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## What is the Relationship Between Personality Hardiness and Burnout in Army Reserve Nurses?

Nancy M. Marchido  
*Grand Valley State University*

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WHAT IS THE RELATIONSHIP BETWEEN PERSONALITY HARDINESS  
AND BURNOUT IN ARMY RESERVE NURSES?

By

Nancy M. Marchido

A THESIS

Submitted to  
Grand Valley State University  
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Thesis Committee Members:

Patricia Underwood, Ph.D., R.N.  
(chair)

Joyce French, Ph.D., R.N.

Beth Reimel, Ph.D.

# ABSTRACT

## WHAT IS THE RELATIONSHIP BETWEEN PERSONALITY HARDINESS AND BURNOUT IN ARMY RESERVE NURSES?

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Kobasa's conceptualization of personality hardiness provided the theoretical framework examined. The purpose of this study was to examine the relationship between personality hardiness (control, commitment, and challenge) and burnout in Army Reserve nurses. Data was obtained through a survey of forty Army Reserve nurses in the midwest area using Kobasa's Hardiness Scale and Jones' Staff Burnout Scale for Health Professionals. The subjects were primarily female (75%) and Caucasian (90%), with a bachelor of science degree or higher. A moderately strong inverse correlation was found ( $r = -.52$ ,  $df = 35$ ,  $p < .001$ ). The validity and reliability were supported, however, the dimension of challenge was not related to burnout. Control and commitment correlated with burnout ( $r = -.61$ ,  $r = -.57$  respectively). Findings suggest that personality hardiness provides a resistance source in the perception of adverse job stressors, thus preventing or reducing burnout in nurses.

## Dedication

To my family and friends, especially my parents for their inspiration and encouragement to complete this scholarly effort.

## Acknowledgments

A sincere thank you to the chair person of my committee, Patricia Underwood, Ph.D., R.N., for the many devoted hours of energy, knowledge, and special guidance that she provided me throughout my thesis as well as my advanced degree program. A special thank you to Joyce French, Ph.D., R.N., who provided guidance and support as well as personal interest in my work. I would also like to thank Beth Reimel, Ph.D., who shared her knowledge and expertise while nurturing my growth in the research process. Finally, I would like to thank all the Army Reserve nurses who participated in my study, for without them this project would not have been possible.

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## CHAPTER ONE

### INTRODUCTION

The stressful nature of nursing as an occupation is of increasing concern to educators and practitioners alike (Aiken, 1984; Bailey, 1980; Hingley, 1984; Kelly & Cross, 1985); Kroll, 1985). In one study, commissioned by the American Association of Critical-Care Nurses, a national panel of experts identified both nursing stress and nursing burnout as being among the top 10 research priorities facing the profession (Lewandowski & Kositsky, 1983). Responding to this prioritized concern, increased attention has been focused on investigating job stress and its consequences among nurses working in hospital settings (Hinshaw & Atwood, 1984).

Investigators have documented a number of major job stressors that nurses typically encounter, including death and dying, emotional demands of patients and their families, inadequate staffing and work overload, and conflicts with administration, physicians, and other nurses (Gray-Toft & Anderson, 1981a, 1981b; Marshall, 1980; Numerof & Abrams, 1984).

One potentially negative consequence of chronic exposure to such job stressors which has received increasing attention is burnout, defined as "a syndrome of emotional exhaustion

and cynicism that occurs frequently among individuals who do 'people work' of some kind" (Maslach & Jackson, 1981, p. 99). In recent research conducted among hospital staff nurses, symptoms of burnout were found to be significantly associated with perceptions of stressful and unrewarding working conditions, as well as with several other negative characteristics including physical illness, absenteeism, tardiness, drug use, and withdrawal from others (Alkbrecht, 1982; Chirboga & Bailey, 1986; Cronin-Stubbs & Rooks, 1985; Pines & Kanner, 1982).

At present, there is no mutually agreed upon empirically validated scientific model of the burnout process. The process does not occur as a result of one or two stressful events but emerges insidiously through a general erosion of the spirit (Pines, Aronson, & Kafry, 1981). The burnout process is a constant progression of decisions or events that lead up to the final result. Burnout develops so gradually that the individual may be unaware it is happening and refuses to believe anything is wrong (Dolan, 1987).

Quality care is provided by nurses who are physically and psychologically prepared to give optimal patient care. "Nurses who are exhausted, unmotivated, and apathetic are more likely to make on-the-job mistakes and neglect patients" (Cronin-Stubbs & Rooks, 1985, p. 31). Burnout can affect a nurse's mental and physical health and job performance.

Researchers, increasingly aware of burnout as a problem and job stress as a contributing factor, have begun to

investigate variables that may promote stress resistance among nurses (Albrecht, 1982; Constable & Russell, 1986; Duxbury, Armstrong, Drew, & Henley, 1984; Keane, DeCette, & Adler, 1985). This emerging focus originated from a growing body of life stress research proposing that resistance resources (Antonovsky, 1979) may buffer or neutralize the otherwise debilitating effects of stressful life events. Major attention has centered around personality variables that may act as personal resources during encounters with stressful events (Johnson & Sarason, 1979).

Personality hardiness is one such resistance resource (Kobasa, 1979). In a series of papers, Kobasa and associates (Kobasa, 1979; Kobasa, Maddi, & Courington, 1981; Kobasa, Maddi, & Kahn, 1982) presented a model of individual vulnerability to stress. They hypothesized that individuals who remain healthy after experiencing high degrees of life stress exhibit a constellation of attitudes, beliefs, and behavioral tendencies that distinguish them from those who become ill. This constellation is labeled hardiness and comprises three dimensions: commitment, control, and challenge (Kobasa & Maddi, 1977).

Commitment refers to a generalized sense of purpose and meaningfulness as well as a tendency to become actively involved in ongoing life events rather than remaining passively uninvolved. Control is the tendency to believe and act as if one can influence events rather than feeling helpless when encountering adversity. Challenge is described

as the belief that change is natural in life and can be a stimulus to growth rather than ominous to security. It has been hypothesized by Kobasa, Maddi, and Kahn (1982) that the negative impact of stressful life events is mitigated by these interrelated elements of the hardy personality style by influencing both cognitive appraisal and coping.

Hardiness has come forth as a positive mediating variable in an otherwise negative field of stress and illness research. The hardiness characteristic is derived from existential personality theory and has been identified as a personality resource that buffers the negative effects of stress. Individuals remain healthy under stressful situations and benefit if they perceive the events as opportunities for master and personality growth.

Recent studies have begun to give attention to personality factors such as hardiness that may protect nurses against burnout. Several investigators (Cronin- Stubbs & Rooks, 1985) have agreed that specification of factors contributing to burnout in critical care nurses is relevant to promoting optimal patient care. McCranie, V. Lambert, and C. Lambert (1987) studied work stress, hardiness, and burnout among hospital staff nurses and found hardiness had beneficial main effects in reducing burnout. Also Rich and Rich (1987) examined the burnout-moderating effects of personality hardiness among female nurses, and concluded that hardy nurses are more burnout resistant than are nonhardy nurses.

If the hardy personality is a buffer against burnout, and the hardy personality can be determined by measurement, nurse managers might use this to aid the selection and placement of nurses. Nurses with a strong commitment to self and work and internal locus of control may be selected for the more stressful areas.

Hardiness can be learned at any time in life according to Maddi and Kobasa (1984). A recent pilot study with nurse managers showed that hardiness can be increased through small-group training (Rich, 1985). Some employers could benefit by including hardiness training sessions as part of their inservice program for nurses.

Although research has provided some support for a relationship between hardiness and burnout in nurses, replication of these results and attention to the role of personality hardiness in relation to burnout are needed. Thus, the purpose of this study was to determine the relationship between personality hardiness and burnout in Army Reserve (AR) nurses. This study partially replicated a research study conducted by Rich and Rich (1987) of female staff nurses in an acute care, full service hospital in western Pennsylvania.

## CHAPTER TWO

### LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

#### Review of the Literature

Job stress in relation to burnout has been a frequent topic of research in the nursing literature in recent years (Shubin, 1978). Nurses are especially prone to burnout due to close involvement with patients, family and peers, as well as a work environment that includes frequent crises, excessive workload, role conflicts, and little control and decision making (Maslach, 1982; Maslach & Jackson, 1982). However, the conclusion that occupational stress causes burnout may be an overgeneralization. Researchers studying the connection between stressful life events and physical illness have consistently found the relationship between the two to be minimal (Kobasa, 1979); many individuals living very stressful lives do not become ill. For this reason stress and illness research has transferred to the study of moderator variables--variables that can neutralize the otherwise negative effects of environmental stress (Rich & Rich, 1987).

Evidence for moderator effects are found in the burnout literature. For example, Maslach and Jackson (1981) found that demographic characteristics such as age and marital status moderated the effects of stress on burnout; burnout

was found to be greater among health professionals who were young and single than among those who were older and married. Burnout has been correlated with the personality traits of unassertiveness, low self-confidence, dependency and poor personal commitment in research (Gann, 1979; Heckman, 1980).

Kobasa (1979) proposed the "hardy personality" and integrated the most tested and potentially valuable personality dispositions in stress research. Kobasa started her hardiness research in the mid 1970's. She proposed that persons who experience high degrees of stress without falling ill have a personality structure of hardiness differentiating them from persons who become sick under stress. The hardy personality type described, builds upon the theorizing of existential psychologists (Kobasa & Maddi, 1977; Maddi, 1975) on the strenuousness of authentic living, White (1959) on competence, Allport (1955) on appropriate striving, and Fromm (1947) on the productive orientation.

Kobasa's initial study (1979) used a retrospective design. Personality was studied as a conditioner of the effects of stressful life events on illness onset. Two groups of middle and upper level executives had comparatively high degrees of stressful life events in the previous three years, as measured by the Holmes and Rahe Schedule of Recent Life Events (1967). One group (n=86) suffered high stress without falling ill, whereas the other (n=75) reported becoming sick after their encounter with stressful life events. Illness was measured by the Wyler, Masuda, and



Holmes Seriousness of Illness Survey (1968). Discriminate function analysis, run on half of the subjects in each group and cross-validated on the remaining cases, supported the prediction that high stress/low illness executives demonstrated more hardiness than the high stress/high illness executives. That is they had a stronger commitment to self, an attitude of vigorousness toward the environment, a sense of meaningfulness, and internal locus of control.

A subsequent prospective study (Kobasa, Maddi, & Kahn, 1982) found support for the hypothesis that hardiness "functions to decrease the effects of stressful life events in producing illness symptoms" (p.168). Covering a 5 year period, subjects (middle- and upper-level managers from a large utility company) filled out questionnaires. The final sample of 259 subjects were predominantly Protestant, white, married, without close ethnic ties, and exclusively male. The sample ranged in age from 32 to 65, with a mean of 48. Results supported the hypothesis by showing main effects on illness for both stressful life events and hardiness and interaction effect for these independent variables.

Kobasa and her colleagues have reported several studies on the relationships between hardiness, and other variables, such as Type A behavior (Kobasa, Maddi, & Zola, 1983), social resources (Kobasa & Puccetti, 1983) and exercise (Kobasa, Maddi, & Puccetti, 1982). The role of hardiness in reducing illness was supported in each study. These studies were limited by the sample characteristics (predominately male,

college-educated, white, and in managerial positions) as well as by the use of a new instrument to measure hardiness.

A study by Keane et al. (1985) addressed two primary questions: (1) Do nurses in ICUs experience more burnout than those in non-ICUs? (2) Within and across hospital units, do nurses who have higher levels of hardiness experience less burnout than those lower in this trait? The study also attempted to find a link between control over life events and burnout. A descriptive correlation design was used. The sample consisted of 96 nurses in a large university hospital that were employed in the surgical and medical ICUs, intermediate surgical and medical units, and general surgical and medical units. Burnout was measured by The Staff Burnout Scale for Health Professionals developed by Jones (1980a, 1980b). Hardiness was measured as recommended by Kobasa, Maddi, & Kahn, (1982). The Alienation from Self and Alienation from Work Scales from the Alienation Test (Maddi, Kobasa, & Hoover, 1979) were used to measure the disposition of commitment. The disposition of control was assessed by Rotter's Locus of Control Scale (Rotter, 1966) and the Powerlessness Scale from the Alienation Test (Maddi et al. 1979). The disposition of challenge was assessed by the Security Scale of the California Life Goals Evaluation Schedule (Hahn, 1966). Each nurse was also asked a series of open-ended questions in order to obtain an assessment of how the nurses felt about their job in a less structured fashion. Results demonstrated that nurses in the two ICUs did not

differ in average burnout scores from nurses in the other units sampled. Overall, data indicated that ICU nurses could not be differentiated from non-ICU nurses on any of the variables assessed. The hardiness variables correlated as predicted with burnout. Nurses across all units, who were more committed to their job, who felt more in control of their job, and who felt challenged by their job were less burned out. The results showed that ICU and non-ICU nurses did not demonstrate different levels of burnout, but hardiness did predict burnout across various hospital units.

McCranie et al. (1987) examined the association between hardiness and burnout in hospital staff nurses and addressed the question of whether hardiness moderates the impact of perceived job stress on level of burnout. The convenience sample consisted of all staff registered nurses working on 18 clinical units of a 700 bed, community hospital in a southeastern urban area. The respondent sample of 107 nurses was predominately female (95%) and married (61%), with an average age of 30.3 years. The respondent sample was almost evenly divided between those working a rotating (47%) or straight shift (53%) schedule in an ICU (46%) or non ICU 54% setting. The measure of hardiness consisted of a 36-item abridged scale developed by Kobasa, Maddi, Donner, Merrick, & White, (1984). Burnout was measured by the Tedium scale (Pines et al., 1981), a self-report instrument which has been used in previous research with hospital nurses (Duxbury et al., 1984). The Nursing Stress Scale (Gray-Toft & Anderson,

1981a 1981b) was used to measure the degree of perceived job stress. The results were consistent with Keane et al. (1985). The nurses in the present sample who exhibited less personality hardiness reported more burnout. Also consistent with other studies (Chirboga & Bailey, 1986; Cronin-Stubbs & Rooks, 1985; Jenkins & Ostchega, 1986) nurses who experienced more frequent work-related stress reported greater burnout. Perceived job stress (particularly that associated with workload) and hardiness were significant additive rather than interactive predictors of burnout as indicated by a multiple regression analysis. Although hardiness appeared to have beneficial main effects in reducing burnout, it did not seem to prevent high levels of job stress from leading to high levels of burnout. The failure to observe a moderating effect for hardiness contrasts with the findings of Kobasa and colleagues (Kobasa, 1979; Kobasa et al. 1981; Kobasa, Maddi, & Kahn, 1982)

This discrepancy may be explained by at least two differences between McCranie's research (1987) and that of Kobasa et al. (1981). McCranie's sample was comprised almost entirely of females, whereas Kobasa et al. used only male subjects. Holahan and Moos (1985) reported that a personality measure labeled self confidence distinguished males under high life stress who experienced low physical and psychological distress, whereas it did not show this distinction in a similar group of females. They considered self-confidence as conceptually similar to hardiness, and

hypothesized that hardiness might be a less strong stress moderator for women than for men. Also the studies of Kobasa and associates were focused on general life event stressors as measured by a modified version of the Schedule of Recent Experience (Holmes & Rahe, 1967) rather than on work-related stressors. Perhaps the psychological resource of hardiness is a less effective stress moderator in the work setting than in nonwork areas (McCranie et al. 1987).

Rich and Rich (1987) studied the burnout moderating effects of personality hardiness among 100 female staff nurses. They hypothesized a significant inverse relationship between personality hardiness and burnout. Within a multiple correlation design, it was hypothesized that hardiness would combine or interact with other factors associated with burnout to account for a significant proportion of variance in burnout scores. The research also addressed the comparability of the scores of female nurses on the measures of personality hardiness to previous scores of samples of male executives. Burnout was measured by the Staff Burnout Scale for Health Professionals. Hardiness was measured by 5 scales combined to form a composite score (Kobasa, Maddi, & Kahn, 1982). The five scales are the Alienation from Work, Alienation from Self, and Powerlessness Scales of the Alienation Test (Maddi et al. 1979), the Internal versus External Locus of Control Scale (Rotter, Seeman, & Liverant, 1962), and the Security Scale of the California Life Goals Evaluation Schedule (Hahn, 1966). The study results did

support the hypothesis that personality hardiness is an important stress-resistance source in preventing or reducing burnout in female staff nurses. A 2x2 (hardiness x age) analysis of variance demonstrated that the main effects for hardiness and age were significant, while the interaction was not. Hardiness and age are independent and additive in their burnout-buffering effects according to these results.

Margaret Topf (1989) studied personality hardiness, occupational stress, and burnout in 100 critical care nurses from two large hospitals on the west coast. Topf's (1989) contention was "that burnout is a negative health outcome of occupational stress and that hardiness affects occupational stress and burnout much as it affects life event stress and illness" (p.179). Several relationships were studied using a sample of critical care nurses. Occupational stress was measured by the Gray-Toft and Anderson's (1981) Nursing Stress Scale. The dimensions of hardiness were each measured separately. A composite score for hardiness was devised from these scores. Commitment was measured by the Alienation from Work Scale of the Alienation Test (Maddi et al. 1979). Commitment was measured by the Alienation from social Institutions Scale of the Alienation Test. Control was measured by the Locus of Control Scale (Rotter et al. 1962). Challenge was measured by the Security Scale of the California Life Goals Evaluation Schedules (Hahn, 1966). Burnout was measured by the Maslach Burnout Inventory (1981) and Jones' (1980b) Staff Burnout Scale for Health

Professionals. The study results provided partial support for the hypothesis that greater hardiness in nurses would be associated with less stress and less burnout. The hypotheses that greater stress would be linked with greater burnout in nurses was not supported. Convincing evidence of the stress buffering effect of hardiness was not provided by this study. According to Topf (1989), "Despite these unexpected outcomes, sufficient support was found to substantiate future research on hardiness, stress, and burnout in nurses" (p. 185).

Evidence from the literature review has illustrated that personality hardiness can be measured in a variety of ways by examining the negative aspects of the hardiness disposition: alienation versus commitment, powerlessness versus control, and security and stability versus challenge. Some of the limitations of the previous studies of nurses were: (1) the samples were comprised almost entirely of females, (2) they all worked in hospital units, (3) the sample sizes were small, (4) the nurses functioned solely in clinical roles, and (5) the studies were based on self-report measures collected at a single point in time, making it difficult to identify the causal relationships between personality hardiness and burnout.

The diversified results and limitations obtained from previous studies intensifies the need for further research about the relationship of personality hardiness and burnout of male and female nurses in various settings and nursing roles. The research presented supported an inverse

relationship between personality hardiness and burnout. A better understanding of this relationship can be accomplished through more research on more varied nursing populations.

#### The Conceptual Framework

The conceptual framework used for this study was based on Susan Kobasa's conceptualization that hardiness is a constellation of personality characteristics that function as a resistance source to the negative effects of stressful life events on health. It is derived from existential personality theory (e.g., Kobasa & Maddi, 1977) and is supported by results from varied personality (e.g., Lefcourt, 1973), social psychological (e.g., Rodin & Langer, 1977) and developmental studies (e.g., Neugarten, 1974). According to Kobasa (1983), personality hardiness is comprised of three personality dimensions: (a) a sense of commitment to self and work, (b) perceptions of control over one's environment, and (c) the tendency to approach change with an attitude of challenge rather than threat.

Persons high in hardiness easily commit themselves to what they are doing (rather than feeling alienated), generally believe they can at least partially control events (rather than feeling powerless), and regard change to be a normal challenge or impetus to development (rather than a threat). In the perception and evaluation of specific stressful life events, hardy persons find opportunities for the exercise of decision making, the confirmation of life's priorities, the setting of new goals, and other complex



activities that they appreciate as important human capabilities. Further, they are capable of evaluating any given event in the context of an overall life plan. Their basic sense of purpose and involvement in life mitigates the potential disruptiveness of any single occurrence. The coping styles of hardy persons reflect their belief in their own effectiveness as well as their ability to make good use of other human and environmental resources. Coping for them consists of turning stressful events into possibilities and opportunities for their personal development and that of others around them.

Burnout is hypothesized to occur from the strain of adverse job stressors. Personality hardiness is conceptualized as a buffer that moderates the effects of adverse job stressors through appraisal and coping mechanisms.

This study examined the model by looking at the role between personality hardiness and burnout in AR nurses.

#### Concepts and Terms

1. Personality hardiness - specific constellation of personality characteristics (control, challenge, commitment) that buffers the impact of work stressors on the degrees of burnout experienced by obstetric nurses.
2. Commitment - is the tendency to involve oneself in (rather than alienation from) whatever one is doing or encounters.

3. Control - is the tendency to feel and act as if one is influential (rather than helpless) in the face of varied contingencies of life.
4. Challenge - is the belief that change rather than stability is normal in life and the anticipation of changes are interesting incentives to growth rather than threats to security.
5. Stressful life events - events causing changes in, and demands readjustment of, an average person's normal routine.
6. Burnout - is an adverse psychological, physiological, and behavioral reaction to excessive occupational stress within the health profession. It is a syndrome of physical, and emotional exhaustion that involves the development of negative job attitudes, a poor professional self-concept and a loss of empathetic concern for clients.
7. Army Reserve Nurse - a commissioned officer and registered nurse in the United States Army Reserve Nurse Corps
8. Job stressors - work related events that cause changes in and demands readjustment of an average person's normal routine.

#### Relationship Among the Concepts

Variability in perception of potential job stressors is related to resistance resources. Personality hardiness has been identified as a resistance resource. It is the personality characteristic that enables individuals to remain

healthy even when confronted with stressful life events such as job stressors.

The hardy AR nurse is someone who recognizes that life requires him/her to use judgment and make decisions (control), to become actively involved with others in various activities of life (commitment) including those required in nursing, and to perceive change as ultimately beneficial to personal development (challenge). The challenge aspect includes the belief that change rather than stability is normal in life and that anticipating changes provides interesting incentives to growth. The hardy AR nurse will have a high sense of control, commitment and challenge when perceiving potential job stressors and have an inverse relationship to burnout (Figure 1).

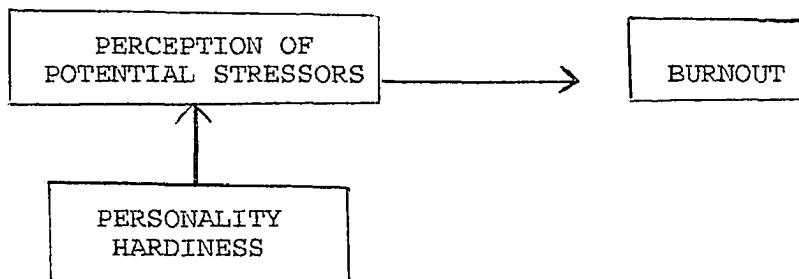


Figure 1. Role of personality hardiness in relationship to burnout

#### Research Question

What is the relationship between personality hardiness and burnout in Army Reserve Nurses?

### Hypotheses

Hypothesis 1 - Among Army Reserve nurses, those who have a greater sense of control over what occurs in their lives will have less burnout than those who feel powerless in the face of external forces.

Hypothesis 2 - Among Army Reserve nurses, those who feel committed to the various areas of their lives will have less burnout than those who are alienated.

Hypothesis 3 - Among Army Reserve nurses those who view change as a challenge will have less burnout than those who view it as a threat.

## CHAPTER 3

### METHODOLOGY

#### Design

A descriptive correlational design was used to examine the relationship between personality hardiness in AR nurses and burnout without active intervention.

#### Threats to External and Internal validity

Extraneous variables such as education, age, gender, marital status, culture, and the presence of a chronic disease could effect the AR nurse's perception of potential job stressors. AR nurses with a higher educational background may have a greater sense of control over what occurs in their lives and will have less burnout. Those AR nurses under stress, who are younger may view change as a challenge and will have less burnout than older nurses who view it as a threat. Also AR nurses who have a strong social support system may feel more committed to the various areas of their lives and will have less burnout than those who are alienated.

AR nurses in this study may have answered questions in a particular manner largely because they were aware of their participation in the study. If this response is elicited only in a research context, the results cannot be generalized to more natural settings.

### Sample

The target sample for this study was 50 licensed Army Reserve nurses located at two different Army Reserve Medical Units. One unit was located in western Michigan, while the other in northern Indiana. The sample consisted of registered nurses who were commissioned officers ranking from Lieutenants to Colonels. Criteria for selection included:

1. Michigan or Indiana licensed registered nurse
2. US Army Reserve commissioned officer
3. Nurses who have worked in their present area of employment for six months or more
4. Nurses employed 64 or more hours in two weeks

### Procedure

Prior to proceeding with this study, approval was obtained from the Grand Valley State University Human Subjects Review Committee. Permission to collect data was obtained from the commanders of the two Army Reserve units.

Before data collection, the researcher met with both groups of Army reserve Nurses at a week-end drill session. The importance of this research was stressed. They were informed that aggregated results would be provided to their commander for their review upon completion of the study. Individuals would not be identified. After the meeting, a packet was sent to 50 AR nurses from both units. Each packet contained a cover letter describing the purpose of the study, instructions about completing the questionnaire during off-work hours and mailing it directly to the researcher in the

return self stamped envelope, and information that their participation was voluntary. To assure anonymity, the nurses were instructed not to write their name on the questionnaire and no identification code was placed on the questionnaire or the return envelope. There were no risks for those involved in this study.

After one week, a reminder letter was sent to encourage the nurses to complete and return the questionnaire and to express thanks for their participation. Three weeks was given for the return of the questionnaires from the initial distribution date.

#### Instruments

Burnout was measured by the Staff Burnout Scale for Health Professionals (SBS-HP). This 30 item self-report scale measured the psychological, physical and behavioral manifestations of burnout. A 7-point Likert-type scale was used to score the items. Of the items, 20 measure burnout and 10 constitute a lie scale. Hence, scores range from 20 (no signs of burnout) to 140 (severe signs of burnout). Split-half reliability of the SBS-HP is .93 and the internal consistency ranges from .59 -.62. The coefficient alpha was 0.82 in a study done by Boyle, Grap, Younger, and Thornby (1991). In studies of criterion related validity, total burnout scores were found to be significantly correlated with absenteeism, tardiness, physical illness, measures of job mistakes and patient neglect, drug and alcohol use, and job dissatisfaction (Jones, 1980).

Hardiness was measured by the Hardiness Scale (HS), which uses a combination of five scales to form a composite score (Kobasa, Maddi, & Kahn, 1982). As described by Rich and Rich (1987):

The five scales are the Alienation from Work, Alienation from Self, and Powerlessness Scales of the Alienation Test (Maddi et al. 1979), the Internal versus External Locus of Control Scale (Rotter et al. 1962) and the Security Scale of the California Life Goals Evaluation Schedule (Hahn, 1966). The Alienation from Self and Alienation from Work Scales measure an individuals' *commitment* to personal goals, values, and decisions and their dedication to a socially productive occupation. Each scale consists of 12 items, which are scored negatively to reflect commitment versus alienation. For the Alienation Test, correlational estimates of internal consistency range from .75 to .95 with a mean of .84. Product moment correlations for stability over three weeks ranged from .59 to .78 with a mean of .64.

(p. 64)

The Internal versus External Locus of Control Scale (Rotter et al. 1962) and the Powerlessness Scale were used to measure the disposition of control. The degree of control an individual perceives to have over his/her environment is assessed by these scales. Considerable research has shown that the Internal versus External Locus of Control Scale is a reliable and valid index of belief in whether one is



controlled by external forces (e.g., Phares, 1976). The powerlessness measure shows average internal consistency of .88 over several adult samples and a stability correlation of .71 over a three week period (Maddi et al., 1979)

The disposition of *challenge* was measured using the Security Scale of the California Life Goals Evaluation Schedule (Hahn, 1966). The degree to which security and stability are important to the individual is measured by this scale. Rich and Rich (1987) stated "that persons high on this scale are likely to see change as being threatening and not a challenge to growth" (p.64). Test-retest reliability has shown to be between .71 and .86. This scale has been shown not to be a highly valid hardiness measure in comparison to the other scales (Kobasa, 1979).

In forming a composite hardiness score, z scores are computed for the five scales, and the five scores are added then multiplied by 100 and divided by three. These five scales have shown moderately high intercorrelations and a stability correlation of .61 over a five-year period (Kobasa, Maddi, & Kahn, 1982). The validity of the hardiness construct as a moderator on the stressful life event/illness relationship has been empirically established by Kobasa and associates (Kobasa, Maddi, & Kahn, 1982).

#### Demographic Data

The questionnaire included items to measure age, gender, race, education, years of experience at present position, military status, marital status, work setting, employment

status, state of registered nurse licensure, and health status. Health status was operationally defined as the number of days that the nurse was ill during the preceding six month period.

## CHAPTER FOUR

### DATA ANALYSIS

For this study, the independent variable was the total amount of personality hardiness (control, challenge, and commitment) as measured by the Hardiness Scale. The dependent variable was the amount of burnout experienced by the AR nurses as obtained from the total score from the Burnout Scale for Health Professionals. The level of measurement for both these variables was interval. Statistical analysis involved using the product moment correlation coefficient (Pearson's  $r$ ) to evaluate the inverse relationship between all the independent variables and the dependent variable of burnout.

#### Subjects

Questionnaires were sent to a convenience sample of 50 AR nurses located at both Michigan and Indiana Army Reserve Units. Forty Five individuals returned completed questionnaires with an overall response rate of ninety percent. Of the 45 respondents, 40 met the predetermined criteria and were included in the data analysis. Five respondents did not meet the criteria of working 64 or more hours in a two week period.

All respondents were commissioned officers in the Army Reserve Nursing Corps ranking from second lieutenant to

colonel. The majority of the sample was female (75%), married (75%), and Michigan licensed (75%). The racial categories consisted of 90% Caucasoid, 5% Negroid, and 5% other. The age levels in years were; 47.5% between 40-49, 30% between 30-39, 15% 50 or more, and 7.5% between 20-29. As Table 1 indicates, the majority of the highest earned nursing degrees reported were at the bachelors level with Masters prepared second.

Table 1

Highest Earned Nursing Degree

<u>Degree</u>	<u>Freq</u>	<u>%</u>
Associates Degree	3	7.5
Nursing Diploma	5	12.5
Bachelors Degree	17	42.5
Masters Degree	13	32.5
Other	2	5.0
Total	40	100.0

Of the respondents 62.5% had been employed in their present position for 6 months to 5 years with 27.5% employed 6 years to 15 years and 10% for more than 16 years. The primary areas of nursing as reported by the nurses were omnifarious. Table 2 indicates the varied primary areas of nursing as reported by the AR nurses.

Table 2

Primary Areas of Nursing

Primary area	Freq	%
Med/surg	7	17.5
Surg/recovery	4	10.0
Ob/gyn	6	15.0
Critical care	8	20.0
Emergency room	2	5.0
Other	13	32.5
TOTAL	40	100.0

Data Analysis

Demographic data and scores from the HS and SBS-HP were coded. Reliability analysis was computed on the HS and the SBS-HP. Computerized data analysis was obtained using the SPSS/PC+. The HS (50 items) had a coefficient alpha of .84. The coefficient alpha was .89 for the SBS-HP (20 items). These results indicated good internal consistency for both instruments. The total HS score compared favorably with a number of adult samples where the average alpha coefficient for the HS scale was .79 (Maddi et al., 1979) and more recently with Topf (1989) where ( $\alpha = .81$ ). The total SBS-HP compares with results from a study done by Boyle, Grap,

Younger, and Thornby (1991) where the instrument had an alpha rating of .82.

Statistical analysis was used to evaluate the inverse relationships between personality hardiness and burnout in AR nurses. Utilizing the Pearson's  $r$  for statistical analysis, the following hypotheses were tested:

Hypothesis 1 - Among Army Reserve nurses, those who have greater sense of control over what occurs in their lives will have less burnout than those who feel powerless in the face of external forces.

Hypothesis 2 - Among Army Reserve nurses, those who feel committed to the various areas of their lives will have less burnout than those who are alienated.

Hypothesis 3 - Among Army Reserve nurses, those who view change as a challenge will have less burnout than those who view it as a threat.

As table 3 indicates, there was a moderately strong inverse and significant correlation between the variable of control ( $r = -.52$ ,  $df = 38$ ,  $p < .001$ ) and the dependent variable burnout, thus supporting the first hypothesis. There was also a moderately strong inverse and significant correlation between the variable of commitment ( $r = -.58$ ,  $df = 37$ ,  $p < .001$ ) and the dependent variable of burnout, which supported the second hypothesis. The results indicated that AR nurses with a high sense of control and commitment experience less burnout. Using the total hardiness score, a significant,

moderately strong inverse relationship was found between hardiness and burnout ( $r = -.52$ ,  $df = 35$ ,  $p < .001$ ).

Table 3

Pearson Correlations of Personality Hardiness and Burnout

Hardiness Variables	Burnout		
	r	df	P
Commitment	-.57	37	.000
Control	-.61	38	.000
Challenge	-.06	36	.357
<b>Total Hardiness</b>	-.52	35	.000

Study results did not support the third hypothesis concerning challenge ( $r = -.06$ ,  $df = 36$ ,  $p = .38$ ). There was a nonsignificant correlation between the independent variable of challenge and the dependent variable of burnout.

## CHAPTER 5

### DISCUSSION AND IMPLICATIONS

#### Discussion

A significant inverse relationship between personality hardiness and burnout in AR nurses was supported by this research study. The findings support Kobasa's (1983) conceptual model that personality hardiness acts as a resistance resource that moderates the effects of adverse job stressors through appraisal and coping mechanisms. This variability in perception of potential job stressors is inversely related to burnout, thus the more hardy AR nurse experiences less burnout.

This study partially replicated research completed by Rich and Rich (1987). The findings were consistent with Richs' and supported the hypothesis that personality hardiness is an important stress-resistance resource in preventing or reducing burnout in nurses. Scores on the total hardiness measure were predictive of nurse burnout scores, specifically, low hardiness was related to burnout. Two major differences in this study and Richs' were that the previous study used an entirely female sample of nurses working in staff positions in a hospital, while this study examined nurses from both genders working in nursing areas both inside and outside the hospital setting.



As with a study done by Keane, Ducette, & Adler (1985), burnout was not associated with the type of unit in which the nurses practiced. The AR nurses worked in various settings both clinical and non-clinical, yet the results remained consistent with previous studies using only one clinical setting (Topf, 1989; Chirboga & Bailey, 1986; Cronin-Stubbs & Rooks, 1985; Jenkins & Ostchega, 1986; and Keane et al. 1985).

As predicted, the hardiness composite yielded results in the expected direction. Only results from one of the three characteristics, challenge was nonsignificant and did not support the hypothesis. This nonsignificant correlation between challenge and burnout was consistent with studies by Rich and Rich (1987) and Topf (1989).

Perhaps the nonsignificant correlation of challenge and burnout could be the result of the way challenge was measured. The reliability coefficient alpha for challenge was .54 for this study, which is low. The reliability coefficients for control (.69) and commitment (.73) were much higher. As discussed by Topf (1989) in her study on hardiness and burnout, the use of negative and indirect indicators of hardiness (e.g., challenge measured by low security) calls for assumptions that may be inaccurate. Topf (1989) stated that "a low score on security may not represent challenge but neutral feelings or may be unrelated to challenge" (p. 184).

A critical analysis of the Hardiness Scale by Funk and Houston (1987) found "that the use of negative indicators to measure hardiness creates substantial conceptual and empirical problems" (p. 573). Results from a complex set of factor analyses used for a hardiness study by Hull, Treuren, & Virnelli (1987) indicated major problems with the challenge subscale. "It found that items on the Security Scale did not load consistently on any single factor. Furthermore, challenge did not correlate with other variables that did correlate with hardiness (ie. commitment and control)" (Tartasky, 1993, p. 227).

#### Implications

Personality hardiness may represent only one aspect of stress resistance, however evidence from this hardiness research and many other studies suggest that its potential use for nursing in the areas of health promotion, health maintenance and in disease prevention is important. "In light of the fact that nurses who experience more work related stress report greater burnout (McCranie et al., 1987), nurse executives may find hardiness measures a useful way to screen nurses who might be exposed to high stress in the work environment" (Lambert and Lambert, 1987, p.95). Nurse could be placed in areas that would fit their level of hardiness. The hardy nurse would be able to work in areas of nursing considered more stressful, while the less hardy nurse could be placed in less stressful areas. The appropriate placement of nurses could help to prevent or reduce the

problem of job related burnout. This would benefit everyone involved. The nurse would have less perceptions of unrewarding working conditions and experience less burnout characteristics such as tardiness, absenteeism, physical illness, drug use, and withdrawal from others including clients and other staff. The employer would have decreased cost due to less absenteeism, tardiness, illness, and staff turnover. The patient would benefit from the quality care that would be provided by the physically and psychologically prepared nurses not experiencing burnout.

The fact that less commitment to work is linked with greater burnout in nurses is worth looking into. "Interventions for the enhancement of this attribute may need to attend to commitment in nurses and in the nursing situation" (Topf, 1989, p. 276). Obstacles to commitment in some nurses may be removed if what nurses are taught is a good match between ideology and approach to practice. According to Cheniss and Krantz (1983), the identification of a formal ideology can lessen the equivocality of human service work, provide a rationale for problematic decisions, and develop esteem for carrying out antipathetic tasks.

Rich (1985) reported that nurses who participated in a hardiness learning program were able to become more committed to themselves and their stressful jobs, to gain more control over their lives, and to face unexpected events as a challenge. The result of "learned hardiness" for this group of nurses has been a continued resistance to stress. If

hardiness can be taught, then the less hardy nurse could be taught hardiness and might experience less burnout.

If hardiness can be measured, then the HS could be used as an assessment tool for clients as well as nurses. Specific nursing interventions could be implemented depending on the presence or absence of hardiness. For example, persons low in hardiness may require more educational and motivational resources to cope effectively with chronic illness than the more hardy client. Nurses could assess those more susceptible to illness when experiencing stressful situations and intervene to prevent or decrease the harmful effects of stress and promote health.

In the field of nursing education, personality hardiness could be beneficial for the nurse educator as well as the students. According to Pagana (1990), nursing students low in hardiness may not only show greater current stress, but also may be future candidates for burnout. She goes on to suggest that "nursing students who are hardy might be more committed to adapting to a new clinical experience, might believe they have some influence or control over potential problems, and might be likely to view this clinical experience as an opportunity for challenge, rather than as a threat." (p.256) The success of students might be enhanced if those low in hardiness were helped to develop a greater sense of control and commitment. Also, if less hardy nursing instructors could be instructed to become more hardy, then

they would be positive role models for nursing students and staff nurses.

### Limitations

The study was limited by the small conveniently chosen sample and may not be representative of the entire population. Since all the nurses in this study worked 64 or more hours every two weeks at a nursing position along with their Army Reserve commitment, they may represent a group of nurses who work more than the average full time nurse. The fact that the AR nurses have chosen to work a minimum of one weekend a month and two weeks in the summer to serve their country outside their full time nursing positions may indicate that this sample does not represent the norm.

The nurses may not have answered honestly if they thought it would result in some form of disciplinary action from the Army Commander. However, nurses were assured of anonymity prior to participating in the study. Nurses experiencing personal problems outside of the work environment may have let their personal problems affect their response to some of the questions contained in the questionnaires.

This study did not evaluate the effects of work conditions, experiences, and shift assignments on the perception of stress which could affect the psychological and physical symptoms of a nurse. Other conditioning variables, such as marital status, social support, age, and educational

preparation were not studied, but may in fact have a significant outcome on a nurse's perception of stress.

Another major limitation to this study may have been the inconsistency and complexity of the HS instrument itself. According to Funk and Houston (1987), previous research on hardiness is difficult to summarize because:

First the number of subscales used to measure hardiness has varied across studies. For example, the most frequently used Hardiness Scale is a composite of five scales.... In contrast, two early reports on the concept of hardiness (Kobasa, 1979a, 1979b) used 19 subscales. The previous studies also vary as to whether they use overall hardiness scores in their analyses or scores from separate hardiness subscales (cf. Ganellen & Blaney, 1984; Schmied & Lawler, 1986). A further hindrance to interpreting past hardiness research stems from inconsistencies in the way hardiness subscales have been used from study to study (p. 572).

Since hardiness is measured by negative indicators of control, commitment and challenge, it is thought that the presence of hardiness may indicate maladaptive behavior rather than the presence of stress-resilient qualities (Funk & Houston, 1987; Rhodewalt & Zone, 1989).

### Recommendations

The HS did not provide the best measure for hardiness, which can affect the way that hardiness is conceptualized. Originally hardiness was conceptualized as a constellation of

personality characteristics (Kobasa 1979). Subsequent research has differed by examining the independent effects of commitment, control, and challenge (Kobasa, 1982b; Ganellen & Blaney, 1984). More recent findings suggest that hardiness is a multidimensional construct (Hull et al., 1987; Pollock & Duffy, 1990). Some researchers have suggested hardiness is a two-dimensional construct (Funk & Houston, 1987; Pollock & Duffy, 1990). Others have established that the use of negative indicators to measure hardiness may have produced inaccurate results and confused hardiness with neuroticism or alienation (Funk & Houston, 1987; Allred & Smith, 1989; Rhodewalt & Zone, 1989).

A need to reconceptualize hardiness and empirically test new methods of operationalizing it has been demonstrated by this study and others. Research also needs to be conducted to determine if hardiness is a constellation of two or three characteristics or representative of other variables.

More research on the reliability of the HS needs to be conducted. Findings from a study done by Funk and Houston (1987) suggested that the hardiness measure may require some modification and could be improved by using positive as well as negative indicators of commitment, challenge, and control..

Hardiness may represent only one stress resistance resource, but evidence from research suggests that it has the potential to moderate or buffer stressful events that can lead to burnout or other illness. Further research to

discover how hardiness is developed or enhanced needs to be continued so that nurses have a better understanding of how to intervene with low-hardiness clients and colleagues before they experience the effects of stress.

"Rich and Rich (1987) suggest that hardiness can be taught, and Wolf (1990) provides nurse executives with strategies that may facilitate hardiness and possibly reduce the such effects of work-related stress as burnout and illness" (Lindsey and Hills, 1992, p. 48). Maddi and Kobasa (1984) believe that a person can learn hardiness at any given time in life.

Generalizations made from this study's findings are limited to a small group of AR nurses who met the selection criteria. A larger, more geographically representative sample is warranted. Also more research into the HS is needed in order to develop an instrument that takes into account positive aspects as well as negative. The health promoting potential of hardiness as a protection against burnout and illness in the presence of high degrees of stress is worth further research. There needs to be future research to develop a systematic, theory-based application of hardiness in clinical practice (Bigbee, 1985). This would benefit all facets of the health care delivery system.



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## Appendix A

### Cover Letter

## APPENDIX A

### Cover Letter

March 22, 1994

Dear Nurse Colleague:

Nursing is a demanding profession that exposes its members to many common job stressors. Among those exposed, some defend successfully with minimal effort, while others mount a more valiant defense.

As a master's student in nursing at Grand Valley State University, I am conducting a study to better understand the relationship between job stressors and Army Reserve nurses. Such an understanding of this relationship is essential to provide resources to help manage or alter this distressing problem.

As a fellow Army Reserve nurse, you have been selected to participate in this study. Your participation is strictly voluntary. It is not anticipated that you will be harmed in any way by participating in this study. To insure that your responses are anonymous, do not put your name on the questionnaire. All data will be treated confidentially. All reports and papers will never discuss individual findings and will include only group data.

The questionnaire takes approximately 15 minutes to complete. After completing all questions, please return questionnaires in the prestamped envelope provided. Please return your questionnaires by 3/28/94.

By returning the questionnaire, consent is implied to have the data included in the study. Thank you in advance for your prompt response and participation in this study. If you have any questions, please contact me at the phone number listed below.

Sincerely,

Nancy Marchido RNC, BS  
(616) 874-6154

Appendix B

Follow Up letter

APPENDIX B

Follow Up Letter

March 29, 1994

Dear Nurse Colleague:

Approximately one week ago you received a questionnaire asking for your participation in a research study on job stressors and Army Reserve nurses.

If you have already completed and returned the questionnaire, thank you. If not, I would appreciate your doing so and returning it by date 4/6/94. Please return it in the provided prestamped envelope. It is very important that your responses be included in my study. If you have misplaced it, please call me and I will send you another.

Thank you once again for your cooperation and participation in this research project.

Sincerely,

Nancy Marchido RNC, BS  
Grand Valley State Univ.  
M.S.N. Student  
(616) 874-6154

Appendix C

Demographics Form

## APPENDIX C

### Demographics Form

Please check the appropriate number to the left of each item.  
Choose ONLY ONE response to each question.

#### I. Military Status:

a. Are you an US Army Reserve commissioned officer?

\_\_\_ 1. Yes

\_\_\_ 2. No

#### II. Education Background:

a. What is your highest earned degree?

\_\_\_ 1. Associate Degree in Nursing

\_\_\_ 2. Diploma of Nursing

\_\_\_ 3. Baccalaureate Degree in Nursing

\_\_\_ 4. Masters Degree in Nursing

\_\_\_ 5. Other (please specify) \_\_\_\_\_

#### III. Work Experience:

a. Your primary area of nursing practice:

\_\_\_ 1. Medical/Surgical

\_\_\_ 2. Surgery/Recovery

\_\_\_ 3. OB/Gyn

\_\_\_ 4. Critical Care

\_\_\_ 5. Emergency Room

\_\_\_ 6. Pediatrics

\_\_\_ 7. Other (please specify) \_\_\_\_\_

b. State of Registered Nurse licensure:

- ☐ 1. Michigan
- ☐ 2. Indiana
- ☐ 3. Other (please specify)

c. Length of time worked in present employment area.

- ☐ 1. less than 6 months
- ☐ 2. 6 months - 5 years
- ☐ 3. 6 - 15 years
- ☐ 4. greater than 16 years

d. Employment Status:

- ☐ 1. 64 or more hours per 2 week period
- ☐ 2. less than 64 hours per 2 week period

IV. Personal Data:

a. Your age as of your last birthday:

- ☐ 1. 20-29 years
- ☐ 2. 30-39 years
- ☐ 3. 40-49 years
- ☐ 4. 50 or more years

b. Your gender:

- ☐ 1. Female
- ☐ 2. Male

c. Marital Status:

- ☐ 1. Single
- ☐ 2. Married

d. Race:

- ☐ 1. Caucasoid

- \_\_\_2. Negroid
- \_\_\_3. Mongoloid
- \_\_\_4. Other

V. Health Status:

a. Number of days ill in the past 6 months

- \_\_\_1. 0-1 days
- \_\_\_2. 2-4 days
- \_\_\_3. 5 or more days

Thank you for taking the time to complete this questionnaire.



Appendix D

Personal Views Survey

(Hardiness Scale)

## APPENDIX D

### Personal Views Survey (Hardiness Scale)

Below are some items that you may agree or disagree with. Please indicate how you feel about each one by circling a number from 0 to 3 in the space provided. A zero indicates that you feel the item is not at all true; circling a three means that you feel the item is completely true.

As you will see, many of the items are worded very strongly. This is to help you decide the extent to which you agree or disagree.

Please read all the items care fully. Be sure to answer all on the basis of the way you feel now. Don't spend too much time on any one item.

0 = Not at all true	2 = Quite a bit true
1 = A little true	3 = Completely true

1. I often wake up eager to take up life  
where it left off the day before..... 0 1 2 3
2. I like a lot of variety in my work..... 0 1 2 3
3. Most of the time, my bosses or superiors  
will listen to what I have to say..... 0 1 2 3
4. Planning ahead can help avoid most future  
problems..... 0 1 2 3
5. I usually feel that I can change what  
might happen tomorrow, by what I do  
today..... 0 1 2 3
6. I feel uncomfortable if I have to make any  
changes in my everyday schedule..... 0 1 2 3
7. No matter how hard I try, my efforts will  
accomplish nothing..... 0 1 2 3
8. I find it difficult to imagine getting  
excited about working..... 0 1 2 3

0 = Not at all true	2 = Quite a bit true
1 = A little true	3 = Completely true

9. No matter what you do, the "tried and true" way are always the best..... 0 1 2 3
10. I feel that it's almost impossible to change my spouse's mind about something. 0 1 2 3
11. Most people who work for a living are just manipulated by their bosses..... 0 1 2 3
12. New laws shouldn't be made if they hurt a person's income..... 0 1 2 3
13. When you marry and have children you have lost your freedom of choice..... 0 1 2 3
14. No matter how hard you work, you never really seem to reach your goals..... 0 1 2 3
15. A person whose mind seldom changes can usually be depended on to have reliable judgment..... 0 1 2 3
16. I believe most of what happens in life is just meant to happen..... 0 1 2 3
17. It doesn't matter if you work hard at your job, since only the bosses profit by it anyway..... 0 1 2 3
18. I don't like conversations when others are confused about what they mean to say..... 0 1 2 3
19. Most of the time it just doesn't pay to try too hard, since things never turn out right anyway..... 0 1 2 3
20. The most exciting thing for me is my own fantasies..... 0 1 2 3
21. I won't answer a person's questions until I am very clear as to what he is asking..... 0 1 2 3

0 = Not at all true                      2 = Quite a bit true  
1 = A little true                        3 = Completely true

22. When I make plans I'm certain I can  
make them work..... 0 1 2 3
23. I really look forward to my work..... 0 1 2 3
24. It doesn't bother me to step aside for  
a while from something I'm involved in,  
if I'm asked to do something else..... 0 1 2 3
25. When I am at work performing a difficult  
task I know when I need to ask for  
help..... 0 1 2 3
26. It's exciting for me to learn something  
about myself..... 0 1 2 3
27. I enjoy being with people who are  
predictable..... 0 1 2 3
28. I find it's usually very hard to change  
a friend's mind about something..... 0 1 2 3
29. Thinking of yourself as a free person  
just makes you feel frustrated and  
unhappy..... 0 1 2 3
30. It bothers me when something unexpected  
interrupts my daily routine..... 0 1 2 3
31. When I make a mistake, there's little  
I can do to make things right again..... 0 1 2 3
32. I feel no need to try my best at work,  
since it makes no difference anyway..... 0 1 2 3
33. I respect rules because they guide me... 0 1 2 3
34. One of the best ways to handle most pro-  
blems is just not to think about them... 0 1 2 3
35. I believe that most athletes are just  
born good at sports..... 0 1 2 3

0 = Not at all true                      2 = Quite a bit true  
1 = A little true                        3 = Completely true

36. I don't like things to be uncertain  
or unpredictable..... 0 1 2 3
37. People who do their best should get  
full financial support from society..... 0 1 2 3
38. Most of my life gets wasted doing  
things that don't mean anything..... 0 1 2 3
39. Lots of times I don't really know my  
mind..... 0 1 2 3
40. I have no use for theories that are not  
closely tied to facts..... 0 1 2 3
41. Ordinary work is just too boring to be  
worth doing..... 0 1 2 3
42. When other people get angry at me, it's  
usually for no good reason..... 0 1 2 3
43. Changes in routine bother me..... 0 1 2 3
44. I find it hard to believe people who  
tell me that the work they do is of  
value to society..... 0 1 2 3
45. I feel that if someone tries to hurt me,  
there's usually not much I can do to try  
and stop him..... 0 1 2 3
46. Most days, life just isn't very exciting  
for me..... 0 1 2 3
47. I think people believe in individuality  
only to impress others..... 0 1 2 3
48. When I'm reprimanded at work, it usually  
seems to be unjustified..... 0 1 2 3
49. I want to be sure someone will take care  
of me when I get old..... 0 1 2 3
50. Politicians run our lives..... 0 1 2 3

## Appendix E

### Staff Burnout Scale for Health Professionals

## APPENDIX E

### Staff Burnout Scale for Health Professionals

Note: Dr. Jones does not give permission for a copy of this instrument to be included in the appendix of this thesis. He does allow for a display of representative items as they appear here.

Examples of items included on the Staff Burnout Scale for Health Professionals:

1. I feel fatigued during the workday
2. I experience headaches while on the job
3. I never gossip about other people
4. I frequently get angry and irritated with patients
5. I try to avoid my supervisor(s)
6. I find my work environment depressing

#### Response Options and Score:

<u>Checked Response</u>		<u>Numerical Score</u>
Agree Very Much	=	7
Agree Pretty Much	=	6
Agree A Little	=	5
Disagree A Little	=	3
Disagree Pretty Much	=	2
Disagree Very Much	=	1

Appendix F

Human Subjects Review Committee Approval



APPENDIX F



1 CAMPUS DRIVE • ALLENDALE MICHIGAN 49401-9403 • 616/895-6611

March 21, 1994

Nancy M. Marchido  
5909 Ramsdell Road  
Rockford, MI 49341

Dear Nancy:

Your proposed project entitled "**What is the Relationship between Personality Hardiness and Burnout in Army Reserve Nurses**" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

A black rectangular box redacting the signature of Paul Huizenga.

Paul Huizenga, Chair  
Human Research Review Committee

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