

PERSONALITY AND COPING WITH JOB STRESS AMONG HOSPITAL PHYSICIANS IN POLAND

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Background:

The personal and organizational strains associated with job burnout and more generalized psychiatric morbidity affect doctors' well-being and his/her relationship with patient outcomes.

If relationships between personality traits and coping resources could be found, it may have implications for their recruitment, induction, selection, training, development and performance management.

The aim of this study was to explore the role played by the physician's personality traits in individual coping patterns with professional demands and stress.

Methods:

The research sample comprised 362 Polish hospital doctors of five specializations: surgeons (N = 74), psychiatrists (N = 77), anesthesiologists (N = 65), clinical radiologists (N = 67) and palliative care physicians (N = 79). They filled up the Five-Factor personality inventory (NEO-FFI), and Occupational Stress and Coping Inventory *AVEM*.

Results:

1. There are personality traits that differentiate physicians in the various specialties:

- there was a significant difference, in two of five personality traits: Neuroticism ($p < .0001$) and Conscientiousness ($p < .01$) between doctors.

2. The five groups of physicians differed from each other significantly on their individual ways of coping with professional demands:

- Only about 34% of the all physicians can be assigned to the *healthy* pattern "G" and there were no significant differences across the specialists groups. Doctors who fall within this category display a high level of engagement, ability to endure stress, and job satisfaction.

- The frequency of the Risk pattern “B” (*burnout/resignation*) was more common among anesthesiologists (33%) and radiologists (24%);
 - Risk pattern labeled “A” (excessive ambition and exhaustion) was statistically more often observed in surgeons (47%) than in other groups of doctors;
 - The largest degree of Protection pattern “S” was demonstrated by Psychiatrists (28%).
3. The physicians who felt sufficiently trained in coping skills more often used the effective remedial strategies (*healthy* pattern G).
4. It was proved that individual coping patterns correlated significantly with the all of the five personality dimensions, particularly with Neuroticism, Extraversion and Conscientiousness.

Pearson Correlation ($p < .05$) analyses showed:

- positive correlation between Neuroticism and two *risk* patterns: B and A
- significantly negative relationship between Neuroticism and two other types: “*healthy*” pattern G and pattern S
- however high level of Conscientiousness is significantly and positively associated both with effective remedial strategies (*healthy* G type) and maladaptive ways of dealing with work stress – risk Type A.
- significant and negative relationship also was found between Risk Type B (*‘burnout’ type*) and Extraversion, Openness and Agreeableness.

Conclusions:

Identification of personality traits in physicians has potential implications for selection of trainees, assessment of coping patterns and may have a role in analysis of professional activity.

Typology as suggested by the AVEM can be used as an indicator for personal preconditions that may in turn determine health risks associated with medical specialization

An analysis of dispositional factors and coping resources leads to early identification of health risks – negative consequences of chronic stress. If burnout among physicians is to be reduced, increased resources will be required to improve training in management skills.

Keywords: physicians, personality, individual coping pattern with job stress, job burn-out syndrome

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