DISCUSSION
Discussion

The main aim of the present investigation was to study Occupational Stress and Burnout among nurses in relation to Personality, Self-Esteem and Ways of Coping. For this purpose, raw data was analysed and descriptive statistics of Means and SDs (Table 1-4), t-ratios (Table 5), correlational analysis (Tables 6-9) were calculated. In addition regression analysis (Tables 10-29) was also done. The group was divided into three different age groups viz. Group I, Group II and Group III.

t-ratios

The expectation was that three groups would differ on the measured variables. Table 5 shows the same.

Significant results among the three groups have been highlighted in Tables A, B & C.

**Table - A**

Showing the significant variables between Group-I and II

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Staff performance (dimension of Occupational Stress)</td>
</tr>
<tr>
<td>2.</td>
<td>Limited Resources (dimension of Occupational Stress)</td>
</tr>
<tr>
<td>3.</td>
<td>Depersonalization (dimension of Burnout)</td>
</tr>
</tbody>
</table>

Table - A shows significant difference between Group-I and II on Staff Performance, Limited Resources (dimensions of Occupational Stress) and Depersonalization (dimension of Burnout). For the variables Staff Performance and Limited Resources, middle age group scored higher than the younger age group, whereas for Depersonalization, younger age group scored higher than the middle age group (Table -5).
TABLE - B

Showing the significant variables between Groups I and III

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Limited Resources (dimension of Occupational Stress)</td>
</tr>
<tr>
<td>2.</td>
<td>Administrative Issues (dimension of Occupational Stress)</td>
</tr>
<tr>
<td>3.</td>
<td>Scheduling Issues (dimension of Occupational Stress)</td>
</tr>
<tr>
<td>4.</td>
<td>Occupational Stress (Total)</td>
</tr>
<tr>
<td>5.</td>
<td>Control (dimension of Hardiness)</td>
</tr>
<tr>
<td>6.</td>
<td>Distraction Negative (dimension of Coping)</td>
</tr>
</tbody>
</table>

Table-B shows the significant differences between Group-I and III on Limited Resources, Administrative Issues, Scheduling Issues (dimensions of Occupational Stress), Total Occupational Stress, Control (dimension of Hardiness) and Distraction Negative (dimension of Coping). For Limited Resources, Administration Issues, Scheduling Issues (dimensions of Occupational Stress) and Total Occupational Stress, Older age group scored higher than the younger age group. For Control (dimension of Hardiness), older age group scored higher than the younger age group. For Distraction Negative (dimension of coping), younger age group scored higher than the older age group.

TABLE - C

Showing the significant variables between Groups II and III

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Occupational Stress (Total)</td>
</tr>
<tr>
<td>2.</td>
<td>Challenge (dimension of Hardiness)</td>
</tr>
<tr>
<td>3.</td>
<td>Distraction Negative (dimension of Coping)</td>
</tr>
<tr>
<td>4.</td>
<td>Coping Techniques (Total)</td>
</tr>
</tbody>
</table>
Table-C shows the significant difference between Group II and III on Total Occupational Stress, Challenge (dimension of Hardiness), Distraction Negative (dimension of Coping) and Total Coping Techniques. For the variable Total Occupational Stress, older age group scored higher than the middle age group. For challenge, middle age group scored higher than the older group and for Distraction Negative and Total Coping middle age group scored higher than the older age group.

Many earlier studies have also reported age difference in Occupational Stress and Burnout among nurses.

(Maslach and Jackson, 1979 and Anderson and Iwanicki, 1981 found in their studies that younger professionals scored higher than older professionals on the intensity dimension of Emotional Exhaustion of the Maslach Burnout Inventory.

Livingston and Livingston (1984) studied a sample (n=173) of nurses in three different environments namely general nursing, psychiatric nursing and mental handicap nursing. Findings revealed that psychological symptoms were more prevalent among younger nurses who had less experience than those of lower rank.

McCarthy (1985) carried out a study on burnout among psychiatric nurses and found that the younger nurses reported higher burnout scores than the older nurses.

Beaver et al. (1986) conducted a study on burnout in critical care and non-critical care nurses and found that as age increased, frequency of feelings of depersonalization (component of burnout) decreased.
Rich and Rich (1987) studied the effects of personality hardiness and burnout in 100 female staff nurses from a variety of units in a acute care hospital. Findings revealed that hardiness and burnout were negatively related; 41.4% of the variance in burnout scores was accounted for low hardiness and younger age.

Beena and Poduval (1991) studied gender difference in relation to the work stress with age as an independent variable. The sample consisted of first level executives of a large industrial organization. Findings of the study indicated that stress experience of the executives increased with advancing age. Sex was also found to be a major factor affecting the stress conditions.

Naisberg-Fennig et al (1991) carried out a study among psychiatrists on personality characteristics and proneness to burnout. It was hypothesized that people with certain personality characteristics which make them more liable to emotional arousal are likely to be burnout prone. Findings revealed that lower burnout degree was reported with increased tenure and age.

Cushway and Tyler (1994) carried out a study to investigate stress and coping in clinical psychologists and found that self-reported extent of stress was negatively related with age and number of years, practicing. In terms of coping strategies used, the highest scale score was for behavioural coping and this was found to be most frequently used coping strategy.

Satija et al (1998) carried out a study among nurses. Questionnaires on sources of stress, coping strategies and health outcome were administered to 72 nurses in one large general hospital. The results indicated that staff
conflicts and work load stress increased with grade of nurses and that workload stress and organizational support and involvement differed between wards, whereas there were no differences between group of coping strategies or mental health outcomes.

Carson et al (1999) studied burnout in mental health nurses. The total sample comprised of 648 ward based mental health nurses. The total sample was divided into a high burnout group and a low burnout group. The findings showed that burnout was a much less significant problem for mental health nurses than other researchers have indicated. The low burnout group of nurses was significantly older than the high burnout group.

KirkCaldy and Martin (2000) conducted a study on job stress and satisfaction among nurses involving 276 nurses in a large hospital in Northern Ireland. A comprehensive set of questionnaires was administered to assess multiple job-related variables. Findings revealed that the oldest nursing group scored higher on Occupational stress than the younger nursing group.

**Correlational Analysis**

In order to study the Occupational Stress and Burnout among nurses in relation to Personality, Self-Esteem and Coping Techniques in three different groups, pearson product moment correlations were computed for the total sample, Group-I, Group-II and Group-III of nurses. The results are given in tables 6-9. Only the significant correlations have been discussed.
1. OCCUPATIONAL STRESS AND BURNOUT

It was hypothesized that Total Occupational Stress would show a positive relation with its component dimensions, Total Burnout and component dimensions of Burnout viz. Emotional Exhaustion Depersonalization and Personal Accomplishment.

In the total sample, Table 6 revealed that Total Occupational Stress obtained a positive correlation with Administrative Issues, Staff Performance, limited Resources, Staff Conflict and Negative Patient Characteristics (dimensions of occupational stress), Personal Accomplishment (dimension of Burnout). In Group I of nurses, it obtained a positive correlation with Administrative Issues, Staff Performance, limited Resources, Staff Conflict, Scheduling Issues and Negative Patient Characteristics (dimensions of Occupational Stress), (Table 7). In Group I of nurses, Total Occupational Stress did not relate significantly with any dimension of Burnout. In Group-II of nurses, Total Occupational Stress obtained a positive correlation with Administrative Issues, Staff Performance, limited Resources, Scheduling Issues and Negative Patient Characteristics (dimensions of Occupational Stress) and with Personal Accomplishment (dimension of Burnout) (Table 8). In Group III of nurses (Table 9), a positive correlation of Occupational Stress was found with Staff Performance, Scheduling Issues, Negative Patient Characteristics (dimensions of Stress). Occupational Stress was not found to be related with Burnout and its dimensions (Table 9).
Barad (1979) did a nationwide survey of public contact, social security employees and found that when the case loads were very great, scores were high on Emotional Exhaustion, Depersonalization and low in Personal Accomplishment.

Empirical studies have shown that greater work-related stress is often linked with increased emotional exhaustion in hospital nurses (Oehler et al, 1991).

Siefert et al (1991) carried out a study among health care workers and found that role conflict, role ambiguity, and lack of physical comfort were significantly related to emotional exhaustion. Depersonalization was related to high role conflict, low challenge and low satisfaction with financial rewards. Significant job characteristics in the sense of personal accomplishment were: high challenge, high work load, greater satisfaction with financial rewards, low levels of role conflict, and low levels of conflict with professional values.

Tyler and Cushway (1992) carried out a study on stress, coping and mental well-being in hospital nurses and observed that staff conflicts and work load stress increased with grades of nurses. Work load stress and organizational support and involvement differed between wards, whereas there were no differences between groups of coping strategies or mental health outcomes. For each of the three coping strategies i.e. active cognitive Coping, active behavioural coping and avoidance Coping, a stepwise multiple regression was used to find which of the sources of stress best predicted the use of that strategy. Active cognitive coping as predicted by work load; active behavioural coping was predicted by confidence and
competence in role; avoidance coping was predicted by conflict with doctors and conflict with other nurses.

Butterworth et al (1999) carried out a study on Stress, Coping, Burnout and Job Satisfaction in British nurses. Sample was drawn of 586 nurse in 23 centres. Some 18 centres were chosen from England and five from Scotland. Results showed that Occupational Stress levels were rising in nursing. Working in community was more stressful than working in the hospital in terms of emotionally drained off. Further, findings revealed that higher graded staff tended to get a greater sense of accomplishment out of their jobs and reported more stress.

Previous research has shown that a number of factors predict burnout. In a study of Oncology, clinical nurse specialists, the level of satisfaction with the role, level of stress, perceived stage of burnout and amount of psychological support accounted for 46.3% of the variance in nurse’s burnout scores. The higher the level of perceived stress in the work environment, the higher the burnout score (Jones, 1982).

Burnard et al (2000) conducted a study on self-reported stressors and coping strategies among community mental health nurses and reported that the most frequently cited stressors included perceived workload, excessive paper work, and administration of a broad spectrum of client-related issues. Coping strategies used included poor support, a range of personal strategies such as relaxation, and belief in self and supervision.

Edwards et al (2000) reported that those health professionals working as part of community teams were experiencing increasing levels of stress and burnout as a
result of increasing workloads increasing administration and lack of resources. For community mental health nurses specific stressors were identified. These included increase in workload and administration, time management, inappropriate referrals, safety issues role conflict, role ambiguity, lack of supervision, not having enough time for personal study and general working conditions and lack of funding and resources.

2. Occupational Stress and Hardiness

It was hypothesized that Total Occupational Stress would show a negative relation with Total Hardiness and its components viz. Control, Commitment and Challenge.

In the Total sample of nurses (Table 6), Group I (Table 7) and Group II (Table 8), Total Occupational Stress did not obtain any significant correlation with any dimension of Hardiness or the Total Hardiness. In Group III (Table 9), negative correlation of Occupational Stress with Commitment (dimension of Hardiness) and with Total Hardiness was obtained. Hypothesis was only partially upheld in Group-III.

According to Kobasa (1979), increased hardiness should be associated with a lower stress outcome. Further more, numerous studies indicated that hardiness was associated with a tendency to perceive potentially stressful events in less threatening terms, perceive the threatening situation as a challenge, and increased optimism about one's ability to cope with the situation (Allred and Smith 1989; Pagana, 1990; Westman 1990; Wiebe 1991). The research, therefore indicated that hardy personality is generally associated with increasing challenge and lowering threat, and also
increasing secondary appraisal and using problem focused coping strategies.

Wright et al (1993) carried out a study on 31 nurses from three units of a university medical center and found that total hardiness as well as its subcomponents significantly correlated with nurses’ stress.

Rodney (2000) conducted a study to examine the relationship between nurse stress and the hardy personality (total hardiness), primary appraisal (challenge and threat appraisal), secondary appraisal (coping options available), and coping methods (action and palliative coping). Results indicated that total hardiness and its components, Action Coping and Palliative Coping strategy were not significantly related to nurse stress. Primary appraisal of threat had a positive relationship with stress and primary appraisal of challenge had a negative relationship with stress.

3. OCCUPATIONAL STRESS AND SELF ESTEEM

It was hypothesized that Total Occupational Stress would show negative relation with Self Esteem.

In the total Sample (Table-6), in Group-I (Table-7) in Group-II (Table-8) and in Group-III of nurses (Table-9), Total Occupational Stress did not obtain any significant correlation with Self-Esteem. The hypothesis was not upheld. This is contrary to some earlier empirical findings.

Ingham et al (1986) carried out a community survey. It was hypothesized that nature of the link between negative self-appraisal and certain psychological disorders would be that
low self-esteem may be a consequence of both early and current experiences and may predispose one to breakdown.

Boey (1998) carried out a study on nurses working in public hospitals in Singapore. The nurses were categorized into two groups: stress resistant (n=205) and distressed (n=160). Findings revealed that stress resistant nurses had higher self-esteem and were described as enjoying good mental health status and reported fewer symptoms of mental health problems than the distressed nurses.

4. Occupational Stress and Coping Techniques

It was hypothesized that Total Occupational Stress would show negative relation with Total Coping Techniques, and its component dimensions.

In the Total Sample (Tables 6) and Group I (Table 7), Total Occupational Stress obtained a positive correlation with **Acceptance, Distraction positive, Use of Religion** (dimensions of Coping Techniques) and **Total Coping**. In **Group-III** Table 9 revealed that Total Occupational Stress obtained a positive correlation with **Distraction Positive** (dimension of Coping Techniques) and **Total Coping Techniques**. In Group II of Nurses (Table 8), it did not obtain any significant correlation with any dimension of Coping and Total Coping Techniques.

Dewe (1987) conducted a study on identifying strategies nurses use to cope up with work stress. The analysis identified 6-strategies. These were problem-oriented behaviour, trying to unwind and put things in perspective, expressing feelings or frustrations, keeping the problem to yourself and accepting the job as it is and trying not to let it get to you.
Vingerhoets and Menges (1989) carried out a study on psychosocial load and symptoms and their relationship with Coping styles. Findings revealed that association between both self-blame and emotional focused coping strategies was there with a higher levels of psychosomatic complaints than those who adopted problem-focused coping to deal with chronic stress.

Tattersall et al. (1999) investigated the role of Coping in the relationship between job stress and well-being in hospital doctors a survey was conducted in a large teaching hospital. Questionnaires were completed by 170 hospital doctors from a range of specialities. Results showed that coping strategies of blaming oneself, wishful thinking and avoidance were all significantly associated with work related stress.

Coping has been found to be reported with stress in other populations also. Rao et al (2000) carried out a study on appraisal of stress and coping behaviour in college students in a group of 258 male and female undergraduates. Stressors in the academic and interpersonal domain were presented in the form of situation vignettes. While both situations were perceived as a challenge, majority of the students appraised the academic stressor as being within their control and the interpersonal stressor as being beyond their control. For both stressors, the coping responses reported were a combination of problem and emotion-focused strategies including support utilization. In response to the academic stressor, students reported the use of self-blame and reading guide books, while in response to the interpersonal situation withdrawing to think things over, was more common.
5. BURNOUT AND OCCUPATIONAL STRESS

It was hypothesized that Total Burnout would show a positive relation with its component dimensions and dimensions of Occupational Stress.

In the total sample (Table 6), Total Burnout obtained a positive correlation with Administrative Issues, Staff Performance, limited Resources, Scheduling Issues (dimensions of Occupational Stress), Emotional Exhaustion, Depersonalization and Personal Accomplishment (dimensions of Burnout) and negative correlation with Staff Conflict, and with Negative Patient Characteristics (dimensions of Occupational Stress). In Group I of nurses (Table 7), it obtained a positive correlation with Administrative Issues, limited Resources (dimensions of Occupational Stress) and with Emotional Exhaustion, Depersonalization and Personal Accomplishment (dimensions of Burnout) and negative correlation with Staff Conflict (dimension of Occupational Stress). In Group II of nurses (Table 8), it also obtained a positive correlation with Administrative Issues, Staff Performance and Scheduling Issues (dimensions of Occupational Stress), Emotional Exhaustion, Depersonalization and Personal Accomplishment (dimensions of Burnout). In Group III, it has obtained a positive correlation with Emotional Exhaustion, Depersonalization and Personal Accomplishment (dimensions of Burnout) (Table 9). In the total sample (Tables 6) revealed that Emotional Exhaustion (dimension of Burnout) obtained a positive correlation with Depersonalization (dimension of Burnout), and with Administrative Issues (dimension of Occupational Stress) and negative correlation with Personal Accomplishment (dimension of Burnout). In Group-I of nurses Emotional Exhaustion has obtained a positive correlation
with **Depersonalization** (dimension of Burnout) and negative correlation with **Personal Accomplishment** (dimension of Burnout), (Table 7). In Group II of nurses, it obtained a positive correlation with **Administrative Issues** (dimension of Occupational Stress), and with **Depersonalization** (dimension of Depersonalization) (Table 8). In Group III of nurses it was found to be negatively correlated with **Personal Accomplishment** (dimension of Burnout) (Table-9).

In the total sample (Table 6), in Group I (Table 7) and in Group II (Table 8), Depersonalization obtained a significantly positive correlation with **Emotional Exhaustion** (dimension of Burnout) and it did not obtained any significant correlation with any dimension of Occupational Stress. In Group III Depersonalization did not obtain any correlation with dimensions of Occupational Stress and Burnout (Table 9).

In the total sample (Table 6) **Personal Accomplishment** was found to be positively correlated with **Staff Performance**, **limited Resources**, **Scheduling Issues** (dimensions of Occupational Stress) and negatively correlated with **Staff Conflict** (dimension of Occupational Stress) and **Emotional Exhaustion** (dimension of Burnout). In Group I of nurses (Table 7), **Personal Accomplishment** obtained a positive correlation with **Staff Performance**, **Limited Resources** (dimension of Occupational Stress) and negatively correlated with **Emotional Exhaustion** (dimension of Burnout). In Group II of nurses (Table 8), **Personal Accomplishment** obtained a positive correlation with **Staff Performance**, **Scheduling Issues** (dimensions of occupational stress), and negatively correlated with **Staff Conflict** (dimension of Occupational Stress) and in Group III of
nurses it was found to be negatively correlated with Emotional Exhaustion (dimension of Burnout) (Table 9).

Constable and Russell (1986) conducted a study among 310 nurses working in a Military hospital and found that the major determinants of burnout were low job enhancement, high work pressure and lack supervisor support. Though lack of supervisor support was correlated with burnout, the association was significantly linked only with the emotional dimension of burnout. The depersonalization and personal accomplishment subscales of the Maslach Burnout Inventory did not show a similar pattern.

Fernandes and Murthy (1989) conducted a study on job related stress and burnout in middle and secondary school teachers and found that stress was significantly correlated with the emotional exhaustion and non-significantly with depersonalization and personal accomplishment.

Chung and Corbett (1998) carried out a study to compare the burnout of nursing staff who worked with clients who displayed challenging behaviour in hospital based bungalows and a community unit. 26 and 12 nursing staffs were chosen from four hospital based bungalows and a community unit respectively. The results showed that the clients in the hospital-based bungalows were more severe in challenging behaviour than those in the community unit. The staff in the hospital based bungalows were less satisfied with their salaries, enjoyed less their contact with clients and complained more than the community unit staff and they were also more emotionally exhausted and experienced more depersonalization towards clients.

Sinclaire and Tetrick (2000) reported that hardiness has a stress buffering nature. Support for the buffering effect
was indicated when a statistically significant interaction is obtained between a hardiness measure and a stress measure in the prediction of stress related criteria.

Hannigan et al (2000) carried out a study on burnout in community mental health nurses. Questionnaires were sent to 614 nurses in wales and 301 responded. Half of those who responded indicated that they were emotionally overextended and exhausted by their work. One quarter of respondents were found to possess negative attitudes towards their clients, and approximately one in seven experienced little or no sense of satisfaction with their work. Working in an Urban environment and lacking a supportive line manager were indicators for higher emotional exhaustion. Nurses were significantly more likely to have negative attitudes towards their clients if they were male; worked with an elderly care caseload; lacked job security.

6. BURNOUT AND HARDINESS

It was hypothesized that Total Burnout and its component dimensions viz. Emotional Exhaustion, Depersonalization and Personal Accomplishment would show a negative relation with Total Hardiness and its component dimensions viz. Control, Commitment & Challenge.

In the Total Sample (table 6) and Group I (Table 7), Emotional Exhaustion obtained a negative correlation with Commitment (dimension of Hardiness) and with Total Hardiness. In Group II Table 8 revealed that Emotional Exhaustion obtained a negative correlation with Commitment (dimension of Hardiness). In Group III of nurses (Table 9), Emotional Exhaustion obtained a negative correlation with
In the Total Sample (Table 6), Depersonalization was found to be negatively correlated with Commitment, Challenge (dimensions of Hardiness) and with Total Hardiness. In Group I, it was negatively correlated with Commitment and Challenge (dimensions of Hardiness) (Table 7). In Group II it was found to be positively correlated with Control (dimension of Hardiness) (Table 8). In Group III, Depersonalization obtained a negative correlation with Commitment (dimension of Hardiness) and with Total Hardiness (Table 9).

In the Total Sample Table 6 and in Group I Table 7 revealed that Personal Accomplishment obtained a Positive Correlation with Commitment and Challenge (dimensions of Hardiness) and Total Hardiness. In Group II, it has a positive correlation with Commitment (dimension of Hardiness) and Total Hardiness (Table 8). In Group III Table 9, it obtained a positive correlation with Challenge (dimension of Hardiness).

In the Total sample (Table 6), in Group I (Table 7), in Group II (Table 8) and in Group III of nurses (Table 9), Total Burnout did not score any significant correlation with any dimension of Hardiness and Total Hardiness.

Albrecht (1982) conducted research among hospital staff nurses. He found that symptoms of burnout were significantly associated with perceptions of stressful and unrewarding working conditions, as well as with a variety of their negative sequelae, including hardiness, absenteeism, use of drugs, physical illness and withdrawal from others.
Keane et al (1985) presented data supporting the hypothesis that personality hardiness may be an important resource for preventing burnout among hospital nurses. They compared samples of staff registered nurses working in Intensive Care Units (ICUs) and non-Intensive Care Units (non-ICU's) of a large urban university hospital and found no difference in degree of reported burnout. Across both the ICUs nurses and non-ICUs nurses however hardiness was found to be significantly related to burnout.

MacCranie et al (1987) examined 107 staff nurses from a variety of intensive care and non-intensive care areas to ascertain if personality hardiness moderated the impact of job stressors on burnout. Findings showed that burnout was significantly associated with higher levels of perceived job stress and lower levels of personality hardiness. Regression analysis indicated that stress due to workload and hardiness were significant predictors of burnout.

Boyle et al (1991) conducted a study on 103 registered nurses employed full time and part-time as staff nurses or incharge nurses in six intensive care units at a large South-eastern medical center in the US. It was found that personality hardiness and social support were negatively related to burnout.

De-Jonge et al (1994) carried out a study among nurses and found a negative relationship between the amount of challenge in the job and social support experienced and feeling of emotional exhaustion.

Koeske and Kirk (1995) found an inverse relationship between internal control and emotional exhaustion among mental health professionals.
7. BURNOUT AND SELF ESTEEM

It was hypothesized that Total Burnout and its component dimensions viz. Emotional Exhaustion, Depersonalization and Personal Accomplishment would show negative correlation with Self Esteem.

In the Total Sample (Table 6) Group I (Table 7) and Group II (Table 8), Emotional Exhaustion was found to be negatively correlated with Self Esteem. In Group III of nurses (Table 9), it was not found to be significantly correlated with Self Esteem.

In the Total sample (Table 6) revealed that Depersonalization was found to be negatively correlated with Self Esteem. It did not obtain any significant correlation with Self Esteem in Group I (Table 7), Group II (Table 8) and Group III of nurses (Table 9).

Personal Accomplishment did not obtain any significant correlation with Self Esteem in the Total Sample of nurses (Table 6), Group I (Table 7) Group II of nurses (Table 8) and Group III of nurses (Table 9).

In Group I (Table 7), Total Burnout obtained a negative correlation with Self Esteem. It did not significantly correlated with Self Esteem in the Total Sample (Table 6), in Group II of nurses (Table 8) and in Group III of nurses (Table 9).

Thomsen et al (1999) carried out a study by surveying qualified first level community-based nurses in the West midlands, England and hospital-based nurses in Stockholm, Sweden. The authors found that self-esteem was an important predictor of higher mental energy, and a
significant predictor of professional fulfillment and lower work-related exhaustion.

Fothergill et al (2000) conducted an All-Wales survey of community mental health nurses to determine their levels of stress, coping and burnout. 103 nurses were surveyed. Findings revealed that nurses with higher self-esteem had lower feeling of depersonalization and had a better sense of personal accomplishment and good coping skills.

Jeanneau and Armelius (2000) carried out a study on 754 mental health workers to investigated burnout and self-image among them. Results revealed that a positive relation was found between burnout and negative self image and between the experience of personal accomplishment and positive self-image. Highly burned-out persons had a significant more negative self-image than staff who had rated themselves as low burnout.

8. BURNOUT AND COPING

It was hypothesized that Total Burnout and its components viz. Emotional Exhaustion, Depersonalization and Personal Accomplishment would show negative relation with Total Coping Techniques and its component dimensions.

In the Total Sample (Table 6) and in Group I (Table 7) revealed that Emotional Exhaustion obtained a negative correlation with Social Support and Use of Religion (dimensions of Coping Techniques). In Group II (Table 8), Emotional Exhaustion has a negative correlation with Denial (dimension of Coping Techniques. In Group III of nurses (Table 9), Emotional Exhaustion obtained a negative correlation with Total Coping Techniques.
In the Total sample, Group I, Group II & Group III of nurses (Tables 6-9), Depersonalization did not obtained any significant relationship with any of the dimension of Coping Techniques or Total Coping.

In the Total Sample (Table 6) revealed that Personal Accomplishment obtained a positive correlation with Total Coping. In Group I of nurses (Table 7), it was found to be positively correlated with Use of Religion (dimension of Coping Techniques). In Group II (Table 8) and Group III (Table 9), Personal Accomplishment did not obtained any significant correlation with any dimension of Coping or the Total Coping.

In the Total Sample (Table 6) revealed that Total Burnout obtained a negative correlation with Use of Religion (dimension of Coping Techniques). In Group II (Table 8) Total Burnout was found to be negatively correlated with Social Support and Use of Religion (dimensions of Coping Techniques). In Group I (Table 7) and Group III of nurses (Table 9), it did not obtained any significant correlation with any dimensions of Coping and Total Coping.

Kimmel (1981) investigated coping and burnout among 135 health-care personnel: ward clerks, nurses aides, licensed practical and registered nurses. Findings revealed that two types of coping were related to burnout. Growth coping, a dynamic state of being creatively engaged and productive, was negatively related and self-blame coping was positively related to burnout.

Stone et al (1984) carried out a study of identifying stress and coping skills within a critical care setting and found that nurses high in burnout tended to see critical
care situations as threats and the work environment as inefficient in getting things done. Nurses high on burnout tended to endorse fewer effective coping skills, and experienced more life stress. Total effective coping also appeared to be important factor in personal accomplishment. Nurses high in personal accomplishment tended to endorse a higher number of effective coping skills.

Chiriboga and Bailey (1986) investigated coping and burnout in 544 registered nurses. Findings revealed that anticipatory coping, or foreseeing potential difficulties, was negatively related to burnout. Nurses who were less likely to anticipate problems suffered more from burnout.

Martin (1990) conducted a study among nurses providing care to AIDS patients. He reported that staff with higher burnout scores were more likely to use mental and behavioural disengagement as a primary coping strategy. This study proposed that coping styles would influence levels of experienced burnout.

Boyle et al (1991) carried out a study on 103 registered nurses employed full-time and part-time as staff nurses or charge nurses in six intensive care units at a large Southeastern medical center in the US and found that problem focused coping was not related to burnout, whereas use of emotion-focused coping was positively related to burnout.

Bennett et al (1994) conducted a study to examine why burnout occurs and how it may be prevented in the care of clients with HIV/AIDS. The sample of Australian HIV/AIDS health care professionals (N=84), consisted of 54 nurses, 16 doctors and 14 social workers. Respondents were divided into groups on the basis of their burnout scores. Members of the high burnout group who had higher levels of anxiety,
stress and stigma, were more likely to use External Coping strategies and higher amounts of Tangible support than members of the low burnout group. Subjects in the low burnout group were more likely to use Internal Coping strategies, had greater affiliation with the Gay Community, experienced greater support and job related rewards may buffer and prevent experiences of burnout.

Regression Analysis

For regression analysis, following Guilford and Fruchter (1978), only those variables were kept as predictors which correlated significantly with criterion variable.

There were two criterion variables viz. Occupational Stress and Total Burnout. Further component dimensions of Burnout viz. Emotional Exhaustion, Depersonalization and Personal Accomplishment were also taken as the Criterion. The regression analyses were carried out for the total sample, Group-I, Group-II and Group-III of nurses for the criterion variables. The results have been presented in Tables 10-29. Multiple $R^2$ for each of the groups reveals the exact proportion of variance explained in the criterion variable, which is attributable to the joint action of all the independent variables.

Criterion: Occupational Stress

Tables 10-13 showing the multiple regression equations for the criterion measure Total Occupational Stress for the Total Sample (Table 10), Group-I (Table 11), Group-II (Table 12) and Group-III (Table 13) of nurses respectively. In this analysis when Total Occupational Stress was taken
as the criterion variable, all the variables except dimensions of Occupational Stress were considered as independent variables, fourteen in number. These were Emotional Exhaustion, Depersonalization, Personal Accomplishment (dimension of Burnout), Control, Commitment, Challenge (dimensions of Hardiness), Problem Solving, Acceptance, Social Support, Distraction Positive, Denial, Distraction Negative, use of Religion (dimensions of Coping Techniques) and Self-Esteem.

Table-10 showing the regression analysis for the criterion variable Total Occupational Stress for Total Sample of nurses revealed that 6 variables turned out to be relevant and were retained as predictors ($R^2=.10$). They explained 10 percent of variance in the criterion variable. They were Acceptance ($\beta=.25$), Personal Accomplishment ($\beta=.17$), Distraction Positive ($\beta=.10$), Problem Solving ($\beta=-.14$), Challenge ($\beta=-.09$) and Commitment ($\beta=-.08$).

Table-11 showing the regression analysis for the criterion variable Total Occupational Stress of Group-I of nurses. It revealed that 10 variables turned out to be relevant and were retained as predictors ($R^2=.29$). They explained 29 percent of the variance in the criterion variable. The predictors were Acceptance ($\beta=.53$), Distraction Positive ($\beta=.20$), Distraction Negative ($\beta=.16$), Personal Accomplishment ($\beta=.16$), Problem Solving ($\beta=-.27$), Depersonalization ($\beta=-.17$), Denial ($\beta=-.23$), Commitment ($\beta=-.14$), Challenge ($\beta=-.09$), Self-Esteem ($\beta=-.09$).

Table 12 showing the regression analysis for the criterion variable Total Occupational Stress of Group II of nurses.
It revealed that 3 variables turned out to be relevant and were retained as predictors ($R^2=.07$). They explained 7 percent of variance in the criterion variable. The predictors were Personal Accomplishment ($\beta=.20$), Distraction Negative ($\beta=-.18$) and Denial ($\beta=.13$).

Table 13 showing the regression analysis for the criterion variable of Total Occupational Stress of Group-III of nurses. It revealed that 6 variables turned out to be relevant and were retained as predictors ($R^2=.23$). They explained 23 percent of variance in the criterion variable. The predictors were Distraction Positive ($\beta=.25$), Commitment ($\beta=-.25$), Challenge ($\beta=-.25$), Control ($\beta=-.21$), Emotional Exhaustion ($\beta=-.16$) and Distraction Negative ($\beta=.15$).

Criterion : Total Burnout

Tables 14-17 showing the multiple regression equations for the criterion measure Total Burnout for the Total Sample (Table 14), Group-I (Table 15), Group-II (Table 16) and Group-III (Table 17) of nurses respectively. In this analysis when Total Burnout was taken as the criterion variable, all the variables except dimensions of Burnout were considered as independent variables, seventeen in number. These were Administrative Issues, Staff Performance, Limited Resources, Staff Conflict, Scheduling Issues, Negative Patient Characteristics (dimensions of Occupational Stress), Control, Commitment, Challenge (dimensions of Hardiness), Problem Solving, Acceptance, Social Support, Distraction Positive, Denial, Distraction Negative, Use of Religion (dimensions of Coping Technique) and Self Esteem.
Table 14 showing regression analysis for the criterion Total Burnout for the Total Sample of nurses revealed that 9 variables turned out to be relevant and were retained as predictors \( (R^2=.14) \). They explained 14 percent of variance in the criterion variable. They were Commitment \( (\beta=.16) \), Staff Conflict \( (\beta=-.14) \), Religion \( (\beta=-.18) \), Scheduling Issues \( (\beta=.16) \), Negative Patient Characteristics \( (\beta=-.11) \), Problem Solving \( (\beta=.13) \), Self Esteem \( (\beta=-.08) \), Administrative Issues \( (\beta=.08) \) and Distraction Negative \( (\beta=-.06) \).

Table 15 showing regression analysis for the criterion Total Burnout for Group-I of nurses revealed that 7 variables turned out to be relevant and were retained as predictors \( (R^2=.15) \). They explained 15 percent of the variance in the criterion variable. They were Administrative Issues \( (\beta=.26) \), Staff Conflict \( (\beta=-.19) \), Distraction Negative \( (\beta=-.14) \), Challenge \( (\beta=.13) \), Commitment \( (\beta=-.14) \), Problem Solving \( (\beta=.12) \) and Self Esteem \( (\beta=-.11) \).

Table 16 showing regression analysis for the criterion Total Burnout for Group-II of nurses revealed that 7 variables turned out to be relevant and were retained as predictors \( (R^2=.28) \). They explained 28 percent of variance in the criterion variable. They were Scheduling Issues \( (\beta=.30) \), Social Support \( (\beta=-.26) \), Staff Performance \( (\beta=.21) \), Staff Conflict \( (\beta=-.19) \), Administrative Issues \( (\beta=.17) \), Denial \( (\beta=-.15) \) and Negative Patient Characteristics \( (\beta=-.12) \).
Table 17 showing regression analysis for the criterion Total Burnout for Group-III of nurses revealed that 7 variables turned out to be relevant and were retained as predictors ($R^2 = .33$). They explained 33 percent of variance in the criterion variable. They were Use of Religion ($\beta = -1.14$), Problem Solving ($\beta = .53$), Social Support ($\beta = .52$), Scheduling Issues ($\beta = .14$), Distraction Positive ($\beta = .39$), Self Esteem ($\beta = -.20$) and Control ($\beta = -.14$).

Criterion: Emotional Exhaustion

Table 18 showing regression analysis for the criterion Emotional Exhaustion for the Total Sample of nurses revealed that 10 variables turned out to be relevant and were retained as predictors ($R^2 = .20$). They explained 20 percent of the variance in the criterion variable. They were Commitment ($\beta = -.25$), Use of Religion ($\beta = -.12$), Administrative Issues ($\beta = .15$), Self-Esteem ($\beta = -.13$), Negative Patient Characteristics ($\beta = -.15$), Scheduling Issues ($\beta = .12$), Limited Resources ($\beta = -.11$), Acceptance ($\beta = .16$), Denial ($\beta = -.14$) and Social Support ($\beta = -.13$).

Table 19 showing regression analysis for the criterion Emotional Exhaustion for the Group-I of nurses revealed that 7 variables turned out to be relevant and were retained as predictors ($R^2 = .25$). They explained 25 percent of the variance in the dependent variable. The predictors were Commitment ($\beta = -.30$), Self Esteem ($\beta = -.15$), Use of Religion ($\beta = -.24$), Acceptance ($\beta = .18$), Staff Performance ($\beta = -.14$), Administrative Issues ($\beta = .14$) and Staff Conflict ($\beta = -.10$).
Table 20 regression analysis for the criterion Emotional Exhaustion for Group-II of nurses revealed that 13 variables turned out to be relevant and were retained as predictors ($R^2 = .41$). They explained 41 percent of the variance in the criterion variable. They were Self Esteem ($\beta = -.31$), Scheduling Issues ($\beta = .38$), Commitment ($\beta = -.26$), Distraction Positive ($\beta = -.19$), Negative Patient Characteristics ($\beta = -.24$), Denial ($\beta = -.31$), Staff Performance ($\beta = .16$), Limited Resources ($\beta = -.24$), Administrative Issues ($\beta = .15$), Social Support ($\beta = -.25$), Use of Religion ($\beta = .13$), Acceptance ($\beta = -.18$), Distraction Negative ($\beta = .10$).

Table 21 showing regression analysis for the criterion Emotional Exhaustion for Group-III of nurses revealed that 5 variables turned out to be relevant and were retained as predictors ($R^2 = .25$). They explained 25 percent of the variance in the criterion variable. They were Challenge ($\beta = -.26$), Commitment ($\beta = -.15$), Self Esteem ($\beta = .13$), Use of Religion ($\beta = -.39$), Acceptance ($\beta = .33$).

Criterion: Depersonalization

Table 22 showing regression analysis for the criterion Depersonalization for the Total Sample of nurses revealed that 3 variables turned out to be relevant and were retained as predictors ($R^2 = .07$). They explained 7 percent of variance in the criterion variable. The predictors were Commitment ($\beta = -.18$), Challenge ($\beta = -.12$), Self Esteem ($\beta = -.12$).

Table 23 showing regression analysis for the criterion Depersonalization for the Group-I of nurses revealed that 3...
variables are turned out to be relevant and were retained as predictors ($R^2=.10$). They explained 10 percent of variance in the dependent variable. The predictors were
Commitment ($\beta=-.24$), Staff Conflict ($\beta=-.12$) and Denial ($\beta=.12$).

Table 24 showing regression analysis for the criterion Depersonalization for the Group-II of nurses revealed that 7 variables are turned out to be relevant and were retained as predictors ($R^2=.15$). They explained 15 percent of variance in the criterion variable. The predictors were Administrative Issues ($\beta=.13$), Control ($\beta=.20$), Distraction Positive ($\beta=-.12$), Self Esteem ($\beta=-.12$), Negative Patient Characteristics ($\beta=-.16$), Staff Performance ($\beta=.12$) Staff Conflict ($\beta=.12$).

Table 25 showing regression analysis for the criterion Depersonalization for Group-III of nurses revealed that 9 variables are turned out to be relevant and were retained as predictors ($R^2=.32$). They explained 32 percent of variance in the criterion variable. The predictors were Commitment ($\beta=-.32$), Acceptance ($\beta=-.40$), Problem Solving ($\beta=.23$), Challenge ($\beta=-.26$), Administrative Issues ($\beta=-.26$), Distraction Negative ($\beta=-.35$), Social Support ($\beta=.21$) Denial ($\beta=.29$) and Staff Performance ($\beta=.15$).

Criterion: Personal Accomplishment

Table 26 showing regression analysis for the criterion Personal Accomplishment for the total Sample of nurses revealed that 6 variables turned out to be relevant and were retained as predictors ($R^2=.18$). They explained 18
percent of the variance in the criterion variable. They were Commitment ($\beta=.26$), Staff Performance ($\beta=.14$), Staff Conflict ($\beta=.18$), Challenge ($\beta=.15$), Scheduling Issues ($\beta=.11$) and Limited Resources ($\beta=.10$).

Table 27 showing regression analysis for the criterion Personal Accomplishment for the Group-I of nurses revealed that 10 variables turned out to be relevant and were retained as predictors ($R^2=.32$). They explained 32 percent of the variance in the criterion variable. The predictors were Commitment ($\beta=.27$), Staff Performance ($\beta=.33$), Limited Resources ($\beta=.27$), Challenge ($\beta=.16$), Distraction Negative ($\beta=-.24$), Denial ($\beta=.24$), Acceptance ($\beta=-.29$), Distraction Positive ($\beta=-.24$), Problem Solving ($\beta=.20$), Use of Religion ($\beta=.19$).

Table 28 showing regression analysis for the criterion Personal Accomplishment for the group-II of nurses revealed that 7 variables turned out to be relevant and were retained as predictors ($R^2=.31$). They explained 31 percent of variance in the criterion variable. They were Self Esteem ($\beta=.26$), Staff Conflict ($\beta=-.23$), Scheduling Issues ($\beta=.23$), Commitment ($\beta=.22$), Use of Religion ($\beta=-.22$), Challenge ($\beta=.17$), Staff Performance ($\beta=.12$).

Table 29 showing regression analysis for the criterion Personal Accomplishment for the Group-III of nurses revealed that 9 variables turned out to be relevant and were retained as predictors ($R^2=.36$). They explained 36 percent of variance in the criterion variable. They were Challenge ($\beta=.10$), Commitment ($\beta=.19$), Self Esteem ($\beta=-.26$),
Administrative Issues ($\beta=-.36$), Staff Conflict ($\beta=-.25$), Scheduling Issues ($\beta=.22$), Limited Resources ($\beta=.19$), Social Support ($\beta=.17$), Control ($\beta=-.17$).

A glance at Regression tables (10-13) revealed that Distraction Positive (dimension of Coping) emerged as a common predictor of the criterion Occupational Stress in the Total Sample, Group-I and Group-III. The tables also showed that these were related positively to the Criterion. Tables (10-13) also revealed that Distraction Negative (dimension of Coping) emerged as a common predictor of Occupational Stress in Group-I, Group-II and Group-III. Tables showed that whereas Distraction Negative (dimension of Coping) was found to be positively related to the Criterion in Group-I and Group-III, it was found to be negatively related to the Criterion in Group-II. Tables (10-13) revealed that Personal Accomplishment (dimension of Burnout) emerged as a common predictor in the Total Sample, Group-I and Group-II. Tables also showed that it was found to be positively related to the criterion. Tables (10-13) further revealed that Challenge and Commitment (dimensions of Hardiness) emerged as common predictors of Occupational Stress in the Total Sample, Group-I and Group-III and were negatively related to the criterion. Acceptance (dimension of Coping) emerged as common predictor of Total Occupational Stress in Group-I and Group-II and was found to be positively related to the criterion. Tables (10-13) also revealed that Problem Solving (dimension of Coping) emerged as a common predictor of Total Occupational Stress in the Total Sample and Group-I and was found to be negatively related to the criterion. Tables (10-13) also revealed that Denial (dimension of Coping) emerged as a
Regression tables (10-13) revealed that Depersonalization (dimension of Burnout) and Self Esteem emerged as the specific predictors of the criterion Total Occupational Stress in Group-I and were found to be negatively related to the criterion. Tables (10-13) also revealed that Control (dimension of Hardiness) and Emotional Exhaustion (dimension of Burnout) emerged as specific predictors of Total Occupational Stress in Group-III and were found to be negatively related to the criterion.

Regression tables (14-17) revealed that Scheduling Issues (dimension of Occupational Stress) emerged as a common predictor of the criterion Total Burnout in the Total Sample, Group-II and Group-III and it was found to be positively related to the criterion. Tables also revealed that Administrative Issues (dimension of Occupational Stress) emerged as a common predictor of Total Burnout in the Total Sample, Group-I and Group-II and it was found to be positively related to the criterion. Problem Solving (dimension of Coping) emerged as a common predictor of Total Burnout in the Total Sample, Group-I and Group-III and it was found to be positively related to the criterion. Tables (14-17) also revealed that Staff Conflict (dimension of Occupational Stress) emerged as a common predictor of the criterion Total Burnout in the total sample, Group-I and Group-II and it was found to be

137
negatively related to the criterion. **Self-Esteem** emerged as a common predictor of total Burnout in the total sample Group-I and Group-III and it was found to be negatively related to the criterion. Tables (14-17) also revealed that **Staff Performance** (dimension of Occupational Stress) emerged as a common predictor of total Burnout in the total sample and Group-II and it was found to positively related to the criterion. Table (14-17) revealed that **Use of Religion** (dimension of Coping) emerged as a common predictor of Total Burnout in the Total Sample and in Group-III and it was found to be negatively related to the Criterion. Tables (14-17) also revealed that **Distraction Negative** (dimension of Coping) emerged as common predictor of Total Burnout in the Total Sample and Group-I and it was found to be negatively related to the criterion. **Negative Patient Characteristics** (dimension of Occupational Stress) emerged as a common predictor of Total Burnout in the Total Sample and in Group-III and it was found to be negatively related to the criterion. Tables (14-17) also revealed that **Social Support** (dimension of Coping) emerged as a common predictor of the Total Burnout in Group-II and Group-III and it was found to be negatively related to the criterion in Group-II and positively related to the criterion in Group-III.

Regression tables (14-17) revealed that **Challenge** (dimension of Hardiness) emerged as a specific predictor of the criterion Total Burnout in Group-I and it was found to be positively related to the criterion. Tables also revealed that **Commitment** (dimension of Hardiness) emerged as a specific predictor for Total Burnout in Group-I and it was found to be negatively related to the criterion.
Tables (14-17) revealed that **Denial** (dimension of Coping) emerged as a specific predictor of Total Burnout in Group-II and it was found to be negatively related to the criterion. **Distraction positive** (dimension of Coping) and **Control** (dimension of Hardiness) emerged as specific predictors of Total burnout in Group-III, tables also showed that whereas Distraction positive (dimension of Coping) was found to be positively related to the criterion and Control was found to be negatively related to the criterion.

Regression tables (18-21) revealed that **Acceptance** (dimension of Coping) emerged as a common predictor of the criterion Emotional Exhaustion in the Total Sample, Group-I, Group-II and Group-III and it was found to be positively related to the criterion. **Commitment** (dimension of Hardiness) emerged as a common predictor of Emotional Exhaustion in the Total Sample and three different age groups and it was found to be negatively related to the criterion. Tables (18-21) also revealed that **Use of Religion** (dimension of Coping) emerged as a common predictor of Emotional Exhaustion in the Total Sample and three different age groups and it was found to be negatively related to the criterion in the Total Sample, Group-I and Group-III and positively related to the criterion in Group-II. Tables (18-21) revealed that **Self Esteem** emerged as common predictor of Emotional Exhaustion in the Total Sample and three different age groups and it was found to be negatively related to the criterion in the Total Sample, Group-I and Group-II and positively related to the criterion in Group-III. Tables also revealed that **Administrative Issues** (dimension of Occupational
Stress) emerged as common predictor of Emotional Exhaustion in the Total Sample, Group-I and Group-II and it was found to be positively related to the criterion. Scheduling Issues (dimension of Occupational Stress) emerged as a common predictor of Emotional Exhaustion in the Total Sample and in group-II and it was found to be positively related to the criterion. Tables also revealed that Negative Patient Characteristics and Limited Resources (dimensions of Occupational Stress), Denial and Social Support (dimensions of Coping) emerged as common predictors of Emotional Exhaustion in the Total Sample and in Group-II and they were also found to be negatively related to the criterion. Tables (18-21) revealed the Staff Performance (dimension of Occupational stress) emerged as a common predictor of Emotional Exhaustion in Group-I and Group-II and it was also found to be negatively related to the criterion in Group-I and positively related to the Criterion in Group-II.

Regression tables (18-21) revealed that Staff Conflict (dimension of Occupational Stress) emerged as a specific predictor of the criterion Emotional Exhaustion in group-I and was found to be negatively related to the criterion. Distraction Negative and Distraction Positive (dimensions of Coping) emerged as specific predictors of Emotional Exhaustion in Group-II. It was also found that whereas Distraction Negative was positively related to the criterion and Distraction Positive was found to be negatively related to the criterion. Tables also revealed that Challenge (dimension of Hardiness) emerged as a specific predictor of Emotional Exhaustion in Group-III and was found to be negatively related to the criterion.
Regression tables (22-25) revealed that Commitment (dimension of Hardiness) emerged as a common predictor of the criterion Depersonalization in the Total Sample, Group-I and Group-III and was found to be negatively related to the criterion. Tables also revealed that Denial (dimension of Coping) emerged as a common predictor in Group-I and Group-III and was found to be positively related to the criterion. Administrative Issues (dimension of Occupational Stress) emerged as a common predictor of Depersonalization in Group-I and Group-III and it was found to be positively related to the criterion in Group-I and negatively related to the criterion in Group-III. Tables (22-25) revealed that Staff Performance (dimension Occupational Stress) emerged as a common predictor of Depersonalization in Group-II and Group-III and was found to be positively related to the criterion. Staff Conflict (dimension of Occupational Stress) emerged as a common predictor of Depersonalization in Group-I and Group-II. Tables also showed that it was found to be negatively related to the criterion in Group-I and positively related to the criterion in group-II. Challenge (dimension of Hardiness) emerged as a common predictor of Depersonalization in the Total Sample and Group-III and it was found to be negatively related to the criterion. Tables (22-25) revealed that Self-Esteem emerged as a common predictor of Depersonalization in the Total Sample and Group-II and was found to be negatively related to the criterion.

Regression tables (22-25) revealed that Control (dimension of Hardiness) emerged as a specific predictor of the criterion Depersonalization in Group-II and were found
to be positively related to the criterion. Tables also revealed that Distraction Positive (dimension of Coping) and Negative Patient Characteristics (dimension of Occupational Stress) emerged as specific predictors of Depersonalization in Group-II and were found to have negative relation with the criterion. Problem Solving and Social Support (dimensions of Coping) emerged as specific predictors of Depersonalization in Group-III and were found to be positively related to the criterion. Tables (22-25) also revealed that Distraction Negative (dimension of Coping) emerged as a specific predictor of Depersonalization in Group-III and was found to be negatively related to the criterion.

Regression tables (26-29) revealed that Commitment and Challenge (dimensions of Hardiness) emerged as common predictors of the criterion Personal Accomplishment in the Total Sample and three different age groups and were found to be positively related to the criterion. Staff Performance (dimension of Occupational Stress) emerged as a Common predictor of Personal Accomplishment in the Total Sample, Group-I and Group-II and was found to be positively related to the criterion. Tables (26-29) also revealed that Scheduling Issues (dimension of Occupational Stress) emerged as a common predictor of Personal Accomplishment in the Total Sample, Group-II and Group-III and was found to be positively related to the criterion. Limited Resources (dimension of Occupational Stress) emerged as a common predictor of Personal Accomplishment in the Total Sample, Group-II and Group-III and was found to be positively related to the criterion. Tables also revealed that Staff Conflict
(dimension of Occupational Stress) emerged as a common predictor of Personal Accomplishment in the Total Sample, Group-II and Group-III and was found to be negatively related to the criterion. Use of Religion (dimension of Coping) emerged as a common predictor of Personal Accomplishment in group-I and Group-II. Tables also showed that it was found to be positively related to the criterion in Group-I and negatively related to the criterion in Group-II. Tables (26-29) also revealed that Self-Esteem emerged as a common predictor of Personal Accomplishment in Group-II and Group-III and was found to be positively related to the criterion in Group-II and negatively related to the criterion in Group-III.

Regression tables (26-29) revealed that Denial and Problem Solving (dimensions of Coping) emerged as specific predictors of the criterion Personal Accomplishment in Group-I and were found to be positively related to the criterion. Tables also revealed that Distraction Negative, Acceptance and Distraction Positive (dimensions of Coping) emerged as specific predictors of Personal Accomplishment in group-I and were found to be negatively related to the criterion. Social Support (dimension of Coping) emerged as a specific predictor of Personal Accomplishment in Group-III and was found to be positively related to the criterion. Tables (26-29) also revealed that Administrative Issues (dimension of Occupational Stress) and Control (dimension of Hardiness) emerged as specific predictors in Group-III and were found to be negatively related to the criterion.
Previously also, many studies have been conducted to identify the predictors of Occupational Stress and Burnout. Maslach (1981) found that nurses in high stress areas experience more burnout.

Ashford (1988) studied the reactions of employees after the transformation of the Bell Telephone system and reported a negative correlation between self-esteem and stress levels. Hare et al (1988) carried out a study on predictors of burnout in professional and paraprofessional nurses working in hospitals and nursing homes. Findings revealed that work relationship and tension - releasing instrumental and problem - focused coping were the most powerful predictors of burnout.

Topf (1989) had investigated personality, hardiness, occupational stress and burnout in 100 critical care nurses. The findings revealed that only commitment to work was accounted for significant amounts of variance across three of the four burnout measures used.

Ceslowitz (1989) examined the relationship between Coping and Burnout, using 150 randomly selected nurses from four hospitals. The findings revealed that nurses who experienced decreased levels of burnout used planned problem solving, positive reappraisal, seeking social support and self controlling coping strategies. Nurses who experienced increased burnout used escape/avoidance, self controlling and confronting strategies.

Naisberg-Fenning et al (1991) carried out a study among psychiatrists. It was hypothesized that people with
certain personality characteristics which make them more liable to intense emotional arousal are likely to be burnout-prone. Findings indicated that personality measures should be taken into consideration in any attempt to predict an individual's proneness to burnout. These variables were found to contribute in our study to 58 percent of the burnout variance.