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Coping Strategies to Confront Problems and Work Stress among Health Practitioners According to Their Personality Type

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Abstract

Job stress and burnout are considered as main problems affect employees' health and the coping strategies are oriented either towards the problem or to the emotion. And there is an association between burnout and occupational stress. Coping strategies are related to burnout, in favor of positive strategies. The personality influences the types of coping strategies that used by the individual. The aim of this study is to identify the level of using coping strategies to confront problems and work stress among the health practitioners, according to their personality type. This is the descriptive cross sectional study targeted the Health Care Providers and using personality type (A and B) scale and stress-coping strategies scale on burnout. This study revealed that most of the study sample was having personality type (A), and the respondents used coping strategies in various ways and degrees. The health practitioners having personality type (A) were with low coping forces and they used positive and negative coping strategies frequently more than health practitioners having type (B) personality.

Keywords: Burn-out; Coping Strategies; Health Practitioners; Personality Type.

Introduction

Occupational organizations develop a new context in line with the new technological, economic and social changes that lead to a series of psychosocial problems that contribute to job stress and burnout which are considered as main problems affect employees' health (Jawahar et al., 2007). Economically, the organizations pay annually more than 60 billion dollars on work-stress related diseases (Matteson & John 1987).

Health occupations considered as one of the most stressful jobs and health practitioners suffer from fatigue and pressures besides experiencing high degrees of depression and anxiety. Anxiety and stress experienced by nurses and doctors are created by many factors (personal or impersonal) such as: stress caused by patients and their relatives increasing working hours of night and daytime (Vahey, et al., 2004).

Burnout

It is a “syndrome of exhaustion, cynicism and low professional efficacy” (Maslach et al., 1996). Another definition brought by Corey et al. (2007) as “a state of physical, emotional, intellectual and spiritual exhaustion that manifests itself as feelings of helplessness or hopelessness”. There are many factors affecting burnout like social support (I. Kim, 2012; Kim & Jeong, 2012), self-efficacy (Cho & Park, 2007; Lim & Kim, 2011), ego-resilience (Kim & Sunwoo, 2012; I. Kim, 2012), feelings of subjective well-being (J. Lee, 2010) and stress coping strategies (Kim & Sunwoo, 2012; Montero-Marín, Prado-Abril, Demarzo, Gascon, & García-Campayo, 2014). So, unmanaged stress is known leading cause of burnout and other psychological problems (Corey et al., 2007).

Coping Strategy

It means any behavior that helps us to exert better interaction in a given situation. It referred to the specific efforts, either behavioral or psychological or both which people obtain to tolerate, control, reduce, or minimize stressful events. Lazarus and Folkman (1986) defined coping as “those changing cognitive and behavioral efforts developed for managing the specific external and/or internal demands judged as exceeding or surpassing the individual’s own resources”. Generally, there are three methods of coping strategies: active-behavioral, active-cognitive, and avoidance (Billings & Moos 1981). And regarding the objectives of the coping strategies, it can be oriented towards the problem or oriented to the emotion (Lazarus & Folkman, 1986; Edwards, 1988; Begley, 1998). It seems that the coping strategies that oriented to the problem exert more benefits than strategies oriented to the emotion or avoidance (Roger, Jarvis & Najarian, 1993; Hart et al., 1995), and it would be more effective when the potential stresses of the environment are well controlled (Folkman, 1984; Edwards, 1988; Dewe, 1987; Labrador, 1995; Peiró & Salvador, 1993; Long, 1998; Ito & Brotheridge, 200; Peñacoba, et al., 2000).

Thornton (1992) found that there is an association between avoidance as coping strategies and

burnout. And the burnout makes the organizations to lose significant resources in terms of patient satisfaction, decreased work quality and professional development of staff and turnover, as well as absenteeism and job exit (Cordes and Dougherty 1993; Maslach and Jackson 1981; Ozer and Beycioglu 2010; Vahey et al. 2004).

Stress

Gandi et al. (2011) defined stress as “an individual’s response to a perceived imbalance between situational demands and one’s coping resources”. Decker and Borgen (1993) defined occupational stress as “the strain experienced when an individual’s perceived workplace stress exceeds coping skills” and typically it comes from inappropriate work environment and employment conditions (Wu et al., 2007). Obviously, there is an association between burnout and occupational stress in many professions like psychology, nursing, medicine, teaching and social work (Johnson and Stone 1987; Rupert & Morgan 2005; Vercambre et al., 2009; Wang et al., 2014; Xie et al., 2011). On the other hand, there are some individual factors contributing to burnout like inadequate support staff and autonomy, low social support, ineffective coping strategies, clinical setting, age of the employee and heavy workload (Dexter et al., 2003).

Kalichman, et.al (2000) revealed that nurses who experienced work stress are using coping strategies to fight against stresses and they use such strategies: acceptance, positive appraisal and wishful thinking more frequently.

Coping strategies are related to burnout, in favor of positive strategies like planning, restraint coping and non-denial (Dorz et al., 2003) while negative coping strategies like avoidance, denial or inactive/passive are mainly with low uses (Slagle, 1996; Leiter & Harvie, 1996; Cushway & Tyler, 1994; Koeske, Kirk, & Koeske, 1993; Thorton, 1992). Using of coping strategies is correlated with the level of burnout, also, coping strategies observed to be as a protective factor from burnout among the nurses (Gueritault-Chalvin et al., 2000).

Regarding the personality types, Carver & Scheiver (2000) mentioned that the personality types are distinguishing characteristics or qualities to prepare the individual to think, act and to respond to a wide range of different situations or stimuli similarly. It also found to influence the types of coping strategies that used by the individual (Folkman, 1992).

The aim of this study is to identify the level of using coping strategies to confront problems and work stress among health practitioners, according to their personality type.

Materials and Methods

This is the descriptive cross sectional study in which we targeted the health practitioners (doctors, specialists, and technicians) whom were working in Jeddah Health Affairs, Saudi Arabia.

Sampling

From total of (13313) health practitioners, we selected the sample size according to Krejcie & Morgan (1970) table. The sample size calculated was (373) members and we completed it to (400) in order to guard against non-response rate; we use a random cluster technique to obtain the representative participants. We gathered and analyzed (391) questionnaires from the total distributed questionnaires with the response rate of (87.21%).

Study tools

We used two scales in this study; the first one is the scale for personality type (A and B) which based on the personality scale that developed by Matthews (1982). Our modified scale measured impatience among individual, interest and soundly, and the sense of competition. We assured its reliability by an indexing verification method for stability and retest with a reliability coefficient (0.89) and confirmed the content by a group of arbitrators it showed high consistency.

The personality type measurement was ranged from (Never to Always) in the scale. We checked the scale by expert panel of educational psychology and medical science specialists in two universities and the questionnaire was prepared

according to their advises. The internal consistency of the scale of the personal type scale had been checked by applying it into a sample of (30) health practitioners (not included in the original study sample). And the correlation between each dimension were ranged between (0.44-0.68) and it showed statistical significant at the level of (0.01). The Cronbach's (alpha) was (0.92) showed a high degree of internal consistency of the scale dimensions.

Also, we used another tool to measure stress-coping strategies on burnout which based on the conception that divide the strategies into: Dealing centered appreciation, problem-based treatment and deal based on emotion. Also, we consider a classification of coping strategies which contains: Logical analysis, focus on the solution, confrontation and self-assurance, self-adjusting, liability, self-blame, positive reinterpretation, isolation, daydream, denial, relaxation and mental separation, emotional catharsis, humor and searching of alternative activities.

We test the face validity and internal validity of the used scale by introducing it to a panel of expert and consider their observations and experiences to ensure coverage all axes of the study, and ensure the integrity and clarity of the questions of the scale. The values were ranged from (0.28-0.81) and it was statistically significant at the level of (0.01).

Data Processing and Statistical Methods Used

For Standardization of the study tools we used (Cronbach Alpha) and correlation coefficient of Pearson and Spearman and Brown. Also, we used frequencies, percentages, arithmetic mean and standard deviation to describe the characteristics of the study sample. Also, we used (One-way ANOVA) to identify indications of differences in average scores of responses sample members.

Ethical Considerations

The investigators approved that they performed an informed consent for each respondent, and they were voluntary contributed in this study. Also, the data collected from the respondents kept secure.

Results and Discussion

Table 1: The distribution of the study sample according to personality type (A, B):

Personality Type	Number	%
Personality Type (A)	300	76.7%
Personality Type (B)	35	9%
Mixed personality type	56	14.3%
Total	391	100%

Table (1) showed that most of the study sample was having personality type (A), which accounted for (76.7%) of the total sample, while total health

practitioners with the proportion of personality type (B) (9%) the mixed type was (14.3%).

Table 2: The health practitioners coping strategies in regards to personality type (A, B) and burnout degrees:

Coping strategies	Personality Type (A)				Personality Type (B)			
	Mean	Standard Deviation	Rank	Degree	Mean	Standard Deviation	Rank	Degree
10 Recourse to the God	11.581	3.32	1	Medium	10:11	5.14	2	Medium
4 Self-tuning	10.96	3.17	2	Medium	10:51	4.87	1	Medium
18 Find Alternatives	10.46	2.87	3	Medium	9.20	4.50	3	Medium
3 Confrontation & assertiveness	10.35	3.15	4	Medium	8.66	4.53	6	Low
1 Logical analysis	10.25	2.91	5	Medium	8.46	4.26	8	Low
5 Find More Information	10.23	2.83	6	Medium	8.83	4.31	5	Low
6 Take responsibility	10.00	2.94	7	Medium	8.45	4.25	9	Low
2 Focus on the solution	9.86	2.95	8	Medium	9.00	4.67	4	Medium
17 Humor	9.29	3.03	9	Medium	7.14	4.32	14	Low
15 Relaxation mental separation	9.28	2.50	10	Medium	8.49	4.50	7	Low
8 Accept a fait accompli	9.23	2.76	11	Medium	7.97	3.88	11	Low
9 Re-positive interpretation	9.05	3.03	12	Medium	7.54	4.27	12	Low
12 Isolation	8.97	2.99	13	Low	7.20	4.03	13	Low
7 Self-blame	8.47	3.28	14	Low	6.31	3.98	16	Low
14 Denial	8.40	3.09	15	Low	8.11	8.02	10	Low
13 Daydream	8.34	3.22	16	Low	6.26	3.41	17	Low
11 Surrender	7.97	2.82	17	Low	6.80	3.30	15	Low
16 Emotional catharsis	7.73	3.03	18	Low	5.29	3.76	18	Low
The total score	9.47	1.79	Medium		8.02	3.57	Low	

Table (2) showed that the mean of the total grades of coping strategies of the health practitioners with the personality type (A) was (9.47) and standard deviation of (1.79) this value indicates an agreement estimate respondents in appreciation for the use of coping strategies degrees. On the other hand the health practitioners having personality type (A) were (8.02) with low coping forces. And the standard deviation was (3.57) which indicate the variability of the respondents in estimating the use of coping strategies. It may be due to the fact that the Job Burnout indicators were less in health practitioners having personality type (B).

Throughout these results; Recourse to the God strategy came at the first among health practitioners having type (A) personality with the mean of (11.58) and standard deviation of (3.32), while came at the second level and moderately for health practitioners having personality type (B) with the mean of (10.11) and standard deviation (5.14). And perhaps due to the fact that the health practitioners having type (A) personality had more challenges of psychological pressures and they were seeking to achieve more achievement and excellence and they were concerned more with excessive and hard work and competition in order to the time constraints leading to tension and to lose their ability to be patient and relax. Again, their sense of time urgency, anger, muscular stress, rush and speed push them to recourse to God and calculating remuneration for their work of God; and this will help them in reducing burnout extent which they may suffer.

The Research Strategy came at the third level among both (type A and B) health practitioners with means of (10.46, 9.20) respectively, and standard deviation of (2.87, 4.50) and this is possibly attributed to the importance of motivation and self-promotion as ways of activating the sense of self and self-efficacy in the health practitioners along with development of the sense of optimism during their work, as the feeling of psychological pressure and combustion push the health practitioners to preoccupation with activities, hobbies and new games to be away from the stressful positions whether they have type (A or B) personality.

The other strategies used by health practitioners having type (A) personality came moderately with means ranged from (10.35 - 9.05) and standard deviations ranged from (2.50 - 3.15), and this indicates the difference among the practitioners in their appreciation of the degrees of using these strategies. These strategies were arranged as: "confrontation and self-assertion, logical, search for information, taking responsibility, focusing on the solution, humor, relax mental separation and accept the fait accompli and positive re-interpretation respectively. On the other hand, the negative coping strategies, such as isolation, self-blaming, denial, daydreaming, giving up and emotional venting all had appeared with low degrees and ranks late for those health practitioners having type (A) personality where their means ranged from (8.97- 3.73) with the standard deviations of (3.28 - 2.82), indicating the difference in the responses; and possibly this may attributed to the reason that some health practitioners feel psychological burnout moderately and therefore they less pinch the use of negative strategies and subsided it with the trend to use positive strategies in spite which may produce fruit in the sense of reducing burnout at the lowest possible psychological damage on them and their organization.

The other strategies for health practitioners with type (B) have all appeared much lower with the exception of Focusing on the solution Strategy where it came to a fair degree with mean of (9.00) and high standard deviation (4.67), indicating the difference of the respondents in using these strategies, and perhaps it was consistent with the nature of the personality characteristics of health practitioners having type (B) personality. They had easy, calm, reassuring, friendly and receptive, patient, enjoying high self-esteem, confidence and they focused on the positive aspects of things. Taking into account these characteristics, the degree of using these strategies came moderately and this in turn due to the lower degrees of psychological burnout sense among them and therefore they did not resort to use these characteristics.

The strategies for health practitioners with type (B) which appeared to be used at low level with means ranged from (8.83 - 5.29) and standard deviations of (8.02 - 3.30), indicating the difference appreciation of the practitioners in their use of these strategies. These strategies were arranged as: searching for information, confrontation self-assertion, relax, mental separation, logical analysis, taking responsibility, denial, accept the fait accompli, positive re-interpretation, isolation, humor, giving up, blame oneself, daydreaming and emotional venting

respectively. Perhaps the reason for the emergence of negative coping strategies at low grades because they did not compatible with the personality characteristics of health practitioners having type (B) like their attitudes to solve problems they faced, their ability to relax and to participate in recreational activities without the need to prove superiority, not a sense of pressure and time deadlines, lack of competition and they were focusing on their work along with other life activities normally.

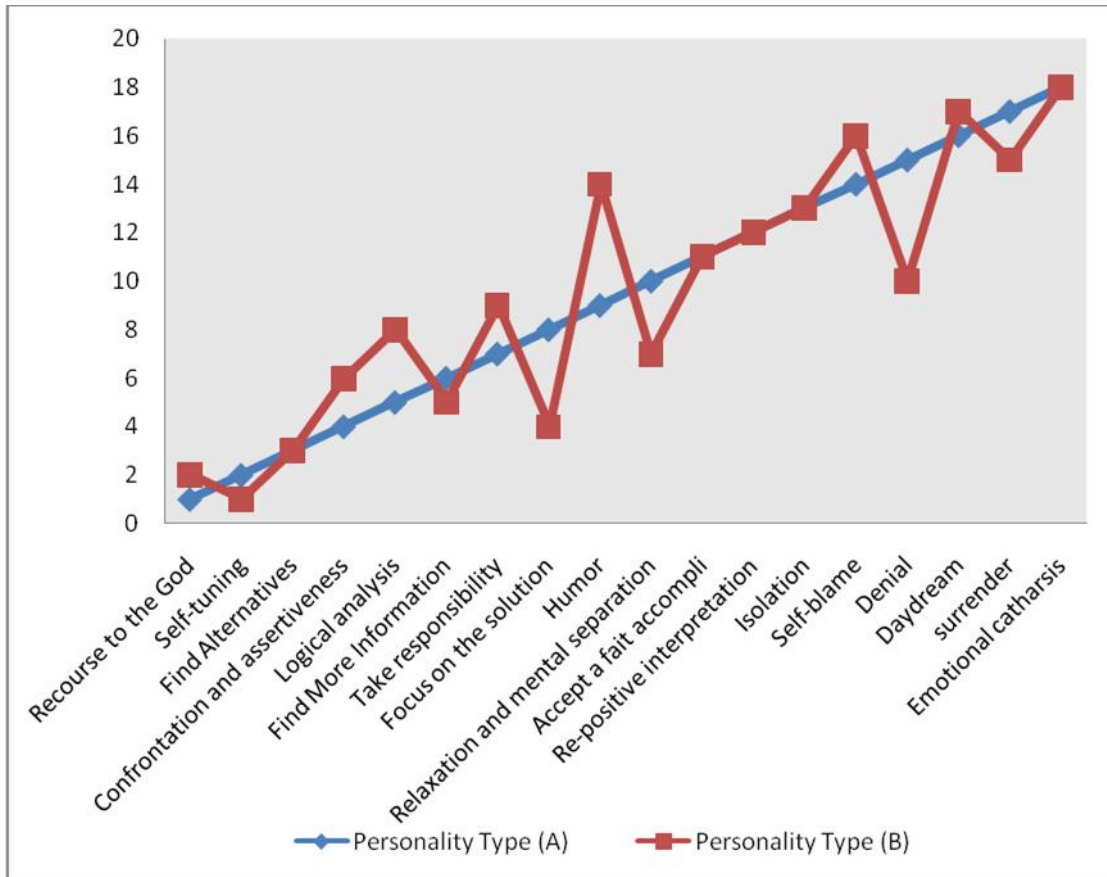


Figure 1: Use of coping strategies to face Burnout and stress among health practitioners with personality type (A, B).

Figure (1) showed that most of the positive strategies used to cope with the Job Burnout and pressures of health practitioners having personality type (A) came at first grades (50%) of

the overall strategy, while the negative strategies accounted the remainder with exception of Positive re-interpretation strategy which came at the 12th rank for both type A and B personality.

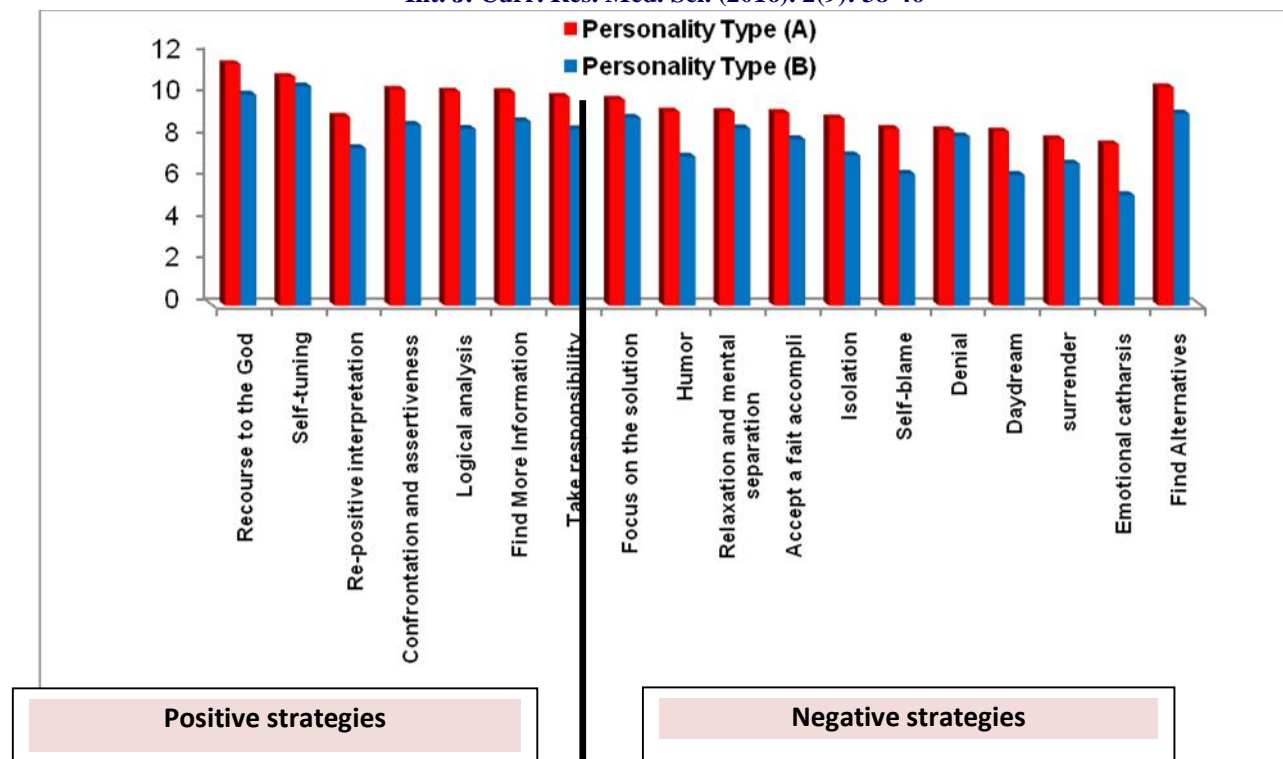


Figure 2: The averages of the positive and negative strategies to cope with the Job Burnout and pressure of health practitioners having type (A and B) personality.

Figure (2) showed that the degree of use of the positive and negative coping strategies for health practitioners having type (A) is generally higher than strategies that used by health practitioners having type (B) personality, also we notice that the order of the negative strategies for health practitioners having type (B) personality was similar to level of those having type (A) (search for reward, acceptance, isolation, venting) and accounted (40%) of the total number of the strategies. These strategies are different to the rest of the negative strategies where the following strategies (humor, self-blame and daydreams) were in favor of health practitioners having type (B) and accounted (30%) of the negative total strategies. On the other hand; the strategies of (relaxation, denial and surrender) were in favor of those health practitioners having type (A) and accounted (30%) of the total negative strategies. Perhaps the reason for that is due to the difference in personality characteristics of type (A and B). These results agreed with the previous studies (Plana, Antón & Gassió, 2003) where the social support and control strategies are better and effective in controlling the pressures; while supportive feelings strategies are less effective in controlling the pressures (whether these pressures

resulted from the environment or the individual feelings).

Conclusion

Job stress and burnout continue to appear as main problems affect employees' health and most of the health practitioners were having personality type (A), and they used coping strategies in various ways and degrees. The health practitioners having personality type (A) were with low coping forces and they used positive and negative coping strategies frequently more than health practitioners having type (B) personality.

Conflicts of interest


The authors declare that there is no conflict of interests.

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