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Role Conflict, Role Ambiguity, and Burnout among Medical-Surgical Staff Nurses

Wendy Miller
Loyola University Chicago

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Role Conflict, Role Ambiguity,

and Burnout Among Medical-Surgical Staff Nurses

by

Wendy Elizabeth Miller

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Vita

The author, Wendy Elizabeth Miller, is the daughter of William Mark Miller and Carole (Westerhold) Miller. She was born October 16, 1962, in Berwyn, Illinois.

Her elementary education was obtained in a private school in Hinsdale, Illinois. Secondary education was completed in 1980 in the public schools of Westmont, Illinois.

Miss Miller attended Oral Roberts University Anna Vaughn School of Nursing where she graduated with honors and received a Bachelor of Science degree in nursing in April, 1984. While attending Oral Roberts University, she was active in the Oklahoma Student Nurse's Association and the Anna Vaughn School of Nursing Honor Society.

In June, 1984, Miss Miller assumed the position of professional nurse within a large teaching hospital on a medical patient care unit. In January, 1985, she enrolled in the Marcella Niehoff Graduate School of Nursing of Loyola University of Chicago and will meet the requirements for a Masters degree of Science in Nursing with a focus on nursing management/administration in December, 1987.

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CHAPTER I

Introduction

Burnout

Nursing burnout has serious implications for the
individual staff nurse, patients, and the larger
institutions in which they interact. Initial research
(Maslach 1976, 1978a, 1978b; Maslach & Jackson, 1979;
Jackson & Maslach, 1980; Maslach & Pines, 1977; Pines &
Maslach, 1978; and Freudenberger, 1974, 1977) suggests
that burnout can lead to a deterioration in the quality
of care or services provided by the staff. Burnout has
been linked to job turnover, absenteeism, and low
morale. Furthermore, burnout in human service
professionals seems to be correlated with various self-
reported indices of personal distress, including
physical exhaustion, insomnia, increased use of alcohol
and drugs, and marital and family problems (Maslach &
Jackson, 1978).

Relatively few formal research studies have been
conducted with burnout as the dependent variable and
nurses as the subjects. The work of Maslach (1976,
1978a) and Maslach and associates (Maslach & Jackson,
1979; Maslach & Pines, 1977) has led to a more

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thorough and systematic methodology for examining

burnout through the development of a tool which measures

experienced burnout in a wide range of human service

workers. Maslach and associates found that an

individual's self-perception of burnout was affected by

such personal variables as one's age, sex, marital

status, and attained educational level.

Role Conflict/Role Ambiguity

Kahn (1978) identified role conflict and role

ambiguity as two prevalent job-related stressors leading

to burnout. Stress is "a perceived dynamic state

involving uncertainty about something important"

(Schuler, 1982, p.6). The potential for stress

according to McGrath (1983) exists when an individual

perceives a situation in the environment as presenting

demands which threaten to exceed the individual's

capabilities and resources for meeting those demands.

The work of Cherniss (1980) and Schuler (1982) has shown

that work stress may result from or be related to

organizational, supervisory, individual, and work

factors.

Harris (1984) states that:

Organizational stressors are stressors which occur

in the course of employment as a result of the

structure of the employing organization.

Organizational stressors exist along a continuum;
that is, too much or too little of a given stressor
is perceived as stressful, while the optimal amount
is perceived as a satisfier. (p.90)

Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964) found
that two organizational stressors are role conflict and
role ambiguity. Role ambiguity occurs for an individual
when inadequate and/or obscure information pertaining to
the functions and behaviors of one's role prevail. For
a person to adequately perform and adhere to the
expectations of one's role set, certain detailed
information is crucial.

Corwin (1961), Corwin and Taves (1962), Kramer
(1969), Kramer, McDonnell and Reed (1972), Benner and
Kramer (1972), and Watson (1977) have examined role
conflict in nursing. Corwin and Taves (1962) describe
three conflicting orientations in the conceptualization
of nursing. One orientation emphasizes the calling,
another the office, and a third the profession. The
calling orientation refers to the altruism in nursing.
The office orientation refers to bureaucratization,
through which a nurse becomes integrated into a large
organizational system, with increasing administrative

and technical duties and less personalized patient
orientation. The professional orientation demands that
the nurse maintain educational and professional
standards through increased reading of professional
journals, committee work, and being involved in national
and local professional organizations. Corwin and Taves
(1962) state that "these ideal conceptions of nursing,
referred to as the service, bureaucratic, and
professional role conceptualizations, can be held
simultaneously and in varying degrees by any one
individual or group" (p. 223).

The calling, office and professional orientations
in nursing all provide different identities for the
individual nurse. Corwin (1961) observed that a nurse
is at the same time a hospital employee (or a
bureaucrat); a responsible, independent professional;
and a public servant (when in a humanitarian or
altruistic context). Subsequently, an individual staff
nurse needs to espouse loyalty to local administration,
to professional principles and organizations, and to the
patient. It is apparent that these three orientations
to nursing may involve incompatible demands that lead to
potential role conflicts.

In the past, researchers have examined the

variables of role conflict/role ambiguity and perceived burnout independently. An exception was Crane and Iwanicki (1986) who studied these three variables with special education teachers. In light of the current and projected nursing shortage, and the consequences of burnout for the individual staff nurse and the organization as a whole, additional research on these variables needs to be conducted with nurses.

This study focuses on two elements of organizational stress, perceived role conflict and ambiguity, and their relation to perceived nurse burnout. The purpose of this study was to examine the relationship of perceived role conflict and ambiguity to perceived levels of burnout among nurses caring for medical-surgical patients.

The research question for this study was: What proportion of the variance in perceived levels of nursing burnout can be accounted for by perceived role conflict and ambiguity? The study hypotheses were: (a) perceived role conflict and ambiguity are significant determinants of perceived burnout; and (b) professional variables, education and tenure in the current nursing position are significant determinants of perceived burnout.

<u>Definition of Terms</u>

Burnout - "emotional exhaustion resulting from the
stress of interpersonal contact" (Maslach, 1978,
p.56). Burnout was measured as three subscale
scores (emotional exhaustion, depersonalization,
and personal accomplishment) on the Maslach Burnout
Inventory (Human Services Survey).

Role - "the behaviors, as well as those expected, of an
individual in a particular position" (Kahn et al.,
1964, p. 13). The role in this study was medical
or surgical staff nurse.

Role conflict - "the simultaneous occurrence of two or
more sets of pressures that may be inconsistent for
the expected role behavior of an individual" (Kahn
et al., 1964, p.19). Role conflict was measured as
a subscale score on the Role Conflict/Role
Ambiguity Questionnaire (Rizzo, House, & Lirtzman,
1970).

Role ambiguity - "the lack of clear, consistent
information regarding the rights, duties, and
responsibilities of a position, as well as the
information on how to fulfill those requirements"
(Kahn et al., 1964, p. 22-23). Role ambiguity was
measured as a subscale score on the Role

Conflict/Role Ambiguity Questionnaire (Rizzo,

House, & Lirtzman, 1970).

CHAPTER II

Review of the Literature

This study was based on the work of Kahn et al.
(1964). They found that individuals who experienced
role ambiguity suffered lower job satisfaction, higher
job related tension, and lower self-confidence. Similar
findings have been observed for individuals experiencing
role conflict. Studies (French & Caplan, 1970;
Margolis, Kroes, & Quinn, 1974) based upon the work of
Kahn et al. (1964) and House and Rizzo (1972) have
examined role conflict and role ambiguity in various
professions with confirming results.

Kahn (1978) suggested that burnout may be related
to role conflict and role ambiguity. The suggestion is
based on Kahn's earlier research (1964) in which he
stated that the emotional cost of role conflict and
ambiguity is perceived as increased job tension, lower
job satisfaction, and reduced confidence in the
employing organization. Role conflict is also
associated with poor interpersonal relations, and
reduced trust and respect for close colleagues. Such
factors may contribute to a state of perceived burnout
in human service professionals. Research examining the

relationship among role conflict and role ambiguity, and
perceived burnout has not been conducted using nurses as
subjects.

Role Conflict

Kahn et al. (1964) propose that organizations are
conceived and exist for a specific purpose. Role
performances are a necessity in order to achieve an
organizational goal. As organizational roles become
more interdependent, conformity in role behavior is
desired to achieve the goals. Individuals experience
conflict at times of increasingly prescribed behavior
(Kahn et al., 1964).

Kahn et al. (1964) designated five components of
role conflict: intra-sender, inter-sender, inter-role,
person-role, and role overload.

Intra-sender conflict occurs when different
prescriptions and proscriptions from a single
member of the role set may be incompatible. Inter-
sender conflict occurs when pressures from one role
sender oppose pressures from one or more other
senders. Inter-role conflict involves the role
pressures associated when membership in one
organization are in conflict with pressures
stemming from membership in other groups. A fourth

type of role conflict, person-role conflict occurs when role requirements violate moral values. Role overload is a type of inter-sender conflict in which various role senders may hold legitimate expectations that an individual perform a wide variety of tasks, all of which are mutually compatible in the abstract. However, it may be impossible for that individual to complete all of them within the given time limits. (Kahn et al., 1964, p. 19-20).

Role conflict may be experienced by individuals in any organization. The role that is the focus of this study is that of medical-surgical staff nurses. Role conflict as conceptualized by Kahn et al. (1964) is "the simultaneous occurrence of two or more sets of pressures that may be inconsistent for the expected role behavior of an individual" (p. 19). In a helping profession such as nursing, the nurse is expected to fulfill several roles involving patient, family, physician, organization and colleagues. When nurses act, interact, or react in daily events and relationships they are exhibiting role behavior. Thus, the behavior of a nurse is susceptible to varying degrees of pressure inherent in the nurse's individual and/or organizational environment. These

pressures may produce conflict for the nurse.

Role Ambiguity

    Role ambiguity, as stated by Kahn et al. (1964), is a product of three conditions: organizational complexity, managerial styles of dispersing information, and rapid organizational change. The personal adjustment and emotional well being of an individual are affected by perceived ambiguity resulting from such organizational factors. Perceived ambiguity has been conceptualized as being objective and/or subjective in nature. "Objective role ambiguity is usually regarded as a concomitant of the environmental situation in which the target individual finds himself; subjective role ambiguity or experience ambiguity is a perceived state of the individual. Either of these types of ambiguity may result because information is not available or is not adequately communicated" (Kahn et al., 1964, pp. 23-23).

Burnout

    Burnout results from the stress that helping professionals experience in their close and continuing encounters with clients and their problems (Maslach & Jackson, 1979). This stress may result in feelings of emotional and physical exhaustion, cynicism, attempts to

distance oneself from patients, and a sense of absence
of personal accomplishment. When these orientations
replace the original care and commitment that
characterized the professional upon entry into the
occupation, the person is experiencing several of the
phases of burnout.

Maslach and Jackson (1979) describe burnout as a
syndrome consisting of three phases. The first phase is
emotional exhaustion, a perceived state of emotional and
sometimes physical exhaustion. In nursing, the nurse no
longer feels that he/she has the emotional energy to
give to patients at a level that characterized his or
her original service orientation. The second phase,
depersonalization, is evidenced by the development of
negative, often cynical attitudes towards patients.
Depersonalization is a way of distancing oneself from
patients, whose problems are perceived as stressful.
The third phase is lack of a sense of personal
accomplishment. One's self-evaluation in terms of work
with patients becomes negative, and the professional is
often unhappy with the job and self.

Maslach and Jackson (1979), who developed the
instrument for measuring perceived burnout utilized in
this study, caution that burnout is the degree to which

professionals perceive themselves to be experiencing the
three phases, not a terminal state of being. Further,
each phase is somewhat independent. There is no
inherent progression from phase one to phase three. All
phases may be more or less evident at a particular time.
The strength of each phase may also vary. Thus, burnout
is a relative condition grounded in perceptions of
emotional exhaustion, depersonalization and lack of
personal accomplishment, rather than being an absolute
"burned out" or "not burned out" condition.

Maslach and Jackson (1979) using a large sample of
subjects in the helping professions found that higher
burnout scores on one or more of the three phases were
correlated with: complaints about work, sense of
meaninglessness about one's job, dissatisfaction with
co-workers and growth opportunities, desire for
isolation, anger targeted at spouse and children,
insomnia, increased alcohol and drug consumption,
physical illness, absenteeism, and job turnover.

Research Studies

Research centering on role conflict and role
ambiguity in relation to burnout in the human service
profession is limited. Recently, empirical research
(Cherniss, Egnatios, & Walker, 1976) has analyzed role

conflict and ambiguity and perceived burnout. Cherniss et al. (1976) focused on organizational stress factors for novice human service professionals. Included in the study were first and second year professionals in the fields of law, mental health, medicine, and education. Based on in-depth interviews, they concluded that role conflict was an issue of utmost concern. Factors contributing to role conflict were thought to be "social change and ferment that have occurred in the professions during the last fifteen years and the challenge of existing in a bureaucracy" (Cherniss et al., 1976, p. 431). Cherniss et al. (1976) assert that role conflict and ambiguity are contributing agents to depersonalization.

Cronin-Stubbs and Velsor-Friedrich (1981), studied the sources, methods of coping, and responses to professional and personal stress, using a convenience sample of 65 nurses who were attending a stress management workshop. The most frequently reported professional stressors were: interpersonal relationships, work overload and overwhelming responsibilities, high expectations for self and others, aspects of the work itself, sense of time urgency and deadlines, and poor self-esteem. Cronin-Stubbs and

Velsor-Friedrich (1981) also found that of the nurses'
most important sources of stress, 62% of the factors
were personal stressors, as opposed to only 38% being
professional stressors. Examples of personal stressors
identified in the study include: interpersonal
relationships, family and financial problems, managing
multiple and conflicting demands of work and home, poor
self-esteem, and life event changes. Although
interpersonal relationships were the most frequent
source of stress, Cronin-Stubbs and Velsor-Friedrich
(1981), report that using support from interpersonal
relationships was the most frequently cited coping
behavior. Work overload and overwhelming
responsibilities, frequently reported professional
stressors, are considered by Kahn (1964) to be
components of role conflict.

Benne and Bennis (1959a) in their study of role
confusion and role conflict in nursing, described three
ways in which these conflicts are handled by individual
professionals; low motivation, rationalization, and
organizing others for resistance. In further research,
Benne and Bennis (1956b) also tried to summarize the
role of the professional nurse and factors affecting
that role. These factors included self-expectations,

the influence of other reference groups, official expectations, and the influence of immediate colleagues.

Corwin (1961) examined the conflicts between the conceptualization of role and discrepancies between the ideal perceptions of role and reality among graduate and student nurses. Corwin (1961) looked at two types of nursing education programs, degree and diploma. His hypothesis was "upon graduation as the students status merges with an administrative office, professional and bureaucratic principles converge, producing conflict in roles" (p. 609). Data were obtained from 201 staff nurses, 23 head nurses, and 71 junior and senior student nurses who responded to questionnaires. He found that conflict in bureaucratic and professional role conceptualization does exist, and that those individuals who hold high bureaucratic and professional role conceptualizations simultaneously, express greater discrepancy between the two. Corwin (1961) also found that baccalaureate degree nurses maintain high professional conceptualizations more frequently than did diploma nurses. Diploma nurses experienced lower professional and service conceptualizations than degree students. Degree nurses maintained their professional conceptualization after graduation, however, service

conceptualizations declined and bureaucratization increased with socialization into the hospital bureaucracy (Watson, 1977).

Kramer (1966, 1969) extending the work of Corwin, conducted a longitudinal study to determine the effect of exposure to bureaucratic employment on the professional values of new collegiate graduate nurses (Kramer, 1974). Kramer (1966, 1969) used a sample of nursing graduates from three California colleges. Using the Corwin professional-bureaucratic role conceptualization and deprivation scales, the group of graduates were tested one month before graduation, three and six months after employment, and again two years later. The initial study indicated that there was a significant increase in bureaucratic role conceptualization after exposure to the employing organization and a continual drop in the professional role conceptualization scores (Kramer, 1969). In the follow-up study two years after employment, there was a slight decrease in the mean bureaucratic scale score, although it was not statistically significant. There was a highly significant decrease in professional role conceptualization scores (Kramer, 1969).

Benner and Kramer (1972) predicted that nurses

working in special care units would have higher
professional and bureaucratic role conceptualizations
than nurses working on other regular hospital units.
This prediction was not supported as a result of their
study. However, Benner and Kramer (1972) did find that
subjects who dropped out of nursing from both groups had
significantly higher professional role
conceptualizations.

Rizzo, House and Lirtzman (1970), who developed the
instrument for measuring role conflict and role
ambiguity utilized in this study, have looked at other
variables related to role conflict and ambiguity in a
large manufacturing company. They found correlations of
role conflict and ambiguity with such variables as
worker satisfaction, propensity to leave the
organization, anxiety, and worker's perceptions of
leadership behavior. Significant correlations ($p <$
0.05) occurred between some demographic variables and
role conflict and role ambiguity. For example,
education level correlated significantly ($r = 0.18$) with
role conflict and role ambiguity in engineering
personnel. The demographic variables correlated at a
statistically significant level; however, the
correlations were of low magnitudes.

Pilkington and Wood (1986) compared registered nurses employed in a large teaching hospital on a full-time, permanent part-time, and registry-basis, on measures of job satisfaction, role ambiguity, role conflict, and propensity to leave the organization. They found that, in all groups, permanent part-time workers experienced more job satisfaction than registry and full-time workers. Role ambiguity was the highest in the registry group. High levels of role conflict, but not role ambiguity were related to decreased job satisfaction. An increased propensity to leave was related to low levels of job satisfaction but not to high role conflict and ambiguity.

Kennedy (1984) examined whether the head nurse experienced role conflict and role ambiguity as a result of the lack of congruence between her perception of her role and the physician's perception of her role. Analysis of the head nurses' total responses to the role conflict/role ambiguity scale showed that, as a group, they did not experience significant (p = .05) role conflict or role ambiguity. However, when compared by clinical area, an analysis of variance (ANOVA) revealed significant differences (p = .05) in role conflict. No significant differences (p = .05) were found in role

ambiguity scores by clinical area. Head nurses of the
maternal and child health areas indicated the least
amount of role conflict, whereas head nurses in the
medical areas indicated the greatest amount of role
conflict.

Crane and Iwanicki (1986) examined the relationship
of role conflict and role ambiguity to teacher burnout
among Connecticut urban special education teachers after
controlling for selected personal and professional
background variables. Role conflict and ambiguity
explained a significant amount of variance in feelings
of emotional exhaustion and depersonalization (subscales
of burnout). Perceived burnout among teachers was
moderate, but the level varied significantly by age,
experience, sex and whether an individual taught in a
resource room or a self-contained classroom.

Jackson and Schuler (1983) support the view that
burnout has negative consequences for the organization
and for the individual. They found consequences of
employee burnout include withdrawal behavior,
interpersonal friction, declining performance, family-
life problems, and health-related problems.

Pines and Kanner (1982) in their cross-cultural
study of American and Israeli nurses documented the

importance of several situational conditions as
antecedents and correlates of burnout. These can be
divided into positive or negative conditions. Some
examples of positive conditions which are negative
correlates of burnout include success, self-
actualization, policy influence, tangible rewards,
appreciation, opportunities to take time out, good
personal relations, support, and a comfortable
environment. Some examples of negative conditions, that
are positive correlates of burnout, include overload,
negative consequences of an error, bureaucratic
interference, administrative hassles, guilt,
overextension, and conflicting demands.

Numerof and Abrams (1984) investigated the effect
of personality, demographic, and professional variables
on nurses who experienced stress in a midwestern
Catholic hospital. The researchers found registered
nurses experienced higher degrees of stress than
licensed practical nurses, and that stress was
experienced differentially as a function of department
(e.g. intensive care and emergency room nurses reported
higher levels of stress than pediatric nurses). They
also found that stress was inversely related to length
of time since graduation, experienced stress was

inversely related to length of time employed at the
hospital, and that program type (degree obtained) had no
relationship to experienced stress.

Summary

Nursing burnout has serious implications for
individual staff nurses, their patients, and the
institutions in which they interact. Kahn (1978) has
conducted research which suggests that burnout may be
related to role conflict and role ambiguity. Many
researchers have examined these variables independently.
Role conflict and ambiguity, in nursing, have been
examined primarily in relation to professional and
bureaucratic role conceptions. Crane and Iwanicki
(1986) examined the relationship of role conflict and
role ambiguity to teacher burnout. The study reported
here is a replication of Crane and Iwanicki's (1986)
study using a medical-surgical staff nurse population.

CHAPTER III

Methods

In order to examine the relationships between
burnout, role ambiguity and role conflict, a convenience
sample of medical-surgical staff nurses, with varying
educational levels, was selected from Foster G. McGaw
Hospital, Loyola University Medical Center. All nurses
completed a questionnaire packet containing instruments
to obtain data on personal and professional variables,
as well as measure perceived levels of nursing burnout
and perceived role conflict and ambiguity.

The study hypotheses were: (a) perceived role
conflict and ambiguity are significant determinants of
perceived burnout; and (b) the professional variables of
education and tenure in position (TIP) are significant
determinants of perceived burnout.

Sample

Subjects met the following criteria for inclusion
in the study: (a) registered nurses who were currently
employed and had worked six months or longer on a
medical-surgical patient care unit, in a university
teaching hospital; and (b) consented to participate by
virtue of returning the questionnaires.   Out of 211

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medical-surgical staff nurses surveyed, a convenience sample of 109 medical-surgical staff nurses was obtained during the data collection period of two weeks.

Design

This was a descriptive, cross-sectional survey examining the relationship of perceived role conflict and ambiguity to perceived levels of burnout among medical-surgical staff nurses.

Burnout was measured by the Maslach Burnout Inventory (MBI) (see Appendix A). The MBI provided a measure of perceived burnout, with three subscales measuring emotional exhaustion, depersonalization, and reduced personal accomplishment. Each of twenty-two items was rated for frequency. The frequency rating for each item ranged from 1 (a few times a year) to 6 (every day). In addition, the nurses could have checked "never", if the feeling or attitude was never experienced. For each of these subscales, separate scores were derived for the frequency with which the feelings were experienced. Based on the results of the MBI, a nurse was not classified as "burned out" or "not burned out" but was placed on a continuum from "more burned out" to "less burned out". Cronbach's coefficient alpha was done to determine internal

reliability consistency on the total score of each subscale.

Based on administration of this instrument with a wide range of human service professionals, Maslach and Jackson (1981) argued validity for this tool. This contention was based on MBI scores correlating (r = .41, p < 0.01) with behavioral ratings made independently by someone who knew the individual well.

Construct validity of the MBI was established by using principal component factor analysis (Crane and Iwanicki, 1986). For internal consistency reliability, Crane and Iwanicki (1986) cited an average Cronbach coefficient alpha of .81 which was very close to the Cronbach coefficient alpha of .83 (frequency) cited by Maslach and Jackson (1981).

The second instrument, developed by Rizzo, House, and Lirtzman (1970), ascertained the degree of perceived role conflict and role ambiguity (see Appendix B). Each of twenty-nine items was rated on a scale ranging from 1 to 7. A score of 1 indicated the nurse perceived that the statement was not reflective of her job. A score of 7 indicated strong agreement that the item reflected the nurse's occupation. The role ambiguity items were reverse scored because these items were worded

positively for clarity. Thus, higher scores on the role
questionnaire were indicative of higher levels of role
conflict and role ambiguity.

The subscales of the role questionnaire (role
conflict and role ambiguity) have demonstrated factorial
independence and reliability (House and Rizzo, 1972;
Keller, 1975). Research conducted by Schuler, Aldag,
and Brief (1977) supports the position of Rizzo et al.
(1970) that role conflict and role ambiguity are
separate yet related constructs of organizational
stress. A principal components factor analysis with
oblique rotation confirmed that the role questionnaire
measured the separate constructs of role conflict and
role ambiguity. Cronbach coefficient alpha
reliabilities were .85 for the role conflict subscale
and .86 for role ambiguity (Crane and Iwanicki, 1986).

A third instrument was developed by the researcher
to collect information regarding subject eligibility and
personal and demographic characteristics (see Appendix
C). Questions elicited data concerning age, type of
basic educational preparation, type of patient care
unit, tenure in position (TIP) on the patient care unit,
and marital status.

Permission to distribute the questionnaires was

sought from the Director of Nursing Research after approval had been granted from the Institutional Review Board. The researcher spoke individually with all the head nurses on the medical-surgical patient care units to explain the purpose of the study and the eligibility criteria, and to answer questions. The questionnaire packet consisting of the three instruments was estimated to take fifteen to twenty minutes to complete. The questionnaire packets with cover letters (see Appendix D) were given to each registered nurse on the unit by the investigator. Each nurse was asked by the researcher to complete the questionnaire packet within a two-week time frame and place them in a collection box on the unit when completed. After two weeks the researcher collected the questionnaire packets. It was explained that the nurse's responses would remain anonymous, participation was voluntary, and that the results of the study would be sent to the hospital.

The consent of the nurse was given by virtue of completing and returning the questionnaire packet. The anonymity of the subjects was protected by not requiring the subject's name on any of the instruments.

CHAPTER IV

Results

Questionnaire packets were distributed to 211
medical-surgical staff nurses. A total of 109
questionnaire packets were completed and included in the
sample. The overall response rate was 52%.

Description of Sample

Nearly all of the subjects were female (97%) and
the majority (66%) were under 30. The mean age was 29.7
years, the youngest nurse was 22 years old and the
oldest nurse in the sample was 50 years old. The sample
was almost equally divided in relation to marital
status. Fifty-one percent were married, 45% had never
been married, and 4% were divorced. Nearly three-
quarters (69%) of the sample did not have children. Of
those who responded to the question (N=100), 31 subjects
had children, 48% had children under the age of five,
and 74% had children between the ages of 6 and 18 living
at home.

Of the 109 subjects in the sample 44% worked on a
medical patient care unit, 49% worked on a surgical
patient care unit and 7% reported working on both types
of units. Most of the subjects (70%) completed a

bachelor's of science degree in nursing as their basic
preparation. Of the remaining subjects, 17% were
graduates of degree programs. The other 13% of the
subjects completed diploma programs. Of the 99 subjects
who responded to the question about advanced education,
17% were taking coursework toward a bachelor of science
degree in nursing, 63% had completed a bachelor's degree
of science in nursing, 9% were taking coursework towards
a master's of science degree in nursing, and one subject
(1%) had obtained a master's degree in nursing. The
tenure in position on the units on which the subjects
worked was 4.3 years. The mean total length of
experience the subjects worked as registered nurses was
six years (see Table 1).

Reliability of Instruments

Cronbach coefficient alpha reliabilities for the
subscales of burnout were as follows: emotional
exhaustion, .91; depersonalization, .81; and personal
accomplishment, .73. These reliability coefficients
were higher than those reported by Maslach and Jackson
(1986).

The original Cronbach coefficient alpha in this
study for the role ambiguity subscale was .19. Five out
of fourteen items were deleted (see Appendix E) and the

Table 1: Demographic Measures (N = 109)

Variable	Mean	S D	Range
1. Age	29.7yr	$\pm$ 7.2yr	22-50yrs
2. TIP	4.3yr	$\pm$ 3.8yr	6 mos-17yrs
3. Total Experience	6.0yr	$\pm$ 6.5yr	6 mos-33yrs

adjusted alpha was .68. The original Cronbach coefficient alpha in this study for the role conflict subscale was .41. Five out of fifteen items were deleted (see Appendix E) and the adjusted alpha was .78.

Four of the five role conflict subscale items deleted pertained to the work of a nurse. It is possible that those items did not accurately reflect the type of conflict a nurse experiences in her work. By deleting those items, the role conflict subscale maintained an acceptable degree of internal reliability.

Out of the five role ambiguity subscale items deleted, two were stated as incomplete sentences. The nurses may not have understood those items which, in turn, lowered the internal consistency reliability the subscale score.

Acceptable adjusted Cronbach coefficient alphas were obtained after deleting items and, therefore, it must be assumed that the instrument still measured role conflict and role ambiguity in this study. There was a lack of correlation (r = .11) between role conflict and role ambiguity, which supports the conclusion that they are two separate constructs.

Dependent Variable Subscale Means

Mean scores were obtained on emotional exhaustion,

depersonalization, and personal accomplishment, the three subscales of the Maslach Burnout Inventory. Out of 101 respondents, the mean score for emotional exhaustion (subscale of burnout) was 29.68 with a standard deviation of +/- 11.28. Scores were considered high if they were in the upper third of the normative distribution, average if they were in the middle third, and low if they were in the lower third. The range of scores in the lower third was from 2 to 25. The scores for the middle third ranged from 25-35 and the scores in the upper third ranged from 35-48. These scores appear higher than those reported by Maslach and Jackson (1981) in a sample (N = 1104) consisting of physicians and nurses (see Table 2).

The mean score for depersonalization was 10.23 (+/- 6.96). The range of scores in the lower third of the distribution was from zero to six. The range of scores in the middle third was from 6 to 12 and the range was from 13 to 27 for those in the upper third of the distribution. These scores are slightly higher than those reported by Maslach and Jackson (1981) for the subscale depersonalization (see Table 2).

The mean score for personal accomplishment was 35.76 (+/- 6.39). Personal accomplishment is inversely

TABLE 2: Comparison of Subscale Scores between Maslach and Jackson's (1981) study (N = 1104) and present study (N = 101).

| MBI Subscales | Range of Experienced Burnout | | | X | SD |
	Low (lower third)	Average (middle third)	High (upper third)		
Maslach & Jackson					
EE[1]	$\leq$ 18	19-26	$\geq$ 27	22.19	$\pm$ 9.53
DP	$\leq$ 5	6-9	$\geq$ 10	7.12	$\pm$ 5.22
PA	$\geq$ 40	39-34	$\leq$ 33	36.53	$\pm$ 7.34
Present Study					
EE	$\leq$ 25	25-35	$\geq$ 35	29.68	$\pm$11.28
DP	$\leq$ 6	6-12	$\geq$ 13	10.23	$\pm$ 6.96
PA[2]	$\geq$ 39	39-34	$\leq$ 34	35.76	$\pm$ 6.39

1 (EE) Emotional Exhaustion
  (DP) Depersonalization
  (PA) Personal Accomplishment

2 Scores reported in reverse to indicate level of burnout.

related to burnout. The lower third range of scores was from 12 to 34. The middle range of scores was from 34 to 39, and the range was from 39 to 48 for those subjects in the upper third of the distribution. These scores closely matched those found by Maslach and Jackson (1981) with the subscale of personal accomplishment (see Table 2).

Independent Variable Subscale Means

The mean score (N = 109) for the adjusted role conflict subscale was 58.53 (+/- 7.97). A total of 10 items was used to measure role conflict with a possible item response range of one to seven.

The mean score (N = 109) for the adjusted role ambiguity subscale was 54.24 (+/- 6.44). On average, respondents selected response options above the mid-range on the Likert-type scales. This may suggest a higher level of role conflict and role ambiguity as measured by the adjusted tool.

Pearson Correlation Coefficients

Pearson correlation coefficients were conducted on the independent variables with each other and with the dependent variables (see Table 3). As previously discussed, there was a lack of correlation between the two independent variables, role conflict and role

Table 3: Correlation Matrix

	DP	EE	PA	RC	RA	TIP
DP[1]						
EE	0.72					
PA	-0.33	-0.21				
RC	0.21	0.29	-0.03			
RA	-0.16	-0.27	0.13	0.11		
TIP	-0.08	-0.07	-0.15	-0.26	0.05	
ED	-0.01	-0.07	0.04	0.09	-0.13	----

1 (DP)   Depersonalization
   (EE)   Emotional Exhaustion
   (PA)   Personal Accomplishment
   (RC)   Role Conflict
   (RA)   Role Ambiguity
   (TIP) Tenure in Position
   (ED)   Education

ambiguity (r = .11).

The dependent variable depersonalization correlated significantly (r = .21) with the independent variable role conflict but not with role ambiguity (r = .16). A significant correlation occurred between emotional exhaustion and role conflict (r = .29). Another significant correlation occurred between emotional exhaustion and role ambiguity, although this was an inverse relationship (r = -.27). Another statistically significant inverse relationship which occurred, was between role conflict and length of employment on the unit (r = -.26). The strongest correlation occurred between two dependent variables: depersonalization and emotional exhaustion. The correlation was .72 in this sample; however the authors of the burnout tool, Maslach and Jackson (1981), reported a correlation of .44. Whereas a correlation of .44 suggests that depersonalization and emotional exhaustion are separate, but related, aspects of burnout, a correlation of .72 is highly suggestive that these two aspects of burnout are actually measuring the same attribute. With the exception of depersonalization and emotional exhaustion, there were no variables that were correlated at .35 or more. Therefore, there is assumed to be no

multicollinearity between variables entered in each
regression equation.

Multiple Regression Analysis

In order to determine what proportion of the
variance in burnout is accounted for by role conflict,
role ambiguity and the professional variables of
education and tenure in position (TIP), a multiple
regression analysis was conducted. Three regression
analyses were conducted using depersonalization,
emotional exhaustion, and personal accomplishment scores
on the MBI as dependent variables. The independent
variables of role conflict, role ambiguity, education,
and length of employment on the unit were entered into
the regression equation allowing the computer to select
the order of entry. This allowed the independent
variable, which accounted for the most variance in the
criterion, to enter the equation first, and the
consecutive predictor to enter if it accounted for
additional significant variance. An F-ratio was used to
establish whether or not each entering variable
accounted for a significant increase in explained
variance in the dependent variable.

The results of the multiple regression analyses for
the relationship between the independent variables and

perceived nurse burnout are presented in Table 4. Role conflict and role ambiguity accounted for 7% of the variance in depersonalization. Role conflict and role ambiguity explained a statistically significant amount of variance (17%) in the emotional exhaustion subscale of the Maslach Burnout Inventory. Role conflict and role ambiguity each explained about half of the variance accounted for: role conflict (8.5%); role ambiguity (8.6%). Education accounted for 2.2% of the variance in emotional exhaustion. Length of employment on the unit and role ambiguity accounted for 4.6% of the variance in the personal accomplishment subscale.

TABLE 4: Multiple Regression Analysis for the Relationship between Role Variables and Professional Variables and Perceived Nurse Burnout Subscales.

Nurses (N = 109)

Step	Variable Entered	R^2	Increase in R^2	F
	Depersonalization			
1.	Role Conflict	.0425		
2.	Role Ambiguity	.0736	.0311	3.89**
	Emotional Exhaustion			
1.	Role Conflict	.0853		
2.	Role Ambiguity	.1713	.0860	
3.	Education	.1931	.0218	7.74***
	Personal Accomplishment			
1.	TIP	.0239		
2.	Role Ambiguity	.0458	.0219	2.25*

*p = .14; **p <.05; ***p <.01.

NB: Variables which did not account for sufficient additional variance were not listed.

CHAPTER V

Summary/Discussion

Limitations

The major limitation in this study was that the questionnaire packet was only administered once to the subjects. Because there was no follow-up, the most severely "burned out" nurses may not have completed the questionnaire packet.

Another limitation in this study was the lack of random sampling. A convenience sample was chosen in light of the descriptive nature of the study and the limited time frame in which to conduct the study.

A third limitation in this study was that not all confounding independent variables were controlled. For example, the staff nurse's relationship with the head nurse has been cited as a major cause of role ambiguity. This variable was not measured in the current study.

The current nursing shortage was a historical threat to the internal validity of this study in that it's impact on staffing levels on each of the units may have contributed to the nurse's perceptions of burnout. This potential impact was not directly measured.

A final limitation, which was also a historical

threat to the internal validity of this study, was the
introduction of a total hospital information system on
the units during the data collection time period.
Although the direct effect of this occurrence was not
measured, it was likely that the new computer system had
an impact on the nurse's perception of burnout. Many
nurses commented to the investigator that the
implementation of the computer was causing a great deal
of frustration in their work.

Major Findings

The sample, as a whole, experienced high levels of
emotional exhaustion, moderately high levels of
depersonalization, and similar levels of personal
accomplishment when compared to Maslach and Jackson's
(1981) sample (N = 1104) of physicians and nurses.
Perceived levels of role conflict and role ambiguity
among the sample were also high, evidenced by
respondents selecting options on items above the mid-
range on the Likert-type scale.

The strongest correlations occurred between
depersonalization and role conflict (r = .21) and
emotional exhaustion and role conflict (r = .29),
however even these were not very strong correlations.
This lack of strong correlations could be a result of

the Role Conflict/Role Ambiguity Questionnaire (Rizzo,
House, & Lirtzman, 1970) not accurately reflecting and
measuring the conflict and ambiguity experienced by
nurses. Two inverse relationships were noted.
Emotional exhaustion inversely correlated with role
ambiguity (r = -.27), and role conflict inversely
correlated with length of employment on the unit (r = -
.26). The former is not explainable, the latter inverse
correlations may be related to nurses initially
experiencing role conflict upon employment but then
gradually, the longer they work on their unit, the more
they are able to resolve the conflicts within the role.
Interestingly, depersonalization and emotional
exhaustion were highly correlated (r =.72).

Role conflict and role ambiguity accounted for the
highest percentage of the variance in emotional
exhaustion (17%) when compared to the other subscales of
burnout. Combined, role conflict and role ambiguity
accounted for 7% of the variance in depersonalization.
This finding is interesting in light of the high
correlation found between the two dependent variables,
emotional exhaustion and depersonalization. Although
these dependent variables are highly correlated, role
conflict and ambiguity account for quite different

amounts of the variance in each. This suggests that
there may be value in treating emotional exhaustion and
depersonalization as two separate attributes.

Role ambiguity was the only role variable which
accounted for any statistically significant amount of
variance in personal accomplishment (2%). The
professional variables of education and length of
employment on the unit only entered two regression
analyses. Education accounted for an additional 2% of
the variance in emotional exhaustion, and length of
employment on the unit accounted for 2% of the variance
in personal accomplishment.

The findings of this study were similar to Crane
and Iwanicki (1986), but role conflict and role
ambiguity did not explain as much of the variance in
burnout as found in their study of special education
teachers (N = 443). Crane and Iwanicki (1986) found
that role conflict and ambiguity combined accounted for
the following amounts of variance in the subscales of
burnout: emotional exhaustion, 14%; depersonalization,
16%; personal accomplishment, 7% (role ambiguity only).
In the current study, role conflict and role ambiguity
accounted for a higher proportion of the variance in
emotional exhaustion than found by Crane and Iwanicki,

with less variance explained in depersonalization, and even less explained in personal accomplishment. These results support earlier studies which indicate that role stressors vary in importance and degree depending on the specific occupation held and job outcome measured (Keller, 1975). This also indicates that researchers have not identified and measured all variables relevant to burnout. The results also indicate that the emotional exhaustion aspect of burnout as it relates to role conflict and ambiguity may be more critical for medical-surgical nurses than for special education teachers.

The current study's findings confirm those of Cherniss et al's. (1976) findings that role conflict and role ambiguity are contributing agents to depersonalization. Cronin-Stubbs and Velsor-Friedrich (1981) found that work overload, which is one of the five types of role conflict described by Kahn et al. (1964) is one of the most frequently self-reported professional stressors. Their finding is consistent with the high levels of role conflict reported by the subjects in this sample. The current study's findings that role conflict is correlated with the emotional exhaustion (r = .29) and depersonalization (r = .21)

subscales of burnout, is consistent with the findings of
Pines and Kanner (1982) in which they report that
conflicting demands in the workplace described by
American and Israeli nurses, are positive correlates of
burnout.

Rizzo, House, and Lirtzman (1970) reported that
level of education correlated with role conflict and
role ambiguity among engineering personnel. The
findings in this study show that taking coursework
towards a bachelor of science degree in nursing
correlates (r = .21) with role ambiguity, but not with
role conflict (r = -.12). However, education did
account for 2% of the variance in the emotional
exhaustion subscale of burnout.

Implications for Practice, Theory and Research

The results of this study indicate that the
subjects in this sample experienced high levels of
depersonalization, emotional exhaustion, role conflict
and role ambiguity, and only average levels of feelings
of personal accomplishment. Considering that this was a
convenience sample and only the less "burned-out" nurses
may have returned the questionnaires, this is a
significant finding. The effects of burnout as cited by
Maslach (1976, 1978a, 1978b), Freudenberger (1974), and

Maslach and Jackson (1979), are: physical exhaustion, insomnia, increased use of alcohol and drugs, marital and family problems, deterioration in the quality of patient care, job turnover, absenteeism, and low morale. As cited by Kahn et al. (1964), French and Kaplan (1979), Margolis, Kroes and Quinn (1974), and House and Rizzo (1972), the effects of role conflict and ambiguity are: low job satisfaction, increased job-related tension, decreased self-confidence, decreased confidence in employing organizations, poor interpersonal relationships, and decreased trust and respect for colleagues. This is an alarming litany of effects confronting staff nurses, patients, and the organizations in which they interact. The above effects of high levels of burnout, role conflict and ambiguity may be compounded by the current nursing shortage.

The nursing profession must focus its energies on preventing and treating burnout and role conflict and ambiguity. Based on the work of Kramer (1974), researchers Jackson and Schuler (1983) suggest anticipatory socialization programs to decrease the conflict that results from the gap between the expectations of nurses when they begin their first job and the realities they actually encounter. Jackson and

Schuler (1983) also suggest allowing nurses increased
participation in decision making, in order to enable the
nurse to be able to control or predict outcomes. They
also recommend increasing the amount of feedback given
by managers related to staff nurse performance. If the
nursing profession were to adopt principles of Kramer's
(1974) anticipatory socialization program, it could
conceivably enable professional nurses to deal more
effectively with conflicting professional and
bureaucratic orientations, and thereby decrease levels
of perceived burnout.

Kahn (1978) recommends, to reduce burnout, that
organizations

> shorten the number of hours a day that
> professionals are directly involved with clients;
> reduce the number of days a year that professionals
> are directly involved with clients; and increase
> the social support on the job, i.e. letting
> colleagues and those we supervise know that we
> recognize and appreciate the strenuous situations
> with which they are working (p.62-63).

These suggestions are not the antithesis to keeping the
nurse involved in patient care. For example, the number
of hours a nurse spends in direct patient care

activities can be decreased by allowing the nurse time
to participate in care planning, on committees, and in
research activities. The number of days that a nurse
spends in direct patient care activities can be
alleviated by allowing the nurse to attend professional
meetings and continuing education conferences. All
these approaches lessen the amount of time the nurse
spends in direct patient care activities, while at the
same time facilitating the nurse's commitment to quality
patient care.

Prevention is the best method of stress reduction.
With the growing emphasis on health promotion, the
nursing profession should assume a more proactive stand
in safeguarding the physical and emotional well-being of
its own members. The results of this study indicate the
need for intervention designed to assist nurses in
dealing with stress in their roles.

The results of the current study showed that role
conflict and ambiguity accounted for 17% of the variance
in emotional exhaustion and 7% of the variance in
depersonalization. Only 2% of the variance in personal
accomplishment was accounted for by role ambiguity.
These findings are all statistically significant,
however they don't account for a high proportion of the

variance in burnout. It is possible that the role conflict and ambiguity tool did not reflect and thus accurately measure the types of conflict and ambiguity experienced by nurses. Support of this position is obtained by looking at the original reliability scores on the role conflict and ambiguity scales with the current data: .41 and .18 respectively. Nine out of twenty-nine items had to be deleted in order to achieve acceptable reliability coefficients. There is a need for a tool which has good internal consistency reliability and construct validity for measuring these concepts in nursing. It is feasible that such a tool may then explain more of the variance in burnout among nurses. Additional research should be conducted with such a tool to test that possibility. In the future, other nurses who use the Rizzo, House, and Lirtzman's (1970) Role Conflict/Role Ambiguity Questionnaire should be rigorous in reporting its reliability and validity scores.

Additional research needs to be conducted to examine the relationship between other personal and professional variables, such as head nurse relationship, and experienced burnout among nurses. This needs to be done in order to determine which variables account for

the most variance in burnout. When those variables have been identified, strategies to deal with them can be developed.

Those conducting future research need to consider the appropriateness of Maslach and Jackson's (1979) conceptual framework for burnout. Maslach and Jackson describe burnout as occurring in three phases, thereby implying a developmental progression. It may be most appropriate to conceptualize burnout as a construct with three fairly independent components, which don't follow any particular sequence. The current study did not test this conceptualization, but future investigators should carefully consider reframing the problem theoretically.

The correlations which occurred in the present study between depersonalization and role conflict (r = .21), emotional exhaustion and role conflict (r = .29), and role conflict and length of employment on the unit (r = -.26) were expected and consistent with previous findings. The inverse relationship found between emotional exhaustion and role ambiguity (r = -.27) is difficult to explain logically, and this finding may be related to the instrument used to measure role conflict and role ambiguity. The inverse relationship which occurred between length of employment on the unit and

personal accomplishment (r = -.15) may indicate that a
newly employed nurse derives a higher sense of personal
accomplishment in the beginning of employment; however,
the longer the nurse works on the unit, the less
satisfying the work becomes. This finding may tie in
with the work of Corwin (1961) who found that a newly
employed nurse has a higher professional orientation
but, after a period of time, bureaucratization
increases. This may account for why a nurse initially
derives a sense of personal accomplishment in patient
care while maintaining a more professional orientation,
but as time goes on, the staff nurse becomes more
socialized into the hospital bureaucracy and less in
tune with the professional orientation.

In conclusion, it is important to note that because
nursing is a human service profession, nurses are prone
to the effects of stress. The stress itself is not
inherently beneficial or harmful, but may become so
depending on how the nurse perceives and deals with the
stress. The nursing profession needs to continue
research efforts in order to expand what is known about
burnout and its prevention and treatment. The results
of this and other studies will improve our understanding
of the sources of burnout for staff nurses so that

methods can be developed to deal with variables influencing burnout and eventually reduce this problem among nurses.

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APPENDIX A

Christina Maslach • Susan E. Jackson

Human Services Survey

The purpose of this survey is to discover how various persons in the human services or helping professions view their jobs and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following page there are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way *about your job*. If you have *never* had this feeling, write a "0" (zero) before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

<u>HOW OFTEN</u>
0 - 6   Statement:

_____   I feel depressed at work.

If you *never* feel depressed at work, you would write the number "0" (zero) under the heading "HOW OFTEN." If you *rarely* feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week, but not daily) you would write a "5."

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Human Services Survey

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

HOW OFTEN
0 - 6   Statements:

.1. _____   I feel emotionally drained from my work.

2. _____   I feel used up at the end of the workday.

3. _____   I feel fatigued when I get up in the morning and have to face another day on the job.

4. _____   I can easily understand how my recipients feel about things.

5. _____   I feel I treat some recipients as if they were impersonal objects.

6. _____   Working with people all day is really a strain for me.

7. _____   I deal very effectively with the problems of my recipients.

8. _____   I feel burned out from my work.

9. _____   I feel I'm positively influencing other people's lives through my work.

10. _____   I've become more callous toward people since I took this job.

11. _____   I worry that this job is hardening me emotionally.

12. _____   I feel very energetic.

13. _____   I feel frustrated by my job.

14. _____   I feel I'm working too hard on my job.

15. _____   I don't really care what happens to some recipients.

16. _____   Working with people directly puts too much stress on me.

17. _____   I can easily create a relaxed atmosphere with my recipients.

18. _____   I feel exhilarated after working closely with my recipients.

19. _____   I have accomplished many worthwhile things in this job.

20. _____   I feel like I'm at the end of my rope.

21. _____   In my work, I deal with emotional problems very calmly.

22. _____   I feel recipients blame me for some of their problems.

APPENDIX B

ROLE CONFLICT/ROLE AMBIGUITY QUESTIONNAIRE

by Rizzo, J.R., House, R.J., and Lirtzman, S.I.

For each of the items below, please circle the number on

the scale which represents the extent to which the

condition exists for you in your total role in your work

setting.

1. I have enough time to complete my work.
    (always false) 1 2 3 4 5 6 7 (always true)

2. I feel certain about how much authority I have.
    (always false) 1 2 3 4 5 6 7 (always true)

3. I perform tasks that are too easy or boring.
    (always false) 1 2 3 4 5 6 7 (always true)

4. Clear, planned goals and objectives for my job.
    (always false) 1 2 3 4 5 6 7 (always true)

5. I have to do things that should be done differently.
    (always false) 1 2 3 4 5 6 7 (always true)

6. Lack of policies and guidelines to help me.
    (always false) 1 2 3 4 5 6 7 (always true)

7. I am able to act the same regardless of the group I
    am with.
    (always false) 1 2 3 4 5 6 7 (always true)

8. I am corrected or rewarded when I really don't
    expect it.
    (always false) 1 2 3 4 5 6 7 (always true)

9. I work under incompatible policies and guidelines.
    (always false) 1 2 3 4 5 6 7 (always true)

10. I know that I have divided my time properly.
    (always false) 1 2 3 4 5 6 7 (always true)

11. I receive an assignment without the manpower to
    complete it.
    (always false) 1 2 3 4 5 6 7 (always true)

12. I know what my responsibilities are.
    (always false) 1 2 3 4 5 6 7 (always true)

13. I have to buck a rule or policy in order to carry

out an assignment.
(always false) 1 2 3 4 5 6 7 (always true)

14. I have to "feel my way" in performing my duties.
(always false) 1 2 3 4 5 6 7 (always true)

15. I receive assignments that are within my training
and capability.
(always false) 1 2 3 4 5 6 7 (always true)

16. I feel certain how I will be evaluated for a raise
or a promotion.
(always false) 1 2 3 4 5 6 7 (always true)

17. I have just the right amount of work to do.
(always false) 1 2 3 4 5 6 7 (always true)

18. I work with two or more groups who operate quite
differently.
(always false) 1 2 3 4 5 6 7 (always true)

19. I know exactly what is expected of me.
(always false) 1 2 3 4 5 6 7 (always true)

20. I receive incompatible requests from two or more
people.
(always false) 1 2 3 4 5 6 7 (always true)

21. I am uncertain as to how my job is linked.
(always false) 1 2 3 4 5 6 7 (always true)

22. I do things that are apt to be accepted by one
person and not accepted by others.
(always false) 1 2 3 4 5 6 7 (always true)

23. I am told how well I am doing my job.
(always false) 1 2 3 4 5 6 7 (always true)

24. I receive an assignment without adequate resources
and materials to execute it.
(always false) 1 2 3 4 5 6 7 (always true)

25. Explanation is clear of what has to be done.
(always false) 1 2 3 4 5 6 7 (always true)

26. I work on unnecessary things.
(always false) 1 2 3 4 5 6 7 (always true)

27. I have to work under vague directives or orders.
(always false) 1 2 3 4 5 6 7 (always true)

28. I perform work that suits my values.

(always false) 1 2 3 4 5 6 7 (always true)

29. I do not know if my work will be acceptable to my boss.
     (always false) 1 2 3 4 5 6 7 (always true)

APPENDIX C

PERSONAL AND PROFESSIONAL VARIABLES INSTRUMENT

1. Educational Background that prepared you to take
   State Board Exams:

A) _____   Associate degree in nursing

B) _____   Diploma degree in nursing

C) _____   Bachelor's of Science degree in nursing

2. Highest Nursing Education Obtained

A) _____   Coursework towards a BSN

B) _____   BSN

C) _____   Coursework towards a Master's of Science
            degree in nursing

D) _____   MSN

E) _____   Coursework towards a Ph.D. in nursing

F) _____   Ph.D. in nursing

3. Length of Employment as an RN on Present Unit in
   Years and Months

A) _____   Years

B) _____   Months

4. Total Experience as an RN in Years and Months
   (include previous employment as an RN)

A) _____   Years

B) _____   Months

5. Employment Status (numbers of hours worked per pay
   period)

A) _____

6. Marital Status

A) _____ Never married

B) _____ Married

C) _____ Separated

D) _____ Divorced

E) _____ Widowed

7. How many children do you have living with you?

_____(Actual number, write zero if none)

8. How many of your children, who are living with you, are under five years of age?

_____(Actual number, write zero if none)

9. How many of your children, who are living with you, are between the ages of 6 and 18?

_____(Actual number, write zero if none)

10. Sex

A) _____ Female

B) _____ Male

11. Age

A) _____ Years

12. Type of Unit presently working on

A) _____ Medical

B) _____ Surgical

APPENDIX D

LOYOLA UNIVERSITY OF CHICAGO

THE MARCELLA NIEHOFF SCHOOL OF NURSING

6525 North Sheridan Road, Chicago, Illinois 60626-5385 * (312) 274-3000

August 13, 1987

Dear Colleague:

I am a graduate nursing student at Loyola University, in the nursing management/administration track. I am conducting a research study to examine the relationship between role conflict, role ambiguity and nursing burnout. I am asking medical-surgical staff nurses to complete a questionnaire packet consisting of three instruments. The first instrument obtains information about personal, professional, and demographic variables. The second instrument labeled Human Services Survey requests information about burnout. The third instrument asks for information about role conflict and role ambiguity. Your participation would be greatly appreciated.

All answers to the questionnaire will remain anonymous and your name is not required on any of the instruments. Your participation is voluntary, and consent to participate is assumed when you complete and return the questionnaire packet. When you have completed the questionnaire packet, please place it in the research collection box located on your unit marked

"Return Questionnaire Packets Here". Please have the
questionnaire packets completed by August 27, 1987.
Each participating unit will receive a final copy of the
study results upon completion of the project.

    I thank you in advance for your participation.

                Sincerely,
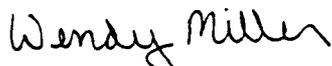
                Wendy Miller, R.N., B.S.N.

APPENDIX E

Role Conflict:

1. I have enough time to complete my work.

7. I am able to act the same regardless of the group I am with.

15. I receive assignments that are within my training and capability.

17. I have just the right amount of work to do.

28. I perform work that suits my values.

Role Ambiguity:

6. Lack of policies and guidelines to help me.

14. I have to "feel my way" in performing my duties.

21. I am uncertain as to how my job is linked.

27. I have to work under vague directives or orders.

29. I do not always know if my work will be acceptable to my boss.

APPROVAL SHEET

The thesis submitted by Wendy Elizabeth Miller has been
read and approved by the following committee:

    Karen Haller, R.N., Ph.D., Director
    Associate Professor, Nursing, Loyola

    Sheila Haas, R.N., Ph.D.
    Assistant Professor, Nursing, Loyola

    Dona Snyder, R.N., Ph.D.
    Associate Professor, Nursing, Loyola

The following copies have been examined by the director
of the thesis and the signature which appears below
verifies the fact that any necessary changes have been
incorporated and that the thesis is now given final
approval by the Committee with reference to content and
form.

The thesis is therefore accepted in partial fulfillment
of the requirements for the degree of Master of Science
in Nursing.

12/2/82
_____   _____
Date   Director's Signature