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PSYCHOPHYSIC CORRELATES OF BURNOUT IN MANAGERS OF SMALL-SIZED ENTERPRISES ^a

Damjana Panić

University of Niš, Faculty of Philosophy, Department of Psychology, Niš, Serbia damjana 1988@yahoo.com

Abstract

The manager's profession is increasingly being ranked as a high-stress one, but apart from the factors arising from the very nature of the work itself, the sources of stress and its accompanying negative effects should also be sought in persons' individual features. Hence, the aim of this study was to establish whether there were significant differences in the presence of Type A behavior pattern (TABP), perfectionism, burnout and proneness to psychosomatic manifestations between managers and participants who were not engaged in management activities, as well as to examine the relationship between the above mentioned variables in both groups. The sample consisted of 150 participants divided into two equal groups: top managers of small private enterprises in the Southeastern Serbia and the comparison group of participants who were not engaged in managerial activities. The following instruments were applied: Adaptation of Jenkins Activity Scale for Type A, Positive and Negative Perfectionism Scale, The Burnout Check list, HI test from KON 6 battery. The results have pointed out that managers had higher scores at TABP and Positive perfectionism, while there were no significant differences in regard to Negative perfectionism, burnout and proneness to psychosomatic manifestations. The findings indicated that positive characteristics of Type A and perfectionism, but also managerial position itself, could be protective in order to prevent burnout and outweigh negative health outcomes such as psychosomatic manifestations, which are generally related to the mentioned features. The obtained results are discussed in regard to the theoretical accounts and compared with previous research findings.

Key words: Type A behavior pattern, perfectionism, burnout, proneness to psychosomatic manifestations, managers

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ПСИХОФИЗИЧКИ КОРЕЛАТИ СИНДРОМА ИЗГАРАЊА КОД МЕНАЏЕРА МАЛИХ ПРЕДУЗЕЋА

Апстракт

Менацерска професија све се чешће истиче као високо стресна, међутим, поред карактеристика радног места, изворе стреса и са њима повезаних негативних исхода треба тражити и у индивидуланим карактеристикама особе. Сходно томе, циљ истраживања био је да се утврде разлике у односу на присуство А типа понашања, перфекционизма, синдрома изгарања и склоности ка психосоматским испољавањима између менаџера и испитаника који не обављају менаџерски посао, као и да се испита и упореди повезаност наведених варијабли у обема групама испитаника. Узорак је чинило 150 испитаника подељених у две једнаке групе: топменацери малих приватних предузећа и запослени испитаници који се не баве менацерским активностима. Од инструмената су коришћене: Адаптирана верзија Ценкинсове скале за процену А типа понашања, Скала позитивног и негативног перфекционизма, Чек-листа за испитивање нивоа изгарања и хи-тест из батерије КОН 6. Резултати указују на то да су код менаџера у односу на испитанике који се не баве менацерским активностима израженији А тип понашања и позитивни перфекционизам, док у погледу негативног перфекционизма, синдрома изгарања и психосоматских испољавања нису утврђене значајне разлике. Утврђени налази упућују на то да код испитиваних менаџера позитивне карактеристике А типа понашања и перфекционизма, али и сама менаџерска позиција, могу бити заштитни фактори у односу на синдром изгарања, те да могу да превагну над негативним здравственим последицама, попут психосоматских испољавања са којима су ове карактеристике уопштено повезане. Резултати су дискутовани у односу на теоријски контекст проблема истраживања и упоређени са досадашњим емпиријским налазима.

Кључне речи: А тип понашања, перфекционизам, синдром изгарања, склоност ка психосоматским испољавањима, менаџери

INTRODUCTION

Endeavor to develop competitive spirit and achievement striving among its members is one of the important characteristics of modern society. Those who are quick and aggressive have the advantage, while the assessment of whether an individual has succeed in life is more and more related to success at work. Such life style is usually associated with hyperactivity, accumulation of obligations and duties, continuous sense of the lack of time and an inability to relax. It seems that in modern society, social and environmental factors favor Type A behavior pattern (TABP) thus making it again a topic for studies (Hadži Pešić, 2009).

The demands of modern age are particularly expressed when it comes to managers and activities they are engaged in due to competitors and the constant need for innovations and conquering of the market, as well as the constant requirements for the efficacy and profit. It is not unusual that manager profession has been recently ranked as a very stressful one

and that job burnout as the accompanying problem of the industrial development and modern ways of working and living (Ćurčić & Ćurčić, 2009) frequently occurs among managers (Kirkcaldy, Shephard, & Furnham, 2002; Khan, 2011). Moreover, deterioration of physical health and various psychosomatic changes are also common (Čizmić, Bojanović, Štainberger, & Petrović, 1995).

Manger in modern society – TABP and perfectionism among managers

Available data suggest that individuals who are ambitious, aggressive, competitive, strained, who have the need for self-appraisal through work, i.e. individuals with some characteristics of TABP become managers more commonly (Čizmić et al., 1995). This is consistent with findings which indicated that mentioned behavioral style is more expressed in managers (Boyd, 1984; Howard, Cunningham, & Rechnitezer, 1977; Spangenber, Shuda, & Robbertze, 1997). Type A behavior is characterized by excessive achievement strivings in a short period of time, high competitiveness, but also a tendency to hostility and aggressiveness, inability to detect somatic symptoms alerting them to slow down work pace, as well as suppression of symptoms because of preoccupation with work (Friedman & Rosenman, 1974). Although Type A may be associated with greater achievement and success (Thornton, Ryckman, & Gold, 2011), this behavioral style is often related with patients who suffer from coronary heart disease (CHD) (Hadži Pešić, 2009) or other health issues, but there is not always a direct relationship with the theory of Type A behavior.

Achievement motivation is highlighted as one of the most distinguished features of Type A when it comes to managers. Eisneberger (according to Nikić & Nikić, 2009) considers achievement striving among managers as a specific balance between personal and organizational, i.e. social motives, while according to some findings Type A behavior and general achievement striving among entrepreneurs can be explained in terms of locus of control, career orientation and a need for power (Van Wyk et al., 2009).

When discussing Type A behavior, the concept of perfectionism should also be included. The relationship between these variables should be seen primarily in terms of achievement, since it is an integral part of both constructs. Since Type A is a behavioral style, the perfectionism in this paper will be discussed according to the behavioral, i.e. trough the *Dual process model of perfectionism* (Slade & Owens, 1998). *Positive and Negative* perfectionism as two principal forms of perfectionism in this model have in common high achievement standards, but the latent processes underlying them are different. Positive perfectionism is driven by positive reinforcement and a desire for success, while on the other hand Negative perfectionism is marked by strivings to avoid failure or and/or its negative consequences (Slade & Owens, 1998). The model suggest that mangers will behave differently depending on whether their

achievement striving is driven by desire to succeed or a tendency to avoid failure, i.e. positive or negative reinforcement (Slade & Owens, 1998). Those who experience Negative perfectionism will prefer very simple tasks as a way to avoid its consequences or very difficult ones in order not to feel inferior if they are not be carried out successfully. This type of manager will accept a more defensive strategy at work in comparison to his colleague who is motivated by a desire to succeed (Beheshtifar, Mazrae-Sefidi, & Nekoie Moghadam, 2011).

Manager's profession as a source of stress, job burnout and psychosomatic manifestations

There is a growing body of evidence indicating that manager's profession is ranked highly on the traditional list of high-stressed vocations (e.g. Khan, 2011). The data are not surprising taking into account the everyday activities mangers deal with: responsibility for creating a work environment and satisfying work conditions, making important decisions, implementing innovations, striving to maintain both, a company and personal reputation (Čizmić et al., 1995). The specificity of manager's profession is particularly obvious in small and middle sized enterprises, where, due to limited resources, an owner usually takes the responsibility for numerous principal manager's tasks (Ožegović & Pavlović, 2012).

Previous findings have indicated that managers who work without fixed working hours have a significantly higher level of emotional exhaustion as a part of burnout syndrome, as well as more frequent health complaints than other employees (Khan, 2011), but also suffer more from depersonalization and job dissatisfaction (Farahbakhsh, 2009). Moreover, it is important to emphasize that the individuals who can be described as competitive, aggressive, with constant sense of time urgency, who are preoccupied with deadlines, impatient, with a tendency to hostile mood, i.e. individuals with Type A or its certain characteristics are more prone to this syndrome (Kirkcaldy et al., 2002). Current evidence also indicated the relationship between perfectionism and burnout (D'Souza, Egan, & Rees, 2011). Maladaptive aspects of perfectionism which refer to constant failure to achieve personal standards and chronic worrying about the criticism of others, can lead to severe burnout symptoms (Ypern, Verbaraak, & Spoor, 2011). At the same time burnout is more frequent among people with unrealistic expectations and assessments of themselves and their work (Mazzi & Ferlin, 2004) which is usually related to inability in accomplish settled goals.

Numerous stressors which managers encounter in their work may also contribute to a variety of negative outcomes such as deteriration of physical health, physiological changes and psychosomatic diseases (Jamal, 2004; Farahbakhsh, 2009; Čizmić et al., 1995). Since these negative health outcomes often occur among people who are engaged in very responsible jobs, the term *manager's disease* is used to encompass symptoms and

diseases developed as a consequence of managers' stress (Čizmić et al., 1995). However, a notion underlying psychosomatic concept is a suggestion that apart from the exposure to a variety of stressors, the etiopathogenetic causes of the diseases should also be sought in individual personal features (Stožinić & Borozanović, 2010). This is in line with previously mentioned findings that Type A, which is more frequent among managers, is at the same time related to psychosomatic diseases, primarily to CHD. Predisposing factors for onset of negative health outcomes primarily involve the excessive competitiveness, impatience, anger, hostility and aggressiveness (Thornton et al., 2011). An overview of recent literature has also indicated a relationship between perfectionism and psychosomatic disorders, coronary disease, asthma, irritable bowel disease, chronic pain such as migraine (Leonard & Harvey, 2008; Flett, Molnar, Nepon, & Hewitt, 2012; Molnar, Reker, Culp, Sadava, & DeCourville, 2006; Sumi & Kanda, 2002).

Problem and aims of the research

Past findings suggest that manager's profession rather attracts those individuals who are, due to their characteristics, at a greater risk of experiencing the negative work and health consequences despite the fact they can have a very successful career (Čizmić et al., 1995). The question that could be addressed is whether managers are at risk not only because of the features they usually possess, but also because of job demands and activities they are engaged in? Therefore the aim of this study is to examine if there are significant differences in the presence of TABP, perfectionism, job burnout and psychosomatic manifestations between managers and employees who are not engaged in management activities. Some authors consider that often among individuals with Type A, especially among managers, positive features of this behavioral style outweigh negative health outcomes (Strumpfer, 1990). Likewise, although perfectionism can be related with certain mental and somatic disorders, it does not mean that they are caused by it or that perfectionism is essentially a negative feature. Hence, the relationship between examined variables would be investigated in both groups.

METHOD

Sample

The sample consisted of 150 participants, 75 of whom were top managers of small sized private enterprises in Southeastern Serbia (Pirot, Niš, Svrljig, Prokuplje) having between 10 and 49 employees¹, and 75

¹ Classification of enterprises was taken from draft document of the Statistical Office of the Republic of Serbia "Enterprises in the Republic of Serbia in regard to its size, 2010".

participants who were employed but not in management positions (M = 46.87, SD = 9.68, 81.3% of males).

Procedure

The initial contact with managers was established by telephone whereby the potential participants were introduced to research goals. An appointment for individual questionnaires fill out was arranged afterwards with managers who agreed to participate in the research. The comparison group consisted of employed participants who were not engaged in managers' activities. It was a voluntary subsample whereby participants were recruited to be matched by gender, age and educational level with mangers subsample. Since the participants from "helping professions" who are thought to be prone to job burnout (physicians, nurses, psychologists, social workers) were excluded from this group, the vocations of the comparison group participants were mainly in the domain of technical practice and sciences, law and economy. All participants were given instructions for filling out questionnaires, and after finishing, researcher checked if they were filled out completely. The questionnaire took 15 to 20 minutes to complete.

Measures

Adaptation of Jenkins's Activity Scale for Type A (Pred, Spence, & Helmreich, 1986) which consists of 12 items divided into the two subscales Achievement Strivings (hard driving, activity and achievement related behaviors) subscale with 7 and the Impatience-Irritability (intolerance, hostility, anger and a preoccupation with the lack of time) subscale with 5 items. Scale reliability for the Achievement Strivings was $\alpha = .500$ and $\alpha = .672$ for the Impatience-Irritability.

Positive and Negative Perfectionism Scale (PNPS; Terry-Short, Owens, Slade, & Dewey, 1995), consists of 40 items whereby 20 refer to Positive (setting realistic and achievable goals which are related to positive reinforcement, i.e. achievement orientation and desire to success), and 20 to Negative perfectionism (setting unrealistic goals which are related to negative reinforcement, i.e. fear of failure and a desire to avoid its consequences). Alpha estimates of reliability were .846 for Positive and .843 for Negative perfectionism subscale.

The Burnout Checklist (Hart, 1984) consisted of 20 items by which the participants rate the amount of change that has occurred during the past 12 months (1 = little or no change, 5 = great degree of change) at work, social situations, family, and recreation. According to the scores they can be classified into six burnout levels: no burnout, normal result, mild job burnout, beginning to experience burnout, burning out and a severe burnout that requires professional help. Scale reliability was $\alpha = .906$.

HI test as a part of Conative Test Battery, KON 6 (Momirović, Wolf, & Džamonja, 1992) for measuring proneness to psychosomatics. Disturbances of HI regulator lead to functional disorders of basic organic systems such as cardiovascular, respiratory, gastrointestinal and urogenital, as well as to functional disturbances of sensory and motor system and forming of the secondary hypochondriac system as a reaction to these basic organic functions (Momirović et al., 1992). Test consists of 30 items and based on their scores, the participants can be classified into one of the following groups: superior functioning, above average functioning, average functioning, below average functioning and pathological aberrations in functioning. Scale reliability was $\alpha = .896$.

Data analysis

For estimating the mean differences in the presence of Type A behavior pattern, perfectionism, job burnout and psychosomatic manifestations between managers and employees who are not engaged in management activities we used t-test and Cohen's d as a measure of effect size value. Pearson coefficient was calculated to investigate the association between the examined variables in both subsamples.

RESULTS

The results presented in the Table 1. pointed out significant differences in the presence of both assessed Type A characteristics, whereby this behavioral style is more expressed in managers. According to the effect size values (Cohen, 1988) it can be referred to a large effect in terms of Achievement Strivings, and medium in regard to Impatience-Irritability. Significant mean differences were also detected according to Positive perfectionism, whereby managers also had higher scores than those who are not engaged in management activities. The effect size was medium. There were no significant differences in regard to Negative perfectionism, job burnout and proneness to psychosomatic manifestations between the compared groups.

The correlation analysis results presented into the Table 2. have revealed that Impatience-Irritability as a component of Type A is positively related to burnout only in the group of participants who are not engaged in management activities, but positively related to proneness to psychosomatics in both subsamples. Achievement Striving is neither correlated with proneness to psychosomatics nor with burnout in either of the subsamples. Moreover, Negative perfectionism is related with burnout in participants who are not engaged in managerial activities, and with proneness to psychosomatics in both groups, while Positive perfectionism is not related to the mentioned variables. The results also indicate correlations between the characteristics of Type A and perfectionism,

whereby Achievement Striving is associated with Positive perfectionism in both groups, as well as to Negative in managers' subsample. Impatience-Irritability is related to Negative perfectionism in both subsamples.

Table 1. Mean differences in the presence of Type A behavior pattern, perfectionism, burnout and proneness to psychosomatic manifestations between managers and the employees who are not engaged in management activities.

Variables	Group	AS (SD)	t	df	р	Cohen's d	
Achievement	Managers	4.16 (.36)	4.687	1/10	000	0.77	
Strivings	Other employees ²	3.82 (.50)	4.067	140	.000	0.77	
Impatience-	Managers	3.39 (.90)	2 119	148	.036	0.35	
Irritability	Other employees	3.09 (.85)	2.110				
Positive	Managers	7.54 (1.14)	2.675	1/10	008	0.44	
perfectionism	Other employees	7.11 (.78)	2.073	140	.008	0.44	
Negative	Managers	5.59 (1.06)	222	148	.817	,	
perfectionism	Other employees	5.63 (1.05)	232			/	
Burnout	Managers	1.85 (.61)	-1.041	148	.300	/	
syndrome	Other employees	1.96 (.72)					
Proneness to	Managers	1.61 (.50)	506	140	550	,	
psychosomatic	Other employees	1.66 (.50)	586	148	.559	/	
manifestations							

Table 2. Intercorrelations between the examined variables in manager's subsample and subsample of the employees who are not engaged in management activities

Variables	Group	1.	2.	3.	4.	5.	6.
1. Achievement	Managers		.282*	.252*	.283*	.061	.060
Strivings	Other employees		.181	$.293^{*}$	121	095	062
2. Impatience-	Managers			.217	.324**	.178	.349**
Irritability	Other employees			.195	.383**	$.232^{*}$	$.289^{*}$
3. Positive	Managers				.500**	214	.150
perfectionism	Other employees				.488**	.126	.168
4. Negative	Managers					.137	.340**
perfectionism	Other employees					.328**	.455**
5. Burnout	Managers						.555**
syndrome	Other employees						.580**
6. Proneness to							
psychosomatic							
manifestations							

^{*}p<.05; **p<.01

 $^{^2}$ For clarity of results presented in tables, group of the employees who are not engaged in management activities is labeled as the other employees.

DISCUSSION AND CONCLUSION

The aim of this study was to examine whether there were significant differences in the presence of TABP, perfectionism, job burnout and proneness to psychosomatic manifestations between managers and employees who are not engaged in management activities. The relationship between these variables was investigated and compared in both subsamples.

The results have pointed out that Type A, i.e. both of its assessed characteristics, Achievement Strivings and Impatience-Irritability, were higher among managers compared to the employees who are not engaged in managerial activities, which indicates higher activity and hard driving, but also preoccupation with the lack of time, impatience, as well as tendency to hostility among managers (Spence et al., 1987). The findings are consistent with the initial Friedman and Rosenman's study (Friedman & Rosenman, 1959) in which Type A was at first observed among participants who were mostly successful businessmen, as well as with the results of the subsequent studies which established the presence of Type A characteristics in managers (Boyd, 1984; Howard Cunningham, & Rechnitzer, 1977; Kirkcaldy et al., 2002; Spangenber et al., 1997; Van Wyk et al., 2009). The effect size value pointed to a large effect in regard to Achievement Strivings and a medium related to Impatience-Irritability, which is in line with the past evidence indicating that achievement motivation is one of the most prominent Type A characteristics when it comes to managers (Nikić & Nikić, 2009). The compared groups also differ significantly in terms of Positive perfectionism where again managers have higher scores. According to the theoretical background and the operationalization of the perfectionism, the managers in the tested sample can be said to have a strong tendency to set and achieve goals that are based on desire to succeed. Accomplishing high standards in turn leads to positive reinforcement such as a sense of satisfaction, happiness and enjoyment in the achievements (Slade & Owens, 1998). There were no significant differences in regard to Negative perfectionism. Likewise, significant differences between the compared groups were not obtained in regard to the burnout and proneness to psychosomatic manifestations. It seems that the assessed managers for now successfully withstand the challenges of work they encounter. The finding is not in line with the previous ones which indicated a more frequent job burnout and/or a more frequent presence of health deterioration among managers compared to other employees (e.g. Jamal, 2004; Khan, 2011; Farahbakhsh, 2009). However it is noteworthy to emphasize that the present subsample consisted of managers of small sized private enterprises where usually the owner is simultaneously engaged in all or most of the managerial activities (Ožegović & Pavlović, 2012). A manager who is at the same time the owner of the enterprise capital establishes his/her authority on

the ownership role which is more clear and less conflict in regard to a manager who is hired as an employee (Čizmić et al., 1995). During the study no precise data were collected on how many of the participating managers were also an enterprise's owners, but a possible moderation effect of an owner's role in regard to burnout and psychosomatic manifestations should be taken into consideration.

The obtained results are clearly understood in regard to relationships between examined variables in both of subsamples. The findings indicated some general relations between Type A characteristics and perfectionism with burnout and psychosomatic manifestations. Impatience-Irritability, as one of the Type A components is positively related with the proneness to psychosomatic manifestations in both groups, while there is no such relation with Achievement Strivings in either group. Similar results were obtained in regard to perfectionist features. Namely, a correlation between Negative perfectionism and proneness to psychosomatic manifestations was established in both groups of participants, which was not the case with Positive perfectionism. Current findings are in accordance with the established relations between Type A and perfectionism characteristics, i.e. Achievement Strivings and Positive perfectionism and Impatience-Irritability and Negative perfectionism in both subsamples. The correlations were expected since activity is considered an integral part of Achievement Strivings in Type A (Spence et al., 1987), while orientation through activities in order to achieve the set goals is viewed as a part of Positive perfectionism (Slade & Owens, 1998). On the other hand a tendency to avoid failure underlies Negative perfectionism (Slade & Owens, 1998), while according to some views, by developing Type A behavior some individuals try to assure a positive assessment by others, through their achievements (Gastorf & Teevan, 1980). Hence, it is noteworthy to state that Achievement Strivings as a Type A characteristic in the managers subsample is not only related with Positive perfectionism, as it was the case in the group of participants who were not engaged in management activities, but also with Negative perfectionism. Such results indicate that ambition, activity and achievement orientation among managers can be associated with a desire to succeed, but also with a tendency to avoid failure.

In addition, the examined correlations may suggest some features, behavior patterns and work conditions within the group of participants who are not engaged in management activities. It was established that Impatience-Irritability as a Type A characteristic and Negative perfectionism are related with burnout syndrome only in this group of participants. The lack of the association between maladaptive perfectionism and burnout among managers may be explained by the assumption that the emloyees who are not engaged in management activities, do not intrinsically strive to achievement according to their scores on Achievement Strivings and Positive perfectionism, but that such strivings are driven by modern work

conditions and social standards. It is possible that their achievement motivation is not grounded at a desire to succeed, but a tendency to avoid failure, in particular in the insecure work area which makes them more susceptible to job burnout. On the other hand, managers and entrepreneurs often set high perfectionist standards to their employees in order to foster striving to high performance and productivity, which may be associated with the employees' sense of need to avoid mistakes or work overtime to achieve the defined goals (Beheshtifar et al., 2011), and consequently contribute to the development of job burnout or proneness to psychosomatic manifestations.

To sum up, it seems that despite higher presence of Type A and perfectionist features among managers, the motives underlying them may be protective against burnout and overweight the negative health outcomes such as psychosomatic manifestations that are generally related to these features. One of the factors which should be taken into consideration is a moderation effect of an ownership role of managers. We should remain open to a possibility that middle line managers or top managers in large sized enterprises are more prone to burnout and (psycho)somatic disorders according to the established association between Type A behavior and perfectionism with burnout and psychosomatic manifestation in general. However, these hypotheses need further verifications.

The current research should be understood in the context of its limitations. First of all, it should be mentioned that the manager subsample consisted just of top managers of small private enterprises which prevented the generalization of the obtained results, so the recommendation for the future researches is to verify the obtained findings on the sample including managers of middle and huge enterprises as well as managers employed in the public sectors. Lack of precise data on how many of participating managers were the enterprise's owners at the same time is also a notable limitation, thus the possible protective effect of an ownership role in regard to burnout and psychosomatic manifestations require further investigation. As for the limitations of this research it should be noted that both Type A's subscales have not shown satisfactory reliability. Therefore, the results should be accepted with a dose of caution.

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ПСИХОФИЗИЧКИ КОРЕЛАТИ СИНДРОМА ИЗГАРАЊА КОД МЕНАЏЕРА МАЛИХ ПРЕДУЗЕЋА

Дамјана Панић

Универзитет у Нишу, Филозофски факултет, Депратман за психологију, Ниш, Србија

Резиме

Све је више истраживања која говоре да се на традиционалној листи високостресних занимања менаџерска професија високо рангира. Међутим, поред чинилаца који произлазе из саме природе посла, изворе стреса и бројних пратећих негативних последица попут синдрома изгарања, нарушавања телесног здравља или психосоматских испољавања треба тражити и у индивидуалним карактеристикама особе. Чини се да менаџерске активности пре привлаче оне који с обзиром на своје карактеристике имају веће шансе да им посао нанесе озбиљне последице, без обзира на то колико притом могу бити успешни у каријери, односно да је менаџер у опасности не само због захтева посла којим се бави већ и због структуре личности и усвојених образаца понашања које најчешће поседује.

Овај рад бави се испитивањем како посао који менаџери обављају у комбинацији са појединим особинама личности и бихевиоралним карактериситикама може бити повезан са синдромом изгарања и психосоматским испољавањима. Циљ истраживања је био да се утврде разлике у погледу А типа понашања, перфекционизма, синдрома изгарања и склоности ка психосоматским испољавањима између менаџера и испитаника који не обављају менаџерски посао, као и да се испита повезаност наведених варијабли у обема групама испитаника. Досадашња теоријска разматрања указала су на дескриптивну сличност појединих карактеристика А типа понашања и перфекционизма, а њихова међусобна повезаност, као и веза са синдромом изгарања и психосоматским испољавањима, потврђена је у бројним истраживањима. Међутим, на нашим просторима нема много истраживања која су се бавила овом темом, што је и био подстрек за ово истраживање.

Истраживање је спроведено на узорку од 150 испитаника, подељених у две једнаке групе: топ-менаџери малих приватних предузећа на простору југоистичне Србије и група запошљених испитаника који не обављају менаџерски посао. Групе су биле уједначене по полу, старости и степену формалног образовања. Од инструмената су примењени Адаптирана верзија Џенкинсове скале за процену А типа понашања, Скала позитивног и негативног перфекционизма, Чек-листа за испитивање нивоа изгарања и хи-тест из батерије КОН 6.

Резултати показују да су А тип понашања и позитивни перфекционизам израженији код менаџера у односу на испитанике који се не баве менаџерским послом, док у погледу негативног перфекционзма, синдрома изгарања и склоности ка психосоматским испољавањима нису утврђене значајне разлике. Проучавајући међусобни однос испитиваних варијабли, утврђене су неке опште релације између А типа понашања и перфекционизма са склоношћу ка психосоматским испољавањима и синдромом изгарања у обема групама, али исто тако и неке релације које су карактеристичне само за групу менаџера, односно испитаника који се не баве менаџерским активностима. Како су менаџери малих предузећа често и власници, могуће је да власничка улога има заштитно дејство у односу на настанак изгарања и негативне здравствене последице. Сходно томе, резултате треба проверити на узорку који ће укључити менаџере средњих и великих приватних предузећа, али и менаџере из јавног сектора.

Утврђени налази могу допринети унапређењу сазнања у области психологије рада и менаџмента и здравствене психологије, а потенцијално и осмишљавању и спровођењу превентивних програма за утврђивање здравих и мењање нездравих облика понашања и предузимање мера за редукцију стреса у циљу сузбијања инциденце болести модерног доба.