

MAGNITUDE OF RELATIONSHIP BETWEEN BURNOUT AND ABSENTEEISM: A PRELIMINARY STUDY^{1,2}

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Summary.—This study examined the influence of guilt related to a negative attitude toward patients and its relation with burnout and absenteeism. The sample consisted of 717 nursing professionals. Depersonalization was evaluated by the Maslach Burnout Inventory and Guilt was evaluated by one item. To estimate Absenteeism, participants were asked about the number of workdays they had missed in the past year. Hierarchical multiple regression analyses make it possible to conclude that guilt explains work absenteeism, and the interaction between depersonalization and guilt (Incr. $R^2 = .008$, $p < .05$) indicates significant differences in the number of work days missed in the last year. Conclusions are limited, as these effects are quite weak: all variables together only explain about 4% of the shared variance in absenteeism. Researchers might assess whether feelings of guilt help explain the relationship between burnout and symptoms such as absenteeism.

Prevention of psychosocial risks on the job, susceptibility to producing stress, and work-related accidents have been studied in the past few years in Europe and the USA. One particular risk is burnout as a response to chronic work-related stress. This syndrome is defined as a syndrome of emotional exhaustion, depersonalization, and low personal accomplishment, with a typical measure being the Maslach Burnout Inventory (Maslach & Jackson, 1986).

Depersonalization is a feeling and an impersonal response toward recipients of one's service, care, treatment, or instruction (Maslach & Jackson, 1986). In human service professions, recipients are a source of frustration (e.g., patients who do not cooperate), which in turn creates aggression generally directed toward the source of frustration (Berkowitz, 1969). Those professionals who behave insidiously toward recipients use depersonalization to escape from guilt feelings (Bandura, 1986).

Guilt is conceptualized as the unpleasant remorseful feelings associated with the recognition that one has violated, or is capable of violating, a moral standard. In contrast to shame, where the focus of attention involves a negative evaluation of the global self, guilt involves a negative evaluation of a specific behavior (Tangney, Stuewig, & Mashek, 2007). It draws attention to the wrongfulness of the precipitating event and to injury suffered by the victim.

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From an interpersonal approach (Baumeister, Stillwell, & Heatherton, 1994), guilt is described as a social emotion linked to the communal relationships, in which the individual responds to the needs of the other person, and not to an exchange where reciprocity is expected. The origins, functions and process of guilt have important interpersonal aspects, as guilt is a variable that reinforces ties in relationships (Tangney, *et al.*, 2007). Guilt has prosocial affects, as it motivates people to make amends to others, while excessive or inappropriate guilt can produce a dysfunctional and disruptive experience, and in some cases clinical disorders (Ghatavi, Nicolson, MacDonald, Osher, & Levitt, 2002).

Guilt appears to be involved in the burnout syndrome (Maslach, 1982; Ekstedt & Fagerberg, 2005). One of the frequent sources of feelings of guilt by professionals is negative thoughts about others and the negative and cynical way they have treated them (Maslach, 1982). Some professionals feel they are becoming cold and dehumanized, and this experience leads them to reaffirm their commitment toward other people and the responsibility of taking care of them (Baumeister, *et al.*, 1994; Tangney, *et al.*, 2007). In such a situation, they feel greater burnout. As a result, they develop a sense of failure and loss of self-esteem, which can lead to a state of depression (Maslach, 1982). The clinical alterations produced by feelings of guilt (e.g., depression) can increase rate of absenteeism (Baba, Galperin, & Lituhy, 1999).

The purpose of this study was to evaluate the influence of the guilt developed by work-related attitudes on the relationship between depersonalization and absenteeism from work. One may hypothesize that scores for feelings of guilt will account for a significant but small variance in days of absenteeism. The relationship between depersonalization and absenteeism will be positive for people reporting high guilt and negative for those reporting low guilt.

METHOD

Sample

The sample was comprised of 717 nursing professionals who worked in different units of 13 hospitals in Spain. Among participants, 16.9% were men and 83.1% women. Their mean age was 38.6 yr. (range, 22–61). Tenured staff were 55.9% and 44.1% were temporary hires.

Inventory

Depersonalization (5 items) was measured by the Maslach Burnout Inventory–Human Services Survey (Maslach & Jackson, 1986). The response format of frequency was used, with items answered on a 7-point scale, with anchors of 0 (Never) and 6 (Every day); range, 0–30. A Spanish adaptation of the Maslach Burnout Inventory was employed (Gil-Monte, 2005). Feelings of Guilt related to the negative attitudes developed on the job were estimated using one item (I feel guilty about my attitude at work) answered

on a 9-point scale, with anchors of 0 (Never) and 8 (Every day); range, 0–8. Absenteeism was estimated by one item, number of workdays missed in the past 12 months (Range, 0–270).

Procedure

Questionnaires were handed out to supervisors, who gave them to the ward staff. The questionnaires were accompanied by a letter in which confidentiality was emphasized. Completed forms put into envelopes and sealed were returned to the supervisors, who in turn delivered them to the researcher. The overall response rate in the study was 31.4%. The subjects participated voluntarily and answered questionnaires when they were off duty. The data were gathered in a nonrandom way.

RESULTS

Means and standard deviations of the measures were Depersonalization, 5.5 ($SD=4.8$); Guilt, 1.0 ($SD=1.4$); and Absenteeism, 7.8 ($SD=26.3$). Pearson correlations for variables were Depersonalization and Guilt, $r=.30$ ($p<.001$); Guilt and Absenteeism, $r=.12$ ($p<.001$), and Depersonalization and Absenteeism, $r=.06$ ($p>.05$). The alpha value was moderate for Depersonalization ($\alpha=.64$).

To test the hypotheses, hierarchical moderated multiple regression analyses were performed (Jaccard, Turrisi, & Wan, 1990). To control the association of absenteeism with individual measures, regression models were designed to include a first step that contained three control variables: sex, age, and type of contract (tenure vs temporary staff). Next, the main effects associated with Depersonalization were included in the second step, followed by the effects of Guilt. Finally, in the fourth step, the interaction term was introduced.

Table 1 presents the results for the interaction between Depersonalization and Guilt. Depersonalization accounted for significant variance in the number of work days missed in the past year ($\text{Incr. } R^2=.007$; $F_{1,667}=4.47$, $p<$

TABLE 1
HIERARCHICAL REGRESSION ANALYSIS TESTING MODERATION EFFECTS OF
GUILT ON DEPERSONALIZATION–ABSENTEEISM RELATIONSHIP

Step and Predictor	Absenteeism		
	beta	ΔR^2	F
Control Variables			
Sex	.04		
Age	.17*		
Contract	.07	.016	3.58
Depersonalization	-.01	.007	4.47
Guilt	.00	.012	8.08
Depersonalization \times Guilt	.17*	.008	5.22
Total		.042	4.81
			p
			<.05
			<.05
			<.01
			<.05
			<.001

.05). Guilt also explained additional variance in Absenteeism (Incr. $R^2 = .012$; $F_{1,666} = 8.08$, $p < .01$). A significant interaction term explained additional percentages of variances in Absenteeism (Incr. $R^2 = .008$; $F_{1,663} = 5.22$, $p < .05$).

DISCUSSION

The results obtained confirm the hypotheses formulated, providing empirical evidence for the influence of guilt in the relationship between depersonalization and absenteeism (i.e., number of work days missed in the past year). Those professionals who rated this depersonalization high showed more absenteeism, but only when they felt high guilt about their attitude or behavior at work. However, despite the plausibility of the theoretical relationships, the effects considered are very small, indicating that these relationships overall are of minor importance in this sample, although they might be of importance in individual cases.

The relationships may be stronger, but the measures lacked reliability and validity (i.e., moderate alpha value for the Depersonalization scale; guilt was only estimated by one item, and use of self-report to estimate absenteeism and other variables). The study has a few other limitations: there was no separation of voluntary vs involuntary absences, and the design does not permit statements of causality. Longitudinal studies are required to draw such conclusions. New studies then should be carried out to examine this association, taking into consideration evaluation of guilt as another symptom of burnout and recognize its influence on job absenteeism in nursing professionals.

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