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The Influence of Guilt on the Relationship Between Burnout and Depression

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### Abstract

Burnout is a serious problem that can be expressed as psychological symptoms, such as depressive mood. Earlier studies have shown that feelings of guilt appear to be involved in the burnout process. However, the exact nature of the relationships among burnout, guilt, and depression is unclear. The purpose of this study was to test the mediator role of guilt in the relationship between burnout and depression. The sample of this cross-sectional study consisted of 700 employees working with intellectually disabled persons. Hypotheses were tested together in a path model. Two models were constructed to test the relationships among the variables. The difference between the models was the order of the Guilt-Depression relationship. The Hypothesized model (i.e., Indolence  $\rightarrow$  Guilt  $\rightarrow$  Depression) showed an adequate fit to data, and all hypothesized relationships were significant. The fit of the Alternative model (i.e., Indolence  $\rightarrow$  Depression  $\rightarrow$  Guilt) was worse than the fit of the Hypothesized model. The hypothesized model offers a good representation of the relationships among burnout, guilt and depression. The results point to recommending the incorporation of the evaluation of guilt as a symptom of burnout, in order to perform a more complete diagnosis and discriminate among subjects affected by burnout.

Key words. Burnout, guilt, depression, occupational stress.

### Influence of Guilt on the Relationship Between Burnout and Depression

Burnout is a psychological response to chronic work-related stress that appears in professionals in service organisations who work in direct contact with the clients or users of the organisation. It is a serious problem in modern society that can be expressed as psychological symptoms related to depressive mood (Ahola & Hakanen, 2007; Hakanen, Schaufeli & Ahola, 2008; Hättinen, Kinnunen, Pekkonen & Aro, 2004; Takai et al., 2009).

Burnout is a non-psychiatric syndrome characterized by cognitive deterioration (i.e., loss of enthusiasm towards the job or low personal accomplishment), emotional deterioration (i.e., psychological exhaustion), and attitudes and behaviours of indifference, withdrawal and, sometimes, abusive attitudes towards the client (i.e., indolence or depersonalization). Gil-Monte, Peiró, and Valcárcel (1998) concluded that burnout progresses in a parallel way from low personal accomplishment to depersonalization and from emotional exhaustion to depersonalization. Depersonalization is considered as a dysfunctional, rather than effective, coping strategy (Taris, Le Blanc, Schaufeli, & Schreurs, 2005) tried after the reappraisal stage. In some cases, negative attitudes on the job, especially towards the people with whom the worker establishes work relationships, lead to feelings of guilt (Gil-Monte, Unda, & Sandoval, 2009).

The “Spanish Burnout Inventory” (SBI) (Gil-Monte et al., 2009) assesses these four aspects of burnout –i.e., enthusiasm towards the job, psychological exhaustion, indolence, and feelings of guilt-. According to the SBI, low scores on enthusiasm towards the job, together with high scores on psychological exhaustion and indolence, indicate high levels of burnout (Gil-Monte et al., 2009). The theoretical model underlying the SBI describes two patterns in the development of burnout. In both, attitudes and behaviours of indolence can be viewed as a coping strategy used to deal with cognitive (i.e., lower enthusiasm towards the job) and emotional (i.e., psychological exhaustion) deterioration. However, while for some

professionals this coping strategy allows them to manage the levels of strain, other professionals feel uncomfortable with it and develop feelings of guilt (Gil-Monte, 2008).

Some studies have proposed the existence of different types of burnout. Paine (1982) differentiated between “Burnout Stress Syndrome” –the cluster of feelings and behaviours most commonly found in stressful work environments- and “Burnout Mental Disability” –a clinical pattern of personal distress and diminished performance which is an end state of burnout-. Farber (2000) suggested that there are three types of burnout: wearout, classic, and underchallenged. On the other hand, taking into consideration Lacan’s model of intersubjectivity, Vanheule, Lievrouw and Verhaeghe (2003) examined the intersubjective process connected with burnout, and they differentiated between people with high and low burnout scores. There are two types of high burnout scorers. On the one hand, type 1 high burnout scorers are dissatisfied and hold someone else responsible for what goes wrong at work or in their mutual relations. Consequently, these burnout sufferers challenge others, which results in conflict escalation. On the other hand, type 2 high burnout scorers try to efface themselves for the sake of others. They think others want something from them, and they try to satisfy these wishes. These burnout sufferers are perfectionists, and they feel it is their responsibility to fulfil other people’s needs and desires. More recently, Tops et al. (2007) distinguished between burnout subjects with high basal prolactin levels -prolactin profile- vs. low basal prolactin levels.

Having feelings of guilt is a variable that appears to be involved in the burnout syndrome (Ekstedt & Fagerberg, 2005; Gil-Monte, 2008; Maslach, 1982). This variable could explain different types of burnout, taking into consideration the role of guilt feelings in the relationship between burnout and its consequences.

Guilt is conceptualized as the unpleasant and 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 behaviour (Tangney, Stuewig, & Mashek, 2007). From an interpersonal approach (Baumeister, Stillwell, & Heatherton, 1994), guilt is described as a social emotion linked to the communal relationships. It is an emotion deeply-rooted in two basic affective reactions: empathic activation and anxiety in the face of rejection by others. According to Hoffman (1982), the stress derived from empathy and a self-attribution of responsibility for the causes that have produced suffering in other individuals intervenes in the appearance of guilt. Baumeister et al. (1994) consider that guilt makes it possible to alleviate the distress produced by a lack of balance in the emotional states resulting from social exchanges.

One of the frequent causes of feelings of guilt in professionals is the existence of negative thoughts about others and the negative and cynical way they have treated them (Maslach, 1982). When professionals feel they are becoming cold and dehumanized, the kind of people they do not want to be, this experience leads them to reaffirm their commitment towards other people and the responsibility of taking care of them (Baumeister, et al., 1994; Tangney, et al., 2007). Guilt motivates people to make amends to others, correct their errors and apologize. These interpersonal actions reduce the feelings of guilt, so that the expression of guilt and remorse is a way of recovering a relationship after committing some type of transgression, and alleviate the emotional distress (Rodogno, 2008). Guilt has prosocial effects, as it motivates people to make amends to others, while excessive or inappropriate levels of guilt can produce a dysfunctional and disruptive experience, and in some cases depression (Ghatavi, Nicolson, MacDonald, Osher, & Levitt, 2002).

Burnout does not overlap with depression (Leiter & Durup, 1994; Melamed, Shirom, Toker, Berliner, & Shapira, 2006). It may be a phase in the development of work-related depression (Ahola & Hakanen, 2007). Empirical research has shown that the exhaustion

component of burnout is primarily positively related to depression, and the relationship between personal efficacy and depression is negative and weaker (Pomaki, Maes, & Doest, 2004).

There is evidence that working with intellectually disabled persons can be particularly stressful (Rose, Horne, Rose, & Hastings, 2004; Innstrand, Espnes, & Mykletun, 2002). These professionals are frequently exposed to stressors identified as relevant antecedents of burnout, such as low social support at work and work overload (Devereux, Hastings, Noone, Firth, & Totsika, 2009). Social support is the resource that has been studied most extensively as a way to prevent burnout (Vanheule, Declercq, Meganck, & Desmet, 2008). In the meta-analytic study carried out by Halbesleben (2006), work sources of social support were negatively related to exhaustion and positively related to personal accomplishment. Some studies have concluded that social support is a significant predictor of exhaustion and professional efficacy, but not of cynicism (Wu, Zhu, Wang, Wang, & Lan, 2006). Work overload is a major predictor of burnout (Shirom, Nirel, & Vinokur, 2006). Results of previous studies have indicated that workload was primarily positively associated with the emotional component of burnout, and the relationship was weaker and negative with personal accomplishment (Devereux et al., 2009).

#### *The present study: purpose and hypotheses*

The purpose of this study was to investigate the mediator role of feelings of guilt in the relationship between burnout and depression.

Based on previous research, we expected that indolence would be positively related to feelings of guilt (Hypothesis 1), and that feelings of guilt would be positively related to Depression (Hypothesis 2). Hypotheses 1 and 2 were tested together in a path model to determine the mediator role of guilt -as a symptom of burnout- in the development of the burnout process, and its relationship with levels of depression.

Similarly, the possible reversed effect (Guelfi, Rousseau, & Lancrenon, 2004) was also investigated, that is, whether depression mediates the relationship between Indolence and Guilt (Alternative model).

Two models were constructed to test the relationships among the variables. The difference between the models was the order of the Guilt-Depression relationship. According to the Hypothesized model, the feelings of guilt will occur prior to the depression (i.e., Indolence → Guilt → Depression), while the Alternative model states that the depression will occur prior to the feelings of guilt (i.e., Indolence → Depression → Guilt).

## Methods

### *Participants and procedure*

The sample for this study consisted of 700 employees working with intellectually disabled persons. Regarding the sex of the participants, 20.50% were men and 79.50% women. The average age was 37.62 years ( $SD = 9.55$  years), with a mean of 8.54 years ( $SD = 6.99$  years) of work experience in their organization. The participation was voluntary, and confidentiality was guaranteed. The questionnaire was presented together with a response envelope in which to return the questionnaire to the researchers. A total of 1408 professionals received the questionnaires, and 714 (50.71%) returned them. However, 14 surveys were excluded due to large amounts of missing data.

### *Instruments*

Social support was measured by a translated version of the Organizational Stress Questionnaire (OSQ) (Caplan, Cobb, French, Van Harrison, & Pinneau, 1975) (6 items,  $\alpha = .82$ ). Workload was assessed by six items from the Job demands scale by Karasek (1979) ( $\alpha = .71$ ). Participants answered the items on both scales on a 5-point scale ranging from “Never” (0) to “Very frequently: Every day” (4).

Burnout was measured by the Spanish Burnout Inventory (SBI) (Gil-Monte et al.,

2009). This instrument contains 20 items distributed into four dimensions called: 1. Enthusiasm towards the job (5 items,  $\alpha = .89$ ). 2. Psychological exhaustion (4 items,  $\alpha = .82$ ). 3. Indolence (6 items,  $\alpha = .70$ ). 4. Guilt (5 items,  $\alpha = .79$ ). Items are answered on a five-point frequency scale, ranging from 0 (Never) to 4 (Very frequently: every day). Low scores on Enthusiasm towards the job, together with high scores on Psychological Exhaustion, Indolence, and Guilt, indicate high levels of burnout.

Depression was estimated by the Zung Self-Rating Depression Scale (ZSDS) (Zung, 1965). This instrument is a self-report measure and consists of 20 items which address psychological, somatic, and affective correlates of depression ( $\alpha = .84$ ). The items are answered on a four-point frequency scale, ranging from 1 (A little of the time) to 4 (Most of the time), and 10 of the items are reverse scored in order to discourage uniform answering. The participants are asked to indicate whether the statement describes their experiences over the past several days.

### *Statistical analysis*

Structural equation modelling (SEM) was used to test the hypotheses. Two models were examined using AMOS 7: the Hypothesized model vs. the Alternative model. The Maximum likelihood (ML) estimation method was employed. The goodness of fit of the estimated model was evaluated by using the  $\chi^2$  test, the Root Mean Square Error of Approximation (RMSEA), and the Goodness of Fit Index (GFI). The Comparative Fit Index (CFI) and the Normed Fit Index (NFI) were also used (Bentler & Bonett, 1980). As a rule of thumb, values of RMSEA less than .08 indicate an adequate fit (MacCallum, Browne, & Sugawara, 1996), values of GFI greater than .95 indicate a good fit (Schumacker & Lomax, 2004), and values of NFI and CFI larger than .95 indicate a good fit (Hu & Bentler, 1999).

### Results

Table 1 shows the means, standard deviations, range, correlations, and internal



consistencies of all the scales included in this study.

#### TABLE 1 ABOUT HERE

The Hypothesized model yielded a significant Chi<sup>2</sup> value ( $\chi^2_{(9)} = 41.80, p < .001$ ), which indicates an insufficient model fit. However, it showed an adequate fit to data according to: GFI = .984, RMSEA = .072, NFI = .968, CFI = .975. In the Hypothesized model, all the paths were significant at  $p < .05$  (Figure 1), and both hypotheses were confirmed. Specifically, significant positive relationships were found between Indolence and Guilt (H1) ( $\beta = .38, p < .001$ ), and significant positive relationships were found between Guilt and Depression (H2) ( $\beta = .15, p < .001$ ).

#### FIGURE 1 ABOUT HERE

In the Alternative model, Hypothesis 1 predicted that the relationship between Indolence and Depression would be positive, and Hypothesis 2 predicted that the relationship between Depression and feelings of Guilt would be positive. The fit of the alternative model was worse than that of the hypothesized model. The model yielded a significant Chi<sup>2</sup> value ( $\chi^2_{(9)} = 113.11, p < .001$ ). The degree of fit to the data was acceptable according to the GFI (.960), NFI (.922) and CFI (.927) indexes. However, the value of RMSEA (.122) exceeded the .10 cut-off. Moreover, in the alternative model, H1 was not supported (i.e., Indolence → Depression;  $\beta = .06, p = .103$ ). The results confirmed H2 (i.e., Depression → Guilt;  $\beta = .29, p < .001$ ).

#### Discussion

The purpose of this study was to analyze the mediator role of feelings of guilt in the relationship between burnout and depression. The results indicate that the hypothesized model (i.e., Indolence → Guilt → Depression) is a good representation of the burnout process and its relationship with depression, and they provide support for the mediator role of feelings of guilt in the relationship between burnout (i.e., levels of indolence) and depression. Higher

levels of indolence were associated with higher levels of guilt, which were in turn associated with higher levels of depression. In comparison with the hypothesized model, the alternative model (i.e., Indolence → Depression → Guilt) does not offer a good representation of the relationships among the burnout process, guilt and depression.

To depict the relationships among burnout, guilt and depression, it seems more appropriate to establish a direct relationship between indolence and feelings of guilt rather than between indolence and depression. The present study supports previous research reporting a relationship between symptoms of guilt and depression (Ghatavi et al., 2002).

The results support the specification of the burnout process according to the model designed by Gil-Monte et al. (1998). They show that it seems appropriate to establish a relationship from both enthusiasm towards the job and psychological exhaustion to indolence. This approach takes into consideration the model of attitudes and attitude change developed by Eagly and Chaiken (1993), and it integrates the role of cognitive and emotional experiences as mediators in the relationship between perceived job stress and behavioural/attitudinal outcomes.

Moreover, the results of the study suggest that the levels of guilt feelings about negative attitudes and behaviours at work, especially those directed towards clients, should be considered as a variable that intervenes in the development of the burnout process to explain the relationship between this syndrome and its health-related consequences –i.e., depression-, and draw conclusions about the seriousness of the burnout. These results offer empirical support to theoretical studies that have concluded that guilt is a relevant variable in explaining the development of burnout and its influence on health (Ekstedt & Fagerberg, 2005; Maslach, 1982; Price & Murphy, 1984), indicating that guilt feelings contribute to explaining the existence of different forms of the evolution of burnout linked to the development of guilt (Gil-Monte, 2008).

In human service professions, the clients are a source of frustration, which in turn creates aggression that is generally directed towards the source of frustration (Berkowitz, 1969). According to the theoretical model underlying the SBI (Gil-Monte, 2005), two different profiles can be distinguished in the process of burnout. Profile 1 consists of a set of feelings and behaviours associated with job stress that give rise to moderate discomfort which is not incapacitating but to some extent compromises job performance. Low levels of enthusiasm towards the job with high levels of psychological exhaustion and indolence are found in Profile 1.

On the contrary, Profile 2 is characterized by more severe manifestations of burnout, the use of indolence as a dysfunctional coping strategy, and high feelings of guilt in addition to other symptoms, as described above. In this profile, professionals who behave insidiously towards their clients feel that they cannot perform their jobs properly, which leads them to develop feelings of guilt. When these professionals see themselves as becoming dehumanized, they feel remorse and reaffirm their commitment to other people and involvement in their jobs as a kind of restorative behaviour to alleviate the emotional distress (Rodogno, 2008). As stressful working conditions do not change, there is a loop over time that produces a dysfunctional and disruptive experience, and later symptoms of depression.

Profile 2 fits the Price and Murphy (1984) definition of burnout as a disordered or unsuccessful process of adaptation to a stressful work situation that progresses from shock and disorganization to volatile emotions (e.g., irony), guilt and loneliness. This definition could explain the development of some types of burnout identified in previous studies, such as “burnout mental disability”(Paine, 1982), classic burnout (Farber, 2000), and high burnout scorer type 2 (Vanheule et al., 2003).

A limitation of the present study is that it does not provide definitive answers about the direction of causality between guilt and depression. Longitudinal studies are needed in

order to draw conclusions about this issue.

Regarding the practical contributions, the current study may advance the knowledge about burnout, and it may also contribute to its prevention. The results of the present study point to recommending the incorporation of the evaluation of guilt as a symptom of burnout, in order to make a more complete diagnosis, discriminate among subjects affected by the syndrome, and recognise its influence on health-related disorders. The study may be an important point of reference for clinicians, facilitating diagnosis and treatment of different types of burnout.

Future research should continue to investigate the processes through which guilt generates positive effects and when it does not. Guilt often encourages positive behaviours (Baumeister, et al., 1994; Tangney, et al., 2007). However, Tangney (1991) reported that unresolved guilt promoted maladaptive effects. Although guilt was conceptualised in the current study as an emotional reaction to negative attitudes and behaviours at work, especially those directed towards clients, some studies suggest that there are differences in the relationship of chronic versus predispositional guilt to indices of depression and mental health (Quiles & Bybee, 1997). Managers might consider how a person's proneness to guilt differs depending on the contextual sources in relation to, for example, how well resources are managed, and carry out programs to prevent Profile 2 (e.g., social support, social skills, cognitive-behavioural approach) (Richardson & Rothstein, 2008). It would be interesting to analyse which individual and situational factors cause guilt in the process of burnout and burnout Profile 2.

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Table 1

*Means, standard deviations, range, internal consistencies (Cronbach's Alphas on the diagonal), and correlations between the study variables*

	M	SD	Range	1	2	3	4	5	6	7
1. Social support	2.63	0.87	0-4	.82						
2. Workload	1.82	0.69	0-4	-.31**	.71					
3. Enthusiasm towards job	2.85	0.87	0-4	.46**	-.21**	.89				
4. Psychological exhaustion	1.57	0.89	0-4	-.37**	.62**	-.40**	.82			
5. Indolence	1.05	0.63	0-4	-.22**	.35**	-.35**	.48*	.70		
6. Guilt	0.83	0.60	0-4	-.11*	.27**	-.13**	.29*	.38**	.79	
7. Depression	37.10	7.92	20-80	-.35**	.36**	-.37**	.54*	.33**	.29**	.84

\*\*  $p \leq .001$ , \*  $p \leq .01$

Figure 1.

Estimated Hypothesized model, taking into consideration feelings of guilt as antecedent of depression.

