5 Faculty strategies

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Introduction

Occupational stress and burnout are common occurrences among university students and faculty at higher education institutions. Burnout is a social, cultural, and economical issue commonly affecting those working in human services, including health sciences, student services, professional development, and human resources. There are a number of different definitions in the literature for the term burnout. It can be defined as a response to chronic stressors affecting one’s emotional and interpersonal wellbeing, or, from an occupational perspective, it may be defined as the state of mental and physical exhaustion caused by one’s professional life.¹

The result of chronic occupational stress and exhaustion has not been well highlighted and researched until only a few decades ago when psychologist Herbert Freudenberger coined the term burnout.² The demands and expectations of faculty have increased over the years. In our view, this includes more demands on workload, research requirements, administrative paperwork, and student expectations, alongside time constraints, inadequate salary, and a more detailed curriculum.

Furthermore, we propose that faculty burnout has an array of manifestations and can have a direct impact on job performance and consequently on student learning. Chronic stress and psychological strain have effects leading to detriments in physical, mental, emotional, and/or social health. In a broad sense, preventing burnout is important for optimal job performance and satisfaction, along with the psychological health of the faculty member. Institutions should promote stress management to combat burnout and to improve the physical, emotional, and mental wellbeing of faculty members. The aim of this chapter is to provide an overview of the issues faced by faculty related to wellbeing; many of the ideas are based on our own experiences and propositions that are informed by our reading and clinical work in this area.

How is burnout assessed?

After coining the term in 1978, Herbert Freudenberger² published research that defined and described burnout as it became a globally increasing concern among
professionals. Along with Freudenberger, psychologist Christina Maslach performed additional research regarding burnout. In 1981, Maslach developed an instrument called the Maslach Burnout Inventory (MBI) that is now very widely used for the assessment of burnout. The MBI is a 22-item tool used to measure the level of burnout among occupational groups in human services and addresses three different scales: emotional exhaustion, depersonalization, and personal accomplishment.

Emotional exhaustion is the feeling of being emotionally overextended, fatigued, and drained from the demands of one’s work. Depersonalization consists of developing feelings of cynicism and detachment from one’s own personal physicality and from other people. The role of personal accomplishment in burnout involves the tendency to evaluate one’s own competence and performance in a negative manner.

A high score on the three elements measured by the MBI illustrates a strong sense of meaninglessness and powerlessness. Scores on the MBI directly correlate with levels of burnout. The data resulting from this tool are useful when investigating burnout and its correlation with job performance, student satisfaction, and wellbeing. There are various versions of the MBI specifically formulated for those in human services, education, and other occupations. Many employers utilize the MBI to assess the level of occupational stress and burnout in their employees.

**Burnout and psychological stress in faculty**

Many aspiring professors start their career in academia without the presentiment of mental, physical, and emotional exhaustion in practice. On the other hand, some aspiring professors have experienced at least one symptom of burnout as a student before entering the workforce. From our perspective, the prevalence of stress and burnout is increasing among students and may sometimes be carried over into their profession.

The idea of burnout arises when considering research, salary, hours spent working (whether working from home, classroom, or office), student expectations, and various other demands of the profession. Economic pressures, educational expectations, and work/task complexity each contribute to the overall demands of faculty. Risk factors for occupational burnout may be categorically placed under environmental factors (job stress, home life), institutional factors (salary, research, working hours), and personal factors (personality traits, social support, mindfulness).

Many people around the world experience burnout; however, studies have shown that certain populations and individuals are more at risk. For example, those who are young, single, without children, or have home–work interface stress are all at an increased risk. Furthermore, it has been shown that early-career professors generate higher emotional exhaustion scores than their older peers. This may be due to work-based expectations and having limited protective factors in place such as strategies to manage their work environment and secure home-based support.
There is also evidence that those with Type A personalities have higher scores on the MBI, especially on the personal accomplishment scale. Those with Type A personality traits are also overly conscious about personal accomplishment, irritated by minor mishaps, and are often considered “workaholics.” Individuals with Type A personalities tend to put greater effort towards their jobs and commit to their goals with less regard to mental, physical, and emotional health.

In any profession, a higher level of social support is inversely related to the level of burnout. Analyzing the population that shows a greater risk of occupational stress and exhaustion in higher education institutions shows that social support from family, friends, supervisors, co-workers, or career counsellors helps decrease stress and boosts self-esteem.

**Physicians in academia**

Physicians involved in medical education (residency or medical student programs) also commonly experience a decreased level of wellbeing due to burnout. Teaching faculty in hospitals or clinics are vulnerable to the adverse repercussions of occupational stress. A concern about the increasing prevalence of burnout and emotional exhaustion among medical faculty is the intent to leave academic medicine. This can lead to a shortage of teaching faculty in medical schools, residency programs, and teaching hospitals.

Certain specialties in clinical medicine have higher rates of burnout. Family medicine, internal medicine, and emergency medicine are the specialties in which physicians most commonly experience burnout. Data show that physicians involved in frontline care professions are more prone to occupational stress and burnout. Work–life balance plays a role in this concept: Individuals with a lower burnout rate have a higher satisfaction with work–life balance.

Frontline healthcare professionals usually have a large workload under high-stress working conditions. Working long hours in the hospital/clinic, stress within the workplace with patients and patient’s families, and struggles with work–life integration lead to an increased burnout rate among academic physicians. Various other healthcare professionals are also prone to experiencing occupational stress and burnout throughout their careers. Similar to physicians, dentists are at risk for burnout because of long working hours and working constraints. The level of personal accomplishment of healthcare professionals is affected by their qualifications, number of years since obtaining the qualification, and career perspective.

Nurses are also at risk of occupational burnout, especially those working in high-intensity areas such as critical care. Patients requiring more care and physical work can result in nurses becoming overextended and fatigued. Nurses in high-risk specialties tend to witness more patient suffering and death, which leads to a greater emotional impact and thus increased stress. Those healthcare workers with high spiritual wellbeing and resilience tend to experience less occupational stress and are usually protected against burnout.
Influence of burnout on social, mental, and physical health

In our opinion, the different aspects of burnout directly influence social, mental, and physical health. Burnout generally has a deleterious impact on professional work and personal welfare. A concerning factor of occupational burnout is when faculty members become alienated from work, causing resentment towards the job or possibly resignation from the position or the field. Those who suffer from burnout do not always quit their job nor do they have a desire to. Many faculty members keep their jobs regardless of the level of burnout because of the time and effort invested into their career and heavy dependence on the work for their livelihood. This is the point where physical, mental, and emotional ailments start to arise.

Adverse repercussions may vary from one individual to another but may lead to more serious complications such as problematic alcohol use, broken relationships, or even suicidal ideation. Faculty at higher education institutions who suffer from occupational burnout can experience multidimensional symptoms. However, promoting wellbeing will help alleviate or diminish the feelings of stress and exhaustion.

Social health

Occupational stressors may not only result in physical and mental ailments but can also affect one’s family life. The mental disturbances of burnout can cause withdrawal and feelings of social isolation. This may lead to permanent detachment and separation of relations with family members. The lack of family support can reflect on the level of burnout, specifically depersonalization, further contributing to adverse repercussions.

Depersonalization affects personal relationships, as individuals become less in tune with themselves and others. Negative romantic or spousal relationships can contribute to a decrease in social support and can put an individual at higher risk for burnout. Additionally, sexual dysfunction is associated with burnout, which can also lead to marital or relationship problems. Faculty members who experience occupational burnout also tend to withdraw from work and personal life. The impact of occupational stress also brings a strong sense of withdrawal from normal leisure activities.

Mental health

Chronic fatigue and continuous exhaustion are common results of burnout that can escalate to more severe mental dysfunction. A combination of mood changes and fatigue can affect concentration and memory with the resulting lack of precision and disorganization, which then negatively affect occupational responsibilities, work ethic, and motivation of faculty. Disinterest, cynicism, and
aggressiveness are among the common personality changes associated with faculty burnout.³

Mood changes and imbalance are also common in individuals under chronic stress. We propose that major depressive disorder and anxiety will have definite adverse repercussions if not addressed and handled appropriately. Some people choose to *self-manage* their anxiety or depression with substances detrimental to health. Many may turn to drugs or alcohol for stress relief, which can lead to addiction and thus continued worsening of their situation.

*Anhedonia* is a word commonly used to describe individuals suffering from depression who do not experience pleasure from previously enjoyable activities. We emphasize that burnout and depression are closely related and are commonly concurrent in individuals experiencing high stress.

### Physical health

According to our view, the physical health of faculty members at higher education institutions is affected by burnout. Faculty should recognize when stress-related physical manifestations arise.

Occupational stress and exhaustion can also lead to multiple physical and somatic manifestations of diminished wellbeing. The unfavourable effects that burnout has on one’s physical health can include headache/migraines, weight gain, weight loss, fatigue, sleeping difficulties, and hypertension.¹¹ Gastrointestinal disturbances such as irritable bowel syndrome and irritable stomach/diarrhoea are also associated with chronic high levels of stress.

Chronic stress or burnout may also have detrimental effects on an individual’s cardiovascular health. High levels of cortisol, the *stress hormone*, are associated with hypertension and tachycardia, possibly leading to dangerous arrhythmias. Arrhythmias, or abnormal heart rhythms, can be sudden and fatal. Coronary artery disease is common among those who suffer from occupational stress and can lead to additional life-threatening issues.³

### Faculty strategies to promote wellbeing

The ability to cope effectively with occupational stress and burnout is vital for quality work and teaching, along with optimal physical, mental, and emotional health. Naturally, a person with less occupational stress has increased enjoyment of work and is able to accomplish more of his or her goals. Some of the most important factors when promoting wellbeing among faculty are personal relationships and satisfaction with the work being performed.¹²

Burnout is a globally increasing phenomenon, and higher education institutions must be aware of the burnout levels of their faculty. Institutions that are becoming more engaged with matters related to faculty wellbeing have realized that job satisfaction has an influence on the quality of the work performed. Universities need to preserve staff wellbeing to maintain job performance and to protect the intellectual health of the nation.¹³
Faculty wellbeing and the MBI

The three elements of burnout assessed by the MBI can be used to define the cause and prevention of burnout. For instance, emotional exhaustion plays a role with regard to daily hassles, number of working hours, length of time in the profession, and life events. Furthermore, social and collegial support is one of the important factors in addressing emotional exhaustion.

We feel attention must be paid to the influence of family and friends, who contribute support and encouragement towards work tasks. According to our point of view, this plays a role in depersonalization and affects the wellbeing of the faculty, because, along with preventing an indifferent attitude towards students and work, it reminds the individual that he or she has support outside of the workplace.

Additionally, the ability to endure consecutive, difficult situations allows an individual to satisfy his or her sense of personal fulfillment. Individuals have different viewpoints on what personal accomplishment means to them. The predictors of personal accomplishment can include hardiness, family support, and optimism about work or daily life. Individuals’ own definition of personal fulfillment can be used as a guide towards promoting wellbeing for faculty at higher education institutions.

Counselling and support programs

University facilities should focus on the importance of rekindling enthusiasm in professors through counselling, support groups, and positive feedback. Co-faculty support groups are beneficial because they offer collegial support to those who attend. These groups can act as advocates for co-faculty collegiality and ensure that individuals do not feel alone or unsupported.

Stress-relief methods such as mindfulness and resilience programs can also serve to promote engagement, empowerment, and meaning in the workplace. Such programs may be delivered in group meetings, as fitness and yoga classes, or through individual counselling. Mindfulness programs usually focus on skills in reflection, self-awareness, or mind–body processes. These strategies for promoting wellbeing help with community building, collegiality, shared experience, and skill acquisition.

We believe that faculty members should also be encouraged to take an interest in improving their time-management skills. Skills in time management are useful for organizations and the completion of tasks, and this further decreases mental pressure. Along with promoting the importance of time management, these programs can provide faculty with methods and strategies to improve their time-management skills.

Mental health interventions

We have observed that people have different ways of managing stress and burnout caused by work. Some become overwhelmed with emotional exhaustion
resulting in depression and anxiety, whereas others turn to alcohol and drug use to give them an escape from reality. There must be interventions in place to help people cope with specific elements of distress, including depression, anxiety, drug abuse, and alcohol abuse. Higher education institutions should offer or make referrals to rehabilitation services for individuals who suffer from drug or alcohol misuse as a result of occupational burnout. Furthermore, anxiety and depression should be easily recognized by faculty and staff to allow for referral to appropriate management services.

Higher education institutions should not ignore the mental health issues of faculty, as they can have long-term detrimental effects on physical health. Some individuals may be candidates for pharmacological intervention. From our clinical experience, we note that many people are prescribed anti-depressants or anxiolytics to help relieve feelings of stress, anxiety, mood changes, and depression. Others who are experiencing mild symptoms may be candidates for cognitive behavioural therapy (CBT).

CBT is a form of psychotherapy used to change negative thinking and behaviour. We have found that this type of psychotherapy is most commonly used to treat individuals suffering from depression. CBT can be used for stress management and is targeted more towards cognition. CBT also benefits those who experience mood changes due to occupational stress. It may also be useful for faculty members who lack social support from family, friends, or co-workers. Cognitive structuring will help with handling the stress and conflicts of work in a positive manner. In addition, faculty may become more optimistic in their thoughts and actions.

Organizational intervention

Those in leadership and management positions in the faculty should provide quarterly or biannual evaluations to give feedback on job performance and address any concerns that faculty may have with work requirements or institutional policies. It is our opinion that evidence shows that those who do not receive any feedback, or have little communication with superiors on performance, generally tend to be those who are at high risk of burnout. Institutions can also use these quarterly or biannual evaluations to serve as a mode of social support.5

Based on these evaluations, reward systems should be implemented to demonstrate appreciation for the faculty member’s dedication to the job. Reward systems that are targeted more towards faculty needs may help to reduce high levels of stress and occupational exhaustion. Benefits in salary, vacation, or annual bonuses may give the faculty something to look forward to, thus further preventing negative feelings of stress.16

The work environment has a large impact on faculty job performance and may influence the level of occupational stress. Mediocre working conditions, including inadequate or out-of-date equipment, textbooks, computers, and research resources, may leave faculty with a negative view associated with the institution.
To increase occupational motivation, institutions should take an interest in upgrading facilities, such as classrooms and computers.

Increasing funding for research and certain curricular activities may also promote attentiveness of faculty, along with intellectual benefits for the students due to higher-quality lessons and activities. This may help reduce occupational stress by making the work more enjoyable and interesting while diminishing the concern of insufficient funds for class lessons or research projects. Institutions that provide these benefits in the workplace may also help avoid additional anxiety about job security among faculty.

**Surveys and faculty opinion**

We propose that individual institutions could investigate the current condition and cause of burnout of faculty members by conducting surveys. Through feedback from individual faculty, the surveys can provide detailed data of the causes, signs, and consequences of faculty exhaustion, making it easier to address the main sources and to find ways of promoting wellbeing.

These surveys can also involve students and staff including administrators, counsellors, and librarians who have direct experience dealing with the impact of decreased wellbeing due to burnout. This method allows institutions to have a broader overview of the effects of faculty burnout in the institution. The results of surveys from individual faculty and non-faculty can play a role in reducing unnecessary stressors and guide the way for institutions to provide various support programs for faculty. Institutions that are actively engaged in addressing faculty wellbeing can create stress-management plans from the information gathered in the surveys, including counselling, group activities, or pastoral care.

**Extracurricular activities**

We have observed that the demands and expectations of faculty have increased over the years with increased workload, research requirements, administrative paperwork, student expectations, curriculum, and time constraints. In addition to the teaching role, research and extracurricular participation, such as student organizations, committees, and advisory boards, have become a common requirement in higher education institutions. Demands of work for faculty members at higher education institutions may be daunting, because of the increasing volume of tasks and time commitment for which they are responsible. With these additional responsibilities, faculty are more prone to feeling overwhelmed leading to frustration and stress towards the job.

Time constraints with work may also require the faculty to sacrifice time spent at home and in family life. A reduction in these demands could serve to achieve a healthy balance between home and work life. From our perspective, implementing guidelines to reduce expectations in research or extracurricular activities
may allow faculty to focus more on the teaching role that serves to benefit both themselves and student learning.

Assistants and tutors

Assistants can aid faculty in decreasing work pressure and extracurricular demands and could be a beneficial resource in higher education institutions. Research assistants can reduce the amount of time faculty members spend on research. This can improve time management, address the daily hassles of work, and make the workload more realistic and equitable.

Teaching assistants can be available to offer extra help to students if needed. Faculty must commit time to students who need tutoring or have questions outside of the classroom. This causes internal stress when the faculty member has other tasks that need to be completed by the end of the day. Recruitment of assistants for faculty members will ease the pressure of work, time constraints, and prevent missed deadlines.16

Personal mechanisms to promote wellbeing

Emotionality of the individual, coping styles, and level of control with stressful situations all play a big role in one’s ability to combat the impact of burnout. We have observed that those with positive feelings towards work have lower levels of occupational stress and burnout. Furthermore, promoting positive feelings towards work is associated with collegial support, extracurricular involvement, work environment, and personally meaningful activities in the workplace.

There has been an increasing interest in and practice of meditation and yoga to promote mindfulness and relaxation. Studies have shown that those who partake in the practice of meditation and yoga can significantly decrease stress.18 These relaxation techniques date from ancient times and involve deep breathing and specific physical postures designed to alleviate health problems and manage stress and anxiety.

The breathing technique in yoga and meditation is performed by deeply inhaling through the nose allowing blood to properly oxygenate in the lungs, followed by exhaling and relaxing all the muscles in the body.18 Scientific studies have shown that this practice plays a role in relieving anxiety and depression, lowering blood pressure, and improving diabetes, high cholesterol, and chronic heart and lung conditions.19

Professional engagement

We have noticed that faculty members who strive for excellence tend to be more engaged and apply quality effort to their work. Faculty who are more engaged in their work demonstrate a commitment to success and find genuine enjoyment in work endeavours. These faculty members feel motivated and enthusiastic to fulfil all occupational duties and tasks. It is our assertion that higher education
institutions should promote professional engagement to improve the attitude and ambition of its faculty.

To increase engagement with work, faculty should become detached from work duties during personal time. Institutions should encourage faculty to be unavailable via phone or e-mail during non-work hours. During work hours, it is important for the faculty to feel a certain connection and meaning towards their work. Faculty members who are able to focus on the features of work that are most meaningful to them have a lower risk of burnout. Faculty who exhibit professional engagement put more energy into, and display less cynicism towards, work. This promotes personal expression, physically, cognitively, and emotionally in the occupational role.

The Burnout Prevention Matrix

In summary, both individual faculty and institutional organizations are responsible for promoting faculty wellbeing to ensure optimal job performance and maintain physiological and psychological health. The Burnout Prevention Matrix developed by physician Dike Drummond is illustrated in Figure 5.1. According to this framework, methods for burnout prevention are determined by either the individual or the institution. And furthermore, this can be aligned with lowering stress and energy drain and increasing the ability to recharge physically, emotionally, and spiritually. Quadrant I of the Burnout Prevention Matrix signifies individual measures to decrease stress and energy drain. An individual faculty member can increase his or her own energy level and relieve stress with mindfulness practice (yoga, meditation), recognizing every small completed task as an accomplishment, organizing work and tasks for simplicity, and improving personal and professional relationships. Personal relationships, including one’s spouse, significant other, children, and/or other family members, have a great impact on positive social support.

Figure 5.1 The Burnout Prevention Matrix (used with Drummond’s permission)
Physical and mental rejuvenation plays an important role in one’s strategy to prevent occupational burnout. Quadrant II exemplifies faculty member tactics for rejuvenation to improve their own quality of life, along with learning, teaching, research, and other work-related activities. Faculty can participate in rejuvenation strategies, such as separating work life and home life by completely disconnecting from work after finishing the workday. Additional work tasks have a significant impact on occupational stress and burnout, and faculty members should be able to recognize worrying signs if they are able to handle extra work. If extra work tasks are unfeasible, then faculty should feel comfortable with politely declining the task given. Furthermore, a schedule that allows time for exercise, hobbies, clubs, and charities would benefit faculty members with recharging and rejuvenating their energy levels.

Educational institutions can offer tools to positively affect faculty effort and feelings towards work, and promote wellbeing and stress management. Quadrant III of the matrix signifies methods that an institution can implement to promote wellbeing and decrease faculty stress. To improve energy, organizations can encourage faculty to participate in leadership activities, wellness committees, or quality improvement projects. Quality improvement projects will allow faculty members to identify a common issue within the institution and address it appropriately. In addition, institutions can provide a counselling hotline that is available any time of the day. Support groups and counselling will give faculty members the opportunity to put specific issues into perspective and to learn how to better handle them.

Activities for rejuvenation can also be provided to faculty members by the institution, as indicated in Quadrant IV of the matrix. Institutions should take interest in offering on-site exercise facilities, fitness classes, or weekly massages for faculty and staff rejuvenation. In addition, offsite tours and excursions give faculty the opportunity to bond, communicate with other co-faculty, and physically and mentally recharge. Promoting a work–life balance is key; both individual faculty and higher education institutions should recognize it as a cultural norm.

Final thoughts

The advent of burnout has been on a progressive rise among faculty due to individual and organizational factors. Factors, such as responsibility, perceived loss of control, values, support, and meaning towards work, each play a role in the work-related emotional exhaustion, depersonalization, and one’s sense of personal accomplishment. Due to the increasing prevalence of burnout, interventions to combat burnout are being researched across the nation. According to a recent systematic review and meta-analysis, some useful interventions include reducing duty hours, learning about mindfulness practice and stress management, as well as being involved in small group discussions.

Although there are many interventions to overcome burnout, the prognosis is uncertain from one individual to another. We assert that organizations and leaders should take the initiative and need to recognize what promotes joy, effectiveness, and engagement among staff, with the view to improving work and
satisfaction outcomes. It is also important that faculty and physicians be aware of the various ways to combat burnout to improve work performance, motivation, student learning, and patient safety.

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References


