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# BURNOUT: A PERSPECTIVE FROM SOCIAL COMPARISON THEORY

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Despite the fact that occupational burnout in the human service professions has been the focus of numerous research efforts, most research in this area has been atheoretical and has focused little attention on the social psychological processes that might be relevant. Moreover, although in-depth social psychological analyses of the burnout phenomenon have been presented (e.g., Harrison, 1983; Maslach & Jackson, 1982), these approaches have lacked firm empirical evidence. This chapter tries to bridge the gap between social psychological theory and burnout research. This will be done in part by linking burnout to recent developments in social exchange theory (e.g., Buunk & VanYperen, 1991; Walster, Berscheid, & Walster, 1978). However, the main focus in this chapter will be upon applying recent theoretical work on social comparison processes under stress to occupational burnout (e.g. Taylor, Buunk, & Aspinwall, 1990; Taylor & Lobel, 1989).

Our central thesis is that burnout develops primarily in a social context, and that to understand the development and persistence of burnout attention has to be paid to the way individuals perceive, interpret, and construct the behav-

iors of others at work. Two major assumptions behind our perspective are the following. First, individuals in the human service professions are involved in relationships with clients and patients, and in these relationships social exchange processes and expectations of equity and reciprocity play an important role. As Maslach (1982b) noted, a characteristic of burnout is that the stress arises from the social interaction between helper and recipient. Second, individuals will be inclined to deal with problems at work by engaging in social comparison with their colleagues and superiors, and by relating their own experiences to those of others—particularly colleagues in similar positions. Such comparisons may have consequences for the development and persistence of burnout symptoms.

We will first discuss recent developments in social comparison theory that are important for understanding stress at work. Next we will describe a number of major stressors in the nursing profession and a number of personality variables that seem relevant to burnout. We will then present some findings from a study among nurses, and we will show that each of the burnout dimensions proposed by Maslach (1982b) has different relationships to various stressors and personality characteristics. Finally, we will discuss some of our findings on the role of social comparison processes as related to burnout.

## **SOCIAL COMPARISON THEORY, STRESS, AND AFFILIATION**

Research on stress and social comparison was originated by the classic experiments of Schachter (1959) on the relationship between fear and affiliation. Although Festinger (1954) confined himself to the evaluation of abilities and opinions, Schachter expanded the domain of social comparison to include emotions as well. His research showed that women who were experiencing fear because they were anticipating some electric shocks wanted to be with someone else, but only someone who was in the same situation. According to Schachter, individuals under stress seek out others for reasons of self-evaluation in order to assess the appropriateness of their own reactions. Later research substantiated this idea by showing that the need for social comparison is enhanced when individuals feel uncertain about how to feel and react. This was, for example, demonstrated when uncertainty was manipulated by false feedback (Gerard, 1963) and when the source of one's arousal was unknown (Mills & Mintz, 1972).

Over the past decade, there has been a resurgence of interest in social comparison tendencies under stress, particularly stimulated by Wills's (1981) influential paper. Wills suggested that when individuals are confronted with a threat to self-esteem, they engage in downward comparisons with less competent others in an attempt to restore the way they feel about themselves. This motive is called self-enhancement. Downward comparisons may, according to

Wills, lead to derogation of others or to affiliation with less fortunate others. Indeed, a number of survey studies have shown that individuals faced with serious diseases and crises, such as arthritis patients (Blalock, McEvoy-DeVellis, & DeVellis, 1989), mothers of medically fragile infants and women with impaired fertility (Affleck & Tennen, 1991), and cancer patients (Wood, Taylor, & Lichtman, 1985), tend to compare themselves with others who are worse off, and to perceive themselves as better off than most others facing the same or a similar stressor. For instance, among mothers of high risk infants, most mothers mentioned some aspect in which they felt better off than other parents with such infants (Affleck, Tennen, Pfeiffer, Fified, & Rowe, 1987). Among arthritis patients, the perception that one had fewer problems with one's performance than other patients made patients more satisfied with their own performance (Blalock et al., 1989).

As noted by Taylor et al. (1990), the focus in research on social comparisons under threat has been quite different than was the case in the original work of Schachter (1959) and in subsequent experimental studies on fear and affiliation (Cottrell & Epley, 1977). Schachter emphasized the affiliative activity that occurred in response to threat, but most recent research has focused on cognitive social comparison activity. Such activity constitutes the bringing to mind of other people as a way of making downward comparisons, and is characterized by the self-serving perception and construction of others as being worse off. It is important to make a clear distinction between this last process and affiliation because there is increasing evidence that in stressful situations there is no preference whatsoever for downward affiliation. Thirty years ago, Rabbie (1963) showed that the high-fear person was avoided in all experimental conditions. In another study, cancer patients indicated a preference for affiliation with others who were similarly or better off, although more subjects preferred someone similar (Molleman, Pruyn, & Van Knippenberg, 1986). Individuals with problematic marriages preferred on the average contacts with those who had better marriages, but those with happy marriages indicated a preference for contact with others who were as happy as they were (Buunk, VanYperen, Taylor, & Collins, 1991). Other evidence indicates that interaction with depressed individuals is aversive and leads to the desire to avoid further interaction (Coyne, 1976a).

As Gibbons and Gerrard (1991) noted, the foregoing suggests that while a person may find solace in the realization that other people are struggling even more with the same problems, he or she does not necessarily want to be in the presence of those people. In a similar vein, Taylor and Lobel (1989) suggested that people under threat avoid contact with persons who are doing worse, or are worse off, and prefer actual contact with persons who are doing better. Taylor and Lobel argue that individuals under stress are faced with two major coping tasks: regulating their emotions and obtaining relevant problem-solving information (Lazarus & Folkman, 1984). The first need is best addressed through

the use of downward, self-enhancing comparisons, but the latter requires affiliation with, or information about, people who are better off. Thus, in this model upward affiliation serves the motive of self-improvement. Such contact may provide a person with valuable information for potential long-term survival and successful coping; constitute a method for obtaining hope, motivation and inspiration; and enhance the person's self-efficacy (see Chapter 8). It must be noted that Taylor and Lobel assume that individuals under stress not only desire to affiliate with those who are better off but wish to obtain information about such others as well.

## STRESSORS IN THE NURSING PROFESSION

Social comparison theory seems particularly relevant for understanding burnout among nurses because, as in many other human service professions, *uncertainty* seems a rather salient stressor within nursing, and uncertainty is supposedly a major factor instigating social comparisons (Buunk et al., 1991; Molleman et al., 1986). The concept of uncertainty as we employ it refers *not* to ambiguity about the environment but to lack of clarity about what to feel and think, or how to act. Although the role of the nurse may seem clear, there may be considerable uncertainty as to how to carry out this role (e.g., McGrath, Reid, & Boore, 1989). For example, nurses may wonder if they are too involved with patients or not involved enough, may feel uncertain about how to deal with various problems of patients (including appeals for help and expressions of anxiety), and may experience insecurities about whether they are doing things right. Cherniss (1980a, pp. 206–212) considers doubts about competence to be a major source of stress that can lead to burnout in human services professionals, particularly in the early stages of their careers. In the same vein, Gray-Toft and Anderson (1981) found that inadequate preparation and uncertainty concerning treatment were among the severest stressors in nursing.

A second stressor that seems prominent in the nursing profession is *imbalance* between investments and outcomes in relationships with patients. The notion behind this stressor is based on social exchange theory (cf. Walster et al., 1978). The assumption is that there exists a characteristic human tendency to expect some reward such as gratitude in return from others to whom we provide caring, empathy, and attention. But within the health professions, such expectations are often not fulfilled (cf. Maslach, 1982b; Maslach & Jackson, 1982). Patients may be worried and anxious, and interactions with such individuals may not be rewarding. An additional problem may be that patients often do not follow advice or guidelines, and may therefore improve only slowly or not at all. As a consequence of such processes, nurses may often feel that what they invest in their relationships with patients is not in proportion to what they get out of them. Although being bothered by the lack of equity in such relationships seems to contradict the dedicatory ethic (Kadushin, 1974) characteristic for

caregivers, an imbalanced relationship may put considerable pressure on a nurse.

The last stressor is *lack of control*, a variable that plays a central role in most stress theories, is generally acknowledged to affect mental health and well-being of people in organizations (Ganster, 1989), and has been linked to negative impacts of social comparisons (e.g., Major, Testa, & Bylsma, 1991). For nurses, many aspects of the work environment are beyond their control, including the recovery of patients, decisions made by physicians and the hospital administration, bureaucratic procedures, patient cooperation, confrontation with death and dying, lack of staff support, and conflicts with physicians and other nurses (Gray-Toft & Anderson, 1981). Landsbergis (1988) found that among Swedish nursing home employees, burnout was significantly higher in jobs that combined high workload demands with low perceived control.

In addition to studying these stressors, our research assessed *self-esteem* because of its link to social comparison processes (Buunk, Collins, Van Yperen, Taylor, & Dakoff, 1990; Wills, 1991) and two other personality variables that may play an important role in the development of burnout. The first of these, *reactivity*, refers to a basic dimension of temperament which determines the intensity of reaction to both external and internal stimuli (Strelau, 1983). Specifically, highly reactive individuals exhibit stronger physiological stress reactions than less reactive individuals to an objectively identical stimulus. We included this variable not only because such individuals seem more susceptible to emotional exhaustion but also because there is some evidence that they are more inclined to give in to social pressure (Eliasz, 1980). Second, on the basis of recent developments within social exchange theory, we included the variable of *exchange orientation*, which refers to the personality disposition of individuals who are strongly oriented toward direct reciprocity, who expect immediate and comparable rewards when they have provided rewards for others, and who feel uncomfortable when they receive favors that they cannot reciprocate immediately. Such an orientation would make individuals in the human service professions more sensitive to the lack of reciprocity in the exchange with patients or clients (cf. Murstein, Cerreto, & MacDonald, 1977; Buunk & VanYperen, 1991).

The sample of our study was 351 Dutch nurses (Buunk, Schaufeli, & Ybema, 1992; VanYperen, Buunk, & Schaufeli, 1992). The sample (response rate 86%) includes members of different nursing disciplines and work settings: general nurses (37%), psychiatric nurses (14%), community nurses (8%), nurses working with the mentally retarded (21%), and nurses working in nursing homes or hospices (14%). The remaining 6% of nurses were employed in other health care settings. The nurses were mostly female (60%). Their mean age was 31 years ( $SD = 4.8$ ) and they had considerable work experience in nursing ( $M = 10.4$ ,  $SD = 4.5$ ). Burnout was measured with the 22-item Maslach Burnout Inventory (Maslach & Jackson, 1986). According to a psy-

chometric study of Schaufeli and Van Dierendonck (1992), the validity and reliability of the Dutch version is comparable to that of the original inventory. In this study, the internal consistencies (Cronbach's  $\alpha$ ) of the three subscales were satisfactory: emotional exhaustion ( $\alpha = .89$ ), depersonalization ( $\alpha = .71$ ), and reduced personal accomplishment ( $\alpha = .80$ ).

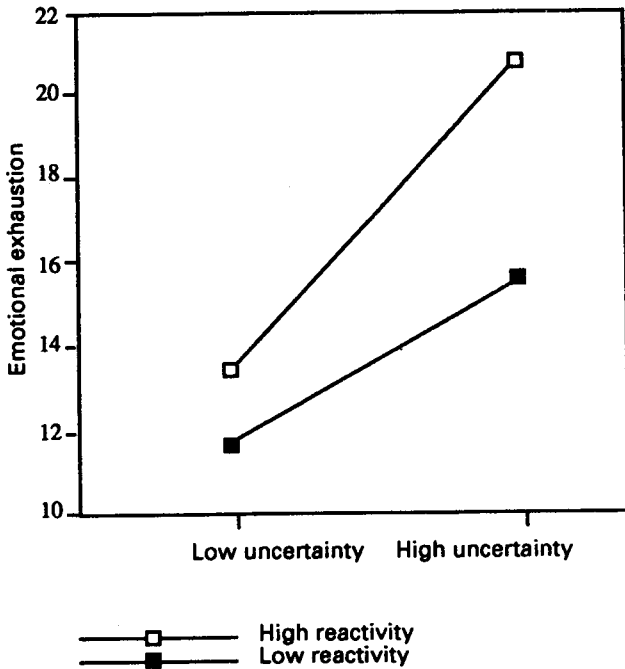
## **DIFFERENTIAL CORRELATES OF THE BURNOUT DIMENSIONS**

Our research indicates that although the three dimensions of burnout may have common roots, there are also quite different processes related to these dimensions (cf. Buunk, Schaufeli, & Ybema, 1990). An imbalance between investments and outcomes is directly related to all three burnout dimensions, and uncertainty plays at least some role with respect to all three aspects. The relationship of the burnout dimensions with the third stressor, lack of control, is somewhat weaker. Most interestingly, emotional exhaustion, depersonalization, and lack of personal accomplishment are each in part predicted by a unique interaction effect.

For emotional exhaustion, the interaction is between reactivity and uncertainty. As Figure 4-1 shows, when uncertainty is low, individuals high and low in reactivity do not differ much in degree of emotional exhaustion. Reactivity becomes especially important when uncertainty is high: emotional exhaustion is particularly found among highly reactive individuals who experience a high degree of uncertainty about how to feel and react. Apparently, a low level of reactivity buffers the negative effect of uncertainty on emotional exhaustion. Thus, less reactive nurses cope better with uncertainty in their jobs than their highly reactive colleagues. This interpretation is in line with Strelau's (1983) finding that less reactive individuals generally employ more effective active coping strategies, whereas highly reactive individuals are characterized by a less effective and passive coping style.

A very different pattern is found for depersonalization. First, this aspect of burnout is the only one that is directly related to self-esteem, and is clearly more characteristic of individuals with low levels of self-esteem. More interesting and theoretically important, however, is the apparently crucial role played by exchange orientation in combination with uncertainty. As Figure 4-2 shows, when uncertainty is low, individuals high and low in exchange orientation hardly differ in their level of depersonalization. But when there is a high degree of uncertainty, individuals high in exchange orientation respond with a much stronger tendency to devalue their patients than individuals low in exchange orientation.

VanYperen et al. (1992) examined the role of a related individual difference variable, communal orientation. This concept refers to the desire to give and receive benefits in response to the needs of and out of concern for others,



**FIGURE 4-1** Emotional exhaustion: uncertainty x reactivity interaction effect.

and to help others when they are distressed (Clark, Ouellette, Powell, & Milberg, 1987). VanYperen et al. (1992) showed that for nurses high in communal orientation, imbalance in the relationships hardly mattered, but for individuals low in communal orientation, such imbalance was clearly related to burnout. Apparently, nurses who have no strong desire for reciprocity in their relationships with patients and who are responsive to patients' needs are not in danger of developing feelings of depersonalization. In the same vein, Cherniss and Krantz (1983) found remarkably little burnout in what they called "ideological communities." Workers in these settings (residential programs for mentally retarded people operated by a Catholic religious order) were strongly committed to the institute's patient-oriented ideology that was strongly "communal" in nature (see Chapter 8).

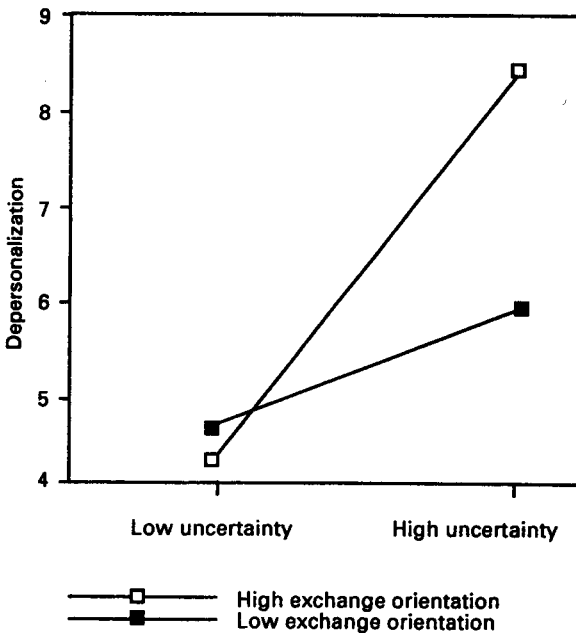
Personal accomplishment also has its own characteristic interaction effect that is theoretically meaningful. As is apparent from Figure 4-3, individuals with low self-esteem have a generally higher level of reduced personal accomplishment, i.e., they experience stronger feelings of inefficacy and demotivation. However, when they perceive a lack of control, individuals with high self-esteem experience nearly the same degree of lack of personal accomplishment

as those with low self-esteem. Apparently, a lack of control is more important for individuals high in self-esteem than for individuals low in self-esteem. High self-esteem individuals may expect to be in control and feel their self-efficacy threatened when facing a work environment that is beyond their control (see Cherniss in Chapter 8).

In sum, we have come to view emotional exhaustion as an obvious indicator of general job stress that is more common among individuals sensitive to stress in general; depersonalization as a way of coping with the problems arising out of the relationships with clients; and lack of personal accomplishment as a response reflecting a low self-esteem and lack of control over the situation. We will now turn to the role of social comparison processes with respect to burnout.

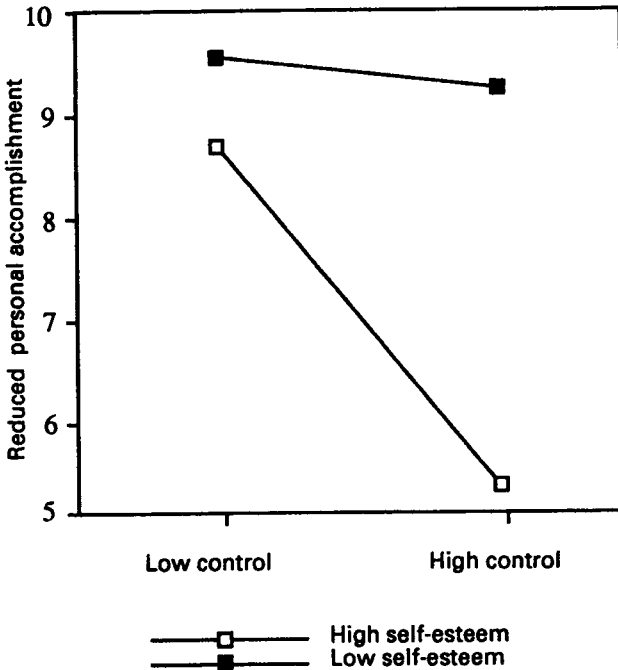
### SOCIAL COMPARISON, AFFILIATION, AND ISOLATION UNDER STRESS

Although it was emphasized above that stress leads to affiliation with, and information seeking about, similar others, research in this area offers a theoretical puzzle. On the one hand, Schachter and others have clearly shown that



**FIGURE 4-2** Depersonalization: uncertainty x exchange orientation interaction effect.





**FIGURE 4-3** Reduced personal accomplishment; lack of control x self-esteem interaction effect.

stress, and particularly uncertainty about one's own reactions, leads to a tendency to affiliate with similar others (Wheeler, 1974). Indeed, as Pines and Aronson (1988) suggest, the sharing and testing of social reality is a basic function of social support systems at work. On the other hand, there exists experimental evidence that the tendency to affiliate is decreased in many stressful situations, particularly when one is confronted with embarrassing circumstances, or when the others are viewed as competitors (Sarnoff & Zimbardo, 1961; Teichmann, 1987). Talking with similar others about one's problems may be felt as admitting inferiority and may therefore induce a negative comparison that individuals try to avoid (Nadler, 1991). Especially within work organizations, persons may be concerned with maintaining an image of competence and may be reluctant to be among others when they themselves are confronted with negative emotions, particularly when these might be interpreted as indications of incompetence.

We reasoned that both viewpoints may be compatible, by assuming that on the one hand stress at work may foster the *desire* for information about and affiliation with others, but that on the other hand such stress may decrease *actual* affiliation with colleagues out of fear of embarrassment and of looking

incompetent. This line of reasoning agrees with the utility affiliation theory of Rofé (1984), who asserts that the tendency to affiliate under stress depends on the perceived benefits and disadvantages of the company of others.

With respect to these issues, a number of important findings were obtained (Buunk et al., 1992). First, of the three dimensions of burnout, only emotional exhaustion was related to the desire for information about similar others and to the desire for affiliation, i.e., the desire to talk with others about problems at work. This validates the early work of Schachter (1959) in a somewhat different setting as emotional exhaustion seems, more than the other burnout dimensions, an indicator of general job stress. Second, as predicted by social comparison theory, it appeared clear that of the three stressors only uncertainty, and not lack of control or imbalance, was related to the desire for information and affiliation. Third, the desire to obtain social comparison information was much more obvious among those of high self-esteem, who seem especially inclined to respond to stress by seeking out information about similar others as well as the company of others. As expected, both uncertainty and emotional exhaustion were correlated with the actual avoidance of coworkers. However, this avoidance was also related to the other stressors and dimensions of burnout, providing strong evidence for the tendency to avoid others when under stress. Again self-esteem played an important role: avoidance was particularly apparent among those with low self-esteem who felt little control over their situation. For those high in self-esteem, a lack of control appeared to matter less.

These findings seem to indicate that those under stress—and particularly those low in self-esteem—respond to stress by avoiding their coworkers. One reason for this may be “pluralistic ignorance”: the situation in which virtually all members of a group feel deviant and think their experiences are different from those of the others (Miller & McFarland, 1991). Thus, a nurse experiencing uncertainty may think that he or she is the only one with this problem and may therefore refrain from talking to others about it, while at the same time feeling the desire to do so. As Maslach (1982b) suggested, this is especially likely to occur because human service professionals tend to avoid revealing any personal thoughts or feelings that would be considered “unprofessional” and to act as if one were in control of the job and doing well.

## UPWARD AFFILIATION

The next question is, with whom does one want to affiliate or about whom does one want to obtain information? As noted before, the Taylor and Lobel (1989) model predicts that under stress individuals will affiliate and seek information upward, that is with others who are doing better, for reasons of self-improvement. In contrast, Wills's (1981) downward comparison theory would predict that in such a case the company of others doing worse is preferred as a way of self-enhancement. There is, however, a third hypothesis that would

emphasize the motive of self-evaluation. According to Schachter's original hypothesis, in a stressful situation people prefer to be with similar others, as this provides the best possibility for self-evaluation. It is senseless to compare one's feelings with others who differ too much in competence and experience.

Our study showed that there was a general preference for upward information in terms of competence and experience (Buunk et al., 1992). About half of the subjects expressed a preference for information about others who were more competent in their work. Of the others, most indicated a preference for others equally competent as oneself, and only a few were interested in information about others less competent. The upward trend was considerably more pronounced with respect to experience. About three out of four subjects preferred information about others more experienced, a minority were interested in others with the same level of experience, and virtually nobody was interested in others with less experience. We found some evidence that individuals faced with stress had a different information preference than individuals who were not under stress. The preference for upward information was characteristic of those low in reduced personal accomplishment, i.e., those feeling good about their own accomplishments at work. In contrast, nurses feeling bad about their accomplishments preferred information about others at the same level rather than at a more successful level. Contrary to the Taylor and Lobel (1989) model, a desire for upward information was not typical for individuals under stress.

There was also a general preference for upward affiliation. About half of the subjects expressed a preference for affiliation with others who were more competent in their work. The remainder all indicated a preference for others equally competent, and nobody was interested in affiliation with others less competent. The upward trend was considerably more pronounced with respect to experience. About three of four subjects preferred information about others more experienced, a minority were interested in others with the same level of experience, and virtually nobody was interested in others with less experience. However, the desire for upward affiliation was not at all related to stress. Thus, although upward affiliation was found among some subjects experiencing stress, it was not a unique characteristic of this group.

The desire for information was more upward than that for affiliation in the case of competence as well as in the case of experience. Apparently, despite the preference for information about more competent and experienced others, individuals are somewhat reluctant to obtain such information by seeking out the company of others who are doing better. These results are in line with findings from experimental research. For example, Smith and Insko (1987) found that subjects more often preferred information about the highest scoring other when they could examine such information alone than when they were made to believe that they would have to discuss the test with the chosen other. As Brickman and Bulman (1977) documented, individuals prefer to avoid exchanging

comparison information under conditions in which they are obviously the inferior partner.

The data just presented offer no support for a number of assumptions of Wills's (1981) downward comparison theory. Few individuals, whether under stress or not, seemed interested in discussing their problems at work with less competent and less experienced others, or in obtaining information about such others. Additional data from our study, namely those on cognitive comparisons (Buunk et al., 1992), are also relevant with respect to Wills's theory. A majority of nearly 75% of the sample felt they were coping as well as most others in a similar situation. Of the remaining subjects, most felt they were coping better than others. Considering a second comparison dimension—how well off one was in general—there was an even stronger tendency to perceive oneself as better off rather than as worse off in comparison to similar others. No less than half of the sample felt they were better off than others, and only 13% felt they were worse off. About 40% felt they were as well off as the average nurse. From the perspective of Wills's (1981) theory it is important that, as far as there was a difference between those under stress and those who were not, the first group emphasized they were better off. Thus, in contrast to what Wills (1981) assumed, these data suggest that individuals under stress are not inclined to engage in downward comparisons by emphasizing that there are others who are worse off.

## **AFFECTIVE CONSEQUENCES OF DOWNWARD COMPARISON**

Is there no truth at all in Wills's (1981) assertion that downward comparisons are engaged in as a way of coping with stress? Preliminary data from our research show that there is, although not in the way Wills thought. What we refer to here is that individuals under stress may derive positive feelings from seeing others do worse. There is some evidence that downward comparisons, i.e., information about others who are doing worse, may improve the mood of depressed and low-self-esteem individuals (Gibbons & Gerrard, 1991). We found that most of our subjects indicated that they felt bad when seeing colleagues doing worse than they were themselves, and only a minority reported positive affect in such a situation. Interestingly, however, this last type of affective outcome was characteristic for individuals under stress. All the stressors examined—lack of control, uncertainty, and imbalance—and all the burnout dimensions were related to deriving positive affect from downward comparisons. This suggests that, in line with Wills's (1981) theory, making downward comparisons plays a role in the coping process: nurses under stress engage more often in downward comparisons that made them feel better about themselves (Buunk, Schaufeli, et al., 1990).

## DO SOCIAL COMPARISONS MATTER?

One of our assumptions is that social comparison processes within work units may contribute to the development of burnout. There is indeed some evidence from other studies that burnout is more likely to occur within certain work units than in others. For example, Edelvich and Brodsky (1980, p. 25) suggested that burnout in human services is like "staph infection in hospitals: it gets around. It spreads from clients to staff, from one staff member to another, and from staff back to clients. Perhaps it should be called staff infection." In a similar vein, Golembiewski and Munzenrider (1988, pp. 156-164) describe two large scale studies showing that between 70% and 86% of the employees classified as burned out were in work groups having at least 50% of their membership in the most extreme phases of burnout. They conclude that work groups have a tendency to develop homogeneous levels of burnout.

There may be several mechanisms through which social comparison processes within work units foster the development of burnout. First, research on "group polarization" would suggest that individuals who engage in a discussion of serious work problems in a group in which a negative view on these problems predominates will develop a more negative view after the discussion (Moscovici, 1985; Buunk, 1990) and may thus develop burnout symptoms. Second, colleagues may also directly influence the development of burnout symptoms by acting as models, whose symptoms are then imitated. In a process of "emotional contagion," individuals under stress may perceive symptoms of burnout in their colleagues and take on these symptoms, reasoning that these symptoms are apparently normal given their job situation (cf. Hatfield, Cacioppo, & Rapson, 1992; Schachter & Singer, 1962). Skelton and Pennebaker (1982) suggested that persons under stress may develop hypotheses about having a certain somatic disease, begin looking inside themselves for symptoms, and thus, in a process of self-fulfilling hypotheses, develop the symptoms associated with that disease. There is no reason to assume why a similar process could not occur with regard to burnout.

Given the fact that in our research those under stress tended to avoid others, it is interesting to note that Sullins (1991) showed in a recent experimental study that social comparison (observing another individual about to undergo the same experiment) induced mood convergence even in the absence of verbal communication. Moreover, negative moods appeared to be more contagious than positive moods, suggesting that burnout symptoms would be likely candidates for emotional contagion. Indeed, some evidence exists for such contagion as a precursor to burnout among human service workers (Miller, Stiff, & Ellis, 1988).

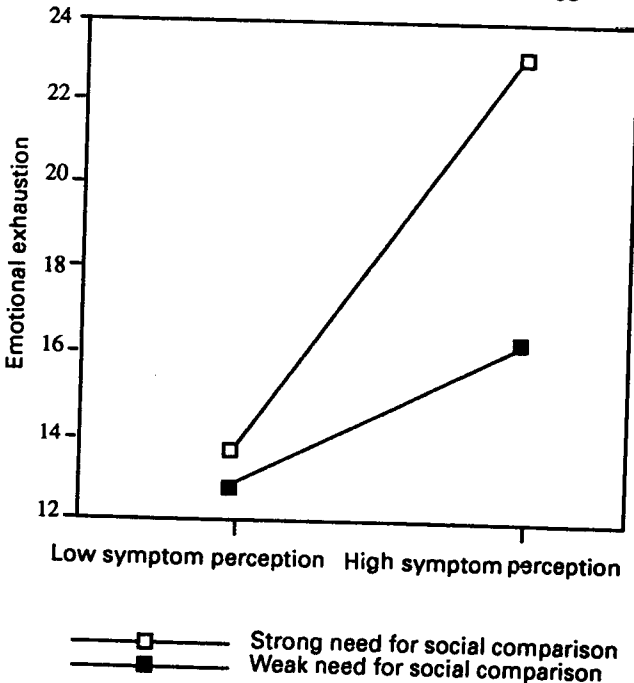
Social comparison theory would predict that not all individuals would be affected to the same degree by the symptoms they perceive in others. Those with a strong need for social comparison should be especially sensitive to the

perception of burnout symptoms in others—and that is precisely what the data from our study of nurses suggest (Groenestyn, Buunk, & Schaufeli, 1992). As Figure 4-4 shows, nurses who had a need to learn more about others in a similar situation expressed a higher level of emotional exhaustion when they perceived that many of their colleagues showed burnout symptoms.

Of course, it must be noted that these findings do not prove that among nurses with a high need for social comparison burnout is caused by the perception of burnout in others. It is also possible that these nurses project their burnout onto others as a way of validating the fact that they are burned out themselves (cf. Miller, Gross, & Holtz, 1991). Whatever the precise mechanism, the perception that others have similar symptoms may act to support the persistence of one's own burnout symptoms.

## CONCLUSION

We have offered some preliminary evidence about the role of social exchange and social comparison processes in the development of burnout. It must be noted that thus far our research is only cross-sectional, that some of our findings on the effects of social comparisons are only suggestive, and that



**FIGURE 4-4** Emotional exhaustion: symptom perception x need for social comparison interaction effect.

longitudinal research is necessary to determine the exact nature of the causal links between the variables we examined. Nevertheless, our findings suggest that the social context plays an important role in the development of burnout. First, nurses facing uncertainty and emotional exhaustion feel a need to engage in social comparison and affiliation, particularly when they have high self-esteem. Second, nurses under stress seem reluctant to actually seek out the company of their colleagues, probably out of fear of looking incompetent, and such avoidance is particularly apparent among those with low self-esteem who feel little control over their situation. Third, nurses tend to prefer information about, and contact with, others who are more experienced and more competent. However, this tendency is more pronounced in the case of information seeking than in the case of affiliation, and it is not more manifest among those under stress. Fourth, in contrast to Wills's (1981) prediction, the feeling of being better off in general and coping better than others is more characteristic for those not under stress. Nevertheless, some nurses appear to deal with their stress by deriving positive feelings from downward comparisons, i.e., from seeing others doing worse. Fifth, there is some circumstantial evidence that nurses develop or sustain burnout symptoms because they perceive such symptoms in their colleagues, especially when they have a high need for social comparison.

Another conclusion that can be drawn from our results is that the three dimensions of burnout, though intercorrelated, reflect distinct psychological processes, as is evident from their somewhat different relationships with other variables. To put it simply, emotional exhaustion develops among highly reactive nurses who experience a high degree of uncertainty; depersonalization seems a way of dealing with uncertainty among those high in exchange orientation and low in communal orientation; and lack of personal accomplishment seems, although more characteristic of those with low self-esteem, a typical reaction for those with high self-esteem who are confronted with a lack of control.

Finally, our results indicate the importance of personality characteristics. For instance, self-esteem, reactivity, and exchange orientation moderate the relationship between stressors and particular burnout dimensions in nursing. Moreover, the nurses' level of self-esteem appears to be crucial for understanding social affiliation and social comparison processes in this particular profession.

Despite the provisional nature of our data, the present work has a number of implications for understanding and studying burnout in the human service professions. Most important, our findings show that the social nature of burnout has two aspects. First of all, professional burnout is related to an imbalanced social relationship with recipients. Burned-out nurses feel that they invest more in their patients than they get back in return. This agrees with the traditional view on burnout in which demanding and stressful relationships with recipients

are considered to be the major cause of burnout (cf. Maslach, 1982b). We believe that social exchange theory can provide a useful conceptual framework to understand the dynamics of this particular social relationship that is critical for the development of burnout. However, the social nature of burnout is also demonstrated by the impact of social comparison and social affiliation processes in which coworkers are involved. In particular, we found indications for a process similar to emotional or symptom contagion in nurses. Accordingly, the traditional social psychological view of burnout that builds heavily on the demanding relationship between caregiver and recipient should be supplemented by a social comparison perspective that includes the relationships with coworkers as well. In doing so the gap between burnout research and social psychological theory can be partly closed.

Our results showed that burned-out nurses, particularly when they are under stress, do not affiliate with their colleagues; rather, they withdraw and avoid their presence. Viewed from a slightly different perspective, this agrees with the common notion that burnout is associated with a lack of social support from colleagues (Constable & Russell, 1986; Dignam & West, 1988). Our data suggest a plausible—albeit tentative—explanation for this well-documented relationship. Nurses under stress felt a strong need to affiliate, but at the same time they refrained from actually doing so. Therefore it is likely that their withdrawal is motivated by fear of embarrassment or of looking incompetent. Thus, it can be hypothesized that the lack of social support is caused by an active withdrawal from social contacts with colleagues who may confront the burned-out professional with his or her own incompetence. This interpretation is strengthened by the observation that the most vulnerable nurses with low self-esteem were especially likely to avoid the company of their colleagues. Furthermore, in an interesting study investigating both work and personal contacts (Leiter, 1988a), work contacts were positively related, and personal contacts were negatively related to emotional exhaustion. Thus, it seems that interactions with colleagues about work-related issues are stressful, but interactions about personal matters reduce stress. In conclusion, our findings suggest a counteractive role of social support from colleagues because work-related interactions might threaten the individual's self-esteem and foster burnout (cf. Buunk, 1990).

Finally, our study indicates that burnout has to be considered as a multidimensional phenomenon. Emotional exhaustion is a generic stress reaction that depends on individual sensitivity. We agree with Shirom (1989) that emotional exhaustion can be considered the core symptom of burnout. In our study too, emotional exhaustion showed the most robust and unambiguous results. Nevertheless, this aspect of burnout is the least specific since it overlaps considerably with similar strains (Schaufeli & Van Dierendonck, 1992). Depersonalization is a way of coping that is particularly prominent in individuals who are characterized by a strong need for reciprocity in social relationships. This second dimen-



sion of burnout, which is characterized by mental distancing, is highly specific for human service professions. Reduced personal accomplishment is observed especially in individuals with poor self-esteem. Probably personal accomplishment can be considered to be a coping resource that allows the individual to deal effectively with feelings of exhaustion, as is suggested by Koeske and Koeske (1989). Furthermore, Leiter (Chapter 14) confirms this special status of diminished personal accomplishment in showing that it develops separately from emotional exhaustion and depersonalization because the former is related to particular aspects of the work environment, such as lack of autonomy.

These observations concerning the three dimensions of burnout lead to two conclusions with regard to future research. First, the moderating role of personality characteristics should be investigated more thoroughly. Earlier studies on personality features such as self-esteem and locus of control (Caron, Corcoran & Simcoe, 1983) and "hardiness" (McCranie, Lambert, & Lambert, 1987) did not investigate such moderator effects on burnout at all. Second, comprehensive models should be developed that integrate all three dimensions of burnout. In our view a social comparison perspective can provide an overarching conceptual framework to develop such models.

**TABLE 1** Burnout Dimensions, Stressors, and Personality Characteristics

	$R^2$	$\beta$
Emotional exhaustion	.36	
Uncertainty		.50**
Imbalance		.25**
Uncertainty $\times$ reactivity		.22**
Lack of control		.20**
Depersonalization	.32	
Uncertainty $\times$ exchange orientation		.30**
Imbalance		.24**
Self-esteem		.23**
Reduced personal accomplishment	.36	
Uncertainty		.24**
Imbalance		.25**
Lack of control $\times$ self-esteem		.25**
Reactivity		.11*

\* $p < .05$ . \*\* $p < .01$ .