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BURNOUT AND REACTIONS TO SOCIAL COMPARISON INFORMATION AMONG VOLUNTEER CAREGivers

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The present study focused on social comparison processes among volunteer caregivers of terminally ill patients in relation to burnout. First, caregivers’ (N = 80) affective reactions to a bogus interview with fellow volunteer workers who were either coping better or worse were considered. Upward comparison evoked more positive and less negative feelings than downward comparison. Second, we examined the possibility of producing positive comparison outcomes by instructing half of the volunteer caregivers to focus on the positive interpretation of social comparison information, that is to contrast their situation against the situation of the downward comparison targets or to identify themselves with the upward targets. This intervention was effective in reducing negative affect in the downward but not in the upward condition. Two burnout dimensions moderated the effects. Individuals high in emotional exhaustion (indicating high-burnout) benefited more from the self-enhancement instruction than individuals low in this dimension. For personal accomplishment the effects were in the opposite direction: solely individuals high in personal accomplishment (indicating low-burnout) benefited from the instruction. The latter effect was only found if the instruction followed downward comparison information.

Keywords: Social comparison; Identification-contrast processes; Burnout; Emotional exhaustion; Depersonalization; Personal accomplishment; Volunteer caregiving

The present study focused on social comparison processes among volunteer caregivers of terminally ill patients. This volunteer work completes professional human service and family support. Although volunteer work is usually experienced positively, it may contain stressful elements as well.

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Volunteer caregivers have to deal with feelings of anger, anxiety, depression and desperation of the patients themselves and of their direct families. Moreover, being confronted with the death of another person may increase awareness of one’s own mortality and this may in turn evoke feelings of depression and anxiety. These experiences may be particularly stressful for volunteer caregivers because they cannot substitute their intrinsic motivation for an extrinsic one as paid caregivers can. The demanding and emotionally charged relationships between caregivers and their recipients may lead to a kind of occupational stress among health care workers that is referred to as burnout (Maslach, 1993). Burnout is usually defined as a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Jackson & Leiter, 1996). Emotional exhaustion refers to energy depletion or the draining of emotional resources. Depersonalization refers to negative, cynical attitudes towards the recipients of one’s services. Lack of personal accomplishment is the tendency to evaluate one’s own work with recipients negatively, an evaluation that is often accompanied by feelings of insufficiency (Maslach, 1993).

Many studies have focused on the role of social comparison in dealing with stress as a result of health problems (e.g., Van der Zee, Buunk & Sanderman, 1998; Van der Zee, Oldersma, Buunk & Bosch, 1998; Wood, Taylor & Lichtman, 1985). By selectively using information from the social environment patients with serious diseases may obtain a relatively favorable comparison with one or more target others and such a favorable comparison situation may produce an increase in subjective well-being for the comparer. There is some evidence that the same processes will hold for caregivers who are faced with a stressful situation. For example, Taylor, Wood & Lichtman (1985) interviewed husbands of breast cancer patients and found that they contrasted their situation against the situation of men who left their wives because of their illness. This finding is particularly relevant, because in reality, men hardly ever leave their wives in response to breast cancer.

AFFECTIVE REACTIONS TO SOCIAL COMPARISON INFORMATION

Traditionally, it has been supposed that under stressful circumstances, individuals tend to compare their situation primarily with the situation of
others who are doing worse and that such downward evaluations may contribute to well-being (e.g., Wills, 1981). However, in many circumstances confrontation with fellow sufferers who are doing worse may be rather depressing and is therefore avoided. Taylor & Lobel (1989) argue that although individuals under stress will predominantly evaluate their situation against the situation of others who are doing worse, they will prefer actual contact with or information about others who are doing better. In previous studies among cancer patients in which we provided respondents with vivid information about others facing the same stressful situation who were doing either better or worse, it was indeed shown that upward comparison information resulted in more positive affect than downward comparison information (Van der Zee et al., 1998; Van der Zee, Oldersma et al., 1998). In the present study, volunteer workers received information about other volunteer’s experiences. It was expected that, compared to downward comparison information, caregivers show more positive and less negative affective reactions to upward comparison information (Hypothesis 1).

INDUCING UPWARD IDENTIFICATION AND DOWNWARD CONTRAST

Buunk & Ybema (1997) further specify the conditions under which positive and negative affective consequences of upward and downward comparisons may occur. They argue that the interpretation of social comparison information is dependent upon whether individuals contrast themselves or identify themselves with comparison targets. If individuals contrast their situation against the situation of the comparison other, downward comparison leads to the comforting conclusion that one is better off, whereas upward comparison leads to the threatening conclusion that one is doing worse. In contrast, when an individual identifies with an upward comparison target, he or she will probably perceive that it is likely to become like the comparison target in the future. In that case upward comparisons may be inspiring and may meet motives of self-improvement (see also Collins, 1996; Wills, 1991) whereas downward comparison will be experienced negatively. For example, Van der Zee et al. (1998) examined affective responses of breast cancer patients to comparison information and showed that the more patients identified themselves with upward comparison targets, the more positive feelings they experienced following the comparison.
Thus, a positive or a negative interpretation of social comparison information is dependent upon whether individuals contrast themselves or identify themselves with comparison targets. Stress among volunteer caregivers may be associated with an inability to focus on the positive interpretation of social information. The second aim of the present study was to consider the possibility of producing positive comparison outcomes by instructing volunteer caregivers to focus on the positive interpretation of social comparison information. The paradigm that was used was derived from Salancik (1976) and Seligman, Fazio & Zanna (1980) who reasoned that people's cognitions, attitudes and beliefs can be influenced by manipulating the recall of specific attributes. In studies in the field of interpersonal relationships, Buunk, Oldersma & De Dreu (2000), for example, instructed respondents to generate as many as possible reasons why they were better partners than others. This instruction had a positive impact on feelings of relationship satisfaction. In the present study, we examined the effectiveness of an intervention in which volunteer workers were instructed to focus on the positive interpretation of social comparison information, that is to identify themselves upwardly or to contrast themselves downwardly. It was expected that individuals who are instructed to engage in self-enhancing comparisons experience more positive and less negative affect than individuals who have not received such instructions (Hypothesis 2).

BURNOUT AND SOCIAL COMPARISON

It seems that by focusing on the negative rather than the positive interpretation of incoming information, some individuals are more susceptible to experiencing chronic distress. The present study examined the extent to which risk for burnout is related to less positive reactions to social comparison information. Earlier studies on depression for example revealed that the chronic distress and feelings of inferiority among depressed individuals may arise and be maintained by the fact that they are less likely to use social comparison information in a self-enhancing way (e.g., Kuiper & Olinger, 1986). In our own work, we found strong evidence for comparable processes among individuals high in neuroticism (Van der Zee et al., 1998; 1999; Van der Zee, Oldersma et al., 1998). It can be argued that the same processes will hold for caregivers with a high risk for burnout, because burnout is strongly related to both depression (e.g., Schaufeli & Enzmann,
1998) and neuroticism (e.g., Deary, Blenkin, Endler, Zealley & Wood, 1996).

How will the three burnout symptoms be related to the affective reactions to social comparison? In line with the work of Schachter (1959), it can be expected that especially strong negative emotions will foster social comparison processes, and that therefore particularly the emotional exhaustion component of burnout will be related to the affective consequences of social comparison. Furthermore, studies among dysphorics show that dysphorics are more likely to engage in upward contrasting, as shown by less favorable evaluation of the self in relation to others in comparison with nondysphorics (Ahrens, Zeiss & Kanfer, 1988). In addition, negative affect from downward comparison may be enhanced because dysphorics may tend to engage in threatening identification with less fortunate colleagues. The same results may be expected for emotional exhaustion because particularly this burnout dimension has often been associated with depression (e.g., Schaufeli & Enzmann, 1998).

The dimension of personal accomplishment may also be related to the affective consequences of social comparison. Those high in personal accomplishment may empathize with others doing better, they may be inspired by them, and feel sorry for others doing worse. Studies on Type A personalities who are strongly concerned about personal accomplishments and who usually have a history of success, seem particularly interested in upward comparison information. Such information may provide useful insights in how to improve their performance (e.g., Yuen & Kuiper, 1992).

There is evidence in the literature that dehumanization of patients is positively associated with neuroticism (e.g., Deary et al., 1996), which may lead us to expect that the same findings that were obtained for social comparison among individuals high in neuroticism will also hold for individuals high in depersonalization. However, there is no theoretical reason to expect that negative, cynical attitudes towards clients are related to the way individuals react to social comparison information about the performance of their colleagues.

To conclude, the present study examined associations between levels of burnout and affective reactions to social comparison information. It was expected that both emotional exhaustion and personal accomplishment would be associated with less positive and more negative reactions to social comparison information (Hypothesis 3). Because the intervention concerns
behavior that is in contrast with the own dispositional tendencies, we hypothesized that the instruction to engage in self-enhancing comparisons is more effective among individuals high in emotional exhaustion and personal accomplishment than among individuals low in both burnout-dimensions (Hypothesis 4).

METHOD

Participants

Participants in this study were Dutch volunteer caregivers who worked with terminally ill patients. The sample included 75 female and five male volunteers, with a mean age of 54 years ($SD = 10.3$). The participants worked on average 8 hours per week as a volunteer caregiver, and the average number of years experience in this work was three years. Thirteen per cent of the participants mentioned the volunteer work as their main activity, 47% was also engaged in housewifery, 21% had a paid job, 16% was retired, 5% was unemployed, 3% received disability pensions, and, finally, 1% was studying. The patients with whom the volunteers were working at the time of the study were 56% female and 44% male. Patients' age distribution was as follows: 11% was younger than 50 years, 38% was aged between 51 and 70 years, and 51% was between 70 and 100 years.

Procedure

Volunteer caregivers were recruited by means of a mailing. This mailing included some background information about the aims of the study, and an invitation to participate in a study on “health care and well-being”. Of the 206 individuals who were approached, 80 expressed their willingness to participate in the study (response = 39%). Three research assistants, who provided a questionnaire that included measures of burnout, affect measures, and dependent upon condition, the social comparison information and the self-enhancement instruction, visited them at home. After the data were analysed, all participants who had indicated that they were interested in the results of the study received a summary of the main research findings.
Experimental Conditions

Direction of Comparison

After the volunteer workers had finished the first part of the questionnaire, the experimental part of the study started in which the social comparison information was presented. Each participant read a bogus interview, which concerned either upward or downward comparison information. Participants were told that the interviews were fragments from a newspaper article. In the interview, two volunteer caregivers (one male and one female) told about their experiences as a volunteer caregiver on a number of dimensions such as being confronted with death, dealing with inequity in the relationship with the client and the capability to dismiss emotions associated with the volunteer work from one’s mind outside the working environment. In the first version of the interview (upward condition), both volunteer caregivers were coping rather well (e.g., enjoying the work, experiencing positive outcomes in terms of rewarding social interactions and feeling useful). The second version of the interview (downward condition) indicated severe problems (e.g., experiencing ruminative thoughts about death, thinking about quitting). In both interviews, information was given on the same dimensions and the number of words was equal in both versions. After reading the social comparison information patients were asked from which newspaper the information was drawn. Three participants stated that they did not know; the remaining participants mentioned either a national or a local newspaper or a specific newsletter for volunteer caregivers.

Self-enhancement Instruction

After they had finished reading the social comparison information, half of the respondents received an instruction to engage in self-enhancing comparisons. In the downward condition, respondents were told “You have read a newspaper article that provided you with information about Job Bloemhart and Mieke Bosch. Some of the situations that were described will be similar to your own situation, others will not. We would like to know to what extent your situation is different from the situation of Job Bloemhart. Could you please write down as many differences between you and this person?” This was followed by the same instruction for the second comparison target (Mieke Bosch). In the upward condition, respondents received a similar introduction. Now,
the instruction was to write down as many similarities with the target as possible.

**Measures**

*Burnout* was measured using a Dutch translation (Schaufeli & Van Dierendonck, 1994) of the Maslach Burnout Inventory (Maslach & Jackson, 1986). The questionnaire was slightly adjusted to make it suitable for the work of the volunteer caregivers in the present study. The instrument includes the three original MBI subscales, namely emotional exhaustion, depersonalization, and personal accomplishment. *Emotional exhaustion* was measured with nine items, for example “I feel emotionally drained from caring for my client”. Cronbach’s $\alpha$ of this scale was .87. The second burnout dimension, *depersonalization* was measured with five items, including “Sometimes I think that I don’t really care what happens to my client”. The moderate internal consistency found for this burnout scale (Cronbach’s $\alpha = .61$) is not uncommon in burnout research. Finally, *personal accomplishment* was measured with eight items, such as “I have accomplished many valuable things by caring for my client” (Cronbach’s $\alpha = .78$). All items were scored on a seven-point rating scale, ranging from never (0) to every day (6). High levels of emotional exhaustion and depersonalization, and a low level of personal accomplishment are indicative for burnout.

**Pre- and Post-manipulation Affect**

Pre-manipulation positive and negative affect were measured by a list of 19 adjectives that described possible feelings taken from an original list of 38 adjectives. The remaining adjectives were included as a post-manipulation measure of affect. The reason to include different affect items before and after the manipulation was to prevent familiarity effects. On the basis of earlier data on the scale (Van der Zee *et al.*, 1998), items for both versions were selected, whereby it was tried to reach maximum equivalence between the versions by maximizing the intercorrelations between the scale versions that were included as pre- and post-measure. Of the premeasure adjectives, nine concerned positive affect, 10 concerned negative affect. The adjectives for positive affect were grateful, reassured, content, pleasant, self-confident, encouraged, energetic, calm, comforted. The items for negative affect were confused, depressed, dissatisfied, anxious, uneasy, offended, ashamed, tensed,
pessimistic, irritated. These adjectives were in part a translation of the Multi-Affect Adjective Checklist (Zuckerman, Lubin, Vogel & Valerius, 1964). The scores for positive and negative effect were respectively the number of indicated positive and negative adjectives. Positive and negative affect did not correlate significantly \((r = -0.10)\). The indicator of post-manipulation affect encompassed 10 items for positive affect and nine for negative affect. The adjectives for positive affect were hopeful, good-humoured, relaxed, proud, enthusiastic, relieved, strengthened, optimistic, cheerful, inspired. The items for negative affect were angry, discouraged, uncertain, sad, worried, nervous, frustrated, aggressive, and listless. The scores of positive and negative effect were respectively the number of indicated positive and negative adjectives. Positive and negative affect correlated moderately negative \((r = -0.20, p < .05)\).

**Manipulation Check**

Two items were included to examine the extent to which the upward and downward condition were indeed perceived as such. Respondents were asked to indicate the relative position of both comparison targets on a five-point scale, ranging from *is coping much worse than I do* [1] to *is coping much better than I do* [5].

**Analyses**

All hypotheses were tested with MANOVA using the burnout dimensions, direction of comparison and presence or absence of the self-enhancement instruction as independent variables, and positive and negative affect as dependent variables. Thereby we controlled for pre-manipulation affect. The regression approach within MANOVA was used, with burnout as a continuous variable and direction of comparison and treatment condition as dichotomous variables.

**RESULTS**

**Descriptive Statistics**

Table I shows the mean values and standard deviations of the burnout variables. An indication of the level of burnout among the volunteer caregivers
TABLE I  Descriptive statistics\textsuperscript{1} and intercorrelations of the three burnout dimensions

<table>
<thead>
<tr>
<th></th>
<th>Present Sample</th>
<th>Norm Sample\textsuperscript{2}</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( M )</td>
<td>( SD )</td>
<td>( M )</td>
<td>( SD )</td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>10.18\textsuperscript{a}</td>
<td>7.07</td>
<td>14.44\textsuperscript{b}</td>
<td>8.01</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>2.95\textsuperscript{a}</td>
<td>2.55</td>
<td>7.90\textsuperscript{b}</td>
<td>4.36</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>33.60\textsuperscript{a}</td>
<td>5.08</td>
<td>27.31\textsuperscript{b}</td>
<td>5.20</td>
</tr>
</tbody>
</table>

Note: \textsuperscript{1} Row means with unequal superscripts differ significantly at \( p < .05 \); \textsuperscript{2} The normative sample consisted of 3679 Dutch human service professionals (Schaufeli & Van Dierendonck, 1994).

* \( p < .05 \), ** \( p < .01 \).

in the present study was obtained by comparing their MBI-scores with those of 3679 Dutch human service professionals (including nurses, hospital physicians, social workers, correctional officers, and hospital staff), who served as a provisional normative sample (Schaufeli & Van Dierendonck, 1994). T-tests showed that, in comparison to the normative sample, volunteer caregivers experienced significantly less feelings of emotional exhaustion, endorsed less cynical attitudes toward their patients and reported a stronger sense of personal accomplishment. These results should, however, be interpreted with some caution, because we used slightly adjusted operationalizations for each of these three burnout dimensions. Furthermore, as can be seen from Table I, depersonalization was highly correlated with emotional exhaustion and moderately negative with personal accomplishment. No relationship between emotional exhaustion and personal accomplishment was found.

Manipulation Check

First, it was examined to what extent the upward and downward information was indeed perceived as such. Because the comparison information concerned two targets, it was necessary to check the relative position of both targets in comparison to the self. Therefore, a three-way MANOVA was performed with direction of comparison and self-enhancement instruction as between-subjects independent variables and target as the within-subjects independent variable and target evaluation as the dependent variable. The analysis revealed a significant effect of both target and direction of comparison on target evaluation, but no target \( \times \) direction of comparison interaction effect. Both targets were considered as worse off in the downward condition (\( M = 1.74 \) and \( M = 2.41 \), respectively for Job Bloemhart and Mieke Bosch) than in the upward condition (\( M = 2.78 \) and \( M = 3.08 \),
BURNOUT AND SOCIAL COMPARISON

\( F(1, 75) = 28.05, p < .001 \). It must be noted that both upward targets were considered quite similar to the self. This finding seems to represent tendencies to assimilate upward comparison information and has been reported in the literature quite often (e.g., Van der Zee et al., 1998). Furthermore, the male comparison target Job Bloemhart was considered as worse off \((M = 2.27)\) than the female comparison target Mieke Bosch \((M = 2.75)\), \( F(1, 75) = 7.59, p < .01 \). This may be due to the fact that the majority of our sample consisted of females who may have derogated the male comparison target more easily. The effect of the self-enhancement instruction failed to reach significance, \( F(1, 75) = 2.91, \text{n.s.} \), and there was also no significant target \(\times\) intervention interaction effect \((F < 1)\). Interestingly, a significant target \(\times\) self-enhancement instruction \(\times\) direction of comparison (three-way) interaction effect was found, \( F(1, 75) = 4.00, p < .05 \). For Mieke Bosch, but not for Job Bloemhart, a significant direction of comparison \(\times\) self-enhancement instruction effect was found, \( F(1, 75) = 7.72, p < .01 \).

Table II shows the mean scores for relative evaluations. A significant effect of the self-enhancement instruction was found if the instruction followed downward comparison information. No effect of the self-enhancement instruction was found if the instruction followed upward comparison information. Apparently, the self-enhancement instruction was only effective in the downward comparison condition.

### Effect of Direction of Comparison and Self-enhancement Instruction

Next, the regression approach within MANOVA was used to examine the effects of our manipulation. Thereby, the burnout dimensions, direction of comparison, and self-enhancement instruction were considered. Table II shows the mean scores for relative evaluations.

#### Table II Evaluation of the targets in comparison to the self as a function of self-enhancement instruction and direction of comparison

<table>
<thead>
<tr>
<th>Self-enhancement Instruction</th>
<th>Job Bloemhart</th>
<th>Mieke Bosch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>M</td>
<td>SD</td>
<td>n</td>
</tr>
<tr>
<td>Direction of Comparison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up</td>
<td>2.79&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.54</td>
</tr>
<tr>
<td>Down</td>
<td>1.89&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.76</td>
</tr>
</tbody>
</table>

Note: <sup>a</sup>Row and column means with unequal superscripts differ significantly at \( p < .05 \).
comparison and self-enhancement instruction were included as the independent variables and positive and negative affect as the dependent variables. In all the analyses, we controlled for pre-manipulation affect. First, the effects of direction of comparison on both positive and negative affect were considered. A significant effect of direction of comparison was found, both on positive affect, $F(1, 75) = 8.93, p < .01$, and on negative affect, $F(1, 75) = 15.22, p < .001$. Upward comparisons evoked more positive and less negative affect ($M = 2.96$ and $M = .17$, respectively) than downward comparisons ($M = 1.78$ and $M = .97$, respectively). This confirms Hypothesis 1. Hypothesis 2 was not confirmed. Unexpectedly, there was no significant effect of the self-enhancement instruction, respectively $F < 1$ and $F(1, 75) = 1.21$ for positive and negative effect. Interestingly, for negative affect, a significant direction of comparison $\times$ self-enhancement instruction interaction effect was found, $F(1, 75) = 4.86, p < .05$. Whereas in the downward condition, the expected reduction in negative feelings as a result of the self-enhancement instruction did occur, no effect was found of the self-enhancement instruction in the upward condition (Table III). Note that this finding is consistent with the effects found for relative evaluation of self in comparison with Job Bloemhart in the manipulation check.

**Emotional Exhaustion and Social Comparison**

Next, the influence of emotional exhaustion on affective reactions to social comparison information and the self-enhancement instruction was considered. MANOVA was performed with emotional exhaustion as a continuous independent variable and direction of comparison and self-enhancement instruction as dichotomous independent variables, positive and negative affect as dependent variables, and pre-manipulation affect as a covariate.

<table>
<thead>
<tr>
<th>TABLE III</th>
<th>Negative affect as a function of self-enhancement instruction and direction of comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Self-enhancement Instruction</strong></td>
</tr>
<tr>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Direction of Comparison</td>
<td></td>
</tr>
<tr>
<td>Up</td>
<td></td>
</tr>
<tr>
<td>Down</td>
<td></td>
</tr>
</tbody>
</table>

*Note: $^a$ Row and column means with unequal superscripts differ significantly at $p < .05$. 

Downloaded By: [Erasmus University Library / Rotterdamse Leeskabinet / Erasmus MC / Univ Med Centre Rotterdam] At: 13:14 26 May 2010
No main effects of emotional exhaustion on positive and negative affect were found ($F < 1$), nor did we find significant interaction effects between emotional exhaustion and direction of comparison on positive ($F < 1$) and negative affect, $F(1,75)=1.94$, n.s. Interestingly, a two-way emotional exhaustion x self-enhancement instruction interaction effect was found, $F(1,75)=2.87, p<.05$. Figure 1 shows positive affect as a function of emotional exhaustion and self-enhancement instruction. As Fig. 1 reveals, among individuals high in emotional exhaustion, a positive effect of the self-enhancement instruction on positive affect was found, whereas no effect of the self-enhancement instruction was found among individuals low in emotional exhaustion. This finding is in line with Hypothesis 3. No burnout x direction of comparison x self-enhancement instruction interaction was found. Apparently, the positive effect of the self-enhancement instruction among individuals high in emotional exhaustion was independent of the nature of the comparison information they had received.

### Depersonalization and Social Comparison

A MANOVA with depersonalization, direction of comparison and self-enhancement instruction as independent variables and positive and negative
affect as dependent variables, controlling for initial affect levels, revealed 
no significant effects of depersonalization on positive and negative affect 
($F < 1$). In addition, no significant interaction effects were found between 
depersonalization and direction of comparison on both positive and nega-
tive affect ($F < 1$), and no depersonalization × self-enhancement instruction 
interaction on positive ($F < 1$) and negative affect $F(1, 75) = 1.18, n.s.$, was 
found. The depersonalization × direction of comparison × self-enhance-
ment instruction three-way interaction effect also failed to reach significance 
($F < 1$). To conclude, as we predicted, depersonalization was unrelated to 
individuals’ reactions to social comparison information.

**Personal Accomplishment**

MANOVA, controlling for initial differences in affect levels, revealed 
a significant main effect of personal accomplishment on positive affect, 
$F(1, 75) = 9.37, p < .01$. Regardless of condition, higher scores on personal 
accomplishment were associated with more positive feelings after the manip-
ulation. The personal accomplishment main effects on negative affect failed 
to reach significance ($F < 1$). No significant personal accomplishment × 
direction of comparison effect on positive, $F(1, 71) = 1.03, n.s.$, and 
negative affect ($F < 1$) was found. Interestingly, we did find a significant 
accomplishment × self-enhancement instruction two-way interaction effect 
on negative affect, $F(1, 71) = 5.05, p < .05$. This interaction was further 
qualified by a three-way personal accomplishment × direction of compar-
ison × self-enhancement instruction interaction effect on negative affect, 
$F(1, 70) = 9.14, p < .01$. A direction of comparison × self-enhancement 
instruction interaction effect was found among individuals high in personal 
accomplishment, $F(1, 36) = 9.87, p < .01$, but not among individuals low in 
this dimension, $F < 1$. The general finding that the intervention resulted in a 
reduction of negative affect in the downward condition, but not in the 
upward condition was solely replicated among individuals high in personal 
accomplishment. Restricting the analyses to individuals high in personal 
accomplishment, in the downward comparison condition, significantly less 
negative affect was found among participants who received a self-enhance-
ment instruction ($M = .22$) than among participants who did not receive 
such an instruction ($M = 1.67$), $F(1, 15) = 6.98, p < .01$. This finding is in 
contrast with Hypothesis 3 that predicts a higher effectiveness of the 
self-enhancement instruction among individuals low rather than high in
DISCUSSION

The present study examined the role of social comparison in dealing with occupational stress among volunteer caregivers of terminally ill patients. It was found that volunteer caregivers experienced more positive feelings and less negative feelings in reaction to information about others doing better as compared to comparable information about others doing worse. In general, upbeat stories about others doing better may be inspiring and reassuring and may therefore be preferred over stories about less fortunate others, who may evoke depression and anxiety. Interestingly, the volunteer caregivers seemed to identify themselves more strongly with Mieke Bosch, the female comparison target, as indicated by a more positive evaluation of how well Mieke Bosch was doing in comparison to the self. The sample was predominantly female. It seems easier to derogate others with whom we have little in common than others who resemble us with respect to important features. Goethals & Darley (1977), for example, explicitly associated identification with resemblance on related attributes such as gender, age or peer group.

The present study also examined the possibilities of reducing negative feelings and enhancing positive affect by triggering the use of self-enhancing comparison strategies. It was assumed that individuals might be able to maintain a sense of well-being by focusing on the positive interpretation of incoming social information. By instructing volunteer caregivers to concentrate on similarities with the upward target and on differences with the downward target, we tried to help them to reach at a positive interpretation of the information. In the downward condition, the self-enhancing instruction indeed proved to be effective. Our findings are in line with those of Buunk et al. (2000) who also report positive outcomes of instructing respondents to generate favorable self-evaluations. A difference with the present study was that respondents were not explicitly instructed to state their superiority; the task was to mention differences between the self and the comparison target. Nevertheless, we did find a positive effect of the
intervention. Examining the differences that were written down in this condition, it became clear that respondents had been engaging in downward comparisons.

No effect of the self-enhancing instruction was found in the upward condition. In part this may be due to the fact that although the upward comparison targets were perceived as clearly better of than the downward targets, they were not evaluated as coping better than the respondents perceived they were coping themselves. Mean evaluations indicated that the targets were perceived as about similar. This finding seems to represent tendencies to assimilate upward comparison information and has been reported in the literature quite often (e.g., Van der Zee et al., 1998). This may indicate that the majority of the respondents already used a self-enhancing strategy in reaction to upward comparison information. Another explanation may be that focusing on ways in which you are better evokes a positive schema of oneself that is more powerful in influencing affect than focusing on ways you are similar. Particular in Western Societies, similarity also has the negative connotation of being modest. We have a basic drive to outperform others rather than to be similar. It must be noted that an important restriction of the present study, that was designed as an intervention study, was that we had no self-defeating conditions, instructing volunteer workers to contrast themselves with upward targets and to identify themselves with downward targets. Therefore, it is impossible to draw final conclusions about what made the self-enhancement intervention work. Possibly, simply reminding the participants of the comparison target may have produced the effects. However, the fact that the effects for direction of comparison revealed more positive outcomes for upward comparison, whereas the self-enhancement instruction particularly produced positive outcomes in the downward condition, suggests that characteristics of the instruction and not of the targets may have been responsible for the results.

The present data failed to reveal support for the hypothesis that burnout is related to dysfunctional reactions to social comparison information. No differential effects of direction of comparison on affect were found for individuals who scored low or high on emotional exhaustion and personal accomplishment. However, we did find support for differential reactions to the self-enhancement instruction for these burnout dimensions. For emotional exhaustion, findings were in the predicted direction. Individuals high in emotional exhaustion benefited from the self-enhancement instruction, regardless of the nature of the comparison information they had received,
whereas individuals low in emotional exhaustion did not. Interestingly, for personal accomplishment findings were in the opposite direction. After having received downward comparison information, individuals high in personal accomplishment benefited more from the intervention to engage in self-enhancing comparisons than individuals low in this trait. This finding was unexpected because we had argued that individuals low on burnout would be characterized by a tendency to engage in self-enhancing comparisons in order to cope with the stress in their work, as a way to protect their sense of well-being. However, in contrast with the two other burnout dimensions, personal accomplishment seems particularly related to upward identification and less strongly to downward contrast. Studies on Type A personalities who are strongly concerned about personal accomplishment and usually have a history of success show that these personalities are particularly interested in upward comparison information that may provide useful insights in how to improve their performance (e.g., Yuen & Kuiper, 1992). Therefore, in the downward condition, the intervention may not have represented their natural way of dealing with social information, and may have helped them in reducing the negative feelings generated by the downward comparison target.

The fact that findings for emotional exhaustion and personal accomplishment point in different directions is consistent with earlier findings that suggest that personal accomplishment is more or less an outsider in the theory of burnout. Some authors (Cordes & Dougherty, 1993) have suggested that, at a theoretical level, personal accomplishment reflects a personality characteristic similar to self-efficacy, rather than a genuine component of burnout.

Two important restrictions of the present study that may have obscured effects of burnout have to be mentioned. First, because of the small sample size, the present study had only limited power. Second, although the volunteer caregivers could mention examples of negative experiences in their work during interviews, their positive experiences clearly outnumbered the negative ones. Consistently, the levels of burnout were really quite low in comparison with a normative sample. Feelings of being useful to others, the rewarding social interactions associated with the work, and the social approval of volunteer work (e.g., Pearce, 1983) may clearly have been present in the current sample. This finding is not uncommon. For example, studies by Folkman (1997) among caregiving partners of men with AIDS revealed levels of positive psychological states that were comparable to a
community sample of urban university students not experiencing unusual stress, provided that their partners had not died during the course of the study. Moreover, because of the voluntary nature of the work, caregivers who experienced high levels of burnout may have resigned from their work and may have therefore not entered the study. The volunteer organization indeed reported considerable dropout among the volunteers. We do not think that this fact may have flattered the present pattern of results. On the contrary, particularly for the moderation effects, the reduced dispersion in burnout scores may have resulted in a rather conservative test of our hypotheses. Nevertheless, the moderating influence of burnout on the relationship between social comparison activity and affect needs further investigation.

What are the practical implications of the present findings? First, the results show that upward comparisons generate more positive and less negative feelings than downward comparisons. By developing instruction films, showing positive role models, or by providing inexperienced volunteer caregivers with a mentor, an experienced caregiver who has proved to be successful in the caregiving task, feelings of helplessness, low self-efficacy or frustration may be reduced and feelings of competence may be enhanced. Studies among patients have revealed successful outcomes of informational interventions, revealing for example videotaped role models dealing successfully with difficult situations (Mahler, Kulik & Hill, 1993). Second, the data suggest that asking them to focus on differences between themselves and the targets can reduce caregivers' negative feelings in response to downward targets. This seems an important strategy that mentors or therapists working with health care professionals may use when caregivers express strong negative reactions to failure or distress observed in colleagues. This seems particularly true when caregivers suffer from emotional exhaustion.

References


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