

7 *Affectivity as individual factor influencing the intent to leave the nursing profession*

Piotr Radkiewicz, Maria Widerszal-Bazyl, Halszka Ogińska, Donatella Camerino and the NEXT-Study Group

Introduction

Factors such as personality characteristics are important modifiers of the reaction to job stress. They may moderate the experience of negative emotions and, consequently, health. Thus, it seems justifiable to include a measure of personality traits, as an element of 'individual resources', into the prospective general model of the nurses' intent to leave their profession.

The instrument chosen to characterize personality was the PANAS scale, a measure of positive and negative affectivity. The nature of that concept is perfectly expressed by its authors (Watson et al., 1988) who state: '...positive affect reflects the extent to which a person feels enthusiastic, active, and alert. High positive affect (PA) means a state of high energy, full concentration, and pleasurable engagement, while low PA is characterized with sadness and lethargy. Negative affect is a general dimension of subjective distress comprising a variety of aversive mood states (including anger, contempt, disgust, guilt, fear, nervousness). Low NA is a state of calmness and serenity. Although these two factors represent affective *state* dimensions, it has been demonstrated that they are related also to the *trait* dimensions of positive and negative emotionality, i.e. individual disposition to experience specific emotions'. It is assumed that these two dimensions are highly distinctive and might be treated as independent of each other, although their negative correlation is likely to appear.

What are the possible relationships of PA and NA with job stress, health and, in consequence, intention to quit a profession? By definition, affectivity is associated with tension and reduced well-being. People showing high levels of negative affect are less likely to have a satisfying family life or working life. They are hyper responsive to stressors and susceptible to experiencing job stress - mainly because they perceive higher levels of job stressors than people with low NA (Spector et al., 2000). Negative affectivity (similarly to neuroticism) correlates with higher frequency of health complaints. However, the objective health problems in high NA subjects have not been proved in the research (Pervin, 2000). On the other hand, some studies clearly show the occurrence of the negative affect to be accompanied by increased blood pressure (Mitsutage et al., 2002) or cortisol level (Buchanan et al., 1999). These relationships need to be studied further. As for mental health, a strong negative relationship between

depression severity (as measured by Beck Depression Inventory) and PA affectivity was found, as well as a strong positive correlation with NA (Petrocelli et al., 2001). It should also be noted that positive mood and positive affectivity of employees enhance 'organizational citizenship behaviours' and the will to offer help (Williams & Shaw, 1999).

Having in mind that we study the data coming from eight populations of European nurses, the following article should be treated as: (1) an inspection of PA and NA intensity in eight European countries; (2) test of potential differences between those countries; and (3) preliminary and very limited attempt to investigate relationship between PA-NA factor and nurses' intent to leave their profession.

Method

Instrument - The PANAS scale

The PANAS (Positive and Negative Affect Schedule) is a 20-item questionnaire that is widely recognized to assess the 'emotional style' a person uses to cope with life and world events. It has been constructed by Watson and his co-workers and seems to be a valid and reliable tool with satisfactory psychometric properties. *Positive affectivity* is assessed with ten items measuring to what extent person feel active and alert. High scores indicate a high level of full concentration, energy and commitment. *Negative affectivity* is measured by ten items concerning distress and unpleasant engagement. High scores indicate high level of aversive mood states (anger, disgust, fear, nervousness etc.). Different instructions depending on temporal perspective could be applied, asking subjects to rate how they feel: from 'right now, at the present moment' or 'during the past week' to 'in general, that is, on the average'. It has been decided to use the latter option within the present study, as this time frame relates more to the 'trait' affect. Independently of the time frame, positive affectivity always shows higher level than NA.

Data collection

Data collection and participation are described in the respective chapters in this book.

Data analysis

Data analysis has been conducted with SPSS 10.0. Overall differences of means were calculated by ANOVA. Additionally Scheffé's test for multiple comparisons was used. The limit for significance was set by $\alpha < .01$. Psychometric properties of the scales are presented in chapter 27.

Table 1. Overview of participants by country and positive-negative affectivity scale.

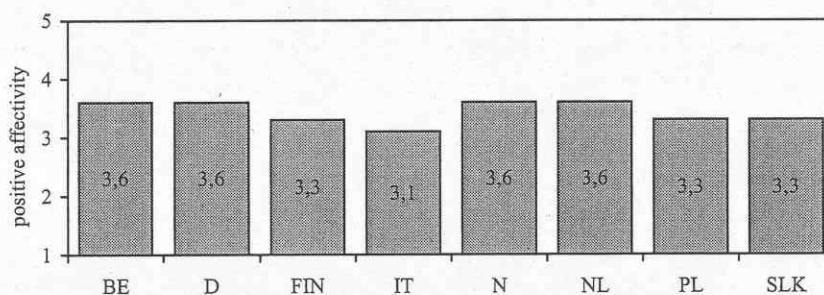
country	abbrev.	total n	n positive affectivity	n negative affectivity
Belgium	BE	4,257	1,923	1,917
Germany	D	3,565	3,523	3,521
Finland	FIN	3,970	3,946	3,945
Italy	IT	5,645	5,343	5,346
Norway	N	2,733	2,514	2,507
Netherlands	NL	4,019	3,973	3,973
Poland	PL	3,263	2,972	2,973
Slovakia	SLK	3,396	3,166	3,178
<i>all</i>		<i>30,848</i>	<i>27,360</i>	<i>27,360</i>

Results

Positive affectivity

Positive affectivity mean scores could be divided into two clusters: highest scores were observed for Germany, Norway, the Netherlands and Belgium (3.6), while lowest for Slovakia (3.3), Poland (3.3), Finland (3.3), and Italy (3.1) (Figure 1).

Figure 1. Mean scores for positive affectivity scale in the nursing population by country. Possible score range from 1 to 5, $n_{total} = 27,360$

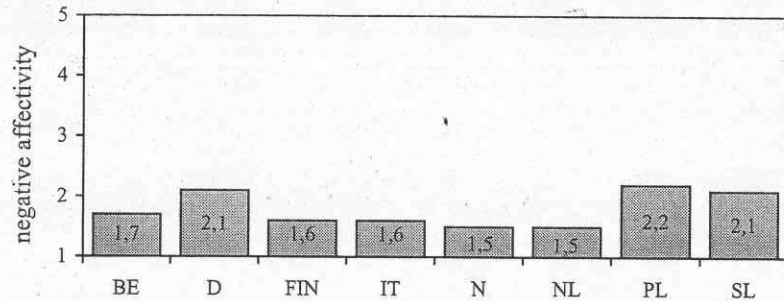


Insignificant differences between mean scores appeared in the comparison Slovakia-Poland and for comparisons within a set of four countries: Germany, Belgium, the Netherlands and Norway. Women in Germany had significantly higher scores than men, while in Italy – on the contrary – men scored significantly higher than women. In most countries the mean positive affectivity score decreased with age. The relationship was rather modest but noticeable: youngest respondents (by 30) had significantly higher scores than respondents over 30, although the largest difference did not exceed .2 on the total scale ranging from 1 to 5.

Negative affectivity

Negative affectivity mean scores (Figure 2) were highest for Poland (2.2), Germany and Slovakia (2.1). The lowest mean scores were observed for the Netherlands and Norway (1.5). Significant differences were found between Poland, Germany and Slovakia on the one hand, and the rest of countries on the other. Insignificant differences between mean scores appeared only for three pairs of countries: Finland-Italy, the Netherlands-Norway and Germany-Slovakia. No clear differences appeared with respect to gender and age.

Figure 2. Mean scores for negative affectivity scale in the nursing population by country. Possible score range from 1 to 5. ($n_{total}=27,360$)

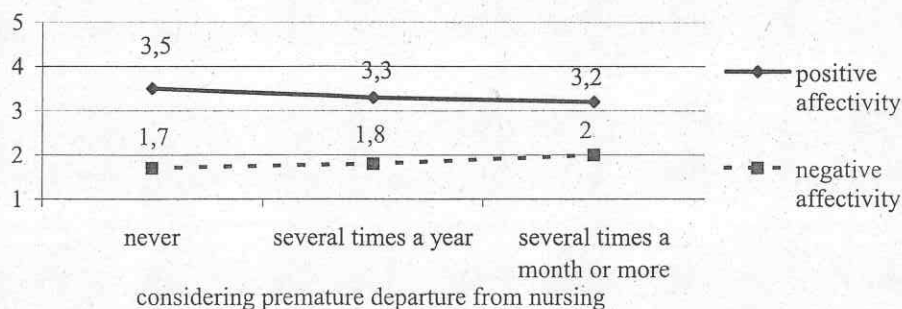


Positive-negative affectivity and intent to leave the nursing profession

Results on PANAS scales seem to be clearly associated with 'intent to leave the nursing profession' (Figure 3). Growing intention to leave was linearly accompanied by a decreasing positive affectivity and increasing negative affectivity.

Respondents who 'never' think about leaving nursing had the highest level of positive and lowest level of negative affect. Figure 3 shows as well that respondents declaring desire to leave nursing 'several times a year' displayed intermediate results on positive as well as on negative affectivity.

Figure 3. Positive and negative affectivity in relation to response to the question 'How often did you consider leaving the nursing profession?' ($n_{PA}=24,358$; $n_{NA}=24,559$)



In contrast to those in the 'never' category, people thinking about leaving nursing can most often be described as experiencing the lowest positive and the highest negative affectivity. For both dimensions mean scores differences between three categories of 'intent to leave' were statistically significant.

It is worth emphasizing that in *each* category of the intent to leave the profession, the mean scores for PA were substantially higher than for NA. This clearly reflects empirical independence of both dimensions and differences in a general shape of their distributions. While PA distribution is rather symmetric on the scale and close to a normal curve, NA one is shifted to the left side of the scale and displays skewness, resulting from an advantage of low NA scores in a total population.

Discussion

It was shown that there were significant differences in positive and negative affectivity among nurses from various countries. These differences can result from several causes. First, to some degree they can be a consequence of diversity of working conditions in nursing. Although PA and NA are conceptualised to be stable traits across time (Watson et al., 1988), it has been demonstrated that in the long run NA was likely to be influenced by job related stressors (Spector et al., 2000). The above could suggest that nurses' working conditions are particularly stressful in Poland, Slovakia as well as Germany (in countries with the highest NA) and the best in the Netherlands and Norway (the lowest NA). Secondly, differences between countries can result from cultural reasons. For example, it was found that the Polish people generally had a higher level of negative emotions than the British (Czapiński, 1994). Thirdly, the differences can stem from diverse ways of expression of emotions in various countries. The future analysis will be an opportunity to better understand the underlying causes.

Results described in this article indicate that high intent to leave nursing is associated with low positive and high negative affectivity. We assume that, to some extent, the 'intent to leave' is a derivative of mental health and a kind of a reaction to job stress. PA and NA may be considered as the other psychological characteristics which may influence the decision of leaving the nursing profession, either through moderating mental health and job stress or directly.

References

- Buchanan TW, al' Absi M & Lovallo WR (1999) Cortisol fluctuates with increases and decreases in negative affect. *Psychoneuroendocrinology* 24:227-241.
- Czapiński J (1994) *Psychologia szczęścia [Psychology of happiness]*. Warsaw: Laboratorium Testów Psychologicznych PTP.
- Mitsutaga G, Cornelissen G, Otsuka K, Dawes C, Burch J, Rawson MJ, Siegelova J, Jancik J, Masek M, Pazdirek J & Halberg F (2002) Relationship between positive and negative moods and blood pressure in a clinically healthy man. *Scripta Medica* 75(6):315-320.
- Pervin LA (2000) *The Science of Personality. Polish edition*. Gdańsk: GWP.
- Petrocelli JV, Glaser BA, Calhoun GB & Campbell LF (2001) Personality and Affect Characteristics of Outpatients With Depression. *Journal of Personality Assessment* 77(1):162-175.
- Spector PE, Zapf D, Chen PY & Frese M (2000) Why negative affectivity should not be controlled in job stress research: don't throw out the baby with the bath water. *Journal of Organizational Behaviour* 21(1): 79-95.
- Watson D, Clark LA & Tellegen A (1988) Development and Validation of Brief measures of Positive and Negative Affect: The PANAS Scales. *Journal of Personality and Social Psychology* 54(6):1063-1070.
- Williams S & Shaw WT (1999) Mood and Organizational Citizenship Behavior: The Effects of Positive Affect on Employee Organizational Citizenship Behavior Intentions. *The Journal of Psychology* 133(6): 656-668.