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REATIONSHIP BETWEEN BURNOUT SYNDROME SYMPTOMS AND
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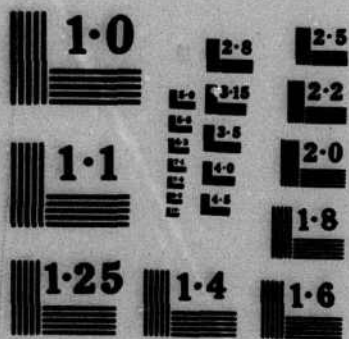
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AD-A158 128

RELATIONSHIP BETWEEN BURNOUT SYNDROME SYMPTOMS
AND SELF-ACTUALIZATION SCORES
IN CRITICAL-CARE NURSES

Pamela L. Smith, B.A., B.S.N.

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A Thesis Presented to the Faculty of the Graduate
School of Saint Louis University in Partial
Fulfillment of the Requirements for
the Degree of Master of
Science in Nursing
(Research)

1985


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REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER AFIT/CI/NR 85-59T	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Relationship Between Burnout Syndrome Symptoms and Self-Actualization Scores in Critical-Care Nurses	5. TYPE OF REPORT & PERIOD COVERED THESIS/D199887K779W	
	6. PERFORMING ORG. REPORT NUMBER	
7. AUTHOR(s) Pamela L. Smith	8. CONTRACT OR GRANT NUMBER(s)	
9. PERFORMING ORGANIZATION NAME AND ADDRESS AFIT STUDENT AT: Saint Louis University	10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS	
11. CONTROLLING OFFICE NAME AND ADDRESS AFIT/NR WPAFB OH 45433	12. REPORT DATE 1985	
	13. NUMBER OF PAGES 85	
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)	15. SECURITY CLASS. (of this report) UNCLASS	
	15a. DECLASSIFICATION/DOWNGRADING SCHEDULE	
16. DISTRIBUTION STATEMENT (of this Report) APPROVED FOR PUBLIC RELEASE; DISTRIBUTION UNLIMITED		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES APPROVED FOR PUBLIC RELEASE: IAW AFR 190-1 <div style="text-align: right;"> <i>Lynn Wolaver</i> LYNN E. WOLAVER Dean for Research and Professional Development AFIT, Wright-Patterson AFB OH </div>		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number)	Accession For	
	NTIS GRA&I <input checked="" type="checkbox"/> DTIC TAB <input type="checkbox"/> Unannounced <input type="checkbox"/> Justification	
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) ATTACHED <div style="text-align: center;">  </div>	By _____	
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DIGEST

A descriptive correlational study was done to determine if a relationship exists between self-actualization scores and burnout syndrome symptoms in critical care nurses. Two hundred and forty-nine critical care staff nurses, who were also members of the American Association of Critical-Care Nurses, received a mailed questionnaire. The data collection instruments were a tool designed to measure burnout syndrome symptoms and a tool designed to measure self-actualization. The self-actualization tool was a measure of two variables, time competence and inner directedness. Objective data obtained from each respondent included age, sex, length of time in nursing, length of time in present position, and highest nursing degree attained.

Data was collected over a three month time period by the principal investigator. Forty-five questionnaires were statistically analyzed. Data analysis by Pearson correlation indicated a negative correlation between burnout syndrome symptoms and time competence, which was statistically significant. A negative correlation was also demonstrated between burnout and

inner directedness, but it was not significant at the .05 level. A series of one-way analysis of variance procedures was done to determine if there were differences by age, length of time in nursing, length of time in present position, or highest nursing degree attained in self-actualization or burnout scores. The associate degree nurses scored significantly higher on time competence, indicating that they were more present oriented than the bachelor degree or diploma nurses. No other statistically significant differences were found.

This study has implications for nursing administrators and educators concerned with the problem of burnout in critical care nurses. Promotion of self-actualization in both the educational and hospital settings could diminish the level of burnout. Organizational change aimed at increasing autonomy and creativity may promote self-actualization.

COMMITTEE IN CHARGE OF CANDIDACY:

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CHAPTER 1

BACKGROUND

Introduction

Burnout has been cited in the literature as a major cause of poor morale, absenteeism, increased turnover, and inadequate nursing care of patients (Cheatham & Stein, 1982; Maloney, 1982; McConnell, 1982; Maslach & Pines, 1978). Numerous articles on burnout are found in the nursing journals; yet, few of these are based on research.

Many definitions of burnout are found in the literature of nursing and other helping professions. Cheatham and Stein (1982) define it as a syndrome characterized by physical, emotional and cognitive symptoms experienced by the worker who is unable to cope effectively with stress resulting from limitations imposed upon his personal and career goals and expectations. A second description was found to be useful; disillusionment, futility, and lack of control over one's professional practice, thus limiting creativity, problem solving, and motivation to seek new experiences and change (Hickey, 1982).

The critical care unit has been viewed as a stressful environment for nurses since its inception. Many studies have been done in this area (Foster, Froehling, & Gentry, 1972; Huckabay & Jagla, 1979; Bailey, Grout, & Steffen, 1981; Maloney, 1982). These studies have documented the existence of stress in critical care units, identified and categorized stressors, and ascertained coping mechanisms utilized by nurses. Studies attempting to determine whether critical care units are indeed more stressful than other nursing units have been inconclusive (Stehle, 1981). A study was done by the American Association of Critical-Care Nurses to establish research priorities for critical care nursing. Ranked second was the need to study measures to prevent or lessen burnout of critical care nurses (Kositasky & Lewandowski, 1983).

Theoretical Framework

The development of a theoretical framework for this study involves the concepts of stress and self-actualization. Hans Selye's theory of stress will be presented first. Second, the theory of self-actualization, according to Maslow, will be discussed.

Stress

The noted investigator of stress, Hans Selye, defined it as "the nonspecific response of the body to any demand made upon it," (1974, p. 14). Demands were either physical or emotional. The intensity of the demand was important. He further postulated a General Adaptation Syndrome, a reaction to stress composed of three stages. The initial stage was that of alarm reaction. The second stage was called the stage of resistance in which the body adapts to the stressor. The third stage is that of exhaustion - this occurs after longterm exposure to a stressor, to which the body is no longer able to adapt. This stage can be viewed as comparable to burnout. Selye further believed that one's lifestyle could minimize the harmful effects of stress.

Self-actualization

Maslow (1970), in his book Motivation and Personality, described a healthy personality type, the self-actualized person. Some of the characteristics of this personality type were a more efficient perception of reality and ability to deal with it;

acceptance of self, others, and nature; spontaneity; and problem centering. This person also had a quality of detachment, a need for privacy, and an independence of culture and environment. He was autonomous and had a continued freshness of appreciation. Self-actualizers had deep and profound interpersonal relations and a democratic character structure. They were creative and able to transcend any particular culture. Prerequisite to self-actualization is the satisfaction of one's more basic needs. The description by Maslow of the self-actualized individual is the antithesis of the individual with burnout syndrome.

In summary of the theoretical constructs reviewed, everyone is faced with stress. The effect of stress on the individual is determined by his perception of the stressor and his ability to use positive coping mechanisms. The concept of self-actualization describes a personality type that would seem to be more resilient in facing stress.

Review of the Literature

The review of the literature will concentrate on four main areas. The first section will deal with stress, particularly the way that it is experienced

by critical care nurses, and their identified coping mechanisms. The second area will be a review of studies related to the burnout syndrome. Third, a few studies dealing with characteristics of the critical care nurse will be reviewed. Finally, studies analyzing self-actualization in nurses and nursing students will be examined.

Stress and coping

One of the earliest empirical studies in the stress and coping area (Foster, Froehling, & Gentry, 1972) attempted to assess the psychologic and emotional response to stress of ICU nurses, as opposed to that of non-ICU nurses. They found that ICU nurses reported significantly more depression and hostility than non-ICU nurses. They found no difference in basic personality patterns that would explain this; thus, they surmised that the difference in psychologic response was due to situational stress.

Huckabay and Jagla (1979) examined the origins of stress in the intensive care unit as perceived by the nurses. The physical workload, patient death, and communication problems with physicians and nursing administrators were considered most stressful. These

authors used two theories for coping with stress in interpreting the data; these were the theory of locus of control and the theory of stress and knowledge of stressors. In light of the first theory, those stressors over which the nurse had the least control were found to be perceived as most stressful. Those stressors about which the nurse had adequate knowledge were viewed as being less stressful. These findings were reaffirmed in a separate study done by Anderson and Basteyns in a different part of the country (1981).

Cronin-Stubbs and Velsor-Friedrich (1981) surveyed 65 nurses from diverse areas in reference to sources, methods of coping, and responses to professional and personal stress. The most common professional stressors cited were interpersonal relationships, work overload and overwhelming responsibilities, high expectations for self and others, aspects of the work itself, sense of time urgency and deadlines, and poor self-esteem. Those most satisfied with their jobs stated that recognition, achievement, autonomy, authority, and flexibility contributed greatly to their satisfaction. The coping mechanisms identified were interpreted as either adaptive or maladaptive. Those viewed as

adaptive were interpersonal relationships, exercising, taking vacations, prayer, relaxation and thinking positively. Smoking, eating, sleeping, exploding and ignoring the stressful situation were viewed as being maladaptive. Another notable finding was that in coping with stress, these nurses most often attempted to change something within or about themselves rather than trying to change or alter the stressor.

In a survey of satisfiers and stressors in the intensive care unit, the sources of greatest satisfaction were found to be patient care, knowledge and skills, and interpersonal relationships. Little emphasis was put on administrative rewards. The sources of greatest stress were management of the unit, interpersonal relationships, and patient care. This survey was of 1,238 intensive care nurses in 74 hospitals (Bailey, Grout, & Steffen, 1981). Brower and Lester (1981) reported job dissatisfaction among a group of 26 pediatric intensive care nurses. They appeared to be most dissatisfied with their pay and their supervisors. They were not found to have Type A behavior patterns.

Maloney (1982) compared intensive care and non-intensive care nurses on the basis of job stress and its consequences. He found that nonintensive care nurses scored significantly higher than intensive care nurses on state and trait anxiety, somatic complaints, and personal-family problems. There was no notable difference between the groups on job satisfaction or boredom. These results were contrary to what was expected based on the literature. This study was conducted in a military hospital using 90% military nurses.

The previous study led Maloney to propose that perhaps intensive care nurses had personality characteristics making them more tolerant of stress. Another study was done (Bartz & Maloney, 1983) comparing intensive care nurses to nonintensive care nurses. The variables commitment versus alienation, external versus internal control, and degree of challenge versus security sought were examined. The results indicated a degree of stress tolerance within both groups of nurses; there was no verification that either group was more stress tolerant than the other. The intensive care nurses were significantly more

alienated and externally controlled than the non-intensive care nurses; yet, the intensive care nurses significantly sought challenge more actively. This study was also conducted in a military hospital, this time using only military nurses.

The following four studies focus on methods used for coping with stress. In a study of 79 intensive care nurses, Oskins (1979) looked at situational stressors and coping methods. The situational stressors identified most frequently were very similar to those cited in previous studies described in this literature review. The coping methods most frequently used were the following: talking it out with others, taking definite actions based on present understanding, drawing on past experiences, and becoming anxious. The first three methods were interpreted as direct-action methods; they could also be described as long-term coping mechanisms.

Albrecht (1982) studied the reactions nurses had to stress and the coping strategies used to alleviate the stress. He found there to be functional and dysfunctional patterns of coping. Nurses employing the dysfunctional strategies were perceived as trying

to flee from the stressors by overeating, partying, talking with spouse or roommates, withdrawing from others, and thinking about changing jobs. The nurses with the more functional coping styles demonstrated commitment to their roles as nurses and to the unit. They participated in outside activities, and they utilized emotional release strategies. The more functional coping styles were negatively related to high levels of burnout. The sample of the study was 101 RNs and LPNs on five hospital units in one facility. Intensive care nurses were included in the sample, but there was no indication of any differences between them and the other nurses studied. The statistical analysis for this study was not included.

In a study of 24 Neonatal Intensive Care Unit (NICU) staff nurses (Gribbins & Marshall, 1982), stressors and coping strategies were viewed as changing over time as a function of experience in the unit. In the orientation period (first two months), the nurses were primarily concerned with their own competence, dealing with families, and handling deaths. Their main coping mechanism was to talk with people outside of the NICU. The second level of experience

(two months to one year) found stressors to be related to patients, nursing conditions, and relations with physicians. They began using peer support and meetings with a psychotherapist and neonatologist as new coping strategies. During the third level of experience (one to three years), these nurses began to be aware of a need for further professional growth and change. They felt the positive rewards were inadequate. They also began developing their own personal coping strategies. After being employed in the NICU for three years, these nurses were perceived as being able to cope effectively with their environment utilizing their previously developed coping mechanisms. Statistical analysis of the differences was not included. These authors hypothesized from their data that burnout begins after one year of employment in the NICU.

A similar study was done of 60 NICU nurses (Jacobson, 1983). In this one, the coping strategies were categorized as cognitive processing, using personal skills in the situation, and escape. Using personal skills was found to be used most in highly stressful situations.

Pines (1980) reported on the concept of psychological hardiness or stress tolerance. A group of people with certain attitudes toward life have been identified as being more resistant to stress than the general population. The attitudes described are an openness to change, a feeling of involvement in what they are doing, and a sense of control over their lives. These people score highest on challenge (viewing change as a challenge rather than as a threat), commitment (the opposite of alienation), and control (the opposite of powerlessness). These characteristics are similar to Maslow's self-actualized individual.

Burnout

Maslach and Pines (1978) conducted a survey to determine characteristics of burnout and ways of coping with it in mental health settings. They found that ". . . the longer staff had worked in the mental health field, the less they liked working with patients, the less successful they felt with them, and the less humanistic were their attitudes toward mental illness," (p. 233). A sense of control, a sense of success, and close patient relationships were found to be correlated with job satisfaction, positive attitude, and

self-confidence. Techniques used in an attempt to combat burnout were detached concern, intellectualization, compartmentalization, withdrawal, and reliance on other staff members. All correlations reported were statistically significant.

Freudenberger (1980) considered burnout to be a phenomenon of exhaustion, physical, mental, and emotional, accompanied by a loss of meaning in one's life. Most susceptible to burnout are the high-achievers. Those in the helping professions, because of high ideals and expectations often met with disappointment and frustration, are excellent candidates for burnout. This relates to critical care nursing in that these nurses are often considered to be the high-achievers; like other nurses they have high hopes for favorable outcomes in their patients; yet, this group of patients often does not have a favorable outcome. In burnout there is a discrepancy between one's aspirations and reality.

Some of the symptoms of burnout as described by Freudenberger were the following: a markedly decreased level of energy, detachment, cynicism, irritability, disorientation, psychosomatic complaints, despondency,

depression, and the denial of one's feelings. Freudenberger believed that burnout is reversible. He described "false cures" and "real cures". These were comparable to the positive and negative coping mechanisms cited in the literature on stress. Burnout was conceptualized by Freudenberger as something more than just an extreme response to longterm stress, he also related it to one's personality traits and behavior patterns. Some of the "false cures" he described are drugs, alcohol abuse, overeating, gambling, and excessive work; another "false cure" was other directedness, as opposed to inner-directedness. Not living in the present, but being either past or future oriented or both was also considered a "false cure". At the basis of the "real cures" were closeness and inner-directedness. Freudenberger recommended self-awareness, early recognition of burnout symptoms, acknowledgement of feelings, assertiveness, and self-acceptance as positive ways of preventing or counteracting burnout. He further believed that one must create a balance between one's work self and one's personal self.

Mytych (1981) studied burnout in emergency department nurses. She found that burnout was significantly negatively correlated with satisfaction with work done, promotion opportunities, and satisfaction with supervision. There was no correlation between pay and burnout or between co-worker relationships and burnout.

Group consultation was used as a means to prevent burnout (Ange & Maloney, 1982) on two stressful pediatric units. The authors describe a 50% decrease in annual dropout rate as the result of this intervention.

Cheatham and Stein (1982) looked at the coping abilities of a group of 28 medical and surgical staff nurses in a government hospital. They found there to be a significant, positive correlation between a nurse's degree of self-actualization and the absence of burnout symptoms. There was no correlation found between age, years of nursing experience, and education and the experience of burnout symptoms or self-actualization scores. Being a small study, it was not generalizable, but the use of a theoretical framework

made it valuable for prediction and interpretation. Replication and extension were needed.

In a study using a sample of forty-five Master's-level social workers (Caron, Corcoran, and Simcoe, 1983), burnout was demonstrated to correlate significantly with low self-esteem and an external locus of control.

In a study by Armstrong, Drew, Duxbury, and Henly (1984), these researchers studied the effects of head nurse leadership style on staff nurse burnout and job satisfaction. The two components of leadership style studied were "consideration" and "initiating structure". The sample consisted of 283 nurses in 14 neonatal intensive care units throughout the United States. In the data analysis, a negative correlation was found between job satisfaction and burnout. Head nurse consideration was significantly related to staff nurse satisfaction. A statistically significant negative correlation was also found between head nurse consideration and staff nurse burnout. Initiating structure was not independently related to satisfaction or burnout.

Harris (1984) looked at burnout in middle managers - head nurses and supervisors - in both

general and critical care areas. Her sample size was 71. The results indicate that middle managers do, indeed, experience burnout symptoms comparable to those reported in other studies. There was no significant difference demonstrated in the level of burnout between general and critical care managers. The data did indicate a significantly higher level of burnout for head nurses than for supervisors. A convenience sample, rather than a random sample, was used; consequently, this study has limited generalizability.

Characteristics of the critical-care nurse

Data from one study comparing special care unit nurses with regular hospital nurses (Benner & Kramer, 1972) indicate that dropouts from both groups have significantly higher professional role scores and lower bureaucratic scale scores. This indicated that this group of nurses had difficulty reconciling the difference between the way that they perceived the nursing role and the opportunity to actually practice it in this way. There were no differences found between special care unit nurses and regular nurses in the areas of professional role conception or bureaucratic role conceptions. The special care unit

nurses did demonstrate a significantly higher integrative role behavior score, indicating that they were able to resolve conflicts between their professional and bureaucratic roles. The dropout rate was higher for special care unit nurses than for regular nurses in this study. Brennan and Folk-Lighty (1979) attempted to determine the role perceptions of a group of 201 intensive care nurses in 11 hospitals. The results indicated that the nurses perceived their role to be important, but not professional. These results were statistically significant.

No significant differences were found between ICU and non-ICU nurses in the areas of satisfaction related to pay, promotion, supervision and co-workers, or in autonomy, internality versus externality in locus of control, and turnover (Alexander, Chase, Dear, & Weisman, 1982). ICU nurses were more highly satisfied with work. Autonomy and a sense of internal control were closely associated with job satisfaction.

Self-Actualization

A group of sophomore nursing students was compared with a group of freshmen nursing students on the basis of self-actualization as measured by the Personal

Orientation Inventory (Gunter, 1969). The sophomores were found to measure significantly higher than the freshmen except on the scales for time competence, self-actualizing values, self-regard, and the constructive nature of man. Kramer, McDonnell, and Reed (1972) found that self-actualization did not correlate with role conception and adaptation of a group of 195 baccalaureate degree nurses. Sobol (1978) found self-actualization to be a factor in the perception of events as stressful in a group of 144 senior nursing students in four baccalaureate schools.

Kramer and Lewandowski (1980) found that new graduates choosing to work in special care units initially scored significantly higher on self-actualization than did medical-surgical new graduates. These same nurses, after nine months of employment, demonstrated the least increase in self-actualization scores. The medical-surgical new graduates, who started out scoring lowest on self-actualization, by the end of nine months of employment had caught up with the special care nurses. The special care unit nurses also had the most decrease in professional role conception scores, least amount of empathy with

co-workers, and least amount of effective change-agent activity. This was a posthoc descriptive study contaminated to some degree by its parent study dealing with a bicultural orientation program. Nevertheless, the study indicates that there are some negative effects of special care unit employment on new nursing graduates.

Summary of literature review

Intensive care unit stressors have been identified and categorized; coping mechanisms have been examined. Using different terminology, several studies grouped coping behaviors into positive and negative types. One study found that those utilizing the greatest number of positive coping mechanisms had the least amount of burnout; those using more negative coping strategies had higher levels of burnout. The positive coping styles were the more autonomous responses; they appeared to be more internally controlled. These coping styles reflected mature interpersonal relationships and problem solving abilities. The research done comparing intensive care nurses to non-intensive care nurses yielded confusing results, but seemed to indicate that neither group was more stress tolerant than the other. One

study indicated that there may be a time factor involved in the development of burnout. As is apparent from this literature review, the empirical study of burnout is still very new. Negative correlations with burnout have been found between job satisfaction, promotion opportunities, satisfactory supervision, and self-actualization. One study indicated that nursing education promotes self-actualization at least to some extent. Self-actualization appears to be related to the perception of events as stressful. The last study reviewed looked at the effects of the intensive care unit on new graduates and found that it limited their ability to self-actualize.

Statement of Problem

When a nurse develops burnout the quality of care delivered to patients is drastically reduced. Often, this nurse will change jobs and sometimes will leave the nursing profession altogether. In this era of diminished funds, burnout is an added burden to the individual nurse and to nursing administration. The problem of burnout is acute in the critical care unit where a high degree of skill is necessary and stress is ever present.

The purpose of this study was to investigate whether or not self-actualization scores were related to burnout syndrome symptoms in critical care nurses. Stress is ever present to some degree in the critical care unit; individual nurses will respond differently to the stress. Therefore, those nurses with the highest scores on self-actualization should report lower levels of burnout syndrome symptoms. This could be viewed as stress-tolerance.

Statement of Research Hypothesis

There is a negative relationship between self-actualization scores of critical care unit nurses and burnout syndrome symptoms.

Additional Research Questions

1. Is there a difference by age of critical care unit nurses in experiencing burnout syndrome symptoms?
2. Is there a difference by age of critical care unit nurses in self-actualization scores?
3. Is there a difference by years of nursing experience in experiencing burnout syndrome symptoms?
4. Is there a difference by years of nursing experience in self-actualization scores?
5. Is there a difference by length of time in

present position in burnout syndrome symptoms?

6. Is there a difference by length of time in present position in self-actualization scores?

7. Is there a difference by level of nursing education achieved in burnout syndrome symptoms?

8. Is there a difference by level of nursing education achieved in self-actualization scores?

CHAPTER II

METHODOLOGY

Research Approach

This descriptive correlational study sought to determine if a relationship existed between burnout syndrome symptoms and self-actualization in a group of critical care staff nurses by mailed questionnaire. The variables examined, in addition to self-actualization and burnout syndrome symptoms were age of the nurse, years of nursing experience, length of time in present position and highest nursing degree held.

Operational Definitions

Burnout syndrome. This was measured by a score on a tool designed by Cheatham and Stein (1982) titled Burnout Syndrome Symptom Tool.

Self-actualization. A measure obtained from two scores on a tool designed by Everett Shostrum (1974) called the Personal Orientation Inventory. The two scores were time competence and inner directedness. They measure self-actualization characteristics.

Critical care nurse. A registered nurse who was currently employed as a staff nurse in a critical care unit at the time of the study, i.e., pediatric intensive

care unit. For purposes of this study, this group of nurses were also members of the American Association of Critical-Care Nurses (AACN).

Sample

The target population of this study was men and women who have the basic licensure of the registered nurse and were currently employed in a critical care unit as a staff nurse. Nurses employed in the emergency room, recovery room, or operating room - sometimes considered critical care areas - were not sampled. The sample was drawn from nurses of all ages, educational backgrounds, and levels of experience. These nurses were members of AACN, the professional organization for this group. This can be considered a limitation of the study, since not all critical care nurses are members of this organization and this may affect the study's generalizability. The percentage of critical care nurses who belong to this organization is unknown, but the total membership was approximately 49,000 at the time of the study. Of these, 22,108 members identified themselves as staff nurses. This did, however, provide the largest available nationwide list of critical care nurses.

Sampling Plan

The sampling plan was simple random sampling. The sampling frame was a list of AACN members currently employed as staff nurses in critical care units. This list could not be released by AACN, but after approval of the study by their Research Committee, they performed the random sampling by computer. The questionnaires were then mailed by their mailing service. A copy of the letter sent to the AACN Research Committee is found in Appendix A. The total for the critical care nurses was $n=249$.

Instrumentation

Data was collected using two previously designed tools and a short questionnaire designed to elicit objective data about each respondent. The first instrument, the Burnout Syndrome Symptom Tool, was designed by Cheatham and Stein (1982) for use in their study. The second instrument was the Personal Orientation Inventory developed as a measurement of self-actualization.

The Burnout Syndrome Symptom Tool was developed after reviewing research and pertinent theoretical frameworks. The tool was reviewed by three experts

in the area of burnout syndrome; these three unanimously agreed that its content was valid. Reliability was established using the test-retest method; the tool was administered to four intensive care staff nurses at two week intervals. The percent of agreement for statements marked during both the test and retest session was 76% for one nurse, 84% for two nurses and 92% for another nurse (Cheatham & Stein, 1982). The internal consistency reliability of the Burnout Syndrome Symptom Tool was assessed by this researcher on the entire study of n=45 by Cronbach's Alpha. The reliability was found to be $r=.75$, which was considered to be satisfactory.

The tool used a Likert type scale to measure 38 positive and negative statements referring to either physical, emotional, or cognitive burnout symptoms and associated coping behaviors. Each category of response was assigned a value from 1 to 5. Five was assigned to the response most indicative of burnout syndrome; while, one was assigned to the response most unlike burnout syndrome. Possible scores range from 38 to 190. High scores indicate use of more negative coping strategies to deal with stressors often linked to burnout. Low

scores indicate use of positive coping mechanisms.

The Personal Orientation Inventory (POI) was also used in the Cheatham and Stein study, as well as several other studies cited in the literature review. Everett Shostrom (1974) developed this instrument to measure values and behavior considered important in the development of the self-actualizing person. The POI is composed of 150 two-choice comparative value and behavior judgements. Two basic scales of personal orientation, inner directed support and time competence, provide an overall measure of self-actualization; these were used in this study.

This instrument, the Personal Orientation Inventory, has been used extensively since the 1960's in empirical research. It has been demonstrated to significantly discriminate between clinically judged self-actualized and non self-actualized subjects on 92% of the twelve scales. Further research has continued to validate that this tool does indeed measure self-actualization. Reliability of the Personal Orientation Inventory was determined by the test-retest method and was found to be .71 for the

Time Competence scale and .77 for the Inner Directedness scale.

Completion time for these tools was 30 to 45 minutes. This may have been a limitation of the study if the respondents were unwilling to spend this amount of time answering the questionnaire. The two instruments may be found in Appendices B and C.

Data Collection

Data was collected using a mailed questionnaire. A cover letter accompanied the questionnaire. It explained the purpose of the study and included the nine elements of consent. Answering and returning the questionnaire served as their consent for participation in the study. The cover letter is found in Appendix D. An addressed, stamped envelope was enclosed with the questionnaire to facilitate return of the questionnaire. An addressed postcard was also included to be returned separately to AACN's mailing service when the questionnaire was returned.

Anonymity was maintained. The questionnaire was mailed to randomly selected critical care nurse members of the American Association of Critical-Care Nurses throughout the United States. Initial mailing

was done by AACN mailing service. After three weeks, a follow-up questionnaire and new cover letter was mailed to the non-respondents; again, this was done by AACN's mailing service. This was the final step. The researcher was unaware of the identity of the respondents; the questionnaires were returned directly to the researcher. The enclosed postcard was returned to AACN's mailing service.

CHAPTER III

ANALYSIS OF DATA

This chapter is divided into four sections:

(a) a description of the study sample; (b) a description of the study subjects; (c) the relationship between the three psychological constructs of burnout, time competence, and inner-directedness; and (d) the relationship between selected subject characteristics and the three psychological constructs.

Description of Study Sample

A total of 51 critical care nurses participated in the study. Six questionnaires had to be discarded. One was only partially completed. Two respondents were employed in emergency rooms and one in a cardiac catheterization lab. One respondent was unemployed, and one was a flight nurse. This made a total of 45 questionnaires which were used for the data analysis. Five nurses worked in pediatric intensive care units. Six worked in surgical intensive care units. One nurse worked in a neurological intensive care unit. Three were employed in medical intensive care units. Seven of the nurses worked in coronary care units. Twenty-three nurses worked in general intensive care

units or various combinations of specialties. This resulted in an 18 percent return of the 249 questionnaires which were mailed to critical care staff nurses throughout the United States.

Description of Study Subjects

Demographic data were collected for each of the 45 subjects. Of these, 46.7 percent were between the ages of 20 and 29. The next largest group was between the ages of 30 and 39 (44.4 percent). Four participants were 40 or older. There were only two male participants. There were no participants with less than a year of experience in nursing; but 66.7 percent had from one to ten years of experience. Of the subjects, 28.9 percent had from 11 to 20 years of nursing experience. Two participants had been in nursing for more than 20 years. Six of the subjects (13.3 percent) had held their present positions for less than one year. The greatest percentage, 55.6 percent, had been in their positions from one to three years; while 31.1 percent had held their current position for longer than three years. Of the study subjects, the highest nursing degree held for ten of them was the diploma and for 12 of them was an associate degree. The greatest

percentage, 51 percent, held Bachelor of Science in Nursing (BSN) or higher degree. Of these, two held master's degrees and two were currently enrolled in graduate programs.

Relationship Between Burnout and Self-Actualization Scores

In order to examine the research hypothesis stated in Chapter I, Pearson correlations were computed between each of the self-actualization measures and the scores on the burnout tool. It was found that the correlation between time competence and burnout was $r=0.38$ which was significant beyond the .01 level. The correlation between inner directedness and burnout was $r=-0.24$ which was not found to be statistically significant at the .05 level.

Relationship Between Selected Subject Characteristics and Performance on Self-Actualization and Burnout Instruments

Relationship Between Age and Performance on the Self-Actualization and Burnout Instruments

A series of one-way analysis of variance procedures was carried out to compare the three age groups on their performance on the three scales (Burnout, Time

Competence, and Inner Directedness). The results are reported in Table 1. From Table 1 it is noted that the three age groups did not differ significantly at the .05 level on any of the three dependent variables. Although not statistically significant, two trends are reflected in the data. With an increase in age, there is a decrease in the level of inner directedness. There is also a decrease in the level of burnout that corresponds with increased age.

Relationship Between Years of Experience in Nursing
and Performance on Self-Actualization and Burnout
Instruments

A series of one-way analysis of variance procedures was carried out to compare the three levels of experience on their performance on the three scales. These results are reported in Table 2. From this Table, it is noted that the levels of experience did not differ significantly at the .05 level on any of the three dependent variables. There is a slight increase in the level of burnout corresponding with increased number of years in nursing.

TABLE 1
 RELATIONSHIP OF AGE TO TIME COMPETENCE,
 INNER DIRECTEDNESS, AND BURNOUT

	<u>Age Group</u>			<u>F-Statistic</u>
	<u>20-29 years</u>	<u>30-40 years</u>	<u>40+ years</u>	
	<u>n=21</u>	<u>n=20</u>	<u>n=4</u>	<u>df=(2,42)</u>
	<u>Mean</u>	<u>Mean</u>	<u>Mean</u>	
Time Competence	16.90	16.85	17.50	0.08 (ns)
Inner Directedness	85.00	82.35	78.00	0.69 (ns)
Burnout	88.95	84.55	82.00	0.73 (ns)

ns (not significant at .05 level)

TABLE 2
 RELATIONSHIP OF LENGTH OF NURSING EXPERIENCE TO
 TIME COMPETENCE, INNER DIRECTEDNESS, AND BURNOUT

	<u>Length of Nursing Experience</u>			<u>F-Statistic</u>
	<u>1-10 years</u>	<u>11-20 years</u>	<u>20+ years</u>	
	<u>n=30</u>	<u>n=13</u>	<u>n=2</u>	<u>df=(2.42)</u>
<u>Variable</u>	<u>Mean</u>	<u>Mean</u>	<u>Mean</u>	
Time Competence	16.73	17.38	17.00	0.21 (ns)
Inner Directedness	83.13	85.23	71.00	0.32 (ns)
Burnout	86.17	86.69	87.50	0.01 (ns)

ns (not significant at .05 level)

Relationship Between Time in Present Position and
Performance on the Self-Actualization and Burnout
Instruments

To compare the three groups in terms of time in present position on their performance on the Burnout, Time Competence, and Inner Directedness scales, a series of one-way analysis of variance procedures was carried out. The results of these are reported in Table 3. Table 3 indicates that there was no significant difference at the .05 level on any of the three dependent variables. From Table 3 one can see that the level of time competence, although not significant, becomes lower with longer time in present position. Also, the level of burnout becomes lower with lengthened time in present position.

Relationship Between Highest Nursing Degree Held
and Performance on Burnout and Self-Actualization
Instruments

A series of one-way analysis of variance procedures was again performed to compare the three educational levels on their performance on the three scales. The results are reported in Table 4. From Table 4, it is noted that the educational levels of diploma and BSN

TABLE 3

RELATIONSHIP OF LENGTH OF TIME IN PRESENT POSITION
TO TIME COMPETENCE, INNER DIRECTEDNESS, AND BURNOUT

<u>Variable</u>	<u>Time in Present Position</u>			<u>F-Statistic</u> <u>df - (2.42)</u>
	<u>less than 1 year</u> <u>n=6</u>	<u>1-3 years</u> <u>n=25</u>	<u>3+ years</u> <u>n=14</u>	
	<u>Mean</u>	<u>Mean</u>	<u>Mean</u>	
Time Competence	17.33	17.04	16.57	0.17 (ns)
Inner Directedness	82.33	84.72	80.86	0.50 (ns)
Burnout	94.50	87.24	81.36	2.11 (ns)

ns (not significant at .05 level)

TABLE 4
 RELATIONSHIP OF HIGHEST NURSING DEGREE HELD TO TIME
 COMPETENCE, INNER DIRECTEDNESS, AND BURNOUT

<u>Variable</u>	<u>Highest Nursing Degree Held</u>			<u>F-Statistic</u> <u>df=(2,42)</u>
	<u>Diploma</u> <u>n=10</u> <u>Mean</u>	<u>Associate Degree</u> <u>n=12</u> <u>Mean</u>	<u>Bachelor Degree</u> <u>n=23</u> <u>Mean</u>	
Time Competence	15.30	18.24	16.87	3.41*
Inner Directedness	78.00	88.50	82.69	2.41 (ns)
Burnout	90.60	83.17	86.22	0.79 (ns)

* (p less than .05)
 ns (not significant at .05 level)

or higher degree did not differ significantly at the .05 level on any of the three dependent variables. The associate degree level did score higher on the Time Competence scale only. This was a significant difference at the .05 level. Although not significant differences, the diploma nurses scored lowest on the two measures of self-actualization and highest on burnout. The associate degree nurses scored highest on self-actualization measures and lowest on burnout.

CHAPTER IV

DISCUSSION OF THE FINDINGS

This study assessed the relationship between burnout syndrome and self-actualization scores of critical care staff nurses. For purposes of measurement, self-actualization was divided into two components, time competence and inner directedness. As was hypothesized, both of these components negatively correlated with burnout syndrome symptoms; although, the correlation between burnout and inner directedness was not significant at the .05 level.

With one exception, there was no statistically significant difference found by age, years of nursing experience, length of time in present position, or level of nursing education achieved in the burnout scores or the self-actualization scores. The exception was that the associate degree nurses scored higher on time competence than the others, indicating that they were more present oriented. While not significant, there were some trends noted in the data. Burnout decreased with age and time in present position, but increased with length of nursing experience. Time competence decreased with time in

present position. These findings are contradictory and no explanation is readily available. Age and time do not appear to be very good predictors of burnout or self-actualization. The associate degree nurses in addition to scoring significantly higher on time competence, also scored highest on inner directedness and lowest on burnout. This is an interesting finding and raises the question of what factors in their education made them more self-actualized and resistant to burnout. In contrast, the diploma nurses scored lowest of the three groups on time competence and inner directedness and highest on burnout. Possibly if a larger sample were available these results might be significant.

The results of this study compare favorably with those obtained by Cheatham and Stein (1982). The only differences were that their correlation between burnout and inner directedness was statistically significant, and they found no difference by degree held in time competence.

Limitations

The ability to generalize from this study is severely limited by the very poor response rate

despite a second mailing of the questionnaire. This may be attributable to the length of time required to complete the questionnaire (thirty to forty-five minutes) or to the impersonal nature of a mailed questionnaire. One respondent noted on her questionnaire that both instruments were quite tedious. Because only members of the American Association of Critical-Care Nurses participated in this study, generalization would be limited to this group.

Implications

Caren, Corcoran, and Simcoe (1983) describe three components of burnout - organizational, interpersonal, and intrapersonal variables. This particular study is an exploration of the intrapersonal component. The data indicate that a negative relationship exists between self-actualization and burnout. Self-actualization can be considered an intrapersonal variable. This information can then be related back to the organizational and interpersonal components.

Burnout is sometimes considered to be a problem of the individual nurse. In reality, it can also be viewed as an organizational or environmental problem. As the hypothesis that a relationship exists between

burnout and self-actualization was supported, this can begin to lay the groundwork for developing and testing interventions to prevent or counteract burnout. In the current literature, many solutions and suggestions exist, very few of these have been tested. Most of them are not derived from any particular theoretical framework.

Emphasis in nursing education to promote self-actualization in students should be continued and reinforced. It is here that values, such as autonomy, self-awareness, and creativity could best be inculcated. The needs of the nurse for self-actualization during the transition from school to the work environment should be considered and promoted.

Nursing administration could use this information in planning organizational change. Actions aimed at promoting personal growth, providing support, and encouraging autonomy could serve to promote self-actualization and thus decrease burnout. The head nurse probably is in a key position to promote self-actualization and alleviate burnout. A leadership style comprised of open, caring communication and knowledge of adaptive versus maladaptive coping

methods would seem to achieve this goal. Support for independent decision making and problem solving, as well as promotion of positive self-esteem would be important components of this leadership style. The head nurse is the administrative person closest to the staff nurse and would seem to have the greatest impact.

Lastly, the individual nurse facing the possibility of burnout could profit from this information. It could give direction to an individual's personal growth. Recommendations for the individual would include self-awareness, recognition of burnout symptoms, assertiveness and commitment to problem solving.

By increasing self-actualization and hopefully decreasing the level of burnout, one would hope to improve the quality of nursing care provided and the satisfaction of the individual nurse. Because of the nature of the work, it would be difficult to alleviate most of the stress of a critical care unit. What could be modified perhaps is the individual nurse's response to the stress. This can be viewed as a responsibility of the individual nurse, the

educational system, and nursing administration.

Recommendations For Further Study

Replication of this study is essential to validate that the proposed relationship does indeed exist. Means to ensure an acceptable response rate would have to be found. Research to determine the relationship between the organizational, interpersonal, and intrapersonal components of burnout would be useful in further defining the syndrome. Testing of proposed solutions or antidotes to the burnout problem needs to be done. Other possible areas of study are the impact of nursing education changes, nursing inservice offerings, and organizational change aimed at promoting self-actualization, thus possibly reducing burnout. A study of the effect of leadership style on self-actualization and burnout would provide valuable information.

APPENDIX A

Letter to the American Association
of Critical-Care Nurses

Pamela L. Smith

87 Wilshire Drive

Fairview Hts., IL 62208

Susan Shipley Christoph, RN, MSN, CCRN

Chairperson, Research Committee

American Association of Critical-Care Nurses

Dear Ms. Christoph:

I am a cardiovascular nursing graduate student at St. Louis University. For my Master's Thesis I'm doing a study titled "Relationship Between Burnout Syndrome Symptoms and Self-actualization Scores in Critical-Care Nurses." This idea is well supported by the literature.

I am requesting to use 250 randomly selected names of AACN staff nurse members. I understand your policy of not releasing these names. The reason that I wish to use AACN members as my sample is that this is the largest available list of critical-care nurses and would provide the most generalizable results. Related studies have been done in single

hospitals and geographic regions, which limits their ability to generalize from the data.

I am enclosing an abstract, each of the two tools to be used, and a copy of the cover letter to be enclosed with each questionnaire. A copy of the Institutional Review Board's approval will be forwarded when available.

The first tool measures burnout syndrome symptoms. It was reviewed by three experts in the area of burnout syndrome; these three unanimously agreed that its content was valid. Reliability was established using the test-retest method; the tool was administered to four intensive care staff nurses at two week intervals. One nurse had 76% agreement for statements marked during both tests, two nurses had 84% agreement, and one had 92% agreement.

The second tool is the Personal Orientation Inventory developed by Everett Shostrum to measure self-actualization. It has been used and tested extensively since the 1960's. It has been demonstrated to significantly discriminate between clinically judged self-actualized and non self-actualized subjects on 92% of the twelve scales. Reliability of the POI

was determined by the test-retest method and was found to be .71 for the Time Competence scale and .77 for the Inner Directedness scale.

The relationship between burnout syndrome and each of two self-actualization subscores will be assessed using a Pearson correlation coefficient. In addition, the scores on these three dependent measures will be compared across the respective levels of the following independent variables: a. age of the nurse, b. years of nursing experience, c. highest level of nursing education achieved, and d. length of time in present position. In order to carry out this portion of the analysis, a one-way analysis, of variance will be run for each dependent measure paired with an independent variable. All tests will be carried out at the .05 level of significance.

The subject of burnout is certainly pertinent to critical-care nurses; they are identified in the literature as being highly susceptible to this syndrome. Ranked second in ACCN's survey of research priorities was "In light of the nursing shortage, especially in critical care nursing, what measures can be taken to prevent or lessen burnout among

critical care nurses?" (Heart & Lung, January, 1983).

This study hopefully will provide a foundation from which to derive these measures.

The study is relevant to AACN's goals in that it is concerned with the growth and development of the critical-care nurse and the alleviation of burnout.

Thank you very much for considering my request for the use of AACN members as my subjects. I will be awaiting your reply.

Sincerely,

Pamela L. Smith, RN, BSN

Graduate Student

APPENDIX B

Burnout Syndrome Symptom Tool

Age: _____ Sex: Male _____ Female _____

Years of experience in nursing _____

Length of time in present position _____

Highest nursing degree held:

diploma _____ ADN _____ BSN _____ Masters _____

Present position: _____

Type unit: _____

Directions: Read each statement carefully. Check the column, strongly agree, tend to agree, uncertain, tend to disagree or strongly disagree for each of the statements as appropriate.

	Strongly Agree	Tend to Agree	Uncertain	Tend to Disagree	Strongly Disagree
1. I rarely awaken from sleep unable to go back to sleep.					
2. I frequently have headaches.					
3. Sometimes I am unable to come to work when I have a headache.					
4. I often feel neck and shoulder muscle tightness.					
5. I rarely catch a cold.					

	Strongly Agree	Tend to Agree	Uncertain	Tend to Disagree	Strongly Disagree
6. I have often missed work because of a cold.					
7. I often feel the need to take medication that gives me more energy.					
8. I am usually able to complete a day's work without feeling too tired.					
9. I rarely come to work feeling rested.					
10. I often take medication to calm my nerves.					
11. I only drink at social occasions.					
12. I rarely feel the need for a drink after work.					
13. Of all the duties I am assigned to complete, giving direct care to the patients is the most satisfying to me.					
14. I rarely spend as much time with the patients as I'd like to.					
15. I conform to hospital policies regardless of the needs of the patients.					
16. I frequently feel annoyed at the requests made by the patients.					
17. I rarely avoid the patients rooms who annoy me					
18. I often lose my temper with patient who annoy me.					
19. I frequently go to other staff members for advice when patients annoy me.					

	Strongly Agree	Tend to Agree	Uncertain	Tend to Disagree	Strongly Disagree
20. I often work 1 to 2 hours past my tour of duty to complete paperwork for my tour each week.					
21. I usually feel that I am doing a good job as a nurse.					
22. I usually feel that it is useless to suggest changes in routines on my ward.					
23. Most of the patients I care for seem to be beyond help and hope.					
24. I often feel that equipment used to care for the patients is more exciting to work with than are the patients.					
25. I usually join other staff members on my ward in joking about the problems of the patients.					
26. I usually come to work but I don't like my job.					
27. I often feel that nursing has not fulfilled my need to help others.					
28. I rarely think about my job when I am not on duty.					
29. I feel that in terms of job satisfaction I could do better elsewhere.					

	Strongly Agree	Tend to Agree	Uncertain	Tend to Disagree	Strongly Disagree
30. My Head Nurse is supportive to me when I have problems.					
31. My Coordinator is supportive of me when I have problems.					
32. I am satisfied with the patient to staff ratio on my ward.					
33. The staff on my ward work well together.					
34. The patients receive adequate care on my ward.					
35. I have someone to whom I can discuss my feelings about my job away from the job setting.					
36. I rarely feel that I am unable to handle most situations that I am faced with on the job.					
37. I enjoy my role as a Nurse at this institution.					
38. I would rather work here than most places I can think of.					
Questionnaire developed by Julia Cheatham, RN, MSN, 1981					

APPENDIC C

Personal Orientation Inventory (POI)

Everett L. Shostrom, Ph.D.

Directions:

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to you.

You are to mark your answers on the answer sheet you have. If the first statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "a". If the second statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "b". If neither statement applies to you, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give YOUR Own opinion of yourself and do not leave any blank spaces if you can avoid it.

In marking your answers on the answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change.

Remember, try to make some answer to every statement.

Do not put your name, your sex, your age, your age, and the other information called for in the space provided on the answer sheet.

1. a. I am bound by the principle of fairness.
b. I am not absolutely bound by the principle of fairness.
2. a. When a friend does me a favor, I feel that I must return it.
b. When a friend does me a favor, I do not feel that I must return it.
3. a. I feel I must always tell the truth.
b. I do not always tell the truth.
4. a. No matter how hard I try, my feelings are often hurt.
b. If I manage the situation right, I can avoid being hurt.
5. a. I feel that I must strive for perfection in everything that I undertake.
b. I do not feel that I must strive for perfection in everything that I undertake.

6. a. I often make my decisions spontaneously.
b. I seldom make my decisions spontaneously.
7. a. I am afraid to be myself.
b. I am not afraid to be myself.
8. a. I feel obligated when a stranger does me a favor.
b. I do not feel obligated when a stranger does me a favor.
9. a. I feel that I have a right to expect others to do what I want of them.
b. I do not feel that I have a right to expect others to do what I want of them.
10. a. I live by values which are in agreement with others.
b. I live by values which are primarily based on my own feelings.
11. a. I am concerned with self-improvement at all times.
b. I am not concerned with self-improvement at all times.
12. a. I feel guilty when I am selfish.
b. I don't feel guilty when I am selfish.

13. a. I have no objection to getting angry.
b. Anger is something I try to avoid.
14. a. For me, anything is possible if I believe in myself.
b. I have a lot of natural limitations even though I believe in myself.
15. a. I put others' interests before my own.
b. I do not put others' interests before my own.
16. a. I sometimes feel embarrassed by compliments.
b. I am not embarrassed by compliments.
17. a. I believe it is important to accept others as they are.
b. I believe it is important to understand why others are as they are.
18. a. I can put off until tomorrow what I ought to do today.
b. I don't put off until tomorrow what I ought to do today.
19. a. I can give without requiring the other person to appreciate what I give.
b. I have a right to expect the other person to appreciate what I give.

20. a. My moral values are dictated by society.
b. My moral values are self-determined.
21. a. I do what others expect of me.
b. I feel free to not do what others expect of me.
22. a. I accept my weaknesses.
b. I don't accept my weaknesses.
23. a. In order to grow emotionally, it is necessary to know why I act as I do.
b. In order to grow emotionally, it is not necessary to know why I act as I do.
24. a. Sometimes I am cross when I am not feeling well.
b. I am hardly ever cross.
25. a. It is necessary that others approve of what I do.
b. It is not always necessary that others approve of what I do.
26. a. I am afraid of making mistakes.
b. I am not afraid of making mistakes.
27. a. I trust the decisions I make spontaneously.
b. I do not trust the decisions I make spontaneously.

28. a. My feelings of self-worth depend on how much I accomplish.
- b. My feelings of self-worth do not depend on how much I accomplish.
29. a. I fear failure.
- b. I don't fear failure.
30. a. My moral values are determined, for the most part, by the thoughts, feelings and decisions of others.
- b. My moral values are not determined, for the most part, by the thoughts, feelings and decisions of others.
31. a. It is possible to live life in terms of what I want to do.
- b. It is not possible to live life in terms of what I want to do.
32. a. I can cope with the ups and downs of life.
- b. I cannot cope with the ups and downs of life.
33. a. I believe in saying what I feel in dealing with others.
- b. I do not believe in saying what I feel in dealing with others.

34. a. Children should realize that they do not have the same rights and privileges as adults.
- b. It is not important to make an issue of rights and privileges.
35. a. I can "stick my neck out" in my relations with others.
- b. I avoid "sticking my neck out" in my relations with others.
36. a. I believe the pursuit of self-interest is opposed to interest in others.
- b. I believe the pursuit of self-interest is not opposed to interest in others.
37. a. I find that I have rejected many of the moral values I was taught.
- b. I have not rejected any of the moral values I was taught.
38. a. I live in terms of my wants, likes, dislikes and values.
- b. I do not live in terms of my wants, likes, dislikes and values.
39. a. I trust my ability to size up a situation.
- b. I do not trust my ability to size up a situation.

40. a. I believe I have an innate capacity to cope with life.
- b. I do not believe I have an innate capacity to cope with life.
41. a. I must justify my actions in the pursuit of my own interests.
- b. I need not justify my actions in the pursuit of my own interests.
42. a. I am bothered by fears of being inadequate.
- b. I am not bothered by fears of being inadequate.
43. a. I believe that man is essentially good and can be trusted.
- b. I believe that man is essentially evil and cannot be trusted.
44. a. I live by the rules and standards of society.
- b. I do not always need to live by the rules and standards of society.
45. a. I am bound by my duties and obligations to others.
- b. I am not bound by my duties and obligations to others.
46. a. Reasons are needed to justify my feelings.
- b. Reasons are not needed to justify my feelings.

47. a. There are times when just being silent is the best way I can express my feelings.
- b. I find it difficult to express my feelings by just being silent.
48. a. I often feel it necessary to defend my past actions.
- b. I do not feel it necessary to defend my past actions.
49. a. I like everyone I know.
- b. I do not like everyone I know.
50. a. Criticism threatens my self-esteem.
- b. Criticism does not threaten my self-esteem.
51. a. I believe that knowledge of what is right makes people act right.
- b. I do not believe that knowledge of what is right necessarily makes people act right.
52. a. I am afraid to be angry at those I love.
- b. I feel free to be angry at those I love.
53. a. My basic responsibility is to be aware of my own needs.
- b. My basic responsibility is to be aware of others' needs.
54. a. Impressing others is most important.

- b. Expressing myself is most important.
55. a. To feel right, I need always to please others.
- b. I can feel right without always having to please others.
56. a. I will risk a friendship in order to say or do what I believe is right.
- b. I will not risk a friendship just to say or do what is right.
57. a. I feel bound to keep the promises I make.
- b. I do not always feel bound to keep the promises I make.
58. a. I must avoid sorrow at all costs.
- b. It is not necessary for me to avoid sorrow.
59. a. I strive always to predict what will happen in the future.
- b. I do not feel it necessary always to predict what will happen in the future.
60. a. It is important that others accept my point of view.
- b. It is not necessary for others to accept my point of view.
61. a. I only feel free to express warm feelings to my friends.

- b. I feel free to express both warm and hostile feelings to my friends.
62. a. There are many times when it is more important to express feelings than to carefully evaluate the situation.
- b. There are very few times when it is more important to express feelings than to carefully evaluate the situation.
63. a. I welcome criticism as an opportunity for growth.
- b. I do not welcome criticism as an opportunity for growth.
64. a. Appearances are all-important.
- b. Appearances are not terribly important.
65. a. I hardly ever gossip.
- b. I gossip a little at times.
66. a. I feel free to reveal my weaknesses among friends.
- b. I do not feel free to reveal my weaknesses among friends.
67. a. I should always assume responsibility for other people's feelings.

- b. I need not always assume responsibility for other people's feelings.
68. a. I feel free to be myself and bear the consequences.
- b. I do not feel free to be myself and bear the consequences.
69. a. I already know all I need to know about my feelings.
- b. As life goes on, I continue to know more and more about my feelings.
70. a. I hesitate to show my weaknesses among strangers.
- b. I do not hesitate to show my weaknesses among strangers.
71. a. I will continue to grow only by setting my sights on a high-level, socially approved goal.
- b. I will continue to grow best by being myself.
72. a. I accept inconsistencies within myself.
- b. I cannot accept inconsistencies within myself.
73. a. Man is naturally cooperative.
- b. Man is naturally antagonistic.
74. a. I don't mind laughing at a dirty joke.
- b. I hardly ever laugh at a dirty joke.

75. a. Happiness is a by-product in human relationships.
- b. Happiness is an end in human relationships.
76. a. I only feel free to show friendly feelings to strangers.
- b. I feel free to show both friendly and unfriendly feelings to strangers.
77. a. I try to be sincere but I sometimes fail.
- b. I try to be sincere and I am sincere.
78. a. Self-interest is natural.
- b. Self-interest is unnatural.
79. a. A neutral party can measure a happy relationship by observation.
- b. A neutral party cannot measure a happy relationship by observation.
80. a. For me, work and play are the same.
- b. For me, work and play are opposites.
81. a. Two people will get along best if each concentrates on pleasing the other.
- b. Two people can get along best if each person feels free to express himself.
82. a. I have feelings of resentment about things that are past.

- b. I do not have feelings of resentment about things that are past.
83. a. I like only masculine men and feminine women.
- b. I like men and women who show masculinity as well as femininity.
84. a. I actively attempt to avoid embarrassment whenever I can.
- b. I do not actively attempt to avoid embarrassment.
85. a. I blame my parents for a lot of my troubles.
- b. I do not blame my parents for my troubles.
86. a. I feel that a person should be silly only at the right time and place.
- b. I can be silly when I feel like it.
87. a. People should always repent their wrongdoings.
- b. People need not always repent their wrongdoings.
88. a. I worry about the future.
- b. I do not worry about the future.
89. a. Kindness and ruthlessness must be opposites.
- b. Kindness and ruthlessness need not be opposites.
90. a. I prefer to save good things for future use.
- b. I prefer to use good things now.
91. a. People should always control their anger.

- b. People should express honestly-felt anger.
92. a. The truly spiritual man is sometimes sensual.
- b. The truly spiritual man is never sensual.
93. a. I am able to express my feelings even when they sometimes result in undesirable consequences.
- b. I am unable to express my feelings if they are likely to result in undesirable consequences.
94. a. I am often ashamed of some of the emotions that I feel bubbling up within me.
- b. I do not feel ashamed of my emotions.
95. a. I have had mysterious or ecstatic experiences.
- b. I have never had mysterious or ecstatic experiences.
96. a. I am orthodoxly religious.
- b. I am not orthodoxly religious.
97. a. I am completely free of guilt.
- b. I am not free of guilt.
98. a. I have a problem in fusing sex and love.
- b. I have no problem in fusing sex and love.
99. a. I enjoy detachment and privacy.
- b. I do not enjoy detachment and privacy.

100. a. I feel dedicated to my work.
b. I do not feel dedicated to my work.
101. a. I can express affection regardless of whether it is returned.
b. I cannot express affection unless I am sure it will be returned.
102. a. Living for the future is as important as living for the moment.
b. Only living for the moment is important.
103. a. It is better to be yourself.
b. It is better to be popular.
104. a. Wishing and imagining can be bad.
b. Wishing and imagining are always good.
105. a. I spend more time preparing to live.
b. I spend more time actually living.
106. a. I am loved because I give love.
b. I am loved because I am lovable.
107. a. When I really love myself, everybody will love me.
b. When I really love myself, there will still be those who won't love me.
108. a. I can let other people control me.
b. I can let other people control me if I am

sure they will not continue to control me.

109. a. As they are, people sometimes annoy me.
b. As they are, people do not annoy me.
110. a. Living for the future gives my life its primary meaning.
b. Only when living for the future ties into living for the present does my life have meaning.
111. a. I follow diligently the motto, "Don't waste your time."
b. I do not feel bound by the motto, "Don't waste your time."
112. a. What I have been in the past dictates the kind of person I will be.
b. What I have been in the past does not necessarily dictate the kind of person I will be.
113. a. It is important to me how I live in the here and now.
b. It is of little importance to me how I live in the here and now.
114. a. I have had an experience where life seemed just perfect.

- b. I have never had an experience where life seemed just perfect.
115. a. Evil is the result of frustration in trying to be good.
- b. Evil is an intrinsic part of human nature which fights good.
116. a. A person can completely change his essential nature.
- b. A person can never change his essential nature.
117. a. I am afraid to be tender.
- b. I am not afraid to be tender.
118. a. I am assertive and affirming.
- b. I am not assertive and affirming.
119. a. Women should be trusting and yielding.
- b. Women should not be trusting and yielding.
120. a. I see myself as others see me.
- b. I do not see myself as others see me.
121. a. It is a good idea to think about your greatest potential.
- b. A person who thinks about his greatest potential gets conceited.
122. a. Men should be assertive and affirming.

- b. Men should not be assertive and affirming.
123. a. I am able to risk being myself.
- b. I am not able to risk being myself.
124. a. I feel the need to be doing something significant all of the time.
- b. I do not feel the need to be doing something significant all of the time.
125. a. I suffer from memories.
- b. I do not suffer from memories.
126. a. Men and women must be both yielding and assertive.
- b. Men and women must not be both yielding and assertive.
127. a. I like to participate actively in intense discussions.
- b. I do not like to participate actively in intense discussions.
128. a. I am self-sufficient.
- b. I am not self-sufficient.
129. a. I like to withdraw from others for extended periods of time.
- b. I do not like to withdraw from others for extended periods of time.

130. a. I always play fair.
b. Sometimes I cheat a little.
131. a. Sometimes I feel so angry I want to destroy
or hurt others.
b. I never feel so angry that I want to destroy
or hurt others.
132. a. I feel certain and secure in my relationships
with others.
b. I feel uncertain and insecure in my relation-
ships with others.
133. a. I like to withdraw temporarily from others.
b. I do not like to withdraw temporarily from
others.
134. a. I can accept my mistakes.
b. I cannot accept my mistakes.
135. a. I find some people who are stupid and
uninteresting.
b. I never find any people who are stupid and
uninteresting.
136. a. I regret my past.
b. I do not regret my past.
137. a. Being myself is helpful to others.
b. Just being myself is not helpful to others.

138. a. I have had moments of intense happiness when I felt like I was experiencing a kind of ecstasy or bliss.
- b. I have not had moments of intense happiness when I felt like I was experiencing a kind of bliss.
139. a. People have an instinct for evil.
- b. People do not have an instinct for evil.
140. a. For me, the future usually seems hopeful.
- b. For me, the future often seems hopeless.
141. a. People are both good and evil.
- b. People are not both good and evil.
142. a. My past is a stepping stone for the future.
- b. My past is a handicap to my future.
143. a. "Killing Time" is a problem for me.
- b. "Killing Time" is not a problem for me.
144. a. For me, past, present and future is in meaningful continuity.
- b. For me, the present is an island, unrelated to the past and future.
145. a. My hope for the future depends on having friends.

- b. My hope for the future does not depend on having friends.
146. a. I can like people without having to approve of them.
- b. I cannot like people unless I also approve of them.
147. a. People are basically good.
- b. People are not basically good.
148. a. Honesty is always the best policy.
- b. There are times when honesty is not the best policy.
149. a. I can feel comfortable with less than a perfect performance.
- b. I feel uncomfortable with anything less than a perfect performance.
150. a. I can overcome any obstacles as long as I believe in myself.
- b. I cannot overcome every obstacle even if I believe in myself.

APPENDIX D

Cover Letter

Dear Fellow AACN Member:

Have you or are you now experiencing burnout syndrome. According to the nursing literature this is a frequent occurrence among critical care nurses.

My name is Pam Smith and I am a graduate student in nursing at St. Louis University. I am requesting your participation in a study of burnout syndrome in critical care nurses. This study is being conducted as part of my thesis research, which is a partial requirement for a Master's degree in nursing. Approximately 250 critical-care staff nurse members of AACN throughout the United States are participating in this study.

The purpose of the study is to determine if a relationship exists between certain personality characteristics and the development of burnout syndrome.

I am asking you to participate by completing this two part questionnaire and returning it in the addressed, stamped envelope. Return of the questionnaire will be considered your consent to participate. A decision not to participate will in

no way affect your status in AACN or in your employing hospital.

There are no foreseeable risks associated with participation in this study. Participation is completely voluntary and all survey responses will be anonymous. There will be no way to connect your answers with you personally. All responses will be evaluated collectively and reported in group form.

The enclosed postcard is to be returned to AACN when you have mailed in your questionnaire. AACN is assisting me by conducting the random sampling and mailing; they are in no other way involved in this study. The postcard will inform them of those who have responded. However, I will not know who filled out the questionnaire. In order to assure an adequate survey response, a follow-up letter and questionnaire will be sent by AACN to the non-respondents. Please feel free to contact me at my home address if you have any questions regarding this questionnaire.

While there is no immediate benefit to you by participating in this study, long range benefits may include appropriate means for prevention and

alleviation of burnout syndrome in critical care nurses. The area of burnout among critical-care nurses is of concern to me, as it is to nursing administrators, nursing educators, and individual nurses. I hope to develop a foundation from which to derive interventions to prevent or counteract burnout.

If the response to the questionnaire is large enough, I will submit the results for publication in a professional journal concerned with critical care nursing.

The above points express the purpose of this study and the potential benefits to the nursing profession. If you are willing to participate, please complete the questionnaire and return it and the postcard (mail separately) by _____, 1984.

In the event that you believe that you have suffered any injury as a result of participation in this research project, please contact the Chairman of the Saint Louis University Institutional Review Board (314-664-9800, Extension 106), who will be able to refer you to the individual who will review the matter with you, identify other resources that may

be available to you, and provide further information as to how to proceed.

These elements of Informed Consent conform to the assurance given by St. Louis University to the Department of Health and Human Services to protect the rights of human subjects.

Thank you for your valuable time.

Sincerely,

Pamela Smith

87 Wilshire Drive

Fairview Hts., Illinois 62208

APPENDIX E

Follow-up Cover Letter

Dear Fellow Critical Care Nurse:

If you have not yet returned the questionnaire on burnout syndrome mailed to you several weeks ago, I would greatly appreciate your returning it. Your response is very important in this study. For your convenience, I'm enclosing another questionnaire. If you have already returned yours, thank you so much for your time. All findings will be anonymous.

Sincerely,

Pamela L. Smith, R.N., B.S.N.

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VITA AUCTORIS

Pamela Lion Smith was born in St. Johns, Newfoundland, Canada on February 15, 1952. She received a Bachelor of Arts degree at Trinity University in San Antonio, Texas in 1974. A Bachelor of Science degree in Nursing was earned at the University of Texas in San Antonio in 1976.

The author has been a member of the United States Air Force Nurse Corps since 1977. She was stationed at Shaw Air Force Base, South Carolina from 1977 until 1980. She held staff nurse positions in the newborn nursery and the intensive care unit. She was also the head nurse in the pediatric clinic. In 1980, she was assigned to Scott Air Force Base, Illinois. Here, she was first a staff nurse in the intensive care unit, then a head nurse in the primary care clinic, and finally head nurse in the emergency room.

The author left Scott Air Force Base in 1983 to continue her education at St. Louis University where she is a candidate for the degree of Master of Science in Nursing (Research).

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uninteresting.

136. a. I regret my past.

b. I do not regret my past.

137. a. Being myself is helpful to others.

b. Just being myself is not helpful to others.