Individual and Family Personalities as Risk Factors of Depression: Using Multilevel Models

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Background: Several researchers have studied relationships between personality traits and depression. However, few studies have focused on how family members’ personality traits contribute to depression.

Objective: The purpose of this study was to examine the association of personality traits with depression both within individuals (Level 1), and as an aggregate within families (Level 2).

Methods: The Big Five Inventory-10 and the Center for Epidemiological Studies-Depression scale have been administered to a sample (N = 195) of Korean college students and their parents.

Results: Multilevel modeling analysis revealed that Individual personality traits directly related to depression: neuroticism was positively and conscientiousness was negatively associated with depression. Moreover, aggregate familial agreeableness is related to lower levels of depression, whereas family conscientiousness is related to higher levels of depression. Total variance in the null model was Bayesian Information Criteria – 1301.1 in the personality model. An analysis of the Bayesian Information Criteria indicated that the model explained a significant proportion of variability in scores from the Center for Epidemiological Studies-Depression scale.

Conclusion: The findings indicate that certain personality traits of both individuals and families are more at risk of developing depression than others. It may be useful in identifying at risk individuals and families of depression and developing tailored interventions for both individuals and families at risk.

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Extended Work Hour and Patient, Nurse, and Organizational Outcomes in Thailand

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Background: It was found that nurse shortage causes increased nurse workloads that impact on outcomes to patients, nurses, and organization.

Objective: To examine nurses’ extended work hours and its relationship to patient, nurse, and organizational outcomes.

Methods: Multistage sampling was used to employ 1524 registered nurses working in 90 hospitals across Thailand in all levels of health services completed a demographic form, the Nurses’ Extended Work Hours Form; the Patient, Nurse, Organizational Outcomes Form; the Organizational Productivity Questionnaire; and the Maslach Burnout Inventory. The returned rate was 85 percent. Data were analyzed using descriptive statistics, Spearman’s Rank Correlation, and logistics regression.

Results: The results showed that average extended work hours of the sample was 18.82 hrs/wk. About 80% had worked two consecutive shifts. It was found that extended work hours had a positive correlation with patient outcomes such as identification errors, pressure ulcers, communication errors and patient complaints, and with nurse outcomes of emotional exhaustion, and depersonalization. In addition, a negative correlation was found between extended work hours and job satisfaction as a whole, intent to stay, and organizational productivity. These findings demonstrate that working two shifts (16 hours) more than regular work hours lead to negative outcomes for patients, nurses and the organization.

Conclusion: Long extended work hours (18.82 hrs/wk) were rated by the sample of this study. These findings add to increasing international evidence that poor working conditions for nurses, results in negative outcomes for the profession, patients and health systems. Policymakers need to be aware of the issues regarding nurses’ extended work hours which has been found to contribute to burnout. Nurse and health administrators need to develop and implement appropriate nursing overtime policies and strategies.

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