TYPE A BEHAVIOUR AND BURNOUT : A COMPARISON BETWEEN INTENSIVE CARE NURSES AND PSYCHIATRIC NURSES

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TYPE A BEHAVIOUR AND BURNOUT : A COMPARISON BETWEEN INTENSIVE CARE NURSES AND PSYCHIATRIC NURSES

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DECLARATION

I, the undersigned declare that the work in this thesis is my own original work and has, to my knowledge not been previously presented for a degree or part thereof at any other university.

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INTRODUCTION
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THE EVOLUTIONARY ROLE OF THE NURSE

Nursing evolved as an altruistic response toward helping others, particularly in the realm of maintaining and restoring health (Dolan, Fitzpatrick & Hermann, 1983). This particular role involved providing physical and emotional comfort and care to the sick and has, through the ages, been voluntary or delegated to certain women who have proven to be particularly adept at caring for the sick in their respective communities. Therefore, nursing was not a role expected of all women, but was reserved for those who had the ability and desire to nurture others (Dolan et al., 1983).

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The first nurses were independent figures who performed the duties not only of nurse, but also of nutritionist, pharmacist, physical therapist and social welfare worker (Dolan et al., 1983). Although their initial response to, and treatment of, illness was intuitive, knowledge about illness and the treatment thereof was continuously being improved upon. Trial and error and basic problem solving resulted in the accumulation of a body of knowledge which gradually developed and expanded.

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Around the 14th century two categories of "nurses" could be distinguished. The first, was a well motivated and appropriately knowledgeable (for that particular era) woman who hired out her nursing services. She would be employed mostly by wealthy families with the aim of providing a high level of health maintenance for a particular member of the family. Her length of employment often extended over many years since she was expected to "nurse" a particular family member from birth throughout that person's life. Her position in the family was recognised as one of authority and importance.

The second category of nurse which was the more prevalent of the two, assumed the role of a servant. This was especially true of the ancient cultures where the nurse assumed a subservient role and was generally afforded the status of a slave. This nurse was entirely dependent on the physician, who gave her orders and restricted and prescribed her sphere of involvement with and service to the sick. Her role was primarily within the realm of custodial care, for which she received meagre rewards which, no doubt, did little to contribute to her self esteem and sense of professional status and conduct.

Around 1886 this state of affairs had improved somewhat. The nurse was, however, still expected to obey the physician's orders without question (Dolan et al., 1983).

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She was also not permitted or expected to be knowledgeable on the medical status of the patients.

It is interesting to note, that even as recently as the early part of this century, the psychiatric/psychological role of the nurse in the treatment of the emotionally disturbed patient was still primarily limited to custodial interventions.

Gradually, however, there has been a growing appreciation of the therapeutic role of the psychiatric nurse (Santos, 1949 in Dolan, et al., 1983). Currently, the psychiatric nurse aims to create an empathic environment in which the patient can develop more adaptive behaviour patterns. The psychiatric nurse has become an integral part of the preventative, palliative and curative aspects of psychiatric care.

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The realm of professional practice amongst all groups of nurses has improved dramatically and nursing has advanced from a procedure-oriented approach, toward one that is oriented towards the individual, the family and the community. The rapid and constant improvement of medical knowledge has also influenced the nursing profession by affording nurses the essential opportunity and expectation of increasing their knowledge and developing areas of speciality within the nursing sphere.

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By the mid-1960's nurses had defined their roles to such an extent that titles such as, Intensive Care Nurses, Theatre Nurses and Neonatal Intensive Care Nurses, were common.

The modern South African nurse has, to a large degree, gained status as a professional and has achieved this primarily as a result of receiving extensive practical training and theoretical input, as prescribed by the South African Nursing Council.

The nurse's current role and heightened responsibility has, however, also rendered her vulnerable to stressors which were not previously as pronounced in her career and working environment. Bailey (1985) identified some factors that could contribute to a heightened perception of stress amongst nurses :-

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(a) New and more extensive theoretically and practically complex roles that the nurse fulfils. As a result, these roles intrinsically create a greater responsibility for the nurses concerned.

(b) New methods in medicine and thus nursing that demand advanced knowledge and capabilities.

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(c) New regulations and a broadened scope of practice in the nursing profession which have resulted in greater responsibility.

(d) Changes in the training of nurses which involve higher standards of practise and knowledge.

The current nursing status and work environment has thus dramatically improved. However, the altered pace and responsibility of the nurse has created problems and situations not previously prevalent in this profession.

Booysen (1990) found that certain groups of nurses are more prone to experiencing anxiety and to belong to the Type A Behaviour category (TABP), than others. It has been noted that, of the two groups of nurses compared (General and Intensive Care), the nurses identified as being more prone to TABP and with higher anxiety, were the Intensive Care nurses. These findings suggest that, since this appears to be one of the more specialised areas in the nursing profession which demands an extensive theoretical knowledge and the ability to deal with a highly stressful and demanding environment, the "new era" general nurse could also be one who in the future will be prone to stress and its concomitants.

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Kaplan and Sadock (1981) have argued that there is a likely correlation between stress and TABP.

Thus the increased professional status and responsibility or nurses has created a situation where it has become probable that experiencing the symptoms of stress and burnout are a real possibility also since their work is intrinsically involved with the suffering of other human beings. Maslach (1976) conducted research with 180 nurses, social service and mental health workers and found that the nurses had a greater tendency toward becoming burned out with resultant feelings of dissatisfaction with opportunities for personal growth and development on the job. Maslach also pointed out that health care workers in general are those who are particularly sensitive to burnout.

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Based on the findings of Booysen (1990) and the literature reviewed the researcher will introduce variables in addition to identifying Type A behaviour. These variables will involve another category of nursing, namely psychiatric nurses. The two groups of nurses (psychiatric and intensive care) will also be measured and compared for the presence of burnout symptoms. The researcher will attempt to demonstrate a significant difference between the two groups of nurses with regard to the variable burnout and Type A behaviour.

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CHAPTER 1

STRESS AMONGST THE NURSING PERSONNEL IN THE HOSPITAL ENVIRONMENT

1.1 INTRODUCTION

The term stress has typically been used to refer both to the adjustive demands placed on an organism, and to the organism's internal, bio-physical responses to such demands. From the above one would therefore infer that adjustive demands are usually termed stressors, and the effects that they create within the person (organism) are termed stress (Coleman, Butcher & Carson, 1984). An internationally renowned authority on stress, Hans Seleye, divided the concept of stress into positive stress, called eustress, and negative stress, namely distress. He described eustress as having positive results whilst distress has negative results (Selye, 1965), (a typical example of eustress could be a wedding, whilst distress would be a funeral).

Since the environment does not automatically gratify our needs and we are often and, perhaps, increasingly faced with personal and environmental obstacles, stress has been described as a universal and complex phenomenon which manifests in the lives of all individuals (Bailey, Steffen & Grout, 1980).

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1.2 REACTIONS TO STRESS

The manifestations of stress are broad and have underlying implications for the general health of the individual. Bailey, et al., (1980) suggested that stress is the most important illness of the twentieth century. In reviewing certain general principles that underlie reactions to stress, it is convenient to conceptualize three interactional levels :-

(a) a biological level which involves immunological defenses against disease

(b) a psychological and interpersonal level which involves activating learned coping mechanisms and defenses

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(c) a sociocultural level which involves group resources such as labour unions or religious organizations

Failure of the individual to cope on any one of these levels may seriously increase vulnerability on other levels (Coleman et al., 1984).

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1.3 STRESS IN THE WORKING ENVIRONMENT

Whilst having the ability to negatively influence physical, interpersonal and psychological health, excessive stress also has the potential of influencing achievement potential and efficiency in the workplace.

This can often result in low morale, decreased energy, absences from work, decreased productivity and resignations (Chiriboga, Jenkins & Bailey, 1982).

In a human services career such as nursing, staff are involved with a variety of potentially stressful situations. Since hospitals are intrinsically linked with illness, pain and death, stress (distress) would be a natural concomitant. However, research with regard to stress amongst hospital staff and, in particular, nursing staff, has only been conducted during the past twenty years (Leat & Schneck, 1980). Prior to the 1960's, the psychometric tests to which nursing personnel were subjected, focused mainly on the cognitive aspects of their ability and potential. Data involving aspects such as stress and anxiety focused primarily on the experiences of the patient rather than the nurse (De Leo, Magni, Vallerini & Dal Palu, 1983). Research was particularly focused on patients in Intensive Care Units and their experience of stress (Leat & Schneck, 1980).

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However, during the last two decades, research has focused on various attributes of nursing personnel, such as personality, motivation and ability.

Researchers have examined personality differences between nurses in psychiatric and those in general hospitals. De Leo, et al., (1983) attempted to measure symptoms of anxiety and depression amongst a group of 56 psychiatric and 69 general nurses using the Taylor Manifest Anxiety Scale to measure anxiety and the Zung Self-report Scale of Depression. The results indicated a significant difference between the general and psychiatric nurses, the latter reporting a higher level of anxiety and depression. De Leo and his associates postulated that these results could be interpreted in the light of the following two assumptions; firstly, the difference could be attributed to the personality structure of the respective nurses which will eventually guide them to choose a specific nursing field, and secondly, the different work environments of these two groups could have contributed to the difference in their anxiety and depressive symptoms. The first postulation partly supports the results of research conducted by Cairie and Smail (quoted in de Leo et al., 1983) who suggested that the initial training period of nurses served as an natural selection process.

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A possible explanation of this could be that nurses who are unable or unwilling to continue their nursing training (for whatever reason) will resign, whilst those who persevere will tend to remain in the departments most suited to their ability and personality. Using Cattell's 16 Personality Factor Questionnaire these researchers also found that, while there were no significant personality differences between nursing students in the early phase of their training, differences had become significant after one year. This could possibly be due to the fact that most student nurses start their training at around 17 to 18 years of age. This is still very much in the late adolescent phase of development, where personality traits are not yet entrenched and a general world view is still developing and dynamic. It is possible that once these traits become more permanent, they would have an influence on the nurse's preference concerning which type of patient and ward would be most suited to her personality.

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1.4 STRESS AND SPECIFIC NURSING CATEGORIES

Considering the abovementioned findings, it noteworthy that, whilst the intensive care nurse deals with a highly stressful environment, the focus of the treatment is primarily a physical one.

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In contrast, the psychiatric nurse, does not have such a fast moving and pressurised environment, but spends her days dealing with human emotions, which are often displayed in extreme form.

Schneid (as quoted in De Leo, et al., 1983) emphasized that nursing demands incessant and substantial identification with the patient and found that contact with psychiatric patients appears to demand an even greater emotional involvement with the patient than in the case of the nurse in the general ward. Future research to determine whether it is the psychiatric or intensive care nurse who identifies more strongly with her patient would be valuable in this regard. It could be postulated that the patients in the intensive care units are far more dependent on the nurse than those in the general ward. Studies comparing the specific groups of psychiatric and intensive care nurses are not currently available.

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Leat and Schneck (1980) show that patient related stress is higher amongst head nurses in the intensive care units than those in psychiatric wards. This is understandable, since the slightest nursing error can cause a death in the intensive care unit. Chiriboga, Jenkins and Bailey (1982) concluded that working with seriously ill and terminal patients was an important cause of stress.

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More specific research regarding particular characteristic behaviour patterns in response to stress viz. Type A behaviour or Type B behaviour and how these influence the manner in which the nurse perceives and reacts to a stressful hospital environment would be interesting and useful. Hay and Oken (1972) agreed that the nurse is often subjected to death and serious illness of patients and on occasion needs to act quickly and efficiently in dire crisis situations where a mistake can cost a life. Werner-Beland (1980) suggested that once stress becomes "distress" nurses would be unable to tolerate the situation without compromising their work and/or personal environment.

In addition to the emotional stressors of nursing Tagliacozzo and Vaugh (1982) have recognized that the nursing profession is also a physically demanding one. The nurse is therefore faced with daily aspects of an emotionally and physically demanding work environment and often is expected to deal with her own feelings, those of the patients, their respective families and other paramedical and medical personnel (Hackett quoted in Hay & Oken, 1972). These researchers suggest that the nursing management expect her to perform work related tasks whilst simultaneously being able to extricate herself from any personal problems.

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1.5 THE INTENSIVE CARE AND PSYCHIATRIC NURSE

The ICU environment has been described by Bailey (1985) as "a flow of shattering stimuli and images, particularly for those who work there - an array of noisy, complex machinery with flashing lights, crowded work space, the hustle and bustle of grim faced nurses, physicians and other health care providers ..." (p.84). The ICU unit is also an environment where all the patients are critically ill and death of some of these patients is the order of the day. ICU units function from one crisis situation to the next and the nurses are often on duty for 12 hours, without taking a lunch break (they often eat their meals whilst watching their patients, for fear that something might go wrong during their absence). Grout (1980) pointed out that the sources of stress in the ICU unit as identified by Huckabay and Jagla (1979) supplied little insight into the physical and psychological impact the nurse experiences. Hay and Oken (1972) were of the opinion that the nurses face continual exposure to death and dying which could leave them with feelings of loss and personal failure.

These nurses often work under extreme pressure and do not always receive gratitude for their dedication. It is probable that this state of affairs would exacerbate feelings of hopelessness and worthlessness.

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These feelings are not exclusive to the intensive care nurse but could also be true for the psychiatric nurse, who often performs thankless tasks for patients unable or unwilling to thank them. They are also are faced with the reality of emotional turmoil and exposure to certain incurable mental illnesses. Research has shown that mental health care workers (which include psychiatric nurses) are susceptible to burnout (Pines & Maslach, 1978). These researchers have also shown that stress relating to patient care is more prevalent amongst intensive care head nurses than their psychiatric colleagues. Further relevant studies on psychiatric nurses are not readily available at this stage, since most comparisons and research in the nursing field have focused on the intensive care, trauma unit and general nurses.

The ICU unit also necessitates close contact and cooperation with other medical personnel, especially contact with the doctors. Kalisch and Kalisch (quoted in Leatt & Schneck, 1980) suggested that this is a potential area for conflict and stress for nurses in the execution of their daily duties. Some of the problems that have been identified include the overcritical attitude of the medical practitioners and their lack of recognition toward nurses for their role in caring for the patient. This general attitude could result in communication problems between the nurse and doctor.

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Although the nursing profession has come a long way with regard to obtaining professional status, the findings of Cavagnaro (1983) suggest that the attitude of doctors toward nurses as professionals in their own right, is still a problem in the hospital environment. Nurses are often still regarded as the doctor's personal handmaiden (as was the nurse's earlier role, as described in the introduction).

Bates and Moore (1975) found that stress amongst hospital personnel was highest amongst the nursing staff, and concluded that the experience of stress is positively correlated with the amount of time and contact the person has with the patient.

The nurses' subjective experience of stress, is however not influenced by age, education or experience (Leatt & Schneck 1980). These researchers also concluded that the higher qualified nurses tended to experience more stress than their colleagues with fewer qualifications. This could perhaps be attributed to the increased responsibility that the aforementioned nurses need to bear.

Cassem and Hackett (1972) ranked from high to low the stressors that are experienced by nurses in a coronary intensive care unit :-

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- workload
- problems with the administrative personnel
- research procedures which take place in the unit
- dealing with the emotions of the patients family
- interpersonal conflict with other nurses and doctors
- interpersonal conflict with hospital staff

In addition to the abovementioned results by Cassem and Hackett, Huckabay and Jagla (1979) noted the stressors that various other researchers had identified in the intensive care units and came to the conclusion that stress in the ICU is caused by interpersonal communication, lack of adequate knowledge, the physical environment of the unit itself and the needs of the patients.

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They investigated this concept further and involved 46 nurses from 6 hospitals in Los Angeles. The results specified that there were 16 areas of stress in the ICU. Placed in rank order from high to low, the stressors are :-

- workload
- death of patient
- communication problems with other nurses

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- communication problems with administration and also with doctors
- taking care of the needs of the patient's family
- unreliable equipment
- noise in the unit
- the physical environment
- having to take quick decisions
- lack of specific knowledge
- the possibility of physical injury
- communication problems between nurses in the units
- psychological needs of the patient
- communication problems with other hospital personnel
- heart failure of the patient
- education of the patient regarding his illness

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Once again the researchers concluded that the age, years of training and knowledge of the nurses did not influence their experience of stress. There was, however, a significant negative correlation between the nurse's level of stress and the period of time she had worked in the intensive care unit. This suggests that learned knowledge of the practical workings of the unit tended to reduce her experience of stress in this stressful environment.

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Bailey, Steffen and Grout (1980) found that there were three areas which nurses identified as being most rewarding :-

- patient care
- knowledge and ability
- interpersonal relationships with other nurses.

Interestingly these are the same areas that nurses themselves have identified as causing stress. It could be hypothesized that the general image of the dedicated nurse is that of one who genuinely has a desire to provide for the patient to the best of her ability. Were she to feel appreciated and valued enough, she might be satisfied with her valuable contribution, and this might contribute to her feeling less stressed.

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CHAPTER 2

BURNOUT

2.1 INTRODUCTION

The term burnout was first introduced by Freudenberger in 1974 and has since been plagued by "conceptual fuzziness" (Gillespie, 1987, p.101). This could be ascribed to the fact that burnout is a process and not an event, thereby making the task of determining whether a worker is burned out or not, a difficult one (Farber, 1983a). An awareness of the burnout process is therefore essential toward understanding the psychological dimensions thereof.

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2.2 DEFINITIONS OF BURNOUT

Burnout has been regarded as the final step in a progression of unsuccessful attempts to cope with a variety of stressful conditions, often with simultaneous and excessive demands being made upon energy, strength and resources (Farber, 1983b).

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Maslach defines burnout as a syndrome of physical and emotional exhaustion, involving the development of a negative self concept and attitude towards one's job as well as a loss of concern and/or feeling for clients (Pines & Maslach, 1978).

Edelwich and Brodsky (1980) refer to burnout as a "progressive loss of idealism, energy and purpose, experienced by people in helping professions, as a result of the conditions of their work" (p.14). This suggests that the nature of the job and not the nature of the person performing the job may precipitate burnout. Maslach (1978) agrees with this and prefers to focus on the stressful and\or defective situation rather than the stress prone and\or defective person.

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Whilst Maslach's definition seems to aptly describe the concept of burnout, it might be so that certain work environments are more stressful than others. Elkins and Kearney (1992) have emphasized that individuals differ in their cognitive appraisal of apparently similar stressful situations. This could explain the phenomenon of the same environment precipitating burnout in some people whilst apparently not affecting their colleagues.

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Pines and Aronson (1981) have noted that more general terms such as "job alienation" or "tedium" have been used to describe burnout of workers in factories and other settings not involved with providing essential help to other human beings (p.45).

Fischer, quoted in Farber (1983b, p.42) makes the distinction between "worn out" and burned out. Victims of the former state suffer from a loss of self-esteem, while those in the latter category cling tenaciously to a high sense of self-esteem. The true victims of burnout persevere martyr-like in their tasks. Farber (1983b) notes that the burned out individual does not seek to reduce the distress or readjust. It is a case of pursual of ideals, regardless of stress incurred as a result.

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Burnout should also not be confused with depression, since symptoms of burnout tend to be situation specific rather than pervasive, as in the case of depression (Freudenberger, 1980). Therefore a person could be burned out at work, yet still manage well in other areas of his/her life. However, burnout left unchecked, could permeate non-work situations such as the family life. Fischer (quoted in Farber, 1983a) critically examines burnout from a psychoanalytic perspective and suggests that researchers have over the years gradually come to confuse truly burned out workers with worn out workers.

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He suggests that those workers identified as burned out, tend to maintain their self esteem by working even harder, often in the face of impossible demands. Fischer attempts to describe the mechanism by which they achieve this, by suggesting that these workers tend to idealize their work and use it to cling to a compensatory illusion of grandiosity.

Gillespie (1987) characterizes burnout as being active or passive. Active burnout is characterized by avoidant techniques and stems from organizational and social factors; passive burnout is characterized by a loss of interest and commitment and seems to stem more from an internal psychological process. Burnout is ubiquitous, occurring without regard to age, sex, discipline or formal training (Edelwich & Brodsky, 1980).

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2.3 PRECIPITANTS OF BURNOUT

Whilst burnout is seen primarily as being the result of a reaction to particular stressful situations, certain personality variables could also be regarded as precipitants. The work environment could then simply be the trigger that activates the burnout syndrome.

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Research has shown that often the very attributes that guide people toward choosing a career in helping professions, are the same attributes that render them more sensitive to the many emotional pressures implicit in their particular careers (Pines & Kafry, 1978).

2.3.1 Personality Variables

Elkins and Kearney (1992) have postulated that some of the personality traits that predispose individuals to burnout are :-

- a need to exert control over the environment
- exacting attention to detail
- conscientiousness and the inability to defer gratification.

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Edelwich and Brodsky (1980) include characteristics such as :-

- expectations of appreciation
- a tendency toward over-investment
- over-identification with clients.

The result is that the helper is burdened with unrealistic expectations of the outcomes of his/her efforts (Cherniss, 1980). It is precisely this gap between aspiration and

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accomplishment, that contains the essence of burnout.

Freudenberger (1975) described the person most likely to become burned out as being the over dedicated and over-committed person, who tries to be all things to everyone.

Other researchers have found that potential burnout victims display a tendency toward being non-assertive, impatient, intolerant and lacking in self confidence (Haserfield, 1983 quoted in Gillespie, 1987).

2.3.2 Work-Related Variables

Harrison, Heifitz and Bersani (quoted in Farber, 1983a) all conceptualize burnout as a process that occurs when professionals are unable to receive positive, or at least accurate, feedback from the environment regarding their efforts. According to Harrison (quoted in Farber, 1983b) burnout is likely to occur when failure is perceived as the outcome of efforts.

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Bersani (quoted in Farber, 1983a) suggests that burnout occurs when the pursuit of professional milestones is disrupted by the lack of one or more key elements in the cybernetic process. The cybernetic process involves several key elements which include clearly defined goals, short term indications of progress, and strategies that enable one to adjust one,s pursuit of goals based on incoming data.

Another perspective focuses on the deficit model of burnout, which suggests that burnout is caused not by the presence of job stressors but rather by the absence of job motivators. In this regard Cherniss (1980) shows that role ambiguity, role conflict and excessive workload are not significant predictors of burnout. Instead, the study indicates that the best predictors of both burnout and job satisfaction are job challenges, financial rewards, and promotions.

It could be postulated that burnout begins not only with stress, but with the loss of commitment and moral purpose in the work environment.

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Eisenstat and Felner (quoted in Gillespie, 1987) separate the effects of job stressors and job motivators. They show that, whereas job stressors are related to emotional exhaustion, job enrichers such as autonomy, skill, variety, and task significance, are crucial in providing motivation for human service workers.

2.3.3 Gender and Burnout

Research has concluded that there is no consistent pattern of gender differences and burnout (Gillespie, 1987).

However, Himle, Jayaratne and Cherniss (quoted in Gillespie, 1987) concluded that obvious gender differences exist in the actual reporting of the perceived sources of work stress. It is interesting to note that low levels of emotional support from supervisors and co-workers are associated with burnout for females but not for males. This could be due to the tendency of females to rely upon each other for support more readily than their male counterparts.

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2.3.4 General Considerations

Some authors caution us not to overlook the political, social, and economic factors. The precipitants of burnout are not entirely confirmed to personality and gender variables, but also involve organisational factors which include (Gillespie, 1987) :-

- long working hours
- high case load
- career dead end
- no feedback on performance
- insufficient training for the job
- lack of appreciation and support
- inequity of pay
- powerlessness when it comes to policy decision making
- a general inability to change the status quo
- job complexity
- role conflict
- role ambiguity
- job future ambiguity
- under-utilisation of abilities (Gillespie, 1987).

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Sarason and Sarason (1980) suggest that burnout is never simply a result of a certain characteristic of the individual, but a complex of psychological characteristics that reflect features of a larger society. Freudenberger (1974) argues that we must attend to the values of individuals and the system within which they work as well as the interaction between individuals, their environment, and effects of significant transformations in society.

2.3.5 Burnout and Career Choice

Osipow (quoted in Faber, 1983a) postulates that occupational choices represent an expression of personal needs and values. While it is not possible to state that people with an X character structure and personality will choose a Y career, the assumption is that there is a relationship between styles of relating to the world and career choice.

For example, teachers as a group, tend to score high on measures of nurturance and affiliation and low on achievement measures (Holland, 1973 quoted in Farber 1983b). Thus it may be ultimately possible to predict that workers in certain fields will be particularly susceptible or resistant to specific stresses on the basis of their world view.

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It is clearly over-simplistic to suggest that certain people choose certain careers and respond in invariable ways to stress. However, there is a possibility that there may be shared characteristics within career groups that affect the nature of group interaction and individual responses to occupational stress .

2.4 STAGES IN THE BURNOUT PROCESS

Edelwich and Brodsky (1980) have suggested an evolutionary sequence of burnout symptomatology. This process seems to fall in four main, although not necessarily chronological stages (Bailey, 1985).

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The first stage involves an enthusiastic approach to the job which includes high expectations for success. This inflated concept of the job tends to obliterate personal needs and concerns. In the helping professions the worker feels that the clients' lives will be changed and that he/she will be the one to make the difference. A blurring of boundaries occurs between the lives of the worker and the client. Intervention at this stage is advisable, since it is this initial lack of realism that makes the helper more susceptible to burnout.

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The second stage, stagnation, tends to occur after approximately a year and is directly related to unfulfilled expectations pertaining to the work environment.

The third stage, frustration, is at the core of burnout, and it is at this point that emotional, behavioral and physical problems may occur.

A common correlate of burnout is the deterioration of physical well-being. This often involves a somatic involvement such as headaches, gastrointestinal disturbances, hypertension and poor appetite. This can result in alcohol and drug abuse (Freudenberger, 1974). This is perhaps an attempt to alleviate psychosomatic symptoms. During this stage of burnout the relevant environment is increasingly viewed as unresponsive and peers are perceived as unsupportive.

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Hereafter the worker would exhibit symptoms of apathy which include loss of concern, emotional detachment, avoidance and resignations, cynicism and withdrawal, all which spell disaster for the care giving relationship.

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This stage typically represents the burnout syndrome which can be identified by the four D's : disengagement, distancing, dulling and deadness (Maslach 1976). Thus the person has reached a state physical, emotional and attitudinal exhaustion.

2.5 PREVENTION AND TREATMENT OF BURNOUT

Burnout is thus a combination of physical, emotional and attitudinal exhaustion, and coping strategies should be employed at the individual, social and organisational levels. Choosing an intervention is, however, difficult, as the stress profile of the burned out helper is often highly individual and variable (Bailey, 1985).

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Maslach (1976) offers certain suggestions : work more intelligently not harder, decrease your own pace, know what can be changed and what cannot, take regular holidays, take things less personally, focus on success not failure, the process and not the result and finally change jobs if necessary. Farber (1983a), however, states that individual assistance with coping with burnout is not as effective as had been expected and that group and agency strategies seem to be the most effective.

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CHAPTER 3

TYPE A BEHAVIOUR

3.1 BACKGROUND AND THEORETICAL OVERVIEW

Cognitive and emotional factors have been thought to play a pathogenic role in a variety of physical ailments and psychological disorders. Chronic and severe stress in particular have been singled out as a potentially important contributor to various degenerative disorders, although the specific role remains uncertain (Price, 1982). Psychosocial stress is one risk factor that has received increasing acceptance in recent years. The suspected correlation between cardiovascular disorders and excessive stress was first documented by Heberdeen in 1772 (Rosenman, Swan & Carmelli, 1988). More than one hundred years later, Osler reported his observation that coronary patients tended to exhibit certain specific overt behaviour, apparently related to excessive stress (Price, 1982). It was, however, only during the 1950's, that two cardiologists, Friedman and Rosenman who undertook the first systematic study of the possible association of stress-related behaviour and coronary heart disease (CHD), suggested a behaviour pattern characteristic of this group.

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Coronary heart disease is the term given to cardiovascular diseases that are characterized by an inadequate supply of oxygen to the heart resulting in symptoms ranging from angina pectoris (severe chest pain) to myocardial infarction (heart attack). Although CHD is but one of the major cardiovascular diseases, it is the biggest single contributor to the overall cardiovascular death rate. The name Type A behaviour was suggested by researchers, Friedman and Rosenman as a neutral label designated to observed behaviours commonly exhibited by their coronary patients. In selecting a label which referred strictly to behaviour and carried no implications of psychological abnormality they hoped to avoid controversy with the psychiatric community, who it was thought, would object to cardiologists applying for a federal grant to study psychological phenomena (Friedman quoted in Price, 1982). Criticism and challenge immediately developed, nonetheless the concept of the Type A behaviour pattern has survived multiple challenges and, while many refinements of inference are still needed, the main conclusions are, that, in some manner, overt behaviour of a particular type is associated with the prevalence, incidence and reoccurrence of CHD.

Although CHD had probably always occurred in humans, the clinical incidence of CHD was rather rare until the second or third decades of the twentieth century, as pointed out by White in Rosenman (1991).

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This was especially so in the densely populated industrialized societies. Around 1955 researchers began to question whether this uniquely modern environmental stress could play a significant causal role in the relatively new "epidemic". In view of these and other findings the researchers proceeded to observe coronary patients more closely, and were impressed by their frequent exhibition of certain personality and behavioral traits (Rosenman, 1991) .

3.2 DEFINITION OF TYPE A BEHAVIOUR

Persons who exhibit Type A behaviour have been described as being hard-driving, goal directed individuals who are ambitious and tend to compulsively strive to achieve goals that incorporate power and prestige (Arlow, Dunbar, Gildea, Miles & Kemple, quoted in Strümpher, 1989). Most individuals of both sexes exhibit to a greater or lesser extent either the Type A or the converse Type B behaviour pattern. There are a relatively small number of persons who exhibit equal characteristics of both patterns. Rosenman describes Type A behaviour as an "action-emotion complex" which suggests that the person is in a chronic and excessive struggle (Rosenman & Chesney, 1980, p.6).

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This struggle is usually concerned with obtaining a number of commodities from the environment in the shortest possible period of time and/or against the opposing efforts of other persons or objects in the same environment. The behaviour might consist of attempts to achieve or to do more and more, in less and less time. This also often involves conflicts with surrounding others. Since Type A's rarely despair of losing this chronic struggle, they differ sharply from those individuals who exhibit symptoms of fear, anxiety and neurosis. McGregor, Eveleigh, Syler and Davis (1991) studied the self perception and personality characteristics of Type A and B behaviour patterns amongst college students. Using the Modified Jenkins Activity Scale and Self-perception Profile they found that both male and female Type A subjects had higher perceptions of their intellectual ability, morality and global self-worth than Type B's.

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Type A's usually exhibit enhanced personality traits of aggressiveness, ambitiousness, and competitiveness and are usually work-oriented and are often preoccupied with both vocational and avocational deadlines (Mathews & Haynes, 1986). Type A's tend to lack subtle adaptive responses to their environmental milieu and usually exhibit hostility, chronic impatience and a strong sense of time urgency.

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The converse Type B individual is relatively free from such enhanced personality traits, and tends not to experience a pressing conflict with either time or other persons, and is therefore without a habitual sense of time urgency.

3.3 DESCRIPTION OF BEHAVIOUR PATTERN TYPES

The following Type A and alternative behaviour types have been identified :

3.3.1 Type A Behaviour

As stated above the behaviour pattern called Type A is exhibited by persons with impatience and a chronic sense of time urgency, enhanced competitiveness, aggressive drive and often hostile behaviour.

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3.3.1.1 Type A can be further divided into Type A-1 and Type A-2. Whilst type A-1 will be described in detail below, Type A-2 is simply a less exaggerated form of Type A-1. Extreme Type A persons (Type A-1) are chronically involved in an almost never- ending struggle to achieve poorly defined goals against all odds (aggressive drive). They are overly conscientious and work-oriented and try to excel at tasks at hand (Dembroski, Weiss, Shields, Haynes, Feinlab cited in Price, 1982).

Such persons attempt to utilize almost every minute of the day in purposeful, goal-oriented activity, since they regard most other things as a "waste of time". While often frustrated by circumstances of time, people, and objects that impede their progress, Type A persons continue to strive with the belief that they will overcome difficulties and opposing forces and often develop impatience and a chronic sense of time urgency that makes them accelerate the rate of all activities. Some of the frustrations Type A-1 persons experience would be toward a fellow person who obstructs or competes with them and also with regard to a perceived lack of time to do everything that they think should already have been be done (Dembroski et al., in Price, 1982).

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3.3.1.2 Type A-1 and Type A-2 - Profiles

Type A-1 individuals always walk briskly with an alert looking faces, alive eyes which take in environmental cues quickly. They may employ a tense, teeth clenching posture and tend to make direct eye contact while frequently sitting poised on the edge of a chair. Such persons are prone to gesturing and tend to give others the impression of impatience.

Their speech is not necessarily hurried, but rather contains explosive intonations. These people rarely talk in a whisper and rarely pause in mid-sentence.

Another characteristic is the tendency to display rather vehement reactions to any object that impedes their time-progress such as having to drive slowly or wait in queues. They can also exhibit hostility when being interviewed and make frequent, abrupt and emphatic one-word responses to questions.

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However, all persons who have been labelled with Type A behaviour pattern are not excessively aggressive, competitive and achievement-oriented individuals. There are many persons who naturally demonstrate a conscientious more relaxed demeanour, but when faced with an environment that is intrinsically a time pressured one, classical Type A behaviour could ensue. It is possible that this is the origin of the less overt, less exaggerated A Type behaviour pattern which can be designated Type A-2 and is not relevant for use in this particular study.

It is easy to visualize a relaxed, basically Type B personality becoming Type A, if such an individual works in an environment where an integral part of the work involves performing against a time deadline.

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3.3.2 Type B Behaviour

A Type B person cannot be adequately described as the antithesis of the Type A person. This is because Type B individuals exhibit all or some of the same traits of the Type A person albeit not in the exaggerated manner which characterises the latter. The Type B person does not exhibit simultaneous clusters of exaggerated characteristics which would be prominent in the Type A individual. True "Type B's" are those who rarely care to compete excessively with persons or with time. They might also be good students and sharp thinkers and work long hours, but they do not seem to feel the need to compress events in time and get more done each day. Unlike Type A, a Type B person feels that there is enough time in each day to get their tasks done (Rosenman et al., 1988).

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3.3.2.1 Type B Profile

Whilst the abovementioned Type B behaviour refers to the person's conduct, the Type B profile involves a portrait description of the person.

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Type B persons generally display an expression of relaxation, calm and quiet attentiveness, a gentle handshake and a moderate to slow walking pace with a mellow voice.

Such persons would tend to give lengthy rambling responses, with no evidence of clipped speech. They would rarely interrupt another speaker and would not display vehement reactions to questions asked, and rarely display overt hostility (Rosenman et al., 1988).

3.3.3 Type X

Occasionally an individual is observed who exhibits some of the characteristics that are attributed to both the Type A and B pattern, these being almost equally dispersed. This phenomenon exemplifies the fact that all people are not easily categorized as Type A or Type B. The Type X behaviour pattern is rarely observed when compared with the A and B Types (Rosenman et al., 1988).

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3.4 TYPE A BEHAVIOUR AND STRESS

It is important to distinguish between Type A behaviour and the concept of stress. Type A behaviour pattern is neither solely linked to a stress situation nor is it a distressed type of response.

It is rather a style of overt behaviour by which individuals confront, interpret and respond to their life events. However, Rhodewalt, Sansone, Hill and Cheners (1991) found that Type A behaviour individuals who do perceive high levels of job stress report more psychological and physical health problems than Type A's under low stress or Type B's under low or high stress.

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3.5 INDIVIDUAL RESPONSES TO ENVIRONMENTAL STIMULI

Our current urban environment often offers special rewards to those who can perform rapidly and aggressively. This is especially true of the nurse in the intensive care unit who is often required to react decisively and rapidly. It has been found that Type A behaviour does not stem solely from an individual's personality, but is often exacerbated when certain challenges or conditions of the milieu arise to elicit this complex of responses in individuals.

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Challenging and demanding environmental stimuli confront susceptible individuals and both their interpretations and responses to these stimuli will determine whether the traits are stimulated. In a case where the behavioral exponents of Type A behaviour have been activated the result will be a chronic sense of time urgency and a striving, either by preference or necessity, to accomplish more and to be ever more involved in both vocational and avocational pursuits, despite an ever increasing lack of time.

When an individual interprets and therefore responds to environmental challenges without feeling compelled to strive against either time or other persons or things, then Type A behaviour will not emerge. However, when a subject who initially has only a moderate sense of time urgency and aggressive drive is repetitively confronted with intense environmental demands, which he interprets as necessary to be complied with in a minimum of time and with maximum of aggressive drive, then Type A behaviour usually emerges. This is understandable if one considers cognitive social learning theory which postulates that one of the most rudimentary forms of human learning involves direct exposure to the consequences of one's actions (Bandura, 1973). Thus, if behaving in a competitive manner generates positive consequences then a person may surmise that competitiveness is functional and that the same positive consequence will arise from future competitive actions (Price, 1982).

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3.6 GENDER:DIFFERENCES AND TYPE A/B BEHAVIOUR

The Type A behaviour pattern has been found to be more prevalent amongst employed women than housewives. Women who have hard driving Type A behaviour may be more likely to seek employment or less likely to leave jobs once they have begun. Also the pressures associated with employment may stimulate Type A behaviours. However Type A behaviour appears to be more prevalent amongst men than women and these sex differences in behaviour pattern appear to reflect both inherited differences and differences in socialisation. An example of this could be encouragement of competitive achievement.

It could be postulated that whilst Type A behaviour pattern appears to contribute significantly to success in traditional male roles it does not contribute to success in traditional female roles for example nursing and teaching.

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It is interesting to note that Type A behaviour in women is less likely to cause coronary heart disease than in men. This could explain why the research in this regard has focused mainly on the male population. Various explanations for the lower incidence of CHD amongst Type A females have been postulated. These include research using twin studies of Type A behaviour and the results suggest that genetic factors may make only a small contribution to individual differences in this behaviour pattern. However, cultural factors, including child rearing practises are related to the development of type A behaviour pattern in children and young adults (Rosenman et al., 1988).

There is evidence to suggest that parental demands on children's performance play a role in the etiology of Type A behaviour. High achievement motivation is associated with the following parental behaviour : high expectations and aspirations, frequent approval and disapproval, a competitive and involved attitude and authoritative discipline techniques (Price, 1982).

Children also exhibit the aggressive component of Type A when attractive models are aggressive and aggression is rewarded by obtaining attention esteem or a desired resource and aggression is allowed and returned in kind in the home (McClelland, 1961).

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It would also seem that the Type A behaviour pattern individual tends to be concerned with educational achievement, high status occupations and high income. These were obviously areas that were not prevalent amongst female workers until the latter part of this century and could therefore have played a contributory factor in the relatively low incidence of Type A behaviour amongst women when compared to their male counterparts. When women do, however, hold equal status occupations, males still tend to be more prone to TABP. Research conducted amongst male and female physicians showed higher Type A scores than for the general public, but it was the male physicians who scored higher than their female colleagues on several Type A components viz. competitiveness, ambitiousness, job involvement and time urgency (Smith & Sterndorff, 1992). These findings could be due to the rearing and socialisation differences between males and females which could result in less aggressive, less competitive behaviour of females when compared to the behaviour of males. Gender-role socialization is still a much debated concept. Although notions of what constitutes typically "masculine" and typically "feminine" behaviour is culturally determined and reinforced, the debate on how much these roles are further reinforced by innate biological differences, is still a controversial one (Macoby & Jacklin, 1989).

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CHAPTER 4

PURPOSE AND METHOD OF RESEARCH

4.1 PURPOSE OF THE STUDY

The purpose of the present study was to determine whether burnout and/or TABP is prevalent amongst two groups of nurses (psychiatric and intensive care) and particularly to determine whether the two groups differ with regard to these characteristic conditions/symptoms.

The specific hypotheses are :

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Burnout :

Ho_1 There is no significant difference between psychiatric and intensive care nurses with regard to burnout.

$H1_1$ There is a significant difference between psychiatric and intensive care nurses with regard to burnout.

Type A Behaviour Pattern (TABP) :

Ho_2 There is no significant difference between psychiatric and intensive care nurses with regard to TABP.

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$H1_2$ There is a significant difference between psychiatric and intensive care nurses with regard to TABP.

4.2 SAMPLE

The research was conducted in the Groote Schuur Hospital in Cape Town, and the Lentegeur Psychiatric Hospital in Mitchells Plain. The departments involved were the following :

The Intensive Care Units, which included the Coronary, Neurosurgery and Respiratory Units.

The Psychiatric Wards, which included the Neuroclinics, Outpatient, and Care and Rehabilitation Sections.

The empirical investigation was undertaken from November 1992 to January 1993. The subjects consisted of 60 registered and enroled nursing staff, predominantly from white and "coloured" cultural groups. Of these, 30 were from the psychiatric wards and 30 from the intensive care units. All available nurses were employed in the sample selection. Of the 60 questionnaires distributed, 27 intensive care and 25 psychiatric nurses responded.

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For the purposes of this research no distinction was made between male and female nursing staff, since the number of males in the nursing profession is extremely limited (only one male participated in this study). Since the number of registered and enroled nursing staff in these two departments is limited, all the willing and available nurses of abovementioned departments were used. The researcher found a generally suspicious attitude amongst the psychiatric nurses, who, despite verbal reassurance to the contrary, appeared to assume that the questionnaires would have an influence on their maintaining their jobs.

The number of nurses used in this study are indicated in Table 4.1

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TABLE 4.1

NUMBER OF SUBJECTS IN THE REGISTERED AND ENROLED NURSING CATEGORIES

	PSYCHIATRIC	INTENSIVE CARE
Questionnaires handed out	30	30
Questionnaires completed	25	27

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4.2.1 Questionnaire Administration Procedure

The subjects were presented with the two relevant questionnaires and the answering procedure was verbally explained.

Whilst the researcher distributed and explained the questionnaires to the psychiatric nurses, the same was performed by a matron, for the intensive care nurses.

After a period of two weeks the questionnaires were collected by the abovementioned persons.

Permission for the research was granted by the Nursing Service Managers (Chief Matrons) of both respective hospitals.

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4.3 INSTRUMENTS

Two self report questionnaires were used : The Jenkins Activity Survey and the Maslach Burnout Scale.

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4.3.1 The Jenkins Activity Survey

Two general approaches to the assessment of the Type A Behaviour Pattern (TABP) have been developed, viz, structured interview and the self report approaches. Among the latter, the Jenkins Activity Survey (JAS) is the most commonly used. The JAS is a 52 item self-report questionnaire developed by Jenkins, Zyzanski and Rosenman, (1974) in an attempt to clinically assess Type A behaviour. The test is scored on four scales : the Type S scale, which assesses the multifactorial clinical construct of the coronary-prone behaviour pattern, Type A; and three factorially independent components of this broader construct viz : Speed and Impatience (S), Job Involvement (J), and Hard-Driving and Competitive (H).

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These scales were identified by means of factor analysis of data collected during the Western Collaborative Group Study (WCGS) (Zyzanski & Jenkins, 1970). The generality of the factor structure, for samples of employed white Americans was subsequently confirmed by Waldron, Zyzanski, Shekelle, Jenkins and Tannebaum (1977), on data obtained from the Chicago Heart Association Detection Project in Industry.

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This provided a sample that was socio-economically and occupationally different from that of the WCGS. Highly similar factor structures were found in four factor analyses, for younger and older male and female samples.

A brief description of the JAS scales (descriptions of factor scales adapted from Jenkins, Zyzanski & Rosenman, 1979, p.6) follows.

Type A : This scale provides the basic JAS measure of the global TABP. High scorers exhibit exaggerated achievement striving, a rapid and pressured work style, a preference for immediate actions, and aggressiveness when confronted by environmental challenges.

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Speed and Impatience : This scale deals with the time urgency in the behaviour of the Type A person. Those scoring high tend to eat rapidly, become impatient with the conversation of others, hurry people along, have strong tempers and become irritated easily. To some extent, it reflects the style of behaviour that characterizes the TABP.

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Job Involvement : This scale expresses the degree of dedication toward occupational activity. Typically, persons scoring high, report having a challenging, high-pressure job. They work overtime and often need to confront important deadlines. They prefer promotion to a pay raise, but usually have received both in the last few years. To some extent, this describes the occupational setting that is conducive to emergence of the TABP.

Hard-Driving and Competitive : This scale involves perceptions of being hard-driving, conscientious, responsible, serious, competitive, and putting forth more effort than other people. These traits suggest highly socialized but intense drives. To some extent, they reflect the character traits and values associated with Type A behaviour.

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The inter-correlations between the JAS scales, have been shown to be low to moderate albeit frequently significant. There is some overlap of items in the scales, but the scoring weights assigned to the response alternatives are different when the same item is used in different scales.

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4.3.1.1 Standardization of the JAS

The JAS was standardized on 2470 male participants in the WCGS in America (Jenkins et al., 1979). International comparisons are typically expressed in the American standard scores derived during the WCGS. These reference scores have a mean of O, a standard deviation of 10 and can range from about -30 to about +30; a positive score is in the Type A direction and a negative one in the Type B direction.

The JAS is most recommended for use with employed persons between the ages 25 and 65, and to date, most studies of the JAS have dealt with the male working population and although it has been revised sufficiently to make the item content appropriate to both sexes, it has not been separately standardized on adequate samples of females using a structured interview as a criterion validity. Nevertheless, score distributions and factor analysis results for a large sample of working women who completed the JAS in the Chicago Heart Association Detection Project in Industry, suggest that the items have roughly the same meaning to employed women as to employed men (Waldron, et al., 1977).

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4.3.1.2 Validity of the JAS

Three kinds of validation of the TABP have been published (Strümpher, 1989). However, for the purpose of this study the conceptualization of a global TABP will be considered. Mathews and Haynes (1986) have questioned the conceptualization of a global TABP, their rationale being that the TABP is probably not sensitive enough to hold up under a variety of circumstances and against a variety of criteria. There has also been mention of two main components of the TABP as measured by a structured interview, that are not considered accurate (Blumental, o'Toole & Haney, 1984). The first is the "clinical ratings" factor which is characterized by abrupt, aggressive speech characteristics, and is related to the experience and expression of anger and hostility. The second is a time urgency or "pressured drive " factor. The JAS contains only seven items that deal with impatience (of which two clearly have anger content, two irritation content and three impatience content). Kahn (cited in Strümpher, 1989) found only low (but significant at 0.05 level) correlations between the Type A scale and the Spielberger, Jacobs, Crane, Russel, Westburry, Barker, Johnson, Knight and Marks (1980) Trait Anger scale. The first mentioned component of the TABP is therefore not properly measured by the JAS.

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Based on various studies on the validity of the above scale of the JAS, Williams (1987) commented that TABP appears to do well as a predictor of CHD. Mathews and Haynes concluded that, "the consistency of the associations between Type A behaviour and coronary heart disease varies according to the characteristics of the study populations" (1986, p.952).

4.3.1.3 Non-Executive, South African Samples

Since the TABP is stereotypically related to "business" and "management", it is not often investigated in non-executive samples. Sharples (cited in Strümpher, 1989) tested two samples of white male teachers from English-medium schools in Cape Town. She hypothesized that owing to the nature of their work, there would, in all likelihood, be a process of natural selection amongst teachers. That would reduce the number of high TABP persons amongst them. Her samples scored quite low on all four JAS scales.

On the whole, when non-executive samples are compared with executive samples the low mean scores of the former reinforce the conclusion that high mean scores were being found amongst executives, particularly those from retailing, insurance and manufacturing (Strümpher, 1989).

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TABP data on black people in South Africa are very limited and do not provide for meaningful comparisons (Strümpher, 1989). Foreshaw (1984) reported on the only data available on "coloured" samples; the data consisted of 34 clerks and 6 senior clerks (females) whilst the male sample consisted of 1 supervisor, 6 heads of departments, 6 senior clerks, 53 clerks and 7 computer programmers.

In both these samples the groups of clerks i.e. the lowest organizational rank, tended to have the lowest JAS scores. Particularly obvious were both groups' low mean scores on Factor J which indicates Job Involvement. These scores were similar to those of their white female colleagues.

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When the JAS mean scores of the lower-scoring samples as well as the means of the non-executive samples are considered, it is clear that the JAS does not, for some unknown psychometric reason, consistently produce high scores in South Africa, as compared to the USA where it was developed. However a comparison of the South African TABP amongst the business and industrial sector presents a clear impression that this country has a greater incidence of global TABP than in the USA.

This could be attributed to this country's shortage of human

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resources and therefore the work ethic amongst the executive population involves the notion that they need to work harder, faster and more efficiently (Strümpher, 1989). It is also interesting to note that there is a clear interaction between the TABP and occupational level.

People (in SA and the USA) who are involved in a challenging occupational milieu, tend, on the average, to obtain high scores on the Type A scale and sometimes on some of the factorial scales too, particularly the Factor J scale.

By contrast people in lower occupational positions, which provide less challenge and extrinsic reward, tend, on the average to score low on the Type A scale and often even lower on the other scales, particularly Factors S and H. McClelland (1961), ascribed this state of affairs to the immediacy of feedback of performance that he/she receives. This reinforces the finding that low scoring samples seem to come from work environments that differ from the high scoring ones. For the low scoring samples this is especially evident when there is a combined sharing of responsibility with superiors, peers and subordinates.

The nursing environment appears to be one that fulfils most

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of the abovementioned criteria, that is, a lower occupational ranking when compared with an executive environment. There is also a combined sharing of responsibility with nursing managers and other medical and paramedical staff for example doctors, physiotherapists and technical staff. Based on the above it could be concluded that the JAS is a suitable measuring instrument for this research.

4.3.2 Maslach Burnout Scale

The Maslach Burnout Inventory (MBI) was developed by Maslach and Jackson (1986). This measurement of burnout was developed in a response to the above researchers postulations that burnout is apparently correlated with various self-reported indices of personal dysfunctions, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems. The generally consistent pattern of findings that emerged from this research led the authors to postulate a specific syndrome of burnout and in response devise an instrument to assess it. This measure, the Maslach Burnout Inventory, contains three subscales that assess aspects of burnout. It has been found to be reliable, valid and easy to administer and will be discussed further on (Maslach & Jackson, 1986).

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Subscales of the MBI : The MBI has been designed to assess the three aspects of the burnout syndrome, viz; emotional exhaustion, depersonalization, and lack of personal accomplishment.

Each aspect is measured by a separate subscale :-

Emotional Exhaustion (EE) : this subscale assesses feelings of being emotionally overextended and exhausted by one's work.

Depersonalization (DP) : this subscale measures the response towards recipients of one's services.

Personal Accomplishment (PA) : assesses feelings of competence and successful achievement in one's work with people.

A high degree of burnout is reflected in high scores on the EE and DP subscales and low scores on the PA subscale.

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

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A low degree of burnout is reflected in low scores on the EE and DP subscales and in high scores on the PA subscale.

Scores are considered high if they are in the upper third of the normative distribution, average if they are in the middle third, and low if they are in the lower third. The scores for each subscale are considered separately and are not combined into a single total score. Thus three scores are computed for each respondent.

4.3.2.1 Reliability

Reliability coefficients reported here were based on samples that were not used in the item selection. This was done to avoid spurious inflation of the reliability estimates. Internal consistency was estimated by Crohnbach's coefficient alpha (n = 1 316). The reliability coefficients for the subscales were the following :

Table 4.2

Reliability Coefficients of the MBI Subscales

Emotional Exhaustion	0.90
Depersonalization	0.79
Personal Accomplishment	0.71

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The Standard Error of Measurement for each subscale is as follows :-

Table 4.3

Standard Error of Measurement of the MBI Subscales

Emotional Exhaustion	3.80
Depersonalization	3.16
Personal Accomplishment	3.73

Test-retest reliability of the MBI (reported on graduate students in social welfare) ranged from low to moderately high, all are significant beyond the 0.0001 level.

They are :-

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Table 4.4

Test-retest Reliability of the MBI

Emotional Exhaustion	0.82
Depersonalization	0.60
Personal Accomplishment	0.80

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4.3.2.2 Validity

The convergent validity was demonstrated in several ways. First, an individual's MBI scores were correlated with behavioral ratings made independently by a person who knew the individual well, such as a spouse or co-worker. Second, MBI scores were correlated with the presence of certain job characteristics that were expected to contribute to the experience of burnout. Third, MBI scores were correlated with measures of various outcomes that had been hypothesized to be related to burnout. All three sets of correlations provided substantial evidence for the validity of the MBI (Maslach, 1976).

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The validity of the MBI has further been demonstrated by data that confirm hypotheses about the relationships between various job characteristics and experienced burnout. Maslach and Pines (1977) predicted that the greater number of clients one deals with, the higher the burnout scores on the MBI are likely to be.

Additional validation of the MBI is provided by data that confirm hypothetical relationships between experienced burnout and various outcomes or personal reactions.

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Based on previous theory and research by Maslach (1976), it was predicted that people experiencing burnout would be dissatisfied with opportunities for personal growth and development on the job. This hypothesis received support in a study of 180 subjects which included nurses, social service and mental health workers.

Using the Job Diagnostic Survey (JDS) (Hackman & Oldham quoted in Maslach, 1976) found that the measures of "growth satisfaction" were negatively correlated with Emotional Exhaustion and Depersonalization and positively correlated with Personal Accomplishment. It has also been suggested that burnout has been associated with the belief that one's work is not worthwhile or meaningful. In support of this hypothesis, people scoring low on the JDS subscale of experienced meaningfulness of the work scored higher on Depersonalization and lower on Personal Accomplishment. The correlation with Emotional Exhaustion however, fell short of statistical significance.

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Finally, the prediction that employees who scored high on burnout would be unaware how effectively they were performing in their jobs was corroborated by low scores on the JDS subscale of "knowledge of results" which correlated with high scores on Emotional, Exhaustion and Depersonalization and low scores on Personal Accomplishment.

4.3.2.3 The MBI as a South African Research Tool

In South Africa the MBI has been successfully used to assess burnout amongst ministers of religion (Odendaal & van Wyk in Pretorious, 1991). It would appear as if the United States version and the South African version of the MBI have been shown to demonstrate adequate reliability and validity. Pretorious (1991) also researched the MBI amongst faculty members of the University of the Western Cape (SA). Using factor analysis and multiple regression analysis statistical techniques he confirmed that the MBI can be considered reliable for measuring burnout in educational settings.

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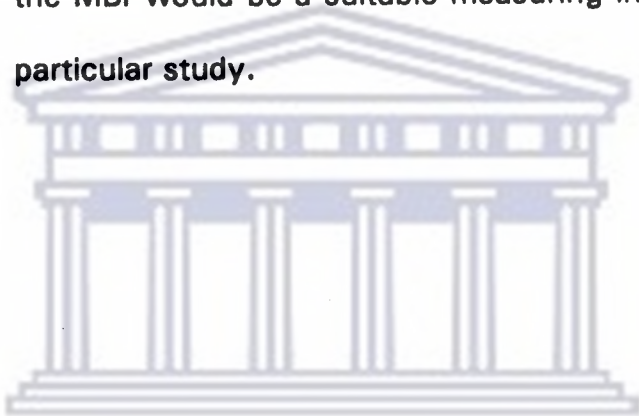
Thus while the assessment of the validity and reliability has been adequately demonstrated amongst a South African sample of ministers and teachers a specifically similar study for South African nurses is not available. However nurses are also part of the general group of persons who provide interactive and interpersonal care to recipients and therefore the MBI would be a suitable measuring instrument for this particular study.



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CHAPTER 5

RESULTS

5.1 INTRODUCTION

The results obtained for the two questionnaires were statistically analyzed by means of a EPIINFO.Version 5 computer package. The statistical tests employed were the following: computation of the relevant questionnaire scores for the two groups of nurses into mean, variance and standard deviation. All the results were further computed using Analysis of Variance (ANOVA) and Bartlett's chi square.

Analysis of variance investigates the significant differences between three or more sample means. However, since there are only two sample means in this study, the p value is computed to be equivalent to that of the Student's t test. For the purposes of this study p values of $<0,05$ are considered significant.

The Bartlett's chi square is part of the computer package and not necessarily the most relevant test here since it is a non-parametric test and not as powerful in terms of obtaining significant results.

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The scores and statistical analyses obtained from the two groups of nurses for the two questionnaires are indicated in the tables 5.1 to 5.14.

5.2 THE JENKINS ACTIVITY SCALE

The results of the Jenkins Activity Scale (which indicates the presence of Type A behaviour) for the two groups of nurses were as follows:

Table 5.1

TYPE A BEHAVIOUR PATTERN TO THE TWO GROUPS					
CATEGORY	Obs	Total	Mean	Variance	Std. Dev
ICU	27	198	7.337	35.142	5.928
PSY	25	165	6.588	27.312	5.226
Difference			0.749		

The results of the above table indicate the mean, variance and standard deviation of the two groups.

Table 5.2

ANALYSIS OF VARIANCE (ANOVA) OF THE JAS SCORES (For normally distributed data only) The p value is equivalent to that for the Student's T Test since there are only 2 samples					
Variation	SS	df	MS	F statistic	p-value
Between	7.285	1	7.283	0.232	0.637428
Within	1569.189	50	31.384		
Total	1576.472	51			

Bartlett's chi square = 0.386 (deg. freedom = 1; p-value = 0.534186).

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The analysis of variance for JAS between the two groups of nurses and the computed p-value (equivalent to the Student's t-test) indicate that there is no significant difference between the psychiatric and intensive care nurses.

The Bartlett's chi square also indicates that there is no significant difference in TABP between the two groups of nurses.

The following tables show the results of a comparison of the three sub-categories of the JAS, viz. Speed and Impatience, Job Involvement and the Hard-driving and Competitive scale.

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Table 5.3

SPEED AND IMPATIENCE SCALE OF THE JAS					
CATEGORY	Obs	Total	Mean	Variance	Std. Dev
ICU	27	204	7.563	25.489	5.049
PSY	25	151	6.044	20.813	4.562
Difference			1.519		

The above results indicate the mean, variance and standard deviation of the two groups.

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Table 5.4

ANOVA OF THE SPEED AND IMPATIENCE SCALE OF THE JAS					
Variation	SS	df	MS	F-statistic	p-value
Between	29.950	1	29.950	1.288	0.260746
Within	1162.225	50	23.244		
Total	1192.172	51			

Bartlett's chi square = 0.250 (deg. freedom = 1; p-value = 0.617019).

The analysis of variance and computed p-value for the Speed and Impatience subscale indicate that the measured difference between the two groups is not significant.

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Bartlett's chi square results support the above findings.

Table 5.5

JOB INVOLVEMENT SCALE OF THE JAS					
CATEGORY	Obs	Total	Mean	Variance	Std. Dev
ICU	27	178	6.600	28.694	5.357
PSY	25	194	7.760	22.103	4.701
Difference			-1.160		

The above results indicate the mean and standard deviation of the two groups.

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Table 5.6

ANOVA OF THE JOB INVOLVEMENT SCALE OF THE JAS					
Variation	SS	df	MS	F-statistic	p-value
Between	17.467	1	17.467	0.684	0.582822
Within	1276.520	50	25.530		
Total	1293.987	51			

Bartlett's chi square = 0.414 (deg. freedom = 1; p-value = 0.519963).

The analysis of variance and computed p-value for the Job Involvement subscale indicate that the observed difference between the two groups is not significant.

Bartlett's chi square results support the above findings.

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Table 5.7

HARD-DRIVING AND COMPETITIVE SCALE					
CATEGORY	Obs	Total	Mean	Variance	Std. Dev
ICU	27	225	8.326	56.543	7.519
PSY	25	194	7.768	28.111	5.302
Difference			0.558		

The above results indicate the mean and standard deviation of the two groups.

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Table 5.8

ANOVA OF THE HARD-DRIVING SCALE OF THE JAS					
Variation	SS	df	MS	F-statistic	p-value
Between	4.041	1	4.041	0.094	0.758067
Within	2144.766	50	42.895		
Total	2148.807	51			

Bartlett's chi square = 2.903 (deg. freedom = 1; p-value = 0.088441).

The analysis of variance and computed p-value for the Hard driving and Competitive sub-scale indicate that the measured difference between the two groups is not significant.

Bartletts chi-square results support the above findings.

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5.3 THE MASLACH BURNOUT SCALE

The following tables show the results of the three sub- categories of the Maslach Burnout Inventory, viz. Emotional Exhaustion, Depersonalization and Job Involvement. It is important to note that all three categories need to be simultaneously considered for the final decision of whether a person is burned out or not. However, for a more detailed exploration of the nursing experience regarding burnout, the categories concerned have also been examined separately.

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Table 5.9

EMOTIONAL EXHAUSTION SUBSCALE OF THE MBI					
CATEGORY	Obs	Total	Mean	Variance	Std. Dev
ICU	27	501	18.556	90.410	9.508
PSY	25	456	18.240	106.523	10.321
Difference			0.316		

The above results indicate the mean, variance and standard deviation of the two groups.

Table 5.10

ANOVA OF EMOTIONAL EXHAUSTION SCALE OF THE MBI					
Variation	SS	df	MS	F-statistic	p-value
Between	1.293	1	1.293	0.013	0.905109
Within	4907.227	50	98.145		
Total	4908.519	51			

Bartlett's chi square = 0.165 (deg. freedom = 1; p-value = 0.684846.

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The analysis of variance and p-value for the Emotional Exhaustion sub-scale of Burnout indicate that the observed difference between the two groups is not significant.

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Table 5.11

DEPERSONALIZATION SCALE OF THE MBI					
CATEGORY	Obs	Total	Mean	Variance	Std. Dev
ICU	27	131	4.852	15.900	3.988
PSY	25	100	4.000	11.667	3.416
Difference			0.852		

The above results indicate the mean, variance and standard deviation of the two groups.

Table 5.12

ANOVA OF DEPERSONALIZATION SCALE OF THE MBI					
CATEGORY	SS	df	MS	F-statistic	p-value
ICU	9.420	1	9.420	0.679	0.581075
PSY	693.407	50	13.896		
Total	702.827	51			

Bartlett's chi square = 0.582 (deg. freedom = 1; p-value = 0.445664).

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The analysis of variance and p-value for the Depersonalization subscale indicate that the measured difference between the two groups is not significant.

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Table 5.13

PERSONAL ACCOMPLISHMENT SUBSCALE OF THE MBI					
CATEGORY	Obs	Total	Mean	Variance	Std. Dev
ICU	27	987	36.556	47.718	6.908
PSY	25	871	34.840	57.390	7.576
Difference			1.716		

The above results indicate the mean, variance and standard deviation of the two groups.

Table 5.14

ANOVA OF PERSONAL ACCOMPLISHMENT SCALE OF THE MBI					
Variation	SS	df	MS	F-statistic	p-value
Between	38.204	1	38.204	0.730	0.598439
Within	2618.027	50	52.361		
Total	2656.231	51			

Bartlett's chi square = 0.209 (deg. freedom - 1; p-value = 0.647870).

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The analysis of variance and p-value for the Personal Accomplishment sub-scale indicate that the measured difference between the two groups is not significant.

No differences were found to exist between measures of Burnout and TABP between ICU and psychiatric nurses. These results will be discussed in greater detail in Chapter 6.

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CHAPTER 6

DISCUSSION

6.1 DISCUSSION

The motivation for this study was primarily based on previous results obtained by the researcher with regard to Intensive Care and Psychiatric Nurses' experiences of anxiety and Type A behaviour pattern (Booysen, 1990).

The results yielded by the current research indicate that there is no significant difference between Intensive Care and Psychiatric Nurses with regard to their subjective experiences of burnout and TABP. Also, according to results obtained, not one of the two groups of nurses meet the criteria for experiencing high levels of burnout. Thus the researcher's null hypothesis (Ho) that there is a significant difference between Psychiatric and Intensive Care nurses with regard to burnout and TABP, is rejected.

The alternative hypothesis (H_1) is therefore accepted: that there is no significant difference between Psychiatric and Intensive Care nurses with regard to TABP and burnout.

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The findings on burnout do not coincide with Maslach's (1976) research (discussed in the introductory chapter) which found a high level of burnout amongst nurses and especially workers in the mental health care setting. Maslach's sample consisted of 180 nurses and it is possible that the sample obtained for this research needed to be a larger one. However, since none of the nurses involved in this particular research appear to be burned out, it is important to consider further reasons for this apparent lack of burnout amongst the group concerned. On examination of results gleaned from previous literature on burnout, it seems highly unusual and unlikely that nurses, especially those working in a mental health care environment would be entirely free from the manifestations of burnout.

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Possible explanations regarding the current results of the apparent lack of burnout amongst the two groups of nurses could be:

- That the nurses involved tended to feel threatened by the questionnaire. This assumption is due to the verbal expression of the psychiatric group of nurses that they were wary of answering such a questionnaire since their answers might in some way jeopardise their job placement.

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Despite the fact that the researcher assured the nurses of the confidentiality of their individual results and emphasized this by allowing the questionnaires to be anonymously answered, the nurses might still have felt suspicious and therefore tended towards "faking good" on the questionnaire, thereby producing erroneous results which do not indicate the true state of burnout amongst these nurses. This possible tendency to disguise their true feelings might also have been exacerbated by the fact that the intensive care nurses were to return their questionnaires to the matron whereafter the researcher would collect the completed questionnaires from her.

The psychiatric nurses' questionnaires were collected by the researcher, who worked in the hospital concerned and was known by many of the nurses. In both these instances the person collecting the questionnaires was closely associated with the hospital and its hierarchy thereby possibly creating a nuisance variable which could have eventually confounded the true results due to the fact the nurses felt that their information would have negative retributive effects. This problem might have been eliminated if the researcher had used a neutral person to distribute and collect the questionnaires.

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- That both the groups of nurses were not burned out, since they managed to emotionally isolate themselves from their patients and tended to focus most of their energy on physical care of their patients.

- That the two groups of nurses tended to reject their own feelings of burnout, since being burned out would contradict their self perceptions of being a "good nurse" which implies an absolutely dedicated, unselfish person who always puts the needs of their patients before their own.

- That nurses, whilst being constantly expected to follow the medical model of diagnosis and treatment tend to categorize behaviour and attach the relevant label. As a result they could have been reticent to truthfully answer the questionnaire for fear of being placed in a psychiatric category of some sort. This train of thought was expressed by a few nurses who, prior to answering the questionnaires enquired whether they were going to be "diagnosed" as a result of their answers.

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With regard to the lack of significant difference between TABP amongst the two groups of nurses it is however interesting to note that the predominant scores for both groups indicate a high tendency toward the Type A behaviour pattern. These results also reveal similarly high scores for Speed and Impatience, Hard-driving and Job Involvement Scales. Although the purpose of this study is not specifically concerned with the prevalence of Type A amongst nurses, it would thus appear that both groups of nurses are generally exposed to a pressurized environment, which, no doubt demands Type A behaviour pattern responses.

Whilst specific studies with regard to nurses and TABP are lacking, the aforementioned results tend to confirm the opinion of Dolan et. al.,(1983) cited in the introductory chapter. This involves the observation that current nursing practise is a much expanded one and thereby demands that the nurse take an ever increasing responsibility for her scope of practise which is often influenced by an ever improving and thereby often complicated and pressurized work environment.

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Also, the fact that the increased workload is apparently not eased by the employment of more staff, since nursing posts in both hospitals have been frozen. This environment would thus have the potential of creating Type A behaviour patterns.

However, the results indicate an area for concern with regard to nurses general health and especially proneness toward coronary heart disease (CHD). It has been well documented that there is an association between stress-related behaviour (TABP) and CHD (as discussed in Chapter 3 of this study). This is thus an area that needs further research with the purpose of introducing and designing appropriate stress management programs for the nurses concerned.

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6.2 SHORTCOMINGS IN THIS STUDY AND SUGGESTIONS FOR FUTURE RESEARCH

The following shortcomings could have influenced the results of this study:

The general lack of motivation amongst certain groups of the nurses concerned. This could have been due to the researcher not taking enough time to prepare nurses with regard the proposed research and the positive effects the results could have for the nursing profession. An example of this is the development of stress reduction programmes for the nurses concerned.

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Another reason for the lack of motivation could have been that the nurses were unsure of the confidentiality of their results despite the questionnaires beings answered anonymously. This could have perhaps been prevented by having the collection of the completed questionnaires being executed by a person who was perceived by the nursing staff as neutral, that is, one who is not affiliated to the hospital or the nursing profession.

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It would also be helpful to eliminate "faking good" responses by using questionnaires that have this variable incorporated for computation and recognition, especially since the nurses tended to answer erroneously concerning their burnout status.

Finally it is always statistically viable to use as big a sample as is possible. Therefore it might be useful to embark on further studies of this nature whilst making use of the subjects of more than one hospital and thereby increasing the sample size.

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REFERENCE LIST

Bailey, R.D. (1985). Coping with stress in caring. Oxford: Blackwell Scientific Publications.

Bailey, J.T., Steffen, S.M. & Grout, M.A. (1980). The stress audit : Identifying the Stressors of ICU Nursing. Journal of Nursing Education, 19(6), 15 - 25.

Bandura, A. (1973). Aggression : A Social Learning Analysis, New York: Englewood Cliffs.

Bates, E.M. & Moore, B.N. (1975). Stress in hospital personnel. The Medical Journal of Australia, 765 - 767.

Blumental, J.A., O'Toole, L.C. & Haney, T. (1984). Behavioral assessment of the Type A behaviour pattern. Psychosomatic Medicine, 46, 415 - 423.

Booysen, L.B. (1990). Type A Personality and Anxiety: A comparison between Intensive Care and General Registered Nurses, Unpublished Honours Research Project, University of Stellenbosch.

Cassem, N.H. & Hackett, T.P. (1972). Sources of tension for the ICU nurse. American Journal of Nursing, 1426 - 1430.

Cavagnaro, M.A., (1983). A comparison study of stress factors as they affect CRNAS. Journal of the American Association of Nurse Anaesthetists, Vol.(6), 290 - 294.

UNIVERSITY of the WESTERN CAPE

http://etd/uwc.ac.za/

Cherniss, C. (1980). Professional Burnout in Human Service Organisations. New York: Praeger.

Chiriboga, D.A., Jenkins, G. & Bailey, J. (1982). Stress and coping among hospice nurses: test of an analytic model. Nursing Research, 32(5), 294 - 299.

Coleman, J.C., Butcher, J.N. & Carson, C.C. (1984). Abnormal Psychology and Modern Life. (seventh edition). USA: Scott, Foresman and Company.

De Leo, D., Magni, G., Vallerini, A. & Dal Palu, C. (1983). Assessment of anxiety and depression in general and psychiatric nurses. Psychological Reports, 52, 335 - 337.

Dolan, J.A., Fitzpatrick, M.L. & Hermann, E.K. (1983). Nursing in Society (4th ed.) New York: W.B. Saunders.

Edelwich, J. & Brodsky, A. (1980). Burn-out. Stages of Disillusionment in the Helping Professions. New York: Human Sciences Press, Inc.

Elkins, A.D. & Kearney, M. (1992). Professional Burnout among Female Veterinarians in the United States. Journal of American Veterinary Medicine Association (JAVMA), 200(9), 604 - 608.

Farber, B.A. (1982). The process and dimensions of burnout in psychotherapists. Professional Psychology, 13, 293 - 301.

UNIVERSITY of the WESTERN CAPE

http://etd/uwc.ac.za/

Farber, B.A. (1983a). Psychotherapists' perceptions of stressful patient behaviour. Professional Psychology: Research and Practice, 14(5), 607 - 705.

Farber, B.A. (1983b). Stress and Burnout in the Human Service Professions. U.S.A. : Pergamon Press.

Foreshaw, B.M. (1984) Occupational stress: Type A behaviour as a moderator of relationships between role demands and psychological and behavioral strains. Unpublished masters thesis, University of Cape Town.

Freudenberger, H.J. (1974). Staff Burn-Out. Journal of Social Issues, 30(1), 159 - 165.

Freudenberger, H.J. (1975). The staff burnout syndrome in alternative institutions. Psychotherapy: Theory, Research and Practise, 12(1), 73 - 82.

Freudenberger, H.J. (1980). Burnout: The high cost of achievement. New York: Anchor.

Gillespie, D.F. (Ed.). (1987). Burnout Among Social Workers. New York: Haworth Press, Inc.

Grout, J.W. (1980). Stress and the nurse. Journal of Nursing Education, 19(6), 58 - 63.

Hay, D. & Oken, D. (1972). The psychological stresses of intensive care unit nursing. Psychosomatic Medicine. 34(2), 109 - 118.

UNIVERSITY of the WESTERN CAPE

http://etd/uwc.ac.za/

Huckabay, L.M. & Jagla, B. (1979). Nurses' stress factors in the Intensive Care Unit. Journal of Nursing Administration, 9, 21 - 26.

Jenkins, C.D., Zyzanski, S.J. & Rosenman, M.D. (1974). Prediction of clinical coronary heart disease by a test for the coronary-prone behaviour pattern. Psychosomatic Medicine, 33, 193 - 202.

Jenkins, C.D., Zyzanski, S.J. & Rosenman, M.D. (1979). Jenkins Activity Survey. New York : The PsychologicaL Corporation.

Kaplan, H.I. & Sadock, B.J. (1981). Modern Synopsis of comprehensive textbook of psychiatry III. (third edition). London : Williams and Wilkens.

Leat, P. & Schneck, R. (1980). Differences in stress perceived by head nurses across nursing specialities. Journal of Advanced Nursing, 5, 31-36.

Macoby, J. & Jacklin, C. (1989). Gender and role expectations. Journal of Social Issues, 40(1), 120 - 128.

Maslach, C. (1976). Burned-out. Human Behaviour, 5, 16 - 22.

Maslach, C. & Pines, A. (1977). The burn-out syndrome in the day care setting, Child Care Quarterly, 6, 837-851.

Maslach, C. (1978). The client role in staff burn-out. Journal of Social Issues, 34(4), 111 - 124.

Maslach, C. & Jackson, S.E. (1981). The measurement of experienced burnout. Journal of Occupational Behaviour,2),99-113.

UNIVERSITY of the WESTERN CAPE

http://etd/uwc.ac.za/

Maslach, C. (1982). Burnout: The cost of caring. Englewood Cliffs, NJ : Prentice-Hall (Spectrum).

Maslach, C. & Jackson, S.E. (1986). Maslach Burnout Inventory Manual Second Edition. California: Consulting Psychologists Press.

Mathews, K.A. & Haynes, S.G. (1986). Type A behaviour pattern and coronary disease risk: Update and critical evaluation. American Journal of Epidemiology, 123, 923 - 960.

McClelland, D.C. (1961). The achieving society. New York: Van Nostrand Reinhold.

McGregor, L., Eveleigh, M., Syler, J.C, & Davis, S.F. (1991). Self perception of personality characteristics and Type A behaviour pattern. Bulletin of the Psychonomic Society, 29(4),320 - 322.

Pines, A. & Kafry, D. (1978). Occupational tedium in the social services. Social Work, NY, 23, 499 - 507.

Pines, A. & Maslach, C. (1978). Characteristics of staff burn-out in mental health settings. Hospital and Community Psychiatry, 29, 233 - 237.

Pines, A. & Aronson, E. (1981). Burnout: From tedium to personal growth. New York : Free Press.

Pretorious, T.B. (1991). Using the Maslach Burnout Inventory to Assess Educator Burnout at a University in South Africa. South Africa : University of the Western Cape.

UNIVERSITY of the WESTERN CAPE

http://etd/uwc.ac.za/

Price, V.A. (1982). Type A Behaviour Pattern. A Model for Research and Practise. New York : Academic Press.

Rosenman, R.H. (1991). Type A Behaviour Pattern. Stress Medicine, 7(4), 245 - 253.

Rosenman, R.H., Swan, G. E. & Carmelli, D. (1988) Type A Behaviour Patterns. Research Theory and Intervention. Canada : Wiley and Sons.

Rosenman, R.H. & Chesney, M.A. (1980). The relationship of Type A behaviour pattern to coronary heart disease. Acta Nervosa Superior (Praha), 22, 1 - 45.

Rhodewalt, F., Sansone, C., Hill, C., & Cheners, M., (1991). Stress and distress as a function of Jenkins Activity Survey - defined Type A behaviour and control over the work environment. Basic & Applied Social Psychology). 12(2), 211 - 226.

Sarason, I.G. & Sarason, B.R. (1980). Abnormal Psychology : The problem of maladaptive behaviour. New Jersey : Prentice Hall, Inc.

Selye, H. (1965). The stress syndrome. American Journal of Nursing, 65(3), 97 - 99.

Smith, D. & Sterndorff, B. (1992). Female physicians outscore male physicians and the general public on Type A Scales in Denmark. Behavioral Medicine. 17(4) 184 - 189.

UNIVERSITY of the WESTERN CAPE

http://etd/uwc.ac.za/

Spielberger, C.D., Jacobs, G., Crane, R., Russel, S., Westberry, L., Barker, L., Johnson, E., Knight, J, & Marks, E. (1980). Preliminary manual for the State-Trait Personality Inventory. Human Resources Institute, University of Florida : Tampa, FL.

Strümpher, D.J.W. (1989). Overview of South African Type A Behaviour (Jenkins Activity Scale) Data. Paper presented at Annual Congress, South African Psychological Association, Durban, 18 - 20 September 1989.

Tagliacozzo. R. & Vaugh, S. (1982). Stress and smoking in hospital nurses. American Journal of Public Health, 72(5), 441 - 447

Waldron, I., Zyzanski, S., Shekelle, R.R., Jenkins, C.D. & Tannebaum, S. (1977). The coronary-prone behaviour pattern in employed men and women. Journal of Human Stress. 3, 2 - 18.

Werner-Beland, J.A. (1980). Grief responses to long-term illness and long term disability. Virginia: Reston Publishing Company.

Williams, R.B. (1987). Psychological factors in coronary artery disease : Epidemiologic evidence. Circulation, 76, (Suppl. I), 117 - 1123.

Zyzanski, S.J, & Jenkins, C.D. (1970). Basic dimensions within the coronary-prone behaviour pattern. Journal of Chronic Diseases, 22, 781 - 785.

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