1989

A study of Type A and Type B personality and burnout in nurses

Gail M. Brennan
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_theses

Recommended Citation

Brennan, Gail M., "A study of Type A and Type B personality and burnout in nurses" (1989). *Master's Theses*. 3178.

DOI: <https://doi.org/10.31979/etd.kw53-zb4t>

https://scholarworks.sjsu.edu/etd_theses/3178

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

INFORMATION TO USERS

The most advanced technology has been used to photograph and reproduce this manuscript from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

U·M·I

University Microfilms International
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
313/761-4700 800/521-0600

Order Number 1339604

A study of Type A and Type B personality and burnout in nurses

Brennan, Gail M., M.S.

San Jose State University, 1989

U·M·I

300 N. Zeeb Rd.
Ann Arbor, MI 48106

A STUDY OF TYPE A AND TYPE B
PERSONALITY AND BURNOUT
IN NURSES

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
Gail M. Brennan
December 1989

APPROVED FOR THE DEPARTMENT OF NURSING

Marcia Canton, RN, PhD

Jerry Stamper, RN, EdD

Sandy Couser, RN, MSN

APPROVED FOR THE UNIVERSITY

ACKNOWLEDGEMENTS

Throughout the duration of this study, I have enjoyed the cooperation of many people. It is with sincere gratitude that I thank the following people who gave so much of themselves. Special thanks to Dr. Marcia Canton for her wise counsel, encouragement, and sense of humor that provided much constructive support. I would like to express my appreciation to Dr. Jerry Stamper for his suggestions and help. It is to Sandy Couser that I owe the original inspiration and encouragement to undertake this project. I am indebted to Eloise Blanchard for her editorial support, Marcie Cleveland for her typing talents, and all the women who volunteered for this study. Finally to my son, Sean, my utmost thanks for your love, understanding, encouragement, patience, and support.

ABSTRACT

A STUDY OF TYPE A AND TYPE B PERSONALITY AND BURNOUT IN NURSES

by Gail M. Brennan

This descriptive study investigates the extent of burnout in nurses currently employed and concurrently enrolled in graduate school. It is posited that nurses with Type A personality will experience a greater degree of burnout than nurses with Type B personality. A group of 30 graduate students enrolled at San Jose State University and currently employed in nursing, represented the voluntary sample population. Each participant completed the Maslach Burnout Inventory (MBI), the Pace of Life Index, the Stress and Tension Level Gauge, and a demographic survey. Since the study sample consisted of nurses attending graduate school, this select group is not considered representative of the general nursing population. The mean was used as a measure of central tendency, and percentile ranks were utilized for frequency distribution in this descriptive analysis. The findings indicate little evidence of burnout and did not establish that nurses with Type A personality experience burnout to a greater degree than nurses with Type B personality.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vii
Chapter	
1. INTRODUCTION	1
The Problem and Research Question	2
Purpose and Need	6
Definition of Terms	7
Research Design	8
Scope and Limitations	8
2. CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE	10
Conceptual Framework	10
Related Literature	16
Summary	29
3. THE METHOD	30
Research Design	30
Data Collection	30
Analysis of the Data	35
4. ANALYSIS AND INTERPRETATION OF DATA	36
Introduction	36
Description of the Sample	36
Instruments	37
Analysis Regarding Complication	47

Chapter	Page
5. CONCLUSIONS AND RECOMMENDATIONS	49
Conclusions	49
Recommendations	52
REFERENCES	55
APPENDICES	
A. Demographic Survey Sheet, Maslach Burnout Inventory, Pace of Life Index, and Self-Scoring Stress and Tension Level Gauge	60
B. Committee for the Protection of Human Subjects Project Proposal Review . . .	66
C. Letter to Participants	68
D. Consent Form	70

LIST OF TABLES

Table		Page
1.	Distribution of Graduate Students by Sex, Race, Age, Education, Marital Status, Number of Children, Primary Work Area, Primary Position	39
2.	Standard Deviation and Mean by Age, Years Married, Hours Worked Per Week, Years on Present Job and Years in Nursing	40
3.	Individual Scores of Graduate Students on The Maslach Burnout Inventory	42
4.	MBI Comparison Scores for the Mean and Standard Deviation in Graduate Students, and other Medical Professionals in the Normative Population	43
5.	Percentage of Graduate Students Scoring Low, Average, and High on the Maslach Burnout Inventory	44
6.	Percentages of Graduate Students Scoring High, Medium, and Low on the Pace of Life Index .	45
7.	Tension Zones for Graduate Students on the Self-Scoring Stress and Tension Level Gauge	46
8.	Type A and Type B Personalities Obtained from the Mean Scores on the Pace of Life Index and the Self-Scoring Stress and Tension Level Gauge for Graduate Students	47

Chapter 1

INTRODUCTION

Burnout. The word evokes images of a final flickering flame, of a charred and empty shell, of dying embers and cold, gray ashes. These images are expressions of what individuals are experiencing. People who are dedicated, excited, full of energy and willing to give tremendously of themselves for others. They give and give . . . and give, until finally there is nothing left to give anyone. The teapot is empty, the battery drained, the circuit overloaded . . . they have burned out. (Maslach, 1986, p. 3)

Burnout is a serious problem that can devastate professional and personal lives, causing physical or mental illness and emotional pain. Freudenberger and Maslach were research pioneers in the study of burnout during the 1970s. Since then, the topic of burnout has appeared in the literature and has been widely debated in most professional journals. Research has given validity to the burnout phenomenon and has allowed the professions to recognize the wide extent of the problems and to learn the cause and effects on individuals and groups. Practitioners and researchers have studied burnout in a variety of occupations and found the syndrome is not unique to the human services professions.

As Hall (1979) noted, "personal causes of burnout are attributable to the individual and may stem from personality traits" (p. 20). Understanding the factors that lead to burnout must include, among other things, an assessment of an individual's personality variables. Human service professionals have a desire to help others. According to Jaffe and Scott (1984), nurses enter their careers with great idealism having high expectations of helping people and doing meaningful work. During their working career, nurses encounter demands from clients that they cannot always meet, become frustrated by the administrative bureaucracy and sense their skills and dedication are not appreciated. Nurses that rely on work as a sole means of self-fulfillment may feel their dedication does not produce the expected results. "As a result they may withdraw emotionally from colleagues and clients, become apathetic, begin to think of work as only a means of making money, and begin to lose interest, energy, and dedication in their chosen profession. They become burned-out" (Jaffe & Scott, 1984, p. 14).

The Problem and Research Question

For many years, there has been a serious nursing shortage creating an increased demand for nursing services. Previously, the problem was a decrease in nurses actively employed, but at present, there is a shortage of licensed registered nurses (McMahon, 1987). According to an American

Hospital Association (AHA) survey, "the vacancy rate of registered nurses doubled from 6.3% in 1985 to 13.6% in 1986" (Morrisey, 1987, p. 198). This shortage is more serious because the vacancies are widespread, affecting all geographic areas, all types of hospitals, and all nursing specialities. Enrollment in nursing schools has declined dramatically in the last few years. Style (cited in Richnman, 1987) noted "state and federal governments have cut funding for nursing programs, forcing schools to close. Teaching positions have been reduced. As the shortage continues, there will be fewer nurses prepared at the masters and doctoral levels to assume leadership roles" (p. 33).

According to Fralic (1987), upswings in patient acuity and patient census place additional burdens on staff nurses and therefore, more pressures on nursing managers to meet staffing needs. As the elderly population continues to grow, the nursing shortage will have greater impact. Patients are being discharged from hospitals sooner, and the chronic illnesses associated with the elderly require more skilled and complex nursing care both in the hospital and home setting. Administrators will be faced with staffing decisions for patient care as the nurse supply continues to dwindle. The professional practice system requiring nurses skilled in observation, assessing, planning, and initiating appropriate nursing interventions is jeopardized.

Factors contributing to the shortage are varied. Women have a different concept today of who they are, what they ought to be doing, and the reward they ought to be receiving for their contributions. Nursing does not promise and adequately reward a professional woman for the required amount of effort. Students are electing to enter more lucrative careers that offer normal working hours, greater career advancement, and greater autonomy. Competition from private corporations, health agencies, and insurance companies have lured nurses out of the acute care setting. Nurses are discontent with lack of professional recognition from doctors, the public, and administration. Nursing has been portrayed as unflattering by the movie, television, and publishing industries (McMahon, 1987). The public often views nursing as a vocation rather than a career, little understanding the high degree of clinical expertise required. Wilson (1987) noted channels of communication between administration and staff are frequently poor. Administration provides little cooperation in furthering education or providing monetary reward or advancement when advanced degrees are obtained.

According to Curtin (1987), today's nurses "want to be treated like a professional, respected for their contributions, given control of their practices and enabled to voice their opinions. They also need to be compensated appropriately for their education, experience, performance,

expertise and work" (p. 7). A survey conducted by the National Nursing Review (1987) cites numerous reasons for job stress and burnout. Among these are nurses' complaints of inadequate time to complete tasks, lack of communication between administration and staff, lack of respect from physicians and patients, lack of autonomy, low salary for the degree of responsibility and knowledge nurses possess, and too few advancement opportunities. The contrast between expectation and reality can increase an individual's vulnerability to emotional exhaustion, depersonalization, and reduced personal accomplishment that together form the burnout syndrome.

Since Friedman and Rosenman (1974) described Type A and Type B personality, professionals have begun to examine the relationship between the types and many variables including burnout. Friedman and Rosenman (1974) describe Type A behavioral patterns as characterized by individuals who are hard-driving, impatient, time-urgent, competitive, aggressive, striving, achievement-oriented and hostile, perceiving environmental events as being particularly challenging, threatening, or stressful. The less tense and less compulsive Type B personality is characterized by moderate, unhurried pleasant speech pattern, moderately-paced walking and eating speed, adequate self-esteem, and realistic self-expectation. Goals are realistic and less demanding, there is a lack of time

urgency, hostility, and insecurity (Witkin-Lanoil, 1985).

Stress is not a physical reality, but it is an individually perceived reality and may be better tolerated by some than others. An exciting challenge to one person can be an overwhelming problem to another. An individual is adversely affected when his threshold for stress tolerance is consistently crossed (Roberts, 1986).

The problem this study will investigate is the occurrence of burnout (as measured by the Maslach Burnout Inventory) that exists in a group of graduate students currently employed in the field of nursing. It will be posited that nurses exhibiting Type A personality traits will have a greater incidence of burnout than nurses exhibiting Type B personality traits.

Purpose and Need

Life is made up of pressure and uncertainty. Some thrive on pressure, while others cannot meet the demand and eventually succumb to illness or burnout. "Burnout results in higher rates of worker turnover, decreased effectiveness, increased absenteeism, lowered morale, and other harmful effects" (Schafer, 1987, p. 311). As individuals, there is a need to adapt to every day stresses. Response to pressure is under an individual's control. "Self awareness, self renewal, and self management are skills that can be learned, cultivated and practiced" (Jaffe & Scott, 1984, p. 13). The purpose of this study, therefore, will be to identify those

factors that increase the probability of burnout among nurses. Once identified, preventive measures can be explored which would decrease these factors and ultimately reduce burnout and subsequent attrition.

Definition of Terms

For purposes of this study, the following definition of terms apply:

1. Burnout is a state of fatigue or frustration brought about by devotion to a cause, a way of life, or relationship that failed to produce the expected reward (Freudenberger, 1980, p. 13). Burnout is characterized by physical depletion, feelings of helplessness and hopelessness, by emotional drain, and by the development of negative self-concept and negative attitudes towards work, life, and other people (Pines & Aronson, 1981). Burnout will be measured by the Maslach Burnout Inventory (MBI).

2. Type A personality is a behavioral pattern characterized by hard-driving, time-urgent, impatient, hostile, competitive, aggressive, striving, achievement-oriented behaviors. Individuals perceive the environmental events as being particularly challenging, threatening, or stressful (Friedman & Rosenman, 1974). Type A personality will be measured by the Pace of Life Index (Schafer, 1987) and a Stress and Tension Level Gauge (Farquhar, 1987).

3. Type B personality is a behavioral pattern characterized by moderate, unhurried, pleasant speech

pattern, moderate-paced walking and eating speed, adequate self-esteem, and realistic self-expectations. The Type B personality is unlikely to display nervous tics such as hand clenching or knee juggling (Friedman & Ulmer, 1984). Goals are realistic and less demanding, there is a lack of time urgency, hostility, and insecurity (Witkins-Lanoil, 1985). Type B personality will be measured by the Pace of Life Index (Schafer, 1987), and a Stress and Tension Level Gauge (Farquhar, 1987).

4. Graduate student is a registered nurse enrolled in the graduate program at San Jose State University, studying for a Masters of Science degree in nursing.

Research Design

A descriptive design was used for this pilot study. Use of this design will determine the extent of burnout in nurses. Conclusions about the relationship between Type A and Type B personality traits and burnout in this group of nurses was discussed.

Scope and Limitations

This study was limited to registered nurses enrolled in a graduate program studying for a Masters of Science Degree in Nursing at San Jose State University. The study population was small: testing was limited to 30 students in the classroom setting. All respondents were currently employed in a variety of nursing services. Since all respondents were graduate students, study conclusions are

limited. Enrollment in any academic program coupled with employment places additional stress on an individual, therefore no generalizations can be made regarding non-student nurses and burnout. Another limitation is the subjective nature of the instruments, since responses to the questions depended on the respondent's perception of "self." Although reliability and validity studies are available for the Maslach Burnout Inventory, no similar studies could be found for the Pace of Life Index or the Stress and Tension Level Gauge.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

Conceptual Framework

If health care professionals are divided into Type A and Type B personalities, who is more likely to burn out? It is necessary to examine some of the pressures that are placed on nurses by contemporary society and the pressures nurses encounter on the job to have a fuller understanding of the factors contributing to individual cases of burnout.

Partial blame can be placed on rapid societal changes. "There have been more changes in our society in the last few decades than in all the rest of history" (Freudenberger & Richelson, 1980, p. 4). The author points out that sexual mores and behavior are different. Restraints and taboos once imposed have rapidly changed, divorce is now commonplace, women are redefining their roles, technology has advanced, America is a more mobile society, and the pre World War II "sense of community" has all but vanished. These changes have contributed to a general sense of alienation, discontent, and confusion of roles and responsibilities, creating additional drains on energy.

Individuals are taught from the cradle that those holding certain jobs have certain worth, that the job equals the "man." Material success in business and in profession, the outward manifestation of achievement, is what the world

understands and gives acclaim for (Freudenberger & Richelson, 1980, p. 184). "The higher we rise in our careers, the more money we make, the more impressive our titles and trappings, the more deference we receive, so our expectations from work become disproportionate to what in most cases, it can provide" (Freudenberger & Richelson, 1980, p. 187). Psychologically, work is important because it offers security, stability, identity, and direction to one's life. Swogger (1986) notes that the work environment can satisfy the need for social acceptance. Since individuals all need acknowledgement, work becomes even more important as an outlet for recognition. It is a place to share common goals and experiences, offering the satisfaction of developing professional expertise and competence.

Work produces many stresses, however, it can also be an avenue for much satisfaction. "It is only by placing our work in the context of our entire life structure, our relationship to the human community, and our values that a balanced perspective can be attained on the role of work in our lives" (Swogger, 1986, S42).

In the busy world of the health care industry the job often contributes to a sense of chronic overload and time urgency. Because there is a critical nursing shortage, the situation often requires the nurse to accomplish as much as possible in the shortest period of time. This allows less

personal contact with patients, removing a basic reward for members of the helping profession.

"Those in the helping profession are seeking to respond to the recognized needs of others. The work is taxing and tough" (Freudenberger & Richelson, 1980, p. 154). There are pressures from within the organization to work and pressures from the recipients to help and give of themselves. Nurses enter their new career with high expectations that their efforts will have a positive impact on the patients' lives. The nurse is prepared to listen and observe, to care for the patients' total needs, both physical and psychosocial, and to intervene in helping the patients reach their full potential for recovery. What the nurse envisions is a supportive institution with knowledgeable and sensitive administrators. What one may find are pressured administrators who are not sympathetic to nurses' concerns, clients who may not respond to their care, high patient acuity, inadequate staffing, extra shifts that leave the nurse little time or energy to give the patients what they require. This can lead to burnout.

Freudenberger notes that burnout manifests itself in both physical and behavioral signs that vary from person to person. Physical signs are somatic in nature: feelings of exhaustion and chronic fatigue, sleeplessness, gastrointestinal disturbances, shortness of breath, and headaches. Behavioral signs include a quickness to anger,

instantaneous irritation and frustration, a rigidity of thought, verbally negative behavior, stubbornness and inflexibility. The burned-out person blocks progress and constructive change because change means adaptation that the individual is too tired to attempt. Other symptoms are detachment, boredom, cynicism, a sense of omnipotence, feelings of being unappreciated, paranoia that others are causing your problems, and depression. A person who is burning out is not a very sympathetic figure. This individual may be "cranky, critical, angry, rigid, resistant to suggestion, and given to behavioral patterns that turn people off. Unless we're able to probe beneath the surface and see that the person is really suffering, our tendency will be to turn away" (Freudenberger & Richelson, 1980, p. 11). A burned-out individual acts and seems depressed, often withdrawing from people. Often the number of physical hours spent on the job increases, but less and less is accomplished. "Those burning out assign the blame to someone or something outside themselves. Our self-perception, our self-image does not allow us to contemplate that what is going wrong may be a function of factors within ourselves" (Freudenberger & Richelson, 1980, p. 7).

Not every personality is susceptible to burnout, but individuals with high aspirations, those that are goal-oriented, charismatic, dynamic, determined to be the best at

everything are at high risk for burnout. "People who set high goals seem to have a built-in need for recognition. As long as their efforts are paying off, their energy continues to flow" (Freudenberger & Richelson, 1980, p. 51). When life becomes a routine pattern, a listlessness overtakes them. They no longer feel rooted or involved (Freudenberger & Richelson, 1980).

Burnout is prevalent in the dedicated and committed, those who struggle to preserve something of value, whether it be a goal, an idea, or a contribution to society. "What militates against the individual in the helping profession is that he is fighting a battle on three fronts: the pressures of society, the needs of the people being served, and his own personality" (Freudenberger & Richelson, 1980, p. 154). He cautions those entering the helping professions to analyze their motivations and their own search for compensation. An individual should not enter the helping profession with the intention of using it as a vehicle for resolving past or present life problems. Issues such as inadequate parenting, undue need for power, feelings of pressure from family or community to pursue a particular career, hopes of resolving your own problems through your clients, or a life philosophy that has no provisions for failure are reason to re-examine one's choice of career. Freudenberger (1981) cautions that the population the helping professions serve have great needs requiring a great

deal of giving. "There are too few helpers in proportion to people seeking help" (p. 160). If care givers are not aware of their limitations as human beings, they risk the dangers of burning out.

The Type A personality is portrayed by Friedman and Rosenman (1974) as excessively aggressive, impatient, and hostile, with an intense sense of time urgency. There is a high need to compete with or challenge other people. "They are engaged in a struggle to achieve the maximal number of goals in a minimal amount of time" (Friedman & Rosenman, 1974, p. 95). Because of these traits, the Type A personality is extremely vulnerable to failure.

Type B personalities are far more realistic. They are good at realistic self-appraisal and remain self-confident in view of their acknowledged limitations. Unlike Type A's, the Type B personality does not exhibit a habitual sense of time urgency or free floating hostility. There are far more Type A's (in varying degrees) in our society than Type B personalities. "There are some people (but no more than 10% of our urban population) who possess some habits and exhibit some traits that are Type A and some that are Type B" (Friedman & Rosenman, 1974, p. 105).

Drs. Friedman and Rosenman (1974) have studied Type A personality and its relationship to coronary heart disease for many years. The authors believe that twentieth century society has contributed to an increase in Type A behavior

due to the pressure of competition for economic, social, and professional recognition. These pressures have caused Americans to become competitive in all aspects of their business and professional activities and also in their avocational time. "Such an attitude is as sure a route to Type A behavior pattern as any other, in fact, an excess of competitive spirit generally goes hand in hand with a continuous struggle against time" (p. 105).

There appears to be a depressingly high correlation when one examines the Type A personality and those individuals that are susceptible to burnout. Those nursing students that appear on the surface to be shining stars may very shortly be only burning embers.

Related Literature

Swogger (1986) notes that psychologically, work is important because it offers security, stability, and direction to one's life. The work environment can satisfy our needs for social acceptance, is a place to share common goals and experiences, and offers the satisfaction of developing professional expertise and competence. Personal identity is closely associated to work and meets the basic need to achieve and do something purposeful (Carter, 1976). Part of a nurse's identity and sense of achievement is closely bound to the role of helping others in a compassionate and caring manner. Identity serves to organize behavior, formulates a sense of ethics and

responsibility related to one's professional role. This role provides one with a sense of self-worth and self-esteem (Swogger, 1986).

The importance of work as self-identity begins in childhood. Swogger (1986) notes that Type A and abrasive behaviors may be learned by children through parental modeling and through behaviors that communicate love and acceptance only if the child is successfully competitive and achievement oriented. Type A behavior is often admired and rewarded in young adulthood because these individuals are seen as energetic, dedicated, and eager to please. Swogger believes this life cycle concept can be helpful in understanding career burnout. The development of a sense of identity in late adolescence and early adulthood plays a part in determining future personal and career goals. Career burnout may be a struggle to come to terms with past identity choices and present ideals and realities.

Cherniss (1980a, 1980b, cited in Farber, 1983), in his work with the helping professionals, examines the interaction of the individual helper's expectations and goals, the institutional constraints of working in a bureaucracy, and the public's perception of the nature of the individual's work, referred to by Cherniss as "professional mystique." The helping professions are viewed by the public as experiencing high levels of autonomy and job satisfaction, being highly trained and competent,

receptive to clients, and compassionate and caring individuals. This "mystique" is accepted by those entering the helping professions and serves to reinforce their unrealistically high expectations. This "professional mystique" clashes with the reality of bureaucratic constraints and work-related stresses, ultimately culminating in disillusionment and burnout.

Maslach (1982), in her research over the years, believes that burnout is best understood and modified in terms of situational sources of job-related, interpersonal stress. Emphasis is then placed on the work role and work setting as the etiology of burnout. Maslach contends that although personality plays a part in burnout, the problem is so widespread, so many people are affected, their personalities and backgrounds so varied, that "it does not make sense to identify 'bad people' as the cause for what is clearly an undesirable outcome. Rather, one should be trying to identify and analyze the critical components of 'bad situations' in which good people function" (p. 10).

Individuals often perceive burnout as something lacking within themselves. Administrators and supervisors are programmed to see work problems as subordinates not performing their job satisfactorily. The blame is then shifted to the employee when it may lie in operational shortcomings of the institution. The tendency toward self-blame reduces personal accomplishment and self-esteem,

a factor in self-destructive behavior eventually causing the wounded personality to pull away from people and become isolated (Maslach, 1982).

Authoritarian leadership also is a contributing factor. Pines and Maslach (1978) found nurses view themselves and patients less positively when there is little opportunity to influence policy making in an organization.

Campbell's (1986) research on collaborative leadership characteristics and the effect these characteristics had on the staff's job satisfaction and job-related stress is enlightening. The head nurse administered a test adapted from Townsend's article of "Up the Organization" (cited in Campbell, 1986), which rated her on 10 leadership qualities, i.e., fairness, humor, decisiveness, objectivity, effectiveness, etc. Thirty nurses working in a hospital coronary care unit participated. She concluded that leadership characteristics of the supervisor were a major factor in employee job satisfaction and job-related stress.

Industrial psychologist Levinson (1981) advises that organizations establish systemic methods of letting employees know their contributions are valued. This contributes to a worker's self-image and refuels them psychologically.

Social support from supervisors and peers is effective in alleviating role stress. Vredenburgh and Trinkaus (cited in Levenstein, 1982) studied job stress in nurses. In

addition to role conflict and role ambiguity as stress creating factors, they identified a third factor referred to as "acceptance uncertainty." The authors contend that feedback from supervisors and peers, even when negative, can reduce stress when a nurse is uncertain how her personal performance is being perceived.

Finally, poor management, restrictive regulations, and heavy caseloads within the institution all contribute to stress. Changing organizational policies and providing supportive services and training programs for staff can be effective in maintaining a balance between health and illness (Maslach, 1982).

The nursing profession has had intermittent nursing shortages during the past decade, and there is a critical nursing shortage at the present time with no concrete solutions in sight for the immediate future. With nursing schools closing, nurses leaving the field, and young people choosing other career options, where will the nursing profession be 10 years from now, and who will be providing the care?

Cronin-Stubbs and Rook (1985), studying 296 staff members in a large midwestern hospital, researched stress, social support, and burnout in four nursing speciality areas: critical care, psychiatric, operating room, and medical nurses. The study validated previous research that occupational stress was associated with burnout and was

related to the intensity of a stressful condition and the perceived impact rather than the frequency of job stressors. Changes perceived as desirable might counteract burnout while undesirable changes may potentiate the effects of stress experienced at work. While critical care nurses experienced more internal and frequent occupational stress when compared to the medical nurses, there was no significant difference in burnout. Burnout was associated more with nurses working in the psychiatric unit and operating room than in the critical care settings. The authors suggest that additional factors such as coping behaviors and personality disposition of these critical care nurses may be relevant.

In a study to identify stress factors and coping behaviors associated with nurses in outpatient oncology, Steward, Meyerowitz, and Jackson (1982) compared this group with cardiac, intensive care, and operating room nurses. The study concluded no differences among the four groups in emotional and physical exhaustion at the end of a work day. The oncology nurses, however, had a higher incidence of mood swings and more difficulty discussing patients' conditions than the other groups. Oncology nurses exhibited more difficulty in forming close personal relationships with friends and had reservations about forming close personal relationships with patients and their families. Oncology nurses reported a great number of acquaintances did not

understand their job or were threatened by it. This group was more inclined to form close relationships with members of their own unit. Coping mechanisms were family, friends, and religious faith.

In many cases, when there is no relief from societal, organizational, and occupational pressures, the result is burnout. Freudenberger and North (1985) characterize burnout as a progressive decrease in one's energy resulting in exhaustion. It is a culmination of stressors or excessive demands that are placed on an individual by society, jobs, value systems, or families and friends. Burnout depletes coping mechanisms and internal resources, eventually affecting attitudes, motivation, and behavior, ultimately causing physical or mental illness and emotional pain.

The phenomenon known as "burnout" was originally described by Dr. Herbert J. Freudenberger in 1974. As a research pioneer in the study of burnout, Dr. Freudenberger was motivated by his own personal experiences with the concept of burnout. In San Francisco during the 1960s, while operating a free clinic for homeless drug abusers, Freudenberger became so obsessed with the need to help these individuals that he lost track of his real priorities in life. He became fanatical about the need to make the clinic succeed, put in long days which eventually lead to a neglect of his family, his health, and his private practice. He

began to lose objectivity, became physically exhausted, emotionally depleted, and eventually burned out. As a result of his experience, he began a period of self-analysis and research into the phenomenon of burnout as we know it today (Freudenberger & Richelson, 1980).

Those individuals who fall prey to burnout are essentially decent people who have striven hard to obtain a goal. They are usually leaders who do not admit to limitations. "They're burning out because they have pushed themselves too hard for too long. They started out with great expectations and refused to compromise along the way" (Freudenberger, 1980, pp. 11, 12).

Burnout as described by Cronin-Stubbs (1983) is a maladaptive response to personal and professional stressors. Research has developed adaptive stress management strategies which can prevent burnout. The author describes biophysical, psychological, and social methods of preventing burnout.

The causes of burnout can be divided into two categories: (a) personal and (b) structural. Personal causes are attributable to the individual and may stem from personality traits. Structural sources of burnout arise from organizational environment. These may be bureaucratic in nature. Feelings of isolation, powerlessness, helplessness, loss of self-concept, frustration, and failure result when the institution is unwilling to listen to or

understand staff needs (Lavandero, 1981).

Drs. Friedman and Rosenman have been pioneers in research on Type A and Type B personalities and the incidence of coronary heart disease (CHD) for more than 30 years. Their objective research has shown evidence that Type A persons have a higher incidence of CHD than Type B persons. Type A personality can be identified in individuals by observing physical and verbal reactions that appear in the form of external behaviors. Type A personality is a combination of behaviors which include: a sense of time urgency, explosive speech patterns, fast eating habits, compulsive competitiveness, a driving ambition to succeed, impatience, hostile feelings towards others, difficulty adapting to change, rapid eye movements, knee jerking, and finger tapping. Type B personalities are the opposite, demonstrating patience, slow eating habits, unhurried speech pattern, high tolerance of others, selection of noncompetitive leisurely sports activities, and projecting a relaxed, calm outward manner.

Witkins-Lanoil (1985), in defining Type B characteristics, believes that type B is compatible with achievement, hard work, and success. "The Type B can achieve as much as Type A although the Type B's goals may be more realistic and less demanding" (p. 26). Witkins-Lanoil believes parents who give children unconditional love and acceptance give them the gift of Type B behavior.

Veninga and Spradley (1983), using data returned from the National Burnout Inventory, report that three characteristics are apparent in individuals who are successfully coping with occupational stress. First, they are problems solvers who spend little time complaining or convincing themselves a problem is unmanageable. Secondly, they exhibit realistic work expectations of themselves and others. A third characteristic is the ability to identify which conflict situations are worth their involvement. These individuals who are coping more successfully closely resemble the Type B personality.

It is important to question whether all Type A personalities are at risk of burnout. Two major variables to emerge from research on the relationship between major life stress and health are the Type A behavior patterns (Friedman & Rosenman, 1976) and hardiness (Kobassa, 1979). Kobassa, Maddi, and Zola (1983) examined the relationship between Type A behavior pattern and personality hardiness in 158 middle and upper level male executives working for an Illinois telephone company. The purpose was to determine if a correlation existed between the Type A personality and illness onset. Previous research had established that Type A behavior appeared to increase the likelihood of coronary artery disease and perhaps was related to other illnesses (Rosenman, 1976). Kobassa et al. (1983) found that hardiness appears to aid in preserving general health and

buffering stressful life events. Type A and hardiness were found to be conceptually different and empirically independent factors. Type A males who were low in hardiness tended toward higher general illness scores than other executives (Kobassa et al., 1983).

Nowack (1986) examined the effects of hardiness and Type A behavior to burnout and psychological distress in daily life hassles. Results indicated that cognitively hardy Type A individuals, those committed to work or life, viewing change as a challenge not a threat, experienced less burnout and psychological stress than their less hardy Type B counterparts.

Nowack (1986), in describing the stress resistant or hardy employee, has found that recent research confirms that individuals with Type A behavior are not only at risk for illness but are generally less productive on their job compared to type B's. Hardy employees seek social support networks both in and out of the work setting, cultivate the essential contacts for minimizing work hassles that allow them to put their organizational and personal coping skills to good use. These characteristics are more complimentary with Type B personalities. High stress executives with low illness rates felt in control and committed to both family and job and viewed change as challenging, not threatening.

Another study on Type A behavior and illness in general studied women psychology students (Woods & Burns, 1984).

Relationships were found between Type A behavior, speed, and impatience. Those scoring high on Type A traits of speed and impatience reported more physical symptoms. Speed and impatience were linked with gastrointestinal complaints, respiratory symptoms, sleep disorders, and chest pain, connecting Type A behaviors to illnesses other than the vascular system.

Nagy and Davis (1985) studied 227 teachers in a metropolitan school district in the northwest to determine whether burnout rates differ among elementary and junior high school teachers. Variables in the study included Type A personality and environments. Also examined were teacher attitudes toward the school climate as a negative or positive working environment and work orientation (workaholism or strong motivation to avoid work). Junior high school teachers with higher Type A personalities experienced a greater percentage of burnout, demonstrated less workaholism but more emotional exhaustion than elementary school teachers. When negative aspects of burnout such as high depersonalization and high emotional exhaustion were examined, it was apparent that personality factors of high work orientation (workaholism) and Type A personality patterns are related to burnout factors. Individuals that perceive themselves as workaholics seem to experience more burnout.

The nursing profession is a profession that attracts

highly dedicated individuals, sensitive and absorbed in caring for others. As the nursing shortage continues, technology advances, and the aged population increases, the burden of bearing the responsibility of care is placed on fewer nurses. Emotional and physical exhaustion, a precursor to burnout, puts this particular population at high risk.

Review of the literature attributes burnout to many variables including the organizational environment, authoritarian leadership, supervisor's leadership characteristics, and the concept that burnout is the result of maladaptive behaviors. The need of social support from peers and supervisors in reduction of stress and the formation of adequate coping mechanisms is suggested. There is also evidence that personality characteristics may influence how an individual approaches stressors in the work environment. On an individual level, certain personality traits and background characteristics of nurses contribute to burnout. Personal strategies for adaptation involve various ways of changing life style and taking better care of oneself. Poor interpersonal relationships with coworkers, supervisors, and clients contribute to burnout by lowering self-confidence and self-esteem. Coping techniques must utilize social support systems. Since work is such an integral and complex part of life and stress is an inevitable part of the work environment that contributes to

burnout, adaptive strategies are essential if balance is to be maintained. The Type B personalities, with a more realistic understanding of their capabilities, a lower level of time urgency and anger, are often less likely to experience burnout than their Type A counterparts.

Summary

This study will examine the extent of burnout and personality characteristics in a limited population of graduate student nurses. Most nurses have been, or are currently employed, in the work environment at the time they pursue higher academic goals. It is felt this population is presently at high risk for burnout, if indeed they have survived to this point in their career.

Chapter 3

THE METHOD

Research Design

A descriptive design was used for this pilot study. Use of this design determined the extent of burnout in a group of graduate student nurses and discussed the relationship between Type A and Type B personality traits and burnout in this select group.

Data Collection

San Jose State University, located in northern California, was the setting for this study. Thirty registered nurses, concurrently employed in nursing and enrolled in the graduate nursing program of that school, represented the voluntary sample population. The data were collected in the Spring semester, 1989.

Each volunteer completed the following: (a) the Maslach Burnout Inventory (MBI), (b) the Pace of Life Index, (c) Stress and Tension Level Gauge, and (d) Demographic Survey sheet (Appendix A). An abstract of the proposed study was submitted to the consulting Psychologist Press to obtain permission to use the Maslach Burnout Inventory (Maslach & Jackson, 1986). Written permission was obtained from the Addison-Wesley Publishing Company to use the Stress and Tension Level Gauge (Farquhar, 1987). Verbal permission was obtained from Dr. Walter Schafer, Professor of

Sociology, California State University at Chico to administer the Pace of Life Index (1987). The questionnaires were approved by the Committee for the Protection of Human Subjects in March, 1989 (Appendix B).

In late March, 1989, the questionnaires and demographic sheet were distributed by three instructors to graduate students enrolled in their classes. Prior to completing the questionnaires, each participant was instructed to read a letter prepared by the researcher describing the purpose of the study (Appendix C). Volunteers were instructed that the questionnaires would take approximately 1/2 hour to complete. Each individual was asked to sign a consent form stating that participation was voluntary (Appendix D). To ensure confidentiality, questionnaires were identified by numbers, not by name. To ensure anonymity, the questionnaires, survey, and consent form were mailed back to the researcher under separate cover, in self-addressed stamped envelopes.

The Maslach Burnout scale is directed towards human services professionals and was developed to measure components of the burnout phenomenon as the authors' conceptualized it. The Maslach Burnout Inventory (MBI) is the result of approximately 8 years of research. It was developed from a pool of items collected from previous research interviews and questionnaires and from a review of established scales. The instrument is not theory driven,

but appears to have been established from the authors' hypotheses regarding the constructs associated with burnout. It was designed to assess components of the burnout phenomenon. The MBI contains three subscales: Emotional Exhaustion (EE), Depersonalization (DP), and reduced Personal Accomplishment (PA).

Each aspect is measured by separate subscales. According to Maslach and Jackson (1986), the Emotional Exhaustion subscale assesses feelings of being emotionally overextended and exhausted by one's work, the Depersonalization subscale assesses an unfeeling and impersonal response towards those receiving care or service, and the Personal Accomplishment subscale assesses feeling of competence and achievement in one's work with people. The MBI demographic sheet also includes questions about the participants' personal history.

The test format is a 22 item scale, consisting of statements about individuals' attitudes or feelings about their work. Subjects respond to each statement, identifying how often they feel a particular way. Each item had seven response selections in a Likert-type scale: (a) 0--never, (b) 1--a few times a year or less, (c) 2--once a month or less, (d) 3--a few times a month, (e) 4--once a week, (f) 5--a few times a week, (g) 6--every day.

The Pace of Life Index (Schafer, 1987) was used as a measurement of Type A and Type B personality. High scores

(45-60) reflect Type A behavior patterns, while low scores (20-34) reflect Type B behavior patterns. The test format consists of a 20 item questionnaire. Each question depicts a characteristic of Type A behavior. Each item has three response selections, scored on a Likert-type scale: (a) 3--always or usually, (b) 2--sometimes, (c) 1--seldom or never (Appendix A).

The Stress and Tension Level Gauge (Farquhar, 1987) was used to measure Type A and Type B behavior patterns. This instrument was included to establish internal validity. Those rating high on the Pace of Life Index should also score high on the Stress and Tension Level Gauge. The Stress and Tension Level Gauge is a 10 item scale consisting of statements characteristic of Type A behavior. The self-scoring test covers a broad range of physical and cognitive aspects of self-perceived stress and tension. It is rated on a 0-2 Likert-type scale: (a) 0--rarely, (b) 1--a few times a week, (c) 2--often (Appendix A).

Internal consistency for the MBI as established by Cronbach's alpha are .90 for Emotional Exhaustion (EE), .79 for Depersonalization (DP), and .71 for Personal Accomplishment (PA). The standard error of measurement for each subscale is as follows: 3.80 for EE, 3.16 for DP, and 3.73 for PA. Reported test-retest reliability coefficients ranged from .60 to .82 after 2 to 4 weeks ($n=53$), and .54 to .60 ($n=248$) after 2 years.

Reliability coefficients were based on samples not used in item selection. (Maslach & Jackson, 1986, pp. 8, 9)

According to Hargrove (1983-1985), a reviewer for the Buros Institute of Mental Measurements, convergent validity tables point out the three subscales are meaningfully related to reported observation by others, such as coworkers or spouses. Additional data relates the subscales to specific dimensions of job performance and personal outcomes. Reported correlation coefficients are modest, but statistically significant. Data suggesting a relationship between MBI and the Job Satisfaction Inventory is presented to show that burnout is sufficiently related to a low level of job satisfaction but also sufficiently distinct so that it is a different construct. Also, data is presented that demonstrates the MBI is not influenced by social desirability and is not likely to be measuring clinical depression (Maslach & Jackson, 1986). Hargrove also points out that the problem with the MBI is the lack of a precise definition of burnout. The MBI manual gives little information on the source of items or the hypotheses that generated them. Because the authors do not clearly define burnout, it is difficult to know whether burnout may be mistaken for other types of job or personal difficulties that are associated with the work life.

Following a health instruments computer search, no reported reliability or validity studies could be found on

the Pace of Life Index or the Stress and Tension Level Gauge. The instruments were pretested for an understanding of the written questions by a small group of professional judges since no previous research was found on Type A or B personality characteristics using these tools.

Analysis of the Data

The MBI, Stress and Tension Level test, Pace of Life Index, and a demographic profile were utilized to collect data. The data was analyzed using measures of central tendency, standard deviations, and percentages.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

Introduction

The purpose of this study was to investigate to what extent burnout exists in a group of graduate students currently employed in the field of nursing. It was posited that nurses exhibiting Type A personality traits would have a greater incidence of burnout than nurses exhibiting Type B personality traits.

Description of the Sample

A group of 30 nurses currently employed in various nursing services and concurrently enrolled in the graduate nursing program at San Jose State University was the voluntary participants in this study on burnout. Approval from the Committee for the Protection of Human Subjects was received on March 25, 1989. A total of 30 questionnaire packets was distributed in three classroom settings by the individual instructors of those classes. After 2 weeks, a follow-up reminder in the form of a flier was distributed by the same instructors to encourage participants to complete the questionnaires if they had not already done so. Each packet contained a participant's cover letter explaining the purpose of the study, a consent form asking for voluntary participation, three questionnaires and a demographic survey sheet. To ensure anonymity, the signed consent forms were

returned in a different envelope than the questionnaires and demographic data sheet. Of the 30 packets distributed, 13 were completed and returned by the end of April, 1989.

Scores were computed from a Likert-type scale for each of the three instruments. The mean was used as a measure of central tendency, and percentile ranks were utilized for frequency distribution in the descriptive analysis.

Instruments

The following instruments were used in the data collection: (a) the Maslach Burnout Inventory (Maslach & Jackson, 1986), (b) the Pace of Life Index (Farquhar, 1987), and (c) the Stress and Tension Level Gauge (Schafer, 1987). A demographic survey sheet was included for the collection of the participant's personal history. The data in this chapter have been organized into areas related to each of these tools.

The MBI is designed to assess components of the burnout phenomenon. The MBI contains three subscales: (a) the Emotional Exhaustion (EE) subscale which contains 9 items and assesses feelings of being emotionally overextended and exhausted by one's work, (b) the depersonalization (DP) subscale contains 5 items and assesses an unfeeling and impersonal response towards those receiving care or service, (c) the Personal Accomplishment (PA) subscale contains 8 items and assesses feelings of competence and achievement in one's work with people (Maslach & Jackson, 1986). Each

aspect of the burnout syndrome is scored separately.

Maslach (1986) conceptualizes burnout as a continuous variable from low to moderate to high degrees of experienced feelings. She defines these degrees as follows:

1. A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalization subscales and in low scores on the Personal Accomplishment Subscale.

2. An average degree of burnout is reflected in average scores on the three subscales.

3. A low degree of burnout is reflected in low scores on the Emotional Exhaustion and Depersonalization subscales and in high scores on the Personal Accomplishment subscale.

The demographic profile included in the MBI was used to gather personal data on the participants. A breakdown of demographic data related to sex, age, race, marital status, and number of children can be found in Table 1.

As a group, the women were all highly educated, having completed a minimum of 4 years of college. Of these college graduates, over three-quarters (76.9%) had completed some post-graduate work. Table 1 summarizes these findings.

The nurses were employed in a variety of nursing services. A breakdown of the primary work areas can be found in Table 1. Although more than half are employed in medical areas, it is unknown how many of this group are employed as staff nurses on a hospital unit, where the

Table 1

Distribution of Graduate Students, by Sex, Race, Age,
Education, Marital Status, Number of Children, Primary Work
Area, Primary Position (n=13)

Sex		
Male	0	0%
Female	13	100.0%
Race		
Caucasian	12	92.3%
Hispanic	1	7.7%
Age		
25-30 yrs	2	15.4%
31-35 yrs	1	7.7%
36-40 yrs	5	38.5%
41-45 yrs	3	23.1%
46-50 yrs	2	15.4%
Level of Education		
4 yrs of College	13	100.0%
Some Postgraduate Work	10	76.9%
Marital Status		
Single	1	7.7%
Married	12	92.3%
Children		
0 Children	6	46.2%
1 Child	5	38.5%
3 Children	2	15.4%
Primary Work Area		
Medical	8	61.5%
Mental Health	1	7.7%
Education	1	7.7%
Social Services	2	15.4%
PHN	1	7.7%
Primary Position		
Staff	11	84.6%
Supervisor/Manager	1	7.7%
Educator	1	7.7%

greatest shortage of nurses exists.

The primary positions held included: (a) Staff (11) = 84.6%, (b) Supervisor/Manager (1) = 7.7%, and (c) Educator (1) = 7.7%. There was a wide variance in the number of hours worked per week from a minimum of 16 hours to a maximum of 40 hours ($\bar{M}=30.77$).

The range of years worked at the current job varied from 4 months to 23 years. The sample is most representative of nurses relatively new to the job, as 69.23% had been at their current job for less than 2 years.

The number of years the participants had been in nursing varied from 1-23 years. Table 2 shows the standard deviation and mean.

Table 2

Standard Deviation and Mean by Age, Years Married, Hours Worked per Week, Years on Present Job, and Years in Nursing (n=13)

	<u>M</u>	<u>SD</u>
Age	38.69	6.90
Yrs Married	12.85	9.98
Hrs Worked/Week	30.77	9.00
Yrs on Present Job	4.35	6.53
Yrs in Nursing	11.00	7.57

The MBI was used to assess components of the burnout phenomenon. The test consists of 22 items in statement form, such as "I feel emotionally drained from my work." Each item was then followed by seven responses in a Likert-type scale: (a) 0--never, (b) 1--a few times a year or less, (c) 2--once a month or less, (d) 3--a few times a month, (e) 4--once a week, (f) 5--a few times a week, and (g) 6--every day. For both the EE and DP subscales, higher mean scores correspond to higher degrees of experienced burnout. In contrast to the other two subscales, lower mean scores on the PA subscale correspond to higher degrees of experienced burnout. The PA subscale is independent of the other subscales and its component items do not load negatively on them. In other words, PA cannot be assumed to be the opposite of EE or DP (Maslach & Jackson, 1986). Individualized scores from the MBI can be found in Table 3.

Results of the MBI indicated little evidence that this group of nurses was experiencing burnout. In general, of the 13 participants, only 1 nurse scored high in EE and DP and low in PA, indicating a high degree of burnout. Another nurse also obtained high scores in EE and DP and moderately low scores on PA which also indicates a fairly high level of burnout.

When the sample population of 13 graduate nurses was compared to 1,104 medical workers (physicians, nurses) participating in previous studies by Maslach, the small

Table 3

Individual Scores of 13 Graduate Students on the Maslach
Burnout Inventory

(<u>n</u>)	EE	DP	PA		
1	4.0	3.0	41		
2	8.0	3.0	48		
3	9.0	1.0	48		
4	12.0	0.0	37		
5	13.0	2.0	42		
6	16.0	2.0	36		
7	22.0	10.0	46		
8	23.0	1.0	46		
9	25.0	11.0	27		
10	26.0	4.0	39		
11	27.0	4.0	43		
12	40.0	20.0	39		
13	42.0	14.0	41		
	Maximum	High	Moderate	Low	
Scoring	EE	54	30 or over	18-29	0-17
	DP	30	12 or over	6-11	0-5
	PA	48	0-33	34-39	over 40

sample of nurses was below the mean in EE ($\underline{M}$ =20.5) and DP ($\underline{M}$ =5.8) and above the mean in PA ($\underline{M}$ =41.0). Mean scores and standard deviations are shown in Table 4.

Table 4

MBI Comparison Scores for the Mean and Standard Deviation in Graduate Students (n=13), and Other Medical Professionals (n=1,104) in the Normative Population

MBI	<u>M</u>	<u>SD</u>
EE (9 Items)		
Other Professionals $\underline{n}$ =1,104	22.2	9.5
Graduate Nurses $\underline{n}$ =13	20.5	11.7
DP (5 Items)		
Other Professionals $\underline{n}$ =1,104	7.1	5.2
Graduate Nurses $\underline{n}$ =13	5.8	6.1
PA (8 Items)		
Other Professionals $\underline{n}$ =1,104	36.5	7.3
Graduate Nurses $\underline{n}$ =13	41.0	5.8

A breakdown of individual scores indicated that 46.1% of the sample received a low score on EE, 38.5% received a moderate score, and 15.4% of the nurses received a high score on EE. On DP scales the sample responded with 69.2% with low scores, 15.4% moderate scores, and 15.4% high scores. The PA subscale, which is scored in the opposite direction from the EE and DP subscales, indicated that 61.5% of the sample scored in the low range, 30.8% scored in the moderate range, and only 7.7% scored in the high range.

Table 5 summarizes the breakdown.

Table 5

Percentages of 13 Graduate Students Scoring Low, Average,
and High on the Maslach Burnout Inventory

MBI	Low	(<u>n</u>)	Moderate	(<u>n</u>)	High	(<u>n</u>)
EE	46.1%	(6)	38.5%	(5)	15.4%	(2)
DP	69.2%	(9)	15.4%	(2)	15.4%	(2)
PA	61.5%	(8)	30.8%	(4)	7.7%	(1)

The Pace of Life Index (Schafer, 1987) was designed to measure varying degrees of Type A behavior from high to medium to low. The test contains 20 questions, such as "Do you find yourself rushing your speech?" The participant indicated how often each of the questions applied to them in their daily life, and the response was scored on a Likert-type scale as follows: (a) 1--seldom or never, (b) 2--sometimes, and (c) 3--always or usually (Appendix A).

In general, 3 participants (23.1%) exhibited high Type A behavior, 7 (53.8%) displayed medium Type A behavior, and 3 (23.1%) exhibited low Type A behavior characteristics.

Table 6 summarizes these findings.

The self-scoring Stress and Tension Level Gauge (Farquhar, 1987) is designed to measure stressors experienced in everyday life in order to assist one in identifying a broad range of physical and cognitive aspects of self-perceived stress and tension. Each of the 10 items

Table 6

Percentage of Graduate Nursing Students (n=13) Scoring High, Medium, and Low on the Pace of Life Index

High Type A (Score 45-60)	Medium Type A (Score 35-44)	Low Type A (Score 20-34)
3	7	3
23.1%	53.8%	23.1%

was a statement, such as "I feel tense, anxious, or have nervous indigestion." Each item was then followed by three possible responses in a Likert-type scale: (a) 2--often, (b) 1--a few times a week, and (c) 0--rarely (Appendix A). After computing the score, each participant was aware of their tension level zone as follows: (a) A = considerably above average, (b) B = above average, (c) C = average, (d) D = below average, and (e) E = considerably below average.

In general, only two participants (15.4%) scored above average (Zone B) on the Stress and Tension scores. Table 7 summarizes the findings.

The Pace of Life Index was compared with the Stress and Tension Level Gauge. A nurse scoring high, average, or low on the Pace of Life Index would be expected to obtain a similar score on the Stress and Tension Level Gauge.

In general, similar scoring patterns existed between the Pace of Life Index and the Stress and Tension Gauge.

Table 7

Tension Zones for 13 Graduate Students on the Self-Scoring
Stress and Tension Level Gauge

Zones	(<u>n</u>)	(%)
A = (considerably above average)	0	0%
B = (above average)	2	15.4%
C = (average)	4	30.8%
D = (below average)	5	38.5%
E = (considerably below average)	2	15.4%

Of the 13 nurses in the study, 8 (61.5%) received similar scores on both instruments.

For the purposes of this study, in order to categorize a person as Type A or Type B personality, the scores on both the Pace of Life Index and the Stress and Tension Level Gauge were computed and the mean for each instrument was calculated. Students scoring above the mean were designated Type A personality and those students scoring below the mean were designated Type B personality.

A mean score ($\bar{M}$ =39) was obtained on the Pace of Life Index and a mean score ($\bar{M}$ =6) was obtained on the Stress and Tension Level Gauge. Table 8 summarizes these scores.

In general, there was a fairly high consistency rate between the Pace of Life Index and the Stress and Tension Level Gauge when personality types were established by using

Table 8

Type A and Type B Personalities Obtained from the Mean Scores on the Pace of Life Index (M=39) and the Stress and Tension Level Gauge (M=6) for 13 Graduate Students

	Type A	Type B
Pace of Life Index	4 30.8%	9 69.2%
Stress and Tension Gauge	6 46.2%	7 53.8%

the mean scores. Of the 13 participants, 4 (30.8%) were Type A and 9 (69.2%) were Type B on the Pace of Life Index, compared to 6 (46.2%) Type A and 7 (53.8%) Type B on the Stress and Tension Level Gauge. The 4 students categorized as Type A personalities on the Pace of Life Index were also Type A personalities on the Stress and Tension Level Gauge.

Analysis Regarding Complication

There were several limitations identified in this study. First, the researcher failed to indicate a response date in the letter to the participants. This created a delay in the return of the questionnaires and the initial deadline date was extended by two additional weeks. The second limitation was the small sample size. Although the sample size comprised approximately 10% of the potential graduate nursing population at San Jose State University the response rate was small; therefore any future study should

include the entire graduate nursing student population or a larger sample size. Additionally, the small sample population consisted of a select group and may have represented an "unburned" out subpopulation of nurses. Another identified limitation was the lack of standardized administration. The questionnaire packets were distributed by three different instructors in three separate classroom settings. Since the researcher was not present, it is unknown what directives the students received. The subjective nature of the instruments was also considered a limitation since responses to the questionnaires relies on the respondent's perception of "self." Also, the students completed the questionnaires outside the classroom setting which allowed for discussion of the responses with family and friends. This may have influenced the outcome of the test results. The outcome of the study was further limited as no correlation studies were performed. Finally, the Pace of Life Index and the Stress and Tension Level Gauge had no standardized scoring. Further research is being conducted by the authors of these instruments to establish reliability and validity scores.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

From this study, it was concluded that there was little evidence of burnout in this small sample of nurses. Only 13 of the 30 respondents completed the questionnaires. It is possible that those not responding may already be burned out, may have felt too fatigued, too busy, not motivated, or they may have pushed themselves too hard for too long. Too little data were collected and the results too inconclusive to generalize that nurses with Type A personality experience a greater extent of burnout than nurses exhibiting Type B personality.

Several possibilities may explain the low burnout scores in this sample. The sample is most representative of nurses relatively new to the job. Of the 13 respondents, 69.2% had been employed at their current job for 2 years or less. This may indicate that these nurses are still motivated and enthusiastic about the work they are presently doing. The longer a person is on the job, the greater the likelihood of experiencing burnout (Maslach, 1986).

The mean age of these nurses was 38.7 years. Previous research has indicated that the younger employee experienced the symptoms of burnout to a greater extent than older employees (Maslach, 1986). "With increased age, people are

more stable and mature, have a more balanced perspective on life and are less prone to the excesses of burnout" (Maslach, 1986, p. 60).

Burnout is likely to happen in the earlier years of one's career. The mean number of years in nursing for this group was 11 years. Maslach (1986) notes that the longer an individual has been in the field the more competent one feels about one's work. Also, those that have difficulty dealing with burnout at a young age, or when new to the job, tend to leave the profession.

Another explanation for the low degree of burnout could be a high degree of professional satisfaction. All the nurses in this study scored close to the maximum score in personal accomplishment on the MBI, indicating that their energy and ability to closely relate to and understand people's problems remains intact. This could give some insight as to why these nurses have elected to pursue graduate degrees in nursing. This group may feel that nursing remains a worthwhile career and are anxious to pursue other avenues of the profession that may be available when advanced degrees in nursing are obtained. They may envision greater autonomy, more career opportunities, increased productivity, increased leadership roles, and heightened personal satisfaction. If they felt burned out at this stage of their life, other career options have become available.

Level of education may offer an explanation for the lack of burnout in this study. "The greatest amount of burnout is found for providers who have completed college but have not had any postgraduate training" (Maslach, 1986, p. 61). This agrees with the researcher's findings. Over three quarters of the sample population (76.9%) had completed some postgraduate education. Maslach has also observed that those individuals with some postgraduate education often present with high degrees of emotional exhaustion. This finding was not found to be true. Over 84% of the nurses scored low to moderate on the emotional exhaustion subscale. Low scores on this subscale are not consistent with burnout.

Burnout has also been correlated in the past with single and childless individuals. The absence of burnout in this study may be attributed to the fact that 92.3% of the sample was married and 53.9% had children living at home. Marriage and children often represent external forms of support that are lacking in the job situation. Also, those with spouses and children have most likely dealt effectively in the past with personal problems and conflict situations (Maslach, 1986). These nurses may not have relied on work as a sole source of satisfaction, or dedicated themselves to their work at the cost of all else. It was of interest to note that the one nurse experiencing burnout was both single and childless.

It was also noted that 85% of the nurses responding in this study indicated average to considerably below average Stress and Tension Level scores. Logically, one might expect that nurses in graduate school and concurrently employed would be under considerable stress. This was not indicated in the study. The participants possibly represent a group of nurses in denial, or, since the majority of them are Type B personality, these nurses may have successfully developed coping mechanisms to survive the system.

The findings of this study did not establish that nurses with Type A personality exhibit burnout to a greater extent than nurses with Type B personality. However, the theoretical implications of the research indicate a relationship may exist between Type A and burnout. Further statistical analysis is needed to determine the extent of correlation. The one nurse exhibiting a high degree of burnout was a Type A personality. Even though the majority of nurses in the study were Type B personality and experienced no burnout, one cannot conclude from this limited investigation that an inverse relationship exists.

Recommendations

The primary implication of this study is that additional research is needed if one is to examine the relationship between Type A and Type B personality traits and the extent of burnout in nurses. The following recommendations are suggested:

1. Further studies between burnout and Type A and Type B personality should utilize a larger sample population in order to make inferences from the data collected to the general population.

2. Additional studies could examine the relationship between personality and burnout in a more homogeneous population, for example, staff nurses in a hospital setting, since this is where the critical shortage of nurses currently exists.

3. Another study would be to follow a group of Type A nurses in their career starting after graduation from nursing school to determine how many have survived without burnout after 10 years in the field.

4. There is a need to examine stress management skills. Are the development of adequate coping mechanisms related to the Type B personality?

5. A problem exists in using a population of nurses that are presently employed and concurrently enrolled in a graduate program. Since both situations can be stressful and could contribute to burnout, it would be impossible to differentiate the cause of that burnout. Would it be work or school or could both be a contributing factor. It is suggested that a longitudinal study on burnout in a graduate population be done with data collected pre and post completion of studies.

6. Valid questionnaires with reliable data collection

methods need to be developed for measuring Type A and Type B personality characteristics.

7. Further studies need to avoid or double check the veracity of self-scoring questionnaires. The use of this type instrument creates bias, thereby possibly altering the outcome.

The word "burnout" has been overused and overextended. Burnout is a complex problem with no one universal definition. Many varying theories and conceptual models exist because the topic is important to the future of nursing and the other helping professions. It is imperative to continue exploring differing professional perspectives by encouraging continued research so we may one day fully understand the burnout phenomenon.

REFERENCES

References

- Campbell, R. P. (1986). Does management style affect burnout? Nursing Management, 17(3), 38a-38h.
- Carter, F. M. (1976). Psychosocial nursing. New York: Macmillan Publishing.
- Cronin-Stubbs, D. (1983). Preventing burnout by adaptively managing stress: Biophysical strategies. Journal of Enterostomal Therapy, 10, 123-127.
- Cronin-Stubbs, D., & Rooks, C. A. (1985). The stress, social support, and burnout of critical care nurses: The results of research. Heart and Lung, 14(1), 31-39.
- Curtin, L. L. (1987, September). A shortage of nurses: Traditional approaches won't work. Nursing Management, 7, 8.
- Farber, B. A. (1983). Stress and burnout in the human service professions. New York: Pergamon Press.
- Farquhar, J. M. (1987). The American way of life need not be hazardous to your health. Reading, MA: Addison-Wesley.
- Fralic, M. F. (1987). Again, so soon? Thoughts on the nurse shortage. Nursing Health Care, 8(4), 209-210.
- Freidman, M., & Rosenman, R. H. (1974). Type A behavior and your heart. New York: Alfred A. Knoph.
- Friedman, M., & Ulmer, D. (1984). Treating type A behavior and your heart. New York: Fawcett Crest.

- Freudenberger, H. J., & Richelson, G. (1980). Burnout: The high cost of high achievement. Garden City, NY: Anchor Press, Doubleday.
- Hargrove, D. S. (1983-1985). Review of Maslach burnout inventory (2nd ed.). Lincoln, NE: Buros Institute of Mental Measurements, University of Nebraska.
- Jaffe, D. T., & Scott, C. D. (1984). From burnout to balance. New York: McGraw-Hill.
- Kobassa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. Journal of Personality and Social Psychology, 37(1), 1-11.
- Kobassa, S. C., Maddi, S. R., & Zola, M. A. (1983). Type A and hardiness. Journal of Behavioral Medicine, 6(1), 41-51.
- Lavandero, R. (1981, November-December). Nurse burnout: What can we learn? Journal of Nursing Administration, 17-23.
- Levenstein, A. (1982). Art and science of management: Ready to snap? Nursing Management, 13(1), 47-48.
- Levinson, H. (1981, May-June). When executives burn out. Harvard Business Review, 73-81.
- Maslach, C. (1986). Burnout: The cost of caring. Englewood Cliffs, NJ: Prentice-Hall.
- Maslach, C., & Jackson, S. E. (1986). Maslach burnout inventory (2nd ed.). Palo Alto, CA: Consulting Psychologist Press.

- McMahon, M. (1987). Challenges and goals. Journal of Emergency Nursing, 13(1), 1-3.
- Morrissey, K. (1987). The nursing crunch is on. Nursing Health and Care, 8(3), 198.
- Nagy, S., & Davis, L. (1985). Burnout: A comparative analysis of personality and environmental variables. Psychological Reports, 57, 1319-1326.
- Nowack, K. M. (1986). Type A, hardiness, and psychological distress. Journal of Behavioral Medicine, 9(6), 537-548.
- Nowack, K. M. (1986, May). Who are the hardy? Training and Development Journal, 40(5), 116-118.
- Pines, A., Aronson, E., & Kafry, D. (1981). Burnout: From tedium to personal growth. New York: The Free Press.
- Richman, D. (1987, March 27). Nursing: An endangered profession. Modern Health Care, pp. 32-34.
- Roberts, G. (1986, September). Burnout: Psychobabble or valuable concept? British Journal of Hospital Medicine, 36(3), 195-197.
- Schafer, W. (1987). Stress management for wellness. New York: Holt, Rinehard and Winston.
- Stewart, B., Meyerowitz, B. E., & Jackson, L. E. (1982, October). Psychological stress associated with outpatient oncology nursing. Cancer Nursing, 383-387.
- Swogger, G. (1986, October). The type A personality, overwork, and career burnout. Dental Clinics of North America, 30(4), Supplement.

- Veninga, R., & Spradley, J. P. (1983). Burnout and personality. Clinical Gerontologist, 2(2), 61-63.
- Veninga, R. L., & Spradley, J. P. (1981). The work stress connection: How to cope with job burnout. Boston: Little, Brown and Company.
- Wilson, J. (1987). Why nurses leave nursing. The Canadian Nurse, 83(3), 20-26.
- Witkins-Lanoil, G. (1985, April). A go-getter's guide to relaxation. Health, 24-29.
- Woods, P. J., & Burns, J. (1984). Type A behavior and illness in general. Journal of Behavioral Medicine, 7(4), 411-415.

APPENDIX A

Demographic Survey Sheet

Maslach Burnout Inventory

Pace of Life Index

Self-Scoring Stress and Tension Level Gauge

Human Services Demographic Data Sheet

Your sex:

_____ (1) male _____ (2) female

Your age:

_____ years

Are you (check only one group)

_____ (1) Asian, Asian American

_____ (2) Black

_____ (3) Latino, Hispanic, Mexican American

_____ (4) Native American, American Indian

_____ (5) White, Caucasian

_____ (6) Other (please specify _____)

What is your religion?

_____ (1) Protestant (specify denomination _____)

_____ (2) Roman Catholic

_____ (3) Jewish

_____ (4) Other (please specify _____)

_____ (5) None, no religion

How religious do you consider yourself to be? (Circle the appropriate number.)

1	2	3	4	5	6	7
very						not at all
religious						religious

Marital status:

_____ (1) single _____ (4) widowed

_____ (2) married _____ (5) other (please specify _____)

_____ (3) divorced

If married, for how long have you been married to your current spouse?

_____ years

If you have children, how many of them are now living with you?

_____ children live with me

_____ I have no children

PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages: 62-65

U·M·I

APPENDIX B
Committee for the Protection of Human Subjects
Project Proposal Review

SAN JOSE STATE UNIVERSITY FOUNDATION

March 28, 1989

Ms. Gail M. Brennan
406 Willow Street
Pacific Grove, CA 93950

Dear Ms. Brennan:

Your human subjects protocol number #7441 has received final approval from the Human Subjects Institutional Review Board. Attached is a copy of the final approval form with the signatures of the Chairman of the Human Subjects Institutional Review Board, Dr. Robert Hyde, and the Associate Academic Vice President for Graduate Studies and Research, Dr. Serena Stanford.

The Human Subjects Institutional Review Board must be notified in writing of any proposed changes to this approved protocol, and approval must be granted in writing before any change is instituted.

If you have any questions, please contact Dr. Robert Hyde at (408) 924-4882 or myself at (408) 924-1438.

Congratulations and good luck with your research!

Sincerely,

A handwritten signature in cursive script that reads "Jerelyn Cockriel".

Jerelyn Cockriel
Contracts and Grants Coordinator

Attachment

APPENDIX C
Letter to the Participants

406 Willow Street
Pacific Grove, CA 93950

Dear Registered Nurse,

As a graduate student in nursing at San Jose State University, I am currently doing research to complete my thesis requirements for a masters degree in Community Health Nursing. I am conducting research on job related attitudes and personality behaviors. As nurses, our jobs can involve a great deal of stress depending on the demands of the job, the demands of the institution, and the availability of resources needed for support. The purpose of this project is to identify factors that increase the probability of stress among nurses. Once identified, preventive measures can be explored.

If you are currently employed in nursing, I would appreciate your time to complete the attached questionnaires. Your participation is completely voluntary and your responses will be strictly confidential. Questionnaires will be identified by code number not by name. If you are interested in participating, you will be required to complete three short questionnaires and a demographic survey sheet. Total time to complete these questionnaires should not exceed 1/2 hour.

If you are interested in participating, please complete the attached consent form and questionnaires. Two stamped self-addressed envelopes are enclosed for the return of: 1) consent form, and 2) questionnaires. If you have any questions, please do not hesitate to contact me at (408) 647-9460 during evening hours, or during the day at (408) 647-2184.

Thank you for your time and consideration.

Sincerely yours,

Gail M. Brennan, RN

APPENDIX D
Consent Form

Agreement to Participate in Research

I have been asked to participate in a research study investigating job related attitudes and personality behaviors. The results of this study should further our understanding of the factors that increase the probability of stress among nurses.

I understand that:

- 1) I will complete a Job Related Survey, the Pace of Life Index, a Stress and Tension Level Gauge, and a Demographic Survey sheet.
- 2) The length of time to participate will not exceed one-half hour.
- 3) The benefits of this study are to identify the factors that increase the probability of stress among nurses. Once identified, preventive measures can be explored.
- 4) My participation in this study is strictly confidential.
- 5) Any questions about my participation in this study will be answered by Gail Brennan, telephone (408) 647-9460. Complaints about the procedures may be presented to Dr. Marcia Canton, Department of Nursing, telephone (408) 924-3173. For questions or complaints about research subject's rights, or in the event of research-related injury, contact Serena Stanford, PhD (Associate Academic Vice President for Graduate Studies and Research) at (408) 924-2480.
- 6) My consent is given voluntarily without being coerced: I may refuse to participate in this study or in any part of this study, and I may withdraw at any time, without prejudice to my relations with SJSU.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE.
MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION
PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

DATE

SUBJECT'S SIGNATURE

INVESTIGATOR'S SIGNATURE