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Relationship Between Emotional Intelligence, Mentorship, and Burnout in Nursing Faculty

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Walden University
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Abstract

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MSN, Walden University, 2015

BSN, Norfolk State University, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Nursing faculty early in their careers face challenges involving transitioning into new roles, high workloads, and lack of support, making them vulnerable to burnout. Burnout is a syndrome characterized by emotional exhaustion, depersonalization, and low personal accomplishment. The purposes of this study, guided by Maslach's burnout theory, were to determine if there is a relationship between emotional intelligence and mentorship in terms of burnout among nursing faculty who are in their early careers, if there are differences in terms of burnout among these nursing faculty who have received mentorship compared to those who did not receive, and if there is a relationship between EI and burnout among these nursing faculty. A sample of 139 nursing faculty with less than 7 years of experience completed the Maslach Burnout Inventory for Educators and the Schutte Self Report Emotional Intelligence Test. Data were analyzed using multivariate analysis of variance. Results revealed that there were significant differences in burnout subscale scores for depersonalization and personal accomplishment between early career faculty who received mentorship and those who did not, and those without mentorship had higher burnout subscale scores. Results also revealed that those with low emotional intelligence had higher burnout scores. Future research should involve investigating retention rates involving nursing faculty, mentorship, and burnout. Engaging nursing faculty and academic communities about burnout and the benefits of strategies aimed at professional and personal development can lead to positive social change.

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Dedication

This dissertation is dedicated to God and my family who have been a constant source of support and encouragement during this journey.

Acknowledgments

This journey to accomplishing my dreams would not be possible without the love and encouragement of my husband, James. My children, Jaeda, Janae, and Jasmine have been my motivation to never give up and have inspired me to notice the little miracles of each new day. Additionally, I thank my parents, Theresa and Terrance for instilling in me the value of hard work and their support for my dreams and aspirations from an early age. I thank God for the strength to complete this goal. Finally, I thank my faculty committee, Dr. Hussey, Dr. Hull, and Dr. Martin. Your support throughout this journey has been invaluable and I have learned so much.

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Chapter 1: Introduction to the Study

Introduction

The education of registered nurses is contingent on the availability of nursing faculty and capabilities of nursing academic institutions. Nursing academic institutions continue to struggle to retain nursing faculty due to a lack of preparedness and burnout (Garner & Bedford, 2021). Burnout may trigger nursing faculty to leave academia, further perpetuating shortages in the discipline. A shortage of nursing faculty places limitations on the production of new nurses needed to tend to the nation's healthcare needs. Burnout in early career nursing faculty may be influenced by emotional intelligence (EI) and mentorship. This research provides insights involving improving awareness about burnout among early career faculty to increase retention, enhance nursing education capabilities, address the nursing shortage, and enhance patient care. In this chapter, current research related to EI, mentorship, and burnout in early career faculty is summarized, in addition to the purpose of my research, research questions, and methodology.

Background

Nursing faculty play a major role addressing the shortage of nurses needed to provide care in a variety of healthcare settings. Daw et al. (2018) said 27,000 nursing faculty are expected to retire by 2023. According to a survey completed by the American Association of Colleges of Nursing (AACN) in 2015, thousands of students are being turned away from nursing schools, with two-thirds of academic organizations citing a faculty shortage as the reason for the denial of qualified applicants (Daw et al., 2018).

With looming shortages for nurses and nursing faculty, improving the retention of nurses is necessary.

Currently, there is not enough information about the nurse faculty role and occurrences of burnout. Maslach (1982) defined burnout as having the following phases: emotional exhaustion, cynicism, and inefficacy. Thomas et al. (2019) suggested that mentorship could be a strategy to support nursing faculty. Puertas-Molero et al. (2018) said EI is a relevant factor in terms of burnout prevention and adequate management and control of emotions reduces stress levels and increases self-efficacy. Aguino et al. (2018) said the impact of burnout on nursing faculty early in their careers is a critical factor in terms of intent to leave a faculty position. One suggestion to avoid burnout is to provide emotional support to nursing faculty. Sciarra (2020) said educational level and tenure status were not significant predictors of burnout.

Problem Statement

The shortage of nursing professionals and faculty continues to be a challenge for individuals in the nursing discipline. During the COVID-19 pandemic, improving healthcare systems and stabilizing the needs of health facilities depends on improving nursing shortages. Nursing faculty are essential to the foundation of nursing education, helping to introduce new generations of nurses in order to address increasing healthcare demands. The number of nursing faculty expecting to retire is reported to be 27,000 by 2023 (Daw et al., 2018). As the need to grow the nursing profession is imperative, so is the need for nursing faculty who desire to teach nursing students (Bagley et al., 2018).

Another factor contributing to the nursing faculty shortage is burnout. Burnout is a syndrome characterized by exhaustion, cynicism, and inefficacy (Maslach, 1982). Exhaustion is a stress response that varies according to the individual; cynicism is where a person exhibits negative reactions to their role or job (Maslach, 1982). Inefficacy is the feeling that a person is not making progress or meeting their accomplishments (Maslach, 1982). Factors that lead to burnout include teaching workload, service requirements, working long hours, and lack of work-life balance, which lead to stress (Owens, 2017). Factors that lead to burnout contribute to job dissatisfaction, which negatively affects nursing faculty vacancy rates and the nursing shortage (Thomas et al., 2019).

Mentorship is one recommended strategy to avoid burnout (Thomas et al., 2019). Mentorship is a professional alliance between relational partners who work together to support personal and professional growth, success, and development by providing career and psychological support (National Academies of Sciences, Engineering, and Medicine, 2019). Mentors are influential people who are invested in protégé advancement and serve as role models, counsel, and sponsors to a mentee (Hale, 2018). According to Knowles (2020), novice nursing faculty often describe their faculty roles as overwhelming and leave their faculty position if they do not have support. Mentorship is an essential reason that new faculty continue teaching (Knowles, 2020). Exploration of mentorship as a strategy to avoid burnout will help in terms of addressing the nursing faculty shortage.

EI is the ability to understand emotions and emotional information in order to guide behavior, interactions, and thinking (Salovey & Mayer, 1990). Higher EI levels lead to an increase in professional life success; nevertheless, it is difficult to retain faculty

who are not satisfied with their positions (Aktar & Khan, 2019). The effects of EI on professional success could lead to a better understanding of burnout within nursing faculty, adding to what is known regarding the nursing faculty shortage and burnout.

Wyllie et al. (2020) defined early career academic nurses as those who have not worked more than 7 years after obtaining an academic faculty role. Nursing faculty early in their careers face challenges involving transitioning into a new role, high workload, and lack of support, making them vulnerable to burnout (Wyllie et al., 2020). Nursing faculty early in their career are crucial to addressing the nursing faculty shortage, burnout risks, and developing and maintaining experienced faculty who are needed for the future of nursing (Brody et al., 2016). The Oregon Center for Nursing (2017) said 55.3% of the Oregon state nursing faculty were more likely to leave their nursing faculty position within 5 years and 45.6% were more likely to be teaching overall for 5 or fewer years. The average age of master's prepared nurse faculty is 49.6 to 57.1 years, while doctoral prepared nurse faculty average ages range from 50.9 to 62.6 (AACN, 2020). Higher age averages limit productive years available to teach, and 27,000 nursing faculty are expected to retire by 2023 (Daw et al., 2018). To improve the nursing faculty shortage, retaining new and current nursing faculty is essential.

The shortage of nursing faculty is increasing despite the increasing demand for nurses. Since burnout is a significant factor that drives faculty away from nursing education, research is needed to determine if mentorship and EI prevent burnout.

Purpose of the Study

The purposes of this quantitative study were to determine if there is a relationship between EI and mentorship in terms of burnout among nursing faculty who are in the first 7 years of their career, if there are differences in terms of burnout between nursing faculty who are in the first 7 years of their career and have received mentorship versus those who did not, and if there is a relationship between EI and burnout among nursing faculty during the first 7 years of their careers. The independent variables were mentorship and EI. The dependent variable was burnout. The relationship between burnout, mentorship, and EI within nursing faculty early in their careers was addressed in order to prevent burnout, retain nursing faculty, and address the nursing faculty shortage. This research is unique because it involved addressing a relationship that is specific to nursing education.

Research Questions and Hypotheses

RQ1: What is the effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years?

$H_0$1: There is no effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

H_a1: There is an effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

RQ2: What is the difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship?

$H_0$2: There is no difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

H_a2: There is a difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

RQ3: What is the effect of EI on burnout among nursing faculty early in their career?

$H_0$3: There is no effect of EI on burnout among nursing faculty early in their career.

H_a3: There is an effect of EI on burnout among nursing faculty early in their career.

Theoretical Framework for the Study

Maslach's burnout theory has been used extensively to explain burnout for those dealing with stress in terms of consistent dealings with and caring for others. Burnout theory has three phases: emotional exhaustion, depersonalization, and feeling unproductive (Maslach, 1982). EI and mentorship may be strategies to prevent emotional exhaustion, depersonalization, and low personal accomplishment. Emotional exhaustion is a stress response which results from social interactions due to overextension and increased demands (Maslach, 1982). Depersonalization or cynicism is a response to emotional exhaustion that involves reducing interactions with others to complete job functions without being emotionally involved (Maslach, 1982). Inefficacy or low

personal accomplishment is the third aspect of burnout, characterized by being unproductive due to guilt about reducing interactions (Maslach, 1982). This theory can be used to identify improvements in engagement. By understanding burnout, strategies can be identified to avoid it. More information about Maslach's burnout theory is presented in Chapter 2.

Nature of the Study

I used a quantitative correlational design and comparative analysis. A quantitative correlational design involves measuring associations between two or more variables (Creswell & Creswell, 2018). The quantitative correlational design and comparative analysis were used to determine if there was a relationship between EI and mentorship with burnout in nursing faculty early in their careers. The research design for RQ1 was a correlational design, which involves examining associations between EI and mentorship on burnout. The research design for RQ2 was a comparative analysis which involved examining burnout among those who had a mentor as well as those who did not. The research design for RQ3 was a correlational design that involved examining associations between EI and mentorship for nursing faculty within the first 7 years of their roles.

Definitions

Burnout: Excessive stress at work manifested as emotional exhaustion, depersonalization, and reduced personal accomplishments (Maslach, 1998).

Depersonalization: Coping strategy that leads to negative social interactions with others (Maslach, 1998).

Early career nursing faculty: Nursing faculty within the first 7 years of their careers (Wyllie et al., 2020).

Emotional exhaustion: A subjective feeling where a person experiences overextension and depletion of emotional resources (Maslach, 1998).

Emotional intelligence (EI): A skill which involves accurately assessing emotions of others and appropriately expressing them for communication, understanding, and management (Salovey & Mayer, 1990).

Engagement: A positive state of increased energy, productiveness, and substantial involvement within occupational roles (Maslach & Leitier, 2016).

Mentorship: A relationship where a mentor or guide provides support to another person (Farah et al., 2020).

Nursing faculty: Registered nurse with master's or doctoral degrees in nursing who has a degree in nursing that includes teaching and learning as well as clinical practice (National Council of State Boards of Nursing [NCSBN], 2008).

Personal accomplishment: Feeling of competency and self-efficacy within one's career (Shirom, 2003).

Assumptions

I assumed that the nursing faculty within the sample did not want burnout and perceived it as an adverse event. Responses from participants were assumed to be honest and truthful.

Scope and Delimitations

I addressed the shortage of nursing faculty and nurses, which affects quality of care provided to consumers of healthcare. Burnout was selected as a specific focus because of its effects on retention of nursing faculty, contributing to the nursing faculty shortage and therefore the shortage of nurses. Many factors lead to burnout, such as lack of support, employment requirements, and understaffed organizations (Thomas et al., 2019). Since burnout may occur before nursing faculty leave their roles, exploration of relationships between mentorship, EI, and burnout was necessary.

This study included quantitative data involving the relationship between burnout, mentorship, and EI. Qualitative methods were used to address experiences involving burnout and contributing factors.

The theory that guided this research was Maslach's burnout theory. This theory was used to explain the development of burnout and engagement. I considered the conservation of resources (COR) model, which asserts that individuals are motivated to attain and maintain resources, and threats to resources can lead to burnout (Hobfoll, 1989). Although this theory explains what can lead to burnout, it did not align with my research questions. The areas of work life (AW) model involve six areas of work life that are consistently found in research that correlate with burnout (Maslach & Leiter, 2003). The AW model may help predict job burnout for organizations, but the six aspects: reward, workload, control, fairness, values, and community provide too broad a context to address my research topic.

All participants were nursing faculty who have been teaching for less than 7 years. Nursing faculty with more than 7 years of experience were excluded from the study. This assisted in ensuring that the sample was representative of early career nursing faculty. Nurses who have never taught within a nursing program as well as nursing faculty who have taught for more than 7 years were excluded. Findings from this study may be generalizable to faculty teaching in undergraduate and graduate nursing programs in the US.

Limitations

Findings from this research may not be generalizable to nursing faculty who are not within their first 7 years or those populations who are not nursing faculty. Since quantitative research methods emphasize objective measurements and statistical analysis, my research will not provide detailed narrative accounts of burnout. The results of this study will lack depth regarding the experiences, feelings, and causation of burnout. I conducted this study during the Coronavirus pandemic. The Coronavirus pandemic has put constraints on professional, social, and occupational environments, leading to increased fatigue and possible burnout (Blake, 2020). Finally, for the participants that have received mentorship, I do not ask about the characteristics of the mentorship relationship experienced nor collect information on the length of time or effectiveness of the mentorship relationship. All references to receiving mentorship are limited to the definition of mentorship provided in the survey from a subjective standpoint.

Significance

There is a lack of research available involving EI and mentorship's relationship with burnout. Promoting a work environment that supports emotional needs and a positive environment is needed to address the nursing faculty shortage (Aquino et al., 2018). Exploring burnout in nursing faculty early in their careers will contribute to insights about the roles that mentorship and EI have in preventing burnout and influencing nursing faculty retention. My research will support professional practice by including data that can help identify strategic interventions to prevent burnout and retain nursing. This research may contribute to positive social change by adding information to improve nursing faculty retention. It is vital to have research available to help nurse faculty and academic nursing organizations recognize burnout and apply strategies to avoid it.

Summary

Burnout in early career nursing faculty has major implications for future nurses, nursing academic programs, and nursing faculty. The focus of this study was the relationship between burnout, mentorship, and EI for early career nursing faculty. This chapter included an overview of my research detailing the purpose, theoretical framework, research questions, definitions, scope, and limitations of my study. Chapter 2 includes my literature review and the theory used to guide my study.

Chapter 2: Literature Review

Introduction

The shortage of nursing professionals and faculty continues to be a challenge for the discipline of nursing. During the pandemic, improving healthcare systems and stabilizing the needs of health facilities could depend on improving the shortage of nurses and nursing faculty. One of the major contributors to the nurse faculty shortage is burnout (Thomas et al., 2019). Teaching workload, long hours, lack of work-life balance, and service requirements contribute to burnout of nurse faculty (Owens, 2017). Mentorship has long been a strategy for professional success and is critical for the retention of qualified nurse faculty (Ephraim, 2021). EI is relevant to work-related outcomes and is one way to understand and assess behaviors (Mosca, 2019). As EI increases, so does communication skills (Kurnaz Ay et al., 2021). There are few studies that address effects of mentorship and EI on burnout among nursing faculty and their potential impact.

The nursing shortage is increasing, and there continues to be a lack of initiative to retain nurse faculty. Since burnout is a common phenomenon among nurse faculty and correlates with career dissatisfaction, more research is needed to understand the role that mentorship and EI has on preventing burnout. Research on the relationship between burnout, mentorship, and EI will extend knowledge involving the nursing faculty and nursing shortages.

Antecedents of Burnout

It is important to understand burnout and thus discover modifying factors for burnout is to analyze antecedents. Suner-Soler et al. (2014) said experiences of burnout is

similar, regardless of culture or ethnicity. High job demands and stress had a positive impact on burnout among frontline healthcare workers (Chen & Chen, 2018). High job demands require physical and psychological effort (Chen & Chen, 2018). Maslach and Leiter (1997) said work overload, lack of control, insufficient reward, breakdown of community, absence of fairness, and value conflict cause burnout. Work overload occurs when there is high job demand with limited time to rest and recover (Maslach, 1998). Lack of control can result due to chaotic job conditions or micromanagement, affecting achievement of role expectations (Maslach, 1998). Insufficient reward or lack of recognition diminishes work that people do and can isolate people from one another (Maslach, 1998). Absence of fairness is associated with inequality in terms of workload or salary, causing those affected to feel like they have no voice (Maslach, 1998). When job expectations and personal principles do not match, values conflicts can occur leading to actions that may be deemed unethical. It appears that lack of essential resources is also an antecedent of burnout.

Consequences of Burnout

Consequences of burnout have personal and organizational implications that may not improve without appropriate interventions and strategies. Turnover and absenteeism are consequences of burnout that threaten to affect organizational structure (Maslach, 1998). Additionally, impaired mental health and personal dysfunction are consequences that may lead to substance abuse and familial conflicts (Maslach, 1998). Withdrawal is another consequence of burnout and can have effects that extend beyond the workplace. (Schwab et al., 1986). Negative attitudes, distancing, and spending less time working are

withdrawal effects that disrupt job roles and family due to burnout (Schwab et al., 1986). The purposes of this quantitative study were to determine if there is a relationship between EI and mentorship in terms of burnout among nursing faculty who are in the first 7 years of their career, if there are differences in terms of burnout among these nursing faculty who have received mentorship compared to those who did not, and if there was a relationship between EI and burnout among these faculty.

In this chapter, literature search strategies, theoretical underpinnings, and definition of key variables are presented. Additionally, I present key data that demonstrate a need for my study.

Literature Search Strategy

I completed a detailed search using the following databases: Embase, MEDLINE, ProQuest, PubMed, CINAHL Plus, ScienceDirect, SAGE Journals, PsycTESTS, ScholarWorks, Walden University Library Thoreau, and Ovid Nursing Journals. Search terms were *burnout*, *emotional intelligence*, *nurse*, *faculty*, *educator*, *mentorship*, *nurse faculty*, *nurse educator*, *nurse faculty burnout*, *early career*, *mentor*, *Maslach burnout theory*, *Maslach burnout inventory*, and *faculty mentor*. Due to lack of search results, a wider search was completed . Relevant books were also used for this review, along with seminal articles. Sources were published between 2016 and 2021 in English and non-English text from peer-reviewed journals. No research could be found that included data on nurse faculty and both EI and mentorship. Also, there was little research available involving the impact of EI and mentorship on burnout. To find information, the main

variables EI, mentorship, and burnout were searched separately in conjunction with nurse faculty.

Theoretical Foundation

The process of burnout can be examined through Maslach burnout theory, which guided my study. Maslach (1998) said there were three core dimensions of the burnout experience: exhaustion, depersonalization, and decreased personal accomplishment. Freudenberger (1974) said burnout further manifests itself in different ways depending on individuals and it can occur within a year after beginning at an institution. Physical signs of burnout include exhaustion, fatigue, and gastrointestinal symptoms or colds (Freudenberger, 1974). Behavioral signs of burnout included quickness to anger and frustration and loss of control of emotions (Freudenberger, 1974). Those determined to be at risk for burnout include those who have an intrinsic need to give, those have traits of dedication and commitment, and those who become bored with routines (Freudenberger, 1974).

Maslach (1982) said burnout was excessive stress at work and developed a measurement tool for burnout. Maslach's theory of burnout was used to address the phenomenon of burnout as a broader and established idea. The development of a more multidimensional theory began with exploratory interviews on burnout with health care professionals before it expanded to mental health professionals, and then to other human service professionals (officers, teachers, and those who serve in education) (Maslach, 1998). Field observations were then performed to better understand burnout, before questionnaire survey studies were administered, which led to development of the Maslach

Burnout Inventory (MBI). The MBI is an instrument to measure burnout based on emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Leiter, 2016). The MBI conceptualizes perceptions of self and others.

Emotional Exhaustion

Emotional exhaustion has been described as a subjective feeling resulting from stress from the job (Yuan & Xu, 2020). Emotional exhaustion represents the individual stress component of burnout in which a person experiences overextension and depletion of emotional resources (Maslach, 1998; Shirom, 2003). Other terms used to describe Emotional exhaustion include the loss of energy, depletion, or wearing out (Maslach, 1998). Emotional exhaustion has been specifically noted in jobs with social context such as interactions with colleagues and those that involve constant interaction with people (Yuan & Xu, 2020).

Depersonalization

The term depersonalization is rooted in the term dehumanization (Zimbardo, 1970). Depersonalization was described as a protective mechanism in response to being overwhelmed where a person might be more objective in social interactions with people (Zimbardo, 1970). Depersonalization is described by Maslach (1998) as a coping strategy, that although protective, led to negative social responses that impaired performance. Several job factors have been associated with depersonalization, including high workload and lack of needed resources and support (Maslach, 1998). Other terms used to describe depersonalization include unconcern, hostility, and distancing and is the interpersonal component of the burnout phenomenon (Shirom, 2003). In reaction to EE,

depersonalization is an attempt to distance oneself to make professional demands more manageable (Shirom, 2003).

Reduced Personal Accomplishment

Reduced personal accomplishment refers to a decrease in feelings of competence and low work self-efficacy (Shirom, 2003; Vercambre et al., 2009). Experiences of reduced personal accomplishment include not meeting professional goals and a negative perception of oneself professionally (Maslach & Jackson, 1981). Reduced personal accomplishment is worsened when there is the lack of opportunities for professional growth and support within the workplace (Maslach, 1998).

Engagement

Engagement is the opposing force of burnout. Engagement emerged from continued research about burnout. Engagement can be described using the same dimensions used to describe burnout, except that they are opposite. Instead of exhaustion, there is energy; instead of depersonalization, there is involvement, and instead of reduced personal accomplishment, there is efficacy (Maslach, 1998). Consequently, engagement is associated with allegiance to the organization, fulfillment, contentment within one's role, and organizational involvement (Maslach, 1998). Realizing the connecting continuum of burnout and engagement provides organizational context to develop insight into key strategies to prevent burnout.

EI and Mentorship

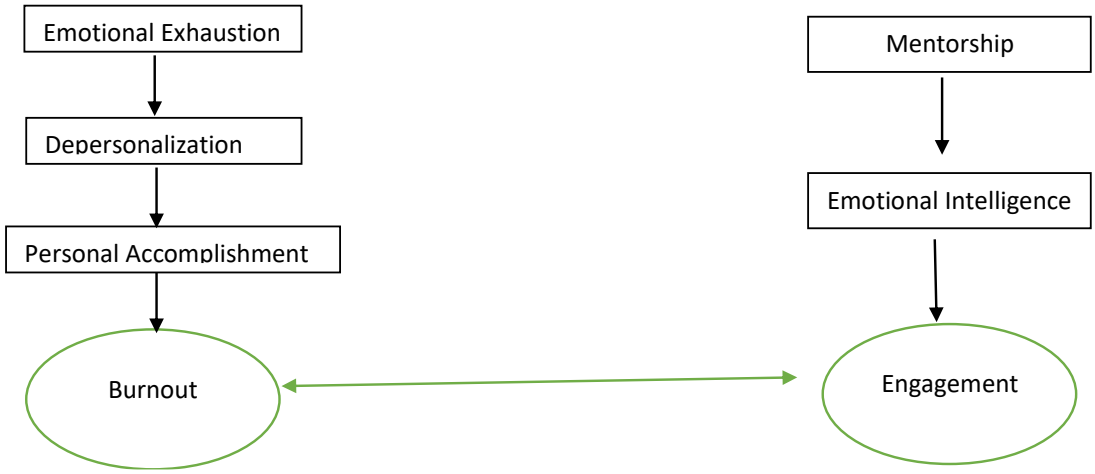
EI has been noted as a skill associated with managing stress. In 1990, Salovey and Mayer defined EI as a skill in which one can accurately assess the emotions of others and

appropriately express their own emotions for use in communication, understanding, and management. EI has been historically studied in relationship to work performance. High EI is associated with more successful workers, being highly engaged, less likely to leave, and reporting decreased burnout levels (Sanchez-Gomez & Breso, 2020).

Mentorship is a strategy organizations use to assist with success within the faculty role (Woo et al., 2019). Mentors are influential people who form a professional alliance with a protégé to serve as role models and counsel for personal and professional growth (Hale, 2018; National Academics of Sciences, Engineering, and Medicine, 2019). Having the support of a mentor can serve as a safeguard against burnout and faculty turnover and improve healthy coping behaviors (Woo et al., 2019). Mentorship is a strategy for professional development that promotes a healthy work environment and increases engagement (Mijares & Radovich, 2020). More engaged employees are more likely to remain with an employer (Mijares & Radovich, 2020). Figure 1 demonstrates the variables that constitute burnout, with engagement displayed on the opposite end of the spectrum with attributing variables. Mentorship and EI both may contribute to engagement, the opposite of burnout.

Figure 1

Model of Burnout and Engagement



Previous Literature

Nurses who experience burnout are likely to have the intention of leaving the profession (Frögéli et al., 2019). In a cross-sectional survey of nurse faculty for accelerated bachelorette of nursing programs, job stress, professional development, and support were significant predictive variables (Donovan & Payne, 2021). In another cross-sectional, descriptive study of nurse faculty with a PhD, opportunities for mentoring were a significant area of dissatisfaction (Loerzel et al., 2021). This study cited the need for increased mentorship of nurse faculty for them to be successful (Loerzel et al., 2021). A mixed-methods study of nurse faculty revealed that more vital interactions and relationships correlated with a lower level of burnout (Owens, 2017). Owens (2017) cited the need for more literature on the lack of support and dissatisfaction expressed by nurse faculty to address the nurse faculty shortage, nursing shortage, and challenge of decreased quality of care and patient safety. Van Zyl and Noonan (2018) described EI as a skill that needs to be developed for nurses to cope with the stressors of the profession.

In a cross-sectional study of nurses during the COVID-19 pandemic, EI was shown to positively correlate with work satisfaction (Soto-Rubio et al., 2020). Considering the emotional demands that a profession within the service sector can have on nurse faculty, more research is needed to address burnout within this population cohesively. Research on mentorship, EI, and burnout within nurse faculty will add to what is known to improve vacancies within academia essential to improving the nursing shortage.

Literature Review of Key Variables

The variables of burnout, EI, and mentorship has been studied as separate aspects within nursing. There is less research on burnout within nurse faculty early in their career who are responsible for educating future bedside nurses. The proposed strategies of mentorship and EI correlate with engagement, the opposite of burnout.

Burnout Among Nursing Faculty

Burnout in nursing is a familiar phenomenon, occurring in about half of the nursing workforce (Kelly et al., 2021). Emotional exhaustion, depersonalization, and decreased personal accomplishment are the three symptoms that characterize burnout, thus contributing to nurses leaving their organizations and the discipline (Kelly et al., 2021). Thomas et al. (2019) used a case study to learn and reflect on strategies to address burnout, including obtaining a mentor, asking for help, and learning when to say “no.” Thomas et al. noted the many factors that contribute to burnout for nursing faculty as a combination of stressors from the workplace and at home. Nursing faculty may become overwhelmed by the multiple responsibilities to their organization, students, and families (Thomas et al., 2019). Despite linkages to dissatisfaction and resignation, few studies

have evaluated solutions to burnout for nursing faculty. Nursing faculty play a crucial role in expanding the nursing workforce and addressing shortages by educating future nurses.

EI in Nursing Faculty

EI was shown to decrease emotional exhaustion and depersonalization while increasing workplace accomplishments (Sanchez-Gomez & Breso, 2020). High EI is associated with improved ability to deal with stress (Mosca, 2019). Therefore, fostering EI in early career faculty could be key to preventing burnout, thus retaining more faculty to address faculty and nursing shortages. There is little research evaluating EI and its relationship to burnout in early career nursing faculty.

Mentoring Nurse Faculty

There is much research on the need for mentoring in nursing faculty, however, there is a lack of available research on how it impacts burnout and its association with EI. Cohen (1995) defined a mentor as a person that is responsible for the growth and development of another person, who is also trustworthy, and who serves as a source of information. Mentees rely on mentors for guidance and for learning unwritten rules essential to guiding their roles as nurse faculty. Ephraim (2021) conducted a qualitative study to examine the effectiveness of mentorship from the perspective of both mentee and mentor and revealed that mentor's perception of effectiveness was higher than the mentees perception of effectiveness. Additionally, research that evaluates mentorship against burnout in early career faculty would address disparities in the literature.

Early Career Nurse Faculty

The shortage of nursing faculty places limitations on enrollment of students and the production of future nurses needed to address shortages (Haddad et al., 2021). Within the next decade, one-third of nursing faculty will be of retirement age (Haddad et al., 2021). Further attributing to the shortage is that new graduate nurses start their careers and leave due to burnout or due to dissatisfaction (Haddad et al., 2021). Early career nurse faculty are of particular importance when addressing the nursing faculty shortage and nursing shortage. According to Jeffers and Mariani (2017), 20% of early career faculty resign within their first year as faculty, and 50% of early career faculty members resign within the first five years. Resignation by nurse faculty early in their career may be due to difficulty meeting expectations of the role (Jeffers & Mariani, 2017). Additionally, faculty retirement further attributes to the nursing faculty shortage (Garner & Bedford, 2021). Freudenberger (1974) predicted that burnout can occur within the first year of starting at an organization. In a qualitative study of early career faculty on the phenomenon of preparedness and professional development, faculty reported feeling inadequately prepared to teach and along with inadequate support within their roles (Gardner & Bedford, 2021).

The COVID-19 pandemic further exacerbated challenges for early career faculty. Transitions for faculty have been reported as stressful, with limited ability to build relationships due to limited social engagement due to the pandemic (Rodriguez et al., 2021). In possible virtual academic environments, early career faculty have minimal time to learn their new roles and must find new ways to engage students virtually. Rodriguez

et al. (2021) recommended the assignment of a mentor to assist early career faculty to being acclimated to new environment and role. Although there are calls for increased support in faculty roles against burnout, little evidence that demonstrate outcomes is available.

Gap in the Literature

The shortage of nurses has unfolded due to expanded health care services and the growth of health care organizations and facilities (Mehdaova, 2017). In response to the nursing shortage, nursing schools have begun to form strategic partnerships with health care facilities (American Association of Colleges of Nursing [AACN], 2020a). Grants are available to help with loan repayment for future nurse faculty, and there have been multimedia initiatives to promote careers in nursing (AACN, 2020a). Despite the many different approaches to the nursing shortage, each year there are approximately 175,900 nurse job openings (AACN, 2020a). In addition to the shortage of nurses, another looming shortage exists of nurse faculty. Current strategies to improve the nurse faculty shortage include increased funding to nursing schools to increase the number of nursing faculty, efforts to increase diversity within faculty roles, and improving efforts to increase graduate education in current nurses (AACN, 2020b). Mentorship for nurse faculty is another approach that may have positive effects on the nurse faculty shortage, but few studies exist that provide data on mentorship outcomes (Jeffers & Mariani, 2017). Despite approaches to the nurse faculty shortage, dissatisfaction and burnout threaten to further add to nurse faculty shortages (Jeffers & Mariani, 2017).

Burnout within nurse faculty is a threat to retention of nurse faculty (Aquino et al., 2018). To add to what is known about preventing burnout in nurse faculty to improve the shortage, variables that have the potential to improve burnout were examined. Mentorship is a long-standing recommendation to improve retention of nurse faculty. Mentorship helps to improve job satisfaction and socialization to the nurse faculty role (Ephraim, 2021). Mentorship may promote engagement, the opposite of burnout. EI involves being aware of and using perceptions of emotions to improve interactions (Soto-Rubio et al., 2020). Due to the interpersonal nature of EI, it may play a role in improving engagement levels of nurse faculty, thus averting burnout.

There are studies on burnout in nurse faculty, however, less research has been conducted on burnout in novice early career faculty or involving the relationship with mentorship and EI. Aquino et al. (2018), found that 25% of 146 doctoral nurse faculty intended to leave their current academic position by examining experience levels but no other variables that may add to or prevent burnout in nurse faculty. Additionally, Aquino et al (2018) found that personal accomplishment burnout levels were low among the group of doctoral nurse faculty, contradicting levels of the other burnout faucets of emotional exhaustion and depersonalization. Similarly, Ephraim (2021) found that the strategy of mentoring new faculty was not always successful because mentors were not effective due to heavy workloads, limited time, and communications of both mentee and mentor. Results showed decreased effectiveness of mentorship, which was a major contributor to burnout (Ephraim, 2021). Despite frequent recommendations for

mentorship as a strategy to retain nurse faculty, the study by Ephraim substantiates the need for more research on novice nurse faculty related to mentorship and burnout.

In a group of 295 certified registered nurse anesthetist (CRNA), Bittinger et al. (2020) found that those with a moderately high level of EI were able to handle stress levels moderately well. Similarly, Sanchez-Gomez and Breso (2020) found that in a group of multioccupational Spanish workers, those with higher levels of EI had decreased levels of emotional exhaustion and depersonalization and increased personal accomplishment. Soto-Rubio (2020) found that in a group of 125 Spanish nurses that higher EI might lead to increased job satisfaction. Although the results of these studies clearly indicated an inverse relationship between EI and burnout in the studied populations, the results are not clarified for nurse faculty early in their careers. Additionally, mentorship as a variable was not considered in the relationship between burnout and EI, validating a need for research that examines both mentorship and EI on burnout.

Bryan and Aytes (2021) found no significant difference in the EI of college students who participated in mentoring facilitated using a smartphone application to those who did not. In contrast, Fisher and Stanyer (2018) found that a peer mentoring model enhanced EI in midwifery students who participated in mandatory and optional mentoring activities. Similarly, Morton and Gil (2019) found that mentorship helped a group of 15 faculty members maintain physical and mental wellness during their first three years within their organizations (early careers). Research to clarify the relationship

between mentorship and burnout is needed to inform how to retain early career nurse faculty and address the nurse faculty shortage.

Faculty within their early careers are more likely to experience burnout than more experienced faculty (Woo et al., 2019). Woo et al (2019) found that burnout within early career faculty was predictive of intent for turnover for 106 faculty at universities within the United States (US). However, Cherniss (1992) found that faculty in their early careers who experienced burnout had no significant long-term consequences and did not intend to change their careers based on their experience of burnout. Therefore, research was needed to determine the effects of mentorship and EI on burnout in the early career nurse faculty population.

Summary and Conclusions

According to the AACN (2020a), the shortage of nurses will continue to grow between the years 2016 and 2030. The shortage of nurses is due to the limited number of available faculty and the retirement of the nursing workforce (AACN, 2020b). Addressing a shortage of nurses is impractical without exploring the nurse faculty who play a major role in the development of nurses. Work overload is a major contributor to the phenomenon of burnout, often ending in turnover for many professions. Early career nurse faculty experience trouble meeting expectations of the faculty role, with 20% leaving within the first 5 years (Jeffers & Mariani, 2017). More research is needed on how nurse faculty can be retained and how burnout can be prevented to make progress towards the nursing and nurse faculty shortage. Based on the review of literature, there is

research on burnout, but little research on burnout in early career nursing faculty that examines the effectiveness of both mentorship and EI.

Chapter 3 includes information about how a correlational design and comparative analysis were used to examine the relationship between mentorship, EI, and burnout.

Chapter 3: Research Method

Introduction

The purposes of this quantitative study were to determine if there is a relationship between EI and mentorship in terms of burnout among nursing faculty who are in the first 7 years of their career, if there are differences in terms of burnout among these faculty who have received mentorship versus those who did not, and if there is a relationship between EI and burnout among nursing faculty early in their career. In this chapter, I reviewed the methodology, sampling procedures, data collection procedures, instrumentation, and operationalization of constructs, along with threats to validity.

Research Design and Rationale

The research design for RQ1 and RQ3 were correlational and RQ2 was a comparative analysis. For RQ1, the predictor variables were mentorship and EI. EI was measured using the Schutte Self Report Emotional Intelligence Test (SSREIT). The outcome variable was burnout and was measured in terms of emotional exhaustion, depersonalization, and personal accomplishment using the MBI-Educators Survey (MBI-ES). For RQ2, the independent variable was mentorship, and the dependent variable was burnout. Respondents were asked whether they received mentorship or not. Burnout was measured in terms of emotional exhaustion, depersonalization, and personal accomplishment using the MBI-ES. For RQ3, the predictor variable was EI. EI was measured using the SSREIT. The outcome variable was burnout and measured using the MBI-ES.

Recruitment of an appropriate number of participants, calculated using my power analysis, was a time and resource constraint. A quantitative correlational and comparative design was used to provide statistical evidence needed to better understand burnout and its relationship with mentorship and EI to retain nursing faculty early in their careers. This information may assist in terms of developing strategies to improve burnout for nursing faculty early in their careers.

Methodology

Population

My target population was nursing faculty who had less than 7 years of teaching experience. There are approximately 10,568 full time nursing faculty across the US (National League for Nursing [NLN], 2020).

Sampling and Sampling Procedures

Convenience sampling, snowball sampling, and social media were used for this study. Convenience sampling is a nonrandom sampling technique that involves using available participants in a target population (Johnston & VanderStoep, 2009). Nonprobability convenience sampling involves ease of access to available participants but may limit generalizability of results. Participants were registered nurses who teach in an academic nursing education program (undergraduate, certificate, or graduate) for less than 7 years, with a minimum of a master's degree. Nurses who did not hold a master's degree and those who do not teach within a nursing academic program were excluded from this study.

I determined associations between variables as well as their significance using a power analysis. A medium effect size is of practical importance to strengthen the meaningfulness of the strength of relationship between variables (Warner, 2013). An alpha value of 0.05 and power of 0.80 is conventionally used in research for the purpose of showing statistical significance (Creswell & Creswell, 2018).

I conducted a power analysis for multiple linear regression to determine a sample size for RQ1 using G*Power version 3.1.9.4. A sample size of 55 was determined using a medium effect size of .15 and a power of 0.80. It took one month to recruit the sample size for my study.

I conducted a two tailed *t* test analysis using G*Power to determine a sample size for RQ2. A sample size of 64 for each group was determined using a medium effect size of 0.3, along with an alpha of .05 and power of 0.80.

I conducted a power analysis for RQ3 for multiple regression using G*Power. A sample size of 55 was determined with a medium effect size of .15, along with an alpha of 0.05 and a power of 0.80.

Procedures for Recruitment, Participation, and Data Collection

I recruited 139 individuals through social media using convenience and snowball sampling. I recruited: nursing faculty with less than 7 years of experience. One US-based nursing organization assisted to recruit participants by including my study's purpose, recruitment criteria, and link as a part of a weekly eblast sent by their communications department to organizational members who have opted to receive eblasts on their member profile. A post was created on a Facebook doctoral group and a second national nursing

organization's community board asking for participants who met requirements of being nursing faculty for less than 7 years. Participants were asked to forward surveys to any friends or colleagues who met inclusion criteria.

Potential participants reviewed the invitation to participate (see Appendix B) in the study via a SurveyMonkey online survey, and if interested, proceeded to complete the screening questions. Two screening questions were asked: Are you or have you ever served in the role of nursing faculty in a nursing program within the US? Do you have less than 7 years of experience as nursing faculty? After screening questions were completed, if the participant met the criteria and answered yes to both questions, then they were forwarded to the informed consent form. The informed consent form included information regarding the purpose of the research, along with how the information would be used. If consent was provided, demographic question information was collected, such as age, gender, years of teaching experience, type of program they work within, highest degree earned, and whether participants had mentorship while in their roles as nursing faculty (see Appendix A). Mentorship was defined for participants as having a mentor who supports and serves as role model in terms of professional and personal growth (Mijares & Radovich, 2020; Woo et al., 2019). Demographic screening was followed by the SSREIT for EI survey. The next screen contained a form to complete the MBI-ES. Participation in the survey ended after completion of the MBI-ES survey. Demographic information was delinked to provide anonymity and confidentiality. After participants finished answering questions, a thank you screen appeared, and then the screen closed.

Instrumentation and Operationalization of Constructs

MBI-ES

To operationalize the three components of burnout (EE, depersonalization, and reduced personal accomplishment), the MBI-ES was used. The MBI was developed in 1981 and administered to a variety of healthcare and service occupations with the purpose to assess burnout at the workplace and develop effective interventions. The MBI-ES was developed in 1996 after rising concerns about teacher burnout (Maslah et al., 1996). It is a 22-item survey that takes 10 to 15 minutes to complete. A purchase license for each use was required to use the MBI-ES. I covered the cost of the purchase license. The MBI-ES was appropriate for my research study based on its identified purposes to assess burnout and develop effective interventions against it.

Internal reliability of the MBI-ES has shown Cronbach's alpha scores of .90 for emotional exhaustion, .76 for depersonalization, and .76 for personal accomplishment (Coultas, 2021). Test-retest reliability estimates were established due to the varying work environments for educators and are lower than estimates for internal reliability. The test-retest reliability estimates in a sample of 248 educators were .60 for emotional exhaustion, .54 for depersonalization, and .57 for personal accomplishment (Coultas, 2021). Validity of the MBI-ES has been established through consistent interpretation in different studies that assess burnout using the three subscales (emotional exhaustion, depersonalization, and personal accomplishment) and its correlation to aspects of the work experience (Coultas, 2021). Variations within the work experience of educators such as workload, social support, supervision, and the role conflict were correlated with

emotional exhaustion, depersonalization, and personal accomplishment (Coultas, 2021). A meta-analysis involving 116 studies with educators at the elementary, secondary, and middle school level determined that job demands were associated with EE, depersonalization, and personal accomplishment (Coultas, 2021).

SSREIT

To operationalize EI, the SSREIT was used and is also known as the Emotional Intelligence Scale and Assessing Emotional Intelligence. The SSREIT was developed based on the EI theory from Salovey and Mayer (1990) and its purpose is to measure the ability of a person to identify, interpret, and manage the emotions of themselves and others (Schutte et al., 1998). The SSREIT was initially a 62-item survey but was later revised to a 33-item survey through factorial analysis (Schutte et al., 1998). Permission to use this test is free for research purposes (see Appendix C). The SSREIT was appropriate for my research study because it measures EI by measuring the ability to identify and succeed in governing those emotions, which may be relevant to the burnout of nursing faculty within their first 7 years of their career.

The SSREIT has a Cronbach's alpha reliability rating of 0.90 (Schutte et al., 1998). A test-retest reliability score of 0.78 was determined after having 28 participants take the 33-item scale twice, with two weeks in between measurements (Schutte). Findings showed stability over time (Schutte). Validity of the SSREIT is confirmed through measurement of theoretically related constructs for EI such as optimism, regulation of emotion, awareness of emotion, and expression of emotion (Schutte et al., 1998). Between group differences were used to further validate the scale. Therapists were

shown to have a higher score than persons in a substance abuse program and those in prison (Schutte et al., 1998). Women were shown to have a higher score than men (Schutte et al., 1998). Internal consistency score for the SSREIT was Cronbach alpha 0.87.

Operationalization

Burnout was operationalized and measured on the subscales of EE, depersonalization, and personal accomplishment using the MBI-ES. The summative score for each subscale was used to indicate burnout. A higher score for EE and depersonalization indicates burnout, while a lower score for personal accomplishment will indicate burnout (Coultas, 2021).

Depersonalization was operationalized and measured using five questions to assess burnout in educators from the MBI-ES. The mean scale score of items 5, 10, 11, 15, and 22 was used along the 7-point scale to determine if depersonalization is present. The MBI-ES uses a 0 (Never) to 6 (Every day) response scale to indicate how often the statements of the survey items apply.

Emotional exhaustion was measured using nine questions from the MBI-ES. The mean score of items 1, 2, 3, 6, 8, 13, 14, 16, and 20 was used along the 7-point scale to determine if EE is present. The MBI-ES uses a 0 (Never) to 6 (Every day) response scale to indicate how often the statements of the survey items apply.

EI was operationalized and measured using the 33-item SSREIT scale. The SSREIT was scored using a scale from (1) strongly disagree to (5) strongly agree. To calculate EI, the sum of each item score and the reverse score of items 5, 28, and 33 was

calculated. The total of the 33 items (using the reverse score of 5, 28, and 33) was used to determine EI. A score of under 111 is considered low and a score above 137 is considered high (Schutte et al., 1998).

Mentorship was operationalized and measured by asking the respondents to answer yes or no to whether they had received mentorship or not on the demographic data sheet (see Appendix A).

Personal accomplishment was operationalized and measured using eight questions from the MBI-ES. The MBI-ES uses a 0 (Never) to 6 (Every day) response scale to indicate how often the statements of the survey items apply. The mean scores of items 4, 7, 9, 12, 17, 18, 19, and 21 was used to determine if reduced personal accomplishment is present.

Data Analysis Plan

SPSS software version 28.0.1 was used for statistical analysis. I cleaned and screened the data by screening for potential abnormalities and missing values. Surveys with missing information were deleted or inscribed with a missing value code.

RQ1: What is the effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years?

H_01: There is no effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

H_a1: There is an effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

For RQ1, I used a multiple regression analysis to predict burnout scores of EE, depersonalization, and personal accomplishment from EI and mentorship. I used multiple regression because there are two independent variables. Data assumptions for multiple regression include homoscedasticity, multivariate normality, and no multicollinearity linearity (Warner, 2013). Scatterplots were used to test assumptions. Results were interpreted using percent of variance.

RQ2: What is the difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship?

$H_0 2$*:* There is no difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

$H_a 2$*:* There is a difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

For RQ2, I used a two-tailed *t*-test to compare scores on burnout to those who have had mentorship to those who have not. The presence or absence of mentorship was used to define the groups and scores of EE, depersonalization, and personal accomplishment were be used to measure burnout. Data assumptions for a two-tailed *t*-test are that the group data are obtained via random sample, data are normally distributed, variances are equal, and data values are continuous (Warner, 2013). Levene tests and histograms can be used to check the assumptions (Warner, 2013).

RQ3: What is the effect of EI on burnout among nursing faculty early in their career?

$H_0$3: There is no effect of EI on burnout among nursing faculty early in their career.

H_a3: There is an effect of EI on burnout among nursing faculty early in their career.

For RQ3, I used multiple regression analysis to determine what proportion of variance in burnout is uniquely predicted by EI. Data assumptions for multiple regression include homoscedasticity, multivariate normality, and no multicollinearity linearity (Warner, 2013). Scatterplots can be used to test the assumptions (Warner, 2013). Results were interpreted using percent of variance.

I calculated a Cronbach's alpha for the MBI-ES and the SSREIT.

Threats to Validity

History was a potential threat to the internal validity related to the length of time that the faculty member had served in their role. Regression to the mean was avoided by requiring screening questions before participation in the study. Selection was a potential threat because participants were those who have less than 7 years of experience within the nurse faculty role. A larger sample size will be used to account for mortality along with clear communication about how long the survey will take.

External validity threats can occur when data are generalized beyond the population or setting studied (Creswell & Creswell, 2018). It is important to not make claims that do not generalize to the population outside of the participants. Since my

research did not include a treatment, interaction of selection and treatment, setting and treatment, and history and treatment were not threats. Statistical conclusion validity threats were avoided by not violating statistical assumptions and not drawing inaccurate conclusions (Creswell & Creswell, 2018).

Ethical Procedures

IRB approval was obtained from Walden University (approval #02-01-22-0467465). IRB approval was required for one of the national nursing organizations to be a part of their weekly blast email that will contain information about my research study and a link to the study. Postings for the recruitment of participants was allowed in the Facebook doctoral group and within the second national organization's community board. For permission to administer the MBI-ES, I obtained permission licenses for each survey from Mind Garden (see Appendix D), an independent publisher for copyrighted tools. Permission to use the SSREIT was free and is available in Appendix C.

A potential ethical concern was the fear of participants that their responses were available to the nursing organization or academic institution in which they work. This concern was addressed by informing the participants that information collected were not reported to the organization nor academic institutions and de-identified. The informed consent form detailed how the information was used and that their name or identifying information would not be collected.

Another potential concern was full completion of the survey due to the MBI-ES and SSREIT taking approximately 15-30 minutes to complete. To address this concern, participants were notified of how long it will take to complete the survey in the invitation

for participation and within the informed consent form. Participants were informed of how important it is to complete all items in the survey.

Both demographic and survey data was anonymous, downloaded, and stored on my personal computer that was password protected. The data were available to Walden statisticians, my chair, and committee members to assist in support for statistical analysis. Data was published within my dissertation into ProQuest and will be destroyed after 5 years.

Summary

The methodology for this study was a quantitative study with a correlational and comparative design. Participants for my research study were nursing faculty who have less than 7 years' experience. Using the MBI-ES and SSREIT scales, participants took a survey to determine the relationship between EI, mentorship, and burnout. Multiple regression and *t* test analysis were used to answer the research questions and report findings. I present the results in Chapter 4.

Chapter 4: Results

The purposes of this quantitative study were to determine if there is a relationship between EI and mentorship in terms of burnout among nursing faculty who are in the first 7 years of their career, if there are differences in terms of burnout among these nursing faculty who have received mentorship versus those who did not, and if there is a relationship between EI and burnout among these faculty. Research questions and hypotheses are as follows:

RQ1: What is the effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years?

$H_0 1$: There is no effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

$H_a 1$: There is an effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

RQ2: What is the difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship?

$H_0 2$: There is no difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

$H_a 2$: There is a difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

RQ3: What is the effect of EI on burnout among nursing faculty early in their career?

$H_0$3: There is no effect of EI on burnout among nursing faculty early in their career.

H_a3: There is an effect of EI on burnout among nursing faculty early in their career.

This chapter includes information about data collection, results of the study, and a summary of research findings based on my research questions.

Data Collection

Institutional Review Board (IRB) approval was obtained on February 3, 2022 (#02-01-22-046746). I provided one nursing organization with my research study invitation and link. The link and study invitation were sent as a one-time email blast to members. I also posted my study invitation on a nursing organization's community board a total of three times over a period of 3 weeks. The study flyer was posted on a doctoral group on Facebook a total of three times, and my study information was also sent to 18 publicly available deans or chairs of nursing programs throughout the US. Additionally, my study invitation and link were posted to the Walden University Participant Pool webpage. The survey closed on February 28, 2022 with 207 responses and 142 completed responses, yielding a 69% response rate.

Descriptive Statistics

The final total sample size was n = 139. The sample consisted mostly of women who were 31-40 years old. Most of the respondents were also Caucasian and were

master's prepared. Finally, 71.2% of the participants reported having mentors for their faculty role compared to 28.8% who reported not having a mentor.

Sample

For RQ1 and RQ3, I conducted a power analysis using G*Power to determine the appropriate sample size for multiple regression. A sample size of 55 was determined using a medium effect size of .15 along with an alpha of 0.05 and power of 0.80. My final sample consisted of 140 nursing faculty, enough to generalize to nursing faculty within the US.

For RQ2 and RQ1, I calculated a power analysis using G*Power to determine the appropriate sample size. I used a two tailed independent *t*-test with a medium effect size (f 2= .5), $\alpha = .05$, and a power of .8, which yielded a sample size of 64 for each group (total of 128). My final sample consisted of 102 mentored nursing faculty and 40 non-mentored nursing faculty.

Changes to Data Analysis Plan

I initially planned to analyze my data using multiple regression. However, I discovered that the MBI-ES survey used to assess burnout would not produce a total burnout score. The MBI-ES measures burnout using three subscales of burnout (emotional exhaustion, depersonalization, personal accomplishment) with three separate scores. Since I have three dependent variables for burnout, I used multivariate analysis of variance (MANOVA) to analyze data and answer research questions.

Results

The final total sample size was *n* = 139. The sample consisted of 95% (*n* = 132) females and 5% males (*n* = 7). Most of the respondents were 31-40 years old (28.8%; *n* = 40), followed by those who were 51-60 years old (27.3%; *n* = 38), and then 41-50 years old (26.6%; *n* = 37). Most of the respondents were Caucasian (74.1%; *n* = 103), followed by Black (17.3%; *n* = 24), Hispanic (4.3%; *n* = 6), and those who reported other as their ethnicity (1.4%; *n* = 2). Most of the respondents reported their educational preparation as master's prepared (58.3%; *n* = 81), followed by those who were doctoral prepared (41.0%; *n* = 57), and bachelor's prepared (0.70%; *n* = 1). Finally, 71.2% (*n* = 99) reported having mentors for their faculty role compared to 28.8% (*n* = 40) who reported not having a mentor.

Table 1

Descriptive Statistics

Variable	N	%
Female	132	95%
Male	7	5%
Age 21-30	10	7.1%
Age 31-40	40	28.8%
Age 41-50	37	26.6%
Age 51-60	38	27.3%
Age 61-70	13	9.4%

Age 71-80	1	,7%
Bachelor prepared	1	.7%
Masters prepared	81	58.3%
Doctoral prepared	58	41.0%
Less than 1 year experience	13	9.4%
1-2 years of experience	28	20.1%
3-4 years of experience	43	30.9%
5-7 years of experience	55	39.6%
Received mentorship	99	71.2%
Did not receive mentorship	40	28.6%

Note. $N = 139$

The mean of the SSREIT scale for emotional intelligence among the sample =130.51 which indicates a moderate EI level. The subscales of burnout are emotional exhaustion, depersonalization, and personal accomplishment and are scored on a 1 to 6 range, with the higher number indicating higher frequency of experiencing the feelings of emotional exhaustion, depersonalization, and personal accomplishment. The mean emotional exhaustion score for the sample was 2.77, indicating that the sample size on average report feeling emotional exhaustion a few times a month. The mean depersonalization score for the sample was 1.12, indicating that the sample on average experience feelings of depersonalization a few times a year or less. The mean personal accomplishment score was 4.67 indicating that the feeling is experienced on average a few times a week by the sample.

RQ1

RQ1: What is the effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years?

$H_0$1: There is no effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

H_a1: There is an effect of EI and mentorship on burnout among nursing faculty who have been in their role less than 7 years.

Testing of Assumptions for RQ1

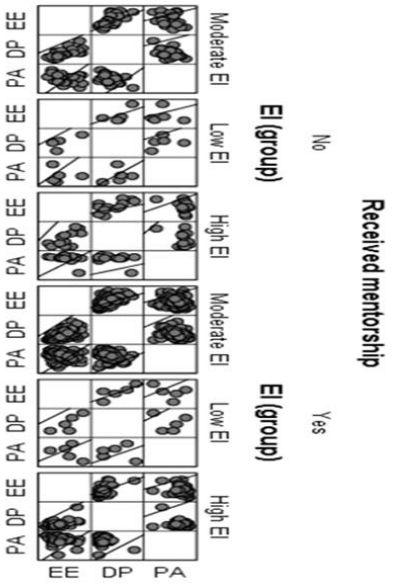
Assumptions for MANOVA include that there are two or more dependent variables that are measured on a continuous level. The dependent variables for each research question are subscales for burnout (emotional exhaustion, depersonalization, and personal accomplishment). The independent variables used in the research questions are mentorship, categorized by receiving it; yes or no and EI, categorized as low, moderate, and high. There is independence of observations because there is no relationship between the observations in each group of the independent variables. There was an adequate sample size for MANOVA at 139 total participants.

Linearity

A matrix scatter plot with a regression line was used to test the linearity assumption (Figure 2). The results show that the assumption of linearity was not violated, as the scatter plots for each variable show a linear trend. The null hypothesis is that the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment) have a normal distribution.

Figure 2

Matrix Scatterplot Display for Linearity



Normality

The Shapiro-Wilks test was also used to determine the study's normality. The Shapiro-Wilks test for dependent variables were $p = .002$ (emotional exhaustion), $p = .000$ (depersonalization), and $p = .000$ (personal accomplishment). The Shapiro-Wilks indicated that the data were not normally distributed ($p > 0.05$) which indicates that the data sets used in this study were not generated by a normal distribution. This violates the normality assumption for the MANOVA test.

Multicollinearity

Given that the data was not normally distributed, the correlation was evaluated using the Spearman rank correlation. Based on the test results, it was determined that there is no multicollinearity because none of the correlation coefficients exceed 0.90. In

terms of association, it was discovered that emotional exhaustion and depersonalization have a significant positive relationship (p = .000). Personal accomplishment, on the other hand, had a significant negative association with emotional exhaustion (p = .002) and depersonalization (p = .000). As emotional exhaustion score increased, the depersonalization score also increases. Then as the personal accomplishment score increases the emotional exhaustion and depersonalization score decreases.

Outliers

The Mahalanobis distance test was used to identify outliers for the three (3) dependent variables emotional exhaustion, depersonalization, and personal accomplishment. Mahalanobis distance values were compared against a critical value of 16.27 at a $p < 0.001$ significance level. Rows with computed Mahalanobis values greater than 16.27 were considered outliers and were eliminated. Only one outlier value was identified in this study, and the row was removed.

Homogeneity of Variance

The null hypothesis for this test is that the variances of the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment) are homogeneous. The assumption was tested using the Levene's test, and the results showed that the variance based on the mean for all the dependent variables is homogeneous, with $p > .05$ (emotional exhaustion p = .868; depersonalization p = .862; personal accomplishment p = .637). Thus, the assumption of variance homogeneity was not violated. There was homogeneity of covariance matrices, as assessed by Box's M test (p = .99).

Results for RQ1

I used a two-way MANOVA with two independent variables, mentorship and EI and three dependent variables, emotional exhaustion, depersonalization, and personal accomplishment. The combined emotional exhaustion, depersonalization, and personal accomplishment dependent variables were used to assess burnout. Based on the findings, the dependent variables (emotional exhaustion; $p = .18$, depersonalization; $p = .15$, personal accomplishment; $p = .22$) were not significant in explaining the differences ($p > 0.05$) between the interaction of EI and Mentorship, $F (6, 264) = 2.023$, $p = .063$, Pillai's trace = .088, partial eta squared = .044. The "Partial Eta Squared" value, which represents the R-squared value, was recorded as 0.044, a small effect size. This means that only 4.4 percent of the differences in the interaction between EI and Mentorship can be explained by the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment). Therefore, the null hypothesis is accepted.

RQ2

RQ2: What is the difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship?

H_02: There is no difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

H_a2: There is a difference in terms of burnout among nursing faculty who have been in their role less than 7 years and who receive mentorship compared to nursing faculty who do not receive mentorship.

Testing of Assumptions for RQ2

Assumptions for MANOVA include that there are two or more dependent variables that are measured on a continuous level. The dependent variables for each research question are subscales for burnout (emotional exhaustion, depersonalization, and personal accomplishment). The independent variable used in the research question two is mentorship, categorized by receiving it, yes or no. There is independence of observations because there is no relationship between the observations in each group of the independent variable. There was an adequate sample size for MANOVA, at 139 total participants.

Linearity

I tested for linearity using a matrix scatter plot with a regression line (Figure 1). The results show that the assumption of linearity was not violated, as the scatter plots for each variable show a linear trend. The null hypothesis is that the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment) have a normal distribution.

Normality

The Shapiro-Wilks test was also used to determine the study's normality. The Shapiro-Wilks test for dependent variables were $p = .002$ (emotional exhaustion), $p = .000$ (depersonalization), and $p = .000$ (personal accomplishment). The Shapiro-Wilks

indicated that the data were not normally distributed ($p > 0.05$) which indicates that the data sets used in this study were not generated by a normal distribution. This violates the normality assumption for the MANOVA test.

Multicollinearity

Given that the data was not normally distributed, the correlation was evaluated using the Spearman rank correlation. Based on the test results, it was determined that there is no multicollinearity because none of the correlation coefficients exceed 0.90. In terms of association, it was discovered that emotional exhaustion and depersonalization have a significant positive relationship ($p = .000$). Personal accomplishment, on the other hand, had a significant negative association with emotional exhaustion ($p = .002$) and depersonalization ($p = .000$). As emotional exhaustion score increased, the depersonalization score also increases. Then as the personal accomplishment score increases the emotional exhaustion and depersonalization score decreases.

Outliers

The Mahalanobis distance test was used to identify outliers for the three (3) dependent variables emotional exhaustion, depersonalization, and personal accomplishment. Mahalanobis distance values were compared against a critical value of 16.27 at a $p < 0.001$ significance level. Rows with computed Mahalanobis values greater than 16.27 were considered outliers and were eliminated. Only one outlier value was identified in this study, and the row was removed.

Homogeneity of Variance

The null hypothesis for this test is that the variances of the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment) are homogeneous. The assumption was tested using the Levene's test, and the results showed that the variance based on the mean for all the dependent variables is homogeneous with $p > 0.05$ (emotional exhaustion $p = .859$; depersonalization $p = .266$; personal accomplishment $p = .307$). Thus, the assumption of variance homogeneity was not violated. There was homogeneity of covariance matrices, as assessed by Box's M test ($p = .91$).

Results for RQ2

Data is expressed as mean ± standard deviation. Faculty that received mentorship had lower burnout scores, with lower subscale scores for emotional exhaustion and depersonalization, but higher personal accomplishment scores (2.53 ± 1.46, 1.00 ± 0.97, 4.73 ± .92). Faculty that did not have mentorship had higher burnout scores, with higher emotional exhaustion and depersonalization, and lower personal accomplishment (3.35 ± 1.48, 1.45 ± 1.09, 4.50 ± 1.08). There was a statistically significant difference between those who had mentorship and those who did not receive mentorship on the dependent variables, $F (3, 135) = 3.07$, $p = .03$, Pillai's Trace = .064, partial eta squared = .064 (a medium effect size). I did not perform post-hoc tests for mentorship because there were fewer than three groups. Therefore, the null hypothesis is rejected.

RQ3

RQ3: What is the effect of EI on burnout among nursing faculty early in their career?

$H_0$3: There is no effect of EI on burnout among nursing faculty early in their career.

H_a3: There is an effect of EI on burnout among nursing faculty early in their career.

Testing of Assumptions for RQ3

Assumptions for MANOVA include that there are two or more dependent variables that are measured on a continuous level. The dependent variables for each research question are subscales for burnout (emotional exhaustion, depersonalization, and personal accomplishment). The independent variable is EI, categorized as low, moderate, and high. There is independence of observations because there is no relationship between the observations in each group of the independent variables. There was an adequate sample size for MANOVA at 139 total participants.

Linearity

I tested for linearity by using a matrix scatter plot with a regression line (Figure 1). The results show that the assumption of linearity was not violated, as the scatter plots for each variable show a linear trend. The null hypothesis for linearity is that the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment) have a normal distribution.

Normality

The Shapiro-Wilks test was also used to determine the study's normality. The Shapiro-Wilks test for dependent variables were $p = .002$ (emotional exhaustion), $p = .000$ (depersonalization), and $p = .000$ (personal accomplishment). The Shapiro-Wilks indicated that the data were not normally distributed ($p > 0.05$) which indicates that the data sets used in this study were not generated by a normal distribution. This violates the normality assumption for the MANOVA test.

Multicollinearity

Given that the data were not normally distributed, I evaluated the correlation using the Spearman rank correlation. Based on the test results, I determined that there is no multicollinearity because none of the correlation coefficients exceed 0.90. In terms of association, I discovered that emotional exhaustion and depersonalization have a significant positive relationship ($p = .000$). Personal accomplishment, on the other hand, had a significant negative association with emotional exhaustion ($p = .002$) and depersonalization ($p = .000$). As emotional exhaustion score increased, the depersonalization score also increases. Then as the personal accomplishment score increases the emotional exhaustion and depersonalization score decreases.

Outliers

I used the Mahalanobis distance test to identify outliers for the three (3) dependent variables emotional exhaustion, depersonalization, and personal accomplishment. I compared the Mahalanobis distance values against a critical value of 16.27 at a $p < 0.001$ significance level. Rows with computed Mahalanobis values greater

than 16.27 were considered outliers and were eliminated. Only one outlier value was identified in this study, and the row was removed.

Homogeneity of Variance

The null hypothesis is that the variances of the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment) are homogeneous. The assumption was tested using the Levene's test, and the results showed that the variance based on the mean for all the dependent variables was homogeneous, with $p > .05$ (emotional exhaustion $p = .809$; depersonalization $p = .404$; personal accomplishment $p = .267$). Thus, the assumption of variance homogeneity was not violated. There was homogeneity of covariance matrices, as assessed by Box's M test ($p = .75$).

Results for RQ3

Faculty with low EI had higher burnout scores, by means of high EI and depersonalization scores, and lower personal accomplishment scores (3.38 ± 1.34, 2.42 ± 1.05, 3.47 ± 1.11). Faculty with moderate EI (2.88 ± 1.48, 1.17 ± .98, 4.58 ± .83) had lower burnout scores than those with low EI, but higher burnout scores than faculty with high EI. Faculty with high EI had lower burnout scores than faculty with low and moderate EI, with lower emotional exhaustion and depersonalization scores, and higher personal accomplishment (2.41 ± 1.54, .76 ± .88, 5.09 ± .92). There was a statistically significant difference between EI scores on the combined dependent variables (emotional exhaustion, depersonalization, and personal accomplishment), $F (6, 270) = 6.68$, $p < .0001$, Pillai's Trace = .26, partial eta squared = .129.

There was not a statistically significant different in EE scores between faculty with low, moderate, and high EI, F (2, 136) = 5.25, p = .09, Pillai's trace = 10.51, partial eta squared .033. There was a statistically significant difference in DP scores between faculty with low, moderate, and high EI scores, F (2, 136) = 11.39. p < .0001, Pillai's trace =22.79, partial eta squared = .156. There was a statistically significant difference in PA scores between faculty with low, moderate, and high EI scores, F (2, 136) = 11.53. p < .0001, Pillai's trace =23.06, partial eta squared = .177

Given the existence of a significant difference in depersonalization and personal accomplishment, and the factor EI had more than two (2) groups, I conducted a post-hoc test. There was a decrease in depersonalization score from 2.42 ± 1.05 in the low EI group to 1.17 ± .97 in the moderate EI group, a decrease of 1.24 (95% CI, 0.49 to 2.00), which was statistically significant (p <.0001). There was a decrease in depersonalization score from 2.42 ± 1.05 in the low EI group to .76 ± .88 in the high EI group, a decrease of 1.65 24 (95% CI, 0.86 to 2.44), which was statistically significant (p <.0001). There was a decrease in depersonalization score from 1.17 ± .97 in the moderate EI group to .76 ± .88 in the high EI group, a decrease of .41 (95% CI, -0.01 to 0.82), which was not statistically significant (p =.058).

There was an increase in personal accomplishment score from 3.47 ± 1.11 in the low EI group to 4.58 ± .83 in the high EI group, an increase of 1.11(95% CI, 0.41 to 1.80), which was statistically significant (p = .001). There was an increase in personal accomplishment score from 3.47 ± 1.11 in the low EI group to 5.09 ± .92 in the high EI group, an increase of 1.61 (95% CI, 0.88 to 2.35), which was statistically significant (p <

.000!). There was an increase in personal accomplishment score from 4.58 ± .83 in the moderate EI group to 5.09 ± .92 in the high EI group, an increase of .51 (95% CI, 0.12 to 0.90), which was statistically significant (p = .006). Based on the descriptive summary table (Table 2) I can deduce depersonalization scores are higher for the low EI group than the moderate and high EI group scores. It can also be said that the group with high EI has statistically significantly higher personal accomplishment scores than the low EI and moderate EI groups and that the moderate EI group has a statistically significantly higher personal accomplishment score than the low EI group.

Table 2

Difference in Mean Burnout Subscales for EI

Emotional Intelligence Score	Low	Moderate	High
Personal Accomplishment (PA)	3.48	4.58	5.09
Depersonalization (DP)	2.42	1.17	0.76

There was a statistically significant difference between EI scores of the low, moderate, and high groups on the combined dependent variables (emotional exhaustion, depersonalization, and personal accomplishment), F (6, 270) = 6.68, p < .0001, Pillai's Trace = .26, partial eta squared = .129 (a small effect size). Therefore, the dependent variables (emotional exhaustion, depersonalization, and personal accomplishment) explain 12.9 percent of the differences in the groups for EI group. Therefore, we can reject the null hypothesis.

Summary

Based on the statistical analysis, there was not a statistically significant difference in the combined effect of mentorship and EI between the subscales of burnout (emotional exhaustion, depersonalization, and personal accomplishment) among nursing faculty with less than 7 years' experience. There was a statistically significant difference in emotional exhaustion, depersonalization, and personal accomplishment based on whether the faculty received mentorship or not. Burnout subscale scores for emotional exhaustion and depersonalization were higher in those without mentorship. Additionally, PA scores were lower in those without mentorship than those who did received mentorship. There was a statistically significant different in burnout subscale scores for depersonalization and personal accomplishment based on EI scores. Faculty with lower EI experienced higher depersonalization compared to those with moderate and high EI scores. Faculty with lower EI also had lower personal accomplishment scores than those who had moderate and high EI scores. There was not a statistically significant difference in emotional exhaustion between the low, moderate, and high EI group scores. Chapter 5 will include an interpretation of findings, limitations recommendations, and implications of my research study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purposes of this quantitative study were to determine if there is a relationship between EI and mentorship in terms of burnout among nursing faculty who are in the first 7 years of their career, if there are differences in terms of burnout among these nursing faculty who have received mentorship versus those who did not, and if there is a relationship between EI and burnout among these nursing faculty early. RQ1 involved using a correlational design. I investigated the combined effects of mentorship and EI on three burnout variables: emotional exhaustion, depersonalization, and personal accomplishment. The research design for RQ2 was a comparative analysis. I compared emotional exhaustion, depersonalization, and personal accomplishment among nursing faculty with less than 7 years of experience who had received mentorship with those who had not. RQ3 involved using a correlational design to examine the effect EI has on three burnout variables (emotional exhaustion, depersonalization, and personal accomplishment).

Findings of my research revealed that there was not a statistically significant combined effect of mentorship and EI on burnout among nursing faculty with less than 7 years of experience. However, findings of my research did reveal that there are statistically significant differences in terms of receiving mentorship and the three burnout variables (emotional exhaustion, depersonalization, and personal accomplishment). Those who received mentorship experienced lower levels of emotional exhaustion and depersonalization and higher levels of personal accomplishment compared to nursing faculty who did not receive mentorship. There was also a statistically significant

relationship between EI and the burnout subscales of depersonalization and personal accomplishment. Nursing faculty with lower EI experienced high depersonalization and low personal accomplishment. Nursing faculty with higher EI experienced lower depersonalization and higher personal accomplishment.

Interpretation of Findings

The core dimensions of burnout are emotional exhaustion, depersonalization, and personal accomplishment (Maslach, 1998). Emotional exhaustion results from job stress and depletion of emotional resources (Maslach, 1998). Jobs with social context and increased interactions with others are particularly prone to emotional exhaustion (Yuan & Xu, 2020). Factors that lead to burnout involve teaching workload, service requirements, long hours, and lack of work-life balance (Owen, 2017). Based on my findings, there is likely similar workload amounts, hours, and service requirements among nursing faculty who have differing EI levels. Mentorship is a reason that new faculty continue teaching, although it can be overwhelming (Knowles, 2020). Ephraim (2021) found that mentoring new faculty is not always successful because it may not always be effective due to limited time and heavy workloads of mentors. However, research findings confirm that mentorship can be beneficial in terms of addressing burnout. Burnout contributes to job dissatisfaction and negatively affects faculty vacancy rates (Thomas et al., 2019). Additionally, burnout has negative associations with quality of life (Alves, 2019).

Depersonalization is a coping strategy that can lead to negative social interactions (Maslach, 1998). It is used as a strategy when experiencing burnout to make professional demands more manageable by creating distance from oneself in relation to others and can

be associated with hostility and unconcern (Shirom, 2003). Mentorship and EI contribute to success, engagement, and decreased burnout in work environments (Loerzel et al., 2020; Sanchez-Gomez & Breso, 2020). Higher EI levels have a negative correlation with emotional exhaustion and depersonalization and a positive correlation with personal accomplishment (Sanchez-Gomez & Breso, 2020). My research confirms findings that high EI contributes to lower burnout levels, as evidenced by lower depersonalization levels and higher personal accomplishment.

Decreased personal accomplishment is a feeling of not meeting professional goals and negative professional perceptions (Maslach & Jackson, 1981). VanZyle and Noonan (2018) said EI is a skill that needs to be developed in order to cope with stressors in the nursing profession. My findings that high levels of EI were shown to increase personal accomplishment are consistent with literature.

The opposite of burnout is engagement. EI is associated with workers who are more successful, highly engaged, less likely to leave, and have decreased levels of burnout (Sanchez-Gomez & Breso, 2020). My research findings confirm that those with higher levels of EI had lower levels of burnout based on lower emotional exhaustion and depersonalization and higher personal accomplishment scores. Having the support of a mentor can serve as a safeguard against burnout, faculty turnover, and lack of healthy coping behaviors (Woo et al., 2019). My research findings confirm that mentorship may protect against burnout, as respondents who had received mentorship in their role as faculty had lower levels of burnout.

Limitations

Screening questions used in my survey asked respondents to identify if they were nursing faculty and had less than 7 years of experience. Based on inclusion criteria, results of this study are only generalizable to nursing faculty with less than 7 years of experience. My study may not be generalizable to nursing faculty with more than 7 years of experience or other faculty in a different discipline.

The design of this research study may be viewed as a potential weakness. Burnout has social and psychological contexts which may involve qualitative reasoning to explore these topics. Results of this study were limited to quantitative analyses and did not involve feelings that lead to experiences involving burnout.

One important consideration is the time period during which data were collected. This study was conducted during the Coronavirus pandemic, which could have influenced responses in relation to burnout. The pandemic has put constraints on professional, social, and occupational environments, leading to increased fatigue and possible burnout (Blake, 2020).

Recommendations

My research suggests that subscales of burnout can be explained by variances in terms of mentorship and EI levels. Therefore, mentorship and EI may help to prevent burnout. Future research should involve investigating the effectiveness of mentorship programs to prevent burnout. Exploring characteristics of effective mentorship that decrease burnout by focusing on aspects of mentorship such as length of mentorship, frequency of mentor-meeting contacts, and mentor-mentee pairings could provide valuable information regarding their effectiveness. Based on findings of my research, subscales of burnout are lower among those with higher EI. EI may be an internal protective mechanism that may help to prevent burnout. Future research should involve investigating ways EI can be developed among nursing faculty. Finally, a qualitative perspective on burnout in nursing faculty with less than 7 years of experience would be

beneficial to increase knowledge about connections between mentorship and EI to improve the nursing faculty shortage.

Implications

The nursing faculty shortage is growing at a faster pace compared to prior decades, with 30% of nursing faculty expected to retire by 2025 (NLN, 2021). Shortages of nursing faculty contribute to the shortage of registered nurses, which has been exacerbated by the Coronavirus pandemic (Sciarra, 2020). I found that EI and mentorship significantly influence burnout levels among nursing faculty in their early careers. This study will lead to positive social change by facilitating social transformation at nursing academic institutions as well as professional and personal development. My research helps to provide information regarding strategies for nursing faculty and academic organizations to promote personal and professional development, while possibly addressing the shortage of nursing faculty and professionals. Awareness of the potential for burnout along with early identification and management is recommended (Danaci & Koc, 2020). Academic institutions can use my findings to offer support through mentorship and development of EI. My results may help to make nursing faculty and academic communities aware of burnout and benefits of strategies involving professional and personal development. These interventions can assist retention efforts involving shortages of nursing faculty to promote enhanced patient care.

Conclusion

Nursing faculty are essential in terms of upholding healthcare through the education and development of future nurses, nurse practitioners, and nursing

professionals. The experience of burnout can affect longevity of their role in nursing education. I explored the effect of mentorship and EI on burnout, differences in terms of burnout between nursing faculty who had been mentored versus those who did not, and the effect of EI on burnout scores. Results of this study showed statistically significant differences in terms of mentorship and EI which can affect the experience of burnout during early career stages for nursing faculty. This early part of the career is a vulnerable time period during which there are transitions from clinical practice to academia. Based on my research findings, supportive mechanisms involving professional development of EI and mentorship can be important in terms of deterrence of burnout. Nursing faculty must be supported as they support healthcare through the development of future nurses.

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Appendix A: Demographic Data Sheet

What is your age range?
25-39
40-55
55-70

What gender do you identify with?
Male
Female
Other please explain_____

Which ethnicity do you identify with?
Caucasian
Black
Hispanic
Indian
Other please explain_____

What is your highest degree earned?
Master's degree
Doctorate Degree

How many years of teaching experience do you have?
Less than 1 year
1-2 years
3-4 years
5-7 years

Which type of program do you serve as nursing faculty?
Associate degree in Nursing
Bachelor of Science in Nursing
Master of Science in Nursing
Doctor of Nursing Practice
Doctor or Philosophy in Nursing

Have you received mentorship (having a mentor who supports and serves as role model in the professional and personal growth of the another)?
Yes
No

Appendix B: Invitation to Participate in Research Study

Dear Nursing Colleagues,

I am pursuing my PhD in Nursing at Walden University and your participation is being requested in the completion of my doctoral studies. Please consider participating in my national research study which is aimed at exploring burnout in academic nursing faculty within their first 7 years of experience. Regardless of the type of program that you teach, you are eligible to participate in this study if you are a nursing faculty member with less than 7 years of experience. Participants must be at least 18 years old to participate in this study. Your participation is anonymous and will not be shared with nursing organization or your academic institution.

This online survey will take approximately 30 minutes. When you click the link below you will enter the survey. You will be asked to provide your informed consent before proceeding to the survey questions. By doing so, you are consenting to your anonymous participation and the use of your anonymous data for this research study. Aggregated data may be published or presented.

Additionally, please feel free to forward this survey link to any friends or colleagues that meet the inclusion criteria. Please contact me directly if you have any questions about this study.

Thank you for your time and willingness to participate in my dissertation study

Sincerely,

Jasmine Louis, MSN, RN, CNE

Walden University PhD Candidate

Jasmine.louis@waldenu.edu

Appendix C: SSREIT Permission

Emotional Intelligence Scale

Note: Test name created by PsycTESTS

PsycTESTS Citation:
Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (1998). Emotional Intelligence Scale [Database record]. Retrieved from PsycTESTS. doi: https://dx.doi.org/10.1037/t06718-000

Instrument Type:
Rating Scale

Test Format:
Emotional Intelligence Scale items are rated on a 5-point scale (1 = strongly disagree, 5 = strongly agree).

Source:
Schutte, Nicola S., Malouff, John M., Hall, Lena E., Haggerty, Donald J., Cooper, Joan T., Golden, Charles J., &
Dornheim, Liane. (1998). Development and validation of a measure of emotional intelligence. Personality and Individual Differences, Vol 25(2), 167-177. doi: https://dx.doi.org/10.1016/S0191-8869(98)00001-4, © 1998 by Elsevier. Reproduced by Permission of Elsevier.

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doi: 10.1037/t06718-000

Appendix D: MBI-ES Permission

Approval for Remote Online Use of a Mind Garden Instrument

Effective date is December 7, 2021 for:

Jasmine Louis

You submitted your Application for Remote Online Use at 4:32 am EST on December 07, 2021.

Remote online use of the Mind Garden instrument stated below is approved for the person on the title page of this document.

Your name:
Jasmine Louis

Email address:

jaslou2drlou@o
utlook.com

Company/institution:

Walden University

Mind Garden Sales Order or Invoice number for your license purchase: BGVUDPKOF 48713

The name of the Mind Garden instrument you will be using: MBI-ES

Please specify the name of and web address for the remote online survey website you will be using and describe how you will be putting this instrument online:

SurveyMonkey http://surveymonkey.com/ The instrument will be put online via SurveyMonkey for participants to participate. Participants will be invited to participate via posting invitation using a nursing organization eblast email and community board.

added 13 September 2018

Conditions of Use

Question	Answer
I will administer this Mind Garden instrument for research purposes only.	I agree to this condition.
I will **not** send Mind Garden instruments in the text of an email or as a PDF file to survey participants.	I agree to this condition.
I will put the instrument copyright statement (from the footer of my license document; includes the copyright date, copyright holder, and publisher details) on every page containing questions/items from this instrument.	I agree to this condition.
I will send screenshots of my online survey to info@mindgarden.com so that Mind Garden can verify that the copyright statement appears.	I agree to this condition.
I will compensate Mind Garden, Inc. for each license use; one license is used when a participant first accesses the online survey.	I agree to this condition.
I will track my license use.	I agree to this condition.
Once the number of administrations reaches the number purchased, I will purchase additional licenses or the survey will be closed to use.	I agree to this condition.
I will remove this online survey at the conclusion of my data collection and I willpersonally confirm that it cannot be accessed.	I agree to this condition.

I agree to abide by each of the conditions stated above

Your name (as electronic signature): Jasmine Louis

Date: 12/07/2021

FAQ: Where do I find the copyright statement?

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