NURSES' PERCEPTIONS OF BURNOUT:
A COMPARISON OF SELF-REPORTS
AND STANDARDIZED MEASURES

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Human service professionals have traditionally sought more from their careers than mere monetary rewards. They expect their jobs to increase feelings of self-worth, fulfill achievement needs and provide a sense of purpose. Nurses are no exception. In a survey of nearly 17,000 nurses, the opportunity for professional growth was rated as the most important job consideration (Godfrey, 1978). Nurses in another survey (Donovan, 1980) ranked a sense of achievement, knowing they helped others and intellectual stimulation as the most crucial aspects of their careers. A comparison of these ideals and the reality of their jobs, however, revealed a theme of frustration for most. While 92% rated a sense of achievement as very important, only 33% were satisfied with the degree to which they experienced it in their jobs. A comparison of the percentage of nurses who valued intellectual stimulation and those who felt it was available to them yielded a similar discrepancy.

That there is a gap between nurses' expectations and the reality of the workplace is not surprising. In his study of new human service professionals, Cherniss (1980) identified four unexpected sources of stress that impeded healthy career development. The first and most critical was the crisis of competence. Despite years of formal training, the new workers often felt inadequate and uncertain about the quality of their performance. Secondly, although helping others was a primary goal for the novices, they soon became aware that their clients were not always motivated, cooperative in treatment or appreciative of the efforts made to assist them. Thirdly, they were unprepared for the frustrations of bureaucratic interference, which undermined their professional autonomy. Organizational demands also included more routine tasks than they had bargained for, and many soon became discouraged by the lack of challenge, variety and intellectual stimulation in their jobs. Finally, they were disheartened by the elusiveness of supportive, rewarding relationships with colleagues. Rather than being a source of support, interactions with peers were often a source of conflict.

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Although new professionals may be most vulnerable, these sources of stress can hinder feelings of efficacy and well-being at any stage in one's career. Responses to these and other stressors often lead to a loss of idealism and commitment, and may result in burnout.

Nurses are particularly susceptible to these pressures because of the nature and context of their work. Their competence as skilled workers is constantly on trial (Marshall, 1980), yet this high level of responsibility is combined with low decision-making power. Working for bureaucratic organizations, they often experience conflict between expectations adopted during training and actual work practices. Despite their struggle for increased professional recognition, nurses remain under the control of doctors (Vredenburgh & Trinkaus, 1983). Furthermore, the kinds of accomplishments that constitute success in nursing are not always clear (Firth, McKeown, McIntee & Britton, 1987).

The primary purpose of this study was to identify issues relevant to the nursing profession that have implications for the prevention and treatment of burnout. The researchers were interested in individual nurses' perceptions of the nature and causes of burnout. Open-ended questioning was deemed to be the most appropriate method of eliciting this information because it would allow the participants to reveal the unanticipated and assume the role of expert. As Shinn, Rosario, Morch and Chestnut (1984) have pointed out, the majority of studies in this field have applied only standard inventories of job stress to human service work. These studies, "do not assess the special stressors associated with human service work or pit those stressors against more standard measures in predicting outcomes" (p. 865). In this study, we chose a comparative approach on two levels. First, the participants' self-diagnoses (burned out or coping well) were compared with their scores on a standardized measure of burnout. Secondly, the responses to both open-ended questions and other standardized measures were contrasted according to these self-diagnoses.

A second line of exploration in this study involved the contribution of personality traits to the burnout process. In her review of the literature on stress in nursing, Marshall (1980) has suggested that, because the job is unusually high in potential stressors, researchers have concentrated on environmental aspects and assumed universal effects on nursing staff. Little or no allowance has been made for possible differences due to personality or ability to tolerate stress. In the psychology literature, as well, there is a paucity of research regarding the influence of personality on employees' reactions to their jobs. While worksetting characteristics may be more strongly related to burnout than individual ones, the fact remains that, given the same stressors, some individuals burn out while others do not.

The few studies that have previously investigated the relationship of personality to burnout have generally focused on a single trait or a small cluster of traits rather than using a comprehensive measure. Cognitive hardiness is one personality characteristic that has been associated with the absence of burnout (Holt, Fine & Tollefson, 1987; Nowack, 1986). It is a meta-construct composed of commitment, control and challenge. According to Kobasa (1979) these three cognitive appraisals are relatively stable and buffer the effects of life and work-related stress by influencing both the individual's perception of and response to events. Cognitively hardy persons are more likely to appraise an event as a challenge rather than a threat, view situations as meaningful and act on the assumption that they are influential. Thus, they are likely to use active rather than passive strategies to cope with job-related stress.

While some characteristics may decrease the possibility of an individual experiencing burnout, others appear to increase it. Type A behaviour is one characteristic that has been associated with increased levels of burnout (Nagy & Davis, 1985; Nowack, 1986; Nowack & Hanson, 1983). Type A individuals have been described as having unrealistic expectations for their own success; they are extremely competitive, impatient, achievement-striving and have a strong need for control. There are contradictory findings in research on Type A behaviour, however. A study by Frankenhaeuser (1980), for example, has shown Type A individuals to be capable of carrying a heavier workload and working at a faster pace than their Type B counterparts without any apparent health risks. This seeming contradiction led him to theorize that Type A persons may cope effectively as long as they have control over their situations. It is only when they perceive that they have lost control or have low coping ability that they experience distress to a harmful degree.

While the studies presented thus far suggest some relationship between personality and burnout, these researchers did not attempt to measure a wide range of traits. In a more comprehensive study, McCranie and Brandsma (1988) used the *Minnesota Multiphasic Personality Inventory* (MMPI) to assess personality. In this longitudinal study physicians' MMPI scores obtained at the time of admittance to medical school were compared with their burnout level an average of 25 years later. Their results indicated that physicians who were burned out at the time of the study were likely to have demonstrated the following characteristics 25 years earlier: an admission of personal and psychological difficulty; unhappiness and depression; anxiety and feelings of incompetence; and, discomfort in social situations. Those who were coping well at the time of the study were more likely to have been energetic, sociable, interested in the arts and science and adhering to religious or moral rules 25 years earlier. These results support the notion that burnout may be influenced to some degree by enduring personality traits.

A third line of exploration in this study involved the relationship of career orientation to burnout. As discussed earlier in this paper, human service professionals enter the workplace with certain expectations that, if not fulfilled, may increase their propensity to burn out. The concept of career orientation represents one type of work expectation and has been defined as an individual's needs, values and aspirations (Cherniss, 1980). Cherniss identified four general types of career orientations in his work with new professionals. Self-investors were workers whose primary concern was with their lives outside of the workplace. Family and other outside interests were more important than their careers. Social activists were idealists and visionaries who wanted to affect social change through their careers. Careerists placed a great deal of importance on traditional measures of success: prestige, advancement and financial security. Artisans valued professional growth, independence and challenge; prestige and financial success were less important than working to their own high standards.

Research in this area has shown that individuals often change their original career orientations in response to the work environment, and this change generally represents a loss of idealism. Burke (1987) developed a questionnaire to measure the four career orientations identified by Cherniss and, in a sample of police workers, those who changed career orientations experienced greater burnout than those who did not (Burke & Deszca, 1987). Burke and Greenglass (1988) also reported greater burnout for changers than non-changers. Among those individuals who did not change their orientations, self-investors and careerists were more burned out than either social activists or artisans.

Method

Subjects

Thirty-four female registered nurses from across Nova Scotia responded to an advertisement in the Registered Nurses Association Bulletin calling for participants at either end of a continuum from feeling burned out to coping well with job stress. Their ages were: less than 31 (6), 31 to 40 (16), 41 to 50 (10) and over 50 (2). They were mostly married: single (2), married (26), divorced (2) and other (4). In addition to holding nursing diplomas, there were five BNs, one MN and one PhD. They had been in nursing an average of 15 years and in their present worksettings an average of 9 years. Twenty-three worked full-time, eight part-time, two casually and one nurse did not indicate her status. They worked in a variety of health-care and educational settings, representing a wide range of roles: Administrator (2), supervisor (1), head nurse (6), staff nurse (23) and professor (2). In addition to completing a questionnaire package, 31 of the nurses also took part in an interview. At the time of the study 11 nurses indicated that they were feeling burned out and 20 were coping well, though 16 of them had been burned out in the past.

Instruments

The *Maslach Burnout Inventory* (MBI) (Maslach & Jackson, 1986) was used to assess burnout. The MBI is a 22-item measure that produces three scores: emotional exhaustion, depersonalization and personal accomplishment. The burnout profile consists of high scores an emotional exhaustion and depersonalization, and a low score on personal accomplishment.

Two similar structured interviews were used: one for nurses who felt they were burned out at the time of the study, and another for those who were coping well.

The *Personality Research Form-E* (PRF-E) (Jackson, 1987) was used to provide a profile of each participant in terms of 20 personality traits. The PRF-E was selected because it is a comprehensive measure of personality and in contrast to the MMPI, is designed for normal rather than pathological populations. The PRF-E measures the following personality traits: abasement, achievement, affiliation, aggression, autonomy, change, cognitive structure, defendence, dominance, endurance, exhibition, harmavoidance, impulsivity, nurturance, play, sentience, social recognition, succorance and understanding. It also includes two validity scales: desirability and infrequency.

Career orientation was measured using a questionnaire developed by Burke (1987) in which participants rank-ordered four descriptions of workers according to how well they portrayed them at the beginning of their careers. They then indicated which description best represented their career orientations at the time of the study.

Procedure

Details of the study, including the issue of confidentiality, were discussed with the participants in an initial telephone contact. They were informed that all questionnaires would be numbered in order to match each individual's scores on objective measures with data obtained in the interview. The questionnaires were subsequently mailed to the nurses and, upon their completion, arrangements were made for individual interviews. Interviews were taped, and conducted either in person or by telephone, depending on the geographical location of the participant.

Results

Burnout

The mean level of emotional exhaustion for this sample was significantly higher than the mean for a normative sample of 10,000 human service

professionals from across North America (Maslach & Jackson, 1986). The mean for personal accomplishment was significantly higher than the norm, and the mean for depersonalization was at the normative level. In other words, the nurses in this study were more exhausted than workers in the normative sample, though generally maintaining positive attitudes towards the recipients of their care (e.g., patients, students) and having a greater sense of accomplishment (see Table 1).

Table 1

Mean Burnout Scores by Self-Diagnoses

Burnout Component	Present sample n=34		Normative sample n=10,000			
	Mean	SD	Mean	SD	t	sig
Emotional exhaustion	34.00	13.35	20.99	10.75	7.06	p < .001
Depersonalization	9.68	6.87	8.73	5.89	0.94	n.s.
Personal accomplishment	40.44	6.49	34.58	7.11	4.81	p < .001
	Burned out (n=11)		Normative sample			
Emotional exhaustion	42.64	8.69	20.99	10.75	6.68	p < .001
Depersonalization	10.64	8.16	8.73	5.89	1.07	n.s.
Personal accomplishment	38.91	8.47	34.58	7.11	2.02	n.s.
	Coping well (n=20)		Normative sample			
Emotional exhaustion	28.65	13.83	20.99	10.75	2.48	p<.05
Depersonalization	8.40	6.21	8.73	5.89	0.24	n.s.
Personal accomplishment	41.95	5.08	34.58	7.11	6.49	p<.001

The participants were divided into two groups: Burned out and coping well on the basis of their self-diagnoses. When the mean MBI scores of these two groups were compared with the normative means, both were significantly more exhausted than the norm. There were no significant differences between the means of either group and the normative sample on depersonalization. The twenty nurses who diagnosed themselves as coping well at the time of the study scored significantly higher, (i.e., less burned out) than the norm on personal accomplishment. The eleven nurses who were feeling burned out scored at the normative level on personal accomplishment (see Table 1).

T-tests were performed to determine differences in MBI scores for the nurses who reported feeling burned out versus those who felt they were coping well. The 11 nurses who identified themselves as burned out at the time of the study were, according to their scores on the MBI, significantly more exhausted than the 20 who reported they were coping well (t (29)=3.03, p<.01). There were no differences between the two groups in levels of depersonalization (t (29)=0.86, p>.05) or personal accomplishment (t (29)=-1.26, p>.05).

Interview findings

Fictitious names have been assigned to the participants in the following summary of responses to various items in the interview section of the study. In each case, there could be more than one response per question.

How would you describe burnout? What does it feel like? When asked to describe burnout, most of the 31 participants drew upon their own experience. The most frequently reported symptoms were: a lack of interest in or enjoyment from work (n=21); feelings of frustration and anger, which resulted in irritability and a negative outlook on the workplace (n=17); exhaustion (n=13); and, dreading work (n=11). For these nurses, problems with coping while burned out ranged from feelings of helplessness and difficulty concentrating to mood swings and feelings of persecution. For some, exhaustion manifested itself only in the workplace, resulting in lowered productivity and loss of interest. For others, however, feelings of exhaustion prevailed throughout their waking hours, affecting not only work but their personal lives as well. Tina's experience with fatigue was overwhelming:

> I was feeling burned out for so long I lost control of everything. All I could do was get up in the morning and go to work. Then I'd come home from work and I'd have a bath and press my uniform and I'd go lie down in the bed. And it would be the next morning before I'd wake up. That went on for three or four months.

Several of the nurses who had experienced burnout remembered dreading work. Lisa described her loss of satisfaction from work as, "kind of a disenchantment. No emotion except kind of a sick feeling. No thrill of going to work any more...there were a lot of times I couldn't go. I just couldn't get myself up to go." Anger or frustration on the job was usually directed at supervisors and co-workers, who were perceived by the exhausted nurses as unsupportive, misdirected and incompetent. Much to the participants' own dismay, however, it was also sometimes directed at the patients. Betty remembered herself when she was feeling really burned out:

> I just didn't seem to care about anything. I didn't care whether or not someone laid in their dirty bed for hours upon hours. After all, it wasn't my fault they did that and why couldn't they just smarten up? And of course, when I felt that way, I'd feel guilty, which would make me feel even worse and make me feel like a horrible person, and that maybe I didn't belong in this job. And why didn't other people feel that way?

When did you first notice that you were feeling burned out? (asked of the 27 nurses who had been burned out at some point in their careers). The onset of burnout, according to this sample, is so subtle that one might not recognize the state until it has become very severe or even once it has dissipated. Terry explained:

> It's the kind of thing that creeps up on you. You know, you might feel that way for a short spell today and then tomorrow or the next day it might be a short spell. It's not the kind of thing that BOOM! happens today. It sort of comes and goes and you're able to cope with it and then eventually it gets to the point where you can't cope with it any longer. It takes over your being.

Tina's experience was more disturbing:

> I couldn't say when the burnout symptoms started because I didn't have time to think about them. I mean, I was so busy I didn't really say, 'Stop! I'm burning out!' I just said, 'Keep going, Keep going, Keep going!' And the day I realized I was really sick was one day my brain started to feel like it was burning. Like, I was really, really, really burned out. It wasn't a headache. It's just like your brain is on fire. And I knew there was something very wrong with me.

What do you think caused you to feel burned out? (asked of the 11 nurses who were burned out at the time of the study). For this question, there was generally more than one response per individual. The most frequently reported cause of burnout was interpersonal conflict (n=10). This conflict

occurred with supervisors for the most part, though occasionally with co-workers or subordinates as well. None of the nurses felt that their interactions with patients or the work itself was responsible. For a few of the participants (n=4), the combined effect of work-related and family stress was perceived to be the cause. Pressures at work were causing them to feel stress, but a serious illness in the family, divorce, or separation made it impossible to endure.

Changes in nursing was a stressor that was brought up by many of the nurses, and three felt it had contributed significantly to their burnout. With increasing emphasis on theory in nursing education, legal issues and technology in the workplace, bedside nursing has taken a back seat. Angela was very discouraged by this shift in emphasis:

> I was getting really tired of (pause) that it was more important what you wrote down on a piece of paper than what you did for a person and nursing in general is getting like that. Cover your ass type of thing, like the legal aspects. As long as it was documented it will stand up in court. Like, you didn't look after the person properly but who's to prove it? I used to want to do things for the patient, you know. They're sick or they're dying, or they have pain. They want to talk. I won't say it's not appreciated but it's not expected and that's where it comes second.

Sheila was disheartened by these changes to the point where she was planning to leave nursing:

> I find my work as a nurse increasingly stressful because I am not able to do the things I know should be done. The emphasis is changing. The emphasis is no longer on the things that I consider important in patient care. The emphasis is more high-tech. We're more interested in machines than we are people. You know, it's more important to be monitoring what the machines are saying than to be looking at the patient and see that maybe this person needs somebody to hold their hand for 5 minutes or needs their face washed or needs something explained. I don't want you to think that I feel machines are not important. I think they have a place, but I don't think they are more important than looking after the individual.

Workload was a contributor to burnout as well (n=3). Most of the participants felt overworked because of increasing amounts of paperwork combined with decreased staffing. A related issue that was raised often is that because most nurses are also mothers and housekeepers, they have a steady diet of work.

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Do you think there is anything about you that makes you more susceptible to burnout than others? (asked of the 11 burned out nurses). Participants who felt there were personal attributes that made them *more* susceptible to burnout reported that they expected too much of themselves and others (n=5), were too sensitive (n=2) and kept their feelings inside (n=2).

Do you think there is anything about you that makes you less susceptible to burnout than others? (asked of the 20 nurses who were coping well). Participants who felt they had some attributes that made them *less* susceptible to burnout were more likely to respond that they talked about problems before they got worse (n=7). They also placed importance on being easy-going and having a sense of humour (n=6).

Do you think there is anything about your work situation which helps you cope with stress? (asked of the 20 nurses who were coping well). Most of the nurses who were coping well felt that having administrators (n=5) or co-workers (n=8) in their organizations who were supportive, caring and effective, was a great contribution to their ability to cope with job-related stress. Autonomy, flexibility, challenge and variety were other job characteristics that improved their ability to cope.

Is there anything else you'd like to add? (asked of all participants). This question raised a variety of nursing-related issues, but one recurring theme was "something has got to be done about burnout". Several of the participants had given this particular issue a great deal of thought because of the grief burnout had caused them. According to these individuals, support is needed for nurses to help prevent burnout. They suggested that this support could come in various forms: information regarding specific symptoms of burnout so it may be identified and dealt with before it is intensified; and acknowledgement from health care administrators that burnout is an increasingly prevalent problem which should no longer be avoided. Information on burnout might be most appropriately distributed through the educational system for nurses in training, and through the Registered Nurses Association for those who have completed their formal training.

The participants suggested that hospital administrators could assist in preventing and treating burnout by placing more emphasis on occupational health programs (e.g., workshops, counselling) and implementing policies supporting job-sharing, time off for educational advancement and more input from nurses to decisions affecting their jobs and patient care.

Personality traits

The following personality traits were significantly related to one or more aspects of burnout: affiliation, impulsivity, nurturance, play, social recogni-

tion and understanding (see Table 2). Descriptions of high-scorers on these scales (Jackson, 1987) are also included in the table. One validity scale, desirability, was related to the MBI subscales. Only one trait, impulsivity, was related to all three MBI subscales.

Table 2

Pearson Correlations of Personality Traits and Burnout

Trait and description of high-scorer	MBI subscales		
	EE	DP	PA
Affiliation- Enjoys being with friends and people in general; accepts people readily; makes efforts to win friendships and maintain associations with people.	.26	-.39*	-.04
Impulsivity- Tends to act on the "spur of the moment" and without deliberation; gives vent readily to feelings and wishes; speaks freely; may be volatile in emotional expression.	.37*	.31*	-.36*
Nurturance- Gives sympathy and comfort; assists others whenever possible, interested in caring for children, the disabled, or the infirm; offers a "helping hand" to those in need; readily performs favors for others.	-.21	-.35*	.13
Play- Does many things "just for fun", spends a good deal of time participating in games, sports, social activities, and other amusements; enjoys jokes and funny stories; maintains a light-hearted, easy-going attitude toward life.	.05	.20	-.30*
Social Recognition- Desires to be held in high esteem by acquaintances; concerned about reputation and what other people think of her/him; works for the approval and recognition of others.	.19	.43**	-.19
Understanding- Wants to understand many areas of knowledge; values synthesis of ideas, verifiable generalization, logical thought, particularly when directed at satisfying intellectual curiosity.	.32*	-.13	.06
Social Desirability- Describes self in terms judged as desirable; consciously or unconsciously, accurately or innacurately, presents favorable picture of self in response to personality statements.	.44**	-.54***	.32*

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

Table 3

Nurses' Career Orientations

Career orientation	At beginning of career	At time of study
Self-investors	n=6	n=8
Social activists	n=8	n=1
Careerists	n=2	n=5
Artisans	n=18	n=12
Total	34	26

Only 26 participants indicated their present career orientations.

Career orientation

Table 3 shows the nurses' career orientations when they began their careers and at the time of the study. Of the 26 nurses who completed all sections of the career orientation measure, 20 had changed career orientations since they began their careers. A t-test was performed to determine whether there were differences in burnout levels of changers versus non-changers. Changers were significantly more exhausted than non-changers (t (24) =-2.26, p<.05) but there were no differences between the two groups on measures of depersonalization (t (24)=-1.79, p>.05) or personal accomplishment (t (24)=0.84, p>.05).

How the nurses saw themselves when they began their careers was not related to their present level of burnout but their career orientations at the time of the study were. Because there was only one social activist, this category was not included in the following analysis. The results of a one-way analysis of variance revealed differences in levels of emotional exhaustion (F (2,22)=4.05, p<.05) and personal accomplishment (F (2,22)=5.52, p<.05) for the various orientations. A Tukey test (with a criterion level of .05) was performed to determine which pairs were different. Nurses who identified themselves as artisans were significantly less exhausted than self-investors. In addition, artisans felt they were accomplishing more in their jobs than careerists.

Discussion

A comparison of self-diagnoses and MBI scores indicate that for this sample, burnout was defined mainly by emotional exhaustion. The mean level of emotional exhaustion for nurses who diagnosed themselves as burned out at the time of the study was more than two standard deviations

above the normative mean. Even nurses who described themselves as coping well at the time of the study were significantly more exhausted than the norm, yet they had a high level of personal accomplishment. This finding suggests that a moderately high level of emotional exhaustion, such as that found in the coping group, is not necessarily indicative of burnout. It does, however, suggest a potentially serious problem in these nurses' relationships with their careers. If they were to experience this level of emotional exhaustion for an extended period of time, a depletion of personal resources may result, making it increasingly difficult to meet future work demands. This would decrease the likelihood of these nurses using effective coping strategies, which may lead to a diminished sense of personal accomplishment.

The average level of depersonalization in this sample was somewhat surprising, considering the degree of exhaustion these nurses were experiencing. Because the data were not anonymous, these low depersonalization scores might be explained by social desirability. This is also indicated by the rather strong negative relationship between MBI depersonalization scores and PRF social desirability scores in this sample, which suggests an unwillingness to endorse MBI items pertaining to depersonalization. The relationship also exists for emotional exhaustion, but it is weaker. It is perhaps more acceptable to feel exhausted than to admit to negative attitudes towards patients when as a nurse one is expected to be nurturing. Another explanation is that the depersonalization scores are accurate and high exhaustion is the norm for this particular group of nurses. Perhaps for them, just getting the job done depletes energy resources beyond what most workers would consider to be an acceptable level.

The interviews revealed that the majority of the nurses attributed their burnout to interpersonal conflict with persons other than clients. This finding concurs with recent research on burnout in human service organizations (Leiter, 1988a; Leiter, 1988b; Leiter & Maslach, 1988). Change in the nursing profession was a stressor for several of the participants and some felt it had contributed to feelings of burnout. This issue represents a special source of stress that may have been omitted if the study had included only standardized measures. It is also a stressor that may not be entirely nursing-specific. Increasing emphasis on theory, legal issues and technology in the workplace would be expected to apply to all of the helping professions.

Analyses of relationships between PRF scores and burnout revealed that only one personality trait, impulsivity, was related to all three MBI subscales. If this relationship does reflect a real connection between personality and burnout, it might be explained by individual differences in coping strategies. People who are low in impulsivity may be more likely to use control-oriented, problem-solving techniques to manage stress. They may

likewise interpret events as less stressful than individuals who are highly impulsive. There is evidence to suggest that the type of strategies used (e.g., Holt et al., 1987) and the number of strategies used (e.g., LeCroy & Rank, 1987) affect an individual's potential to burn out. More specifically, action-oriented, problem-solving approaches to work-related problems have been fairly consistently associated with low levels of burnout (Kahill, 1988).

Although personality may play a part in individuals' selection of coping strategies, these strategies are learned and are thus more amenable to change than enduring traits. Because coping approaches appear both to affect burnout and to have the potential to change, they are perhaps a more useful focus than personality characteristics for research and intervention in the future. In the interviews, workshops and counselling for employees were mentioned among strategies to reduce the incidence of burnout. Coping skills training represents one type of intervention that could be included in these programs. Nurses could also benefit from access to training in communication or team-building as a means of preventing or reducing interpersonal conflict on the job. This training may also help to facilitate open discussion of changes in the profession and the subsequent development of effective strategies to cope with them.

The finding that change in career orientation was associated with increased emotional exhaustion is consistent with previous research by Burke and his colleagues. A change in career orientation may represent an attempt to cope with persistent feelings of exhaustion. On the other hand, exhaustion may result from shifting work expectations to an orientation that is less conducive to coping. As this and previous research has indicated, some career orientations appear to be more consistent with coping than others. Although individual factors such as personality and career orientation appear to be related to burnout, they should not be used as criteria for entrance to professional training or the workplace. Rather, coping skills training and education regarding potential job stressors should be emphasized in both training programs and on the job. In addition, nursing programs should explicitly address the transition from professional training to the workplace. It is also important that employers provide on-going support by increasing possibilities for nurses' professional growth, challenge, variety and autonomy.

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RÉSUMÉ

Perception de la nature et des causes du "burnout": comparaison entre les auto-évaluations et les mesures normalisées

Trente-quatre infirmières agréées de Nouvelle-Écosse ont participé à cette étude; certaines jugeaient qu'elles étaient en "burnout" et d'autres qu'elles négociaient bien leur stress. Les infirmières ont rempli le Maslach Burnout Inventory, le Personality Research Form et un questionnaire sur leur orientation professionnelle en plus de relater leur expérience en matière de stress dans le cadre d'une entrevue. La comparaison entre les auto-évaluations et les mesures objectives révèle que les infirmières qui se décrivent comme victimes de "burnout" affichent des résultats significativement plus élevés à la sous-échelle d'épuisement émotif du MBI que celles qui parviennent à négocier correctement leur stress professionnel. Il n'existe par contre aucune différence entre les deux groupes au titre des scores de dépersonnalisation ou d'accomplissement personnel. Seule une caractéristique, l'impulsivité, est liée aux trois sous-échelles du MBI. Les participantes ont indiqué lequel des quatre profils les décrivait le mieux au début de leur carrière et au moment de l'étude. La manière dont les infirmières se perçoivent en début de carrière n'a aucun rapport avec leur sentiment de "burnout" actuel. Il existe toutefois des différences significatives dans les niveaux de "burnout" au titre de l'orientation professionnelle au moment de l'étude. Les résultats de cette étude donnent à penser que les programmes de sciences infirmières devraient comporter un volet sur la transition entre l'apprentissage et le milieu de travail et que les employeurs devraient fournir des services de soutien en matière d'épanouissement et de bien-être professionnel.