 506-513. 10.1111/j.1745-7599.2012.00726.

9. Y. Liu, Y. Aunguroch, and J. Yunibhand, "Job Satisfaction in Nursing: A Concept Analysis Study" in *International Nursing Review*, vol. 63, issue 1(2016): 84-91. doi: 10.1111/inr.12215. Epub 2015 Oct 22. PMID: 26492403.

10. Mindtools, "Burnout Self-Test: Checking Yourself for Burnout" (2020). [https://www.mindtools.com/pages/article/newTCS\\_08.htm](https://www.mindtools.com/pages/article/newTCS_08.htm)

11. Darrell Spurlock, (2020) "The Nursing Shortage and the Future of Nursing Education Is in Our Hands" in *Journal of Nursing Education*, vol. 59, issue 6 (2020): 303-304.