

# Pain-Contingent Interruption and Resumption of Work Goals: A Within-Day Diary Analysis

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**Abstract:** Daily pain-related attributions for and negative affective reactions to the nonpursuit of work goals and individual differences in chronic pain severity and stress were used to predict work goal resumption in a sample of 131 adults with chronic pain. Variables were assessed via questionnaires and a 21-day diary. On days when participants reported nonpursuit of work goals in the afternoon, increases in pain-related attributions for goal interruption were positively associated with higher negative affective reactions which, in turn, were associated with an increased likelihood of same-day work goal resumption. Stress amplified the relation between pain-related attributions and negative affective reactions, and chronic pain severity was positively related to work goal resumption.

**Perspective:** Under certain circumstances, chronic pain and pain-related attributions can have positive motivational effects on work goal resumption. The findings of the present study may contribute to the development of interruption management techniques in vocational settings that leverage the roles of pain-related attributions, goal cognition, and emotionality.

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**Key words:** Chronic pain, work goals, goal resumption, affect, stress.

Chronic pain is frequently associated with reductions in work productivity and quality,<sup>6,32</sup> presumably because pain-induced sensory hypervigilance reduces the cognitive resources available for work goal self-regulation.<sup>9,31</sup> The ability to self-regulate work-related goals becomes particularly salient when workflow is interrupted, necessitating task suspension or task switching and, when feasible, task resumption.<sup>25</sup>

A recent model of pain-contingent activity interruption (PCAI)<sup>11</sup> postulated that the debilitating short-term effects of PCAI may not prevent and may even facilitate later goal resumption. Schrooten et al,<sup>28</sup> for example, found in a laboratory experiment that PCAI facilitated completion of the original task as moderated by pain catastrophizing. But do such findings hold in the extra-laboratory world? There are reasons to believe that they would.

Klinger<sup>23</sup> suggested that unforeseen obstacles to goals (or “current concerns”) trigger frustration and disappointment but also increase their incentive value. Indeed, frustration and disappointment tend to engender a more vigorous pursuit of the goal (ie, an invigoration effect) for some period of time. Similarly, the PCAI model described by Gatzounis et al<sup>11</sup> suggests that external cues or task reminders can increase the likelihood of task resumption. Consequently, we hypothesized that, on afternoons when people report nonpursuit of work goals, and when they experience greater than usual frustration and disappointment related to work goal nonpursuit, they will be more likely to resume their work goal later in the day (Fig 1).

Self-interruptions involve task cessation in the absence of external cues,<sup>1</sup> and persons with chronic pain are likely to occasionally attribute interruptions and work goal nonpursuit to their internal aversive experiences.<sup>30</sup> Because of the undesirability of pain-centered task interference, we reasoned that working adults with chronic pain might adopt a “loss mindset” on afternoons when their pain-related attributions for work goal nonpursuit were higher than average. Framing incentives in terms of losses rather than gains has been shown to increase work task motivation<sup>13</sup> as well as motivation to self-manage pain.<sup>17</sup> Therefore, on those afternoons when people do not pursue their work goals, and when their pain-related attributions are higher than usual, they should

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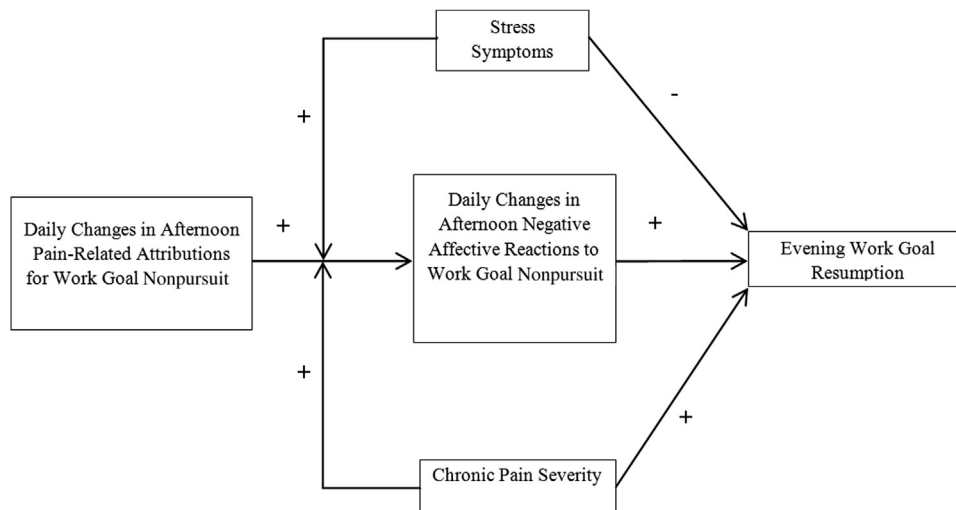
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**Figure 1.** Model depicting hypothesized relationships among chronic pain severity, stress symptoms, daily changes in afternoon pain-related attributions, afternoon negative affective reactions, and evening work goal resumption. (Covariates not shown for ease of presentation.)

experience greater frustration and disappointment (what we label, in combined form, negative affective reactions). Following from our hypotheses concerning frustration and disappointment and goal resumption, we further predicted that the pain-contingent interruption attributions would operate through negative affective reactions so as to exert a positive indirect effect<sup>24</sup> on evening work goal resumption.

We further contend that the within-person relationship between pain-related attributions for, and negative affective reactions to, work goal nonpursuit may be moderated by individual differences in chronic pain severity and stress. When chronic pain severity increases, important activities of daily living tend to decrease.<sup>22</sup> Furthermore, stress is associated with over-reactivity to negative events, tension, irritability, and intolerance of goal blockage.<sup>3</sup> Therefore, we hypothesized that the within-person relationship between pain-related attributions for, and negative emotional reactions to, work goal nonpursuit would increase as chronic pain severity and stress increase.

Finally, we expected stress and chronic pain severity to predict the likelihood of evening work goal resumption. On the one hand, stress increases informational demands which, in turn, may narrow a person's attentional focus.<sup>35</sup> Consequently, we predicted that stress would be negatively related to evening work goal resumption. On the other hand, pain intensity ratings averaged over 21 days have been shown to be positively related to work goal schemas, which, in turn, tend to promote work goal pursuit.<sup>20</sup> Therefore, we predicted that chronic pain severity would be positively related to evening work goal resumption.

## Methods

### Participants

Participants were recruited by computer-based random-digit dialing of residents who lived in the Phoenix metropolitan area and who were located within

32 km (20 miles) of the research facility. Recruiters used a script to screen residents. Eligibility requirements included 1) being 25 to 70 years old, 2) experiencing physical pain almost every day for the past 6 months, 3) being able to read English at least at third grade level, 4) not being color blind, 5) working at a paid day-time job, 6) not taking illegal substances in the past 12 months, and 7) being able to complete 3 diary calls every day for 21 days. In addition, scores on a chronic pain severity screen were used to determine eligibility for inclusion in the study.

Among the 318 adults who met all inclusion criteria, 155 declined to participate (48.7%). Sixteen of the 163 individuals who agreed to participate were telephoned by study researchers but did not appear for their laboratory appointment (9.8%). Fifteen of the 147 potential participants who showed up for their initial appointment were disqualified for various reasons including not currently working, being unable to articulate a work goal, or being unwilling to complete diaries 3 times a day for 21 days (10.2%). Owing to data collection error, the data from 1 participant was dropped (yielding a final number of 131 participants).

Most of the study sample was female (61%). The mean age was 49.49 years with a standard deviation (SD) of 11.99. Eighteen percent of the sample identified themselves as being of Hispanic origin. The breakdown of the participants' race was as follows: 80% white, 4% African American, 2% Native American, 2% Asian, 7% mixed, and 5% other. Slightly over half of the sample was married (53%). Twenty-three percent of the participants were single, 18% were divorced, 3% were widowed, and another 3% were not married but living together. Only 7% of the participants had a high school diploma or less education. Most of the participants were working full-time (74%). The status of participants' occupations was coded by the first and second authors. Occupations that involved administration, management, and independent judgment were deemed "high" status and other occupations were classified as "low" status.

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