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Job Stages of Entry, Mastery, and Disengagement Among Nurses

McNeese-Smith, Donna K. EdD, RN, CNAA

Author Information

Donna K. McNeese-Smith, EdD, RN, CNAA, e-mail:
DMcNeese@Sonnet.UCLA.EDU
, Assistant Professor and Coordinator, Nursing Administration Graduate Program, School of Nursing, University of California, Los Angeles.
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Abstract

Objectives: To examine the phenomenon of job stages, particularly entry, mastery, and disengagement; to identify predictors of each stage; and to determine when disengagement occurs among nurses.

Summary Background Data: Job or career stages have been conceptualized as an aspect of growth and development and also career growth and change. Graham identified job stages of entry, mastery, and disengagement and theorized that stages are related to time on the job, skill development, and attitudes. They are levels of identification of the self and ego with the job environment. Studies on burnout as well as hardiness were also examined because of their possible relations with job stages.

Methods: This descriptive survey queried 412 RNs, selected by random sample from three hospitals, to determine their job stage. Demographic characteristics, role, years as a nurse, years in this hospital, years in this job, and job satisfaction, productivity, and organizational commitment were also measured. Data analyses provided frequencies and percentages, and logistic regression was performed to identify predictors of each job stage.

Results: Forty-eight (13%) nurses reported being in the entry stage; 224 (62%) nurses were in mastery. Mastery was predicted by several variables, including U.S. education (negative) and organizational commitment (positive). Eighty-seven (24%) nurses reported being in disengagement, and this was predicted by years in this job and negatively predicted by organizational commitment.

Conclusions: Strategic planning for mastery and avoidance of disengagement were discussed, and implications for administrators and the profession were presented.

Nurses enter their careers with ideals of service and a desire to improve the lives and health of patients. However, in a recent study,1 nurses described themselves as disengaged, or emotionally separated, from their job. This suggests staff burnout, turnover, or at least a nursing staff that does not operate at optimal efficiency. With a continually changing healthcare system and an increasing shortage of nurses, we must understand and try to thwart the causes of job disengagement.

Background and Literature Review

Job or career stages have been conceptualized in a variety of ways. Super 2 described career stages as an aspect of growth and development, extending from the individual's conception to death. These stages were identified as growth, exploration, establishment, maintenance, and decline. In contrast, Dalton and Thompson 3 identified career stages in relation to the organization: developing an identity, a sense of competence, building developmental relationships, and achieving the capacity to lead.

Graham 4,5 studied air traffic controllers and identified job stages of entry, mastery, and disengagement. He theorized that these stages are related to time on the job, skill development, and attitudes and are levels of identification of the self and ego with the job environment. This identification includes job values, symbols, standards, skills, and rewards. Identity formation with the environment and with the "ideal" job begins in the entry stage, increases throughout the mastery stage, and begins to depolarize at the advent of the disengagement stage. According to Graham,4 these stages proceed in a predictable manner throughout the career:

* Stage I, entry, is a process of involvement, skill development, and increasing congruity between an individual's self conception and his or her role in the job. Group membership usually follows a period of training, orientation, and supervision. If the individual accomplishes the expectations of the role and is accepted by the current members, he or she becomes an "insider." If ideals are realistic and supervision is supportive, the new member moves into the stage of mastery, still expecting to achieve the ideal performance and identity. However, if ideals are too great or membership too demanding, the new member may experience disillusionment and move to disengagement. Graham 4 stated that entry is a time of dreams and great promise.

* Stage II, mastery, usually begins with the new member being least senior, having advanced beginner skills, possessing some job esteem, and moving toward seniority, expertise, and high esteem. This is a time of accomplishment, challenge, and sense of purpose. Throughout, members at both ends of the stage share a common identity in relation to the work environment, but the new member's self-identity is initially polarized from a very high idealism about the job. During this period of mastery, the member gains experience and skills but also decreases his or her ideal concept of the position. Eventually, the decreasing ideal identity and the increasing ego identity merge and the member perceives himself or herself as having achieved the desired expertise. He or she then becomes a role model for developing employees.

* Stage III, disengagement, commences if the congruency of the relationship between self-identity and job identity begins to decline. The focus of identity shifts to something else, and the job no longer provides growth and a relevant sense of identity. Employees experience a sense of boredom and indifference toward the job. Friends leave or are promoted, the system changes, and the future promises increasing frustration as the employee becomes confined at a level where performance and behavior steadily decline. The disengaging employee becomes displaced by the newer mastery-stage employee, similar to the child who is dethroned by a new sibling. As performance and esteem decline to earlier levels, ideals between self and the job also resume the extreme polarity the employee had at levels, now minus the idealism.4 In other words, as the employee disengages, performance and esteem in relation to the job decrease, and the employee separates from the job. This is similar to the separateness experienced at the beginning of the entry stage, but now the ideal view of the job has dissipated.

Victor Frankl wrote that "striving to find meaning in one's life is the primary motivational force in man."6 (p154) When individuals seek meaning in their work and fail, burnout is the result.7 Burnout is a phenomenon that is probably related to disengagement, but it refers to personal "emotional exhaustion, depersonalization, and reduced personal accomplishment" of those involved in working with people.8(p3) Burnout was found to be related to personal characteristics of the helper, including marital status, having children, and personal needs as well as job characteristics such as work stressors, coworkers, quality of supervision, and organizational structure and support.8-10 A similar syndrome has been described among superior athletes. Effects of burnout include substance abuse, interpersonal conflict, physical and mental illness, and job disengagement.8

Topf 11 identified that alienation from work was linked with burnout among critical care nurses. Other research studied hardiness and found relations between perceived job stress and burnout among hospital staff nurses.12 Although hardiness had beneficial main effects, it did not prevent burnout in the presence of high job stress. In a study of geriatric nurses, hardiness, work stressors, and coping strategies predicted burnout and explained 49% of the variance.13 A fourth study, this time of healthcare personnel in the field of AIDS, found similar problems with burnout and attributed the cause to the type of patients and to constraining work and institutional conditions.14

A study by Turnipseed 15 of hospital staff nurses found that work pressure contributed to emotional exhaustion, whereas peer cohesion and communication clarity moderated it. Also, supervisor support and autonomy moderated depersonalization. However, age moderated the need for supervisor support, but time on the job decreased the nurses' tolerance of lack of clarity and poor supervision. Strong religious convictions contributed to work involvement. Other researchers have found that coping methods of escape and avoidance contribute to burnout, whereas coping strategies such as problem solving, positive reappraisal, and use of social support prevent burnout.16

A study by Landstrom et al.17 found that as nurses move toward leaving a job, they pass through an initial stage of emotional conflict that becomes intensified in the last 2 to 6 months before leaving. Other nurses may disengage but stay on the job. These nurses (n = 26) identified seven factors that led to their withdrawal-inadequate staffing, increasing patient acuity and workload, lack of coworker support and cohesiveness, lack of individual recognition and respect, inadequate educational and advancement opportunities, and poor pay-but the most common factor in their disengagement was conflict with nursing managers. Eighty-five percent of those who left said administrative intervention in the first stage would have prevented their decision to leave.

To examine the phenomenon of job stages, particularly entry, mastery, and disengagement, a study was done to identify the predictors of stages of entry, mastery, and disengagement and to determine when disengagement occurs among nurses. The methodology of this study for testing Graham's model of entry, mastery, and disengagement will be described next.

Methods

Settings

The survey comprised RNs at three private, not-for-profit hospitals in Los Angeles County with licensed bed capacities of 386, 460, and 551 beds. Each hospital has a large outpatient service, serving the health needs of a varied multiethnic population.

Sample

The study's sample (n = 412) was primarily women (95%), with a mean age of 41. Forty-six percent of the nurses held at least a bachelor's degree in nursing; 67% received their nursing education in the United States. Eighty-six percent were employed full time, 66% were staff nurses, 15% were managers, clinical nurse specialists, educators, and case managers, and the remainder were charge nurses or supervisors. Forty-seven percent were European-American and 28% were Filipino. The average number of years of RN experience was 16, years in this hospital averaged 10, and years in this job was 7.

Hospitals requested different survey approaches, so the randomization procedure was altered. RNs were selected from the payroll report by random sampling for hospitals A and B, and all managers, educators, clinical nurse specialists, and case managers were invited to complete questionnaires to increase the number of participants in nonstaff nurse roles. Hospital A had 297 RNs; a sample of 169 were invited to participate and 110 returned questionnaires for a return rate of 65%. Hospital B had 486 nurses; a sample of 266 were invited to participate and 133 returned questionnaires for a return rate of 50%. Hospital C had 500 nurses and requested that all questionnaires be distributed on a single day. Therefore, a day was randomly chosen from weekdays over a 3-week period, and all nurses on duty (357) during that 24-hour period received questionnaires. One hundred sixty-nine were returned for a return rate of 47%. The overall return rate was 52%; no analysis of nonparticipants was performed. A sample size of 350 to 400 was believed to be sufficient for detecting small to medium effects, with a power of 0.8, when comparing multiple categories.

Procedure

Permission to conduct the study was received from the university research subjects protection committee and from appropriate approval bodies of each hospital. The study was exempt from informed consent requirements because participation was voluntary and participants could not be identified. Anonymity of staff questionnaires and responses and hospital response patterns was protected by omitting names on questionnaires and through confidential management of the data.

At an information meeting at each hospital, the study was explained to all nurse managers and the nursing division was invited to participate. At hospitals A and B, survey packets for each RN in the sample, including a stamped envelope addressed to the researcher, were given to managers, who distributed them. Nursing executives were called after 2 weeks and asked to issue a general notice to all nursing departments to remind nurses participating in the study to return their questionnaires. At hospital C, research packets, including envelopes addressed to the researcher and stamped "confidential," were distributed to every nurse on duty during the selected 24-hour period. The researcher was present and collected all questionnaires at the end of each shift. A container was left in the case management department to accumulate late questionnaires, and the researcher collected these.

Questionnaires

The survey packet consisted of a letter of information and invitation and seven survey instruments, including demographic questions.

A job identity stages questionnaire describing three stages of development in the respondent's present job, using the model developed by Graham,4 was included in the packet. Content validity was established by the researcher incorporating a broad description, representative of the various facets included in Graham's model. Reliability was estimated by test-retest methods. The researcher administered the questionnaire to 21 graduate nursing students at two points, with a 3-week interval in between. Respondents were instructed to choose the one stage of development in their present job that best described their situation. The instrument was found to be stable, with 80% of the graduate students showing complete agreement between the first and second administration.

The following three instruments are valid and reliable, and a complete description can be found in previous research.18 **Job satisfaction,** defined as the feelings an employee has about the job in general, was measured by the Job-in-General Scale.19 In this study, Cronbach's [alpha] was 0.85. **Productivity** is conceptualized by Bain 20 as output over input, or the contribution toward an organizational end result in relation to resources consumed. Productivity must be measured by various indicators of both quantitative and qualitative output. This questionnaire was developed by this researcher to measure self-perception of productivity and had an internal consistency of [alpha] = 0.91 in this study. **Organizational commitment** is defined as a measure of the identification with, and involvement in, the goals and values of the organization.21 The Organizational Commitment Scale, developed by Porter et al.,21 was also found to have internal consistency in the present study (Cronbach's [alpha] = 0.90).

Data Analysis

Data were analyzed by Statistical Analytical Software using univariate, bivariate, and multivariate approaches. Frequency and percentages of variables were examined in relation to the sample. Demographic variables (including education, location of education, role, developmental stage, ethnicity, years as a nurse, years in this hospital, years in this job) as well as job satisfaction, productivity, and organizational commitment were examined for possible significant relations with the job stages of entry, mastery, and disengagement. The two largest ethnic groups represented (European-American and Filipino) were also examined. Logistic regression was used to determine which independent variables might predict each job stage. Alpha was set at $P < 0.05$ for all data analyses.

Results

Forty-eight nurses (13%) identified themselves as being in the entry stage (Table 1), with their average time on the job 1.6 years (standard deviation [SD] = 2.75). Nurses in the mastery stage numbered 224 (62%), with an average 7.2 years (SD = 6.70) on the job. The percentage of nurses in mastery was highest between 2 and 3 years on the job (83%) and tended to decrease with increased time on the job until a low of 40% after 25 to 30 years on the job. However, four nurses had worked more than 30 years and reported being in the mastery stage.

	Entry (N = 48)	Mastery (N = 224)	Disengagement (N = 87)
	Mean ± SD	Mean ± SD	Mean ± SD
Years on the job	1.6 ± 2.75	7.2 ± 6.70	9.86 ± 6.59
0-0.5	19 ± 40%	5 ± 2%	1 ± 1%
0.5-1	12 ± 25%	23 ± 10%	3 ± 3%
1.01-2	10 ± 21%	21 ± 9%	4 ± 5%
2.01-3	3 ± 6%	25 ± 11%	2 ± 2%
3.01-4	2 ± 4%	23 ± 10%	6 ± 7%
4.01-5	0	23 ± 10%	12 ± 14%
5.01-6	0	18 ± 8%	9 ± 10%
6.01-7	0	8 ± 4%	3 ± 3%
7.01-8	0	17 ± 8%	6 ± 7%
8.01-9	0	5 ± 2%	3 ± 3%
9.01-10	0	6 ± 3%	4 ± 5%
10.01-12	1 ± 2%	12 ± 5%	6 ± 7%
12.01-14	0	3 ± 1%	4 ± 5%
14.01-16	1 ± 2%	11 ± 5%	9 ± 10%
16.01-18	0	6 ± 3%	5 ± 6%
18.01-20	0	6 ± 3%	5 ± 6%
20.01-25	0	5 ± 2%	2 ± 2%
25.01-30	0	2 ± 1%	3 ± 3%
30.01-35	0	4 ± 2%	0

*Frequencies and percent in job stages are based on those reporting complete data. May not total 100% due to rounding.
SD, standard deviation.

Table 1. Job Stages by Years on the Job: Frequency/Percent (N = 412*)

Eighty-seven nurses (24%) were in the disengagement stage, with an average 9.86 years (SD = 6.59) on the job. The percentage of nurses who reported disengagement increased from a low of 4% in the first 6 months to a high of 60% after 25 to 30 years on the job.

Although there were no significant differences among the three hospitals by job stage, when disengagement was compared with the other stages combined, significant differences were found (chi-square = 5.99, *P* = 0.05). The disengagement rates were 23.7% for hospital A, 31% for hospital B, and 18.3% for hospital C.

Entry

Regression analysis was used to identify the predictors of entry, mastery, and disengagement. When all variables were compared with mastery and entered simultaneously, the following variables predicted the entry stage:

* Years in this job (chi-square = -18.57, *P* = 0.0001)
* Filipino ancestry (chi-square = 4.40, *P* = 0.04)
* Productivity (chi-square = -3.69, *P* = 0.055).

When entry was compared with both mastery and disengagement, the following variables predicted the entry stage:

* U.S. education (chi-square = 7.01, *P* = 0.008)
* Years as a nurse (chi-square = -38.09, *P* = 0.0001)
* Years in this hospital (chi-square = -28.81, *P* = 0.0001)
* Years in this job (chi-square = -32.76, *P* = 0.0001)
* Productivity (chi-square = -17.99, *P* = 0.0001).

However, when entered simultaneously, only years in this job (chi-square = 21.86, *P* = 0.0001) and productivity (chi-square = 5.12, *P* = 0.02) were significant (negative) predictors of the entry stage.

Mastery

Nurses in mastery were compared with nurses in entry and disengagement. When examined individually, the following variables predicted the mastery stage:

* U.S. education (chi-square = -10.66, *P* = 0.001)
* Role as a manager (chi-square = 8.20, *P* = 0.004)
* Years in this hospital (chi-square = 4.22, *P* = 0.04)
* Years as a nurse (chi-square = 13.39, *P* = 0.0003)
* Job satisfaction (chi-square = 15.73, *P* = 0.0001)
* Productivity (chi-square = 12.99, *P* = 0.0003)
* Organizational commitment (chi-square = 36.48, *P* = 0.0001).

When examined simultaneously, only U.S. education (chi-square = 8.97, *P* = 0.0027) and Filipino ethnicity (chi-square = 7.76, *P* = 0.005) (negative relation) and organizational commitment (chi-square = 16.72, *P* = 0.0000) (positive) predicted mastery.

Disengagement

Nurses in disengagement were first compared with nurses in mastery. When examined individually, the following variables predicted disengagement:

* U.S. education (chi-square = 4.57, *P* = 0.03)
* Years in this job (chi-square = 9.21, *P* = 0.002)
* Job satisfaction (chi-square = -18.30, *P* = 0.0001)
* Organizational commitment (chi-square = -35.15, *P* = 0.0001).

When compared with nurses in both mastery and entry, predictors of disengagement were:

* Years in this hospital (chi-square = 8.01, *P* = 0.005)
* Years in this job (chi-square = 17.59, *P* = 0.0001)
* Job satisfaction (chi-square = -16.09, *P* = 0.0001)
* Organizational commitment (chi-square = -32.32, *P* = 0.0001).

When all variables were entered simultaneously, U.S. education had a slight relation to disengagement (chi-square = 3.71, *P* = 0.054), whereas years in this job (chi-square = 14.11, *P* = 0.0002) predicted disengagement and organizational commitment (chi-square = 24.45, *P* = 0.0001) negatively predicted disengagement.

Discussion

Predictors of Entry

Nurses in the entry stage were primarily new on the job, and the majority of nurses who had been on the job less than 6 months considered themselves to be in the entry stage (see Table 1). By the second half of the first year, the number in the entry stage was decreasing, and few nurses identified themselves as being in the entry stage after 2 years. U.S. education and years in this job, in the hospital, and as a nurse predicted the entry stage. Many of the new graduates in two of these three hospitals were Filipino; therefore, Filipino ethnicity tended to predict the entry stage. In an earlier study,[1] nurses in the entry stage reported lower productivity; likewise, this study found lower productivity predicting the entry stage.

Predictors of Mastery

Years as a nurse and years in this hospital showed a positive influence on mastery, but not years in this job. Longevity in the same job tended to have an inverse relation with mastery (see Table 1). Also, U.S. education showed a negative relation to the stage of mastery, regardless of educational level. Perhaps U.S. graduates have different expectations for themselves or of the acute hospital work setting, or the work experience in hospitals is dissatisfying to these nurses. However, in examining roles, being in a manager role had a slightly positive influence on mastery, whereas the role of clinical nurse specialist, educator, and case manager did not influence mastery. It seems that educators and nurse administrators need to work on solving these problems together. Job satisfaction, productivity, and organizational commitment each showed a positive relation with mastery, but organizational commitment had the strongest positive relation predicting mastery.

European and Filipino ethnicity were examined separately because they were the two largest ethnic groups. In previous studies,[18,22] Filipino nurses had demonstrated high job satisfaction. Surprisingly, this study showed a negative relation between Filipino ethnicity and the stage of mastery.

Predictors of Disengagement

Some nurses began to disengage almost immediately on beginning their job (see Table 1). With one exception, each yearly cadre of nurses had an increased percentage of disengaged members up to 5 years. After a slight decrease in percentage disengaged, the percentage again builds, up to 60% in the group who have worked 25 to 30 years. There are exceptions: all four of the nurses in the same job for 30 years or more reported being in mastery.

The strongest relations to job disengagement were U.S. education, years in this hospital, and years in this job, whereas the strongest negative relations were job satisfaction and organizational commitment. Although job satisfaction, productivity, and organizational commitment increase with age,[1] disengagement increases with time on the job. Time in the same job seems to lead to boredom and indifference toward the job. This echoes the conflict Turnipseed [15] found, that years on the job contribute to emotional exhaustion but age replaces some of the need for supervisory support and communication clarity. It is likely that some nurses experience an increase in job satisfaction and organizational commitment, but other nurses become dissatisfied and disengage. It was time on the same job and to a lesser degree in the same hospital that predicted job disengagement, not age or time as a nurse.

This study has shown that organizational commitment of the nurse bears a strong relation to mastery and preventing disengagement. This may support the studies on burnout that reported that work commitment was negatively related to burnout. It appears that factors influencing organizational commitment may also influence the number of nurses in mastery and disengagement.

Limitations and Recommendations for Future Research

This study is limited by the nonexperimental methodology and by the fact that all three hospitals were located in Los Angeles, but the sample size and return rates were very respectable. Further research should compare the phenomena of disengagement and burnout and determine the relation between the two. Also, intervention research should be implemented to evaluate organizational changes on outcomes of nurses' job satisfaction, productivity, organizational commitment, burnout, and job stages of entry, mastery, and disengagement.

Recommendations to Nurse Administrators

In an era of evidence-based practice, the practice of nursing administration must also be based on research outcomes. It is likely that nurse administrators who wish to influence clinical and financial outcomes must provide the leadership needed to build a staff of nurses in the mastery stage. A strategic plan is essential to increase the percentage of nurses in the mastery stage, with congruency between individual and organizational values, and to decrease the move of nurses into disengagement. This plan must be a mutual responsibility of nurses and management [23] and should include the following steps:

1. Establish a strong relation with schools of nursing, and together evaluate graduates' expectations over time. Determine whether the curriculum needs to be changed to develop realistic expectations among graduates as well as positive work experiences for new graduates. Be actively involved in the educational process.

2. During job interviews, compare nurses' values in relation to your organizational mission and values, and begin the mutual plan for involvement in organizational processes.

3. Involve every nurse in an active goal-setting, self-evaluation process that includes annual (or biannual) examinations of the nurse's goals, level of job satisfaction, organizational commitment, and personal and professional needs in relation to the job, and opportunities for challenge.

4. Expect and offer support for a continuous, challenging, growth process, and include that in the job description and the expectations. This should include support for advanced degrees and certification as well as specialty skills. As an instructor of graduate students, this author finds a great variation among organizations' support of students in graduate school. Every year some students quit their jobs because of a lack of scheduling flexibility on the part of employers. Other organizations offer students wonderful learning opportunities and encourage them to apply their school projects at work. As a nursing administrator, this author found that graduate students offered a wealth of knowledge, and when encouraged they became the new leaders in our hospital.

5. Research has shown that nurse hardiness serves as a buffer between stress and burnout.24 Hardy nurses are open to change and problem solving, feel involved, and have a sense of personal influence over the work environment.25 Although it would be desirable to hire only hardy nurses, in times of shortage this is not practical. Instead, focus on teaching nurses to develop hardiness and avoid burnout. Tierney and Lavelle 26 found that this attitude could be taught, but it requires ongoing education to maintain.

6. Expect managers and clinical nurse specialists to provide leadership in this strategic process, and provide classes for managers on proactive conflict management, relationship building, and staff nurse retention. Include in the evaluation of their success the development and retention of nurses at the mastery stage.

7. Consider exchanges between departments or hospitals, or job shifting. It does not appear to be in the best interest of nurses, or the organization, for nurses to stay for many years in the same job. However, it would be important for nurses to have control over job changes, and such changes should be the result of planning and goal setting.

8. Form a quality improvement task force to increase the percentage of nurses who report being in mastery and to decrease the percentage of nurses becoming disengaged. Set goals, quantify and measure success, and manage the process by a committee of nurses, managers, and human resource experts. Use consultation if needed, with overall leadership support from the top nurse administrator.

9. Create a work environment in which nurses are actively involved in the professional practice of nursing and support is given to prevent disengagement. For example, one hospice organization serves high tea at meetings twice a month, taking time to recognize and support nurses who have experienced losses, given much of themselves, or accomplished goals. Nurses in psychiatric settings frequently meet to discuss situations that involved loss or violence, and support one another. Other units use regular meetings as a time for managers to recognize staff and provide support. Managers and clinical nurse specialists could provide clinical supervision and support for the management of stressful patient care situations.

These measures are too uncommon in hospitals. In times of change and great financial pressure, these measures are critical to assist nurses to retain their ideals of service and to support their desire to improve the lives and health of patients. Whereas nurses in disengagement said they were bored and indifferent toward their jobs, nurses in mastery described themselves as feeling a sense of accomplishment, challenge, and purpose. Increasing the number of nurses in mastery seems to be a very desirable goal.

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IMAGE GALLERY

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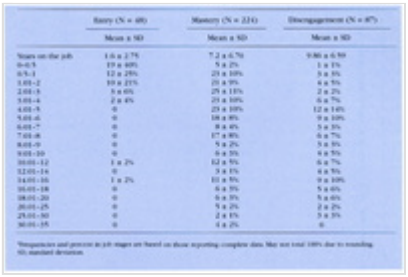

Table 1

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