Original research

# Nursing teachers' experiences of the process of recovery while participating in a group programme for reducing work-related stress: A qualitative content analysis

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ABSTRACT

Work-related stress is an increasing health problem among nursing teachers, contributing to health problems, disengagement and poor job satisfaction. Negative coping strategies impact on both teachers' and students' teaching-learning experiences. Several interventions have been developed to address work-related stress. There has been less focus on how nursing teachers can learn to recover from work-related stress before it has severe consequences for their health, and to understand it from a nursing perspective. The aim of this study was to explore how nursing teachers who participated in a cognitive relational group programme experienced the process of recovery from work-related stress. Data were collected by means of three focus groups and subjected to qualitative content analysis, resulting in three categories: relatedness, evoking the inner caregiver, and re-orientation in life. These categories were reflected on in relation to Benner and Wrubel's "primacy of caring" and synthesised into a metaphorical theme: "finding one's footings". The findings imply that the development of positive coping strategies as well as knowledge and understanding about psychological processes are vehicles in the process of recovery. We conclude that interventions also need to account for the process of recovery as related to an ontological level and the person's Being-in-the-World.

## 1. Introduction

Work-related stress is a common health-problem in today's society. This has also become evident within nursing education (Thomas et al., 2019; Yedidia et al., 2014), affecting not only the health of nursing faculty, but also their job satisfaction, performance at work, and their life in general (Owens, 2017). Hence, this is a problem that needs to be addressed. Previous research has primarily focused on describing and evaluating treatments for the consequences of work-related stress, which has led to a focus on symptom reduction from a medical and psychological perspective. In this study we wanted to understand how work-related stress can be addressed before it has severe impact on people's health. Furthermore, we wanted to explore this issue from a nursing perspective as this perspective has gained less attention in previous research.

### 1.1. Theoretical perspective

In everyday professional language, work-related stress and/or its consequences are often described in terms of 'burnout' (Borritz et al., 2006), "exhaustion disorder" (National Board of Health and Welfare, 2003), "work-related depression" (Sandahl et al., 2011) and "compassion-fatigue" (Hoffman et al., 2007). Such categorization could be understood as a way of medicalizing peoples' experiences, and also as a means of providing the basis for statistics as well as grounds for absence due to illness. However, work-related stress is not a disease; people experience their work as stressful without being ill. Rather than conceptualizing stress as a disease or as a state which can be a factor in developing illness, we have strived to approach work-related stress as "problems in living". The concept was introduced by Sullivan (1953/1997) and has also been adopted by nursing theorists to understand mental ill health (Barker and Buchanan-Barker, 2005). The

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definition of health proposed by Dahlberg and colleagues (Dahlberg et al., 2016; Todres et al., 2014) described health as finding meaning, rhythm and balance in life and experiencing oneself as being able to fulfil one's goals in everyday life, thus carrying through minor and major life projects. From this lifeworld perspective work-related stress as "problems in living" can be associated with experiences of being insufficient in relation to challenges encountered in working life. This is in line with Benner and Wrubel's (1989) conceptualization of stress. They base their thoughts on Lazarus and Folkman's (1984) description of stress and coping as related to persons' appraisal of both the stressor and their ability to manage the situation, but also on Heidegger's (1962) thoughts about the person's Being-in-the-World. Heideggerian influences add depth to the understanding of stressors as things that are sometimes both necessary and unavoidable; it might be the things that matter most in our lives that are also the source of stress.

From these perspectives recovery and health promotion need to focus on personal resources and self-understanding in addition to reducing environmental stressors. Barker and Buchanan-Barker (2005) described recovery as a person's experience of being in control of one's life and being able to engage in things that matter, even when encountering stressful situations. Based on an understanding that being a good teacher is something that really matters for nursing teachers, and thus also something that they do not want to avoid, it is also important to explore how nursing teachers manage work-related stress.

### 1.2. Previous research

During the last decade approximately 24–28% of staff in the health and education sector have experienced symptoms associated with stress (European Agency for Safety and Health at Work, 2009; Henny et al., 2014). In nursing education several reasons for this have been described, such as an increased workload and demands to publish scientific articles and to acquire external funding (Winefield et al., 2003). Watts and Robertson (2011) also add interpersonal interactions, gender and age to the demands of productivity as stressors among university teachers. Many health teachers are also supposed to uphold dual qualifications and work both in the academy and in clinical settings (Araújo et al., 2016). Work-related stress has also been described as being related to compassion fatigue (Hoffman et al., 2007), as well as to lower job-satisfaction and organizational commitment (Gui et al., 2009).

Nursing teachers has described that if they are able to be present and compassionate with others, students are able to apprehend the meaning of compassionate care in a more profound, experiential way than from theory (Wiklund-Gustin and Wagner, 2013). However, work-related stress can decrease peoples' ability to be present and compassionate (Salmond et al., 2019), and might therefore affect students learning of compassionate care negatively. Research also indicates that teachers' coping repertoires are dominated by negative strategies (Austin et al., 2005). Negative coping styles are associated with depression, anxiety and insomnia, as well as with somatic symptoms (Aznar et al., 2006). This impacts on the quality of the teaching-learning experience for both teacher and students (Durrheim and Ehlers, 2005). Previous research reveals that recovery from work-related stress is associated with a sense of coherence (Seibt et al., 2013), emotional intelligence (Zysberg et al., 2017), as well as mindfulness practice and self-compassion (Whitesman and Mash, 2015). Earlier studies are mainly concerned with describing and evaluating interventions addressing consequences of work-related stress, thus measuring the effect on symptoms for people who have already developed health related problems. As work-related stress not only has a negative impact on nursing teachers' health but also on students learning, there is a need for studies that address how teachers can recover from work-related stress before encountering severe health problems.

### 1.3. Context and aim

In this article we report the first study of a project focusing on evaluating if a Cognitive Relational Group Programme (CRGP), originally developed for the treatment of people who had been on long term sick leave for work-related stress (Sandahl et al., 2011), was also suitable as a means to reduce experiences of work-related stress among people who are still working, before their health requires them to take sick leave. The programme gives primacy to cognitive processes and to participants' attribution of meaning to their experiences. The twelve sessions (Table 1) address how these attributions affect interpersonal relations and behaviours in order to re-establish the participants' sense of being an active agent. It supports them in reflecting on their life and unhelpful assumptions about themselves, as well as helping them to develop adaptive strategies for interacting in everyday work life. Each session has a structure where mindfulness, such as breathing exercises, are included at the beginning and end.

During the first part of each 90-min session participants share experiences related to a theme introduced during the previous session. The group leader then gives a brief theoretical introduction to the theme of the day. The session continues with participants reflecting on the theme and how it might be relevant in their current situation. Participants assign themselves self-care "homework" to put new understandings in practice and develop their inherent capability for self-care.

As the participants' health status and life situations differed from the context where the CRGP was developed, we thought that modifications might be necessary. To account for participants' experiences of the program towards potential modifications, the aim of this study was to explore how nursing teachers who participated in the CRGP experienced the process of recovery from work-related stress.

## 2. Methodology

### 2.1. Data collection

The CRGP was introduced at a Swedish university, and nursing teachers who experienced work-related stress were invited to participate. Twenty-one nursing teachers, all women aged 29–61, volunteered to complete the CRGP sessions as outlined in Table 1. This resulted in three different CRGP groups. After completion of the program participants were invited to a focus group interview together with other participants from the same CRGP group. Four participants declined. The three focus groups consisted of 17 participants (6, 6 & 5) and lasted 82–103 min. The focus groups were held in a conference room at the University and led by the first author two to four weeks after the last group session.

Participants knew each other from the CRGP and reflected together on the themes from each session, how they perceived them and whether these themes had made a difference for them. As described by Fern (2001) this enables participants to add new perspectives to the dialogue and reflect together in a way that is not possible in individual interviews.

**Table 1**
Overview of sessions.

| Session | Theme |
| --- | --- |
| Session 1 | Getting started – the importance of self-care |
| Session 2 | Personal values |
| Session 3 | Stress – causes, symptoms and consequences |
| Session 4 | Balancing personal needs |
| Session 5 | Emotions |
| Session 6 | Obstacles for change |
| Session 7 | Cognitive theory in practice |
| Session 8 | Good self-esteem as a stable basis for relations |
| Session 9 | Prioritize and claim your space in relations |
| Session 10 | Good communication with others |
| Session 11 | Stop the autopilot, give time for reflections and dialogue |
| Session 12 | Functionality – do what works for you |

The moderator (first author) occasionally offered some reflections or follow-up questions to keep the process going.

### 2.2. Data analysis

The digitally recorded conversations were transcribed verbatim and subjected to a qualitative content analysis (Graneheim and Lundman, 2004). First, the text was read repeatedly in order to obtain a sense of the whole. The next step was to identify content areas related to the research question and divide the text into meaning units, i.e. words, sentences and paragraphs with relevance to the study's aim. The meaning units were condensed in order to develop descriptions of the content and meaning of the text. These were labelled with codes that were compared for similarities and differences. Similar codes were abstracted into categories without excluding data related to the aim or sorting it into more than one category. When the categories held nuances, subcategories were formulated. The findings account not only for what is common in participants' experiences, but also for individual variations in order to let all voices be heard.

The result is often presented on a descriptive level, where the content of categories and subcategories closely reflects data. Graneheim and Lundman (2004 p. 107) also describe a further analytic step, where focus is put on identifying a theme, which is "a thread of an underlying meaning through condensed meaning units, codes or categories, on an interpretive level". While categories are more descriptive of the manifest content, themes are interpretive, highlighting the latent content. Synthesizing categories and theme with theory enabled us to take the interpretation one step further. Ricoeur (1973) describes this as a means to de-contextualize the first descriptive steps and re-contextualize the interpretation on a different level of abstraction (Fig. 1).

### 2.3. Ethical considerations

The project was subject to ethical vetting and was approved by the regional ethical board. The participants were informed orally and in writing about the aim of the study, that participation was voluntary, and that they could withdraw from the study at any time without giving any explanation. Confidentiality throughout the research process is especially important when dealing with small, connected communities (Damianakis and Woodford, 2012). Therefore, confidentiality was also addressed as a common issue both regarding the research and between group members. Thus, everybody agreed not to talk about what other participants had said during sessions or in the focus groups.

### 3. Findings

The three categories and eleven subcategories formulated in this study (Fig. 1) should be understood as different aspects and nuances of the process of recovery. These aspects contribute to the metaphorical theme "finding one's footings". This theme, which is developed and further elaborated on in relation to the theoretical perspective, grasps the essence of recovery when encountering work-related stress, while the categories and sub-categories describe experiences during the process of recovery. In the text, subheadings are used to identify categories, while subcategories are bolded. In line with Graneheim and Lundman (2004) quotations are used in order to illuminate the interpretations. [—] is used to mark excluded passages where the participant is either interrupted by somebody else or says something that is either irrelevant or a possible threat to confidentiality, while … in a quote indicates a pause (silence) in the participant's utterance. F1–F3 refers to the three focus groups.

### 3.1. Relatedness

This category is based on participants' descriptions of an increased sense of being related to others as well as to oneself. The subcategory **sharing of experiences** illuminates a sense of being important for each other's wellbeing. *"It's that special feeling, when you say something and one, or more of you immediately know what I'm talking about"* (F3). These kinds of experiences strengthened participants' experiences of being related to other people, in a way that made them feel not only less alone, but also *"not as odd as I thought I was"* (F2).

The subcategory **a sense of belonging** expresses the interpersonal aspect of relatedness. Thus, participating in the group was not only a matter of sharing experiences, but of a sense of fellowship with other people.

> *"Just to be able to sit in this kind of group, I've said that before, that has been really important for me, as I'm alone so much [—]. And I do notice that even though I have chosen to live like this, that one has a tremendous need to belong to a group"* (F1).

Participants also described how they re-connected not only to others but also to themselves and their own bodies. Thus, the subcategory **embodiment** reflects how participants became more aware of their bodies, both through an increased awareness of bodily needs such as eating or resting, but also of physical activity, and of their breathing as a means of reducing stress.

> *"Yes … breathing. It makes me calmer … and stronger at the same time. That is funny, I never thought that you could be relaxed and strong at the same time"* (F1).

Relatedness is thus understood as experiences of closeness not only to other, but also to one's own experiences. This awareness is understood as providing the basis for the following category.

| Theme: Finding one's footings | | | |
|---|---|---|---|
| Categories: | Relatedness | Evoking the inner caregiver | Re-orientation in life |
| Subcategories | Sharing of experiences | Being in the present moment | Increased awareness of personal values |
| | A sense of belonging | Being less judgemental | A shift in perspective |
| | Embodiment | Being aware of one's own needs | Integrated understanding |
| | | Claiming personal space | Generalizing to everyday life |

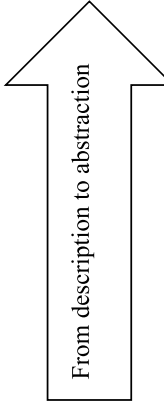From description to abstraction

**Fig. 1.** Overview of the findings.

### 3.2. Evoking the inner caregiver

This category describes different aspects of how participants enhanced their self-care abilities. The subcategory **being in the present moment** describes a stance of mindfulness towards one's own reality.

*"What is stressful is often something that is not … well it's not present. It has passed, or not come yet. So, I focus on where I am. And talking about mastering stress, this is not like me, I used to plan a long way ahead in order to safeguard myself"* (F1).

This new ability did not only help participants master stress, but also contributed to the experience of *"being kind of happier, more pleased with what I do, instead of hunting around or blaming myself for not being effective enough"* (F3) or being *"happy about not doing things"* (F2). This also enabled participants to be more kind towards themselves. Thus, the subcategory **being less judgemental** put the focus on experiences of reduced self-blame, and of participants' experiences of being nicer and showing compassion towards themselves.

*"If one makes a mistake, or things don't turn out the way I had expected, I have stopped beating up myself for it, I'm a bit nicer to myself now"* (F1).

Another aspect of evoking the inner caregiver was **being aware of one's own needs**. This subcategory was also related to learning mindfulness as a procedure, as well as to a new awareness of the importance of fulfilling different kinds of personal needs. *"I have been preaching about personal needs to nursing students for twenty years now. It is indeed embarrassing to realize how bad I have been in taking care of my own"* (F1). Thus, evoking the inner caregiver is a matter of being available and supportive towards oneself on an intrapersonal level. However, taking care of oneself is also a matter of **claiming personal space**. This subcategory summarizes experiences of being able to claim one's own rights on an interpersonal level.

"I realize that I need to be much clearer about what I want, and about what I can and can't do in order to respect both myself and them (other colleagues). If not, we all end up in negative spirals" (F1).

As concluded in other groups, *"being nice is not only about saying 'yes' to everything, but also about being able to say 'no' and establish limits"* (F3), and *"it's like they say when you are flying, you need to put on your own oxygen mask first, in order to help others"* (F2).

### 3.3. Reorientation in life

This category summarizes participants' experiences of understanding themselves, their life in their current situation in a new perspective, and their experiences of being able to manage these situations better. The subcategory **increased awareness of personal values** focuses on experiences of a shift in focus. Rather than prioritising immediate performance in order to please others, focus was put on being the kind of teacher, and person, one valued, for example when handling conflicts. This process was supported when participants jointly reflecting about small, personal items they had all brought to the first session.

*"When I started to talk about my grandmother's potholder, and how my grandmother inspired me, it was as … as she came alive again, and I realized how much I miss her, and what a role model she has been for me"* (F3).

This gave rise to thoughts about oneself, and what their appreciation for these objects communicated to others about them as people. This contributed to **a shift in perspective**, described in terms of how *"the proportions of things have become different and more realistic"* (F2).

Even though the participants were well educated in the area of human behaviour, the CRGP contributed new perspectives on theoretical knowledge. This could be described as an **integrated understanding**, which contributed to experiences of the current situation as more comprehensible and manageable.

*"I still work with my postponing behaviours; they are more obvious than ever. I haven't stopped postponing everything, but I'm aware of it when I do it, and I can see the consequences and be more active when deciding whether I will do something or not"* (F1).

The integrated understanding also included new skills developed during the CRGP that were related to an increased ability among participants to manage their own responses.

*"All the time we have worked with ourselves, and with not running ahead but sleeping on it, or waiting a while before acting – or maybe not acting. I think that may stop me from doing too many unnecessary things …. and from making mistakes too"* (F1).

The re-orientation in life was described not only at work, but also in participants' social lives. As participants also started to reflect on their own way of being in relation to others and applying their new understanding in their social life, **generalising to everyday life**, was identified as a subcategory.

*"I can't yell at my children for not cleaning up as long as I do it for them if they don't do it immediately. Of course, they know that I will tidy up if they don't take any notice of my comments …. But now, well now I just let their things stay where they have dropped them"* (F1).

The subcategories describe a new orientation in life and how skills necessary for self-care have been developed. The category thus conceptualises participants' experiences not only of being driven by the circumstances, but also of being able to account for what matters in life. This is accompanied by an increased ability to understand their own patterns of reaction as well as the consequences related to them.

### 3.4. Theoretical synthesis and interpretation

When interpreting the findings it is important to consider the relevance of Benner and Wrubel (1989) claim that things that matter most in our lives might also be the source of stress and sometimes both necessary and unavoidable. This was evident in relation to participants in this study, who expressed a deep concern for their work including a sense of responsibility to both colleagues and students. However, when people experience themselves as unable to fulfil their personal goals in working life, situations involving perceived shortcomings turn into stressors – even if people enjoy these situations. This affects not only working life, as feelings of shortcomings at work can create a general sense of imbalance. The theme "finding one's footings" can thus be understood as a means of articulating participants' sense of regaining balance and re-establishing a sense of being able to encounter challenges and problems in life. The three categories are intertwined in this restorative process.

The different aspects of relatedness described in the first category contribute with experiences of being grounded not only in one's own body, but also in a caring communion with other people. Hence, "finding one's footings" is not only about balancing needs, but also about finding one's place in a world of relations (Dahlberg et al., 2016). This also implies a shift in perspective, as we interpret (or under-*stand*) – the world from the position in time and place we are currently at. Therefore, finding one's footings and a place in the world is also associated with re-orientation and a renewed self-understanding. As stated by Benner and Wrubel (1989), people care for things that matter for them. Hence, when people can appreciate themselves, they might be more likely to engage in self-care, thus becoming more supportive and compassionate and less judgemental towards themselves and their perceived shortcomings. This also implies that meaningful work will be less associated with stress.

From a nursing and caring science perspective the process of recovery is not only a matter of learning to cope with stressors at work on a

behavioural level. Rather it has an ontological component where "finding one's footings" could be understood in accordance with Benner and Wrubel (1989) link to Heidegger's Being-in-the-World as having peace of mind. This peacefulness indicates that the process of recovery as a process of "finding one's footings" has a profound impact on the person's life.

## 4. Discussion

Nursing teachers appreciated the opportunity to address work-related stress to prevent further health-problems. As in other studies knowledge about stress and psychological functioning was described as important aspects of group-interventions, even in context where participants – just like nursing teachers – are likely to be knowledgeable about such issues (Peterson et al., 2008). A possible explanation of this is that support is needed in order to apply such knowledge in relation to one's own life, especially if the person has less access to his/her ordinary cognitive capacity because of stress. Hence, the value of psycho-pedagogical interventions should not be underestimated and can support a person's re-orientation in life as his/her own reactions and behaviour becomes more understandable and manageable.

However, our study also highlights the importance of designing interventions that also enables participants' self-understanding on a more profound level. We claim that experiences of relatedness are vital for recovery as they could balance the experiences of alienation and lack of engagement in work and with other people which has been described as signs of different types of work-related stress (Ericson-Lidman and Strandberg, 2007; Hoffman et al., 2007). The findings suggest that participating in group-sessions supports recovery by providing opportunities to relate to others in a less demanding way than might be the case in a stressful work-situation. This can also be part of why other researchers report that talking with others in the same situation is helpful (in addition to the knowledge developed during group sessions) (Peterson et al., 2008a). We also understand relatedness as an aspect of embodiment. Such awareness of one self and one's body has in terms of corporeality been described as enabling pedagogical work and facilitating nursing teachers interactions with students, peers and health-care professionals (de Melo Lopes et al., 2012). Based on the findings from other research this is likely to be a consequence of the mindfulness component, as mindfulness is not only an effective approach to stress-reduction (Whitesman and Mash, 2015), but also contributes to reflexivity, personal wellbeing and self-compassion, as well as increased compassion for other people (Morgan et al., 2015; Turner, 2013).

Self-compassion is understood as essential for evoking the inner caregiver and supporting oneself in addressing personal needs as well as claiming personal space. As described by Neff (2003) self-compassion is a matter of self-kindness, but also of an awareness of shared humanity and an ability to be present in the moment. This can also contribute to experiences of increased teaching self-efficacy (Poulin et al., 2008), thus having an impact on the quality of teachers' work.

Our study demonstrates that nursing teachers appreciate the opportunity to reflect on them selves and their current situation together with peers, and that they experienced this as contributing to recovery from work-related stress. The findings indicate that this kind of interventions could be valuable to prevent sick-leave and promote wellbeing. However, we will also put forth that this should not be a substitute for actions directed to reduce general stressors. A one-sided focus on supporting teachers' recovery might be experienced as if the responsibility for reducing work-related stress mainly rests with the individual. Hence, there is not only organizational gains with addressing work-related stress on different levels, it is also an ethical imperative to do so.

## 5. Methodological considerations

In qualitative content analysis trustworthiness is related to

credibility, transferability, dependability, confirmability and authenticity (Graneheim et al., 2017). Credibility, but also transferability to other contexts, are related to addressing enough people with relevant experience in relation to the topic of the study. In this study the invitation of all persons who had participated in the three groups was considered relevant, and even though four persons declined, the participants in the study are representative for the people participating in the groups.

Dependability is related to the effect the researchers have on the process, both during data collection as data are understood as co-created between researcher and participant, and in relation to researchers interpretive repetoir (Graneheim et al., 2017). As a means of addressing the first author's pre-understandings from moderating the groups, so that these did not affect the analytic procedures inappropriately, there was an on-going dialogue between the researchers during the analysis. Pre-understandings is also related to the use of theory when synthesizing and interpreting the categories. As described by Bidstrup Jørgensen and Östergaard Steenfeldt (2012) a theory can support researchers to go beyond their own understanding of a phenomenon. Benner and Wrubel (1989) theory enabled us to interpret and synthesize the findings on an ontological level. Theories also enables researchers to create a distance from the first, naïve understanding of data, and appropriate a new understanding (Ricoeur, 1973). Compared to the vast majority of earlier research in the area the use of Benner and Wrubel's theory adds new dimensions to the understanding of recovery from work-related stress, as the interpretation goes beyond a description of different aspects of the intervention and how those contributed to recovery.

As the interplay between participants during the focus group interviews were not in focus for the analysis, we have not used dialogical quotes (Onwuegbuzie et al., 2009). Instead quotes that demonstrate the content of the categories are used. According to Graneheim et al. (2017) this is part of confirmability and authenticity, as the quotes not only demonstrate that the findings reflect data but also represent the voice of participants.

Another possible limitation is that many of the quotes are from the group labelled F1. This could give rise to questions about credibility and authenticity related to representativeness and which voices are heard, even though they are the voices of different persons in the group. One explanation to the frequent use of F1 quotes is that this interview lasted longer and generated more data. However, our purpose with using these specific quotes was that they were illustrative. We prioritized this as illustrative quotes can enhance the readers' understanding of the categories and thus contribute to transferability as related to analytical generalizations (Halkier, 2014).

## 6. Conclusion and clinical implications

Participating in a group programme like the CRGP can support the person in developing positive coping strategies and techniques to reduce stress, such as mindfulness. We found that such strategies as well as knowledge and understanding about psychological processes are vehicles in the process of recovery, but that the experience of recovery goes beyond coping strategies. Rather recovery is associated with a sense of finding oneself and one's place in the world through experiences of relatedness to others, a more care-giving and self-compassionate attitude to oneself, and by becoming re-oriented in life.

Hence, in line with previous research we found that in clinical work mindfulness practice and psycho-pedagogical activities related to different topics like the session themes in the CRGP are helpful. This study adds knowledge about the value of accounting for ontological aspects of health and recovery associated with a nursing perspective (Benner and Wrubel 1989; Dahlberg et al. 2016). This means that interventions aiming at supporting recovery in addition to introducing positive coping strategies need to be delivered in a way that encourages people to find out who they are, and what they value and cherish in life in relation to the situation they are in. Furthermore, there is a need for

the person to find his/her place in relation to others and the current situation. This re-orientation also comprises a reflection about what steps to take and in what direction in order to be and live in the world in a way that enables the person to have goals and engage in life projects that matter with compassion not only for others – such as students – but also for one self.

## CRediT authorship contribution statement

**Lena Wiklund-Gustin:** Conceptualization, Methodology, data-collection and analysis, Writing - original draft. **Lennart Fredriksson:** Co-supervisor. **Sarah G. Rakovshik:** Supervision.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## References

Araújo, L.M.N., Rodrigues, C.C.M., Dantas, M.S.P., dos Santos, N.P., Alves, K.Y.A., Santos, E.P.S., 2016. Everyday stress in the university: coping strategies of health teachers'. J. Res.: Fundamental Care Online 8, 4956–4964.

Austin, V., Shah, S., Muncer, S., 2005. Teacher stress and coping strategies used to reduce stress. Occup. Ther. Int. 12, 63–80.

Aznar, M.P.M., Rodriguez, M.A.G., Aznar, M.J.M., 2006. Stress and distress in teachers. Int. J. Psychol. Psychol. Ther. 6, 63–76.

Barker, P.J., Buchanan-Barker, P., 2005. The Tidal Model - a Guide for Mental Health Professionals. Routledge, London.

Benner, P., Wrubel, J., 1989. The Primacy of Caring. Stress and Coping in Health and Illness. Addison-Wesley Publishing Company, Menlo Park, CA.

Bidstrup Jørgensen, B., Östergaard Steenfeldt, V., 2012. Omvårdnadsteori Som Referensram I Forskning Och Utveckling. Liber, Stockholm.

Borritz, M., Rugulies, R., Christensen, K.B., Villadsen, E., Kristensen, T.S., 2006. Burnout as a predictor of self-reported sickness absence among human service workers; Prospective findings from three-year follow-up of the PUMA study. Occup. Environ. Med. 63, 98–106.

Dahlberg, H., Ranheim, A., Dahlberg, K., 2016. Ecological caring — revisiting the original ideas of caring science. Int. J. Qual. Stud. Health Well-Being 11, 33344.

Damianakis, T., Woodford, M.R., 2012. Qualitative research with small connected communities: generating new knowledge while upholding research ethics. Qual. Health Res. 22, 708–718.

de Melo Lopes, D.F., Barbosa Merighi, M.A., Pinto de jesus, M.C., Garanhani, M.L.c., Maciel Cardeli, A.A., Wotzasek Cestari, M.E., 2012. Perceptions of teachers on their corporeality in nursing education: a phenomenological study. Online Braz. J. Nurs. 11, 638–652.

Durrheim, M., Ehlers, V.J., 2005. Stress and conflict management in nursing education. Afr. J. Nurs. Midwifery 7, 11–16.

Ericson-Lidman, E., Strandberg, G., 2007. Burnout: co-workers' perceptions of signs preceding workmates' burnout. J. Adv. Nurs. 60, 199–208.

European Agency for Safety and Health at Work, 2009. OSH in figures: stress at work - facts and figures. In: Milczarek, M., Schneider, E., González, E.R. (Eds.), Office for Official Publications of the European Communities, Luxembourg.

Fern, E.F., 2001. Advanced Focus Group Research. Sage Publications, London.

Graneheim, U.H., Lindgren, B.-M., Lundman, B., 2017. Methodological challenges in qualitative content analysis: a discussion paper. Nurse Educ. Today 56, 29–34.

Graneheim, U.H., Lundman, B., 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ. Today 24, 105–112.

Gui, L., Barriball, L., While, A.E., 2009. Job satisfaction of nurse teachers: a literature review: Part II: effects and related factors. Nurse Educ. Today 29, 477–487.

Halkier, B., 2014. 1 Day Workshop: Focus Groups: Opportunities and Limitations, Nordic Conference in Nursing Research. Odense, Denmark.

Heidegger, M., 1962. Being and Time. Blackwell Publishers, Oxford.

Henny, J., Anita, A.T., Hayati, K.S., L, R., 2014. Prevalence of burnout and its associated factors among faculty academicians. Malaysian J. Med. Health Sci. 10, 51–59.

Hoffman, S., Palladino, J.M., Barnett, J., 2007. Compassion fatigue as a theoretical framework to help understand burnout among special education teachers. J. Ethnogr. Qual. Res. 2, 15–22.

Lazarus, R.S., Folkman, S., 1984. Stress, Appraisal and Coping. New York.

Morgan, P., Simpson, J., Smith, A., 2015. Health care workers experiences of mindfulness training: a qualitative review. Mindfulness 6, 744–758.

National Board of Health and Welfare, S, 2003. Utmattningssyndrom: Stressrelaterad Psykisk Ohälsa [Exhaustion Disorder: Stressrelated Mental Ill Health]. Socialstyrelsen, Stockholm.

Onwuegbuzie, A.J., Dickinson, W.B., Leech, N.L., 2009. A qualitative framework for collecting and analyzing data in focus group research. Int. J. Qual. Methods 8, 1–21.

Owens, J., 2017. Life balance in nurse educators: a mixed-methods study. Nurs. Educ. Perspect. 38, 182–188.

Peterson, U., Bergström, G., Samuelsson, M., Åsberg, M., Nygren, Å., 2008. Reflecting peer-support groups in the prevention of stress and burnout: randomized control trial. J. Adv. Nurs. 63, 506–516.

Poulin, P.A., Mackenzie, C.S., Soloway, G., Karayolas, E., 2008. Mindfulness training as an evidenced-based approach to reducing stress and promoting well-being among human services professionals. Int. J. Health Promot. Educ. 46, 72–80.

Ricoeur, P., 1973. The hermeneutical function of distanciation. Philos. Today 17, 129–141.

Salmond, E., Salmond, S., Ames, M., Kamienski, M., Holly, C., 2019. Experiences of compassion fatigue in direct care nurses: a qualitative systematic review. JBI Database Syst. Rev. Implement. Rep. 17, 682–753.

Sandahl, C., Lundberg, U., Lindgren, A., Rylander, G., Herlofson, J., Å, N., Åsberg, M., 2011. Two forms of group therapy and individual treatment of work-related depression: a one-year follow-up study. Int. J. Group Psychother. 61, 539–555.

Seibt, R., Spitzer, S., Druschke, D., Scheuch, K., Hinz, A., 2013. Predictors of mental health in female teachers. Int. J. Occup. Med. Environ. Health 26, 856–869.

Sullivan, H.S., 1953/1997. The Interpersonal Theory of Psychiatry. Norton, New York.

Thomas, C.M., Bantz, D.L., McIntosh, C.E., 2019. Nurse faculty burnout and strategies to avoid it. Teach. Learn. Nurs. 14, 111–116.

Todres, L., Galvin, K.T., Dahlberg, K., 2014. "Caring for insiderness": phenomenologically informed insights that can guide practice. Int. J. Qual. Stud. Health Well-Being 9, 21421.

Turner, R., 2013. A Qualitative Study Examining the Experiences of Healthcare Staff 12 Months after Their Completion of an 8-week Mindfulness Based Stress Reduction Course. Institute of Health and Wellbeing. University of Glasgow, Glasgow.

Watts, J., Robertson, N., 2011. Burnout in university teaching staff: a systematic literature review. Educ. Res. 53, 33–50.

Whitesman, S., Mash, R., 2015. Examining the effects of a mindfulness-based professional training module on mindfulness, perceived stress, self-compassion and self-determination. African J. Health Prof. Edu. 7, 220–223.

Wiklund-Gustin, L., Wagner, L., 2013. The butterfly effect of caring – clinical nursing teachers' understanding of self-compassion as a source to compassionate care. Scand. J. Caring Sci. 27, 175–183.

Winefield, A.H., Gillespie, N.A., Stough, C., Hapuarachchi, J., Boyd, C., 2003. Occupational stress in Australian University staff. Int. J. Stress Manag. 10, 51–63.

Yedidia, M.J., Chou, J., Brownlee, S., Flynn, L., Tanner, C.A., 2014. Association of faculty perceptions of work-life with emotional exhaustion and intent to leave academic nursing: report on a national survey of nurse faculty. J. Nurs. Educ. 53, 569–579.

Zysberg, L., Orenstein, C., Gimmon, E., Robinson, R., 2017. Emotional intelligence, personality, stress, and burnout among educators. Int. J. Stress Manag. 24, 122–136.