NEGOTIATING THE REALITY OF CAREGIVING: HOPE, BURNOUT AND NURSING

ELISABETH D. SHERWIN AND TIMOTHY R. ELLIOTT
Virginia Commonwealth University/Medical College of Virginia

BRUCE D. RYBACKY
Rush-Presbyterian St. Luke’s Medical Center

ROBERT G. FRANK AND STEPHANIE HANSON
University of Missouri Health Sciences Center

JAMES HOFFMAN
Woodrow Wilson Rehabilitation Center

Examined the relation of hope to occupational burnout among 81 nurses in chronic-care rehabilitation units. Hypothesizing from Snyder’s (1989) model of hope in the reality negotiation process, it was predicted that hope would be significantly predictive of three separate components of burnout. Nurse burnout was assessed with the Maslach Burnout Inventory (Maslach & Jackson, 1981). Separate regression equations revealed higher levels of hope to be significantly associated with lower emotional exhaustion and depersonalization, and greater personal accomplishment. These findings indicate that hope as theorized by Snyder (1989) has beneficial aspects for persons who have to endure long-term stressful situations that may not be necessarily perceived as threatening to the self.

Although folk psychology maintains that accurate reality perception is characteristic of optimal mental health (e.g., Jahoda, 1953; Jourard & Landsman, 1980), this tenet has been challenged. Researchers investi-
gating social cognitive processes among individuals facing threatening circumstances have found that these persons often attend and respond selectively to aspects of their situation (Taylor, 1989). Janoff-Bulman (1989), for example, noted that this process is correlated with a variety of adaptive processes associated with coping in traumatic and commonplace situations. Furthermore, higher levels of self-esteem, contentment, happiness, productive work, creative capacity, and increased empathy have been associated with the manner in which people integrate and acknowledge their reality (Taylor, 1983; Taylor & Brown, 1988).

This phenomenon has recently been conceptualized by Snyder (1989) as reality negotiation. Reality negotiation is defined as "...any psychological process whereby the person preserves or amplifies the personal theory of self" (Snyder, Irving, Sigmon, & Holleran, in press, p. 8). These attempts may be exhibited in one of two forms: excuse-making and hope. Excuse-making encompasses all behaviors aimed at distancing oneself from undesirable acts that could have negative implications for the self-image, while hope includes those behaviors aimed at increasing the personal connection to positive events. Hope is comprised of two factors: agency and pathways (Snyder, Irving, & Anderson, 1991). Agency reflects the individual's sense of determination and energy to meet personal challenges and goals; pathways reflects the individual's perception that one can generate ways to attain goals.

Several investigators have found hope to be predictive of psychological adjustment among people in stressful and routine conditions (Elliott, Witty, Herrick, & Hoffman, 1991; Snyder et al., 1991). Theoretically, reality negotiation involving hope should be pronounced among persons who face dire circumstances such as cancer (Taylor, 1983), rape (Janoff-Bulman, 1989), or severe disability (Elliott et al., 1991) in attempt to ward off threats to the individual's self-image. Other data indicate that the propensity to engage in favorable self-presentations is heightened when a person's self-esteem and sense of ability are threatened (Roth, Snyder, & Pace, 1986; Taylor, Collins, Skokan, & Aspinwall, 1989). However, it is less clear how hope operates in stressful situations that are not necessarily perceived to be threatening to the self.

Many health-care professionals, for example, encounter a great deal of stress while attending to the needs of their clientele. Stress is characteristic of the nursing profession and is predictive of satisfaction, turnover, and burnout among nurses (Firth, McKeown, McIntee, & Britton, 1987; Pines & Aronson, 1988). Occupational burnout among nurses is thought to be a consequence of the emotional and physical demands that accompany care giving in institutional settings (Maslach & Jackson, 1981; Pines & Aronson, 1988).

Intuitively, burnout should be inversely related to hope. By definition, hope involves a sense of willful determination and perceived ways to achieve one's goals that are notably absent in the burnout syndrome. It is interesting to observe that writers in the nursing literature extol the virtues of hope in maintaining faith, determination, and the pursuit of goals, while denigrating the utilization of denial in coping with job stress (Hall & Wray, 1989; Lawrence & Lawrence, 1987). In this regard, Hall and Wray (1989) believe that nurses who engage in denial are not realistically acknowledging the stressfulness of their job and subsequently risk exacerbating their work-related problems.

The concepts of denial and hope in nursing may be better understood in the theoretical language of reality negotiation. Nurses with high levels of hope may be able to withstand the wear-and-tear of their work. A sense of goal-directed energy ("agency") and perceived success in generating ways to meet personal and professional goals ("pathways") may enable a nurse to translate the stress of the job into a less depleting task—one more easily mastered and accomplished. Theoretically, hopeful nurses could stave off symptoms of burnout by maintaining a favorable sense of self, deemphasizing the unfavorable aspects of the job, and increasing the linkage to positive outcomes and goals (Snyder et al., in press). In this process, nurses would sustain more positive self-perceptions despite the interpersonal and intrapsychic erosive qualities of chronic care.

This study was conducted to investigate the nature of the relationship between hope and burnout among nurses in chronic care hospital units. Specifically, it was predicted that hope as hypothesized by Snyder (1989) would be significantly and inversely related to occupational burnout.

METHOD

RESEARCH PARTICIPANTS

Participants were 81 (73 female, 8 male) nurses stationed in chronic care rehabilitation units in 6 hospitals. All of the participants worked with patients who had acquired severe physical impairments including spinal cord injuries, head injuries, amputations, and multiple physical
trauma. The mean age of the sample was 38.60 (SD = 10.07). Nurses voluntarily participated in a study presented as research on stress and coping among nurses. All participants gave informed consent.

PROCEDURE

Each participant in the study completed a biographical cover sheet, and the predictor and criterion self-report measures. Packets containing all measures were distributed and returned to a contact person on the wards.

PREDICTOR VARIABLES

The Hope Scale (see Snyder, 1989; Snyder et al., 1991, for details) was used to measure hope. The instrument contains 12 items that require a respondent to rate each on a 1 (definitely false) to 4 (definitely true) scale. Higher scores indicate higher levels of hope. Factor analyses have revealed two identifiable factors, with four items loading on agency and four others on pathways. The remaining four items are included as distractors. Test-retest reliabilities for the Hope Scale suggest temporal stability (.85 over a three-week interval; .73 over an eight-week period; and .76 to .82 in ten-week intervals). The total score for the Hope Scale has been moderately correlated with measures of optimism (.58) and desire for personal control (.54; Snyder, 1989). Alpha coefficients for the two subscales have been acceptable (agency, .71 to .77; pathways, .63 to .80).

A second predictor variable was derived from the number of years of nursing experience on the rehabilitation unit. Nurses reported the length of time they had worked on their particular unit. Years on the unit were rounded upwards.

CRITERION VARIABLES

The Maslach Burnout Inventory (MBI; see Maslach & Jackson, 1981, for details) served as the criterion measure. The MBI has 22 items and contains three factors: emotional exhaustion, depersonalization, and personal accomplishment. Respondents rate each item on a Likert scale according to frequency and intensity. The frequency scores for each scale were used in the present study. Higher scores on the emotional exhaustion and depersonalization scales reflect higher levels of burnout; lower scores on the personal accomplishment scale reflect greater burnout. The MBI is a standard measure of occupational burnout and has been significantly correlated with other measures of job burnout, job stress, and other indices of job satisfaction and performance (Brookings, Bolton, Brown & McEvoy, 1985; Jackson, Schwab, & Schuler, 1986; Maslach & Jackson, 1981). Internal consistency coefficients for the depersonalization, emotional exhaustion, and personal accomplishment scales have been adequate (.77, .89, and .74, respectively); test-retest coefficients have also been acceptable (.60, .82, and .80, respectively). Indices of convergent validity (ranging from .60 to .82) have been also been adequate.

DATA ANALYSES

Pearson correlation coefficients were first computed between the Hope Scale total score, the three burnout scales, and the number of years spent on the unit. To examine the relationships between hope and unit experience on the different components of burnout, separate multiple regression equations were then computed using the Hope Scale total score and years of unit experience as predictor variables. For each criterion variable, a regression equation was computed entering unit experience first, followed by the Hope Scale total score at the second step. To determine the associations between the predictor and criterion variables more precisely, a second equation was then computed entering hope at the first step and unit experience at the second step. Finally, an interaction term (Hope X Unit Experience) was entered at a third step, after controlling for the associations of hope and experience, in order to examine the possible interactive relationships toward the prediction of each criterion variable.

RESULTS

The following means and standard deviations were observed on the predictor and criterion measures for the sample: Hope Scale total score, 24.33 (SD = 2.91); years of unit experience, 4.25 (SD = 3.42); depersonalization, 8.97 (SD = 3.85); emotional exhaustion, 23.25 (SD = 8.90); and personal accomplishment, 34.90 (SD = 5.94). Table 1 presents correlations utilized in subsequent regression equations.

The first set of hierarchical regression analyses examined the relations between hope, unit experience, and depersonalization. Unit
TABLE 1  
Correlation Matrix of Variables Used in Hierarchical Regression Analyses

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<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. Experience on Unit</td>
<td>—</td>
<td>-.08</td>
<td>.26*</td>
<td>.31*</td>
<td>.03</td>
</tr>
<tr>
<td>2. Hope</td>
<td>—</td>
<td>—</td>
<td>-.41*</td>
<td>-.28*</td>
<td>-.38*</td>
</tr>
<tr>
<td>3. Emotional Exhaustion</td>
<td>—</td>
<td>—</td>
<td>.63*</td>
<td>-.29*</td>
<td></td>
</tr>
<tr>
<td>4. Depersonalization</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>-.20</td>
<td></td>
</tr>
<tr>
<td>5. Personal Accomplishment</td>
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Note: *p < .05; **p < .01.

experience, entered at the first step, was significantly predictive of depersonalization: $F(1,79) = 9.97, p < .01$, $\text{Beta} = .33$, $R^2 = .11$. More years on the unit were associated with higher depersonalization scores. Hope, entered at the second step, significantly augmented the prediction of depersonalization, $F_{inc}(1,78) = 6.44, p < .05$, $\text{Beta} = -.26$, $R^2_{inc} = .06$. When hope scores were entered first into the equation predicting depersonalization, the relationship was again significant, $F(1,79) = 7.30, p < .01$, $\text{Beta} = -.29$, $R^2 = .08$. Unit experience was significantly predictive of depersonalization after controlling for hope, $F_{inc}(1,78) = 9.05, p < .01$, $\text{Beta} = .31$, $R^2_{inc} = .09$. Overall, therefore, unit experience and hope each contributed unique variance in predicting depersonalization. For the purposes of the present study, it is important to note that higher levels of hope were uniquely predictive of lower depersonalization scores. The Hope X Unit Experience interaction term, entered at the third step, was not predictive of depersonalization, $F_{inc}(1,77) = 2.31, \text{n. s.}$

The second set of hierarchical regression analyses examined the relations between the predictor variables and emotional exhaustion. Unit experience, entered at the first step, was significantly predictive of emotional exhaustion, $F(1,79) = 5.76, p < .05$, $\text{Beta} = .26$, $R^2 = .07$. Hope scores entered at the next step significantly augmented the prediction of emotional exhaustion, $F_{inc}(1,78) = 14.11, p < .01$, $\text{Beta} = -.38$, $R^2_{inc} = .14$. When the predictor variables were entered in reverse order, hope was significantly predictive of emotional exhaustion at the first step, $F(1,79) = 15.13, p < .01$, $\text{Beta} = -.40$, $R^2 = .16$; moreover, unit experience augmented the prediction at the second step, $F_{inc}(1,78) = 4.94, p < .05$, $\text{Beta} = .22$, $R^2_{inc} = .05$. The Hope X Unit Experience interaction was not significant at the final step: $F_{inc}(1,77) = .36, \text{ns}$. Therefore, unit experience and hope each contributed unique variance in predicting emotional exhaustion. It was the case, however, that higher levels of hope were associated with lower emotional exhaustion scores, and hope was a stronger predictor of emotional exhaustion than unit experience.

In the final set of regression analyses, the relations between hope, unit experience, and personal accomplishment were examined. Unit experience was not significantly predictive of accomplishment scores when entered first into the equation, $F(1,79) = .01, \text{n. s.}$, or when entered second, after controlling for the relations between hope and accomplishment, $F_{inc}(1,78) = .18, \text{n. s}$. Hope scores, on the other hand, were significantly predictive of accomplishment when entered at the first step, $F(1,79) = 14.31, p < .01$, $\text{Beta} = .39$, $R^2 = .15$, and when entered after controlling for unit experience, $F_{inc}(1,78) = 14.39, p < .01$, $\text{Beta} = .40$, $R^2_{inc} = .16$. Thus, higher levels of hope were significantly associated with higher personal accomplishment scores, and this relationship held when the shared variance of unit experience was removed. The Hope X Unit Experience interaction term, entered at the final step, was also significantly predictive of personal accomplishment, $F_{inc}(1,77) = 3.83, p = .05$, $\text{Beta} = 1.78$, $R^2_{inc} = .04$. The interaction, computed according to recommendations by Cohen and Cohen (1983), indicates that the relation of hope to personal accomplishment was moderated by the degree of experience on the rehabilitation unit. High hope was associated with greater personal accomplishment as experience increased (see Figure 1). In contrast, low hope was associated with lower personal accomplishment scores when unit experience was high.

In summary, more experience on the unit was associated with greater depersonalization and emotional exhaustion. More importantly for the present study, hope was a significant predictor of all three components of burnout; moreover, in all instances higher levels of hope were associated with burnout scores in the theoretically predicted directions. In relation to unit experience, hope accounted for more variance in the prediction of emotional exhaustion, and was uniquely predictive of personal accomplishment. Finally, hope significantly interacted with unit experience toward the prediction of personal accomplishment.

**DISCUSSION**

The findings of this research are consistent with previous results regarding the beneficial aspects of hope. Hope was clearly related to less burnout. While experience on the unit was significantly predictive of lower depersonalization and emotional exhaustion, it was not directly associated with lower perceptions of personal accomplishment. In contrast, hope's comprehensive palliative relation to burnout
was evident. Hope was associated with lower scores on the depersonalization and emotional exhaustion scales, and higher personal accomplishment scores. Hope evidenced a unique relation to burnout in the interaction with unit experience toward the prediction of personal accomplishment.

Hope was the strongest predictor of emotional exhaustion. Emotional exhaustion is possibly the key element in burnout. Research indicates that this component is the strongest predictor of job dissatisfaction, plans for leaving the job, training for other work, and actual turnover (Jackson et al. 1986). Nurses experiencing emotional exhaustion may have been inclined to endorse positively feeling emotionally drained by the job, frustrated, and burned-out and were likely to acknowledge that working with people is draining and stressful.

Hope may have helped these nurses find meaning in the face of draining work experiences. Frankl (1953), recalling his experience as a concentration camp inmate, observed that the need to imbue his life with meaning and his belief in the significance of his future existence warded off despair and subsequent death. Similarly, nurses who endow their professional and personal lives with significance and purpose are better able to fend off emotional exhaustion. It is also possible that hope provided nurses with more “fuel” to meet the everyday demands of chronic care nursing.

Unit experience was an important predictor of depersonalization, supporting the idiom that “familiarity breeds contempt,” or at the very least dehumanization and desensitization. Long-term caring and fatigue may erode the nurses’ ability to view each patient as a personable individual. Alternatively, depersonalization may be the result of a cohort effect; namely, it may be permissible to depersonalize patients, but only among those who have been in service for a sufficient time. Depersonalization has been considered a common problem to those in human service agencies (Maslach & Jackson, 1981).

It should be noted, however, that hope accounted for a significant amount of variance in depersonalization scores above and beyond that accounted for by experience. It is plausible that low hope among nurses might have been manifested in attempts to decrease the negative aspects of the job, discounting the issues presented by patients or by actually denigrating the patients themselves (Snyder et al., in press; Wills, 1978). Items on the Maslach Burnout Inventory that assess depersonalization are consistent with these explanations. Nurses are asked to rate the degree to which they treat patients as if they were objects, the degree to which they are unconcerned with the patient’s welfare, and the lack of care for some patients. In the absence of hope, a lack of direction and personal meaning may spread to encompass patients who are then easily depersonalized. Hence, they may become mere room-numbers or their respective illness as the nurse tries in vain to manage the negative impact of the job.

Correlations between hope and personal accomplishment generate intriguing interpretations. As previously suggested, it appears that hope allows an individual to translate and reinterpret their situation into one that can be managed. It was recently suggested that “hopeful” people perceive themselves as being better problem solvers, which in turn is related to a positive affective and cognitive appraisal of circumstances (Snyder et al., 1991). Thus the stress associated with chronic care may be perceived as a challenge rather than a threat. The sense of well-being associated with a perception of competence may do more than help an individual withstand the strain of chronic care nursing. The significant interaction between experience and hope.
implies that repeated challenges may boost the sense of accomplishment among those with high hope. The hopeful person, then, may find otherwise stressful encounters as growing experiences that enhance self-perceptions. Such experiences do not erode the sense of self; they may, in fact, reaffirm it.

Several limitations of our study should be considered. Nurses from several sites participated in the study and it is unknown the degree to which the environments may have varied. Significantly different working conditions may have confounded the observed relations between hope and burnout. Additionally, the number of nurses, while adequate for the particular tests employed, may be an insufficient sampling of nurses involved in rehabilitation. More importantly, the correlational nature of the study limits our ability to fully understand the relations between hope, experience and occupational burnout among nurses. Despite these concerns, the results are consistent with current notions of reality negotiation. Further research is required to highlight the role hope plays in actual behaviors among persons in human service professions.

REFERENCES


