The Resilient Educator

Staying inspired when teaching gets hard, and building the support that makes it last

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Dr. Tonya Taylor
Nursing Integration Advisor
Sentinel U

TODAY'S GOALS

What you will leave with

1. Name the personal **and** system sources of your stress and burnout
2. Try two low-effort reflective habits that reconnect you to your purpose
3. Choose one small, sustainable peer-support habit for your program
4. Walk out with a personal resilience toolkit you can use this week

THE OPENING QUESTION

What you imagined vs. your average Tuesday

What you imagined

Mentoring future nurses at the bedside. Watching clinical judgment click. Shaping the profession you love.

Your average Tuesday

An inbox that never empties. Course shell fixes. Accreditation documents. Covering a section no one was hired for.

Naming the gap is not complaining. It is our starting point.

NAMING THE LANDSCAPE

What we are carrying right now

AI and integrity

Student use of AI is reshaping what honest work looks like

Professionalism gaps

Accountability conversations that feel personal to hold

High stakes

Preparing safe nurses for complex, unforgiving settings

Institutional pressure

Enrollment targets, retention goals and unfilled lines

THE EVIDENCE

Why this matters beyond any one of us

62.4%

of 751 nursing faculty in the U.S. and Canada reported moderate-to-high burnout

65,000+

qualified applicants turned away from U.S. nursing schools in 2023, with faculty shortage a top reason

7.8%

nursing faculty vacancy rate, limiting how many new nurses programs can prepare

Sources: Boamah et al. (2025); AACN data cited in Jones and Beebe (2025)

KEY MESSAGE

You are not burned out because you are weak. You are carrying something genuinely heavy, and you deserve tools, not just inspiration.

THE RESILIENCE REFRAME

Resilience is not bouncing back

THE OLD VIEW

A fixed personal trait

Bounce back to where you were. You either have it or you don't.

THE EVIDENCE-BASED VIEW

A dynamic, shared capacity

"The ability of a person, community, or system to positively adapt to adversity in a way that promotes growth and well-being."

Sources: Wright et al. (2024), citing Hughes et al.; Jones and Beebe (2024, 2025)

WHAT THE RESEARCH FOUND

Resilience is a buffer, not a cure

What it can do

Very low resilience was linked to exhaustion and depersonalization. Building resilience can help prevent the most severe burnout.

What it cannot do

Educators with **average** resilience still had emotional exhaustion. Fixing that takes changes to how the job is structured.

Source: Ochs, Mitsakis and Ochberg (2025), Nursing Education Perspectives

OUR FRAMEWORK FOR TODAY

Three pillars of educator resilience

ME

Individual capacity

Purpose
self-regulation
boundaries
recovery
reframing
self-leadership

WE

Relational capacity

Belonging
mentoring
psychological safety
collegiality
recognition

SYSTEM

Organizational capacity

Workload
role clarity
leadership
protected time resources
healthy culture

WHAT PREDICTS FACULTY RESILIENCE?

Meaning and support matter most

499

prelicensure nursing faculty surveyed

Compassion satisfaction

The joy of helping others was the **strongest** predictor of resilience

Perceived support

Faculty with support scored 32 of 40 on resilience; those without scored 28

Source: Jones and Beebe (2025), Nurse Educator; median CD-RISC 10 scores

LIVE POLL 5 OF 15

Multiple choice · vote on your phone

Where does your deepest satisfaction in this work come from?

- A. A student's "aha" moment
- B. Seeing graduates become nurses
- C. Mentoring colleagues
- D. Scholarship and building programs

ME

PILLAR 1 OF 3 · INDIVIDUAL CAPACITY

What I can do for myself

Reconnect with purpose, build reflective habits, recover during the day and protect your boundaries.

ME · YOUR WHY

Purpose is an anchor

A national survey of nearly 700 nursing faculty found resilience is connected to **moral courage** and a sense of **meaning and purpose**.

Chronic overload slowly disconnects us from the work that gave our careers meaning.

"Passion for nursing education should be protected rather than exploited."

Source: Stephens and Layne (2023), Journal of Nursing Education

ME · RESILIENCE IN ACTION

How new faculty got through

Positive self-talk

Reminding themselves of their own strengths and capability

Clinical analogies

"Just like being floated to a new unit": past skills make new chaos familiar

Reframing setbacks

Treating hard experiences as stepping-stones toward growth

Helping others

Supporting newer hires restored their own sense of worth

Practical structure

Breaking heavy workloads into small, trackable pieces

Wide networks

Reaching out to friends, former professors and past colleagues

Source: Sandiford and Birnbaum (2025), Nurse Educator; interviews with 23 new faculty in 7 states

IN THEIR OWN WORDS

“

I feel rewarded because I know I'm helping helping students to fulfill their own dreams of dreams of becoming nurses.

“

As bad as it was … I can look back and see my see my growth from then to now.

Reframing does not deny the hard part. It places it inside a bigger story.

Newly hired nursing faculty, quoted in Sandiford and Birnbaum (2025)

ME · REFLECTIVE HABITS

Three habits that take minutes, not hours

DAILY · 3 MIN

End-of-day debrief

1 win, 1 challenge, 1 question, then close the laptop

AS NEEDED

Unsent letter

Write to your students for clarity, never to send

MONTHLY

Teaching audit

What am I proud of? What gave energy? What would I change?

Try it now: write today's win, challenge and question on your toolkit card.

ME · RECOVERY

Small recovery, real results

THE SHINE STUDY

An 8-week digital well-being program for nurse educators improved:

- ✓ General well-being
- ✓ Recovery experiences
- ✓ Self-regulation

Micro-recovery ideas

- A 3-minute breathing reset between classes
- A short walk before a grading block
- Lunch away from the screen
- Standing or stretching during long meetings

Source: Rinne et al. (2024a), Nurse Educator

ME · BOUNDARIES

If work can happen anywhere, it happens everywhere

Response windows

"Email answered weekdays within 24 to 48 hours," stated in every syllabus

Grading windows

Protected blocks on the calendar instead of grading in every gap

Shutdown ritual

A small routine that tells your brain the workday is over

But: boundaries only hold when the culture stops rewarding instant replies at all hours.

WE

PILLAR 2 OF 3 · RELATIONAL CAPACITY

What we can do for each other

Support, mentoring, psychological safety and peer structures that do not become one more obligation.

WE · SUPPORT

Support is a resilience predictor, not a perk

32 vs. 28

Median resilience of faculty **with** support versus **without** it (out of 40)

With no formal support, new faculty built their own, calling friends and former classmates "even in the middle of the night."

Sources: Jones and Beebe (2025); Sandiford and Birnbaum (2025)

WE · THE ROLE TRANSITION

From expert clinician to novice educator

14.2

average years of clinical experience before teaching

"Hit the ground running"

Hired weeks before the semester. Handed a syllabus with no further comment.

Clinical expertise does not automatically transfer to curriculum, assessment, policy or academic culture.

Source: Sandiford and Birnbaum (2025), Nurse Educator

WE · MENTORING

Build a mentoring ecosystem

Teaching mentor
Active learning, test items, clinical evaluation

Peer mentor
Day-to-day debriefing and navigating the culture

Scholarship mentor
Writing, promotion and long-term career growth

Cross-generation pairs
Older faculty scored higher on resilience: pair them with newer colleagues

What makes it work: clear expectations, a good match, psychological safety and protected time.

WE · PEER STRUCTURES

Three low-effort peer structures

Structure	How it works	Time
Teaching triad	Three faculty share 1 win, 1 struggle, 1 resource	20 min a month
Observation swap	Voluntary, non-evaluative class visits to learn from each other	1 visit a term
Idea channel	A Teams or Slack space for quick teaching wins and problems of practice	Anytime, async

WE · COMMUNITY ACROSS WORK SETTINGS

Work community drives well-being

367

nurse and social care educators; 54% worked hybrid

- **Work community** and **personal resources** were the only significant predictors of well-being
- Hybrid educators rated their personal well-being higher
- Community mattered even more for on-site educators, so build it on purpose for everyone

Source: Vauhkonen et al. (2026), Journal of Advanced Nursing

SYSTEM

PILLAR 3 OF 3 · ORGANIZATIONAL CAPACITY

What our programs and leaders must change

Workload, role clarity, protected time and a culture that does not ask individuals to absorb every gap.

SYSTEM · THE WORKLOAD PARADOX

Too busy to attend the wellness program

RINNE ET AL. (2024B)

Heavy workload was itself a barrier to using the well-being program.

WRIGHT ET AL. (2024)

Nursing schools and residency programs named **time, resources and support** as the biggest barriers to teaching resilience at all.

Without protected time, **wellness becomes one more task.**

Sources: Rinne et al. (2024b), Nurse Education Today; Wright et al. (2024), Nurse Educator

ACTIVITY · THE RESILIENCE CAPACITY MAP

Meet Dr. Morgan

An experienced educator who loves teaching. This year: higher enrollment, extra coverage for vacancies, student email into the evenings, new technology requirements. Lunch at the computer. Grading on weekends.

"I don't need another workshop. I need time to do my job."

ME What can Dr. Morgan influence?

WE What can colleagues do together?

SYSTEM What must leaders address?

SYSTEM · FOR LEADERS

Two questions every program should ask

1

What resources do educators need to strengthen their capacity?

2

What in our organization is unnecessarily unnecessarily consuming that capacity?

- Audit workload formulas
- Set response expectations
- Cut low-value meetings
- Protect development time
- Hold listening sessions
- Measure retention, not attendance

REFLECT · A RITUAL FOR YOUR TEAM

Stop, start, sustain

Stop

One practice that unnecessarily drains faculty capacity

Start

One practice that would strengthen resilience

Sustain

One thing already protecting well-being that we must keep

Deciding what to **stop** is often more powerful than adding one more thing.

YOUR TAKE-HOME CARD

My resilience toolkit

ME

One reflective habit I will start this week

WE

One peer connection I will start

MY WHY

The student or moment I am teaching for

ACCOUNTABILITY

One person I will share this with, plus one issue to raise with leadership

CLOSING

You don't need to be endlessly inspired. You need to be sustainably committed, and sustainably supported.

You chose this work because safe, thoughtful nurses matter. That choice is still true. Thank you.

Thank you so much!

Tonya Taylor, DNP, MSN, MBA, RN
Tonya.Taylor3@sentinelu.com

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