

Conscientiousness, Neuroticism and Burnout among Healthcare Employees

Dr. Syed Mohammad Azeem

Assistant Professor, Department of Management Sciences, Yanbu University College
Saudi Arabia

E-mail address: syed.azeem@yuc.edu.sa

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Abstract

This study examines the relationship among conscientiousness, neuroticism and burnout in healthcare staff of private hospitals. Moreover, the study also examines the influence of conscientiousness and neuroticism on burnout of the respondents. 120 respondents were contacted in 8 private hospitals for data collection but only 90 of them completed the survey. Maslach's burnout inventory (MBI) and Big-Five Inventory were used as measuring instruments. Results reveal that conscientiousness was negatively and significantly related to dimensions of burnout. Neuroticism was found to be positively and significantly related to dimensions of burnout. Multiple regression analysis was used to see which among the independent variable predicts burnout in the sample. Results show that conscientiousness significantly predicts all the dimensions of burnout and neuroticism significantly predicts only emotional exhaustion and reduced personal accomplishment dimensions of burnout.

Key Words: conscientiousness, neuroticism, and burnout

1.0 Introduction

For the last two decades, healthcare industry in India expended drastically. This expansion is taken place mostly in the private sector. Many big and small hospitals are established in almost every big and small city which opened the employment opportunities for the professionals in large numbers but at the same time could not meet the demand of number of hospitals required to provide better services to the people at large. Big number of patients is seen in every hospital from morning till late evenings with variety of ailments. These patients belong to different economic strata and demographic background. This poses a challenge for healthcare staff to deal with patients and meet their expectation at the same time. Every day healthcare staff confronts stark suffering, grief, and death as few other people do. Many tasks are routine and unrewarding. Many are, by normal standards, distasteful, even disgusting, others are often degrading, and some are simply frightening. Considering the fact that the job of healthcare workers is quite challenging and stressful, they are more prone to be burned out.

Burnout is conceptualized as a psychological syndrome which occurs in response to interpersonal stressors in the work environment (Maslach et al., 2001). It is an individual level phenomenon and can be viewed as a negative emotional experience which is a chronic, ongoing affective response. Burnout is a combination of physical fatigue, emotional exhaustion and cognitive weariness. It is this consideration of the depletion of the individual's energetic resources that makes burnout unique (Shirom, 1989). Pines and Aronson (1988) state that "burnout is formally defined and subjectively experienced as a state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding." They identify the symptoms as including physical depletion, feelings of helplessness, disillusionment, negative self-concepts and negative attitudes towards work and life itself.

Initially the concept and understanding of burnout was restricted to individuals who worked in people-orientated human service roles but it has been extended to other occupations with expansion of research in different other profession. (Maslach et al., 2001). Later researches have suggested that individuals working in any kind of occupation may be at risk from burnout (Maslach, 2003). Demerouti et al. (2001) conducted a research on employees from 21 different jobs in three occupational fields provide empirical evidence that burnout is not restricted to only human services professionals.

Burnout is related to important negative outcomes for individuals and organizations as well. Findings of research in the field of burnout have found that it is related to reduced employee organizational commitment (Hakanen et al., 2006), lower productivity and performance (Maslach et al., 2001), reduced engagement (Hakanen et al., 2006), employee ill-health (Hakanen et al., 2006; Schaufeli & Bakker, 2004), increased absenteeism and depression (Neveu, 2007) and increased turnover intentions (Schaufeli & Bakker, 2004).

Those who are burned out can also negatively affect their colleagues through increased personal conflict and disruption of the tasks assigned to them (Maslach et al., 2001). Maslach (1982) characterized burnout as being composed of three components of emotional exhaustion, depersonalization and reduced personal accomplishment. This is the definition adopted in this study. Each of the three components is described more fully below.

1.1 Emotional Exhaustion

It is a chronic state of emotional and physical depletion and is characterized by feelings of being overextended and exhausted by the emotional demands of work. Emotional exhaustion is defined by Moore (2000: 336) as "the depletion of emotional and mental energy needed to meet job demands." It has emerged as the central variable for understanding the burnout process (Cordes & Dougherty, 1993; Cropanzano, Rupp & Byrne, 2003).

1.2 Depersonalization

Depersonalization is a measure of the individual's interpersonal context and represents a negative or detached response by the individual (Maslach & Schaufeli, 1993). Emotional exhaustion and depersonalization are generally considered to be the core dimensions of burnout (Demerouti et al., 2001). Depersonalization is characterized by withdrawal and mental distancing from recipients (Demerouti et al., 2001) and development of an indifferent or cynical attitude (Maslach & Schaufeli, 1993). Individuals who are high in depersonalization are likely to engage in long breaks and extended conversations with co-workers, and may use derogatory language and jargon (Cordes & Dougherty, 1993).

1.3 Reduced Personal Accomplishment

The third component, reduced personal accomplishment, refers to the individuals' negative self-evaluation of themselves (Maslach & Schaufeli, 1993; Wright & Cropanzano, 1998). An individual feels a sense of reduced personal accomplishment when he/she feels ineffective and incompetent at work and a lack of productivity or achievement (Maslach & Schaufeli, 1993). There is a feeling of a lack of progress or even of losing ground (Cordes & Dougherty, 1993).

As personality can be referred to as the way an individual thinks, feels or acts it seems reasonable to expect that personality factors will influence how a person reacts to the stressors they encounter in the work place (George & Brief, 2004).

Previous research has demonstrated that an individual's response to stressor effects and the coping mechanisms adopted are dependent on aspects of the individual's personality (Connor-Smith & Flachsbart, 2007; George & Brief, 2004), with positive coping styles being related to well-being (Jex et al., 2001). In an attempt to incorporate cognitive approaches to stress and coping to the prediction of burnout, Leiter (1991) found empirical support that coping styles adopted by individuals significantly predicted burnout. Zellars et al. (2000) clearly indicated that personality plays an important role in the development of burnout.

The conservation of resources model (Hobfoll, 1989, 2001; Hobfoll & Freedy, 1993) (see section 2.1.6) recognizes the role of personality characteristics as important resources (Hobfoll, 1989) and the role of individual cognitive processes in the development of burnout (Lee & Ashforth, 1996). In a study based on the conservation of resources theory Wright and Hobfoll (2004) found that psychological well-being predicted burnout. They commented that their results "point to the importance of personality factors, especially psychological well-being, in the burnout process".

Individuals high in conscientiousness tend to be dutiful, self-disciplined, organized, ambitious, hardworking, persistent, efficient at carrying out tasks, and achievement orientated (Barrick & Mount, 1993; Spangler et al., 2004). Those low in conscientiousness tend to be easy-going, less exacting on themselves and others, negligent, disorganized, lazy and aimless (Barrick & Mount, 1993; Spangler et al., 2004). Therefore, from consideration of the existential model of

burnout it is predicted that individuals who are high in conscientiousness will experience lower levels of burnout.

Earlier research on the relationship between conscientiousness and burnout has produced rather mixed findings. Bakker et al. (2006) in a study of Dutch volunteer counselors and Zellars et al. (2000) in a study of nurses in a large hospital in the United States, found conscientiousness not to be significantly correlated to any of the three components of burnout. Deary et al. (1996) found conscientiousness to be negatively correlated to emotional exhaustion and reduced personal accomplishment but not to depersonalization among Scottish doctors.

Individuals who are high in neuroticism tend to be nervous, suffer from high levels of worry, are emotional and insecure, have feelings of inadequacy (Costa et al., 1986) and tend to view the world through a negative lens (Bono & Judge, 2004). They tend to worry about unpleasant situations, react negatively to unexpected events and take a long time to return to a normal emotional state (Spangler et al., 2004). Neurotic individuals are stress prone, emotional, nervous, irritable and lacking in self-confidence. Thus, from consideration of the conservation of resources model of burnout it is again predicted that neuroticism will be positively related to burnout.

Prior research has consistently found neuroticism to be related to all three components of burnout (see, for example, Bakker et al., 2006; Deary et al., 1996; Francis et al., 2004; Hetland et al., 2007; LePine et al., 2004; Piedmont, 1993; Zellars et al., 2000).

After reviewing the literature I am proposing the following hypotheses for the present study:

Hypothesis I: I propose negative relationship between all the components and conscientiousness.

Hypothesis II: I propose positive relationship between all the components and neuroticism.

1.4 Purpose

In this study, the relationships between an individual's conscientiousness and neuroticism on each of the components of burnout are investigated.

2.0 Methodology

2.1 Sample

120 respondents were contacted in 8 private hospitals in northern part of India for data collection but only 90 of them completed the survey.

2.2 Tools used

2.2.1 Burnout

The respondents' level of burnout was measured using the 22-item Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). Responses were gathered on a 0 to 6 Likert-type scale. For each item, response 0 represented the lowest level of burnout, while response 6 represented the highest level. For instance, a sample item is *"I feel emotionally drained from my work"*. Responses for the sample items were: 0. Never; 1. A few times per year; 2. Monthly; 3. A few times per month; 4. Every week; 5. A few times per day; 6. Every day.

2.2.2 Conscientiousness and Neuroticism

In their assessment of measures of the Big-Five, John and Srivastava (1999) recommend using the Big Five Inventory (BFI) (John, Donahue & Kentle, 1991; cited in John & Srivastava, 1999: 122) as an efficient measure of the core attributes of the Big-Five. Conscientiousness was measured with the relevant nine-item scale and neuroticism with the eight-item scale. Responses were gathered on a 1 to 5 Likert-type scale with the respondent asked a set of sentences describing how they see themselves. For instance, a sample item for conscientiousness is *"Makes plans and follows them through"* and for neuroticism a (reversed) item is *"Remains calm in tense situations"*. Responses were 1. Strongly disagree; 2. Disagree; 3. Neither disagree nor agree; 4. Agree; 5. Strongly agree. Once reverse scored items were corrected, a high score indicated a high level in the personality trait.

3.0 Results and Discussion

Bivariate correlations were calculated for the variables and are shown in table 2. As hypothesized, conscientiousness was negatively correlated to the unidimensional measure of burnout and all its three components: unidimensional measure of burnout ($r = -.354, p < .01$), emotional exhaustion ($r = -.295, p < .01$), depersonalization ($r = -.264, p < .01$) and reduced personal accomplishment ($r = -.214, p < .05$). Neuroticism was found to be positively correlated to the unidimensional measure of burnout and all its three components - unidimensional measure of burnout ($r = .440, p < .01$), emotional exhaustion ($r = .485, p < .01$), depersonalization ($r = .207, p < .05$), reduced personal accomplishment ($r = .186, p < .05$). Age and tenure were not found to be significantly related with any of the variables used in this study.

Table 1. Descriptive Statistics for Variables

Variable	Mean	S.D.
Age	25.7	12.4
Tenure	6.4	2.30
Emotional Exhaustion (EE)	14.6	8.57

Depersonalization (DEP)	1.73	2.52
Reduced Personal Accomplishment (rPA)	13.6	8.72
Burnout (MBI)	29.9	14.3
Conscientiousness (CONSC)	37.4	5.21
Neuroticism (NEURO)	18.8	6.13

Table 2. Bivariate Correlations for CONSC, NEURO, EE, DEP, rPA and MBI

Variable	1	2	3	4	5	6	7
1. Conscientiousness (CONSC)	-						
2. Neuroticism (NEURO)	-.355**	-					
3. Emotional Exhaustion (EE)	-.295**	.485**	-				
4. Depersonalization (DEP)	-.264**	.207*	-.302**	-			
5. Reduced Personal Accomplishment (rPA)	-.214*	.186*	-.321**	.148	-		
6. Burnout (MBI)	-.354**	.440**	.448**	.748**	.541**		
7. Age	.121	.101	.124	.115	.111	.163	-
8. Tenure	.112	.023	.135	.113	.151	.143	.532**

Test of significance were two-tailed. N=90. * $p < .05$; ** $p < .01$; and *** $p < .001$

As predicted, conscientiousness was found to be significantly and negatively contributing to emotional exhaustion with coefficients of $B = -.066$, $F = 3.567$. The squared partial correlations R^2 of .285 for conscientiousness indicate a moderate influence on emotional exhaustion. Neuroticism was found to be significantly and positively related to emotional exhaustion. The coefficient for the neuroticism was $B = .143$, $F = 11.269$, giving support for Hypothesis 2. The increase in the squared partial correlation R^2 of .341 indicates a high influence. That is, individuals with high levels of conscientiousness are likely to experience

lower levels of emotional exhaustion than those with low levels of conscientiousness. The relationship between neuroticism and emotional exhaustion is positive with a high degree of influence. That is, neurotic individuals are likely to experience higher levels of emotional exhaustion than emotionally stable individuals.

Table 3: Stepwise Multiple Regression Analysis (Emotional Exhaustion as Criterion Variable)

Variable	Beta (β)	R Square	F	P
Conscientiousness (CONSC)	-.069	.285	3.567**	.001
Neuroticism (NEURO)	.143	0.341	11.269* **	.000

* $p < .05$; ** $p < .01$; and *** $p < .001$

To determine the influence of independent variables with depersonalization conscientiousness and neuroticism were added separately to the next step. Conscientiousness was found to be negatively predicting depersonalization $B = -.162$, $F = 2.365$. Neuroticism was not found to be significantly predicting depersonalization. ($B = .038$, $F = .382$).

Table 4: Stepwise Multiple Regression Analysis (Depersonalization as Criterion Variable)

Variable	Beta (β)	R Square	F	P
Conscientiousness (CONSC)	-.162	.078	2.365*	.001
Neuroticism (NEURO)	.038	.041	0.382	.384

* $p < .05$; ** $p < .01$; and *** $p < .001$

Conscientiousness was found to be significantly and negatively predicting reduced personal accomplishment ($B = -.151$, $F = 1.973$), whilst neuroticism was found to be positively significant in predicting reduced personal accomplishment ($B = .091$, $F = 1.725$). The results of this section support a negative relationship between conscientiousness in the prediction of reduced personal accomplishment.

Table 5: Stepwise Multiple Regression Analysis (Reduced Personal Accomplishment as Criterion Variable)

Variable	Beta (β)	R Square	F	P
Conscientiousness	-.151	.09	1.973**	.001

(CONSC)				
Neuroticism (NEURO)	.091	.04	1.725*	.003

* $p < .05$; ** $p < .01$; and *** $p < .001$

Table 6 revealed that conscientiousness is predicting burnout significantly ($B = -.355$, $F = 4.999$). Neuroticism was found to be positively predicting burnout ($B = .689$ $F = 8.312$).

Table 6: Stepwise Multiple Regression Analysis (Burnout as Criterion Variable)

Variable	Beta (β)	R Square	F	P
Conscientiousness (CONSC)	-.355	0.161	4.99**	.000
Neuroticism (NEURO)	.689	0.198	8.31**	.000

* $p < .05$; ** $p < .01$; and *** $p < .001$

Both personality traits were found to be significantly related to burnout. Conscientiousness was found to be negatively and neuroticism positively related. Hypothesis 1, 2 are supported by the findings of the study.

4. Conclusion

It has been found that conscientiousness factor helps against the effects of burnout among the respondent in the present study. Healthcare employees should become aware of the causes and symptoms of burnout. This could help them become aware of their own and others' emotional exhaustion, depersonalization and low personal accomplishment, and take corrective actions before the effects of burnout are too serious. They should be adequately educated about the possible effects of stress they undergo on a daily basis and how best they can cope up with stress and burnout. Staff in the hospitals could be selected by applying standardized personality inventory in order to be sure that they have constructive coping strategies and are not too neurotic. Since private sector investment is increasing in India in the health sector, it is important to compete with the competitors to have efficient healthcare workers to satisfy the patients' expectations and at the same time gaining the competitive advantage.

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