



Individual vulnerability to burnout in nurses: The role of Type D personality within different nursing specialty areas



Nina Geuens^{a,*}, Moniek Braspenning^a, Peter Van Bogaert^b, Erik Franck^b

^a Karel de Grote University College, Van Schoonbekestraat 143, 2018 Antwerp, Belgium

^b University of Antwerp, Department of Nursing and Midwifery Sciences, Centre for Research and Innovation in Care (CRIC), Faculty of Medicine and Health Sciences, Universiteitsplein 1, 2610 Wilrijk, Antwerp, Belgium

ARTICLE INFO

Article history:

Received 23 September 2014

Received in revised form 15 May 2015

Accepted 17 May 2015

Keywords:

Type D
Personality
Individual
Burnout
Stress
Nursing

ABSTRACT

Introduction: Previous studies describe nursing as an occupation with a high-risk for burnout. However, less attention has been paid to the individual factors underlying this psychological syndrome.

Aim: This study aims to contribute to the limited body of evidence concerning Type D personality and burnout in nursing. To investigate this topic, we examined Type D personality, stress and burnout within the nursing profession, while taking the organisational and job-related elements into account.

Method: During this cross-sectional study, data were collected using self-report questionnaires. The 222 nurses who participated were selected from 12 general hospitals across Antwerp, Belgium. The departments and nurses surveyed were selected at random and sub-divided into six nursing specialty areas.

Results: Type D personality ranged from 23% in medical and surgical units, up to 36% in paediatric units. In addition, even when corrected for organisational and job-related factors, nurses with Type D personality were five times more likely to have a high risk for burnout.

Conclusion: This study suggested that Type D is a vulnerable personality in nurses for the development of burnout. Consequently, it might be advisable to target this individual factor in prevention programmes.

© 2015 The Authors. Published by Elsevier GmbH. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Burnout is a psychological syndrome that can develop as a result of a long period of occupational stress. This syndrome consists of three dimensions, namely: emotional exhaustion – the feeling of having used up all emotional reserves; depersonalisation – which is characterised by adopting a negative, blunt and cynical attitude towards the care receivers; and the feeling of reduced personal accomplishment – the tendency to assess one's professional achievements negatively (Maslach & Jackson, 1981; Schaufeli & Van Dierendonck, 2000). The combination of these three dimensions can differentiate burnout from other psychological syndromes such as depression. Whereas, emotional exhaustion can also be observed in depression, lack of job motivation (depersonalisation) and experiencing low job efficiency (reduced personal accomplishment) are typical burnout symptoms. In addition, the most crucial difference

between burnout and other psychological syndromes is that the cause of burnout can be attributed to the work setting (Taris, Houtman, & Schaufeli, 2013).

The diathesis × stress model explains the development of burnout through the interaction of vulnerability with precipitating environmental events (Clark, Beck, & Alford, 1999; Ingram & Luxton, 2005). The greater the diathesis or vulnerability, the fewer stressors are needed to trigger certain behaviours – which indicates that only a few stressors might cause feelings of burnout when someone has a limited resilience to stress. Conversely, greater life stressors are needed to produce particular results when vulnerability is smaller. Therefore, a person with high stress-resilience may not develop burnout as easily, but can also become susceptible if the number of stressors accumulates.

The core of the cognitive diathesis-stress model of vulnerability is that, in confrontation with stressful life events, latent negative self-schemas containing dysfunctional attitudes about the self become activated in an automatic, repetitive, unintended, and difficult to control way (Clark et al., 1999). This leads to specific negative cognitions (automatic thoughts), including negative views of one-self (lower levels of self-esteem), resulting in sadness and other depressive symptoms (Beck, 1987; Beck, Rush, Shaw, & Emery,

* Corresponding author. Tel.: +32 3 613 15 86/489 11 88 55.

E-mail addresses: nina.geuens@kdg.be (N. Geuens), moniek.braspenning@kdg.be (M. Braspenning), peter.vanbogaert@uantwerpen.be (P. Van Bogaert), erik.franck@uantwerpen.be (E. Franck).

1979; Clark et al., 1999). In the absence of stressful life events, these negative schemas remain latent and less consciously accessible, and do not directly bias the information processing system (Haaga, Dyck, & Ernst, 1991). Thus, according to the diathesis \times stress model, burnout develops when the experienced stressors outweigh the personal resilience (Ingram & Luxton, 2005). In line with this model, several researchers have suggested that the causes of burnout are multi-dimensional and can be categorised in three groups: organisational, job-related and individual factors (Shirom, 2003). Furthermore, the stressors of the diatheses \times stress model consist mainly of organisational and job-related factors, while the diathesis or susceptibility can be classified as an individual factor.

Due to the fact that the stressors in nursing are often manifold, this profession has been described as high-risk for the development of burnout, causing even nurses with a low burnout susceptibility to become vulnerable (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000; Grau-Alberola, Gil-Monte, Garcia-Juesas, & Figueiredo-Ferraz, 2010). After all, nurses are regularly exposed to suffering, pain, death, physical labour, changing technology, ethical dilemmas, shift work, staffing shortages, high expectations from families and patients, and conflicts with physicians, as well as low salaries and high responsibility (Demir, Ulusoy, & Ulusoy, 2003; Fagerberg, 2004; Maytum, Heiman, & Garwick, 2004; Muncer, Taylor, & McManus, 2001). Verhaeghe, Vlerick, De Backer, Van Maele, and Gemmel (2008) have confirmed this is a high-risk population by revealing that nurses experience significantly more stress in comparison to other professions with a similar educational level and within the same age category.

Although considerable research has been devoted to the organisational and job-related factors – such as the nurse–physician relationship, management at the unit level, hospital management and organisational support, and the number of patients per nurse (Jourdain & Chenevert, 2010; Ksiazek, Stefaniak, Stadnyk, & Ksiazek, 2011; Van Bogaert, Clarke, Roelant, Meulemans, & Van de Heyning, 2010; You et al., 2013) – less attention has been paid to the individual factors. Swider and Zimmerman (2010) agree, stating that existing research on individual factors has been random and lacks focus. Nevertheless, the importance of this individual aspect becomes evident when we consider the fact that all nurses within a certain unit are exposed to the same organisational and job-related factors, and yet not all of these nurses will develop symptoms of stress or burnout.

Therefore, the present study focuses on the influence of individual factors on the development of burnout.

Different models can be applied to measure these individual factors. For instance, the personality characteristic of neuroticism from the Five Factor Model has been linked to burnout in nurses (Burgess, Irvine, & Wallymahmed, 2010; Hudek-Knezevic, Kalebic Maglica, & Krapic, 2011; Jahanbakhsh Ganjeh, Omidi Arjenaki, Nori, & Oreyzi, 2010). In the study at hand, however, the individual factors were examined through Type D personality. Type D is a relatively stable personality trait that is characterised by a combination of a wide variety of negative emotions (negative affectivity) while at the same time inhibiting these emotions in social situations in order to avoid rejection or disapproval (social inhibition) (Denollet, 2005). People with high levels of negative affectivity are likely to experience distress, anxiety, irritability, pessimism, and worry. Negative affectivity is also related to a negative view of oneself, the world, the future, and others (Larsen & Ketelaar, 1991; Polman, Borkoles, & Nicholls, 2010). Social inhibition is associated with individuals being tense, having fewer personal ties, and being uncomfortable when socialising with other people (Denollet, 2005; Emons, Meijer, & Denollet, 2007; Polman et al., 2010). It is this social inhibition component that distinguishes Type D personality from

other related negative affectivity constructs such as depressive symptoms and neuroticism – as social inhibition is distinct from, and adds to the negative affectivity construct (Hausteiner et al., 2010; Kudielka, von Kanel, Gander, & Fischer, 2004; Mommersteeg, Denollet, & Martens, 2012).

Type D personality has been associated with poor prognosis and increased risk of morbidity and mortality in cardiac patients (Compare et al., 2014; Pedersen & Denollet, 2003). A potential mechanism underlying this finding may be increased sympathetic activation, which has been found to be associated with emotional expressive suppression (Gross, 2002). Findings from theories of emotion and self-regulation indicate that expressive suppression increases sympathetic activation of the cardiovascular system (Gross, 2002; Muraven & Baumeister, 2000). Moreover, high dispositional negative affectivity or anger may serve to amplify negative emotional responses, and this may have biological correlates that stimulate cardiac dysfunction (Compare et al., 2014; Pedersen & Denollet, 2003).

In addition, Mommersteeg et al. (2012) have hypothesised that individuals with Type D personality are more likely to perceive their environment as stressful, but at the same time, are less likely to seek help due to their tendency to inhibit their emotions in social interactions. As a result, individuals with Type D personality might have an increased risk of burnout. Furthermore, Type D has also been found to be a determinant of psychological distress (Pedersen & Denollet, 2003; Polman et al., 2010). Type D individuals are therefore predicted to report higher levels of stress over prolonged periods, which in turn would be expected to be associated with increased symptoms of burnout (Polman et al., 2010). This predicted positive relation between Type D personality and burnout has been confirmed for different populations, such as the general Dutch population and first-year undergraduate students (Mommersteeg et al., 2012; Polman et al., 2010). Research concerning the nursing population is limited to two studies: Oginska-Bulik (2006), and Kim, Kim, and Kang (2014). In addition, these studies do not take organisational and job-related elements into account. Nevertheless, research has shown the importance of factors such as the nurse–physician relationship, management at the unit level, and hospital management in the development of burnout (Van Bogaert, Clarke, Roelant, Meulemans, & Van de Heyning, 2010; You et al., 2013).

Therefore, the current study aims to expand the existing evidence concerning Type D personality and burnout in nursing, while taking the organisational and job-related elements into account as well. Thus, examining the complete diathesis \times stress model. The main hypothesis of this study is that even after correcting for a wide array of stressors – containing job-related and organisational factors – the diathesis or Type D personality will be a determining factor for increasing burnout risk.

In addition, some evidence suggests differences in personality and behaviour between nursing specialty areas. This implies that not all nurses can be grouped together when considering personality but that clusters of similar personality characteristics can be identified among nurses working within the same specialty area (Cross & Kelly, 1984; Kennedy, Curtis, & Waters, 2014; Lentz & Michaels, 1965). This led to the hypothesis that a nurse's personality type might influence her choice of nursing specialty area (provided that the nurse is able to choose the area). Therefore, a higher prevalence of certain personality types within a nursing specialty area might render that area more vulnerable to burnout. In fact, literature often describes differences in the prevalence of burnout across various nursing specialty areas (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010). As a consequence, different approaches to burnout prevention might be advised according to the specialty area. Therefore, the nursing specialty area was also considered in the study at hand.

Download English Version:

<https://daneshyari.com/en/article/317360>

Download Persian Version:

<https://daneshyari.com/article/317360>

[Daneshyari.com](https://daneshyari.com)