

DOI:10.12923/2353-8627/2025-0009

Czasopismo indeksowane
na liście MNiSW - 70 pkt.

Sense of quality of life and professional burnout among nurses in the light of personality dimensions and stress coping strategies

Barbara Mróz¹ ADEF, <https://orcid.org/0000-0003-0414-0468>,Aleksandra Róžańska² ADF, <https://orcid.org/0000-0003-2646-6960>,Julia Garus³ ADF,Olimpia Brzostek³ ADF,Kamil Greschütz³ ADF,Julia Sampolska³ ADF,¹Department of Management, Academy of Applied Sciences - University of Management and Administration in Opole, Poland²Department of Personality Psychology, Institute of Psychology, University of Opole, Poland³Independent Researcher

Abstract

Introduction: In healthcare occupations, stress and occupational burnout are common. Therefore, what can enhance nurses' mental well-being and their quality of care despite the experienced stress and the risk of occupational burnout?

Objective: This article aims to illustrate the nurse-based relationship between the life quality sense and occupational burnout, stress-coping styles, seniority, and dimensions of the MOA Personality and the Axiological Model (competence, relationships, and autonomy), new to psychology.

Methods: The study involved 200 nurses aged 22 to 66, total surveys 218. The following research tools were used to measure the variables: new Modified Sense of Life Quality Questionnaire Z-KPJŻ, the CISS Coping Inventory for Stressful Situations, the ACL Adjective Checklist, and the MBI Maslach Burnout Inventory.

Discussion: The correlation analysis showed that the sense of life quality is positively correlated with a task-oriented style and with all dimensions of the new Personality and Axiological Model. The sense of life connects negatively with an emotion-oriented coping style. Occupational burnout shows a positive correlation with the emotion-oriented coping style and a negative correlation with the competence and relationships of the MOA Model. The regression analysis demonstrated the MOA Model explained up to 29,4% of the sense of life quality.

Conclusions: The results show that there is a relationship between stress coping styles and the dimensions of the new Personality and Axiology Model and the sense of life quality. The MOA Model is a stronger predictor of the sense of the life quality level than stress-coping strategies. The new MOA Personality and Axiological Model allows for a recognition of nurse's personality in a broader context and includes three dimensions: competence, relationships, and autonomy. Strategies that improve nurses' stress-coping skills are very important in the leadership of a group and complex healthcare environment.

Keywords: Competence, Relationships, Personality and Axiology Model MOA, Nurses

Streszczenie

Wstęp: W zawodach związanych z opieką zdrowotną stres i wypalenie zawodowe są u pracowników częste. Artykuł ilustruje związek między poczuciem jakości życia (badany nowym w psychologii narzędziem) a wypaleniem zawodowym, stylami radzenia sobie ze stresem oraz wymiarami osobowości zawartymi w Modelu Osobowościowo-Aksjologicznym MOA.

Materiał i metody: W badaniu wzięło udział 218 pielęgniarek (od 22 do 66 lat), pracujących na terenie śląska opolskiego i górnego; do analiz wykorzystano 200 poprawnie wypełnionych testów. Do pomiaru zmiennych użyto: Zmodyfikowany Kwestionariusz Poczucia Jakości Życia (Z-KPJŻ) Barbary Mróz, Inwentarz Radzenia Sobie ze Stresem Jana Strelaua oraz amerykańskie narzędzia psychologiczne: Kwestionariusz Przymiotnikowy ACL Harrisona Gougha i Alfreda Heilbruna oraz

Inwentarz Wypalenia Zawodowego MBI Christine Maslach.

Dyskusja: Analiza korelacji wykazała, że poczucie jakości życia jest dodatnio skorelowane ze stylem zorientowanym na zadania oraz ze wszystkimi wymiarami nowego w psychologii Modelu Osobowościowo-Aksjologicznego MOA. Poczucie jakości życia łączy się ze stylem radzenia sobie zorientowanym na emocje. Wypalenie zawodowe wykazuje dodatnią korelację ze stylem radzenia sobie zorientowanym na emocje oraz ujemną korelację z kompetencjami i relacjami z Modelu MOA. Analiza regresji wykazała, że Model MOA wyjaśnia do 29,4% poczucia jakości życia.

Wnioski: Wyniki wskazują na znaczący związek między stylami radzenia sobie ze stresem a wymiarami MOA i poczuciem jakości życia. Model MOA jest silniejszym predyktorem poczucia jakości życia niż strategie radzenia sobie ze stresem. Model ten pozwala na rozpoznanie cech osobowości pielęgniarek w szerszym kontekście społecznym i obejmuje trzy wymiary: kompetencje, relacje i autonomię. Strategia doskonalenia umiejętności radzenia sobie ze stresem przez pielęgniarki jest niezwykle ważna w ich pracy i ma znaczący wpływ na środowisko w jakim pracują.

Słowa kluczowe: kompetencje, relacje, Model Osobowościowo-Aksjologiczny MOA, pielęgniarki

Introduction

The nursing occupation involves, among other things, complex work demands, physical effort, regular contact with patients, death, and a responsibility for the welfare and comfortable conditions of patients. An important role is also played by the work environment, for example shift work, how the facility is managed or the relationships between supervisors and staff [1, 2]. The stressful work environment for nurses can be the cause of a growing, multidimensional problem which is occupational burnout, disrupting the sense of job satisfaction and affecting the quality of nursing care for patients [3, 4].

According to Christina Maslach, occupational burnout is a syndrome of emotional exhaustion, depersonalisation, and a reduced level of personal accomplishment. Emotional exhaustion is manifested by a feeling of fatigue and a lack of energy. Depersonalisation refers to an individual's attitude towards people, characterised by cynicism, negativism, and distance. A reduced level of one's accomplishment refers to a low sense of self-efficacy, decreased productivity and the effectiveness of the work performed [5]. Occupational burnout may be a result of the lack of adequate healthcare equipment, accompanying the patient through the dying process, and experiencing the patient's death. The cause of burnout is stress, while the individual's relationships and resources constitute intermediary factors [6]. The phenomenon of stress is defined as the body's response to environmental requirements. In the work environment, it refers to the inability to satisfy one's needs or fulfill one's job responsibilities [7, 8]. Task-oriented stress-coping strategies form a protective factor against depersonalisation, and a reduced sense of accomplishment among nursing students [9, 10]. Meta-analyses of numerous studies have confirmed the negative relation between the level of occupational burnout and perceived stress, as well as nurses' quality of life [11, 12, 13].

Objective

Life quality is not an unequivocal or obvious term [14]. One of the more current definitions assumes that a sense of life quality is the satisfaction one feels, based on the assessment of the level of satisfaction with one's competence, interpersonal relationships, the sense of autonomous behavior, and the accomplishment of important individual values [15].

The new psychological method for examining the sense of quality of life was preceded by many years of analyses on various groups of employees (managers, specialists [20, 28]; firefighters of the State Fire Service and Voluntary Fire Service [21]), and has now been applied to a group of nurses, which is a novelty.

Nurses' sense of life quality is affected by factors such as lack of recognition by superiors, lack of opportunities for professional development, job insecurity, and low decision-making freedom [16, 17]. Dealing with task-oriented stress is positively related to nurses' life quality and affected by occupational stress [2].

The meaning of sociodemographic variables has been examined in various studies [18]. According to the research findings there is significant, negative correlation between the length of service of oncology nurses and their quality of life, moreover, this is also positively correlated with occupational burnout [19, 7, 4].

The sense of life quality depends on personality traits, selected psychological needs, the type of adjustment and hierarchy of values, and partly on one's professional accomplishment and position. According to research on the sense of life quality and occupational burnout, elements of the MOA Model are important in the prevention of burnout and the maintaining of a high sense of life quality [20, 21]. The MOA Model includes three dimensions in the personality layer: competence, relationships, and autonomy. The study was conducted using structural equation modeling (SEM) on cross-

sectional data from a sample of 552 participants from several work sectors (N females = 319, N males = 233; M age = 36.7 years; SD = 10.8). The results showed that sense of life quality traits were affected both directly and indirectly by competence, relationships, and autonomy.

Competence represents the knowledge, need, and ability to affect events. Relationships refer to the need and ability to contact people, care about them, and the will to form a connection with society. Autonomy considers the need and ability to manage one's life with a sense of freedom. The MOA model has already been empirically verified with reference to firefighters, who, like nurses, belong to the social support occupations. Considering the above, the Personality and Axiological Model appears to be a reliable concept for the formulated research problem.

This article aims to present the relationship between stress coping styles, seniority, the dimensions of the Personality and Axiological Model (competence, relationships, and autonomy), and the sense of life quality and occupational burnout among nurses. Based on the research objective, the following hypotheses have been formulated:

Hypothesis 1. There is a negative correlation between the length of seniority and nurses' sense of life quality.

The longer nurses work in the same position, the significantly lower their sense of quality of life in the psychological domain ($R = 0.13$, $p < 0.04$) [22]. In other studies, nurses with longer seniority rated their quality of life worse than those with shorter seniority ($R = -0.13$, $p < 0.01$) [23].

Hypothesis 2. There is a positive correlation between the use of task-oriented strategies and nurses' sense of life quality.

As the subject literature on sense of life quality has not been sufficiently explored, there is little research among nurses on this topic. Although the study conducted on participants with depressive disorders indicated significant and positive relations between the quality of life and positive coping strategies such as positive self-instructions ($r = 0.440$, $p < 0.001$), situation ($r = 0.410$, $p < 0.001$) and control of reactions ($r = 0.390$, $p < 0.001$) [24].

Hypothesis 3. There is a positive correlation between the use of emotion-oriented strategies and occupational burnout in a group of nurses.

A study conducted on 1131 police officers showed that emotion-oriented coping is positively and significantly correlated with occupational burnout ($r = 0.521$) [12]. Another study that involved 91 bank employees presented the results obtained of the relation between the spheres of occupational burnout and an emotion-oriented coping style. Positive and significant relationships were detected between an emotion-oriented style and emotional exhaustion ($r = 0.490$) as well as with reduced personal

accomplishment ($r = 0.320$) [25].

Hypothesis 4. There is a positive correlation between the dimension of competence and nurses' sense of life quality.

The strength of the relationship between the sense of life quality and the set of independent variables included in the MOA Personality-Axiological Model (competence, relationships, autonomy) in the study was $R = 0.712$. The strongest predictors of the overall sense of quality of life were five personality variables: adjustment $p = 0.353$, competence $p = 0.233$, autonomy $p = 0.188$, and relationship $p = 0.155$ [20]. The MOA Personality-Axiological Model is used in studies of groups of professionally active people, so it can be found to be applicable in a professional group such as nurses.

Hypothesis 5. There is a negative correlation between the dimension of competence and nurses' occupational burnout.

A study conducted on 327 psychotherapists showed that perceived competencies ($B = -0.16$, $SE = 0.07$, $b = -0.13$, $t = 2.41$, $p = 0.017$) were significant predictors of occupational burnout and fatigue. Perceived competencies and control over one's work environment are protective factors in the prevention of occupational burnout [26]. Another study conducted on 2071 nurses presented the results as to the relationship between spheres of occupational burnout and core competence. Negative and significant, weak relationships were detected between core competence and emotional exhaustion ($r = -0.166$, $p < 0.01$), depersonalization ($r = -0.094$, $p < 0.01$) as well as reduced personal accomplishment ($r = -0.098$, $p < 0.01$) [27].

Hypothesis 6. Personality dimensions are predictors of nurses' sense of life quality.

A study conducted among specialists, by the author of the Personality and Axiological Model MOA included a structural model of variables related to the sense of quality of life. In that model relations (0.15) and competencies (0.24) were significant determinants of that influence [28].

Methods

In total, 218 surveys and tests were collected, and the full data of 200 people were accepted by nurses employed in Polish hospitals. Due to the staff profile, the participants were mostly women ($N = 195$) who were aged between 22 and 66 ($M = 48.61$, $SD = 9.99$). The length of service of participants ranged from a few months to 45 years ($M = 30.0$, $SD = 11.58$). The nurses were characterised by varying degrees of education: secondary education (32.5%), bachelor of science (26.5%), and master's degree (31.5%).

The measurement of variables took place between

August 2022 and December 2023 in eight Polish hospitals in the regions of Opole region and Upper Silesia. The study followed the Declaration of Helsinki and obtained the relevant approvals to conduct research in medical institutions. The study sessions were conducted in the breaks between the nurses' occupational duties. Participants received, in turn: new Modified Sense of Life Quality Questionnaire Z-KPJŻ, the CISS Coping Inventory for Stressful Situations; the ACL Adjective Checklist; and the MBI Maslach Burnout Inventory; metrics.

The new Modified Sense of Life Quality Questionnaire Z-KPJŻ compiled by Barbara Mróz was applied to measure the dependent variable, which is the sense of life quality. The questionnaire consisted of 41 statements, to which the participants responded on a scale from 1 (strongly disagree) to 4 (strongly agree). The Z-KPJŻ described the sense of life quality in four spheres: psychophysical, psychosocial, subjective, and metaphysical. The Cronbach's alpha coefficient for the psychophysical sphere of the questionnaire in question was 0.814, for the psychosocial sphere 0.794, for the subjective sphere 0.863 and for the metaphysical sphere 0.743 [15].

The CISS Coping Inventory for Stressful Situations by Norman Endler and James Parker, in its Polish adaptation by Jan Strelau and colleagues [29]. The CISS was used to measure stress-coping styles. The questionnaire consists of 48 items divided into three scales: task-oriented style (SSZ), emotion-oriented style (SSE), and avoidance-oriented style (SSU) to which the participant responds on a five-point frequency scale. The SSU scale consists of a distraction scale (ACZ) and social diversion scale (PKT) [29]. The Cronbach's alpha reliability coefficient, in its Polish adaptation, ranges from 0.72 to 0.92 [18].

The ACL Adjective Checklist by Harrison Gough and Alfred Heilbrun [30]. Is a tool that includes 37 scales, consisting of 300 adjectives. The study participants decide whether a particular adjective agrees with their self-image. The tool was applied to measure the variables of the Personality and Axiological Model: competence, relationships, and autonomy. The value of the Cronbach's alpha reliability coefficient of the Adjective Checklist in the Polish adaptation ranged from 0.43 to 0.94 for women and 0.32 to 0.95 for men [31].

The MBI questionnaire composed by Christina Maslach and Susan Jackson [5] was used in the Polish adaptation by Tomasz Pasikowski [32] to measure the occupational burnout. It consists of 22 test items divided into three scales: emotional exhaustion (WE), depersonalisation (D), and a lowered sense of one's accomplishment (PDO). The fourth scale is an overall result. Completing the questionnaire involves selecting one number from a 7-item scale for the affirmative sentences. The Cronbach's alpha reliability coefficient for

the each of individual scales is: 0.85 (WE); 0.60 (D); 0.76 (PDO). The Cronbach's alpha, in its Polish adaptation, was 0.79 (WE) and 0.56 (D) which is comparable to the original method [32].

The authors' metrics were employed in the study to measure mediating variables consisting of seniority, specialisation, marital status, place of residence and the age of participants.

In this study, the assumption was made of normal distribution of results in the population of nurses. This condition was not fulfilled in the competency and relationship dimensions of the Personality and Axiology Model. Despite the fact, a decision was taken to use parametric tests due to their robustness to certain violations of the assumption of the normality of distribution.

Data analysis was carried out using the statistical package Statistica 13.3 and Jamovi. Firstly, the Pearson correlation test (r) was performed on variables like the sense of life quality, occupational burnout, the five stress-coping styles the three dimensions of MOA, and seniority. Subsequently, a linear regression model analysis was conducted, with the explanatory variables being the stress-coping styles and the three dimensions of the MOA, while the response variables were the sense of life quality and occupational burnout.

Table 1 shows the correlations between all the variables included in the study. Seniority is insignificantly correlated with other variables.

The sense of life quality positively and significantly correlates with social diversion ($r = 0.411$) and task-oriented style ($r = 0.340$), while being negatively, significantly correlated with emotion-oriented coping style ($r = -0.460$), distraction ($r = -0.213$) and occupational burnout ($r = -0.444$). Professional burnout showed a significant, positive relationship with emotion-oriented coping style ($r = 0.363$) and distraction ($r = 0.208$).

The data shows a relationship between the sense of life quality and the dimensions of the Personality and Axiological Model, where a significant, positive correlation is found with competence ($r = 0.425$), relationships ($r = 0.445$) and autonomy ($r = 0.270$). Whereas, occupational burnout is negatively connected with competence ($r = -0.448$) and relationships ($r = -0.342$).

The first linear regression model tested the relationship between the sense of life quality and task-oriented stress coping style. The model was found to be statistically significant and to explain 11,6% of the dependent variable (Table 2).

The second model tested the relationship between occupational burnout and stress coping styles and explained 13,2% of the dependent variable for the emotion-oriented style (Table 3).

Table 1. Correlations of study variables (sense of life quality, occupational burnout, stress-coping styles, MOA dimensions, seniority).

	Sense of Life Quality	Occupational Burnout	SSZ	SSE	ACZ	PKT	SSU	Competence	Relationships	Autonomy
Sense of Life Quality	-									
Occupational Burnout	-0.444***	-								
SSZ	0.340***	-0.084	-							
SSE	-0.460***	0.363***	0.081	-						
ACZ	-0.213**	0.208**	-0.059	0.401***	-					
PKT	0.411***	-0.115	0.354***	-0.081	0.186**	-				
SSU	0.073	0.088	0.163*	0.274***	0.824**	0.679***	-			
Competence	0.425***	-0.448***	0.196**	-0.443***	-0.243**	0.095	-0.121	-		
Relationships	0.445***	-0.342***	0.132	-0.205**	-0.140*	0.233***	0.051	0.430***	-	
Autonomy	0.270***	-0.111	0.157*	-0.286***	-0.081	0.244***	0.071	0.310***	0.065	-
Seniority	-0.007	-0.104	-0.158*	-0.110	-0.019	-0.178*	-0.106	0.151*	0.051	-0.072

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 2. Linear regression for the sense of life quality and task-oriented stress coping style.

Model	R	R ²	F	df1	df2	p
1	0.340	0.116	26.0	1	198	< 0.001

Table 3. Linear regression for occupational burnout and emotion-oriented coping style.

Model	R	R ²	F	df1	df2	p
1	0.363	0.132	30.1	1	198	< 0.001

A stepwise regression analysis was performed to determine the relationship between the MOA and the sense of life quality. It can be concluded, on the basis of

this analysis, that the Personality and Axiological Model explains 29,4% the outcome of the sense of life quality (Table 4).

Table 4. Linear regression for the dimensions of the new Personality and Axiological Model and the sense of life quality.

Independent variable:		B	Std. Error	Beta	t	Sig.
(Const)		65.502	7.415		8.833	0.000
Relationships		0.554	0.110	0.337	5.051	0.000
Competence		0.392	0.122	0.224	3.206	0.002
Autonomy		0.303	0.108	0.179	2.819	0.005
Model	R	R ²	F	df1	df2	p
1	0.542	0.294	27.2	3	196	<0.001

Discussion

The aim of this article was to demonstrate the relationship between stress-coping styles, seniority, the dimensions of the new Personality and Axiological Model (competence, relationships and autonomy) and the sense of life quality and occupational burnout among nurses. This occupational group was selected due to their particularly

vulnerability to occupational burnout [33, 4]. The results of the analyses did not support the assumptions of hypothesis 1, even though such relationships had been confirmed in other studies [7].

The results of the present study indicate a positive relationship between the use of task-oriented strategies and the sense of life quality among nurses, consistently

with hypothesis 2. The results of previous studies showed that task-oriented coping strategies impact nurses' life quality [11, 2].

In the authors' study a novel and multidimensional method was used, i.e., the new Modified Sense of Life Quality Questionnaire, to measure the sense of life quality in different occupational groups [15]. This tool allows for the measuring of subjective satisfaction and it provides insight into each of the four spheres of individual functioning.

Hypothesis 3 was confirmed, as the results show a positive relationship between occupational burnout and emotion-oriented stress coping styles. Previously cited research showed a similar pattern – participants scoring higher on emotion-oriented strategies (SSE scale) score higher in the dimensions of occupational burnout [34, 24, 18].

Hypotheses 4 and 5 relate to the relevance of the MOA competence dimension to the sense of life quality and occupational burnout. A positive correlation was found between competence and the sense of life quality among nurses. This result is consistent with the results of another study by Mróz [28] which applied the MOA Model. It turned out that competence was the strongest predictors of the sense of life quality. Hypothesis 4, was confirmed by the negative relationship of competence with occupational burnout, as described in the subject literature [35, 27, 26].

Competence, as the accomplishment of one's resources, also appears in one of its three dimensions in the construct of occupational burnout, referred to as the reduced sense of one's accomplishment. The sense of one's competence is an individual's belief that plays a significant role in stressful situations [36] while in the Personality and Axiological Model, the competence dimension is knowledge, needs and abilities, but primarily the ability to influence current situations. According to the authors, the sense of one's competence can be compared to self-efficacy, seen in terms of a process or a personality variable, referring to the belief in one's abilities that can result in the accomplishment of a dream goal.

The description of competence presented above provides a better understanding of its relevance to occupational burnout. Also, it may be relevant in explaining the increase in the sense of life quality [37, 38].

It is noteworthy that MOA relationships, which are positively correlated with the sense of life quality and negatively correlated with occupational burnout, play an equally important role in the results for both of the hypotheses mentioned above. Relationships concern expressing needs, showing care for others and materialising the need for social connections. Other studies indicate negative relationships between burnout symptoms and the provision of social support, empathic

abilities, and social skills [11, 39, 40].

Hypothesis 6 was confirmed as the personality dimensions in the MOA, i.e., relationships, competence and autonomy explain 29,4% of the sense of life quality result. It should be noted that the task-oriented stress coping strategy explains 11,6% of the sense of life quality result, which suggests that the Personality and Axiological Model, new to psychology, is a stronger predictor explaining the sense of life quality result than stress-coping strategies. Stress coping strategies can be a result of both a person's internal resources and the situation [38, 41, 42].

Personality, in certain studies, is a less significant or secondary variable in the context of the sense of life quality [43, 42]. At the global level of the Big Five, Extraversion and Neuroticism are the strongest predictors of life satisfaction. However, Extraversion and Neuroticism are multifaceted constructs that combine more specific traits [44].

Accordingly, why are personality dimensions significantly more important for the sense of life quality result in the authors' study? It should be noted that the Personality and Axiological Model applied is multidimensional. Moreover, the relationship between personality traits and values explained 47% of the variation in the results in a study on the sense of life quality among senior employees [20]. The MOA model can therefore be used to verify its assumptions across different professional groups. Currently, the popular model in personality research is the model of Big Five [45, 42, 8]. However, we have decided that the new MOA Personality and Axiological Model allows to recognizing personality in a broader context, as it takes into account a set of knowledge, needs, and abilities and includes three dimensions in the personality layer: competence, relationships, and autonomy.

The study includes only linear statistical relationships between variables. This means that there may be variables that were not included in the carried out analyses, which leaves room for further exploration and broadening of knowledge in this area.

Conclusion

The presented study has verified the relevance of stress-coping styles and the new in polish psychology MOA Model, to the sense of nurse's life quality and burnout. The results indicate there is a relationship between the stress-coping styles and the dimensions of the MOA Model and sense of life quality. Furthermore, we note statistically significant correlations between emotion-oriented style, distraction, competence, and relationships versus occupational burnout. Moreover, the regression models have shown that the MOA turned out to be a better predictor of the sense of life quality than stress-coping

styles, which suggests the greater relevance of this new tool in Polish psychology.

Conflict of interest

The authors have declared no conflict of interest.

References

- Laschinger, H. K. S., & Fida, R. (2014). New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. *Burnout Research*, 1(1), 19–28. <https://doi.org/10.1016/j.burn.2014.03.002>
- Cruz, J. P., Cabrera, D. N. C., Hufana, O. D., Alquwez, N., & Almazan, J. (2018). Optimism, proactive coping and quality of life among nurses: A cross-sectional study. *Journal of Clinical Nursing*, 27(9-10), 2098–2108. <https://doi.org/10.1111/jocn.14363>
- Kriakous, S. A., Elliott, K. A., Lamers, C., & Owen, R. (2021). The Effectiveness of Mindfulness-Based Stress Reduction on the Psychological Functioning of Healthcare Professionals: a Systematic Review. *Mindfulness*, 12, 1–28. <https://doi.org/10.1007/s12671-020-01500-9>
- Navarro-Prados, A.-B., Rodríguez-Ramírez, Y., Satorres, E., & Meléndez, J. C. (2023). Stress and burnout in nursing home and égida workers during COVID-19. *Journal of Advanced Nursing*, 80(2), 733–744. <https://doi.org/10.1111/jan.15849>
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99–113. <https://doi.org/10.1002/job.4030020205>
- Israel, B. A., House, J. S., Schurman, S. J., Heaney, C. A., & Mero, R. P. (1989). The relation of personal resources, participation, influence, interpersonal relationships, and coping strategies to occupational stress, job strains and health: A multivariate analysis. *Work and Stress*, 3(2), 163–194. <https://doi.org/10.1080/02678378908256942>
- Al-ruzzieh, M. A., & Ayaad, O. (2021). Work stress, coping strategies, and health-related quality of life among nurses at an International Specialized Cancer Center. *Asian Pacific Journal of Cancer Prevention*, 22(9), 2995–3004. <https://doi.org/10.31557/APJCP.2021.22.9.2995>
- Fostervold, K. I., & Watten, R. G. (2024). Put your feet up: The impact of personality traits, job pressure, and social support on the need for recovery after work. *Current Psychology*, 43, 8485–8501. <https://doi.org/10.1007/s12144-022-02950-1>
- Jaracz, K., Górna, K., & Konieczna, J. (2005). Burnout, stress and styles of coping among hospital nurses. *Roczniki Akademii Medycznej w Białymstoku* [Annals of the Medicine Academy in Białystok], 50(1), 216–219.
- Ma, H., Zou, J., Zhong, Y., Li, J., & He, J. (2022). Perceived stress, coping style and burnout of Chinese nursing students in late-stage clinical practice: A cross-sectional study. *Nurse Education in Practice*, 62, Article 103385. <https://doi.org/10.1016/j.nepr.2022.103385>
- Oyama, Y., & Fukahori, H. (2015). A literature review of factors related to hospital nurses' health-related quality of life. *Journal of nursing management*, 23(5), 661–673. <https://doi.org/10.1111/jonm.12194>
- Queiros, C., Passos, F., Bartolo, A., Faria, S., Monteiro-Fonseca, S., Marques, A., Silva, C., & Pereira, A. (2020). Job stress, burnout and coping in police officers: relationship and psychometric properties of the organisational police stress questionnaire. *International Journal of Environmental Research and Public Health*, 17(18), Article 6718. <https://doi.org/10.3390/ijerph17186718>
- Li, X., Jiang, T., Sun, J., Shi, L., & Liu, J. (2021). The relationship between occupational stress, job burnout and quality of life among surgical nurses in Xinjiang, China. *BMC Nursing*, 20, Article 181, 1–11. <https://doi.org/10.1186/s12912-021-00703-2>
- Khatatbeh, H., Pakai, A., Al-Dwaikat, T., Onchonga, D., Amer, F., Prémusz, V., & Oláh, A. (2022). Nurses' burnout and quality of life: A systematic review and critical analysis of measures used. *Nursing Open*, 9(3), 1564–1574. <https://doi.org/10.1002/nop.2936>
- Mróz, B., Chudzicka-Czupała, A., & Kuśpit, M. (2017). Kompetencje osobowościowe i twórcze. Psychologiczne uwarunkowania kreatywności pracowników [Personality and creative competencies. Psychological determinants of employee creativity]. Wydawnictwo Naukowe Scholar.
- Bosma, H., Marmot, M. G., Hemingway, H., Nicholson, A. C., Brunner, E., & Stansfeld, S. A. (1997). Low job control and risk of coronary heart disease in Whitehall II (prospective cohort) study. *BMJ*, 314(7080), 558–565. <https://doi.org/10.1136/bmj.314.7080.558>
- Stansfeld, S., & Candy, B. (2006). Psychosocial work environment and mental health – a meta-analytic review. *Scandinavian Journal Of Work, Environment & Health*, 32(6), 443–462. <https://doi.org/10.5271/sjweh.1050>
- Brudek, P., Steuden, S., & Ciula, G. (2019). The mediating role of types of coping styles in the relations between temperamental traits and staff burnout among psychiatric nurses. *Psychiatria Polska*, 5(131), 1151–1168. <https://doi.org/10.12740/PP/OnlineFirst/99849>
- Ran, L., Chen, X., Peng, S., Zheng, F., Tan, X., & Duan, R. (2020). Job burnout and turnover intention among Chinese primary healthcare staff: the mediating effect of satisfaction. *BMJ Open*, 10, Article e036702. <https://doi.org/10.1136/bmjopen-2019-036702>
- Mróz, B. (2011). Poczucie jakości życia u pracowników wyższego szczebla [Sense of quality of life in senior staff]. Wydawnictwo Naukowe Scholar.
- Mróz, B., Zmaczyńska-Witek, B., & Rachwał, A. (2021). Wybrane wymiary osobowości a wypalenie zawodowe w grupie strażaków zawodowych i ochotników [Selected personality dimensions and occupational burnout in the group of professional and volunteer firefighters]. *Medycyna pracy – Workers' Health and Safety*, 72(5), 509–519. <https://doi.org/10.13075/mp.5893.01080>
- Kupcewicz, E. (2017). Jakość życia pielęgniarek a strategie radzenia sobie ze stresem doświadczanym w środowisku pracy [Nurses' quality of life and strategies for coping with stress experienced in the work environment]. *Medycyna Ogólna i Nauki o Zdrowiu*, 23(1), 62–67. <https://doi.org/10.5604/20834543.1235627>
- Kowalczyk, K., Krajewska-Kułak, E., Rolka, H., Kondzior, D., & Sarnacka, E. (2015). Psychospołeczne warunki pracy pielęgniarek [Psychosocial working conditions of nurses]. *Hygeia Public Health*, 50(4), 621–629.
- Holubova, M., Prasko, J., Ociskova, M., Grambal, A., Slepecky, M., Marackova, M., Kamaradova, D., & Zatakova, M. (2018). Quality of life and coping strategies of outpatients with a depressive disorder in maintenance therapy – a cross-sectional study. *Neuropsychiatric Disease and Treatment*, 14, 73–82. <https://doi.org/10.2147/NDT.S153115>
- Więsyk, S. M., & Płudowska, M. (2022). The mediating role of coping styles in the relations between temperament traits and occupational burnout in bank employees. *Medical Studies*, 38(1), 59–67. <https://doi.org/10.5114/ms.2022.115148>
- Spännargård, Å., Fagernäs, S., & Alfonsson, S. (2022). Self-

- perceived clinical competence, gender and workplace setting predict burnout among psychotherapists. *Counselling and Psychotherapy Research*, 23(2), 469–477. <https://doi.org/10.1002/capr.12532>
27. Xie, J., Li, J., Wang, S., Li, L., Wang, K., Duan, Y., Liu, Q., Zhong, Z., Ding, S., & Cheng, A. S. K. (2020). Job burnout and its influencing factors among newly graduated nurses: A cross-sectional study. *Journal of Clinical Nursing*, 30(3-4), 508–517. <https://doi.org/10.1111/jocn.15567>
 28. Mróz, B. (2014). Poczucie jakości życia w grupie kierowników i specjalistów – test modelu MOA [Sense of quality of life in a group of managers and professionals – a test of the MOA model]. *Problemy Zarządzania*, 12(1), 191–206. <https://doi.org/10.7172/1644-9584.45.12>
 29. Strelau, J., Jaworowska, A., Wrześniewski, K., & Szczepaniak, P. (2015). Kwestionariusz Radzenia Sobie w Sytuacjach Stresowych CISS. [Coping Inventory for Stressful Situations]. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
 30. Gough, H. G., & Heilbrun Jr, A. B. (2012). Lista Przymiotnikowa. Podręcznik (H. Grzegółowska-Klarkowska, Trans.). [Adjective Checklist]. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego. (Original work published 1983).
 31. Martowska, K. (2012). Lista Przymiotnikowa ACL. Harrison G. Gough, Alfred B. Heilbrun, Jr. Polska normalizacja [ACL Adjective List. Harrison G. Gough, Alfred B. Heilbrun, Jr. Polish normalization]. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
 32. Pasikowski, T. (2009). Polska adaptacja kwestionariusza Maslach Burnout Inventory [Polish adaptation of the Maslach Burnout Inventory questionnaire]. In H. Sęk (Ed.), *Wypalenie Zawodowe. Przyczyny i zapobieganie* [Burnout. Causes and prevention] (pp. 149–167). Państwowe Wydawnictwo Naukowe.
 33. Kalliath, T. J., O'Driscoll, M. P., Gillespie, D. F., & Bluedorn, A. C. (2000). A test of the Maslach Burnout Inventory in three samples of healthcare professionals. *Work & Stress*, 14(1), 35–50. <https://doi.org/10.1080/026783700417212>
 34. Watson, R., Deary, I., Thompson, D., & Li, G. (2008). A study of stress and burnout in nursing students in Hong Kong: A questionnaire survey. *International Journal of Nursing Studies*, 45(10), 1534–1542. <https://doi.org/10.1016/j.ijnurstu.2007.11.003>
 35. Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science*, 1, 164–180. <https://doi.org/10.1111/j.1745-6916.2006.00011.x>
 36. Pines, A. M., & Keinan, G. (2005). Stress and burnout: The significant difference. *Personality and Individual Differences*, 39(3), 625–635. <https://doi.org/10.1016/j.paid.2005.02.009>
 37. Laschinger, H. K. S., Borgogni, L., Consiglio, C., & Read, E. A. (2015). The effects of authentic leadership, six areas of worklife and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. *International Journal of Nursing Studies*, 52(6), 1080–1089. <https://doi.org/10.1016/j.ijnurstu.2015.03.002>
 38. Read, E. A., & Laschinger, H. K. S. (2015). The influence of authentic leadership and empowerment on nurses' relational social capital, mental health and job satisfaction over the first year of practice. *Journal of Advanced Nursing*, 71(7), 1611–1623. <https://doi.org/10.1111/jan.12625>
 39. Pereira-Lima, K., & Loureiro, S. R. (2015). Burnout, anxiety, depression, and social skills in medical residents. *Psychology, Health and Medicine*, 20(3), 353–362. <https://doi.org/10.1080/13548506.2014.936889>
 40. Andreychik, M. R. (2019). Feeling your joy helps me to bear feeling your pain: Examining associations between empathy for others' positive versus negative emotions and burnout. *Personality and Individual Differences*, 137, 147–156. <https://doi.org/10.1016/j.paid.2018.08.028>
 41. Komorowska-Pudło, M. (2016). The attachment style and stress coping strategies in adult men and women. *Polish Psychological Forum*, 21(4), 573–588. <https://doi.org/10.14656/PFP20160405>
 42. Summerville, S., Kirwan, E., Sutin, A., Fortune, D., & O'Suilleabháin, P. S. (2023). Personality trait associations with quality of life outcomes following bariatric surgery: a systematic review. *Health and Quality of Life Outcomes*, 21, Article 32. <https://doi.org/10.1186/s12955-023-02114-0>
 43. Grevenstein, D., Aguilar-Raab, C., & Bluemke, M. (2018). Mindful and Resilient? Incremental Validity of Sense of Coherence Over Mindfulness and Big Five Personality Factors for Quality of Life Outcomes. *Journal of Happiness Studies*, 19, 1883–1902. <https://doi.org/10.1007/s10902-017-9901-y>
 44. Schimmack, U., Oishi, S., Furr, R. M., & Funder, D. C. (2004). Personality and Life Satisfaction: A Facet-Level Analysis. *Personality and Social Bulletin*, 30(8), 1062–1075. <https://doi.org/10.1177/0146167204264292>
 45. Feher, A., & Vernon, P. A. (2021). Looking beyond the Big Five: A selective review of alternatives to the Big Five model of personality. *Personality and Individual Differences*, 169, Article 110002. <https://doi.org/10.1016/j.paid.2020.110002>

Corresponding author

Barbara Mróz

e-mail: b.mroz@g.wszia.opole.pl

Katedra Zarządzania, Akademia Nauk Stosowanych -
Wyższa Szkoła Zarządzania i Administracji w Opolu

Otrzymano: 09.07.2025

Zrecenzowano: 27.08.2025

Przyjęto do publikacji: 07.10.2025