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Interpretation bias toward ambiguous information in burnout and depression

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ABSTRACT

Burnout has been defined as a job-related syndrome combining pervasive fatigue and loss of motivation. In recent years, evidence has mounted that burnout may reflect a depressive condition. In this study, we expanded on past investigations of burnout-depression overlap by focusing on interpretation biases toward ambiguous information among the two entities. We conducted a web-based study involving 1056 participants (83% female; mean age: 42.87). Burnout symptoms were assessed with the Shirom-Melamed Burnout Measure and depressive symptoms with the PHQ-9. The Ambiguous Scenarios Test (AST), a measure of interpretation bias validated among dysphoric individuals, was the outcome of interest. The AST consists of 24 scenarios that respondents are requested to imagine and assess in terms of (un)pleasantness. Burnout and depression each correlated moderately and negatively with scenario pleasantness. Participants reporting “high” levels of burnout and depression exhibited a negativity bias when interpreting scenarios whereas participants with either “low” or “medium” levels of burnout and depression exhibited a positivity bias. Remarkably, burnout and depression were similarly associated with the pleasantness of job-related scenarios. Like depression, burnout may involve a propensity to interpret ambiguous information negatively. This study supports the view that burnout is associated with a depressive cognitive style.

1. Introduction

Burnout has been defined as a negative affective state that combines pervasive fatigue and loss of motivation and results from unresolvable job stress (Shirom & Melamed, 2006). Although not recognized as a nosological category (American Psychiatric Association, 2013), burnout has become a focal object of attention in occupational health research and practice over the last decades (Bianchi, Schonfeld, & Laurent, 2017; Maslach & Leiter, 2016). Burnout has been associated with a variety of adverse physical (e.g., coronary heart disease), psychological (e.g., hospitalization for mental disorders) and occupational (e.g., absenteeism) consequences (Leiter, Bakker, & Maslach, 2014; Salvagioni et al., 2017).

Keen interest in burnout has coexisted with persistent difficulties in characterizing the phenomenon (Bianchi, Schonfeld, et al., 2017; Cox, Tisserand, & Taris, 2005). Most notably, the issue of whether burnout refers to anything other than a depressive condition remains strongly

debated (Bianchi, Schonfeld, & Laurent, 2015; Maslach & Leiter, 2016). In a recent review of enduring problems affecting burnout research (Bianchi, Schonfeld, et al., 2017), burnout has been found to overlap with depression in terms of symptomatology (e.g., fatigue/loss of energy) and etiology (through unresolvable stress). Nevertheless, more research has been called for before definite conclusions can be drawn regarding the (lack of) distinctiveness of the burnout construct (Maslach & Leiter, 2016).

Hitherto, there has been a paucity of research on the cognitive processing of emotional information in burnout. Such research is particularly relevant to the characterization of psychopathological phenomena because it opens a window on possible condition-specific markers, vulnerability factors, and by-products that can inform therapeutic strategies (Jones & Sharpe, 2017; LeMoult & Gotlib, in press). In one of the few studies of how emotional information is processed in burnout, Sokka et al. (2014) focused on automatic sound change detection and involuntary attention allocation using scalp recordings of

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event-related potentials. The authors found that burnout was associated with a faster processing of “negative” stimuli and a slower processing of “positive” stimuli. Effects remained after controlling for depressive symptoms. In an eye-tracking study relying on an image free-viewing paradigm, Bianchi and Laurent (2015) found that burnout was, like depression, associated with increased attention for “dysphoric” stimuli and decreased attention for “positive” stimuli. In a study employing self-report measures of dysfunctional attitudes (e.g., pathological perfectionism and need for approval), ruminative responses, and pessimistic attributions, Bianchi and Schonfeld (2016) observed that burnout was associated with a depressive cognitive style. Finally, increased recall of negative information and decreased recall of positive information have been documented in both burnout and depression (Bianchi, Laurent, Schonfeld, Bietti, & Mayor, 2018).

In this web-based study, we expanded on previous investigations of burnout-depression overlap in cognitive processing by focusing on interpretation biases toward ambiguous information. Evidence suggests that depressive symptoms and disorders are associated with a negativity bias toward ambiguous information (Everaert, Podina, & Koster, 2017). We hypothesized that burnout would, like depression, involve a propensity to interpret ambiguous information negatively. We tested this hypothesis relying on a relatively large sample of participants—exhibiting a wide array of burnout and depressive symptom levels—and using a validated, self-referential measure of interpretation bias.

2. Methods

2.1. Study sample and recruitment procedure

A convenience sample of 1056 French educational staff was recruited (83% female). Respondents' mean age was 42.87 ($SD = 9.81$). The sample mainly included teachers (69%), administrators (15%), professionals having both teaching and supervisory charges (9%), and administrative assistants (4%). The few remaining participants were education assistants, education advisers, school psychologists, accountants, school nurses, and librarians. Respondents' mean length of employment was 15.82 years ($SD = 10.24$).

Participants were reached through electronic contacts with the schools of the districts of Lille and Montpellier—nearly 7000 schools—in November 2017. We sent schools a cover email that included a weblink leading to a 15-minute online survey. School administrators were invited to complete the survey themselves and to forward our cover email to the other professionals employed in their schools to give them the possibility of completing the survey as well. The only eligibility criterion for participating in the study was to be currently employed as an educational staff member in an elementary, a middle, or a high school. Educational staff members, particularly teachers, are exposed to chronic job stressors (Schonfeld, 2001). Web-based studies are methodologically viable and particularly useful to ensure adequate statistical power (Birnbaum, 2004; Gosling, Vazire, Srivastava, & John, 2004).

Participation was voluntary and without compensation. Participants were given the possibility of leaving a personal e-mail address in order to be informed of the study results. Participants were guaranteed confidentiality. No school-related identifying information was asked. Only complete surveys were recorded. The study was conducted in accordance with the ethical standards of the institutional research committee of the University of Neuchâtel.

2.2. Measures

2.2.1. Depression

Depressive symptoms were assessed with the PHQ-9 (Kroenke, Spitzer, & Williams, 2001; Cronbach's $\alpha = 0.86$).¹ The PHQ-9 targets the nine diagnostic criteria for major depressive disorder and thus covers depressive symptoms in their variety (American Psychiatric

Association, 2013). Respondents rated the frequency of each symptom on a 4-point scale (from 0 for “not at all,” to 3 for “nearly every day”), considering the past two weeks.

2.2.2. Burnout

Burnout symptoms were assessed with the Shirom-Melamed Burnout Measure (SMBM; Shirom & Melamed, 2006; Cronbach's $\alpha = 0.95$).² The SMBM includes three subscales: physical fatigue (six items; e.g., “I feel physically drained.”; Cronbach's $\alpha = 0.94$), cognitive weariness (five items; e.g., “My thinking process is slow.”; Cronbach's $\alpha = 0.95$), and emotional exhaustion (three items; e.g., “I feel I am unable to be sensitive to the needs of coworkers and students.”; Cronbach's $\alpha = 0.87$). Respondents indicated how they felt over the past two weeks using a 4-point scale (from 0 for “not at all,” to 3 for “nearly every day”). The mean correlation among the three subscales of the questionnaire was 0.59.

2.2.3. Interpretation bias

The Ambiguous Scenarios Test (AST) was employed for assessing interpretation bias (Berna, Lang, Goodwin, & Holmes, 2011; Cronbach's $\alpha = 0.83$). The AST was developed to assess interpretation bias in dysphoric individuals and was used in a variety of studies since (e.g., Orchard, Pass, & Reynolds, 2016; Williams et al., 2015). The AST consists of 24 scenarios to be rated in terms of pleasantness. Six of the 24 scenarios are job-related (Cronbach's $\alpha = 0.70$).³ Each scenario has an emotionally ambiguous ending (e.g., “You are going to see a very good friend at the station. You haven't seen them for years. You feel emotional, thinking about how much they might have changed.”).

Participants were asked to form a mental image of each scenario, imagining that each scenario happened to them personally. Participants then rated the pleasantness of the images formed. A bipolar scale was employed for pleasantness ratings, ranging from 1 for “very unpleasant” to 9 for “very pleasant.” Scores below 5 were thus indicative of unpleasant images and scores above 5 of pleasant images. For the purpose of this study, the AST was translated from English to French by a bilingual psychology researcher. The translated version was then discussed with the first author until a consensus was reached on each item. The French version of the AST is available in Supplementary Material 1. The AST was administered at the beginning of the survey to avoid possible mood alterations in participants due for instance to the completion of the PHQ-9 and the SMBM. Each of the 24 scenarios was presented on a separate (web) page. Job-related scenarios correlated 0.67 with job-unrelated scenarios, $p < .001$. Job-related scenarios ($M = 5.08$, $SD = 1.15$) were viewed as less pleasant than job-unrelated scenarios ($M = 5.57$, $SD = 0.86$), $t(1055) = -18.39$, $p < .001$, Cohen's $d = 0.48$.

2.2.4. Sociodemographic and check-up questionnaire

Participants reported their age, sex, profession, and length of employment. In addition, history of depressive disorders was investigated with the following item: “Have you ever been diagnosed for a depressive disorder by a health professional (e.g., a general practitioner, a psychiatrist, a psychologist)? Answer ‘Yes’ only if this diagnosis has resulted in treatment with medication and/or psychotherapeutic treatment.” Finally, participants indicated whether they experienced interruptions when performing the AST. Of the 1056 participants, 197 (19%) reported interruptions. Because interruptions (coded 0 for “absent” and 1 for “present”) were uncorrelated to AST scores ($r = -0.03$,

¹ Both the English and French versions of the PHQ-9 can be found here: <http://www.phqscreener.com/>.

² Both the English and French versions of the SMBM can be found here: <http://www.shirom.org/arie/index.html>.

³ Job-related scenarios are scenarios 11, 12, 14, 22, 23, and 24 as displayed in Supplementary Material 1.

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