Original research article

Personality predictors and their impact on coping with burnout among students preparing for the nursing and midwifery profession

Q1 Ľudmila Majerníková *, Andrea Obročníková

Prešov University in Prešov, Faculty of Health Care, Department of Nursing, Prešov, Slovak Republic

ARTICLE INFO

ABSTRACT

Personality characteristics might be important factors influencing an individual's ability to cope with burnout syndrome. The aim of the study was to examine the relationship between personality factors such as self-evaluation and a sense of coherence and burnout syndrome among students of nursing. The study involved a total of 190 university students of the study programme Nursing and Midwifery (average age 20.66 ± 3.01; 98.4% females). Scale Burnout Inventory (SBI) in the school was used for assessing the burnout levels. A Sense of Coherence Questionnaire (SOC) and Rosenberger's Self-Esteem Scale (SES) were used as well. A significant negative relationship was found between burnout syndrome and self-esteem ($p \le 0.01$), as well as sense of coherence ($p \le 0.01$); it means that higher levels of self-esteem and sense of coherence were associated with lower burnout syndrome levels among students. Personality factors are strongly linked to burnout among students. Therefore it is important to observe and guide the students and appropriately utilize their predispositions in the management of the demanding study, as they tend to persist after a period of professional practice. It is therefore considered, that improving the skills of coping with stress among students is beneficial in preventing the subsequent occurrence of burnout in the profession of a nurse.

Introduction

The concept of burnout was introduced in 1975 by the psychoanalyst Herbert Freundenberg. He defines it as a final stage, in which people are emotionally dried out; lose their original enthusiasm and motivation [1]. The key factors of burnout are feeling absolutely exhausted and worn out, and overall fatigue. The clinical picture of burnout is reminiscent of depression; it is the opposite of positive symptoms such as joy, contentment and serenity. It is associated with negative emotions such as fear, anxiety and anger. Most often it occurs

* *Corresponding author at*: Prešov University in Prešov, Faculty of Healthcare, Department of Nursing, Partizánska 1, 080 01 Prešov, Slovakia.
E-mail address: ludmila.majernikova@unipo.sk (Ľ. Majerníková).

in people in permanent social contact, people in isolation or in people performing monotonous work [2]. Burnout initially operates subtly. A common trigger is a change in one's job (especially promotion) or a new job. According to Bártová [3], the most vulnerable groups are doctors, nurses, psychologists and psychiatrists, social workers, teachers at all types of schools, staff in correctional facilities for juveniles and adults, police officers, managers and business people. In their study, Maslach and Leiter [4] highlighted the importance of personality and socio-demographic predictors such as age and level of education, which are important predictors for the development of burnout syndrome. Working conditions are also identified as significant factors affecting burnout. Each individual has a different degree of adaptability to the stress factors operating on them.

More than 20 years have passed since the American-Israeli medical sociologist Aaron Antonovsky introduced his salutogenic theory "sense of coherence". He described it as a global orientation to view the world and the individual environment as comprehensible, manageable, and meaningful, claiming that the way people view their life has a positive influence on their health [5]. In the 10 years after the introduction of the salutogenesis, Antonovsky developed the Life Orientation Questionnaire, Sense of Coherence Scale, and examined its properties. In addition, the theory was somewhat revised over time and made more explicit in his second book Unravelling the Mystery of Health [6]. The paradigm shift from the pathogenic focus on the risk factors for disease to the salutogenic focus on the strengths and determinants for health was introduced. Fortigenesis, referring to the origins of one's psychological strength in general, attempts to broaden the SOC concept [7]. Nowadays, this theory has been successfully used in relation to mental health, as well as the risks of burnout.

Self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioural aspects as well as the evaluative or affective ones [8]. While the construct is most often used to refer to a global sense of self-worth, narrower concepts such as self-confidence or body-esteem are used to imply a sense of self-esteem in more specific domains. It is also widely assumed that self-esteem functions as a trait, i.e. is stable across time within individuals. Self-esteem is an extremely popular construct within psychology, and has been related to virtually every other psychological concept or domain, including personality (e.g. shyness), behavioural (e.g. task performance), cognitive (e.g. attributional bias), and clinical concepts (e.g. anxiety and depression). While some researchers have been particularly concerned with understanding the nuances of the self-esteem construct, others have focused on the adaptive and self-protective functions of self-esteem [8].

Several studies indicate a significant influence of personality predictors for the development of burnout. The most important predictors include the ability to cope with stressful situations, disposition of coping strategies [9–11]; disposition of selected individual personality characteristics from the view of personality equipment, which is associated with resistance to burnout, higher degree of self-esteem and internal locus of control [12]; the ability to resist the most adverse life circumstances and a sense of integrity, characterized by a tendency to see the world as consistent, relatively predictable, and comprehensible [13]. The issue of burnout has proved to be relevant in students of healthcare disciplines (non-medical). The researches focus mainly on students in the health and helping professions, for which a risk of burnout, lower quality of life, increased risk of depression, and experiencing negative emotions is observed [14,15]. For this reason, we focused our attention on nursing and midwifery students; future health staff during their bachelor degree studies.

Aim of study

Research was conducted in order to determine the existence of relationships between personality factors of self-esteem, a sense of coherence and the prevalence of burnout among 2nd and 3rd year undergraduate students of the study programme Nursing and Midwifery. Further subdivision of the group was in terms of age, type of previously completed high school education, and years of study in the field.

Materials and methods

A total of 190 full time bachelor students in the study programme Nursing ($n = 130$) and Midwifery ($n = 60$) in the second and third years at the Department of Nursing and the Department of Midwifery at the Faculty of Health Care of the Prešov University in Prešov were questioned. The response rate was 92%; data collection took place from February to December 2016. The majority of students (98.5%) were women; the mean age was 20.66 ± 3.01. More than half of the respondents had completed high school education with a healthcare specialization. The sample consisted of 50% of students in the second year and 50% in the third year of their studies. More information on the respondents is presented in Table 1.

Data collection

In the study we obtained the necessary data using three standardized questionnaires. To measure the level of burnout, the School Burnout Inventory (SBI) scale was used. This tool is specifically designed for the purpose of determining the level

Table 1 – Demographic characteristics of respondents.		
	n	%
Gender		
Female	187	98.4
Male	3	1.6
Age		
20–21 years	111	58
22–25 years	77	41
26 years and above	2	1
Completed high school education		
Healthcare high school	98	52
Other	92	48
Year of study		
Second	95	50
Third	95	50