Burnout in Nursing Staff: A Clinical Syndrome Rather Than a Psychological Reaction?

Apostolos Iacovides, Konstantinos Fountoulakis, Charoula Moysidou, and Charalambos Ierodiakonou

Abstract: The aim of this study was to investigate the relationship between the development of burnout in the nursing staff and traits of personality, as well as sociodemographic and professional characteristics. Maslach Burnout Inventory and Eysenck Personality Questionnaire were used to evaluate all the members of the nursing staff of General Hospital AHEPA. Data on sociodemographic and professional characteristics of the staff were gathered as well. The analysis showed that there is a complex interaction of the measured characteristics of the sample that leads to the development of burnout. The model of burnout development is not only nonlinear, that is, different variables play a different role in each level of burnout development, but also points to a discontinuity between 'normal' attitude towards work and true burnout. This suggests the possibility that burnout is a true clinical syndrome with neurotic features rather than a magnification of normal tiredness from work. © 1997 Elsevier Science Inc.

Introduction

In 1974 Freudenberger [1] first used the term 'burnout' to describe a symptomatology of exhaustion of mental care professionals in their work. In 1982, Maslach [2] gave one of the most comprehensive definitions for this term, incorporating the physical as well as the mental exhaustion observed in every professional whose work needs continuous contact with other people. The syndrome does not emerge suddenly. It is the product of a long time of stressful working. According to Maslach and Jackson [3], there are three main dimensions to the burnout syndrome: emotional exhaustion, depersonalization, and personal achievements. In the development of burnout, emotional exhaustion emerges first. The professional feels tired from work, and has no mental strength to invest in work. This is followed by the professional's attempt to defend him or herself by isolating himself from the affect (depersonalization dimension). In this way, he develops impersonal relationships with his patients in an attempt to avoid stress. This mechanism is ineffective in general and may lead to the final phase of burnout—the decrease in functioning at his work (decrease of personal achievements dimension).

Most of the models of burnout try to explain its development through the interaction between personality and environment [4–7]. Some researchers point to the importance of the stressful conditions at work and to problems concerning the relationships between peers [8,9]. Pines [10] argues that the workplace environment is the main factor leading to burnout, restricting the influence of personality characteristics and motivation to the onset of burnout and burnout severity. Other researchers stress the importance of the individual's attitude towards work in combination with personality, and especially to the existence of 'hardiness' traits [11,12]. However it seems that the interaction between variables is complex. Hard work may lead to burnout; on the other hand, achieving through work, being estimated highly by others, and doing work that is highly valued correlate negatively with job stress [13]. However, in most of the studies, the problem is handled by a theory that has not been empirically proven. There are also methodological pitfalls and the size of the sample makes results suspect.

Materials and Methods

The aim of this study was to investigate the relationship of the development of burnout in nursing...
staff with personality and professional characteristics as well as family and social status. An effort was made for the study to remain within the limits of a solid mathematical model, free of assumptions and biases.

The protocol included the Maslach Burnout Inventory (MBI) [3], which has recently been validated in Greece [14], to assess the level of burnout, and the Eysenck Personality Questionnaire (EPQ) [15,16] to assess personality traits and to gather data about the subject (gender, age, family status, education, and so forth). The EPQ was preferred because it assesses traits of personality and is not influenced by the state of the subject. Instruments such as the Hardiness Scale [11] were not preferred because of their a priori relationship to some MBI items. This relationship may give rise to arbitrary [17] results.

The study took place in General Hospital AHEPA of Thessaloniki and all members of the nursing staff participated. The personal and professional characteristics of the study sample are shown in Table 1.

The analysis includes 14 variables:

1. Age (in years)
2. Kind of department (Intensive Care Unit = 1, other department = 0), which in our opinion reflects a degree of psychological pressure from the environment at work
3. Choice of the workplace (subject’s choice or not)
4. Education (years in nursing school)
5. Number of years of service in the current department/unit
6. Total years of service as a member of the nursing staff in this hospital or elsewhere
7. Number of changes of workplace
8. Psychoticism (P) dimension of the EPQ assesses the existence of impersonal and hostile personality traits and a tendency to loneliness. It refers to ‘a way of thinking’ and is supposed to relate to the manifestation of psychotic symptomatology, although it is a general population characteristic. The higher the score on P dimension, the larger the degree these traits are present.
9. Neuroticism (N) dimension of the EPQ assesses general emotional instability and emotional overreactiveness. It is supposed to relate to the individual’s tendency toward neurotic symptomatology under stress conditions. The higher the score on N dimension, the larger the degree these traits are present.

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<td>4</td>
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<td>34.24</td>
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<tr>
<td>Other</td>
<td>242</td>
<td>65.76</td>
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<th>Choice of department</th>
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<td>Yes</td>
<td>115</td>
<td>31.25</td>
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<tr>
<td>No</td>
<td>253</td>
<td>68.75</td>
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<td>Age</td>
<td>30.42</td>
<td>5.24</td>
<td>22-55</td>
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<tr>
<td>Years of work in hospital</td>
<td>8.28</td>
<td>5.05</td>
<td>0-33</td>
</tr>
<tr>
<td>Years of work in department</td>
<td>4.77</td>
<td>3.39</td>
<td>0-20</td>
</tr>
<tr>
<td>Number of changes of department</td>
<td>1.21</td>
<td>1.44</td>
<td>0-8</td>
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10. Extroversion (E) dimension of the EPQ assesses the social functioning, the compulsiveness, and the temper of the individual; the higher the score, the greater the degree these traits are present.
11. Lie Scale (L) of the EPQ assesses the tendency of the individual to answer honestly to the questionnaire.
12. Emotional Exhaustion dimension of the Maslach Burnout Inventory refers to the emotional stress and exhaustion at work; the higher the score, the greater the Emotional Exhaustion.
13. Depersonalization dimension of the Maslach Burnout Inventory refers to the development of emotional isolation in work; the higher the score, the greater the emotional isolation at work.

14. Personal Achievements dimension of the MBI refers to the inability to derive pleasure from work; the higher the score, the greater the ability to receive pleasure.

Statistical Analysis

A quick look at bivariate scatterplots [18] of variables points to the conclusion that there is not a linear relationship among variables: using the Shapiro-Wilks W Test of Normality [19], and the Variance Ratio F Test [20], we found that neither the homogeneity nor the normal distribution of the variances assumption is fulfilled. Therefore, the direct application of a method such as Multiple Linear Regression Analysis, Multiple Analysis of Variance (MANOVA), or the Multiple Analysis of Covariance (MANCOVA) would not be appropriate.

Apart from the strictly mathematical aspects mentioned above, it was the writers' intention to use the data without assumptions, to be flexible enough to handle the interaction between the variables in the development of burnout, and to search for possible discontinuity that would point to a different quality of the symptomatology. Cluster Analysis [21] was chosen as the best method. Using various methods of Cluster (single or complete linkage, centroid method, Ward's method), we obtained similar results. The main clusters of variables were the same. This fact leads to the conclusion that there is a true structure of clusters in our sample and the data between clusters should be treated as 'noise.' With this in mind, Ward's method was the best choice [22] for the final step-by-step analysis.

The next problem was the heterogeneity of the sample which could lead to a model that would cover and hide many different submodels. The main considerations of heterogeneity were age (age accompanies position at work, experience, possibly increased vulnerability due to burnout development in the past or increased strength at a younger age), and level of burnout.

Therefore, the analysis was performed in three different groups, according to the burnout level, as given by the authors of the MBI, taking into account that the first dimension of burnout to appear is Emotional Exhaustion.

The first group (group 1) included members of the nursing staff with Emotional Exhaustion score below 20 (phase A of the development of burnout), the second group (group 2) were those below 31 and over 20 (phase B), and the third (group 3) were those with Emotional Exhaustion over 30 (phase C). These cutoff points represent the 33rd and 66th percentile according to the frequency distribution of Emotional Exhaustion scores in the validation study of the Greek version [12].

The analysis started by clustering the above-mentioned variables using the members of each group aged under 28 years and continued by incorporating older members until the clustering of the variables changed (stepwise). Then the same step-by-step analysis was performed, starting with the members of each group over 35 years and incorporating younger ones to determine more precisely the differences in the models of clustering and the age cutoff.

Finally, the sample was divided into six groups (two age groups by three burnout levels) and, assuming that the model in each group was generally linear, Multiple Linear Regression Analysis [23] was performed for each group using the variables suitable for age and level. The interception point where the regression line hits the y-axis was set to zero, considering 'a priori' that only these dependent variables contribute to the development of the dependent variable. Beta and B coefficients as well as Partial Correlation coefficients and R-square value are obtained with this method.

Finally, ANOVA was used to search for differences among subgroups.

Results

The mean values, standard deviations, and range of scores on EPQ and MBI dimensions are shown in Table 2.

It is interesting to note that a cluster incorporating the variable 'kind of department' and the variable 'choice of the workplace' is always present in every Cluster Analysis we perform and is always the first to appear. This leads to the conclusion that for some reasons, the specific workplace and its difficulties neither play an essential role in the development of burnout nor influence its course at any age or burnout level. This result will be discussed in more detail later.
Table 2. MBI and EPQ dimensions of the members of AHEPA General Hospital nursing staff that took part in the study

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
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</thead>
<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>22.40</td>
<td>11.37</td>
<td>0</td>
<td>54</td>
</tr>
<tr>
<td>Personal achievements</td>
<td>36.18</td>
<td>8.06</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>7.59</td>
<td>5.66</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>P</td>
<td>3.05</td>
<td>2.13</td>
<td>0</td>
<td>13</td>
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<tr>
<td>N</td>
<td>12.96</td>
<td>4.11</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>E</td>
<td>14.14</td>
<td>3.97</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>L</td>
<td>11.87</td>
<td>3.34</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

**Group A**

Analysis of the data derived from subjects with little or no burnout (phase A) shows that the cluster structure is stable throughout our sample and does not change when the analysis begins with the older subjects first.

Two of the three dimensions of the EPQ (E and N) as well as the L scale, cluster with Emotional Exhaustion. The third dimension (P), together with professional characteristics (education, number of years of service in the current department/unit, number of total years of service as a member of the nursing staff in this hospital or elsewhere, number of changes of workplace) clusters with Depersonalization. Finally, age clusters with Personal Achievements.

**Group B**

From the analysis of the moderate burnout group (phase B) more complex results appear. The cluster structure changes when we incorporate subjects over 37 years old. When we start the analysis from the opposite starting point, the cluster structure changes when we incorporate subjects younger than 34 years. It seems that between ages 34 and 37 there is a shift of interaction among variables. The exact age of the change of the model cannot be determined, and may not exist at all, as the change may be gradual. Nevertheless, it is reasonable to take the age of 35/36 as a cutoff point. So, there are two different models, one for the younger and one for the older subjects.

**Older Subjects Group (Age Over 35).** The clustering of the variables of the older subjects group in phase B is similar to the clustering in phase A, with the exception of the variable 'the number of total years of service as a member of the nursing staff in this hospital or elsewhere,' which clusters with Emotional Exhaustion and not with Depersonalization.

**Younger Subjects Group (Age Under 36).** In this group in phase B of the development of burnout, age clusters with Emotional Exhaustion and Personal Achievements whereas Depersonalization clusters with two of the dimensions of EPQ (E and N) as well as the L scale. The third dimension (P) clusters with the professional characteristics and this cluster has no relationship with any of the MBI dimensions.

**Group C**

Analysis of the data derived from the subjects with severe burnout (phase C) shows that the cluster structure is stable throughout our sample and does not change when the analysis begins with the older subjects, with the exception of the variable 'the number of the total years of service as a member of the nursing staff in this hospital or elsewhere'; this remains stuck to the E and N dimensions of the EPQ at the age over 35, as in phase B, whereas in the younger subjects it clusters with P and has no relationship with MBI dimensions.

In more detail, in phase C of the development of burnout, age clusters with Emotional Exhaustion and Personal Achievements and Depersonalization clusters with two of the dimensions of EPQ (E and N) as well as the L scale. The third dimension (P) clusters with the professional characteristics and this cluster has no relationship with any of the MBI dimensions. The variable 'the number of the total years of service as a member of the nursing staff in this hospital or elsewhere' clusters as mentioned before.
Comment on Results

A general view of the model of interaction between variables shows that subjects under age 36 years manifest the same mechanisms in phases B and C whereas subjects over 35 manifest the same mechanisms in phases A and B. The mechanisms of phase A and C are almost identical for all ages. The difference between these age groups lies in phase B, where both groups manifest the same 'quantity' of burnout, but a different 'quality.'

An example of a Cluster Analysis tree is shown in Figure 1. In Figures 2 and 3, the proposed model of burnout development is schematically shown and the signs denote whether the influence is positive or negative. These signs come from the Partial Correlation Coefficients which were calculated using Multiple Regression Analysis in the six groups described above, with the three dimensions of the MBI as dependent variables and the variables that cluster with each dimension as independent. The regression equations manage to explain most of the variance of MBI dimensions, reaching the proportion of explained variance to 99%. Only Depersonalization in phase A in both age groups does not seem to follow this rule and the proportion drops below 75% (49.9% and 45.8%, respectively).

Younger Subjects (Under 36) in Phase A of Burnout

There is a simple but difficult question to answer on the homogeneity of the younger subjects group in phase A. It is reasonable to suggest that this group incorporates at least three other subgroups.

Hypothetical Groups. These include those who had never experienced a burnout syndrome and are not likely to develop one, those who had one in the past and recovered, and those who had never experienced a burnout syndrome but are likely to develop one in the future.

The three groups that derive from Cluster Analysis of these subjects differ in the kind of department, MBI dimension scores, as well as their P dimension scores.

Groups Derived from Cluster Analysis. Group 1 (28% of cases on phase A under 36 years old) seems to be the 'healthiest.' Group 2 (22.4% of cases) seems to have a very low Personal Achievements score and the largest percentage of ICU staff. Group 3 (49.6% of cases) has more or less balanced scores, although it seems to have a totally different profile from group 1 in kind of department, Emotional...
Exhaustion, and Depersonalization. Statistically significant differences were detected in the kind of department and the three dimensions of the MBI (Emotional Exhaustion, Personal Achievements, and Depersonalization), at the level of \( p < 0.01 \).

**Comment**

The combination of low Personal Achievements score and hard environment at place of work (ICU) in group 2 is impressive. These subjects have fewer years of work in the hospital and fewer number of changes of workplace. The above results point to a subgroup in phase A, which may be vulnerable to developing burnout.

**Subjects Under 36 in Phase A with Low Personal Achievements.** As stated before, the regression equations manage to explain most of the variance of MBI dimensions, reaching the proportion of explained variance to 99%. Only Depersonalization in phase A in both age groups does not seem to follow this rule and the proportion drops below 75% (49.9% and 45.8%, respectively). Further analysis was made in order to learn whether categorization according to Personal Achievements score can improve the proportion of variance explained.

We used only subjects under 36 years of age in phase A that had low Personal Achievements score in order to perform Multiple Regression Analysis with Depersonalization as the dependent variable entering Personal Achievements variable in a step-wise way. The variance increased as we incorporated subjects with lower scores on the Personal Achievements dimension, and from 71% with subjects with Personal Achievements score less than 35, it reached 76.6% with those with less than 30, and 95% of variance of Depersonalization with those subjects with Personal Achievements score less than 25. However, none of the variables was statistically significant and this points to a more complex interaction between them.

The impressive element is that when we use only ICU staff with Personal Achievements below 40, we obtain a 98% of variance explained, and a statistically significant effect on \( P \).

**Comment**

This clearly points to a relationship between these three variables (Depersonalization, Kind of Department, and \( P \)), but only in a selected group. An explanation could be that the increased—though not statistically significant—emotional isolation in work observed in members of the ICU nursing staff without burnout, who, in addition, find it difficult to receive satisfaction from their work, is a result of the interaction of the specific characteristics of ICU (high technology environment, many patients in a coma, greater demands in working) with personality traits of loneliness, hostility, and tendency to create impersonal relationships (\( P \) dimension of the EPQ).

The same analysis of cases was performed in younger subjects in phases B and C, as well as in older subjects in all phases. The groups obtained from the analysis of subjects younger than 36 generally agree with the above results, but variable 'kind of department' does not seem to relate to the severity of burnout. The group with the 'heaviest' profile of MBI scores in phase C is characterized by a large number of changes of department in spite of the moderate number of years in the hospital, and the lowest rate of choice by the subject of the cur-
Figure 3. Burnout development in subjects over 35 years of age.

These results clearly support the model of burnout development by pointing to some sources of variance. In general, the spectrum of subjects—in terms of burnout dimensions in the various levels of burnout in combination with personality traits—seems to be continuous.

One cannot be accurate in the proportion of members of nursing staff who manifest burnout syndrome. Given the model described above, and not simply MBI score, 50.65% of subjects under 36 and 17.25% of those above 35 suffer from true burnout which is generally homogeneous in quality and depends on the Neuroticism dimension of EPQ. Subjects without burnout who may be more vulnerable to burnout account for 9.15% (N = 14) of the group under 36 years and 7.7% (N = 2) of the group over 35 years without burnout (Table 3).

Discussion
The burnout syndrome in the nursing staff is a complex phenomenon, one that is continually changing in the manner of its development. The model derived from the analysis proved to fit the data very well. A discussion of this phenomenon has been organized in the following topics.

There May be a Group of Subjects Vulnerable to the Development of Burnout. This proposed vulnerability is related to the Psychoticism dimension of the EPQ and to the interaction of this personality trait with environmental stimuli. It incorporates a trait that manifests itself by low ability to receive pleasure and gratification from work (low Personal Achievements score) that finally leads to a difference in 'quality' of the emotional isolation in work (Depersonalization dimension). This difference in quality is not detectable by MBI.

It is interesting that this trait is not detectable in
older subjects in phase B, and its relationship to environmental stimuli is unstable. A number of explanations can be suggested. We can charge this to the abandonment of work by these subjects at a latter age, or to a change in traits of personality as a result of repeated manifestations of burnout that affects scoring. If this is the case, and a group of subjects vulnerable to the development of burnout do exist, then we can predict burnout by screening for individuals with a high Psychotism score and a low Personal Achievements score in the absence of burnout.

The Personal Achievements score that proved to be a crucial element is well related to the variable age; this variable is difficult to validate. It seems to be closely related to Personal Achievements through chronological age and phase of burnout and may reflect experience, existence of burnout episodes in the past, position at work, and generally, conditions of work.

Low Personal Achievements score can be interpreted as an inability to receive gratification from work. The relationship to burnout has been investigated in previous studies, but no definite conclusion was reached, since matters of positive or negative work experience [24], rich-value work [13], and greater job influence [25], complicated the picture. In general, these studies support our findings.

The Workplace Has No Effect on Burnout. Neither choice of department nor the kind of the department (Intensity Care Unit or other) play any role in the development of burnout, according to the model derived from the current study. Only the ‘years in department,’ ‘number of changes,’ and ‘education’ relate (all of them positively) to depersonalization in the group of older subjects (Fig. 3). It should be noted that most (68.75%) subjects did not chose their place of work. The choice was made by the administration of the hospital. However, it is commonplace to keep members of nursing staff who function at a high level in places such as Emergency Rooms and ICU. Most of them like to work in these places, where responsibility, and as a result, gratification from work, are higher. Therefore it is not strange to find only the above-mentioned variables to correlate with burnout. The combination of a high ‘number of changes’ (denoting difficulties in adjustment and inability to cope with demanding situations at work that leads to frequent changes of workplace) with many ‘years in a department’ (nowhere else to go; all departments avoid the subject) are logical reasons for burnout. The role of education remains unclear. Finally, one should bear in mind that the term ‘job stress’ is not identical to burnout.

Differences in ‘Quality’ of Burnout Symptomatology Between Younger and Older Subjects. The model of interaction in phase A is retained in phase B in subjects older than 35, suggesting that there is a difference in quality in what MBI measures in subjects in phase B. It seems that older subjects have less ‘psychopathology’ when they develop moderate burnout compared with younger ones.

In contrast, the model of phase B in younger subjects is the same with that of phase C which is stable through age. This model refers to the mechanisms that underlie a true burnout syndrome. According to this model, when the subject manifests burnout (phase B and C of younger subjects), the two dimensions of MBI, Emotional Exhaustion and Personal Achievements, are related to ‘age’ and do not seem to directly influence each other. Depersonalization, on the other hand, is related to N, E, and L dimensions of EPQ alone. Psychoticism and environmental stimuli seem to play a minor role in this phase.

When older subjects manifest burnout (phase C), emotional exhaustion is related not only to age but to neurotic features of personality as well. Personal Achievement relates to Psychoticism and to environmental stimuli and personal characteristics such as education. The model of the interaction between variables in the development of burnout and the differences between the two age groups are shown in Figures 2 and 3.

A Clinical Syndrome Rather Than a ‘Psychological’ Reaction? The above results point to the dis-
continuity between ‘normal’ attitude towards work, as it is measured by MBI in subjects that have no burnout, and burnout syndrome, as measured by the same instrument. The normal attitude seems to derive from the interaction of the personality as a whole (all EPQ dimensions contribute to the equations) and environmental factors in a more or less chaotic way. The subjects with a possible vulnerability show 1) a relatively low ability to receive satisfaction from their work (low Personal Achievements score); 2) traits of loneliness, hostility, and isolated affect; and 3) find it difficult to function in a demanding professional environment. With the development of burnout, this emotional isolation seems to depend more on the N, E, and L dimensions of EPQ, and that could mean that in this stage the quality of this isolation is truly neurotic.

The N dimension (Neuroticism) refers to the general emotional instability of the subjects and their emotional overreactivity and tendency to develop neurotic symptomatology in a stressful environment [26]. Persons with high scores in this dimension are anxious and get easily depressed. They tend to suffer from insomnia and psychosomatic disorders. Their emotional instability and overreactivity markedly disturb normal adjustment.

The E dimension (Extroversion) refers to the tendency of the subject to be easily socialized, impulsive, and to love risk and danger. A low score in this dimension is characteristic of a person who is peaceful, has insight, prefers books to people, tends to plan and does not act impulsively, avoids risk and danger, prefers a safe and organized way of life, has self-control, is reliable, and gives weight to moral values. A high score in this dimension is characteristic of a person who is generally optimistic, likes to enjoy himself, and loses his temper easily. This person has a ‘hard’ character, a revolutionary temperament, and is aggressive [27].

The L scale (Lie) was the subject of indepth research from Eysenck et al. [28,29]. They concluded that the L scale truly measures the tendency of the subject to feign, however, there are some data denoting that this scale may measure a dimension of ‘immature social skills.’ The greater the tendency to feign, the greater the correlation between N and L. According to the validation study of the Greek version of the EPQ [16], the L scale correlates with the P dimension but not with the N or E dimensions. Comparing subjects with high L scores with those with very low L scores showed that the first group had much lower P scores than the second one. The two groups did not differ in their N and E scores.

The P dimension refers to a vulnerability of the subject to manifest psychotic symptomatology. However, only a minority of subjects with a high score in this dimension will actually manifest true psychosis [30]. Most of these subjects tend to live a solitary life, are impersonal, hostile, and aggressive, even towards their loved ones. They favor odd, eccentric matters and situations and do not consider danger [31]. It would be better to label these subjects as suffering from a cluster A or B personality disorder according to DSM-IV. The P dimension is indirectly correlated negatively with the depersonalization dimension since it correlates negatively with the L scale.

The P dimension, education, attitudes, beliefs, and so forth seem to play a minor role. Therefore our model suggests that personality characteristics may play a major role in burnout development, greater than sociodemographic factors. This has been voiced by other authors as well [32].

**Sources of Difference in Quality Between Young and Older Subjects.** The differences in quality between the young and the older subjects point to two alternatives: 1) we can either suppose that older subjects in phase B do not suffer from burnout, but that it is just a ‘normal decline’ of the professional interests because of age, or 2) we can suppose that there are two different kinds of burnout, one for the younger and one for the older. The writers’ opinion is that it would be more suitable to accept the first alternative. This leads to a dramatic drop in the proportion of older subjects suffering from burnout. Table 3 shows the frequencies and proportions of subjects according to age, burnout, and trait (vulnerability to develop burnout).

In the group of subjects less than 36 years of age, N and L dimensions correlate positively with Depersonalization in phases B and C of burnout, whereas E correlates negatively. In the group of subjects over 35 years, N, E, and L dimensions correlate positively with Depersonalization in phase C of burnout. That means that there is further difference in the manifestation of ‘true’ burnout (our model suggests that true burnout exists only in these phases) between these age groups. Burnout in the older subjects manifests more in characters with impulsiveness and short temper, whereas in younger ones it manifests more in nonaggressive characters with high self- and emotional control.

It is clear that burnout is not just a normal reaction to stress at work but possibly a true clinical entity with neurotic features. It remains to be clarified whether the vulnerability shown by some subjects at phase A, that could lead to more severe forms of burnout, is related to the inability to enjoy pleasure, as is seen in depressives. Apart from this,
it is essential to further investigate the relationship, if any, between burnout and depression.

References


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