
Negative Gossip and Burnout in Hospitals



Gossip can both hinder and help in a hospital environment. Despite the fact that research indicates that it occurs frequently in healthcare organisations, it has not been studied in relation to other organisational manifestations such as burnout and engagement, or quality of care outcomes. A study recently published in the journal *Burnout Research* aimed to examine the associations between gossip, job burnout, engagement, quality of care and patient safety within hospital settings. The authors hypothesised that negative gossip, defined as negative evaluative talk about an absent third party, would serve as an indicator of organisational dysfunction.

Literature Review

Dunbar (2004) reports results from a series of studies on the content of everyday conversations, showing that gossip accounts for approximately 65 percent of speaking time. Gossip is a way of communicating rules and establishing norms, it is informal and leads to sharing of information and risk (Noon & Delbridge, 1993). An interesting finding from Ellwardt, Labianca and Wittek (2012) reveals that both positive and negative gossip is more likely to be spread about colleagues within the same work group and not the out-group.

Michelson and Mouly (2000) contend that gossip can provide “the means to more rapidly transmit information to employees, the ability to gauge employee reactions to new management initiatives” and “the reinforcement of social bonds and formal work structures”. Gossip can help to relieve some of the emotionally charged situations that occur in the multifaceted relationships with patients or other employees. Waddington (2005) notes that nurses often use gossip to express some of the deepest emotions about patients and fellow workers and gossip has been considered as a form of emotional support and a way to relieve stress (Waddington & Fletcher, 2005).

Traditionally, gossip is seen as a negative issue, which in the context of the organisation needs to be minimised if not eliminated at all. Some organisations link gossip to negative outcomes such as decreased productivity, eroded morale, hurt feelings and reputations, and the turnover of valued employees (see Danziger, 1988). Gossip is likely to arise in circumstances where there is a paucity of formal communication, for example during periods of organisational change (Houmanfar & Johnson, 2003) or in highly hierarchical cultures where information either moves slowly or does not move at all.

Method

A quantitative survey was conducted amongst doctors, nurses and residents in Greece, Bulgaria, Romania, Turkey, Croatia and Republic of Macedonia (N = 532). The mean age of participants was 38.7 years old; 39.7 percent of participants were men and 60.3 percent were women; 39.8 percent were nurses, 20.3 percent were residents or physicians in training, 27.5 percent were physicians, 12.4 percent were technicians, administration and management officers and other specialties.

Specifically, the authors examined the role of negative gossip, in relation to burnout, job engagement, suboptimal care and patient safety in public hospitals, using the following measures:

- *Negative gossip* - assessed with the questionnaire developed by Wittek and Wielers (1998). Six items describe evaluative discussions about colleagues who were not present ($\alpha = 0.90$). Participants responded in a 5-point Likert scale (1 = almost never, 2 = very rarely, 3 = occasionally, 4 = very frequently, 5 = always) the frequency in which they engaged in each type of discussion. An example item is “Colleagues criticising something they regard as a negative trait or feature of an absent person”.
- *Negative affect* - assessed with the 10-item negative affect subscale of the Positive and Negative Affect Schedule (PANAS), developed by Watson, Clark and Tellegen (1988) ($\alpha = 0.85$). An example item is to what extent you have felt hostile over the last week.
- *Job engagement* - assessed with the Utrecht Work Engagement Scale (Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002). The subscales of vigour (6 items, $\alpha = 0.85$) and dedication (5 items, $\alpha = 0.85$) were used. An example item is “When I get up in the morning I feel like going to work”.
- *Patient safety* - assessed with The Hospital Survey on Patient Safety Culture developed by the US Agency for Healthcare Research and Quality (AHRQ). The survey measures the following four aspects of safety culture; teamwork within hospital unit (three items, $\alpha = 0.74$), frequency of events (an event is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm) reported (items = 3, $\alpha = 0.88$) and hospital handoffs and transitions (four items, $\alpha = 0.80$). Example items are “When a lot of work needs to be done quickly, we work together as a team to get the work done” and “Problems often occur in the exchange of information across hospital units”.

- *Suboptimal care* - assessed with the scale developed by Shanafelt, Bradley, Wipf, and Back (2002). This eight-item measure ($\alpha = 0.84$) uses a five-point Likert scale to assess the frequency of different practices indicating suboptimal care (1 = never, 2 = once, 3 = several times a year, 4 = monthly, 5 = weekly). An example item is "I made treatment or medication errors that were not due to a lack of knowledge or inexperience".

Results and Discussion

Results indicate that, after controlling for negative affect, negative gossip is positively related to emotional exhaustion ($r = .26, p < 0.01$) and depersonalisation ($r = .29, p < 0.01$). Negative gossip also negatively correlated with job engagement, in particular with vigour ($r = -.17, p < 0.01$) and dedication ($r = -.16, p < 0.01$) and patient safety ($r = -.36, p < 0.01$), and positively correlated with suboptimal care ($r = .29, p = 0.01$), even after controlling for burnout. Negative gossip was positively related to the number of event reporting ($r = .14, p < 0.01$).

As reported in the literature (Levin and Arluke, 1985 and Watson, 2012), relationships of gossip were stronger for women. Future research should explore whether gossip takes place in different forms amongst men and whether therefore different methodologies are needed to assess it. Resident doctors are affected more by negative gossip in terms of emotional exhaustion, which is in agreement with studies showing that residents are scoring higher in burnout (Shanafelt et al., 2002). While the cross-sectional nature of the study does not allow one to draw conclusions regarding the causality of the relationships, results indicate that negative gossip should be studied in the same context as burnout in terms of antecedents and consequences.

Future research should examine the link between hospital communication protocols, informal communication pathways like gossip and quality of care outcomes. In specific, future studies should investigate which triggers lead to negative gossip, and in what way do they affect patient safety culture of the particular hospital setting.

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