

Obciążenie emocjonalne w zawodach społecznych i jego konsekwencje – wyniki badań własnych na tle literatury

Emotional burden in social professions and its implications –
presentation of own research results against a literature review

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Streszczenie

Artykuł ma charakter poglądowy, a jego treścią są obciążenia emocjonalne występujące w zawodach społecznych, ich przyczyny, czynniki ochronne oraz następstwa zdrowotne. Szczególną uwagę poświęcono wymaganiom związanym z interakcjami społecznymi zachodzącymi pomiędzy osobami pomagającymi i zwracającymi się o pomoc i wyrażanymi w postaci komunikacji interpersonalnej. Powyższe treści omówiono, posługując się przykładami pochodzącymi ze środowiska pracy pracowników ochrony zdrowia oraz centrów systemu powiadamiania ratunkowego. Informacje pochodzące z aktualnych prac naukowych porównano z wynikami badań własnych. We wstępie pracy zawarto informacje dotyczące źródeł obciążenia emocjonalnego pracowników zawodów związanych z ochroną zdrowia z uwzględnieniem zmian wywołanych pandemią COVID-19. Wymagania dotyczące komunikacji interpersonalnej przedstawiono, korzystając z pojęcia „praca emocjonalna” (*emotional labour*). W części dalszej omówiono niekorzystne następstwa stosowania pracy emocjonalnej w postaci syndromu wypalenia zawodowego oraz problemów zdrowotnych. Omawiane treści zobrazowano wynikami badań własnych. Ich problematyka dotyczyła dwóch grup zagadnień. Zbadano związki łączące pracę emocjonalną z poziomem empatii, zaangażowania w pracę oraz wypalenia zawodowego. Drugim zagadnieniem były predyktory wypalenia zawodowego w postaci wymagań środowiska pracy, statusu cywilnego i obciążenia opieką nad dziećmi oraz zasoby osobowe w postaci poziomu spostrzeganego stresu, uogólnionej skuteczności własnej oraz posiadania aktywnego hobby. Przedstawiono także negatywne zmiany dotyczące poziomu bezradności, wypalenia oraz nadwagi i otyłości odnoszące się do pracy zawodowej w okresie pierwszej fali pandemii COVID-19. Artykuł kończy podsumowanie oraz wnioski.

Słowa kluczowe: wypalenie zawodowe, regulacja emocji, empatia, stres psychologiczny, nadwaga

Abstract

The article presents an overview of emotional burdens that are typical of social professions, along with their causes, protective factors, and health implications. Particular attention is given to the demands associated with social interactions occurring between those helping and those asking for help, which are expressed by interpersonal communication. The subject matter is discussed using examples from the work environment of health care workers and staff at emergency call centres. The results of own research are compared with the findings of other current studies. The introduction presents information on the sources of emotional burden experienced by health care employees, taking into account the changes caused by the COVID-19 pandemic. The requirements associated with interpersonal communication are discussed using the concept of emotional labour. In the following part, the adverse consequences of emotional labour – such as occupational burnout syndrome and health problems – are discussed. They are illustrated with the results of our own study. The problems identified fall within two main domains. First, relationships linking emotional labour to the levels of empathy, work engagement, and professional burnout are examined. The second issue encompasses the predictors of job burnout including the demands of the work environment, marital status, and childcare burden, as well as personal resources in the form of the levels of perceived stress, generalised self-efficacy, and active hobbies. Negative changes pertaining to the levels of helplessness, burnout, and overweight and obesity relating to work during the first wave of the COVID-19 pandemic are also presented. The final part includes a summary and conclusions.

Keywords: burnout, emotional regulation, empathy, psychological distress, overweight

INTRODUCTION

A characteristic feature of the working conditions in social professions is the fact that the emotional processes experienced by individuals working in these occupations are treated as inherent components of their work. These occupations require not only physical or intellectual effort, but also emotional effort. The emotional burden caused by the responsibility for the quality of services, which are expected to be provided without problems or errors, the necessity of shift work, staff shortages coupled with overtime work, as well as work-home and home-work conflicts, should be distinguished from the burden associated with interpersonal contact. Burdens caused by interpersonal contacts may be related to talking with people who are suffering, or dying, and their family members, and negative emotions expressed by those receiving help who simultaneously expect support and maximum commitment (Woo et al., 2020). Meeting such expectations requires both suppressing one's emotions and simultaneously expressing the expected ones. In the work environment of emergency notification system centres, interpersonal contact occurs over the phone, but it elicits an emotional impact similar to that of face-to-face conversation. The operators often witness the suffering of people who are waiting for immediate help. They try to remain emotionally neutral and use their own emotions when classifying the problem; emotional processes are thus indicators that help maintain factual and empathetic communication with the caller (Wang, 2022).

The outbreak of the COVID-19 pandemic had a negative effect on the working conditions in social professions. An increasing number of illnesses and deaths, changes in organisational rules and social conflicts caused by restrictions and officially imposed regulations were followed by disruptions that burdened workers. Contact with a previously unknown disease with an uncertain prognosis brought anxiety and the need to protect oneself and one's family from infection (Özdemir et al., 2023; Schumann et al., 2023). The pandemic intensified the risk of "emotional contagion" for participants in conversations, along with a defensive need to increase distance, which negatively affected social interactions (Mayo et al., 2023). Moral suffering caused by the lack of sufficient help for all those in need became an additional source of emotional burden. There was a growing sense of false contact (Iskender et al., 2023). The requirements of the work environment in social professions with respect to interpersonal communication and the management of emotional processes are defined by the term of emotional labour (EL). EL serves multiple purposes (helping to regulate employee's emotions, create a public image, put the communication partner in "the right mental state, [...] a sense of receiving care in a friendly and safe place") (Hochschild, 2012, p. 7). The key to EL is a set of rules that determine which emotions, and at what intensity, should be shown in public

space, and which should be eliminated (Gabriel et al., 2023). It can be emotionally taxing to show emotions that are expected regardless of what the employee is currently feeling, and hide those that may hinder the communication process. It is generally required to suppress situationally aroused emotions, refrain from openly expressing negative ones, and instead express them in socially acceptable ways. It is emotionally burdensome to constantly monitor one's behaviour and emotional reactions, exposing oneself to the risk of being "infected" by the interlocutor's emotions. Determining the other person's emotions can involve the judgments contained in them, as well as subjectively perceived feelings, patterns of physiological processes, particular tendencies, and instrumental behaviour (Mayo et al., 2023). The underlying physiological synchronisation is both socially advantageous and breeding tension, spreading stress or conflict (Creavy et al., 2020). When employees apply EL, they use strategies that differ in goals and authenticity from the emotions revealed (Hochschild, 2012). When the purpose of the action is to adapt their image to the professional situation, they use surface actions (SA). In this case, they can suppress their currently experienced feelings and hide them (hiding feelings, HF), and in their place adopt pretended facial and pantomimic signals of emotions currently not felt but consistent with the expectations of the situation (faking emotions, FE) (Gabriel et al., 2023). Strategies, referred to as deep actions (DA), are designed to either evoke socially expected emotions or process already experienced emotions, which can then be revealed. Constant suppression of negative emotions generates internal tensions and anxiety caused by the dissonance between the emotions felt and those shown. Repeatedly ignoring one's own feelings and refraining from showing them can result in a sense of social alienation (Yang and Jang, 2022). Such dissonance and neglecting one's feelings create a sense of being hurt and lower the mood. Repeated "bona fide pretense" also has a negative impact on employees' health, self-esteem, professional identity, and sense of self-efficacy (Cheng et al., 2023). Constant monitoring of emotional expression is taxing, as it consumes a large amount of mental resources (Jia et al., 2023). Studies confirm that the occurrence of dissonance, frequent suppression of negative emotions, and a lack of authenticity coexist with professional burnout and loss of job satisfaction (Gabriel et al., 2023). The application of deep strategies also carries the risk of exhaustion. There is an underlying need to monitor one's own and one's partner's feelings, and the need to adjust or change them. It should be noted that EL and the emotional burden felt by health care workers relate to the rules of showing emotions that differ significantly from everyday expression of positive emotions, as exemplified by the differences between showing understanding of one's partner's negative emotions and showing affection. The former case leads to the risk of developing symptoms of empathic compassion fatigue syndrome.

The most commonly identified consequence of EL is occupational burnout syndrome (OBS) (Gabriel et al., 2023). OBS is not a disease but an occupational phenomenon affecting an employee's health, which manifests itself by emotional exhaustion, cynicism and deterioration of interpersonal relationships, loss of professional effectiveness and disillusionment with work (Jaworowska, 2014; World Health Organization, 2019). The immediate cause of OBS is a high level of workplace stress persisting over a long period of time. EL is classified as a stressor operating in the area of interpersonal relations. Various study results have shown a negative impact of emotional dissonance on the development of OBS and other health problems. Another predictor of high levels of stress is the suppression of emotions. Initial stress reactions – such as tension, anxiety, and symptoms of psychosomatic disorders – can give rise to secondary as well as tertiary health problems including both those from the domain of mental health with subclinical severity and emotional disorders (Chen et al., 2022; Gabriel et al., 2023; Galanis et al., 2021; Wójcik et al., 2022). OBS is particularly prevalent in the health care sector, where the proportion of workers suffering from burnout is estimated to be between 35 and 80 per cent. The occupational group of nurses is regarded as the most vulnerable to burnout. During the COVID-19 pandemic, the level of burnout among nurses increased in many countries around the world (Wójcik et al., 2022). The employees of emergency notification system centres were found to be equally emotionally exhausted and at risk of burnout (Schumann et al., 2023).

RESEARCH RESULTS

The study described in the paper was conducted in two professional groups: hospital nurses and emergency call centre operators. The aim of the first study was to evaluate the role of empathy in preventing OBS. The empathy quotient (EQ) is a person's ability to initiate processes to understand the other person's experience by sharing emotions and maintaining a neutral observer's attitude. EQ usually increases psychological well-being and the quality of contact with patients (Załuski et al., 2020). However, excessive empathising accompanied by DA strategies can lead to signs of vicarious suffering. This is especially true when a negative mood is induced in order to tune into the sadness or anxiety experienced by the interaction partner. Lack of capacity for empathy raises the risk of contracting emotions from the interlocutor. In a study of surgical nurses, a hypothesis was proposed about the mediating function of the EQ between EL strategies and OBS levels. The results showed a negative association linking EQ to OBS, indicating that individuals with higher levels of EQ employed SA strategies less often and DA strategies more often. The use of DA by empathisers strengthened the protective effect of EQ on OBS. The application of SA strategies, especially FE, weakened the protective function of EQ. The use of SA by people with low levels of EQ is a result of imitating emotions during

social interactions. For employees with medium levels of EQ, this may mean that EQ ceases to have a protective function if the employee focuses on displaying emotions expected by the interaction partner, ignoring what they are actually feeling. In people with high levels of EQ, faking emotions may have been a defensive measure to protect themselves against vicarious suffering caused by the patient's emotions. In summary, the links between EQ and OBS depended not only on the level of EQ, but also on whether the empathic worker used DA strategies or, for some unknown reason, FE strategies. This situation is not uncommon. For example, a medical worker feeling vicariously the anxiety and suffering of a patient may feign positive emotions in an effort to provide relief.

Another study examined the associations between EL and work engagement and job burnout. Work engagement (WE) is a positive mental state of an employee, manifested by the liveliness of actions, and dedication to and preoccupation with the activities performed (Załuski and Makara-Studzińska, 2019). WE refers to the phenomena that are separate from OSB and negatively related to it. The use of DA strategies increases the level of WE. On the other hand, the application of SA co-occurs with reduced interpersonal contacts and a decrease in WE. Our study of hospital nurses revealed negative correlations between EL and OSB. In part, it confirmed the hypothesis that changing emotions at a deep level by increasing an employee's well-being increases the level of WE. An inverse relationship was observed when SA strategies were employed. Hiding negative emotions does not remove their underlying cause, which reduces the level of employee security and leads to withdrawal from professional relationships (Gabriel et al., 2023). Although the dissonance between the emotions shown and those actually felt is an emotionally taxing factor, it is not the dissonance itself, but rather the nature of emotions that seems particularly important. It is necessary to distinguish the dissonance between feeling calm and tranquil and showing keen interest in the interlocutor from the dissonance between the experience of feeling hurt and simultaneously showing understanding towards the conversation participant. In the latter case, the emotional burden is greater.

Summarising the results of both studies, it should be noted that the EQ level in nurses was significantly higher compared to that obtained in a study of the general Polish population (Załuski et al., 2020). The most common EL strategy was DA and suppression of experienced emotions. EQ helped to protect against OSB if it co-occurred with DA, provided that it did not lead to an increase in vicarious suffering. The WE level was found to be negatively associated with OBS. The application of DA strategies increased the level of WE, while the opposite relationship was identified for SA strategies.

Our next study was conducted in the work environment of emergency notification system centres during the first wave of the recent pandemic. One of the study's objectives was to

assess the relationship between the way individuals evaluate their life situation and the need to balance their work and family life, including taking care of children. The mode of evaluation, the indicator of which was the level of perceived stress, was related to the sense of unpredictability of life phenomena, lack of control, and feeling overwhelmed and uncomfortable. Such evaluation, especially when followed by negative emotions, frequently reduces the level of commitment to work, inclines people to avoid situations perceived as a source of discomfort, and makes it difficult to arouse positive emotions in professional situations (Załuski and Makara-Studzińska, 2022b). Studies have reported a marked increase in perceived stress levels and deterioration in the health of parents during the recent pandemic. This was especially true for mothers, who are considered more vulnerable to negative changes due to the need to combine maternal and professional roles (Ertek et al., 2022). The findings from our own study revealed that women with the shortest length of service, higher education, and mothers with more young children under their care experienced a particularly heavy emotional burden. Lack of sufficient resources to protect young workers from the “reality shock”, higher expectations of those with higher education in relation to the outcomes of their work, and caring for children when at risk of spreading the SARS-CoV-19 virus to members of one’s own family were cited as reasons for these observations (Büyükbayram and Gül, 2022; Ertek et al., 2022). The following study examined the associations linking seniority, motherhood, and marital status with OBS symptoms and overweight and obesity (body mass index, BMI) in women working in emergency notification system centres (Załuski and Makara-Studzińska, 2022a). The primary outcome of the study was rejection of the hypothesis that overweight and obesity and high levels of emotional exhaustion are linked by linear relationships. Overweight was found to coexist with average levels of emotional exhaustion, cynicism, and deterioration of interpersonal relationships. Normal body weight co-occurred with both high levels of emotional exhaustion, cynicism, and deterioration in interpersonal relationships and a sense of professional mission and with extremely high levels of emotional exhaustion and lack of job satisfaction. The distinguishing factors between the identified classes were the length of service, marital status, and the number of children. Being married and caring for children was shown to coexist in women with a tendency to become overweight and obese. Among women exhibiting signs of severe emotional exhaustion and overweight, mothers raising children were the most common group. The relationship between OBS and motherhood is explained by the occurrence of the work-home conflict (Ertek et al., 2022; Gupta and Srivastava, 2021). Being in a partnership-based relation was less likely to coincide with high rates of overweight and obesity compared to living alone.

A similar analysis was conducted in men working in emergency notification system centres (Załuski and Makara-Studzińska,

2024). Similarly to women, men with the longest seniority were characterised by increased weight and average OBS scores. In the class with the shortest and medium length of employment, overweight coexisted with emotional exhaustion and professional ineffectiveness, and in the class with the longest employment – with emotional exhaustion and job disappointment. Stress and emotional exhaustion are known to accompany both the loss of appetite and gaining excess weight due to changes in eating patterns (Armenta-Hernández et al., 2021). In our study, the most emotionally exhausted men were underweight (contrary to the women’s group). Weight loss observed in exhausted men can be explained by hypocortisolism, which is a typical feature of increased job burnout and results in reduced food intake (Lennartsson et al., 2015). The highest BMIs were observed in men raising children, similarly to the group of women. The highest BMI values were found in men living in married and partnered relationships (contrary to the women’s group).

The results obtained in the studies can be summarised as follows. During the first wave of the pandemic, an increase in the level of perceived stress was observed. A third of the women surveyed viewed their life situation as unpredictable and beyond control. Both in the women’s and men’s groups, OBS levels were significantly elevated compared to those obtained in the studies before the pandemic (Jaworowska, 2014). High scores were obtained for indicators of emotional burnout and loss of professional effectiveness. The groups studied were characterised by the risk of overweight and obesity (nearly 40% of women and more than 63% of men). The marital status and the number of children played a vital role as OBS predictors.

In order to estimate the role of personal resources in protecting emergency notification system centre operators from the risk of burnout, an analysis of the results of the entire study group was conducted (Makara-Studzińska et al., 2021). Relationships between the conditions of the work environment, personal resources and OSB were determined. Those with the shortest work experience were found to be most at risk of burnout. Those with the longest employment exhibited the highest levels of helplessness, followed by low levels of professional and generalised self-efficacy. Employees declaring the highest levels of helplessness were dominant in terms of the number of weekly working hours. This group was predominantly composed of women. Engaging in active recreation, perceiving life situations as controllable, as well as high levels of generalised self-efficacy were observed to coincide with the absence of the signs of burnout.

SUMMARY AND CONCLUSIONS

One of the sources of emotional burden following the application of EL by health care workers and staff at emergency call centres is the induction of a “desired state of mind” in the employees (Wang, 2022). This condition, also called “controlled empathy”, is the result of a balance between

empathic syntony and controlled management of emotional processes. Emotional processes play an indisputable role in the course of interactions with help-seekers. The study results presented in the article show both the benefits of the “desired state of mind” and the consequences of its imprudent application. In the latter case, a special role is played by organisational and individual resources that enable employees to recognise the emotional tension that is building up and to reduce it constructively without resorting to strategies that may provoke secondary health problems. It involves regulating the level of empathy to prevent the risk of vicarious suffering, emotional contagion, and exaggerated suppression of emotions. Limited time for contact with patients in accident and emergency departments and emergency call centres promotes engaging in EL, which can result in emotional exhaustion. Short-lived conversations with patients or callers, during which signs of compassion and genuine concern are quickly revealed, appear to be just as emotionally taxing as interpersonal contact spread out over a period of time (Kirk et al., 2023). In an emotionally overloaded worker, a sense of helplessness and loss of control can build up, contributing to the development of OBS symptoms. Studies show that an employee’s reduced ability to self-regulate emotions is, along with occupational stress, the most important factor increasing the risk of OBS (Yin et al., 2023). Indirect effects of poorly performed EL also include increased job turnover, absenteeism from work and premature quitting, as observed in emergency call centres in many other countries (McAleavy et al., 2021).

Conflict of interest

The authors do not declare any financial or personal links with other persons or organisations that might adversely affect the content of the publication or claim any right to the publication.

Author contributions

Original concept of study: MMS. Collection, recording and/or compilation of data: MZ. Analysis and interpretation of data: MZ. Writing of manuscript: MZ. Critical review of manuscript: MMS. Final approval of manuscript: MMS.

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