



Talking behind their backs: Negative gossip and burnout in Hospitals



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ABSTRACT

Background: Gossip can both hinder and help in a hospital environment. Despite the fact that research indicated that it occurs most frequently in healthcare, it has not been studied in relation to other organizational manifestations such as burnout and engagement, or quality of care outcomes. We hypothesize that negative gossip, defined as negative evaluative talk about an absent third party would function as an indicator of organizational dysfunction.

Methods: A quantitative survey was conducted among doctors, nurses and residents in Greece, Bulgaria, Romania, Turkey, Croatia and Republic of Macedonia ($N=532$). Specifically, we examined the role of negative gossip, in relation to burnout, job engagement, suboptimal care and patient safety in public hospitals.

Results: Results indicate that, after controlling for negative affect, negative gossip is positively related to emotional exhaustion and depersonalization. Negative gossip negatively correlated with job engagement and patient safety and positively correlated with suboptimal care, even after controlling for burnout. Negative gossip was positively related to the number of event reporting.

Discussion: Gossip is an important aspect of organizational functioning. The degree to which negative gossip is a coping mechanism of healthcare professionals is discussed.

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1. Introduction

Despite the fact that gossip can be considered a manifestation of the organizational culture and can provide valuable insights into the working climate of an organization, it has been rarely studied within healthcare organizations. In hospital settings gossip has been considered as a problem and the need to manage it has been emphasized (Thomas & Rozell, 2007). But also, it has been recognized as a way to express emotions and achieve positive outcomes like trust and support (Lbianca, 2010; Waddington & Fletcher, 2005). Wittek and Wilers (1998) in a study comparing different organizations found that gossip was most frequently observed in healthcare organizations. While gossip is expected to occur in a stressful environment where people work closely (Davidhizar & Dowd, 1996), it has not been studied in relation to other organizational manifestations such as burnout and engagement, or quality of care outcomes. The purpose of this study was to examine the

associations between gossip, job burnout, engagement, quality of care and patient safety within hospital settings.

2. Literature review

Organizational culture is a complex concept which can have many manifestations (Hunt, Sanchez, Tadd, & O'Mahony, 2012; Shortell et al., 2000; Wakefield et al., 2001). Such a manifestation that has not so far received much attention is gossip, which affects and is affected by the culture of an organization. Gossip is a phenomenon that occurs in everyday life. Dunbar (2004) reports results from a series of studies on the content of everyday conversations, showing that gossip accounts for approximately 65% of speaking time. Gossip is a way of communicating rules and establishing norms, it is informal and leads to sharing of information and risk (Noon & Delbridge, 1993). This informality of communication is an important characteristic of gossip (e.g., Roberts & O'Reilly, 1978) and plays an important role, especially when gossip occurs in the workplace, where the formal path might be ignored. Kurland and Pelled (2000) and Michelson, van Iterson, and Waddington (2010) define gossip as verbal evaluative communication among no more than a few individuals, about another who is or is not present. Evaluations can be of either positive or negative valence. For example,

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Baumeister, Zhang, and Vohs (2004) note that gossip is not only about negative instances of rule breaking, but it can be about positive instances of rule strengthening. An interesting finding from Ellwardt, Labianca, and Wittek (2012) reveals that both positive and negative gossip is more likely to be spread about colleagues within the same work group and not the out-group.

Gossip is a phenomenon with light and dark sides (Grosser, Lopez-Kidwell, Labianca, & Ellwardt, 2012) that are not always distinct and it is not easy to discern whether gossip is beneficial or harmful (Noon & Delbridge, 1993). Foster (2004) illustrates that positive as well as negative gossip can serve separate functions in the workplace. Michelson et al. (2010) suggest that there are a number of ways in which gossip can bring significant benefits to individuals, groups, and organizations. Michelson and Mouly (2000) contend that gossip can provide “the means to more rapidly transmit information to employees, the ability to gauge employee reactions to new management initiatives” and “the reinforcement of social bonds and formal work structures”. Gossip can help to relieve some of the emotionally charged situations that occur in the multifaceted relationships with patients or other employees. Waddington (2005) notes that nurses often use gossip to express some of the deepest emotions about patients and fellow workers and gossip has been considered as a form of emotional support and a way to relieve stress (Waddington & Fletcher, 2005). Others believe that gossip has a cathartic function (Ribeiro & Blakely, 1995). The positive effects of gossip seem to be higher in the individual level than in the group level (Ellwardt, Steglich, & Wittek, 2012). Gossip can provide a mechanism for socializing into a group (Jaeger, Skelder, Rind, & Rosnow, 1994; Laing, 1993), building identity (Noon & Delbridge, 1993), regulating and resisting (Hafen, 2004), maintaining systems by contributing to the interpretation of events (March & Sevon, 1984), and expressing and managing emotions in stressful work situations (Waddington & Fletcher, 2005). It can also contribute to the maintenance of group norms and group cohesion (Besnier, 1989; Gluckman, 1963) during times of uncertainty and ambiguity, such as when there is a change of management.

But traditionally gossip is seen as a negative issue, which in the context of the organization needs to be minimized if not eliminated at all. One of the most observable negative aspects of gossip is the damage it can do to relationships and to the reputations of other persons and their stature in the workplace (Kurland & Pelled, 2000). Some organizations link gossip to negative outcomes such as decreased productivity, eroded morale, hurt feelings and reputations, and the turnover of valued employees (e.g., Danziger, 1988). Michelson and Mouly (2000) similarly conclude that much of the popular business literature tends to treat rumor and gossip as a detrimental activity for organizations as gossip was assumed “to waste time, undermine productivity, and sap employee morale”. Positive gossip has been found to affect teamwork. For example, Sommerfeld, Krambeck, Semmann, and Milinski (2007) found that people reading positive gossip about their work partner were more likely to cooperate than those reading negative gossip. Finally, negative gossip can be considered as bullying (Kiefer, 2013), especially when it involves lies (Vessey, DeMarco, Gaffney, & Budin, 2009).

Mills (2010) proposes that gossip appears to be a phenomenon that is integrated in the organizational context and should not be studied in isolation. Gossip might occur in the individual level, but it has organizational antecedents and outcomes. Organizational gossip can act as an early warning of system dysfunction and failure (Oliver, 2004). Hodson (1993) argues that gossip creates bonds of solidarity and concludes that gossip is more pervasive in the cases of strong competition between workers, when there is a lack of leadership, or when there are strong role ambiguities. Also, negative gossip could be an indicator of low trust, non friendly relationships, and infrequent contact with the managers (Ellwardt, Wittek, & Wielers, 2012). Gossip is likely to arise in circumstances where

there is a paucity of formal communication, for example during periods of organizational change (Houmanfar & Johnson, 2003) or in highly hierarchical cultures where information either moves slowly or does not move at all.

The present study examined the associations between negative gossip, job burnout, job engagement, suboptimal care, and patient safety culture among six European countries. Based on previous studies indicating the link between burnout and suboptimal care (Williams, Manwell, Konrad, & Linzer, 2007) we examined the mediating role of burnout in the relationship between negative gossip and suboptimal care and patient safety culture. For the purposes of this study, negative gossip was defined as active negative evaluative talk about an absent colleague. Gossip is a normative part of work, and it follows logically that feelings of burnout and engagement will exacerbate/ameliorate its impact on care related behaviors. In addition in order to assess biases associated with common method variance we included the measurement of negative affectivity as a potential confounder.

We hypothesized that:

- H1.** Controlling for negative affectivity, negative gossip will be positively related to burnout, in specific emotional exhaustion, and depersonalization.
- H2.** Negative gossip will be negatively related to job engagement, in specific with vigor and dedication.
- H3.** Controlling for burnout, negative gossip will be positively related to suboptimal care.
- H4.** Controlling for burnout, negative gossip will be negatively related to patient safety culture with the exception of event reporting where the association is expected to be positive.

Based on evidence indicating differences in gossip behavior between men and women (Levin & Arluke, 1985) and that gossip seems to serve different functions (Watson, 2012) the differential influence of gender on the above hypotheses will be explored. In addition the differential influence of gossip among nurses, resident doctors and specialists will be explored.

3. Materials and methods

3.1. Procedure

Data were collected in the context of a large European survey (ORCAB: <http://orcab.web.auth.gr/>) studying the organizational and individual factors that impact upon quality of care and patient safety. A cross-sectional survey protocol was developed in English. In the event that translated versions did not exist, researchers from each country translated the questionnaires using the instrument translation procedure proposed by Harkness (2003). Questionnaires were distributed in-person in a hardcopy format in the ORCAB-collaborating hospitals. Participants were given the questionnaire at the end of their shift and were asked to complete and return it sealed in an anonymous envelope. Data were collected from six countries; Bulgaria, Croatia, Greece, Romania, The former Yugoslav Republic of Macedonia and Turkey.

3.2. Participants

In total 532 health care professionals participated, representing a 72% response rate. Of those, 4.5% were from Bulgaria, 11.8% were from Croatia, 19.2% were from FYROM, 19.5% were from Greece, 25.9% were from Romania and 19.0% were from Turkey. The mean age of participants was 38.7 years old. 39.7% of participants were men and 60.3% were women. 39.8% were nurses, 20.3% were residents or physicians in training, 27.5% were physicians, 12.4% were

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