



Personality traits as predictors of trauma-related coping self-efficacy: A three-wave prospective study



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ABSTRACT

Aim of the present three-wave study was to examine to what extent personality traits and general self-efficacy measured before exposure to a potentially traumatic event (PTE) prospectively predict coping self-efficacy (CSE) perceptions, and to test whether outcomes are biased by the timing of assessment of personality traits. The study was conducted within a large probability-based multi-wave representative internet panel in the Netherlands ($N^{\text{total}} = 1154$).

Results: Findings for both personality assessments (2009, 2011) were similar. Among respondents with low levels of PTSD-symptomatology, higher levels of emotional stability and agreeableness were associated with higher levels of CSE, while among those with relatively high levels of PTSD-symptomatology emotional stability alone was independently predictive of CSE. After adding personality traits to the model, general self-efficacy, demographic and event-related variables were not predictive of CSE, with the exception of time since the event for the high-symptoms group.

Conclusions: Emotional stability most strongly and systematically predicts CSE following PTE's, regardless of the moment it was assessed. Agreeableness is only predictive of CSE among those with low levels of PTSD-symptomatology. Timing of assessment of personality did not influence results. In sum the personality traits emotional stability and agreeableness provide (limited) information on CSE levels among adults following PTE's.

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1. Introduction

Previous studies have shown that coping self-efficacy (CSE), the perceived capability to manage both personal functioning and challenges faced in the aftermath of a traumatic event, is an important predictor of longer term psychological functioning after a shocking event. When correcting for initial distress and demographic factors in longitudinal studies, CSE independently explained 10 to 26 percent of variance in PTSD symptoms among victims of diverse potentially traumatic events (PTEs): natural disasters, terrorist attacks, motor vehicle accidents, combat and domestic violence (Benight, Cieslak, Molton, & Johnson, 2008; Benight, Freyaldenhoven, Hughes, Ruiz, & Zoschke, 2000; Benight & Harper, 2002; Luszczynska, Benight, & Cieslak, 2009). CSE affects the stressfulness of traumatic events by affecting the degree of perceived threat posed by the event, by affecting the use of coping strategies, and by affecting the perception of initial stress reactions (Bandura, 1997).

There is a gap in scientific knowledge concerning CSE however. It is not yet possible to predict which individuals will exhibit high or low levels of CSE after experiencing a PTE. Insight into the predictors of CSE will offer more information on the processes at work within CSE. It might also help with screening personnel for military duty or other professions with high exposure to PTEs. Experiencing stress is a normal reaction in the first days and weeks after a PTE. In most cases the majority of people will recover within the first year after a traumatic event (Breslau, 2001; Bronner et al., 2009; Darves-Bornoz et al., 2008). There are very different trajectories in which PTSD symptoms can fluctuate, confirming that initial reactions are not completely predictive of the long term coping (Bonanno, 2004). This suggests that in the specific case of traumatic events, CSE is influenced by different (predisposing) factors.

The goal of the current study is to investigate possible determinants of CSE. Specifically, the focus is on the role that personality traits might have. These are commonly assumed to be comprised of more or less stable characteristics that foster consistency in reactions to environmental stimuli (Schneider, 2004). Previous research has shown that some personality traits (emotional stability and extraversion) are associated with greater posttraumatic stress symptomatology (Breslau, Davis, Andreski, & Peterson,

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1991; Carlier, Lamberts, & Gersons, 1997; Lewin, Carr, & Webster, 1998). Since personality traits contribute to how an individual will respond to or feel in specific circumstances, they will also likely affect confidence to overcome a PTE. It is expected that higher levels of emotional stability and higher levels of extraversion will be associated with higher levels of CSE. There are no preconceived notions about the effects of conscientiousness, agreeableness and openness in this study.

Previous studies, however, suggest that personality traits are not completely stable (Watson, 2004). A meta-analysis investigating the rank-order stability of personality traits (Roberts & DelVecchio, 2000) showed that the stability of personality traits varies across the life span and is highest between 50 and 70 years old, when test–retest correlations are about .74. This does raise the question to what extent personality traits can truly be considered traits, since a correlation of .7 means a shared variance of only 50%. It also suggests that the timing of the measurement of personality traits might have an impact on their predictive value.

Finally, in order to investigate whether a *general* sense of self-efficacy influences CSE, prospectively measured general opinion about one's own capabilities was included. It is important to realize however, that there is no general perception of being able to enact any type of task required, which predicts how self-efficacious people will feel in all possible situations. According to Bandura (1982), the level of specificity with which to measure self-efficacy depends on the nature of the related tasks, and how specific the behaviors are that comprise this task. For instance, an artist may feel capable of producing a beautiful artwork, but this says nothing about his or her perceived ability to run a marathon. This is especially true for predicting how well someone will be able to cope with an event that is typically far removed from everyday experience, such as a traumatic event. However, a sense of being a capable person could affect perceived competence in specific task domains. Previous research has shown that general self-efficacy and context-specific self-efficacy are related, with general self-efficacy perceptions influencing specific self-efficacy perceptions (Schwoerer, May, Hollensbe, & Mencl, 2005), and vice versa (Hendy, Lyons, & Breakwell, 2006). Furthermore, in previous research, general self-efficacy mediated the impact of personality traits on perceived stress, indicating a possible role of general self-efficacy in shaping CSE (Ebstrup, Eplöv, Pisinger, & Jorgensen, 2011).

The aim of the present study is twofold: first, to examine to what extent personality traits and general self-efficacy prospectively predict CSE perceptions. Since the associations between personality traits and CSE may depend on the level of PTSD-symptoms, it was also assessed whether these differ between respondents with low-medium levels and respondents with high levels of PTSD-symptoms. After all, if one experiences no severe PTSD symptoms, the challenges to overcome in order to resume normal life might be different than if one experiences severe symptomatology. Second, to test whether personality traits assessed one year before CSE was measured are more predictive than traits assessed three years before. To the best of our knowledge, to date no study has addressed these questions.

2. Method

2.1. Participant characteristics and sampling

This study was conducted within the LISS (Longitudinal Internet Studies for the Social sciences) panel. The panel consists of almost 8000 individuals, and is operated by the CentERdata research institute in Tilburg, the Netherlands. The panel is based on a traditional random sample drawn from the population register by Statistics Netherlands, and has been operational since October 2007. Panel

members are invited to complete online questionnaires every month. Original response rate was 80%, and monthly response rates to individual questionnaires range between 50% and 80%. Participants receive a small payment for each completed questionnaire. Topics of the studies conducted in the panel are diverse; with some studies recurring every year (e.g. health, religion, work and schooling, personality, and politics and values), while other studies, such as our study on CSE, are conducted once. Data gathered in the panel is freely accessible for researchers (for more information see: www.lissdata.nl). For the current study on CSE and PTSD-symptomatology 7,495 panel members were approached. The response rate was 78.4% ($N = 5879$). Of these, 2348 respondents indicated they had experienced a PTE or other stressful life-event in the past two years in our study on trauma in 2012. Further details of the LISS panel and the studies on personality and trauma can be found in Van der Velden, Bosmans, and Scherpenzeel (2013).

For the present study respondents were selected who were exposed to a number of PTE's (e.g., severe accidents, assaults and threats, fires and disasters, severe illness, property crimes, loss of a loved one), and also took part in studies on personality traits in 2009 (response rate = 69.9%) and 2011 (response rate = 74.5%; $N^{\text{total}} = 1154$). Respondents exposed to other possible stressful life events such as divorce, serious relational or financial problems were excluded. In sum, data of three waves of the LISS panel were used (2009, 2011, and 2012).

2.2. Measures

Respondents were asked to report PTE's experienced in the two years prior to our study on trauma (2012). If more than one PTE was reported, respondents were asked to focus on the most severe event. The time frame of assessment was limited to the previous two years because for most victims of a PTE recovery occurs in the first 12 months (Breslau, 2001). Furthermore, recollection of the exact timing and nature of a traumatic event becomes less reliable as the interval between exposure and assessment increases (Wittchen et al., 1989). In addition to the type of event and when it occurred, degree of physical injury sustained during the event was also assessed. General self-efficacy was measured with a single item in 2009 (I have confidence in my capabilities). The following demographic information relevant to our research was used: age and gender of the respondent, and level of education.

Personality traits were measured in the surveys on personality in 2009 and 2011 using the International Personality Item Pool (IPIP, Goldberg, 1999). This measure is based on the Big-five factor structure of personality. The 50-item version was used. The IPIP has a consistent factor structure, and has also demonstrated strong concurrent validity with other personality measures (Gow, Whiteman, Pattie, & Deary, 2005; Zheng et al., 2008).

The 7-item Coping Self-Efficacy Measure (Bosmans et al., 2014; Van der Velden et al., 2013) was administered in the survey on trauma (2012) to assess CSE. Respondents rated their perceived efficacy on dealing with different consequences of the PTE on a 7-point scale. Possible scores range from 7 (lowest self-efficacy) to 49 (highest self-efficacy). In this study the internal consistency of the CSE scale was high ($\alpha = .91$).

Event-related PTSD symptoms were measured in the survey on trauma (2012) using the original 15-item Impact of Event Scale (IES, Horowitz, Wilner, & Alvarez, 1979) and the 6 hyperarousal items of the Impact of Event Scale-Revised (IES-R, Weiss & Marmar, 1997). The original scoring system of the IES was used, however (respondents were asked how often they suffered from symptoms in the past week on a 4-point measurement scale, with 0 indicating not at all, 1 indicating rarely, 3 indicating sometimes, and 5 indicating often). This version of the IES(-R) will be referred to as the IESplus in this study. This approach has been used in

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