

PERSONALITY STYLES AND HEALTH IN FEMALE HOME CAREGIVERS. PRELIMINARY DATA

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Personality of the caregiver needs to be included in models of the caregiving process because the psychological construction of meaning of caregiving in the caregiver's life will be influenced by personality. (Hooker, 1995)

***Abstract:** The aim of this study is to check the usefulness of exploring personality from the Millon model in a group of home caregivers. The evaluation of some characteristics of physical health in the group by comparing them with those of the general population is found out. Our findings do present that personality characteristics such as acceptance of change and creativity (Innovation-Seeking) and orientation towards the needs themselves (Self-Indulging) are related with an increase in physical pains in this sample of women. This fact must be confirmed in future studies.*

***Keywords:** Personality inquiry, caregivers, home workers, personality styles*

Introduction

Homeworking in the care field is taken on by many women who carry out these tasks sometimes for a wage and other times not. The considerable increase in the dependent population in recent decades and new family models mean that the caring role has become a topic of research interest (e.g. Crespo, López and Zarit, 2005; Ory Yee, Tennstedt and Schulz, 2000). Thus, in general terms, it is estimated, according to the Panel Of Homes of the European Union, that in Spain 6.10% pf women and 2% of adult men work in caring for other adults (INE, 2000). Moreover, from the total number of cases of care received by the elderly, 80-88% are received exclusively from the family (IMSERO, 1995; Durán, 1999; CIS, 2004) and 7% of family carers have hired a home worker or workers to cover this need for assistance.

If we regard the consequences that caregiving has on health, we will find that studies consistently show the various costs that this activity can have for caregivers. Indeed, there is a great consensus, after two decades of research, that the fact of caregiving produces a stressful situation which brings with it an increase in the risk of suffering a series of medical, physical, psychic, psychosomatic, work and family disturbances in family caregivers (García-Calvente, 2004; Pinquart and Sorensen, 2003; Segura, 1998; Seira, 2002; Valles, 1998; Vitaliano., Zhang and Scalan, 2003) and in paid workers (Artazcoz et al., 1996; González Antolín et al. 2000; Ignacio et al, 1997; Mozota et al., 1990; Pera et al., 2002). The revision of Pinquart and Sorensen (2003) shows some of these disturbances in family caregivers; higher levels of depression ($g=.58$), stress ($g=.55$) and worse subjective welfare ($g=-.40$). The meta-analysis carried out by Vitaliano et al. (2003) reveals that caregivers are also at greater risk of suffering health problems than those who are not.

In these circumstances it becomes essential to analyse what factors modulate the effect of caring on health, to explain and take the correct sort of action in this problem of risk. Among these factors, personality can be considered as one of great importance (Ginsberg, 2005; Hooker, 1998) especially if it is conceived within the models of dealing with stress, which have been shown to be of use in organising and directing research in the care field (Pearlin, Mullan, Semple and Skaff, 1990; Vitaliano, Maiuro, Ochs and Russo, 1989; Vitaliano, Zhang and Scalan, 2003). However, there is a scarce number of studies which have researched personality in carers (Ginsberg, 2005; Hooker, 1998); there is empirical evidence concerning the relationship between confrontation strategies and personality traits, from a factorial standing, based on the models of Cattell and Eysenck, and on models such as the Big Five of McCrae and Costa (Bolger, 1990; Bosworth, Bastian, Rimer and Siegler, 2003; Brissette et al., 2002; Carver et al., 1989; Maestre, Martínez and Zaragoza, 2004; McCrae and Costa, 1986; Vollrath, Torgersen, and Alnaes, 2001). Most of these studies have centred on the role of certain personality traits (neuroticism, extraversion, optimism, pessimism, etc) as predictors of an effective or ineffective confrontation in stressful situations. These authors assume that the choice of confrontation strategies against certain situations is explained by relatively stable preferences. These can stem from personality traits such as a collection of strategies making up an available style of confrontation (Bouchard, Guillemette and Landry-Léger, 2004; McCrae and Costa, 1986; Vollrath, Torgersen and Alnaes, 2001) which for the individual have been useful and familiar.

In the present study we assume this standpoint, the personality as a *style of confrontation or confrontation trait* (Moos, Holahan and Beutler, 2003; Bouchard et al., 2004) and for this purpose we have chosen the Millon personality model, considering it to be the most suitable for our purposes and with which our group has wide experience (e.g. Sánchez-López and Aparicio, 1999; Sánchez-López and Casullo, 2000). Personality styles for Millon are the specific adaptive ways of functioning which a particular member of a species shows on having a relationship with this typical range of surroundings (Millon, 1994). These styles are due to possible deficiencies, imbalances or conflicts in a person's capacity to relate to situations which he/she faces. It is a model which, moreover, has the added value of attempting to combine theory with evaluation and intervention, so that we have reasons for considering it an effective framework from

which to study the personality of the caregivers and their relationship with health.

The aim, then, of this study is to check the usefulness of exploring personality from the Millon model in a group of home caregivers, for which the following aims are proposed:

- To evaluate some characteristics of physical health in this group of home workers, by comparing them with those of the general population, in order to check whether data from previous studies are confirmed.
- To describe their personality styles
- To investigate the relationship between personality variables and physical health.

Method

Participants

Those taking part in this study provide the initial data of a broader investigation with female caregivers. The group studied in the present work is made up of 26 women between the ages of 22 and 86 (average age=57) who looked after dependent people in their homes. The sample was made up of paid women carers and family carers in a balanced manner. 80.8% had no specific training in care tasks.

Instruments

The following questionnaires were used:

- A questionnaire with questions on physical pains, chronic illnesses, self-perceived health and visits to the doctor in the previous year. These measurements have been satisfactorily used by the research group in previous studies (Sánchez-López, Aparicio and Dresch, 2006).
- MIPS-Millon Index of Personality Styles (Millon, 1994; adapted by Sánchez-López, Díaz and Aparicio 2001).

The Millon Index of Personality Styles (1994) was adapted to the Spanish population by M. Pilar Sánchez-López, Juan Francisco Díaz-Morales and Marta Evelia Aparicio-García in 2001. It centres on the normal personality and has three large areas: Motivating Styles, Thinking Styles, and Behaving Styles. Motivating Styles value the person's orientation in obtaining reinforcement from the medium. They include three bipolarities: positive reinforcement vs. negative reinforcement (pleasure-pain), oneself vs. others as a source of reinforcement and the instrumental active vs. passive styles. From this theoretical model he prepares the following definitive polarities of the questionnaire: Pleasure Enhancing- Pain Avoiding; Actively Modifying-Passively Accommodating; and Self Indulging-Other Nurturing. The four bipolarities of the Thinking Styles are based on the way in which bodies deal with their environment or in the ways they process information. One is related with "*sources of information*", and another with the methods used for reconstructing these data, "*transformation processes*". Each of these functions was divided in turn into two polarities: the sources of information were divided into external vs. internal and tangible vs. intangible. The transformation processes were divided into intellec-

tive vs. affective and assimilative vs imaginative. The definitive polarities are: Externally Focused-Internally Focused; Realistic/Sensing-Imaginative/Intuiting; Thought Guided-Feeling Guided; and Conservation Seeking-Innovation-Seeking. Finally, the Motivating Styles constitute five bipolarities oriented towards behavioural traits; Millon devised the following polarities: Asocial/Withdrawing-Gregarious/Outgoing; Anxious/Hesitating-Confident/Asserting; Unconventional/Dissenting-Dutiful/Conforming; Submissive/Yielding-Dominant/Controlling; and Dissatisfied/Complaining-Cooperative/Agreeing.

The MIPS presents a series of advantages over other questionnaires on personality: it has only 180 items, it is linked to an important clinical theory and the choice of items and the development of the scales were produced by means of a 3-stage validation sequence: theoretical-substantive, internal-structural and external-criterial. The MIPS has been adapted to the Spanish population following the guidelines of the international Commission of Tests (ITC) and that of the Test Commission of the Official Spanish College of Psychologists. The test is sufficiently reliable (alpha indexes of reliability average .73 and Guttman coefficient average .78, both for the sample of women) (Sánchez-López, Díaz and Aparicio, 2001). As for the analysis of internal validity and construct, the MIPS scales are superimposed and intercorrelate in different ways, following Millon's theoretical model. In general, the result is a pattern of converging and diverging relationships between the scales which broadly tallies with the expectations based on the nature of the constructs which are being measured (Díaz, Aparicio, Cárdenas, Dávila, Díaz Manjón, Rodríguez and Sánchez-López, 1998; Sánchez-López, Díaz and Aparicio, 2001). External validity has also been studied with the NEO-PI and the 16-PF (Sánchez-López, Aparicio, Cardenal and Castaño, 1999).

Design and methodology

As has previously been mentioned, this study forms part of a wider research with caregivers, constituting some preliminary analyses. The SPSS v. 12 statistical package has been used for differences in averages and Pearson correlations. Data on the general population used in comparing the findings of the sample of female caregivers have been extracted from the studies of Sánchez-López, Aparicio and Dresch (2006) for health indexes and Sánchez-López and Aparicio (1999) for MIPS scales. The three groups (female caregivers and general population of both studies) are similar as far as sociodemographic characteristics are concerned.

Results

Just as we expected, statistically significant differences were found between male/female caregivers in the home and "general population" in the following health indexes: Self-perceived health, number of physical pains and number of chronic illnesses (Table1). The three values have an effect size between moderate and high.

Table 1: Results on differences in physical health

Variables	Home carers		General population ^a		Student's T	Effect size
	Average	DT	Average	DT		
Visits to doctor	5.54	5.26	5.08	7.40	.45	
Self-perceived health	6.61	1.61	7.45	1.71	-2.75**	-.50 (medium)
Physical pains	18.6	3.98	15.39	4.39	4.27**	.75 (medium)
Chronic illnesses	1.11	0.56	.59	1.01	4.82**	.63 (medium)

a: Data for the general population was extracted from Sánchez-López, Aparicio and Dresch (2006)

As far as the personality variables evaluated by the MIPS are concerned, female caregivers obtain higher scores on the scales for Other-Nurturing, Internally Focused, and Realistic/Sensing, Anxious/Hesitating, Thought-Guided, Conservation-Seeking, Asocial/Withdrawing, Dutiful/Conforming, Cooperative/Agreeing and Submissive/Yielding with regard to the general population (Table 2). Moreover, there are scores significantly below the general population in Actively Modifying, Imaginative/Intuiting and Innovation-Seeking. Only in the scales for Actively Modifying and Imaginative/Intuiting, where the effect size is low and very low would we disregard the amount of variability explained, in the rest we can consider that the effect size explained is acceptable.

Table 2. Difference of averages in MIPS scales

	Home caregivers		<i>t</i>	Effect size
	Average	DT		
Actively Modifying	28,4000	35,6000	-4.02***	-0.21 (low)
Other-Nurturing	13,6800	22,9200	4.92***	-0.92 (high)
Internally Focused	17,4400	19,6000	2.42**	0.48 (moderate)
Realistic/Sensing	42,5200	20,8000	6.64***	1.61 (high)
Imaginative/Intuiting	21,9200	22,3200	-4.05***	-0.01 (very low)
Thought-Guided	47,4400	20,3600	3.85***	2.17 (high)
Conservation-Seeking	41,7600	6,70820	6.98***	0.81 (high)
Innovation-Seeking	6,39661	6,96850	-4.03***	-2.63 (high)
Asocial/Withdrawing	3,92556	5,86714	3.41***	-1.71 (high)
Anxious/Hesitating	7,13559	5,88161	2.13**	-1.24 (high)
Dutiful/Conforming	8,18535	7,35368	27.24***	-1.40 (high)
Submissive/Yielding	10,58584	5,63531	2.3**	-0.85 (high)
Cooperative/Agreeing	8,38590	8,08950	5.72***	-2.93 (high)

b: Data for the general population have been extracted from Sánchez-López y Aparicio (1999).

Note: Those scales with an effect size *d* between moderate and high are signalled in black alto.

Regarding the relationship between personality and health, significant correlations were found and with an effect size between moderate and high between physical pains and some personality variables (Table 3).

Table 3. Correlations between physical pains and personality variables

	PAINS	Effect size
Self-Indulging	.50**	A
Innovation-Seeking	.43**	M-A

Discussion and conclusions

Caregivers in the group evaluated in this study give evidence of worse health in most of the physical health variables in the survey. Specifically they have more chronic illnesses, more physical pains and see themselves as having poorer health. These data are consistent with those of other studies (Segura, 1998; Valles, 1998; Seira, 2002; García-Calvente, 2004).

With regard to personality variables, the findings obtained would seem to indicate that the instrument and model used enable an adequate study to be made of the way in which these caregivers work, since they are sensitive enough to present a personality profile. Data reveal that participants in the study are oriented better than most of the population towards meeting the needs of others rather than their own (Other-Nurturing); this finding coincides with that suggested by Ginsberg et al. (2005). What is more, they have a lower score than the general population in the tendency to change the environment in order to achieve what they want (Actively Modifying). As for the way in which they perceive and understand the world, they tend to use their own thoughts and feelings as a resource (Internally Focused), they have greater trust than the rest in direct, concrete experience, rather than the abstract and unknown (Realistic/Sensing), and, cognitively they would rather process information by means of what is logical and analytical (Thought-Guided), transforming new information and adjusting it to what is known. They are planners and efficient (Conservation-Seeking). As for interpersonal behaviour, the findings in the inventory show that they maintain an emotional distance from other people (Asocial/Withdrawing), are more unsure of themselves in social situations (Anxious/Hesitating), are submissive with regard to others and respectful of authority (Submissive/Yielding), with a tendency to conceal their negative feelings towards others and establish strong links (Cooperative/Agreeing).

This profile of how they work can be explained in the context of caregiving, which requires people to perform a series of specific activities and have certain characteristics. Thus, for example, these caregivers are oriented towards other people's needs as their main source of reinforcement and their barely active instrumental style is in demand from the very situation in which they find themselves (to

meet constant and hardly changing needs of a dependant). The same can be said of how they process information, a medium such as carework demands specific direct experience and a routine needing planning and efficiency. Finally, and as far as their interpersonal links are concerned, the fact that they are caring for a dependent person, and therefore a sick one, for a large part of the day may stimulate a certain emotional distancing and inuring to suffering, even when it may also involve intense, cooperative relationships. It is worth wondering about the nature of the personality aspects we are evaluating, since we cannot discover whether these traits have developed subsequently and as a result of the situation of caring, or whether they were previously characteristic of these women. The best thing, in principle, would be to conceive this relationship as a reciprocal one, since a personality style may predispose one in some way to opt for an activity or role like the latter, but in a demanding situation like that of care it also modifies and/or intensifies the way of tackling reality on the basis of the type and degree of demand which may be required. In either of these two cases, when the time comes to evaluate, they constitute variables which characterise these people in *the care context*, since for practical and theoretical purposes, they allow both explanations and treatment to be given on health and the type of confrontation.

Regarding the relationships between personality and health, the analyses offer no more than two significant correlations. This circumstance partly coincides with that found by Hooker (1998) with the NEO-PI, with which no direct relationships are found, only indirect ones (through third variables such as stress and mental health) between health and two of the personality traits studied. Our findings do present some direct but limited relationships and indirect ones were not analysed. Thus it seems that personality characteristics such as acceptance of change and creativity (Innovation-Seeking) and orientation towards the needs themselves (Self-Indulging) are related with an increase in physical pains in this sample of women. This fact must be confirmed in future studies, since we will not be able to generalise this finding. Nevertheless it is interesting because it offers the chance to raise the question of the care situation being in conflict with an orientation or specific style of personality. We coincide with Pearlin and Skaff (1995) in that the efficacy of the confrontation strategy depends on the nature of the stressors, as well as the caregiver's stress level. And also, we probably will not be able to talk globally of "ways of positive and negative confrontation", but rather that they will depend on the specific situation and the degree of flexibility or, on the contrary, rigidity, with which they are used.

As we already mentioned previously, these preliminary data will be extended in the broader research of which it is a part, and serves us as a draft for the continuation of our study of the population of caregivers. The limitations of this preliminary study are that the number of subjects is small, and this presents difficulties for generalising, and that we have evaluated best thing, in principle, thus making it difficult to discern whether exist noticeable differences between them. Therefore, we must study the personality variables with disaggregated data and, thus, extend the sample. Also a check will have to be made as to whether there exist differences with another type of caregiver and in male caregivers. In the future an analysis will

have to be made of the relationships between personality and psychological health such as anxiety and depression, as well as the indirect effects which personality may have on physical health. Finally, the usefulness of taking personality styles into account will have to be confirmed in operations with women caregivers and the action mechanisms of the latter on health.

OSOBNOSTNÍ STYLY A ZDRAVOTNÍ STAV DOMÁCÍCH PEČOVATELEK. PŘEDBĚŽNÉ ÚDAJE

Abstrakt: Cílem studie španělských autorů bylo ověřit použitelnost Millonova modelu osobnosti při zkoumání osobnostních rysů skupiny domácích pečovatelů. Navrhli si dílčí cíle (vyhodnotit charakteristické znaky tělesného zdraví v skupině domácích pečovatelů, popsat osobnostní styly zkoumaných osob, přezkoumat vztah mezi proměnnými charakteristikami osobnostního stylu a tělesným zdravím). Výzkumný vzorek tvořilo 26 žen ve věku od 22 do 86 roků (průměrný věk = 57 roků), které se starají o závislé osoby v jejich domácnostech. Vzorek byl vyváženým způsobem sestaven z placených pečovatelek i z rodinných pečovatelek. 80,8 % účastnic přitom neabsolvovalo žádné specifické zaškolení v oblasti domácí péče. Studie se zabývá osobnostní orientací respondentek a převládajícími kognitivními styly.

Klíčová slova: osobnost pečovatele, poskytovatel služby, rizika sociální práce, deprese, stres, stresová situace, subjektivní spokojenost, zdravotní problémy, konfrontace, konfrontační vlastnosti, adaptivní způsob reakce