



## Research Article

# Interpersonal strain at work: A new burnout facet relevant for the health of hospital staff



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## ARTICLE INFO

## Article history:

Received 10 January 2014

Received in revised form 7 June 2014

Accepted 27 July 2014

## Keywords:

Interpersonal strain

Burnout

Health symptoms

Emotional dissonance

Hospital staff

## ABSTRACT

Interpersonal strain was recently proposed as a new dimension related to burnout corresponding to the disengagement reaction in work relationships (Borgogni, Consiglio, Alessandri, & Schaufeli, 2012). The study, framed within the Conservation of Resources Model, investigates the potential mediating role of interpersonal strain (along with exhaustion and cynicism) between emotional dissonance and health symptoms among hospital staff. Structural equation modeling on 347 hospital professionals (56% nurses, 16% physicians and 28% other staff) revealed that interpersonal strain is strongly associated with emotional dissonance and health symptoms and that emotional dissonance is indirectly associated with health symptoms through interpersonal strain and exhaustion, but not through cynicism.

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## 1. Introduction

Work-related stress and well being of health care professionals are relevant concerns for occupational psychologists, considering that in Europe this sector employs about 10% of the entire workforce (EU-OSHA<sup>1</sup>). Within this context, burnout still represents a relevant occupational hazard capable of leading hospital staff to ill health (Shirom & Melamed, 2005). Burnout was originally conceptualized as a specific stress syndrome among health care professionals resulting from emotionally charged interactions with patients (Maslach, 1982). Hence, burnout mainly represented a crisis in the caregiver–recipient relationship, since “. . . working with other people (. . .) was at the heart of the burnout phenomenon” (Maslach, 1993, p. 23). Later on, when burnout become generalized to all kinds of occupations, it was redefined as being a general crisis in the relationship with one’s own work, and depersonalization, which was its prototypical interpersonal component (Salanova et al., 2005), was replaced by a more general and nonsocial dimension, namely cynicism. At the same time, in this new conceptualization, burnout could be generated by a number of social and non social work stressors (Maslach, Schaufeli, & Leiter, 2001). Consequently, even in the health care setting burnout

research gradually changed its focus and primarily emphasized the role played by job-related stressors (such as workload, time pressure, role conflict or lack of autonomy and feedback) as compared to the traditional patient-related stressors (Schaufeli & Enzmann, 1998). Hence, the unique social feature of burnout, both referred to its definition and its antecedents vanished over time.

The concept and measure of interpersonal strain at work (ISW) (Borgogni, Consiglio, Alessandri, & Schaufeli, 2012) was recently introduced in order to recapture the original interpersonal nature of the burnout syndrome. Interpersonal strain corresponds to the feeling of discomfort and disengagement in the relationships with people at work resulting from exceeding social and emotional pressures, not restricted to the recipient/caregiver relationship. Differently from the depersonalization, interpersonal strain represents the social strain reaction associated to all different work relationships, which are potentially able to generate a disengagement reaction at work (Schaufeli, 2006), such as colleagues, supervisor or clients. Moreover interpersonal strain includes the negative, distant, and callous attitude toward other people, but not its most extreme aspect, namely the dehumanized attitude, that was often criticized because of the negative reactions they generated among the respondents (Kristensen, Borritz, Villadsen, & Christensen, 2005). Previous studies in different organizational contexts demonstrated that interpersonal strain is a separate but interrelated factor associated with MBI exhaustion and cynicism and the good psychometric properties of its measure, the Interpersonal Strain at Work (ISW) scale (Borgogni et al., 2012). Furthermore, ISW (together with burnout dimensions) has been associated with job demands, job resources and absences behaviors

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<sup>1</sup> Source: European Agency for Safety and Health at Work, <http://osha.europa.eu/en/sector/healthcare>.

among call center operators (Consiglio, Borgogni, Alessandri, & Schaufeli, 2013). However, as yet very little is known on the relationship of ISW with stressors and outcomes in the health care setting.

Among possible stressors, hospital staff is particularly exposed to interpersonal and emotional demands, that often imply the exposure to suffering, grief and death (Cox & Griffiths, 1996). These social interactions with patients, families but also colleagues require to hospital workers to exert, not only mental and physical effort, but also emotional effort. In fact, hospital work needs to subtly regulate the emotions elicited, to manage conflicting feelings and to conform to specific rules of emotional display (Hochschild, 1983). Among emotional stressors, emotional dissonance, corresponding to the experienced contrast between the authentic emotion felt and the emotion displayed in accordance with the job requirements, is considered the most stressful aspect for service professionals (Zapf, 2002).

The present study applies the Conservation of Resources Model, COR Model (Hobfoll, 1989) to examine the relationship between emotional dissonance, burnout, interpersonal strain and health symptoms among hospital staff. The COR model assumes that “people strive to retain, protect, and build resources and that what is threatening to them is the potential or actual loss of these valued resources” (Hobfoll, 1989, p. 516). Typically loss or threat of loss occurs when facing work demands (*i.e.* emotional dissonance) which in the long run lead to psychological strain (Hobfoll, 1989). Moreover, in order to reduce their level of stress by minimizing losses and protecting valuable resources, employees may develop a detached attitude toward other people (interpersonal strain). Therefore, the first aim of the present study is to explore the relationship between emotional dissonance and interpersonal strain, along with the two core MBI dimensions (exhaustion and cynicism). The second aim, in line with the mediation model of burnout (Leiter & Maslach, 2005), in which burnout is assumed to mediate the impact of job demands on outcomes, is to examine the role of interpersonal strain, exhaustion and cynicism, in mediating the relationship between emotional dissonance and health symptoms.

### 1.1. Emotional dissonance and burnout in the hospital settings

The management of emotions can be considered a crucial component of health care work. Health care professionals are expected to control their emotions and to adequately express them during the interactions with patients, families and colleagues. Research attested that in human service occupations emotional demands are at least as important as task related demands (de Jonge, Mulder, & Nijhuis, 1999; van Vegchel, de Jonge, Soderfeldt, Dormann, & Schaufeli, 2004).

Emotional dissonance refers to the discrepancy between the emotion felt and the emotion displayed, consistent with what is required and appropriate in the work context (Hochschild, 1983; Zapf, 2002). Hospital staff interacting with patients is often expected to display a prescribed positive emotion (for instance, by switching sadness or irritation into an empathizing and compassionate attitude), or to suppress positive or negative emotions (for instance, by being neutral when announcing negative news to patients and family) (Bakker & Heuven, 2006). In service professions, emotional dissonance has been considered an indicator to cover unpleasant and stressful interactions (Zapf & Holz, 2006), in which the person cannot directly express the negative emotion felt (such as anger, suspicion, or guilt). Whereas, some authors have claimed that emotional dissonance is part of the individual emotion management strategy (Brotheridge & Grandey, 2002), it has been commonly studied as an emotional demand (Bakker & Heuven, 2006). In fact, the employee actively tries to change (faking, switching or suppressing) his/her authentic emotions in order

to conform to the feelings he/she is expected to express, following organizational display rules. The regulation of emotions requires psychological effort and self-control strength, which is a limited resource. Therefore, emotional dissonance is able to threaten and actually produce an energy/resource loss (Hobfoll, 1989) representing a relevant source of psychological strain among service professionals (Brotheridge & Grandey, 2002; Bono & Vey, 2005; Dormann & Zapf, 2004). Research has also directly associated the suppression of emotions with a variety of health consequences, such as psychosomatic complaints and cardiovascular system activation (Gross, 1998).

Previous studies have attested a link between emotional dissonance and burnout across a number of service professions (Bakker & Heuven, 2006; Dormann & Zapf, 2004; Zapf, Seifert, Schmutte, Mertini, & Holz, 2001). In the present study, corroborating previous research findings we assume that the activation of an extra effort to face emotional dissonance, will lead hospital staff to experience burnout (namely exhaustion and cynicism). Moreover, in line with the COR theory (Hobfoll, 1989), we posit that the effort of changing or suppressing the authentic emotion felt during work interactions may also foster hospital staff to preserve their emotional resources by developing a disengagement reaction toward other people at work (namely interpersonal strain). Hence, we will test the following hypothesis:

**Hypothesis 1.** Emotional dissonance is positively related to exhaustion, cynicism and interpersonal strain.

### 1.2. Burnout and health symptoms

Burnout phenomenon and negative health consequences are commonly associated in the literature. Earlier reviews attested that burnout precipitates the negative effects in terms of mental health, such as anxiety, irritation and depression (Bakker et al., 2000; Maslach et al., 2001). Also physical health complaints, referred to the subjective experience of symptoms, such as headache, tiredness, gastrointestinal and sleep disturbances, have been widely cited as a consequence of the burnout syndrome (e.g. Leiter, 2005; Schaufeli & Enzmann, 1998; Shirom, Melamed, Toker, Berliner, & Shapira, 2005). Since chronic stress is likely to lead to increased sympathetic activity, burnout may have negative effects on the immune system and increase the incidence of infections (De Vente, Olf, Van Amsterdam, Kamphuis, & Emmelkamp, 2003; Honkonena et al., 2006). Moreover, burnout may increase the risk of cardiovascular diseases and musculoskeletal disorders (Honkonena et al., 2006; Melamed, Shirom, Toker, Berliner, & Shapira, 2006).

Despite burnout research benefits of the use of clinical evaluation of illness, self-reported measures of health symptoms are highly predictive of physician-confirmed illness (Cohen, Tyrrell, & Smith, 1993), hence they have been extensively used to assess ill-health (Cohen et al., 2002; Leiter, 2005; Weekes, MacLean, & Berger, 2005).

Less frequently researchers have investigated the differential role played by burnout dimensions in predicting health impairment. Undoubtedly, there is a strong and stable connection between exhaustion and negative health symptoms (Leiter, 2005; Maslach et al., 2001; Peterson et al., 2007). Although the link between cynicism and health deterioration seems less consistent, some studies found evidence of this relationship (Honkonena et al., 2006).

In the present study we posit that the strategy to emotionally and cognitively withdraw from work relationships (interpersonal strain), which apparently seems to protect from negative social interactions, may be maladaptive when positive relationships on the job are of essential importance for performance (as is the case of hospital workers). Thus, the feelings of being exhausted,

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