# INFLUENTIAL FACTORS ON JOB BURNOUT AMONG CHINA'S NURSING COLLEGE FACULTIES: THE MEDIATING ROLE OF PSYCHOLOGICAL CAPITAL

**CUILIAN KONG**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN EDUCATION AND SOCIETY INSTITUTE OF SCIENCE INNOVATION AND CULTURE RAJAMANGALA UNIVERSITY OF TECHNOLOGY KRUNGTHEP ACADEMIC YEAR 2024**

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**Author** Cuilian KONG
**Major** Doctor of Philosophy (Education and Society)
**Advisor** Assistant Professor Dr. Wannaporn Siripala

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Degree of Doctor of Philosophy in Education and Society

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# ABSTRACT

This study investigates the key factors that contribute to job burnout among nursing faculty members in Guizhou, China. It specifically examines the mediating roles of Psychological Capital (PsyCap). Job burnout, characterized by emotional depletion, depersonalization, and diminished personal accomplishment, is prevalent among instructors due to the combined demands of teaching, clinical practice, and familial responsibilities. This study adopts a sequential explanatory mixed-methods approach, utilizing quantitative surveys and qualitative interviews. Quantitative data were gathered from 200 nursing educators in six colleges using standardized tools, including the Maslach Burnout Inventory (MBI), the Academic Psychological Capital Questionnaire (APsyCap-Q), and the Work-Family Conflict Scale. The qualitative data from semi-structured interviews offered detailed insights into personal perspectives and experiences of various burnout symptoms. The study finds that trial-role conflict, specifically work interference with family (WIF) and family interference with work (FIW), is significantly associated with higher levels of emotional exhaustion and cynicism among the sampled nursing faculty. PsyCap, comprising hope, efficacy, resilience, and optimism, partially mediates the connection between trial-role conflict and job burnout, underscoring its role in alleviating the negative impacts of conflicting responsibilities. In conclusion, the study underscores the necessity of targeted interventions to enhance Psychological Capital (PsyCap) among nursing educators, with the goal of reducing burnout and promoting overall well-being. It also presents practical implications for policymakers and educational leaders in regions such as Guizhou, China, to help nursing faculty balance their professional and personal responsibilities. Ultimately, this study contributes to a broader understanding of job burnout in Chinese nursing education, emphasizing the significance of PsyCap as a mediator.

**Keywords: Job Burnout, Nursing Education, Guizhou, China, Trial-role Conflict, PsyCap**

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# CHAPTER I
# INTRODUCTION

Chapter 1 presents an overview of research background, research problems, research questions, research hypotheses, research objectives, research scope, research limitations, and research significance.

## 1.1 Background

Burnout is defined as a syndrome of emotional fatigue and reduced professional work (Carod-Artal & Vázquez-Cabrera, 2012) that occurs among a variety of people-oriented professions, such as health services and social services (Piko, 2006), including academic contexts. In the academic world, particularly among lecturers at nursing colleges in China, job burnout has become a significant concern affecting not only individual well-being but also the quality of education and healthcare services. At a more personal level, poor student behavior, lack of autonomy, feelings of isolation, and additional trials, such as stress in trying to balance home and work, create a heavy burden for educators that can lead to teacher fatigue (Dicke et al., 2015; Lee, 2019); (Bodenheimer & Shuster, 2020).

Numerous studies have conducted extensive research on job burnout in various professions, including healthcare (Li & Zhang, 2018; Wu & Huang, 2019); (Lee, 2019); these studies offer valuable insights into how healthcare workers who balance work and family responsibilities, tend to experience job burnout differently than those in nursing colleges in China. The nursing faculty's educators, who also provide health care, offer more than just academic services. The teachers at the Chinese Nursing College are not only responsible for education but also for health, encompassing clinical practice, supervision, research, and provision of health services in the field. This

combination of duplicate job demands can lead to increased stress levels, surpassing those of educators in other fields.

Furthermore, for those who already have a family, educators in nursing faculties in China face not only a dual-career but also a trial career; that is, they must balance educational tasks, clinical practice tasks, and household responsibilities. The necessary balance between academic tasks, clinical practice, and homework for an educator with a family can be highly demanding both emotionally and physically. This can lead to higher stress levels and fatigue, thereby complicating the challenges they face in their dual roles as educators and family members. Therefore, examining the factors that contribute to job burnout among educators at Chinese nursing colleges will be crucial in providing insight into educational institutions and work environments, which can help educators maintain a healthy balance between their duties at the faculty and the needs of their families.

Furthermore, psychological capital served as the mediating variable in this study. With increasing relevance to the value of positive organizational behavior, the institution aims to enhance workers' physical and psychological well-being by strengthening their psychological resources. Positive organizational behavior (Avey et al., 2009) introduces the important concept of psychological capital (PsyCap), which has demonstrated its validity as a positive resource for enhancing employee performance (Luthans et al., 2007), job satisfaction (Larson & Luthans, 2006), and employee well-being over time (Avey et al., 2010). Researchers have identified self-efficacy, hope, optimism, and resilience as the components of PsyCap (Luthans et al., 2008). Furthermore, studies have identified psychological capital (PsyCap) as a mediator between the organizational climate and employee performance (Luthans et al., 2008) and as a mediator between job burnout and relocation intentions among Chinese nurses (Luo, 2010). Previous studies (Montgomery et al., 2006) have investigated the

link between psychological capital (PsyCap) and fatigue, as well as the relationship between PsyCap and family-work conflict. However, the field of education has not confirmed PsyCap as the mediator between educational practice and family conflicts. As a result, this will contribute to the complexity of different sciences in education. This research explores the factors contributing to job burnout among professionals, with a specific focus on trial-career (trial-role) conflict and the psychological capital (PsyCap) factor.

## 1.2 Research Questions

There are two questions in this research:

1. How does the trial-role conflict factor influence job burnout for educators at Chinese nursing colleges?

2. How does PsyCap mediation help to address the relationship between trial-role conflicts and job burnout?

## 1.3 Research Objectives

Based on the identified research questions and hypotheses, this research aims to:

1) Examine the influence of trial-role conflict factors on job burnout.

2) Examine the role of psychological capital (PsyCap) in the relationship between trial-role conflict and job burnout.

## 1.4 Research Scope and Limitations of the Research Study

### 1.4.1 Research Scope

This research aims to address the phenomenon of job burnout among nursing college faculty in Guizhou, China, specifically. This study is delimited in terms of its geographical, demographic, thematic, and methodological boundaries as outlined below:

1) Geographical Scope

The research is geographically confined to Guizhou, a less-developed province in southwestern China. This region is selected due to its unique developmental status, which presents specific challenges and stressors that may influence the prevalence and nature of job burnout among nursing college faculty.

2) Demographic Scope

The primary subjects of this research are 100 faculty members from four nursing colleges located in Guizhou. It includes various educators with varying experience levels, backgrounds, and roles within their respective institutions.

3) Thematic Scope: the primary focus is trial-role conflict factors, job burnout, and psychological capital

4) Methodological Scope

The study employs a mixed-methods approach, integrating quantitative and qualitative methodologies. Quantitatively, it utilizes surveys and statistical analyses to measure job burnout, psychological capital (PsyCap), and other relevant variables. Qualitatively, it involves in-depth interviews and focus groups to gain a deeper understanding of personal experiences and perceptions regarding job burnout and potential interventions.

5) Temporal Scope

The study is conducted for 6 months, allowing for comprehensive data collection, analysis, and interpretation within the defined thematic and demographic boundaries.

**1.4.2 Limitations of the Research**

Despite the potential contributions and significance of this study of Influential factors on Job Burnout among China's Nursing College Faculties in Guizhou, China, several limitations should be acknowledged in the following:

1) This study primarily examines the intricate role of nursing educators, whose trial-role teaching, clinical practice, and familial responsibilities.

2) Geographical and Cultural Specificity

The findings of this research are primarily applicable to the context of Guizhou, a less-developed region in China. While this provides in-depth insights into this particular setting, the results may not be directly generalizable to other areas or countries with different socioeconomic and cultural backgrounds.

3) Self-Reported Data

Relying on self-reported measures to assess job burnout, Psychological Capital, and other variables may introduce biases such as social desirability or response bias. Participants' self-assessments might not always accurately reflect their actual experiences or states.

4) Potential Response Bias

Given the topic's sensitivity, participants might underreport or overreport their burnout experiences due to personal perceptions, stigma, or misunderstanding of the concept.

5) Sample Selection

The process of selecting nursing college faculty may encounter challenges, such as voluntary participation, which could lead to a sample that is not fully representative of all nursing faculty in Guizhou. This could affect the universality of the findings.

6) Quantitative Limits

While quantitative data provides a broad overview and measurable insights into job burnout and PsyCap, it may not capture the depth and complexity of individual experiences, personal histories, and contextual nuances that qualitative methods can reveal.

7) Implementation of Interventions

The research proposes intervention strategies for mitigating job burnout. Still, the actual implementation and effectiveness of these interventions can be influenced by various factors, such as institutional support, resource availability, and individual willingness to participate, which are beyond the control of this study.

By acknowledging these limitations, this research ensures a more balanced and realistic interpretation of its findings. It also provides a foundation for future research to address these limitations, thereby contributing to a more comprehensive understanding of job burnout in similar contexts.

## 1.5 Research Framework

Nursing educators in Chinese nursing universities face more complex career roles, including teaching, clinical practice, and family responsibilities, than in other professions. Consequently, they have a higher potential for stress. Holding multiple roles (such as teaching, working in a clinical environment, and managing administrative tasks) in one position can create significant stress due to the varying time

demands and responsibilities associated with each role. Nursing educators, particularly in their teaching duties, require a profound understanding of the ever-evolving clinical practice, new standards of nurse care, and effective teaching methods, which adds to the complexity of the work and the associated stresses. With a better understanding of the impact of trial-role conflict on job burnout, this research can inform the design of appropriate intervention strategies to mitigate its adverse effects, such as stress management programs, work-family balance training, or providing additional resources. Explores the influential factors contributing to job burnout among professionals, explicitly focusing on the trial-career (trial-role) conflict factor and PsyCap as a mediating variable.

Figure 1 below provides a brief presentation of the research framework.

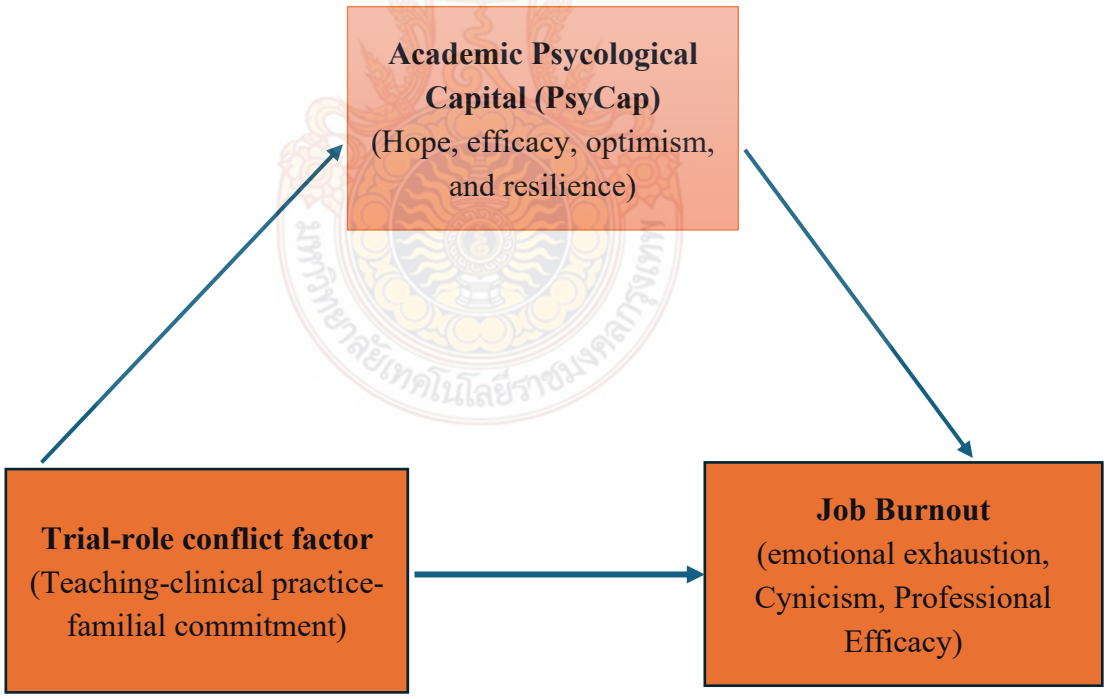


Figure 1.1 Research Framework

## 1.6 Definitions of Key Terms

### 1.6.1 Trial-Role Conflict Factor

Trial role conflict refers to the difficulties and clashes people experience when managing multiple roles or tasks that demand time, focus, and effort. Within healthcare education, especially among nurses and other healthcare professionals, trial role conflict commonly entails the challenge of managing multiple tasks simultaneously, including those associated with teaching, clinical practice, and family responsibilities.

### 1.6.2 Job Burnout

Burnout is a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, often measured by indicators such as emotional exhaustion, cynicism, and personal efficacy.

### 1.6.3 Psychological Capital

PsyCap is a state of positive psychological development of an individual characterized by (1) having confidence (**self-efficacy**) to take and make an effort necessary to succeed in challenging tasks; (2) having **optimism** about current and future success; (3) persevering in achieving a goal and redirecting the path toward a goal (**hope**) to be successful; and (4), when hit by problems and difficulties, defending and rising back and even transcending it (**resistance**) to success. PsyCap encompasses four sources of hope: efficiency, resilience, and optimism.

## 1.7 Significance of the Research

The significance of this research on trial-role conflict and job burnout among nursing college faculties in Guizhou, China, can be articulated in both theoretical and practical realms, reflecting its contribution to academic knowledge and its implications for real-world applications.

1) Theoretical Significance

**Contribution to Burnout Research:** This study contributes to the literature on job burnout by focusing on a unique demographic – nursing college faculty in a less-developed region. It enriches the understanding of how burnout manifests in different cultural and socio-economic contexts, particularly in nursing education.

**Extension of Psychological Capital (PsyCap) Theory:** By examining PsyCap as a mediating factor in job burnout, the research extends the application of PsyCap theory to a new context. It provides empirical evidence on the role of PsyCap components (hope, efficacy, resilience, optimism) in mitigating burnout, broadening the theoretical understanding of PsyCap in workplace well-being.

**Insights into Regional Specificities:** The study offers valuable insights into the impact of regional developmental status on job burnout, contributing to a nuanced understanding of how geographical and socio-economic factors influence occupational stress and well-being.

2) Empirical Significance

**Informing Policy and Practice in Nursing Education:** Findings from this study can inform policymakers and educational administrators in Guizhou and similar regions about the specific needs and challenges faced by nursing college faculty. This can lead to the development of targeted policies and practices aimed at reducing burnout and enhancing the quality of nursing education.

**Development of Intervention Strategies:** The study aims to identify effective intervention strategies to combat job burnout. These strategies can be practically implemented in nursing colleges, benefiting not just the faculty but also the quality of education and care provided by the future nursing workforce.

**Enhancing Faculty Well-being and Organizational Effectiveness:** The study has the potential to improve the overall well-being of faculty members by

addressing the issue of job burnout and proposing resilience-enhancing strategies. This improvement in well-being can lead to increased job satisfaction, reduced turnover, and higher organizational effectiveness in educational institutions.

**Model for Other Developing Regions:** The research can serve as a model for other developing regions facing similar challenges, providing a framework for understanding and addressing job burnout in educational settings with limited resources and high demands.

In summary, the significance of this research lies in its contribution to the theoretical understanding of trial-role conflict, job burnout, and PsyCap, particularly in a unique socio-economic context, and its practical implications for improving the well-being of nursing college faculties, the quality of nursing education, and ultimately, the healthcare sector in regions similar to Guizhou.

# CHAPTER II
# LITERATURE REVIEW

Chapter II presents a literature review on psychological capital (PsyCap) in education, job burnout, trial-role conflict (teaching-clinical practice-family), and job burnout. It also explores the relationship between these concepts in the academic context.

## 2.1 Psychological Capital (PsyCap)

### 2.1.1. PsyCap as a Construct and Its Relevance to Workplace Well-being And Performance

Psychological Capital (PsyCap) is a concept that comprises four primary constructs: hope, efficacy, resilience, and optimism (HERO) (Tefera & Hunsaker, 2020). This construct has been linked to various positive outcomes in the workplace, including job satisfaction, job performance, and workplace well-being (Paliga et al., 2022; Mishra & Venkatesan, 2022; DeMott et al., 2023). Studies have demonstrated that PsyCap positively correlates with innovative job performance and negatively correlates with job stress (Abbas & Raja, 2015). Additionally, PsyCap has been linked to favorable work outcomes like employee performance, job satisfaction, and psychological well-being (Bitmis & Ergeneli, 2024).

PsyCap is critical in enhancing workplace engagement, reducing stress and burnout, and improving employee well-being and performance (Kahtani & Sulphey, 2022). It has been demonstrated to predict self-rated, supervisor-rated, and objective performance, as well as positive employee attitudes, including job satisfaction and commitment (Xu et al., 2021). Moreover, PsyCap has been found to mediate the adverse

health effects of workplace bullying and enhance employees' work-related performance (Yun & Kang, 2018).

Research indicates that PsyCap is a robust construct applicable across countries and diverse workplace settings (Donaldson et al., 2020). It has also been associated with increased job satisfaction, organizational commitment, work engagement, and organizational citizenship behaviors (Reichard et al., 2013). Furthermore, PsyCap has been identified as a superior indicator of workplace performance and satisfaction when considering the whole construct rather than its components.

In summary, PsyCap is a valuable construct that significantly influences workplace well-being and performance by promoting positive employee attitudes, behaviors, and outcomes. Its role in enhancing job satisfaction, reducing stress, and improving job performance underscores its importance in fostering a positive work environment and supporting employee success.

### 2.1.2 Psychological Capital (PsyCap) in Education

PsyCap is one of the constructs in positive psychology that has experienced rapid growth and development. Empirical research on positive organizational behavior, which emphasizes measuring, developing, and managing personal strengths and psychological resources to enhance performance, originates from this perspective (Luthans & Youssef, 2004). According to (Luthans et al., 2015), PsyCap is a state of positive psychological development of an individual characterized by (1) having confidence (effectiveness) to take and make the effort necessary to succeed in challenging tasks; (2) having optimism about current and future success; (3) persevering in achieving a goal and redirecting the path toward a goal (hope) to be successful; and (4), when hit by problems and difficulties, defending and rising back

and even transcending it (resistance) to success. PsyCap encompasses four sources of hope: efficiency, resilience, and optimism (Luthans et al., 2007).

Hope is a positive state of motivation that arises from a sense of successful agency (focused on goal energy) and pathways (thinking that leads to achieving goals) obtained through interaction (Snyder, 1994). Hope is a constructive mindset that demonstrates determination and strategies in pursuing objectives. Self-efficacy refers to an individual's belief and confidence in their ability to effectively carry out a specific activity within a particular situation by utilizing their motivation, cognitive abilities, and appropriate actions (Stajkovic & Luthans, 1998). As defined by Luthans (Luthans, 2002), resilience is the ability to recover quickly from adversity, conflict, failure, or even positive occurrences, such as progress and increased responsibility. Resilience is the capacity to effectively recover from an adverse event and progress constructively (Tugade et al., 2004). This suggests that resilience involves more than just recovering from difficult situations; it also encompasses the ability to adapt and overcome challenges. It also involves responding and adjusting well to adverse and favorable occurrences, which may be demanding or overpowering. Moreover, it entails gaining knowledge from these experiences and developing. Resilience, in essence, is not just returning to a state of 'normalcy' following a hardship or setback but also attaining elevated levels of strength and personal development. Resilience is determined by evaluating the risks, resources, and adaptive processes (Masten, 2001).

Research has demonstrated that PsyCap functions as a higher-level concept, exhibiting a stronger ability to predict significant outcomes, such as achievement and fulfillment, compared to its components when considered separately. Efficacy, optimism, hope, and resilience stem from a shared mechanism of positively evaluating situations and the likelihood of success, driven by motivated effort and persistence (Luthans et al., 2007). This leads to a feeling of control, purposefulness, and actively

pursuing goals (Luthans & Youssef-Morgan, 2017). In addition, PsyCap resources can develop and alter throughout time rather than being fixed or innate personality qualities (Luthans et al., 2006; Ertosun et al., 2015).

Research in several settings and nations over the past decade indicates that PsyCap is correlated with multiple aspects of work performance, behaviors, and attitudes (Avey et al., 2011), as well as in the field of education. Early studies suggest favorable connections between academic psychological capital (PsyCap) and both motivation and performance (Luthans et al., 2012; Vanno et al., 2014). According to Luthans et al. (2007), students with high psychological capital (PsyCap) have increased determination to achieve their goals, as their skill conviction motivates them to persist. Each PsyCap resource is also a predictor of student performance. Self-efficacy, a component of psychological capital (PsyCap), is a predictor of students' initiative. Hope plays a role in helping individuals identify their objectives and stay motivated to achieve their goals (Siu et al., 2014). Research has demonstrated that hope significantly predicts academic performance and the likelihood of dropping out of school or missing subjects (Gallagher et al., 2017).

## 2.2 The Concept of Job Burnout

### 2.2.1 Definition and Historical Development of the Job Burnout Concept

Job burnout is a well-established concept that has garnered significant attention in various fields, particularly psychology, medicine, and social sciences. The concept of job burnout has evolved, with its definition being widely accepted and applied. It defines burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 2002). This definition has been instrumental in shaping research and interventions related to burnout (Maslach, 2002).

The prevalence of burnout among specific professional groups, such as physicians, has been the subject of extensive study, highlighting the critical impact of burnout on professionals and their patients (Rotenstein et al., 2018). Additionally, the distinction between job burnout and other related conditions, such as parental burnout and depressive symptoms, has been a topic of investigation, contributing to a deeper understanding of the nuances of burnout (Mikolajczak et al., 2020).

Furthermore, the association between burnout and various occupational and sociodemographic factors has been explored, shedding light on the multifaceted nature of burnout development (Montero-Marín et al., 2011). The impact of burnout on different occupational groups, such as teachers and social workers, has been a focal point of research, emphasizing the relevance of burnout across diverse professional domains (Smetáčková et al., 2019).

Moreover, new and emerging psychosocial risk factors, such as those related to workplace safety during the COVID-19 outbreak, have prompted further exploration of burnout in the context of evolving work environments (Falco et al., 2021). The interplay of job demands, resources, and psychological factors has also been investigated to understand the predictors and outcomes of burnout (Xanthopoulou et al., 2007).

In summary, job burnout has undergone significant development and scrutiny, leading to a comprehensive understanding of its dimensions, prevalence, associated factors, and impact on various professional groups. The evolving nature of research on burnout continues to inform the refinement of interventions and support systems designed to address and mitigate the adverse effects of burnout in the workplace.

### 2.2.2 The Maslach Burnout Inventory (MBI) and Other Tools for Measuring Burnout

The Maslach Burnout Inventory (MBI) is a widely recognized tool for assessing burnout, particularly in healthcare and professional settings (Yates & Samuel, 2019; Inayat et al., 2022; Fuente-Solana et al., 2020). It was first published in 1981 by Maslach and Jackson and revised in 1986 (Riethof & Bob, 2019). The MBI measures burnout through emotional exhaustion, depersonalization, and personal accomplishment (Riethof & Bob, 2019). Various studies have extensively used it to measure burnout among professional groups, such as nurses, physicians, and teachers (Richemond et al., 2022; Catling et al., 2022; Qutab & Joya, 2022). Additionally, the MBI has been validated in specific populations, such as physicians, and is a reliable and valid tool for measuring burnout (Li-Sauerwine et al., 2020).

In addition to the MBI, the Copenhagen Burnout Inventory (CBI) has also been widely used to assess burnout, particularly in healthcare research (Bois et al., 2023; Živanović et al., 2021; Galanis et al., 2023). The CBI assesses fatigue and exhaustion as core features of burnout (Živanović et al., 2021). It has been utilized in studies involving healthcare professionals, midwives, and doctors (Castanelli et al., 2017; Nadyastuti et al., 2021).

Furthermore, the Burnout Assessment Tool (BAT) has emerged as a new instrument for evaluating burnout (Borrelli et al., 2022; Beer et al., 2022; Pereira et al., 2021). This tool, developed by Schaufeli et al., considers several dimensions of burnout and its externalized and internalized expressions (Borrelli et al., 2022). The BAT has been used in studies of healthcare and shift workers (Pereira et al., 2021; Almulhem et al., 2021).

The MBI, CBI, and BAT are among the most widely used tools for measuring burnout in various professional and healthcare settings. Numerous studies

have validated and utilized these instruments, demonstrating their importance in understanding and addressing burnout in different occupational contexts.

**2.2.3 The three Dimensions of Burnout: Emotional Exhaustion, Depersonalization, and Reduced Personal Accomplishment**

The Maslach Burnout Inventory (MBI) is a seminal tool that has profoundly influenced the understanding of burnout across a broad spectrum of professional environments. This instrument delineates burnout into three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. These dimensions encapsulate the multifaceted nature of burnout, offering valuable insights into its impact on professional efficacy and well-being.

Emotional exhaustion, the first dimension of burnout, captures the sensation of being emotionally overburdened and depleted of emotional resources. This state is particularly prevalent among individuals in caregiving and healthcare professions, where the demands of providing emotional support are constant and intense. Salvagioni et al. (2020) underscored the significant correlation between emotional exhaustion and mental health issues among healthcare providers, highlighting the critical need for interventions that address emotional well-being in these settings. Furthermore, a study by Mustikarini et al. (2023) elucidated the connection between physical activity levels and emotional exhaustion among general practitioners, suggesting that lifestyle modifications could mitigate some aspects of burnout.

Depersonalization, the second dimension, characterizes the development of negative, cynical attitudes and feelings towards the recipients of one's services. This detachment can erode the quality of care or service provided, resulting in adverse outcomes for both professionals and those they serve. Shin (2015) found that depersonalization is intricately linked with role stressors, while a study by MERT

(2023) identified a positive association between depersonalization and counterproductive work behaviors. These findings emphasize the importance of addressing workplace dynamics and stressors to curb the depersonalization aspect of burnout.

Reduced personal accomplishment, the third dimension, pertains to a sense of inefficacy and a diminished sense of achievement and satisfaction with one's work. This feeling of inadequacy can undermine motivation and job satisfaction, leading to lower productivity and engagement. Research by Wei (2016) revealed a negative relationship between reduced personal accomplishment and job satisfaction among teachers, while Zaid (2019) demonstrated its adverse effects on the performance of university staff. These studies underscore the importance of fostering environments that recognize and reward achievement to combat feelings of ineffectiveness.

The applicability of the MBI extends beyond the confines of individual professions, as evidenced by research spanning diverse fields, including dentistry (Brake et al., 2008), nursing (Lee & Akhtar, 2007), and firefighting (Krok, 2016). This widespread relevance underscores the universality of burnout as a phenomenon that transcends specific occupational boundaries. Furthermore, the MBI's utility in longitudinal studies, meta-analyses (Kış, 2014), and multigroup factor-analytic studies (Salanova et al., 2005) attests to its robustness and versatility as a diagnostic tool.

The three dimensions of burnout, as measured by the MBI, offer a comprehensive framework for understanding and addressing burnout in professional contexts. These dimensions elucidate the complex interplay between individual and occupational factors, serving as a foundation for developing targeted interventions. As such, they are indispensable for researchers, practitioners, and organizational leaders aiming to mitigate burnout and enhance professional well-being and effectiveness.

### 2.2.4 Job Burnout in the Context of Nursing Education

#### *2.2.4.1 Studies Focusing on Burnout Among Nursing Educators*

Several key themes emerge among the studies focusing on burnout among nursing educators. Sarmiento et al. (2004) examined the relationship between workplace empowerment, burnout, and job satisfaction among nurse educators, testing Kanter's theory. Zhang et al. (2018) conducted a meta-analysis exploring the extent of compassion satisfaction, compassion fatigue, and burnout in nursing, highlighting the importance of education and training in moderating these factors. Deldar et al. (2018) investigated the relationship between resiliency and burnout in Iranian nurses, emphasizing the significance of resilience in mitigating burnout.

Furthermore, studies such as those by Sabei et al. (2019) and Hosseini et al. (2022) have explored the nursing work environment, turnover intention, job burnout, and quality of care, shedding light on the multifaceted nature of burnout among nurses. Additionally, Mathias and Wentzel (2017) explored burnout, compassion fatigue, and compassion satisfaction among undergraduate nursing students, highlighting the importance of addressing these issues early in nursing education.

Moreover, studies such as those by Lin et al. (2009) and Alfuqaha et al. (2019) focused on burnout among hospital nurses and predictors of burnout among nurses in Jordan, respectively, emphasizing the need to understand and address burnout in different nursing contexts.

In summary, the literature on burnout among nursing educators highlights the complex interplay of individual, organizational, and educational factors that contribute to burnout. These studies emphasize the significance of resilience, workplace empowerment, compassion satisfaction, and educational interventions in mitigating and preventing burnout among nurses and nursing students.

#### *2.2.4.2 Specific Challenges Faced by Nursing College Faculties*

A detailed examination of pertinent literature is essential to address the multifaceted challenges nursing college faculty encounter, including the intricacies of workload, role ambiguity, and the emotional rigors associated with teaching and caregiving. Duquette et al. (1994) shed light on the factors influencing nursing burnout, pinpointing role ambiguity, workload, and the level of social support as critical determinants. This research offers a foundational perspective on how similar factors might influence burnout within nursing education, suggesting parallels between clinical nursing roles and educational responsibilities. Jarosinski et al. (2021) delve into the prevailing nurse faculty shortage, addressing its administrative hurdles, notably in managing faculty workloads and staffing intricacies. This analysis helps illuminate the broader implications of workload challenges on faculty satisfaction and educational outcomes, underscoring the systemic nature of these issues.

Furthermore, Stavropoulou et al. (2022) explore nurses' working conditions amid the COVID-19 pandemic, identifying excessive workload, role ambiguity, and interpersonal conflict as pivotal stressors. This study offers a contemporary lens through which the impact of such challenges on nursing educators navigating similar pressures in academic settings can be understood.

Lastly, Moyer (2022) focuses on the quest for work-life balance among nursing faculty, highlighting the challenges posed by demanding workloads and role expectations. This research highlights the personal dimension of these challenges, revealing the intricate balance nursing educators must navigate between their professional obligations and personal well-being.

These studies construct a comprehensive narrative on the complexities of workload, role ambiguity, and emotional demands confronting nursing college faculty. They underscore the significance of these factors in contributing to burnout and job

dissatisfaction among nursing educators, offering a nuanced understanding that could inform strategies for enhancing well-being and job satisfaction within the nursing education domain.

### 2.2.5 Job Burnout in Developing Regions: The Case of Guizhou

#### *2.2.5.1 The Impact of Geographical and Socio-economic Factors on Job Burnout: Guizhou Focus*

Geographical and socio-economic factors can significantly impact job burnout among professionals, including those in Guizhou. Studies, such as those by Li et al. (2022), have examined job stress and satisfaction among neurologists in Guizhou, shedding light on the unique challenges that healthcare professionals face in this region. Additionally, research by Yin et al. (2022) has explored job burnout among hospitality management students in China, providing insights into burnout factors in different occupational settings within the country.

Moreover, Zhu (2023) investigated burnout among rural village physicians in Southwestern China, highlighting the influence of specific geographical locations on burnout prevalence. The study by Zhang et al. (2022) focused on healthcare workers in rural China, emphasizing the association between job characteristics and burnout, which is particularly relevant in regions like Guizhou, characterized by distinct socio-economic conditions.

Furthermore, Lu et al. (2022) examined job burnout among postgraduates of stomatology in China, offering insights into burnout factors among healthcare professionals in specific fields. Studies by Han et al. (2022) have explored the relationship between emotional intelligence and burnout among hospital administrative staff, providing valuable information on mitigating burnout through socio-emotional factors.

In summary, the impact of geographical and socio-economic factors on job burnout, particularly in regions such as Guizhou, can vary depending on the unique challenges faced by professionals in different sectors. Understanding these factors is crucial for developing targeted interventions to address burnout and improve overall well-being in the workplace.

***2.2.5.2 Occupational Stress and Burnout in Less-Developed Regions, Highlighting the Unique Challenges and Stressors***

Occupational stress and burnout have a significant impact on professionals, particularly in less developed regions. Woodhead et al. (2014) highlighted the relationship between job demands, social support, and burnout among long-term care nursing staff, emphasizing the importance of addressing stressors in healthcare settings. Edú-Valsania et al. (2022) also provided a comprehensive review of burnout theory and measurement, offering insights into the theoretical understanding of burnout in occupational contexts.

Moreover, Luo et al. (2016) investigated the relationship between occupational stress and job burnout among rural-to-urban migrant workers in China, shedding light on the unique challenges faced by this population. Studies by Giacobbi (2009) have explored burnout levels among athletic trainers, emphasizing the importance of occupational engagement in mitigating burnout. Furthermore, Zhu (2023) focused on factors underlying burnout among rural village physicians in Southwestern China, emphasizing the impact of job stress and low wages on burnout prevalence.

In addition, Bashirian et al. (2020) examined the roles of resilience, occupational stress, and parenting stress among nurses caring for COVID-19 patients, underscoring the importance of resilience in coping with occupational challenges. Studies by Mobarakeh and Karimi (2018) have investigated the correlation between

psychological capital and occupational burnout in nurses, suggesting that psychological resources are crucial in mitigating burnout.

Overall, these studies provide valuable insights into the unique challenges and stressors that professionals face in less-developed regions, underscoring the importance of addressing occupational stress and burnout to promote well-being and job satisfaction among workers across various occupational settings.

## 2.3 Trial Role Conflict: Teaching-Clinical Practice-Family and Job Burnout

Trial role conflict refers to the difficulties and clashes people experience when managing multiple roles or tasks that demand time, focus, and effort. Within the realm of healthcare education, particularly among nurses and other healthcare professionals, trial role conflict often involves managing multiple tasks associated with teaching, clinical practice, and family responsibilities concurrently (Doherty et al., 1991; Kossek et al., 1999). **Teaching Role:** Healthcare educators are responsible for providing excellent learning experiences for learners, constructing curricula, administering exams, and keeping up to date with advancements in their profession (Knebel & Greiner, 2003). This position requires allocating time for curriculum design, assessment, student support, and ongoing professional development to ensure the implementation of effective instructional strategies. Many healthcare instructors also engage in **clinical practice roles** to stay connected with current industry developments, maintain their clinical skills, and provide practical insights to students (Elliott & Wall, 2008; O'Connor, 2014). Effectively managing instructional duties and clinical practice can be challenging, as it requires educators to balance their timetables, patient care responsibilities, and ongoing professional development. **Family Role**: Healthcare educators, in addition to their professional responsibilities, also have individual,

familial duties that demand their attention (Purtilo et al., 2012; Eifert et al., 2015). Family roles encompass a wide range of responsibilities, including raising children, caring for older family members, managing domestic tasks, and participating in communal activities. Managing professional obligations and family responsibilities can lead to heightened stress due to time limitations.

Healthcare educators who struggle to balance teaching responsibilities, clinical practice commitments, and family obligations simultaneously may feel overwhelmed and exhausted, leading to job burnout (Bruce, 2009; Singh et al., 2020). Healthcare educators frequently find themselves with limited time for self-care due to the demands of teaching, clinical practice, and family duties. Failure to prioritize self-care can intensify symptoms of burnout, as individuals may experience emotional depletion, physical lethargy, and mental exhaustion. To address this issue, educators require effective techniques for managing their time, setting boundaries, requesting assistance, and prioritizing self-care to maintain a healthy balance between work and personal life, thereby preventing burnout (Lewis & King, 2019). By recognizing and addressing these challenges efficiently, healthcare educators can enhance their overall well-being and satisfaction with their work.

## 2.4 Relationship between Academic Psychological Capital, Trial Role Conflict and Job Burnout

The correlation between academic psychological capital, trial role conflict, and job burnout among educators is complex and significant (Luthans et al., 2019). The academic psychological capital, which includes self-efficacy, optimism, hope, and resilience, is crucial in helping educators overcome the obstacles of trial role conflict (Luthans & Youssef-Morgan, 2017). Educators with higher levels of psychological capital are more adept at balancing their responsibilities, including teaching, clinical

practice, and family obligations. This ability may help mitigate the adverse effects of conflicting roles on job burnout.

When educators encounter significant levels of trial role conflict without sufficient psychological resources, such as self-efficacy and resilience, they become more vulnerable to experiencing job burnout. The challenge of managing conflicting obligations can lead to emotional exhaustion, reduced job satisfaction, and a feeling of being inundated, all of which contribute to burnout (Klimo Jr et al., 2013). Hence, cultivating academic psychological capital can serve as a safeguard, enabling educators to efficiently manage the tension between their multiple roles and reduce the likelihood of experiencing burnout (Hansen et al., 2015; Jennings, 2020). Implementing techniques that bolster psychological resources and provide support in managing competing obligations can play a crucial role in promoting the well-being and job satisfaction of educators in the academic environment.

Additionally, academic psychological capital influences educators' ability to manage conflicts arising from their multiple roles and determines their capacity to recover from job burnout. Educators with elevated levels of psychological capital are more likely to exhibit adaptive coping mechanisms, maintain a positive perspective in challenging circumstances, and recover quickly from setbacks. These attributes are crucial in preventing and managing job burnout. By implementing interventions such as training programs, mentorship opportunities, and organizational support, educational institutions can strengthen the psychological resources of educators. This will enable them to handle conflicts between their different roles more effectively, increase their resilience in the face of stressful situations, and ultimately decrease the likelihood of experiencing job burnout.

## 2.7 Gaps in the Literature

### 2.7.1 Research Gaps— Nursing Education Challenges in Developing Regions

A comprehensive literature review on job burnout, particularly within nursing education and its prevalence in developing regions such as Guizhou, China, reveals several critical gaps in current research. While extensive studies have been conducted on the conceptualization of job burnout and its impact across various professional groups, there is a notable scarcity of research specifically targeting nursing college faculties in less developed regions. The literature elucidates the general dimensions of burnout and the utility of instruments like the Maslach Burnout Inventory (MBI) for its assessment. However, there is a limited exploration of how these dimensions manifest uniquely among nursing educators in contexts characterized by distinct socio-economic challenges.

Moreover, the theoretical frameworks of job burnout, including the Job Demands-Resources (JD-R) model and Conservation of Resources (COR) theory, provide a robust basis for understanding the phenomenon. However, applying these theories specifically to the context of nursing education in developing regions remains underexplored. It indicates a gap in linking the established theoretical underpinnings of burnout with the specific stressors and resources relevant to nursing faculty in areas like Guizhou. Additionally, while interventions based on Psychological Capital (PsyCap) enhancement and other resilience-building strategies have shown promise in various settings, their effectiveness and implementation in the unique context of nursing education in developing regions warrant further investigation.

There is a critical need for research that focuses on identifying and measuring the specific manifestations of job burnout among nursing college faculty members in developing regions, as well as examining the applicability and

effectiveness of existing theoretical models and intervention strategies in these settings. Understanding the unique challenges nursing educators face in such contexts, including workload, role ambiguity, and the emotional demands of teaching and caregiving, is essential for developing targeted interventions. Moreover, exploring the potential of PsyCap as a mediating factor between job stressors and burnout, specifically among nursing faculty, can contribute to the formulation of tailored strategies that enhance resilience and well-being. Thus, addressing these gaps in the literature is crucial for advancing knowledge of job burnout in nursing education and improving support systems for educators in developing regions.

**2.7.2 Justification for the Current Study's Focus on Guizhou and Its Contribution to Filling These Gaps**

The current study's emphasis on Guizhou, a developing region within China, is grounded in the critical literature review analysis presented above, which highlights significant gaps in research related to job burnout among nursing college faculty members in less-developed areas. Despite the extensive exploration of job burnout across various professions and the development of theoretical models, such as the Job Demands-Resources (JD-R) model and Conservation of Resources (COR) theory, a conspicuous absence remains in studies that specifically address the unique challenges faced by nursing educators in developing regions like Guizhou.

Guizhou represents a context characterized by unique socio-economic challenges, including limited access to resources, high work demands, and significant emotional labor associated with nursing education. These conditions are likely to exacerbate the risk of job burnout among nursing college faculty, making it a pertinent area for investigation. The current study aims to bridge this gap by applying established theoretical frameworks to understand the specific manifestations of job burnout within this context, assessing the effectiveness of interventions such as Psychological Capital

(PsyCap) enhancement in mitigating burnout, and exploring tailored strategies that address the unique needs of nursing educators in Guizhou.

Furthermore, the focus on Guizhou contributes to the broader discourse on job burnout by providing insights into how geographical and socio-economic factors influence the prevalence and experience of burnout among nursing educators. This study will enrich the existing literature by offering empirical data from a previously underexplored context and enhance our understanding of the global nuances of job burnout in the nursing education sector.

By examining the specific challenges encountered by nursing college faculties in Guizhou, this research contributes to the development of targeted, effective interventions designed to support the well-being of educators in similar contexts globally. In doing so, the study addresses a critical gap in the literature. It lays the groundwork for future research aimed at enhancing the resilience and job satisfaction of nursing educators in developing regions, thereby improving the quality of nursing education and healthcare delivery.

# CHAPTER III
# RESEARCH METHODOLOGY

Chapter III presents a comprehensive overview of the research design, samples, instruments, and data analysis techniques.

## 3.1 Research Design

The study on trial-role conflict and job burnout among nursing college faculties in Guizhou, China, employs a sequential explanatory mixed-methods research design to provide a detailed and comprehensive understanding of the phenomenon. The research was conducted in Guizhou, Southwest China. The design consists of two phases: Quantitative data collection and qualitative data collection.

In the quantitative phase, researchers use surveys to collect data from a larger sample of nursing college faculty members. The surveys include standardized instruments like the Maslach Burnout Inventory (MBI), the Academic Psychological Capital Questionnaire (APsyCap-Q), and the Work-Family Conflict Scale. This phase aims to quantify the prevalence of burnout, assess the levels of psychological capital (PsyCap), and examine the relationships between trial-role conflict, job burnout, and PsyCap. The study employs statistical methods to analyze the data and draw conclusions about the prevalence and factors related to job burnout among nursing college faculty members in Guizhou.

In the qualitative phase, the researchers employ semi-structured interviews and focus group discussions to gain rich and detailed insights into the personal experiences, perceptions, and contextual factors related to trial-role conflict and job burnout among nursing educators, building upon the quantitative findings. The analysis

of this data is conducted using thematic analysis, a method that helps to identify key themes and patterns related to trial-role conflict and burnout in nursing education.

## 3.2 Study Setting

Guizhou, a province located in Southwest China, is characterized by unique challenges related to its socio-economic status and healthcare education system. As an underdeveloped region, Guizhou faces limited medical resources and lower economic levels compared to other provinces in China. In terms of healthcare education, Guizhou experiences notable disparities and limitations that affect the quality and accessibility of healthcare services. Guizhou faces health challenges such as tuberculosis and maternal mortality, highlighting the need for improved healthcare infrastructure and services.

The selection of Guizhou as the study setting for investigating trial-role conflict and job burnout among nursing college faculty is a wise choice. This underdeveloped region of China faces unique challenges in healthcare education and the well-being of educators. We can gain valuable insights into this phenomenon by examining the dynamics of job burnout in less-advantaged regions. Finally, there is a lack of research on job burnout among nursing college faculty members in developing regions, such as Guizhou. This study aims to fill this gap by providing empirical evidence and insights to inform policy and practice in similar settings.

## 3.3 Research Population and Sample

### 3.3.1 Population

The study's population consists of nursing educators from college faculties in Guizhou, China.

The research focuses on nursing college faculties in Guizhou, China, who are actively engaged in teaching and administrative roles within nursing colleges across the province. These individuals play a crucial role in shaping the future of nursing professionals and are essential to the healthcare education system in Guizhou

**3.3.2 Samples**

The sample for this research consists of 200 nursing educators selected from six colleges in Guizhou Province, Southwest China.

In the quantitative phase, the samples are 200 faculty members from six nursing colleges in Guizhou. By selecting a diverse and representative group of participants, we can accurately reflect the characteristics of nursing college faculties across the province. Our stratified random sampling technique ensured that different strata, including college size, geographical location, and faculty members' teaching experience, age, gender, and academic rank, were represented.

The researcher selected a smaller subset of the quantitative sample for in-depth interviews and focus group discussions as part of the qualitative phase. In this phase, we selected six nursing educators from six colleges, representing a range of ages, genders, teaching experiences, and academic ranks.

**3.3.3 Sampling Methods**

A stratified random sampling technique was employed to ensure a representative sample of the study population. This technique involves dividing the population into distinct strata based on specific characteristics, such as the size of the colleges, geographical location within Guizhou, the faculty members' teaching experience level, age, gender, marital status, and academic rank. From each stratum, a random sample of 200 faculty members was selected from six nursing colleges with more than 100 faculty members and over 2,000 students across the province.

The inclusion criteria for the study include faculty members currently employed in one of the selected nursing colleges in Guizhou who have been teaching or involved in administrative roles for at least one academic year, were willing to participate in the study, and provide informed consent. The exclusion criteria include faculty members who are on extended leave (e.g., maternity leave, sabbatical) during the data collection period, individuals who plan to resign or retire from their positions within the academic year of the study, and faculty members who are not directly involved in teaching or administrative roles related to nursing education.

## 3.4 Data Collection Methods

### 3.4.1 Questionnaire

The researcher used questionnaires to get research data on trial-role conflict, job burnout, and academic psychological capital. Initially, the author administered a set of survey questionnaires, as specified in the research instrument, to 200 nursing teachers. The author distributed these survey questionnaires via the WeChat application, as respondents in China primarily used this mobile application for conducting surveys.

### 3.4.2 Interview

After doing the quantitative analysis, the author interviewed six participants in a semi-structured way to learn more about their experiences with burnout, how they balanced their roles as a teacher, a clinical practitioner, and a family member, and the psychological capital (hope, optimism, self-efficacy, and resilience) that helped them do this better and avoid job burnout.

## 3.5 Research Instrument

### 3.5.1 Questionnaire

The current study employs various instruments and tools, including:

1) Measurement of burnout using the Maslach Burnout Inventory Scale (MBI-S).

The Maslach Burnout Inventory Survey (MBI-S), established by Maslach and Jackson in 1981, was used to measure burnout (Maslach & Jackson, 1981; Schaufeli et al., 1996). The MBI-S comprised 15 measures encompassing three dimensions: emotional exhaustion, cynicism, and professional efficacy. The emotional exhaustion component was assessed using five measures, the cynicism dimension was assessed using four items, and the professional efficacy dimension was assessed using six items. The scoring of all the items was done using a Likert scale ranging from 0 (indicating "never") to 6 (indicating "every day"). Elevated scores on the emotional exhaustion and cynicism aspects and diminished scores on the professional efficacy component indicate heightened degrees of burnout. The MBI-S was developed in Chinese and has undergone empirical examination, demonstrating acceptable reliability and validity. The Cronbach's alpha coefficients for emotional exhaustion, cynicism, and professional efficacy were 0.852, 0.912, and 0.896, respectively.

2) Measurement of Academic Psychological Capital using The Psychological Capital Questionnaire (PsyCap-Q)

The Psychological Capital Questionnaire (PsyCap-Q), developed by Luthans et al. (2007), is a highly popular tool for assessing psychological capital (PsyCap). This questionnaire has two versions: one with 24 items (PsyCap-Q–24) and another with 12 items (PsyCap-Q–12). The scales used in this study were derived from well-established assessments of self-efficacy, optimism, hope, and resilience. Validation studies demonstrate that PsyCap may be considered a second-order concept,

as suggested by Luthans et al. (2007). The 12-item version of the PsyCap-Q has been translated into other languages (see www.mindgarden.com for further information).

The primary objective of this study is to verify the accuracy and reliability of a concise instrument for evaluating educational psychological capital (PsyCap). (Martínez et al., 2021) Has modified the PsyCap measure (PsyCap-Q-12) to the educational context in the Spanish version. The researcher then adapted this instrument into a Chinese version and conducted validation and reliability tests. The Cronbach's alpha for the total scale was 0.913.

3) Measurement of Trial role conflict using the Work Interference with Family (WIF) scale and the Family Interference with Work (FIW) scale

The Work-Family Conflict Scale assessed trial role conflict, specifically in managing teaching, clinical practice, and familial responsibilities. This scale measures the degree to which individuals encounter conflicts between their employment (teaching and clinical practice) and home responsibilities. Work-family conflict was measured using two subscales: the Work Interference with Family (WIF) scale and the Family Interference with Work (FIW) scale. The WIF scale quantified the degree to which work demands and family-related responsibilities, while the FIW scale quantified the degree to which family demands and work-related obligations.

The overall scale consisted of 18 items, with each of the two subscales assessed by nine items. All items were scored using a 5-point Likert scale, ranging from 0 (strongly disagree) to 5 (strongly agree). The scores for each subscale were added and then divided by the number of responses to calculate the average score for WIF and FIW, respectively. Greater values of subscales showed elevated levels of Work Interference with Family (WIF) or Family Interference with Work (FIW). The Chinese adaptation of the Work-Family Conflict Scale has demonstrated strong reliability and validity. The current research found a Cronbach's alpha of 0.897 for the overall scale.

The Cronbach's alpha coefficients for work interference with family (WIF) and family interference with work (FIW) were 0.914 and 0.886, respectively.

4) Demographic and Professional Background Questionnaire: A custom-designed questionnaire was used to collect demographic and professional background information from participants, including age, gender, years of teaching experience, academic qualifications, and administrative roles.

### 3.5.2 Semi-structured Interview

We have developed a semi-structured interview for the qualitative phase to facilitate in-depth discussions with participants. The interview items included open-ended questions related to experiences of burnout, how to balance the trial role (teaching, clinical practice, and family), and which psychological capital (optimism, self-efficacy, hope, and resilience) played a dominant role in reducing job burnout and strengthening the trial role (teaching, clinical practice, and family). Three senior teachers in the fields of psychology and nursing validated the construction of the interview items. The author addressed suggestions and amendments based on their notes.

## 3.6 Data Analysis

### 3.6.1 Quantitative Data Analysis

The SPSS 17.0 program was used for all analyses, and all statistical tests were conducted with a two-tailed ($\alpha = 0.05$) significance level. The aspects of burnout in different demographic categories were analyzed using a one-way ANOVA to determine their distributions. A Pearson correlation analysis was conducted to examine the association between trial-role conflict and burnout. The study employed Baron and Kenny's 1986) method to examine the mediating role of Psychological Capital (PsyCap) in the association between work-family conflict and burnout. Baron and Kenny (1986)

outlined the requirements for establishing mediation: (1) The independent variable, trial-role conflict, is strongly linked to the dependent variable (job burnout (Emotional exhaustion/Cynicism/Professional efficacy). (2) The independent variable (trial-role conflict) is significantly connected to the mediator, PsyCap. (3) The mediator, PyCap, is significantly linked to the dependent variable (job burnout (Emotional exhaustion/Cynicism/Professional efficacy). Additionally, the impact of the independent variable (trial-role conflict) on the dependent variable (job burnout, i.e., Emotional exhaustion, cynicism, and professional efficacy) decreases when the mediator, PyCap, is included in the model, indicating partial mediation. Complete mediation is established when a mediator is added to the model, resulting in the independent variable no longer having an effect on the dependent variable. Additionally, we employed the Sobel test to assess the statistical significance of the mediation effect.

**3.6.2 Qualitative Data Analysis**

Thematic Analysis Approach for Interpreting Interview and Focus Group Data includes the following steps:

1) Transcription: Start by transcribing the audio recordings of the interviews and focus group discussions exactly as they were spoken. Ensure the transcriptions accurately reflect the participants' responses and any relevant non-verbal cues.

2) Familiarization: Read the transcripts several times to become familiar with the data. This initial review helps one understand the content and context of the participants' responses.

3) Generating Initial Codes: Begin coding the data by identifying meaningful units of text (such as phrases, sentences, or paragraphs) that relate to the research questions and objectives. Assign codes to these units, which can be descriptive, interpretive, or a combination of both.

4) Searching for Themes: Group related codes together to form potential themes. These themes represent patterns or concepts that capture the essence of the data concerning the research questions.

5) Reviewing Themes: Examine the themes to ensure they are coherent and distinct. Check that the themes accurately reflect the coded data and the overall dataset. This method may involve refining, combining, or splitting themes as necessary.

6) Defining and Naming Themes: Develop clear definitions for each theme and assign descriptive names that capture their essence. Ensure that the names and definitions are consistent with the data and the research objectives.

7) Writing the Analysis: Present the analysis by describing each theme in detail, supported by relevant quotes from participants. Explain how the themes relate to the research questions and contribute to answering them.

## 3.7 Ethical Considerations

Conducting research with human subjects, especially in sensitive areas like trial-role conflict and job burnout among nursing college faculty, raises several ethical issues that require careful consideration, which include:

1) Informed Consent: Participants must be fully informed about the study's nature, their role in it, potential risks, and their right to withdraw at any time without penalty or consequence. Consent should be obtained voluntarily and documented in writing.

2) Confidentiality and Anonymity: Researchers must ensure that participants' identities are protected and their responses remain confidential and anonymous. This involves using coding systems, secure data storage, and presenting data in aggregate form.

3) Risk of Harm: The study should minimize potential harm to participants, including psychological distress that may arise from discussing sensitive topics related to burnout. Researchers should provide resources or referrals for support if needed.

4) Respect for Autonomy: Participants should be treated with respect, and their autonomy should be upheld throughout the research process.

5) Avoidance of Deception: Researchers should avoid deceiving participants about the nature or purpose of the study unless necessary and justified for scientific reasons.

The Ethical Approval Process and Measures to Protect Participants' Confidentiality and Welfare include:

1) Ethical Approval: Before commencing the study, researchers must seek approval from an Institutional Review Board (IRB) or Ethics Committee. The approval process involves submitting a detailed research proposal that outlines the study's objectives, methodology, potential risks, and ethical considerations.

2) Informed Consent Process: Participants should be provided with a clear and concise informed consent form that explains the study's purpose, procedures, potential risks, and their rights. Consent forms should be written in plain language and signed by the participants before data collection begins.

3) Data Confidentiality: Researchers must implement measures to protect the confidentiality of the data collected. This includes using secure, password-protected electronic systems for storing data, anonymizing participant information, and limiting access to the data to authorized research team members only.

4) Minimizing Risk: Researchers should take steps to minimize potential risks to participants. This includes providing a supportive environment during data

collection, offering debriefing sessions, and ensuring participants can access support services if needed.

5) Monitoring and Reporting: Throughout the study, researchers should monitor the well-being of participants and report any adverse events or ethical issues to the IRB or Ethics Committee. Any significant changes to the study protocol should also be reported and approved.

By following these ethical considerations and the appropriate approval process, researchers can ensure that the study is conducted with the highest ethical standards, safeguarding the participants' rights, confidentiality, and welfare.

# CHAPTER IV
# ANALYSIS RESULT

This chapter presents a comprehensive analysis of the data collected from nursing college faculties in Guizhou to investigate the trial-role conflict, job burnout, and the role of psychological capital (PsyCap) in mitigating burnout. We structure the analysis to provide a detailed understanding of the sample's demographic characteristics, including occupation characteristics of the subjects and burnout dimension in categorized items, the reliability and validity of the instruments used, the relationships between trial-role conflict, PsyCap, and job burnout, and qualitative data about the relationship between trial-role conflict and job burnout from educator perspectives.

## 4.1 Characteristics Analysis of Demographic Samples

Table 4.1 presents the demographic and occupational characteristics of the subjects, as well as the distributions of each component of burnout in categorical items. The average levels of emotional exhaustion, cynicism, and professional efficacy varied among age groups. Professional efficacy varied among different academic rank groups. There was a difference in average emotional exhaustion and average cynicism among teaching experience groups. There were variations in the levels of emotional exhaustion among different marital status groups. There is also a difference in average emotional exhaustion, cynicism, and professional efficacy among academic rank groups.

Table 4.1 Demographic and Occupation Characteristics of the Subjects and Burnout Dimension in Categorized Items

| Variable | Options | Percent | Emotional Exhaustion Mean | Cynicism Mean | Professional Efficacy Mean |
|---|---|---|---|---|---|
| Gender | Male | 52 | 12.01 | 7.43 | 23.67 |
| | Female | 48 | 12.05 | 7.54 | 23.78 |
| Age | Under 30 years old | 32 | 13.28 | 8.29 | 24.99 |
| | 30-45 years old | 52 | 12.07 | 8.43 | 25.21 |
| | Over 45 years old | 16 | 14.77 | 6.87 | 26.77 |
| Academic Rank | Lecturer | 45.5 | 14.27 | 7.52 | 24.92 |
| | Assistant Professor | 30 | 13.78 | 7.98 | 24.75 |
| | Associate Professor | 18 | 14.00 | 8.08 | 24.39 |
| | Professor | 6.5 | 13.97 | 8.11 | 25.09 |
| Teaching Experience | Within 5 years | 41.5 | 13.34 | 7.66 | 26.62 |
| | 6 to 10 years | 30 | 12.83 | 8.31 | 24.61 |
| | 10-15 years | 28.5 | 15.04 | 8.51 | 24.65 |
| Marital Status | Single | 24 | 14.91 | 8.27 | 23.38 |
| | Married | 70 | 15.70 | 8.88 | 25.19 |
| | Divorced / widow | 6 | 14.45 | 8.49 | 25.94 |

Table 4.1 is the characteristic analysis table of demographic samples. For Gender, Male has 104 people, accounting for 52%. The female population accounts for 48%, or 96 individuals. It shows that among the respondents, the number of males is slightly more than that of females, but the overall situation is relatively balanced. For age, 64% of people under 30 years old account for 32%. One hundred four people are between 30 and 45 years old, accounting for 52% of the total. Over 45 years old has 32 people, accounting for 16%. The results show that respondents aged 30-45 years are relatively large, followed by those under 30 years old, and those over 45 years old are relatively small. For academic rank, there are 91 Lecturers, accounting for 45.5%. There are 60 Assistant Professors, accounting for 30%. There are 36 Associate Professors, accounting for 18%. There are 13 professors, accounting for 6.5% of the total. It shows that most of the respondents are Lecturers and Assistant Professors. For Years of Teaching Experience, there are 83 people within 5 years, accounting for 41.5%. There

are 60 people aged 6 to 10 years, accounting for 30%. There are 57 people in the 10-15 year age group, accounting for 28.5% of the total population. It shows that among the respondents, the number of people within 5 years is relatively large, followed by those between 6 and 10 years, and the number of people between 10 and 15 years is relatively small.

Next, we obtain the demographics of the job burnout dimensions from Table 4.1. Nursing educators under 30 years old have an average level of emotional exhaustion of 13.28, an average level of cynicism of 8.29, and an average level of professional efficacy of 24.99. Then, nursing educators between the ages of 30 and 45 exhibited an average emotional exhaustion score of 12.07, an average cynicism score of 8.43, and an average professional efficacy score of 25.21. Nursing educators over 45 had an average emotional exhaustion score of 14.77, an average cynicism score of 6.87, and an average professional efficacy score of 26.77. Next, based on the academic rank category, nursing educators with academic ranking Lectures have an average emotional exhaustion score of 14.27, average cynicism of 7.52, and average professional efficacy of 24.92, followed by nurse educators of academic range assistant professors having an average Emotional Exhaustion rating of 13.78, average Cynicism score of 7.98, and average Professional Effectiveness of 24.75, followed up by nursing educator with an academic ranks associate professors, who score average emotional exhaustion of 14.00, average cynics of 8.08, and average professional efficiency of 24.39, nurse teachers of academically ranked professors with an average emotional exhaustion score of 13.97, average Cynics of 8.11, and a mean professional efficacy of 25.09.

Furthermore, the dimension of job burnout receives varying scores based on marital status categories. Nursing educators have a single status and have an average emotional exhaustion score of 14.91, an average cynicism score of 8.27, and an average professional efficacy of 23.38. With a married status, they have a mean emotional

excitement score of 15.70, an average cynicism score of 8.88, and an average professional effectiveness of 25.19. With a divorce or widow status, they have an average emotional exhaustion score of 14.45, an average cynicism score of 8.49, and an average professional efficiency of 25.94.

Finally, it also showed varying scores based on the category of teaching experience. Nursing educators with less than five years of teaching experience have an average emotional exhaustion score of 13.34, an average cynicism score of 7.66, and an average professional efficacy score of 26.62. Those with teaching experiences between 5 and 10 years have an average emotional exhaustion score of 12.83, an average cynicism score of 8.31, and an average professional efficacy score of 24.61. In contrast, those with more than 10 years of learning experience have an average emotional exhaustion score of 15.04, an average cynicism score of 8.51, and an average professional efficacy score of 24.65.

## 4.2 Reliability Analysis

The reliability test is a method used to determine whether the questionnaire results obtained from respondents at different times and places are consistent and reliable. In statistics, the consistency and reliability of a questionnaire are typically measured by the Cronbach's alpha coefficient, and the range of the coefficient's value is generally required to be between 0 and 1. If the Cronbach coefficient is greater than 0.9, it is considered that the internal reliability of the scale is very high; If the Cronbach coefficient is greater than 0.7 (less than 0.9), it is considered that the internal reliability is good; If the Cronbach coefficient is greater than 0.5 (less than 0.7), the intrinsic reliability is considered acceptable; If the Cronbach coefficient is less than 0.5, it is considered that there is a big problem in the design of the scale and should be considered for redesign. In this study, SPSS 32.0 software is used to calculate the Cronbach

coefficients for each variable, determining whether the empirical data obtained for each variable meet the internal consistency and reliability requirements. The specific results are as follows.

Table 4.2 Reliability Analysis

| Questionnaire | Subscale | Cronbach's Alpha |
|---|---|---|
| Trial-role conflict | Work Interference with Family (WIF) | 0.914 |
| | Family Interference with Work (FIW) | 0.886 |
| Academic Psychological Capital (APsyCap) | APsyCap | 0.913 |
| Job burnout | Emotional exhaustion | 0.852 |
| | Cynicism | 0.912 |
| | Professional efficacy | 0.896 |

Table 4.2 is the reliability analysis table of the questionnaire. The Cronbach coefficients for trial-role conflict are 0.914 for WIF and 0.886 for FIW, both of which exceed 0.7, indicating that the reliability of these scales is satisfactory. The Cronbach coefficients for Job burnout are 0.852, .912, and 0.896, respectively, which are greater than 0.7, indicating that the reliability of these scales is good. The Cronbach's alpha coefficient for the psychological capital scale is 0.913, which exceeds 0.9, indicating that the scale's reliability is outstanding.

## 4.3 Validity Analysis

Exploratory factor analysis is mainly used to measure the structural validity of the scale, which refers to the consistency between the experiment and the theory, that is, whether the experiment measures the hypothesis (construction) theory. It has structural validity if the relationship between the factor and the measured item aligns with expectations. When using factor analysis for validity analysis, we must first judge

whether the conditions of factor analysis are met. Generally, two conditions need to be met. One requirement is that the KMO value must be greater than 0.7; secondly, the significance of Bartlett's sphericity test must be less than 0.05. If these two conditions are met, a strong correlation exists between the observed variables, making them suitable for factor analysis. Table 4.3 presents the results of the validity test for the third questionnaire.

Table 4.3 Validity Test Result for the Questionnaire

| Questionnaire | Kaiser-Meyer-Olkin Measure of Sampling Adequacy | Bartlett's Test of Sphericity (p-value) |
|---|---|---|
| Trial-role conflict | 0.889 | 0.000 |
| Academic Psychological Capital (APsyCap) | 0.813 | 0.000 |
| Job burnout | 0.798 | 0.000 |

Table 4.3 is the KMO and p-value of the Bartlett test table of trial-role conflict, trial-role conflict Academic psychological capital, and Job burnout scale, with KMO values of 0.889, .813, and 0.798, respectively, which is greater than 0.7; The p-value obtained of all analysis is 0.000, which is less than the significance level of 5%, indicating that it is suitable for factor analysis.

## 4.4 Correlations Among Trial-Role Conflict, Academic PsyCap, and Burnout

The Pearson correlation results are displayed in Table 4.4. A strong correlation was found between trial-role conflict (WIF and FIW) and various burnout characteristics. A positive correlation was found between WIF (Work Interference with Family) and emotional exhaustion, and between FIW (Family Interference with Work)

and cynicism. Nevertheless, the impacts of WIF and FIW on the professional efficacy dimension exhibited distinct differences. Although FIW negatively impacted professional efficacy, WIF showed a positive correlation with professional effectiveness among educators. The variables WIF and FIW negatively correlated with PsyCap, as shown in Table 4.4.

Table 4.4 Mean, Standard Deviation, and Correlation of Variables

| | Variable | Mean | SD | Var 1 | Var 2 | Var 3 | Var 4 | Var 5 | Var 6 | Var 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Teaching experience | 9.6 | 2.78 | | | | | | | |
| 2. | Age | 37.45 | 8.01 | | | | | | | |
| 3. | Emotional exhaustion | 13.73 | 6.52 | 0.023 | -0.214 | | | | | |
| 4. | Cynicism | 8.63 | 6.45 | 0.117 | -0.126 | 0.790 | | | | |
| 5. | Professional efficacy | 24.39 | 8.78 | 0.075 | 0.068 | 0.115 | 0.212 | | | |
| 6. | Trial role conflict (WIF) | 4.31 | 0.65 | 0.016 | 0.215 | 0.356 | -0.306 | -0.043 | | |
| 7. | Trial role conflict (FIW) | 2.74 | 0.73 | 0.231 | 0.102 | 0.234 | 0.345 | -0.302 | -0.428 | |
| 8. | Academic PsyCap | 4.25 | 0.53 | -0.113 | 0.137 | -0.267 | -0.435 | 0.418 | -0.154 | -0.168 |

## 4.5 The Mediating Role of Academic PsyCap in the Relationship Between Trial-Role Conflict and Burnout Dimension (Emotional Exhaustion)

The dimensions of trial-role conflict for educators, WIF, and FIW were positively associated with burnout dimensions, especially emotional exhaustion (with score correlations of 0.476 and 0.213, respectively, $p < 0.0001$). In contrast, Academic PsyCap was negatively associated with them (-0.215 and -0.236). Academic PsyCap partially mediated the association between WIF and FIW, as the regression coefficient for FIW decreased when PsyCap was added. For WIF, the coefficient decreased from

0.476 to 0.450 (Table 4.5), while for FIW, the coefficient decreased from 0.213 to 0.167 (Table 4.6).

Table 4.5 Dataset of Hierarchical Linear Regression Analysis for the Trial-Role Conflict (WIF)

| **Variable** | **Job Burnout** | | | | | |
|---|---|---|---|---|---|---|
| | **Emotional Exhaustion** | | **Cynicism** | | **Professional Efficacy** | |
| | **First Step** | **Second Step** | **First Step** | **Second Step** | **First Step** | **Second Step** |
| Gender | 0.015 | 0.011 | -0.012 | -0.010 | 0.125 | -0.002 |
| Age | -0.065 | -0.007 | -0.091 | -0.031 | 0.035 | -0.013 |
| Teaching experience | -0.014 | -0.065 | -0.069 | -0.033 | 0.042 | 0.026 |
| Marital status | 0.140 | 0.092 | 0.074 | 0.020 | 0.004 | 0.030 |
| WIF | 0.476 | 0.450 | 0.349 | 0.304 | 0.050 | 0.078 |
| PsyCap | | -0.215 | | -0.325 | | 0.351 |
| $R^2$ | 0.041 | 0.041 | 0.017 | 0.095 | 0.010 | 0.113 |

Table 4.6 Dataset of Hierarchical Linear Regression Analysis for the Trial-Role Conflict (FIW)

| **Variable** | **Job Burnout** | | | | | |
|---|---|---|---|---|---|---|
| | **Emotional Exhaustion** | | **Cynicism** | | **Professional Efficacy** | |
| | **First Step** | **Second Step** | **First Step** | **Second Step** | **First Step** | **Second Step** |
| Gender | 0.017 | 0.001 | -0.032 | -0.015 | 0.115 | -0.102 |
| Age | -0.059 | -0.044 | -0.092 | -0.026 | 0.034 | -0.023 |
| Teaching experience | -0.107 | -0.109 | -0.059 | -0.047 | 0.041 | 0.027 |
| Marital status | 0.141 | 0.111 | 0.020 | -0.023 | 0.004 | 0.041 |
| FIW | 0.213 | 0.167 | 0.350 | 0.310 | -0.203 | -0.158 |
| PsyCap | | -0.216 | | -0.296 | | 0.313 |
| $R^2$ | 0.040 | 0.044 | 0.016 | 0.120 | 0.010 | 0.093 |

## 4.6 The Mediating Role of Academic PsyCap in the Relationship Between Trial-Role Conflict and Burnout Dimension (Cynicism)

Trial-role conflict (WIF and FIW), as shown in Tables 4.3 and 4.4, was positively associated with job burnout, especially Cynicism ($\beta$ = 0.349 and $\beta$ = 0.350), while Academic Psychological Capital was negatively associated with it ($\beta$ = -0.325 and $\beta$ = -0.296). Academic PsyCap partially mediated the association between WIF, FIW, and Cynicism, as the regression coefficient for FIW decreased upon adding PsyCap. For WIF, the coefficient decreased from 0.349 to 0.304 (Table 4.5), while for FIW, the coefficient decreased from 0.350 to 0.310 (Table 4.6).

## 4.7 The Mediating Role of Academic PsyCap in the Relationship Between Trial-Role Conflict and Burnout Dimension (Professional Efficacy)

The subscales of trial-role conflict (WIF and FIW) have different relationships with professional efficacy; WIF was positively related to professional efficacy ($\beta$ = 0.060), while FIW was negatively related to professional Efficacy ($\beta$ = -0.203). Likewise, academic PsyCap has a different relation with it. PsyCap was positively related to professional efficacy ($\beta = 0.351$ concerning WIF and $\beta = 0.313$ concerning FIW). PsyCap did not act as a mediator in the association between work interference with family (WIF) and professional efficacy. This is because the regression coefficient for WIF did not decrease when PsyCap was included in the analysis. However, PsyCap exhibited a partially moderating influence on the relationship between FIW (work-family interface) and professional efficacy. This was evident as the magnitude of the regression coefficient for FIW decreased when PsyCap was included in the analysis (from $\beta - 0.203\ to\ \beta = -0.158$).

## 4.8 Relationship Between Trial-Role Conflict and Job Burnout: Educator Perspectives

Quantitative findings suggest a positive relationship between trial-role conflict and the dimensions of job burnout, specifically emotional exhaustion, cynicism, and professional efficacy. To sharpen this finding, we selected six educators with characteristics ranging from gender to teaching experience and academic rank. Table 4.7 presents the data for the selected subjects who participated in the interview.

Table 4.7 Subject Characteristics for the Interview

| No | Initial | Gender | Teaching Experience | Academic Rank |
|---|---|---|---|---|
| 1 | LI | Male | 17 years | Associate professor |
| 2 | YM | Female | 15 years | Associate professor |
| 3 | YL | Male | 11 years | Associate professor |
| 4 | DE | Female | 7,5 years | Assistant professor |
| 5 | YT | Female | 4,5 years | Assistant professor |
| 6 | NI | Male | 3 years | Lecturer |

Then, the subjects were divided into two groups based on teaching experience: the senior group with more than 10 years of experience and the beginner group with less than 10 years of experience.

- **A group of senior educators with more than 10 years of teaching experience**

  Among a group of experienced educators, perspectives on job burnout and the struggle between professional obligations, medical duties, and familial commitments are expected to be perceptive and diverse. The following is an interview with subjects LI, YM, and YL:

  *Navigating the requirements of teaching, clinical practice, and family obligations can be complicated, leading to stress, fatigue, and dissatisfaction*

*with work. Educators must achieve a harmonious equilibrium and give priority to self-care in order to avoid burnout and sustain well-being (LI)*

*A critical approach I have found helpful is establishing distinct boundaries between my professional and personal life. Implementing a well-organized timetable, ranking duties, and coordinating with colleagues and family members have been crucial. In addition, implementing self-care practices, seeking peer support, and participating in professional activities have aided me in managing the difficulties that arise from conflicting duties and maintaining a state of equilibrium and resilience (LI)*

*The frequent transition between positions, the demand to excel in every subject, and the unclear distinctions between work and home life can result in emotions of fatigue, tension, and a state of being inundated. Continual exposure to conflicting obligations over a prolonged period, without sufficient support or coping methods, can significantly heighten the likelihood of experiencing burnout (YM)*

*I have encountered a situation that required me to juggle a rigorous teaching schedule with clinical practice obligations and family commitments. I often juggled creating lesson plans, evaluating assignments, fulfilling clinical responsibilities, and meeting family obligations, all within a restricted timetable. This situation generated a feeling of pressure as I grappled with successfully managing my time for each task while also ensuring that none of them were compromised (YE)*

This is a senior nursing educator's perspective on the role of a novice nurse educator.

*They often come without experience or understanding, and I also feel that they require a lot of guidance and supervision due to a lack of practical knowledge (LI).*

*I frequently see new teachers arrive with fresh ideas and new energy, but this enthusiasm often lacks the requisite practical expertise and experience (YM).*

- **Group of novice educators with less than 10 years of teaching experience**

Novice educators may face significant challenges, including job burnout and role conflict. Juggling the responsibilities of teaching, clinical practice, and family obligations while striving to establish oneself in the field can lead to feelings of overwhelm, stress, and fatigue. Novice educators often find themselves frightened by the responsibilities of various roles in education. The following is an interview with subjects DE, YT, and NI:

*The balance between my trial duty and other responsibilities has undeniably presented difficulties for my well-being and my ability to conduct my job effectively. Concurrently attempting to thrive in teaching, clinical tasks, and family responsibilities can be challenging. I have observed stress, exhaustion, and challenges in maintaining a harmonious balance between work and life. These elements have sporadically influenced my motivation and sense of achievement and emphasized the potential danger of burnout if not handled proactively (DE)*

*To manage the conflicts that arise from my multiple roles in a trial and decrease the likelihood of experiencing burnout, I have been focusing on establishing clear boundaries between my professional and personal life, prioritizing self-care, and seeking assistance from my colleagues and mentors. Efficient time management, transparent communication with supervisors, and active participation in professional development opportunities have played a crucial*

*role in enabling me to handle conflicting duties and sustain a sense of equilibrium and well-being in my early career (YT)*

*In addition, my objective is to engage in transparent communication with my peers and superiors regarding any difficulties I have, solicit advice on ways to manage time, and efficiently prioritize activities (YT)*

*I aim to establish clear boundaries between my professional and personal life, ensuring that I dedicate sufficient time to self-care and relaxation. Regular consultations with mentors and colleagues, together with transparent contact with supervisors, will assist me in navigating proficiently (NI)*

# CHAPTER V
# DISCUSSION AND CONCLUSION

This section delves into three key research findings. 1) There is a positive relationship between trial-role conflict and job burnout (emotional exhaustion and cynicism); 2) Academic Psychological Capital (PsyCap) plays a mediating and moderating role in the relationship between trial-role conflicts and job burnout; and 3) The relationship between trials and work burnout differs between senior and novice nursing educators.

## 5.1 Discussion

### 5.1.1 Positive Relationship Between Trial-Role Conflict and Job Burnout (Emotional Exhaustion and Cynicism)

The study demonstrated a positive association between the dimension of trial-role conflict, Work Interfering with Family (WIF), and emotional exhaustion, as well as between Family Interfering with Work (FIW) and cynicism among educators at China's Nursing College. These results were consistent with the findings of earlier investigations (Gallie & Russell, 2009; Erdamar & Demirel, 2014). Gallie Russell (2009) confirms that working conditions have a significant impact on work-family conflict in all seven countries. Work pressure, particularly in terms of intensity and hours, negatively impacts the balance between work and family demands. Family characteristics have a weaker influence on work-family conflict, with increased demands for caring and housework heightening it. One explanation of this relation is that when individuals face an overwhelming amount of work, strict time limits, lofty expectations, and scarce resources, it can result in persistent stress, fatigue, and a sense of being overwhelmed. This is similar to research (Erdamar & Demirel, 2014), which

examines the impact of teachers' work-family and family-work conflicts on one another. They found that teachers experience work-family conflict more frequently than family-work conflict, which leads to job dissatisfaction, stress, and issues with organizational commitment. These problems also affect family life at home. Teachers often transfer their work-related problems to the family environment, resulting in increased conflicts at home due to job demands. Teachers often express problems such as physical and mental fatigue, stress, and nervy at home due to work-related problems. These problems reduce the quality of their family life, with the most common problems being sacrificing time for sleep due to small housework and unplanned guests, diseases, or child-related problems.

WIF and FIW have positive relationships with the dimensions of emotional exhaustion and cynicism, but they differ in their relationship with the professional efficacy dimension. This finding is consistent with research by Wang et al. (2010) and Bagherzadeh et al. (2016). In their study, Wang et al. (2010) found that high FIWs lead to low professional efficacy, a finding also reported by Bagherzadeh et al. (2016). WIF happens when work pressure interferes with family quality of life, while FIW happens when family pressure interferes with workplace responsibilities. According to the research, a positive correlation exists between WIF and professional efficacy, as nursing educators who face higher levels of WIF tend to devote more time and energy to their work (Yeo et al., 2008; Edinger & Edinger, 2018). Conversely, the primary basis for judging professional effectiveness is work-related responsibilities, not family obligations. As a result, educators who invest more in their work are more likely to have a higher level of professional efficacy.

In contrast, nursing educators with a higher frequency of family intervention in work (FIW) allocate more time and effort to their families, which results in neglect of work-related responsibilities. This can hinder nursing educators from

maximizing their professional work. Therefore, the nursing faculty must support its teachers in helping to reduce WIF and FIW conflict by creating policies that support work flexibility and considering individual scheduling needs, which can help alleviate role conflict and enhance professional efficacy.

**5.1.2 Academic Psychological Capital (PsyCap) Has a Mediating and Moderating Role in the Relationship Between Trial-Role Conflict and Job Burnout**

The following finding, that Academic Psychological Capital (PsyCap) serves as a mediator in the relationship between trial-role conflict and job burnout, particularly in terms of the dimensions of emotional exhaustion and cynicism, aligns with existing research (Sarwar et al., 2021; Zewude & Hercz, 2021a). Sarwar et al. (2021) found that psychological capital (PsyCap) has a significant mediating relationship between work-family conflict and job burnout. Positive psychology has been found to help individuals cope with work-family challenges, with traits such as trait resilience and proactive health behaviors having a moderate influence on work-family balance satisfaction. Psychological capital is the most significant contributor to work-to-family enrichment and the second most important predictor of balance satisfaction. This finding differs from that of Pu et al. (2017) and Toprak et al. (2022), who found that Psychological capital cannot mediate the relationship between work-family conflict and job burnout, but rather that Psychological Capital has moderated this relationship. In their study, they found that work-family conflict contributes to elevated levels of job stress among teachers. However, the impact of WFC on job stress can be moderated by psychological capital (PsyCap). PsyCap has a moderating role, the ability of psychological capital to impact the intensity or direction of the connection between these variables, namely, helps to alleviate the negative impacts of trial-role conflict on teachers' job stress. Another example, elevated levels of psychological

capital might mitigate the detrimental effects of work-family conflict on job burnout by bolstering an individual's coping strategies, resilience, and aptitude for efficiently handling stress. In this case, psychological capital does not function as a mediating mechanism to clarify the connection between work-family conflict and job burnout. Instead, it acts as a protective factor that can reduce the harmful impact of work-family conflict on burnout.

The Academic PsyCap, which includes components such as self-efficacy, optimism, hope, and resilience, plays a vital role in mitigating the impact of the relationship between trial-role conflict and job burnout. Educators who possess a higher level of Psychological Capital (PsyCap) are more likely to experience lower levels of emotional weariness (Çimen & Ozgan, 2018; Freire et al., 2020; Zewude & Hercz, 2021b; Xue et al., 2023). This suggests that these psychological resources are crucial in effectively managing burnout symptoms intensified by conflicts arising from multiple roles. PsyCap serves as a mediator in this interaction, providing educators with a means to better manage the difficulties of competing responsibilities (Zewude & Hercz, 2021b). This has the potential to decrease the negative impact of burnout. This finding highlights the importance of promoting and improving psychological capital (PsyCap) among educators to reduce emotional exhaustion caused by conflicts between roles. It emphasizes the importance of psychological well-being in maintaining resilience and combating burnout in academic environments (Zewude & Hercz, 2021b).

Another essential is the significance of Academic PsyCap in reducing emotional exhaustion and cynicism caused by trial-role conflict. Teachers with higher levels of Psychological Capital (PsyCap) are likelier to have reduced levels of emotional exhaustion and cynicism, resulting in enhanced job satisfaction, heightened motivation, and improved overall job performance (Hansen et al., 2015). Institutions can prioritize initiatives that enhance psychological capital (PsyCap) among educators,

contributing to a positive work environment, decreasing cynicism, and ultimately promoting long-term engagement and well-being in educational settings. This is achieved by acknowledging the significance of psychological resources in shaping attitudes and responses to work challenges.

**5.1.3 Senior Vs. Novice Nursing Educator in the Relationship Between Trial-Role and Job Burnout**

Quantitative findings reveal interesting results: senior nursing educators with more than 10 years of work experience have higher job burnout scores (emotional exhaustion: 15.04 and cynicism: 8.51) compared to novice nursing educators with less than 10 years of teaching experience (average scores: emotional exhaustion, 12.83; cynicism, 7.9). Interview results also corroborate this quantitative finding: the senior teaching group typically encounters more complex problems and perceives the complexity of their work as a challenge. In contrast to novice teachers, they tend to consult with colleagues, including senior educators, regarding the complexity of their role in their work. When balancing teaching duties, clinical practice tasks in health, and personal tasks, the group of novice teachers views the complexity of work as a challenge for learning. This finding aligns with research by Yedidia et al. (2014) and Wu et al. and Yedidia et al. (2014) found that 4 out of 10 senior educators experienced emotional exhaustion, with a third intending to leave academic nursing. Factors contributing to this condition include dissatisfaction with the workload and inflexibility in balancing work and family life.

Furthermore, Wu et al. (2021) emphasize that nursing educators not only teach about clinical nursing but also prepare nursing students for clinical practice, develop problem-solving skills, collaborate with clinical unit staff, adapt to the unit culture, demonstrate professional competencies, and serve as role models for nursing students. Those who serve as role models for nursing students face emotional

exhaustion and job stress. In addition to having higher emotional exhaustion, senior nursing educators also have higher cynicism than novice nursing educators. This finding aligns with research by Anibas et al. (2009), Peters (2014), and Kaminski-Ozturk & Reid (2024), which suggests that senior educators often perceive themselves as mentors, consider novice educators to have no quality, and tend to underestimate their abilities.

Senior nursing educators often experience higher emotional exhaustion and cynicism than novice nurses. This may be due to the demands of constantly serving as mentors and role models for novices, as well as their involvement in household duties, which can complicate the balance between their work and personal lives. Studies by Anibas et al. (2009), Peters (2014), and Kaminski-Ozturk & Reid (2024) reveal that novice nursing educators frequently experience feelings of inadequacy, worry about meeting the quality standards established by the nursing faculty, and fear rejection by senior faculty members in the nursing environment. Senior nursing educators also often experience feelings of superiority due to their longer experience (Zhang et al., 2001; Freeling & Parker, 2015). This may be because they have experienced difficult times early in their career and assume that their experience gives them authority or a deeper understanding of teaching and navigating challenges in the academic environment. This can lead to a lack of trust in the new abilities or knowledge brought by novice nursing educators. In this situation, their experience and the high expectations of senior nursing educators create conditions that make them vulnerable to fatigue, tension, and more intense emotions. Therefore, nursing faculty fosters and facilitates collaboration between senior and novice nursing educators. Without distinction, the nursing faculty can establish a robust coaching program to ensure ongoing professional growth and development for all faculty members.

## 5.2 Conclusion

This research examines the influence of trial-role conflict factors on job burnout and the role of psychological capital (PsyCap) in the relationship between trial-role conflict and job burnout. The result of this research provides a meaningful scientific contribution to nursing education. First, a positive relationship exists between trial-role conflict (teaching, clinical practice, and family) and job burnout dimensions, especially emotional exhaustion and cynicism. Second, there is a negative relationship between one dimension of trial-role conflict, namely family interfering with work (FIW), and the third dimension of job burnout, namely professional efficacy. These two findings enable nursing faculty to develop policies that support teachers' work-life balance. The third finding reveals a distinct role for psychological capital in the relationship between trial-role conflict and job burnout. Psychological capital acts as a mediator in the relationship between trial-role conflict, emotional exhaustion, and cynicism.

Meanwhile, with professional efficacy, psychological capital acts as a moderator. The fourth finding indicates that the variables 'age' and 'teaching experience' also impact educator burnout. Senior nursing educators tend to experience higher stress levels than novice nursing educators. Senior nursing educators often feel a sense of superiority. They are expected to serve as mentors and role models for novice educators, which can increase the burden of responsibility and lead to higher emotional exhaustion. On the other hand, novice educators have positive thoughts, even though they also feel unaccepted by their seniors. These findings provide insight for nursing education administrators to develop effective coaching programs that ensure sustainable professional growth and development for all teachers, regardless of their background.

## 5.3 Implementation for Practice

1) Considering the significant correlation between trial-role conflict and job burnout, particularly in terms of emotional weariness and cynicism, nursing education institutions should prioritize the development of regulations that promote teachers' work-life balance and flexibility. This may entail implementing strategies to effectively manage the demands of teaching, clinical practice, and family responsibilities, thereby minimizing the adverse effects of conflicting roles on the well-being of educators.

2) To address the detrimental impact of family involvement on work and professional performance, nursing education administrators should prioritize efforts to enhance educators' perceptions of their professional competence and effectiveness. Implementing initiatives focused on mitigating pressures related to family and increasing job satisfaction can effectively enhance faculty members' professional effectiveness and overall job satisfaction.

3) To acknowledge the influence of psychological capital in mediating and moderating the relationship between trial-role conflict and work burnout, nursing education institutions should incorporate interventions that enhance educators' psychological resources. Training programs that focus on developing resilience, optimism, self-efficacy, and hope can mitigate the adverse effects of role conflict on emotional exhaustion and cynicism, while enhancing professional efficacy among faculty members.

4) Because senior nursing educators encounter higher levels of stress compared to novice educators, nursing education administrators must provide targeted support and mentorship initiatives for experienced faculty members. Senior educators might benefit from stress management approaches, peer support networks, and

leadership development opportunities to effectively navigate their responsibilities and avoid burnout.

5) To address the relationship between age, teaching experience, and educator burnout, nursing education institutions should encourage collaboration and knowledge sharing among faculty members from different generations. Establishing a nurturing and inclusive atmosphere that appreciates and honors both experienced and inexperienced instructors can facilitate long-lasting professional growth and advancement at every stage of their careers.

6) Parents should provide their children with emotional support as they fulfill their responsibilities as nursing educators. Attentively address their problems, provide motivation, and assist them in managing the difficulties they could have when juggling their work and personal obligations. Furthermore, motivate your children to prioritize their physical and emotional well-being, participate in activities that promote relaxation and rejuvenation, and seek assistance when necessary.

7) Students develop a constructive mindset, actively pursue opportunities for self-improvement, and utilize these mental assets to manage stress and difficulties more efficiently. Furthermore, set attainable objectives and anticipate reasonable outcomes for your educational and career trajectory. Divide more complex activities into smaller, more easily achievable segments, acknowledge and appreciate accomplishments throughout the process, and ensure a harmonious balance between ambition and self-care.

## 5.4 Recommendation for Future Research

Future research could explore several directions based on the study's findings, "Influential Factors on Job Burnout among China’s Nursing College Faculties: The Mediating Role of Psychological Capital." First, an experimental or

quasi-experimental study could examine the effectiveness of Psychological Capital (PsyCap)-based interventions (such as resilience training and self-efficacy programs) in reducing job burnout among nursing faculty. Second, research could investigate the role of organizational culture in mitigating trial-role conflict and burnout, focusing on workplace flexibility policies, mentoring systems, and social support mechanisms. Third, a longitudinal study could track changes in job burnout over different career stages to understand how teaching experience and age influence burnout and PsyCap development. Fourth, a qualitative or mixed-methods study could explore coping strategies and resilience among nursing faculty, identifying individual and institutional approaches to managing burnout. Fifth, a comparative study could examine differences in job burnout, role conflict, and psychological capital (PsyCap) between nursing faculty in public and private institutions, analyzing specific workplace factors that contribute to stress or support. Sixth, future research could investigate the correlation between job burnout and teaching effectiveness, assessing how burnout impacts academic performance and student satisfaction. Lastly, an action research approach could be used to develop and implement a mental health support model within the nursing curriculum, thereby enhancing faculty and student well-being.

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# APPENDICES

## APPENDIX 1: Maslach Burnout Inventory Scale (MBI-S)

| Questions | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|---|---|---|---|---|---|---|---|
| **Section A:** | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| I feel emotionally drained by mywork. | | | | | | | |
| Working with people all day longrequires a great deal of effort. | | | | | | | |
| I feel like my work is breaking medown. | | | | | | | |
| I feel frustrated by my work. | | | | | | | |
| I feel I work too hard at my job. | | | | | | | |
| It stresses me too much to work indirect contact with people. | | | | | | | |
| I feel like I am at the end of my rope. | | | | | | | |
| **Total score – SECTION A** | | | | | | | |
| **Questions** | **Never** | **A Few Times per Year** | **Once a Month** | **A Few Times per Month** | **Once a Week** | **A Few Times per Week** | **Every Day** |
| **Section B:** | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| I treat specific patients or clients impersonally, as if they are objects. | | | | | | | |
| I feel tired when I get up in the morning and have to face another day<br>day at work. | | | | | | | |
| My patients and clients hold me responsible for some of | | | | | | | |

| Questions | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|---|---|---|---|---|---|---|---|
| their problems. | | | | | | | |
| I am at the end of my patience by the end of my workday. | | | | | | | |
| I do not care about what occurs in some of my patients or clients. | | | | | | | |
| I have become less sensitive to people since I started working. | | | | | | | |
| I am afraid that this job is making me uncaring. | | | | | | | |
| **Total score – SECTION B** | | | | | | | |
| **Questions** | **Never** | **A Few Times per Year** | **Once a Month** | **A Few Times per Month** | **Once a Week** | **A Few Times per Week** | **Every Day** |
| **Section C:** | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| I accomplish many worthwhile things in this job. | | | | | | | |
| I feel full of energy. | | | | | | | |
| I am easily able to understand what my patients and clients feel. | | | | | | | |
| I effectively address my patients' and clients' problems. | | | | | | | |
| In my work, I handle emotional problems very calmly. | | | | | | | |
| Through my work, I believe I have a positive influence on people. | | | | | | | |
| I can easily create a relaxed atmosphere with my patients and clients. | | | | | | | |

| Questions | Never | A Few Times per Year | Once a Month | A Few Times per Month | Once a Week | A Few Times per Week | Every Day |
|---|---|---|---|---|---|---|---|
| I feel refreshed when I am close to my patients or clients at work. | | | | | | | |
| **Total score – SECTION C** | | | | | | | |

# APPENDIX 2: SCORING RESULTS – INTERPRETATION MBI-S

**Section A: Burnout**

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue,trouble sleeping, and physical problems. For the MBI and most authors, “exhaustion would be thekey component of the syndrome.” Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

**Section B: Depersonalization**

“Depersonalization” (or loss of empathy): Rather, a “dehumanization” in interpersonal relations. The notion of detachment can be excessive, leading to cynicism with negative attitudes towards patients or colleagues, feelings of guilt, avoidance of social interactions, and withdrawal from oneself. The professional blocks the empathy he can show his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

**Section C: Personal Achievement**

The reduction of personal achievement: The individual assesses himself negatively and cannot move the situation forward. This component represents the demotivating effects of a problematic, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplishthings. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

# APPENDIX 3: Academic Psychological Capital-12

# (APsyCap-12, English version)

| No. | Item | Dimension |
|---|---|---|
| 1 | I hope to have enough knowledge to grow through my teaching and learning | hope |
| 2 | I can find ways to fulfill my dreams through my teaching and learning | hope |
| 3 | I can keep up with the technologies that I can use in my teaching and learning | self-efficacy |
| 4 | I believe better days will come through my teaching and learning | optimism |
| 5 | I hope to have enough experience to be successful through my teaching and learning | hope |
| 6 | I can easily teach new content that arises from my teaching and learning | self-efficacy |
| 7 | I believe that good things will happen to me through my teaching and learning | optimism |
| 8 | I can understand complex content in my teaching | self-efficacy |
| 9 | I get stronger when I face intrigues (for example, interpersonal conflicts, judgments, criticisms, etc.) in my environment | resilience |
| 1 | I get stronger after facing failure in my teaching and learning | resilience |
| 11 | I believe that tomorrow will be better in my life | optimism |
| 12 | I feel stronger when facing competition in my environment | resilience |

# APPENDIX 4: Academic Psychological Capital-12

# (APsyCap-12, Chinese Version)

| 数字 | 物品 | 方面 |
|---|---|---|
| 1 | 我希望通过我的教学和学习获得足够的知识来成长 | 希望 |
| 2 | 我可以通过教学和学习找到实现梦想的方法 | 希望 |
| 3 | 我能够跟上可在我的教学和学习中使用的技术 | 自我效能感 |
| 4 | 我相信通过我的教学和学习将会有更好的日子 | 乐观 |
| 5 | 我希望有足够的经验通过我的教学和学习取得成功 | 希望 |
| 6 | 我能够轻松教授我的教学和学习中出现的新内容 | 自我效能感 |
| 7 | 我相信通过我的教学和学习，美好的事情会发生在我身上 | 乐观 |
| 8 | 我可以理解教学中的复杂内容 | 自我效能感 |
| 9 | 当我在环境中面对阴谋（例如人际冲突、判断、批评等）时，我会变得更坚强 | 弹力 |
| 10 | 在教学和学习中遇到失败后我变得更坚强 | 弹力 |
| 11 | 我相信我的人生明天会更美好 | 乐观 |
| 12 | 当我面对环境中的竞争时，我感觉更强大 | 弹力 |

# APPENDIX 5: Interference with Family (WIF) and Family Interference with Work (FIW) Scale

| No | Item | Score | | | | | |
|---|---|---|---|---|---|---|---|
| | **Work Interference with Family** | **0** | **1** | **2** | **3** | **4** | **5** |
| 1 | My job prevents me from participating in my family's activities more than I would like. | | | | | | |
| 2 | The time I must dedicate to my job prevents me from participating in household activities and responsibilities to the same degree. | | | | | | |
| 3 | Due to time spent on my job responsibilities, I must miss some family activities. | | | | | | |
| 4 | When I get home from work, I am often too frazzled to participate in family activities and responsibilities. | | | | | | |
| 5 | When I return from work, I often feel too exhausted to participate in family activities and responsibilities. | | | | | | |
| 6 | Due to all the pressures at work, sometimes, when I get home, I am too stressed to do the things I enjoy. | | | | | | |
| 7 | My problem-solving behaviors at work are ineffective in resolving problems at home. | | | | | | |
| 8 | Behavior that is effective and necessary for me at work would be counterproductive at home. | | | | | | |
| 9 | The behaviors that make me effective at work do not help me be a better parent and spouse. | | | | | | |
| | **Family Interference with Work** | **0** | **1** | **2** | **3** | **4** | **5** |
| 10 | The time I spend on family responsibilities interferes with my work responsibilities. | | | | | | |
| 11 | The time I spend with my family often prevents me from engaging in activities at work that could be beneficial to my career. | | | | | | |
| 12 | Due to stress at home, I often worry about family matters at work. | | | | | | |

| No | Item | Score | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | I have to miss work activities due to the time I must spend on family responsibilities. | | | | | | |
| 14 | Due to family responsibilities, which often cause me stress, I struggle to concentrate on my work. | | | | | | |
| 15 | Tension and anxiety from my family life often weaken my ability to do my job. | | | | | | |
| 16 | Behavior that is effective and necessary for me at work would be counterproductive if I used it at home. | | | | | | |
| 17 | The behaviors that work for me at home do not seem to be effective in the workplace. | | | | | | |
| 18 | The problem-solving behavior that works for me at home does not seem as useful at work. | | | | | | |

# APPENDIX 6: Interview Instrument

**Interview for Senior Nursing Educator Group**

1. Could you share your perspective on the challenges of balancing teaching, clinical practice, and family responsibilities as an educator?
2. Considering your extensive teaching experience, how have you observed the impact of trial-role conflict on your well-being and job performance?
3. How do you think your Academic Psychological Capital, including factors like self-efficacy, optimism, hope, and resilience, influences your ability to manage trial-role conflict and potential burnout, especially regarding professional efficacy?
4. In your opinion, what strategies have you found effective in managing trial-role conflict and preventing burnout?
5. As a senior nursing educator, how do you see the new teacher's role in the nursing faculty?
6. Do you believe new nursing faculty members have added value to the teaching team?
7. Are there any specific challenges you face when working with a novice educator?

**Interview for the Novice Nursing Educator Group**

1. Could you share how you have been navigating the challenges of balancing teaching responsibilities, clinical practice, and family commitments in your relatively early career?
2. Considering your teaching experience, how have you observed trial-role conflict's impact on your well-being and job performance?
3. How do you think your Academic Psychological Capital, including factors like self-efficacy, optimism, hope, and resilience, influences your ability to manage trial-role conflict and potential burnout, especially regarding professional efficacy?
4. How have you perceived the impact of trial-role conflict on your well-being and job performance as a junior educator, especially in terms of potential burnout?
5. What strategies or approaches have you found helpful in managing trial-role conflict and preventing burnout as a novice educator?
6. What is your experience working with senior educators like?