

Alexithymia and occupational burnout are strongly associated in working population

Aino K. Mattila^{a,b,*}, Kirsi Ahola^c, Teija Honkonen^c,
Jouko K. Salminen^d, Heini Huhtala^a, Matti Joukamaa^{a,b,e}

^aTampere School of Public Health, University of Tampere, Tampere, Finland

^bDepartment of Psychiatry, Tampere University Hospital, Tampere, Finland

^cWork and Mental Health Team, Finnish Institute of Occupational Health, Helsinki, Finland

^dNational Public Health Institute, Department of Health and Functional Capacity, Laboratory for Population Research, Turku, Finland

^eNational Public Health Institute, Helsinki, Finland

Received 12 May 2006; received in revised form 2 January 2007; accepted 4 January 2007

Abstract

Objective: The relationship between alexithymia and occupational burnout has not previously been studied. We investigated the association between alexithymia and occupational burnout in a representative nationwide population health study. **Methods:** This study was a part of the Finnish Health 2000 Study. The nationally representative sample comprised 3322 employees aged 30–64 years. Alexithymia was measured with the 20-item Toronto Alexithymia Scale (TAS-20) and occupational burnout with the Maslach Burnout Inventory-General Survey. Sociodemographic and health-related

variables including depression were treated as confounders in the logistic regression analyses, which were performed alternately with TAS-20 total score and the scores of the three TAS-20 factor scales as alexithymia variables. **Results:** Alexithymia and its three facets were significantly associated with occupational burnout even when controlled for confounding factors. **Conclusions:** Even though both alexithymia and depression are associated with burnout, alexithymia may be an independent risk factor for occupational burnout.

© 2007 Elsevier Inc. All rights reserved.

Keywords: Alexithymia; Epidemiology; General population; Occupational burnout; Personality

Introduction

In the early 1970s Sifneos [1] coined the term *alexithymia*. *Alexithymia* means literally “no words for feelings” and refers to a personality construct characterized by impoverishment of fantasy, a poor capacity for symbolic thought, and difficulties in experiencing and verbalizing emotions. Alexithymia is thought to reflect a deficit in the cognitive processing of emotion, and alexithymics are thought to lack the capacity for mental representation of emotions [2–4]. These deficiencies are believed to cause an inability to

regulate emotions and affects and, therefore, to predispose the alexithymic individuals to both psychological and somatic symptoms. Alexithymia is, by definition, considered a stable personality trait [1,5].

Alexithymia has been shown to be associated with several medical conditions and mental health problems such as depression, some anxiety disorders, and substance abuse [5,6]. The association between alexithymia and depression has been a subject of some debate. According to some previous studies, alexithymia is more prevalent among the depressed, and alexithymia scores decrease as depression is alleviated. Therefore, it has been claimed that alexithymia is associated with the level of depression and may be a state-dependent phenomenon [7–9]. On the other hand, several studies have yielded evidence on both the absolute and the relative stability of alexithymia, in accordance with the

* Corresponding author. Tampere School of Public Health, University of Tampere, Tampere FIN-33014, Finland. Tel.: +358 3 215 6002, +358 50 343 9168 (mobile); fax: +358 3 215 6057.

E-mail address: aino.mattila@uta.fi (A.K. Mattila).

original theoretical definition that alexithymia is a personality trait [6,10–16]. The prevalence figures of alexithymia in working-age populations have been 9–17% for men and 5–10% for women in four studies, three of which were conducted in Finland [17–20]. On population level, alexithymia is associated with older age, male sex, lower socioeconomic status, fewer years of education, single marital status, and poorer perceived health [17–20].

Occupational burnout is an important health and organizational issue in modern work life [21,22]. It is defined as a prolonged response to chronic stressors on the job [23]. It is a state of exhaustion in which one is cynical about the value of one's work (cynicism) and doubtful of one's capacity to perform (lack of professional efficacy) [24]. It is mainly predicted by job demands but also by lack of job resources [25]. Discrepancy between the expectations and values of a motivated employee and the reality in unfavourable working conditions is thought to lead to burnout via dysfunctional ways of coping [26]. Difficulties in working conditions, such as diminished support from superior, cooperation and autonomy, as well as deteriorated organisational climate have been found to predispose to occupational burnout. Sense of coherence, strong self-esteem and sense of competence are individual characteristics that seem to prevent workers from burning out [27]. Occupational burnout has been shown to be related to age, gender, marital status, and education [26,28]. There is also a strong association between burnout and depression [29] and physical illnesses [30]. Furthermore, burnout has predicted medically certified sick-leave absences due to mental disorders and physical diseases [31,32].

As far as we know, there are no previous studies on the associations between alexithymia and occupational burnout in working populations. In this study, we analysed the associations between alexithymia and occupational burnout in a representative population sample. We hypothesised that alexithymia and burnout were positively related.

Method

Study design and data collection

This study was a part of a multidisciplinary epidemiological health survey, the Health 2000 Study [33,34]. The nationally representative sample comprised 8028 persons aged ≥ 30 . A large national network coordinated by the National Public Health Institute was responsible for the planning and execution of the field study. The study was designed according to the concept of a two-stage stratified cluster sampling [33]. The strata were all the five Finnish university hospital districts, each containing approximately one million inhabitants. Altogether, 80 health centre districts, 16 from each university hospital region, were selected by systematic sampling to participate in the study, thus forming 80 clusters. From each area, a random sample of subjects was drawn from the national population register.

The data collection phase started in September 2000 and was completed in June 2001, during which period, a total of 7415 subjects (92%) attended at least one phase of the study. The subjects were interviewed at home (Phase 1) where they were given a questionnaire to be returned at the clinical health examination (Phase 2). During the interview, the respondents were given an information leaflet, and their written informed consent was obtained.

Material

Of the total sample, 5871 persons were of working age (<65 years old). Of this base population, 5152 were interviewed (88%), 4935 returned the questionnaire (84%), and 4827 (82%) participated in the health examination. On the basis of the home interview, 4021 working-aged participants were in gainful employment and not on maternity or parenting leave. Of these, 303 were excluded because of more than one missing item in each dimension of the burnout inventory, reducing the study population to 3718 persons. Those with one missing value per burnout dimension were included, and the missing value was replaced by the mean of the existing values on that dimension of that respondent. After the home interview, the subjects were given another questionnaire to be returned afterwards. It included the 20-item Toronto Alexithymia Scale (TAS-20) and the 21-item Beck Depression Inventory (BDI). The final sample included those 3322 participants who had received the TAS-20 in their mother tongue and returned it completed and whose Maslach Burnout Inventory-General Survey (MBI-GS) was acceptable. Details of the methodology of the project have been published elsewhere [34,35].

Measures

Alexithymia

The level of alexithymia was assessed using the Finnish or Swedish (the two official languages of Finland) version of the TAS-20 depending on the mother tongue of the subjects. Among the different methods for measuring alexithymia, the TAS-20 is the most widely used and, presumably, the most carefully validated. Its internal consistency, test-retest reliability, as well as convergent, discriminant, and concurrent validity have been demonstrated to be good [36–39]. The psychometric properties of both the Finnish version [40] as well as the Swedish version [41] of the TAS-20 have proven to be satisfactory. According to the recommendation by the developers of the scale, the cut point for alexithymia was also used: TAS-20 total scores >60 were defined as alexithymic cases [42]. In addition, the TAS-20 consists of three factor scales, which reflect the three main facets of the alexithymia construct: factor scale DIF assesses difficulties in identifying feelings, factor scale DDF concerns difficulty in describing feelings, and factor scale EOT reflects concrete externally oriented thinking or a preoccupation with the details of external events. The

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات