The relationship between socio-demographic variables, job stressors, burnout, and hardy personality in nurses: An exploratory study

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Abstract

**Background:** Nursing is considered as a risk profession with high levels of stress and burnout, and these levels are probably increasing.

**Objectives:** A model of prediction of burnout in nursing that includes socio-demographic variables, job stressors, and personal vulnerability, or resistance, is proposed.

**Design:** A cross-sectional correlational design was used. A sample of 473 nurses and student nurses in practice from three General Hospitals in Madrid (Spain) completed the “Nursing Burnout Scale”. The data were analysed using descriptive statistics, Pearson correlations, and hierarchical multiple regression.

**Results:** The proposed model is a good predictor of the diverse burnout sub-dimensions: emotional exhaustion, depersonalisation, and lack of personal accomplishment. Significant predictors of burnout included age, job status, job stressors (workload, experience with pain and death, conflictive interaction, and role ambiguity), and hardy personality (commitment, control, and challenge).

**Conclusions:** Identifying an integrative process of burnout among nurses is an essential step to develop effective managerial strategies so as to reduce the burnout problem. Specifically, the present study suggests that intervention aimed at reducing the risk for burnout may achieve better results if it includes enhancement of workers’ hardy personality rather than just decreasing environmental stressors.

Keywords: Burnout; Hardy personality; Job stressors; Nurses; Socio-demographic variables

What is already known about the topic?

- Health-care providers, especially nurses, are considered a professional group with high risk of burnout.
- Burnout is a consequence of organisational variables and inter-personal and emotional interactions at work. Socio-demographics variables and personality also play a role in the process of burnout.

What this paper adds

- Some aspects of personality can play a relevant role in the process of burnout; especially, the positive aspects of personality act as protection factors.
The Hardy Personality or “Hardiness” plays a clear and relevant role in decreasing vulnerability to burnout.

The hardy personality sub-dimensions are quite relevant in explaining burnout. Specifically, Control and Commitment are associated with protection from job burnout. Challenge is also negatively associated with the Lack of personal accomplishment.

The prediction of burnout improves by integrating contributing factors: socio-demographic variables, job stressors, and hardy personality as a positive personality characteristic.

1. Introduction

The negative effects of occupational stress on health have been extensively reported (Shirom, 2003; Smith et al., 2002), and all the reports indicate that escalating, profound and rapid changes in organisations are increasingly causing occupational stress to affect the workforce (McGowan, 2001; Shader et al., 2001). Though such effects concern all professions, the professionals of services and health attention seem to be particular victims of this situation.

Among the different health professions, nursing has been considered a profession highly susceptible to stress. Nursing stress is considered a problem that affects the practice worldwide (Bourbonnais et al., 1998; Butterworth et al., 1999). For example, a Swedish study reported that 80% of the nurses had high or very high levels of stress (Peterson et al., 1995). The effect of stress has been considered an important cause of decreasing health and reduction in the level of efficiency of nursing (Kendrick, 2000).

Several major factors of nursing stress have been proposed. In his review of this topic, McVicar (2003), following Stordeur et al. (2001), proposed the following as some of the most important factors: overload, inter-professional conflict, lack of clarity, task ambiguity, and supervision problems. Overload and role ambiguity are frequently highlighted (Sullivan, 1993). Other authors have underlined the increasing complexity of the tasks and the lack of clarity of nursing functions as a source of overload and role ambiguity (Castledine, 1998; Chapman, 1998).

The study of burnout, as one of the forms of chronic stress, has been a recurrent topic (Happell et al., 2003; Kipping, 2000). Burnout has been defined as a specific form of occupational and chronic stress in the professional social services (Maslach and Jackson, 1981). It is the result of emotionally loaded relations between care-givers and the people who are the objects of their attention (Maslach and Schaufeli, 1993).

The extension of burnout in nursing is high and is receiving world-wide attention (Altun, 2002; Brown and Edelman, 2000; Demerouti et al., 2000; Heyns et al., 2003; Whittington and Higgins, 2002). According to two European epidemiological studies, burnout affects approximately 25% of all nurses (Landau, 1992; Saint-Arnaud et al., 1992). Because of this, nursing burnout has become an increasing concern (Happell et al., 2003).

Nursing burnout factors are similar to stress factors. Nevertheless, there are some specific elements. Burnout is caused primarily by organisational factors (Cherniss, 1980; Burisch, 1993; Maslach and Jackson, 1981) and by inter-personal factors proceeding mainly from the emotional demands of the persons being attended (Maslach and Jackson, 1986). This latter factor is one of the more specific burnout factors. Among the organisational factors, role conflict and role ambiguity have been identified as significant in the genesis of burnout (Leiter and Maslach, 1988; Schwab and Iwanicki, 1982). Melchior et al. (1997) considered that role conflict is one of the most important factors in psychiatric nursing burnout. Levert et al. (2000), Maslach (1982), and Maslach and Leiter (1997) considered that, in the professions with intense emotional contact, overload is a clearly relevant factor in the onset of burnout. Supervision is also of great importance in the origin of burnout, particularly in younger nurses (Teasdale et al., 2001). Some studies have specifically reported that burnout is related to the amount of time that nurses spend with their patients (Cronin-Stubbbs and Brophy, 1985), with the intensity of patients’ emotional demands (Lewinson et al., 1981) and with patients’ poor prognosis (Hare et al., 1988). Among the socio-demographic factors, age has been the factor most consistently related to burnout (Maslach et al., 2001).

The effects of stress are not mechanical. In his review of nursing stress, McVicar (2003) suggested that one of the reasons for the great variation of stress among nursing professionals is their diverse configurations of personality and coping. One of the personality aspects considered a protection factor has been “Hardiness” or “Hardy personality”. The construct of Hardy Personality was proposed by Kobasa (1979) as a distinctive and active way of understanding a person’s relation with others, with goals, and with problems (Kobasa-Ouellette and Di Placido, 2001). This model of positive psychology is made up of three variables: commitment, control, and challenge. Individual commitment refers to engagement in life, control is related to the recognition of one’s influence on events, and challenge is orientation to change. According to Kobasa-Ouellette and Di Placido (2001, p. 178), “hardiness is said to lessen the negative effects of stress”. Chiefly, two mechanisms have been proposed to explain the effect of hardiness: a more optimistic perception of events (Alfred and Smith, 1989; Wiebe, 1991) and the use of specific coping strategies.
(Westman, 1990; Williams et al., 1992). According to Ford-Gilboe and Cohen (2000), a hardy person’s transformational way of coping involves either changing the stressful life events themselves or thinking about them optimistically. Another complementary action is the improvement of personal health practices, a consequence of one’s beliefs about one’s own health behaviours.

The model of hardiness has been applied extensively in the field of nursing (Ford-Gilboe and Cohen, 2000; Garrosa, 2006; Moreno-Jiménez et al., 2000a; Pollock, 1986). According to Kobasa-Ouellette and Di Placido (2001), the beneficial effects of the hardy personality on burnout in various types of nursing services are clear. DePew et al. (1999) found that hardiness explained 35% of the variance of burnout in a sample of nurses. In another study with nurses, Rodney (2000) reported the positive influence of hardiness on the coping system by improving secondary appraisal. Positive effects by modifying the perception of stressful events have also been verified in nursing students (Pagana, 1990). Harrisson et al. (2002) have verified the beneficial effects of hardiness on psychological distress in nursing assistants. In a different cultural context, such as China, the importance of hardiness for the success of nursing as a profession has been proposed (Lee et al., 2005) and, more specifically, the same research group confirmed the positive effects on nursing stress and burnout (Hsieh et al., 2004).

The main object of this research is to explore burnout as a function of the different elements of the process of nursing burnout, searching for an integrative model: socio-demographic elements, organisational factors, and a model of positive personality such as Hardiness or Hardy personality. The intended goal is to evaluate the respective contributions of each of these factors to the variance of the classical dimensions of burnout (emotional exhaustion, depersonalisation, and lack of personal accomplishment) by means of hierarchical regression (Fig. 1).

The present study verifies the following hypotheses:

**Hypothesis 1.** Job stressors (workload, experience with pain and death, conflictive interaction, and role ambiguity) are positively related to burnout (in terms of emotional exhaustion, depersonalisation, and lack of personal accomplishment) after socio-demographic variables and hardy personality dimensions have been taken into account.

**Hypothesis 2.** Hardy personality dimensions are negatively related to burnout after socio-demographic variables and job stressors have been taken into account.

**Hypothesis 3.** High levels of hardy personality (high commitment, high control, and high challenge) are associated with less burnout.

**Hypothesis 4.** The inclusion of personality factors in the prediction of burnout increases the amount of variance explained.

2. Method

2.1. Participants

A study of 473 nurses and student nurses from three General Hospitals in Madrid (Spain) completed a
self-report (22.4% of the participants were first-year students, 25.2% second-year, 17.8% third-year students, and 34.7% were professional nurses). All participants had experience in actual nursing in hospitals and interacted with patients. The inclusion criterion was having experience as a nurse in a hospital. A total of 89.6% of the participants were female with a mean age of 27.15 years (SD = 10.44). Most of the participants had a regular partner (61.8%), had no children (79.9%), and the majority (61.5%) spent more than 80% of their working time interacting with patients, attending an average of 15 patients daily. About 58.8% of the nurses taking part in this study worked in the morning or on rotating shifts.

2.2. Procedure

The Academic Direction of Nursing of each hospital authorised the study. The first researcher explained the purpose of the study to the Nursing Directors of the participant hospitals. After obtaining informed consent, the questionnaire was distributed to the potential participants with a cover letter, explaining the purpose of the study and assuring them that their responses were anonymous, voluntary, and confidential (for which purpose, the data was identified with numbers). After the questionnaires were completed, the researcher collected them. A total of 473 professional and student nurses participated in the study. The overall response rate was 59%.

2.3. Measures

2.3.1. Burnout, hardy personality, and job stressors

Burnout, hardy personality, and job stressors were assessed using the Nursing Burnout Scale (NBS; Moreno-Jiménez et al., 2000b). This scale is a specific measure of nursing burnout, with specific antecedents (job stressors), which incorporates a personality variable that current research on job stress and burnout has shown to be a relevant element in the burnout process: Hardy Personality.

The NBS for this investigation comprised 78 items. The Block of Burnout is consistent with the three dimensions (emotional exhaustion, depersonalisation, and personal accomplishment) proposed by Maslach and Jackson (1986), albeit the dimension of personal accomplishment has been replaced with its opposite, that is, lack of personal accomplishment, to facilitate the interpretation of profiles and the calculation of a global burnout index (established from the mean obtained by each nurse in each of three dimensions). In this 24-item scale, Cronbach’s $a$ coefficient was .91.

The Block of Hardy Personality is a 17-item measure of commitment, challenge, and control. The $a$ coefficient was .89 for the general scale.

Furthermore, the NBS also included a specific 37-item scale to measure job stressors (Block of Antecedents), with the following sub-scales:

- **Conflicting interaction**: 9-items measure troubled relations with doctors, patients, and relatives; for example, ‘The doctors talk to me in an authoritarian way’. The $a$ coefficient was .80.
- **Workload**: 14-items evaluate the excess of quantitative and qualitative demands; for example, ‘I have to attend too many patients’. The $a$ coefficient was .86.
- **Experience with pain and death**: 8-items to assess the degree to which nurses are sensitive to the pain of the patients, for instance, ‘It affects me when I apply painful treatments’. The $a$ coefficient was .83.
- **Role ambiguity**: 6-items were used to measure nurses’ perceived clarity of information about the work and organisational role; for example, ‘The orders I receive are vague and ambiguous’. The $a$ coefficient was .81.

Each item was rated on a 4-point Likert-type scale, ranging from 1 (‘totally disagree’) to 4 (‘totally agree’). The NBS has been found to have adequate reliability and validity (Garrosa, 2006; Moreno-Jiménez et al., 2000b).

2.4. Socio-demographic and professional information

Personal details were obtained about sex, age, job status (permanent nurses, temporary nurses, and students), and number of patients attended per day.

3. Data analysis

Descriptive analyses were carried out to examine burnout and the predicting variables. Predicting variables included in the model were the socio-demographic variables, job stressors (workload, experience with pain and death, conflicting interaction, and role ambiguity), and hardy personality (commitment, control, and challenge). Pearson product-moment correlation coefficients were computed to examine the relationship of burnout dimensions with the predicting variables. Hierarchical stepwise multiple regressions were conducted to identify the predictors of each burnout dimension (emotional exhaustion, depersonalisation, and lack of personal accomplishment). In order to determine the effects of the predictors on burnout sub-dimensions, socio-demographic characteristics were entered first, and then job stressors and hardy personality were entered sequentially in the model. The increase in $R^2 (\Delta R^2)$ was computed to determine the relative contributions of each set of
variables. Standardised coefficients (β) were computed to compare the relative importance of each variable in the model. The data were checked for multicollinearity, using tolerance and the variance inflation factor (VIF). VIF-values greater than 10 and tolerance-values smaller than .10 may indicate multicollinearity. There were no signs of multicollinearity in any of the three regression models. All analyses were performed with the SPSS-program (Kleinbaum et al., 1988; SPSS, 1990a, b).

4. Results

Inter-correlations, means, standard deviations, and reliabilities of all variables were calculated to explore associations among different variables. The correlations confirmed the theoretical model. The correlations are presented in Table 1, in which it can be seen that significant positive relationships were found between job stressors and burnout. The correlation between workload and burnout turned out to be moderate (r = .51, p < .01). Negative relationships were found between hardy personality and burnout. The three dimensions of burnout were significantly related to job stressors and hardy personality. Emotional exhaustion was positively related to workload; lack of personal accomplishment was also positively related to conflictive interaction; and depersonalisation was negatively related to experience with pain and death.

There were also significant negative correlations between burnout dimensions and hardy personality dimensions. Specifically, the hardy personality dimension of control had the highest negative correlation with lack of personal accomplishment (r = −.62, p < .01). The correlation between workload and burnout turned out to be moderate (r = .51, p < .01). Negative relationships were found between hardy personality and burnout. The three dimensions of burnout were significantly related to job stressors and hardy personality. Emotional exhaustion was positively related to workload; lack of personal accomplishment was also positively related to conflictive interaction; and depersonalisation was negatively related to experience with pain and death.

Separate hierarchical regression analyses were performed to identify the relative contribution of socio-demographic characteristics (sex, age, job status, number of patients/day), job stressors (workload, experience with pain and death, conflictive interaction, role ambiguity), and hardy personality (commitment, control, and challenge) to each burnout dimension (emotional exhaustion, depersonalisation, and lack of personal accomplishment). Tables 2–4 show the three regression models.

4.1. Predictors of burnout dimensions: emotional exhaustion, depersonalisation, and lack of personal accomplishment

All the variables combined accounted for 53% of the variance in emotional exhaustion (adjusted $R^2 = .52$). Among socio-demographic characteristics, age and job status were significant predictors and accounted for 16% of the variance in emotional exhaustion. Workload, experience with death, and conflictive interaction were significant predictors of emotional exhaustion and accounted for 26% of the variance. Ten percent of the variance of emotional exhaustion was explained by commitment and control. Among all predictors, workload was the most important variable to predict emotional exhaustion (β = .51).

4.2. Emotional exhaustion

A total of 46% of the variance (adjusted $R^2 = .45$) in depersonalisation was explained by the predictor variables (see Table 3). In this model, age and job status were significant predictors, accounting for 14% of the variance.

4.3. Depersonalisation

A total of 46% of the variance (adjusted $R^2 = .45$) in depersonalisation was explained by the predictor variables (see Table 3). In this model, age and job status were significant predictors, accounting for 14% of the variance.

### Table 1

<table>
<thead>
<tr>
<th>Measures</th>
<th>M</th>
<th>SD</th>
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<th>6</th>
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<th>9</th>
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<td>Experience with pain</td>
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<td>.48</td>
<td>(.83)</td>
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<tr>
<td>Conflictive interaction</td>
<td>2.53</td>
<td>.46</td>
<td>.46**</td>
<td>.14**</td>
<td>(.80)</td>
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<tr>
<td>Role ambiguity</td>
<td>2.32</td>
<td>.50</td>
<td>.50**</td>
<td>.02</td>
<td>.40**</td>
<td>(.81)</td>
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<tr>
<td>Burnout</td>
<td>2.02</td>
<td>.43</td>
<td>.51**</td>
<td>-.23**</td>
<td>.37**</td>
<td>.37**</td>
<td>(.91)</td>
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<tr>
<td>Emotional exhaustion</td>
<td>2.29</td>
<td>.57</td>
<td>.53**</td>
<td>-.11**</td>
<td>.37**</td>
<td>.37**</td>
<td>.91**</td>
<td>(.89)</td>
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<td>Depersonalisation</td>
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<td>.28**</td>
<td>-.43**</td>
<td>.15**</td>
<td>.24**</td>
<td>.77**</td>
<td>.52**</td>
<td>(.76)</td>
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<td>Lack of personal</td>
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<td>-.15**</td>
<td>.39**</td>
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<td>.62**</td>
<td>.60**</td>
<td>(.74)</td>
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<td>accomplishment</td>
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<tr>
<td>Hardy personality</td>
<td>3.03</td>
<td>.33</td>
<td>-.16**</td>
<td>.27**</td>
<td>-.062</td>
<td>-.24**</td>
<td>-.54**</td>
<td>-.45**</td>
<td>-.47**</td>
<td>-.50**</td>
<td>(.89)</td>
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<td>Commitment</td>
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<td>.53</td>
<td>-.17**</td>
<td>.25**</td>
<td>-.076</td>
<td>-.25**</td>
<td>-.52**</td>
<td>-.46**</td>
<td>-.44**</td>
<td>-.43**</td>
<td>.80**</td>
<td>(.82)</td>
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<tr>
<td>Control</td>
<td>3.34</td>
<td>.52</td>
<td>-.20**</td>
<td>.12**</td>
<td>-.19**</td>
<td>-.28**</td>
<td>-.57**</td>
<td>-.45**</td>
<td>-.47**</td>
<td>-.62**</td>
<td>.72**</td>
<td>.53**</td>
<td>(.77)</td>
<td></td>
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<tr>
<td>Challenge</td>
<td>3.16</td>
<td>.46</td>
<td>-.048</td>
<td>.22**</td>
<td>.032</td>
<td>-.075</td>
<td>-.37**</td>
<td>-.30**</td>
<td>-.35**</td>
<td>-.36**</td>
<td>.87**</td>
<td>.52**</td>
<td>.51**</td>
<td>(.72)</td>
</tr>
</tbody>
</table>

1–4, job stressors; 5–8, burnout and its dimensions; 9–12, hardy personality and its dimensions. Reliability coefficients (Cronbach’s α) in parentheses along main diagonal. Analyses based on n = 473. *p < .05; ** p < .01.

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Among job stressors, workload, experience with pain and death, and conflictive interaction were significant predictors, accounting for 23% of the variance. And a total of 9% of the variance in depersonalisation was explained by the hardy personality sub-dimensions (commitment and control).

4.4. Lack of personal accomplishment

As shown in Table 4, all the variables combined accounted for 54% of the variance in lack of personal accomplishment (adjusted $R^2 = .53$). Age and job status were significant predictors, accounting for 12% of the variance. Among job stressors, experience with pain and death, conflictive interaction, and role ambiguity were significant predictors of lack of personal accomplishment, accounting for 21% of the variance. Among hardy personality sub-dimensions, control and challenge were significant predictors, accounting for 21% of the variance. Commitment was not significant in explaining this variable.

5. Discussion

The present study is an integrative research of burnout that includes socio-demographic characteristics, job stressors, and hardy personality. Most empirical studies
on burnout have investigated mainly the effects of organisational factors or job stressors (Coffey, 1999; Jamal and Baba, 2000; Ogus, 1992; Sundin et al., 2006; Van Wijk, 1997). Recently, authors have emphasised the effects of personality resources on the burnout process (Bakker et al., 2006; Baramee and Blegen, 2003; Harrisson et al., 2002; Houkes et al., 2003; Schmitz et al., 2000). Nevertheless, the topic is not new and is present from the beginning of the study of burnout (Cherniss, 1980; Freudenberger and Richelson, 1980; Maslach, 1976). As causal factors, emphasis remains on organisational factors, task design, conflictive interaction, and the emotional demands of clients, but the vulnerability process depends on individual factors.

As is shown in the correlation matrix, the correlations between job stressors and burnout syndrome confirm the theoretical model. The scales of hardy personality also maintain the theoretical relations, showing negative correlations with the antecedents and with burnout. These results support those reported in the meta-analysis of Lee and Ashforth (1996) and in the reviews by Schaufeli and Enzmann (1998), Zapf et al. (2001), and Maslach et al. (2001) for general samples.

In the prediction of the burnout sub-dimensions by hierarchical regression, socio-demographic variables were entered in the first step, and only age and job status were significantly related to burnout. Younger nurses reported higher levels of burnout than nurses over 30 or 40 years old. The meta-analysis of Brewer and Shapard (2004) about the effects of age and experience on burnout provides support for this outcome. The diverse professional status was also predictive, so that student nurses had less burnout than professional nurses. Beck (1995), using a qualitative methodology, and Bauer et al. (1993), in the area of stress, found similar outcomes. The different effect of overload and conflict might be one of the possible reasons for these differences. It would be very important to prevent students' burnout, thereby diminishing professional nurses' burnout. Professional nursing burnout may act as a model, the symptoms of which are imitated through a process of emotional contagion (Bakker et al., 2005).

In the three sub-dimensions of burnout, more than 10% of the variance was explained by socio-demographic factors.

The present study identified the main effects of job stressors on burnout, after socio-demographic variables and hardy personality dimensions are taken into account. Job stressors explained at least 20% of the burnout sub-dimensions. Emotional exhaustion was the variable with the highest amount of explained variance: 26%. Usually, stress factors are related to emotional exhaustion (Cherniss, 1980; Lindblom et al., 2006; Maslach and Jackson, 1981; Posig and Kickul, 2003). Workload and conflictive interaction are positively and critically related to emotional exhaustion and depersonalisation, but experience with pain and death is negatively related to both these variables. Recently, Piko (2006) and Posig and Kickul (2003) have also shown the relevance of conflictive interaction on burnout. Lack of personal accomplishment is not related to overload but to other factors that are linked to career development, such as conflictive interaction and role ambiguity.

The dimensions of hardness make diverse contributions to the burnout sub-dimensions. Specifically, hardiness sub-dimensions were significant predictors in all the analyses, but they accounted for a different

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Table 4
Predictors of lack of personal accomplishment: hierarchical multiple regressions

<table>
<thead>
<tr>
<th>Predictor variables</th>
<th>β</th>
<th>p-value</th>
<th>ΔR²</th>
<th>Fch</th>
<th>p-value for Fch</th>
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<td>Step 1</td>
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<td>Sex</td>
<td>-.019</td>
<td>.686</td>
<td>.122</td>
<td>27.741</td>
<td>.000</td>
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<tr>
<td>Age</td>
<td>-.171</td>
<td>.036</td>
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<td>Job status</td>
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<td>.000</td>
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<tr>
<td>No patient/day</td>
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<td>.410</td>
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<tr>
<td>Step 2</td>
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</tr>
<tr>
<td>Workload</td>
<td>.002</td>
<td>.966</td>
<td>.206</td>
<td>38.605</td>
<td>.000</td>
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<tr>
<td>Experience with pain and death</td>
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<td>.000</td>
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<tr>
<td>Conflictive interaction</td>
<td>.349</td>
<td>.000</td>
<td></td>
<td></td>
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<tr>
<td>Role ambiguity</td>
<td>.184</td>
<td>.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
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<tr>
<td>Commitment</td>
<td>-.092</td>
<td>.053</td>
<td>.211</td>
<td>65.244</td>
<td>.000</td>
</tr>
<tr>
<td>Control</td>
<td>-.445</td>
<td>.000</td>
<td></td>
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<tr>
<td>Challenge</td>
<td>-.139</td>
<td>.002</td>
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</table>

R² = .539; adjusted R² = .530.
percentage of the variance in the burnout sub-dimensions. The elements of hardy personality were the best predictors, inversely, of lack of personal accomplishment, explaining 21%, whereas they explained less than 10% of emotional exhaustion and depersonalisation. Most research about hardy personality and burnout has shown that hardy personality decreases burnout, but no evidence has been provided about its relative contribution to the respective sub-dimensions when controlling socio-demographics and job stressors (Kash et al., 2000). Control and commitment were significantly associated with protection from burnout with regard to its sub-dimensions of emotional exhaustion and depersonalisation, in accordance with other findings (DePew et al., 1999; Hsieh et al., 2004; Topf, 1989; Wright et al., 1993). These results can be interpreted in the sense that people with high levels of hardy personality (involvement in daily activities, a sense of control over events, and openness to change) have lower burnout scores.

The present results provide support for the framework that proposes socio-demographic variables, job stressors, and personality factors as significant predictors of burnout. All of them have specific functions in the various aspects of burnout. These results suggest that personality factors can be truly relevant in the explanation of burnout. The positive psychology orientation offers an approach to some aspects of personality, helping to understand the process of burnout from the perspective of personality. Thus, increasing hardy personality in workers may reduce the risk of job burnout by reducing the experience of stress. This, in turn, may lessen the experience of emotional exhaustion and depersonalisation while increasing feelings of personal accomplishment. The interventions intended to reduce the risk for burnout may be more effective if they include enhancing workers’ personality rather than just decreasing environmental stressors. In fact, the hardiness approach has an organisational application. Specifically, the attitudes of commitment, control, and challenge that comprise individual hardiness correspond, at the organisational level, to cooperation, credibility, and creativity (Maddi, 2002; Maddi et al., 1999).

It is important to note several limitations of the present study, and directions for further research. Firstly, this study is limited by its cross-sectional design. Future research should examine the relations of socio-demographic variables, job stressors, burnout, and hardy personality over time in order to address issues of causal relationship. Secondly, our study relied exclusively on self-report measures. Future studies that include some objective measures, such as behavioural indicators and physiological concomitants, are needed. In addition, future research should include other predicting variables (e.g., self-esteem, optimism, emotional competence, and coping), or remove some low-scoring predictor variables.

In conclusion, this study shows the relevance of personality, especially positive personality, in the explanation of burnout and it provides an integration of research on burnout, personality, socio-demographic variables, and job stressors. Our results suggest that, although each of these variables has different functions in the burnout process, every one is relevant, and thus their joint consideration is important to reach a better explanation.

References


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