CPTs’ perceptions of their role satisfaction and levels of professional burnout

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Studies on mentorship within nursing have consistently highlighted difficulties relating to role conflict and lack of time to optimise teaching opportunities, with additional academic requirements increasing role dissatisfaction and professional burnout.

“Burnout’ was originally used to describe emotional exhaustion of public sector workers, leading to decreased productivity and negative emotions, and is of growing concern for the nursing profession.

One to one teaching of specialist students is an intensive educational process concerned with development of cognitive skills relevant to graduate and postgraduate study. Within a limited time frame, CPTs engage in a process of education concerned with development of essential specialist competencies and self-awareness.

Satisfaction levels for CPTs may be affected by the type of education they deliver, the intensive relationship relies heavily on the individual skills of the CPT and may prove difficult for the CPT to sustain without risking professional burnout.

It is the CPT who acts as gate-keeper to the NMC register, which can be a rewarding experience or a heavy responsibility, possibly increasing the risk of burnout and dissatisfaction.

A paucity of research regarding community practice teaching was identified.
The research explores links between role satisfaction and burnout in the CPTs dual role of clinician and teacher. The research questions were:

- Are CPTs satisfied with their current role?
- What contributes to role satisfaction?
- Is there a relationship between CPTs’ role satisfaction and professional burnout?
A multi-method research approach explored perceived role satisfaction and professional burnout among Community Practice Teachers (CPTs) while facilitating post-registration education and caseload management.

A bespoke Satisfaction Questionnaire and the Maslach Burnout Inventory (Educators) were completed by 23 CPTs employed by five Primary Care Trusts to elicit quantitative and qualitative data.

There professional backgrounds were District Nursing, Health Visiting, Mental Health and School Nursing.
The MBI (Educators) (MBIE) (Maslach, 1996) was used to identify the CPTs’ perceived levels of burnout and is a reliable, standardised and validated instrument based on extensive research. The respondents independently completed the questionnaire, which includes three measures of professional burnout.

- **Emotional exhaustion (EE, eight items)** – severe tiredness as emotions are depleted
- **Depersonalisation (DP, five items)** – a consequence of EE as the person finds themselves becoming indifferent to their work
- **Personal accomplishment (PA, eight items)** – as the person feels detached and that they are no longer making a difference to their work, they experience a lack of personal accomplishment and satisfaction.

These are rated according to frequency, with high scores on the EE and DP scales and low scores on the PA scale representing burnout.

Scores were categorised into low, average and high levels of burnout.
Sample questions and statements from questionnaire and MBI

* **Satisfaction Questionnaire sample questions**
  * Please indicate your agreement with the following statement: ‘I am satisfied in my current practice teacher role’
  * Please indicate below the main factors if any that contribute to your role satisfaction
  * Please indicate what aspects of your role you are least satisfied with
  * What support do you receive from the university?

* **Maslach Burnout Inventory sample statements**
  * I feel emotionally drained from my work
  * I feel exhilarated after working closely with my students
  * I feel like I am at the end of my rope
  * I feel students blame me for some of their problems
The findings are presented in relation to the three broad themes identified:

* Aspects of the CPT role leading to satisfaction
* Aspects of the CPT role leading to dissatisfaction/burnout
* Ways to enhance satisfaction and reduce burnout.
Aspects of the CPT role leading to satisfaction

* Data from the satisfaction questionnaire provided evidence that the majority of participants were satisfied with their role (n=16, ‘agree’ or ‘strongly agree’)
* They were also satisfied with the support they received from their employers (n=15, ‘agree’ or ‘strongly agree’). Aspects of satisfaction included;
  * use of their skills (n=18)
  * access to funding for training (n=17)
  * study leave (n=16)
  * clinical supervision (n=14)
  * teaching supervision (n=9)
  * reduced caseload (n=1).
* The majority of respondents were also satisfied with the support received from the higher education institution (HEI), which included;
  * access to CPT study days (n=22)
  * placement visits by lecturer (n=19)
  * good links with HEI staff (n=16)
  * access to academic modules (n=16).
Factors that positively influenced satisfaction included support for the CPT role; opportunities to develop practice and student relationships.

‘The recognition I receive from my line manager or organisation that the learning environment is important is a source of satisfaction’ (school nurse).

‘The support received and the opportunity to feed back to the practice education facilitator contributes to my satisfaction’ (health visitor).

‘Good links with the HEI are a source of satisfaction’ (mental health nurse).

The opportunity to influence professional development was a source of satisfaction identified by all professional groups. This was in relation to both practice development and the development of students:

‘Opportunity to advance practice and to share knowledge’ (district nurse).

‘Students blossom as they develop’ (health visitor).

Satisfaction was also derived from the relationships which practice teachers had with their students:

‘The student relationship makes me more motivated’ (health visitor).

‘Structured quality time with the student makes me satisfied’ (district nurse).
Aspects of the CPT role leading to dissatisfaction/burnout

- Data from the Satisfaction Questionnaire provided evidence that participants were least satisfied with workload pressures and lack of appreciation, and expressed their dissatisfaction with organisational changes:
  - ‘Juggling of student, safeguarding, NNEB supervision and newly qualified staff supervision, I may opt out of being a practice teacher’ (health visitor).
  - In contrast to those participants who answered that they were satisfied with the support they received from their employers, one participant reported that they were unhappy and three ambivalent:
    - ‘Trust rush teaching, they don’t listen to concerns in clinical practice’ (health visitor).
  - Some participants highlighted their dissatisfaction with changes to the length of the specialist practice public health course:
    - ‘I’m concerned re the 52-week course as there will be even less time to catch up with caseload and own development’ (health visitor).
The main suggestions to enhance satisfaction were protected time, reduced caseload and increased supervision and support.

In response to the question asking what factors would further enhance satisfaction, several respondents (n=21) wrote:

- ‘Increasing staffing levels to allow more time to be spent with students’ (district nurse).
- ‘Protected time for reflection and portfolio preparation would enhance satisfaction’ (district nurse).
- ‘Protected time out of caseload to spend with students to look at their learning needs would enhance my satisfaction’ (health visitor).
Analysis demonstrated the main factors affecting role satisfaction were work related stressors including, high clinical caseloads, poor supervision, lack of protected time and unpaid overtime.

Satisfaction with Trust support had the strongest impact on role satisfaction.

The MBI-ES scores indicate that the CPTs were experiencing a low degree of burnout, with moderate levels of emotional exhaustion. (Maslach et al, 1996).
The findings from the MBI demonstrate that respondents scored low levels of burnout overall, with high levels for personal accomplishment and low levels of depersonalisation.

The relationship between participants’ satisfaction and their levels of burnout was not found to be statistically significant. However, the mean scores on the emotional exhaustion subscale indicate moderate levels of emotional exhaustion.

Positive factors that affect CPT role satisfaction are the student-teacher relationship, time and opportunity to develop students’ clinical practice and support received from colleagues, employers and the HEI.

Negative factors are non-reduction of clinical caseload, a lack of protected teaching time and working over contracted hours to ensure all duties are fulfilled.

**KEY POINTS**
There is a relationship between role satisfaction, organisational support and professional burnout.

The inverse relationship between job satisfaction and burnout means it is in the interests of employers to keep CPTs supported and satisfied in their role.

CPTs are at risk of emotional exhaustion due to their dual teaching and clinical role, both of which require high levels of emotional input.

It is therefore essential that employers provide a culture of support and communication to help protect CPTs from professional burnout and ensure that practice placements remain of the highest quality.
Placement providers need to introduce supervision specific to practice teaching. Group supervision in particular facilitates experiential learning and reflection.

Employers authorise reduced CPT caseloads and protected time for planning, supervising and assessing student practice in line with NMC guidelines (NMC, 2008).

Employers and practice education facilitators should familiarize themselves with the causes and signs of burnout to prevent burnout phenomena.

**Recommendations for future research**

- Wider research on CPTs satisfaction with HEI support is conducted.
- Future research is conducted on CPTs from the differing professional groups.
References


References

Any Questions?