Stress Preparation, Coping Style, and Nurses' Experience of Being Spurned by Patients

Wai Hing Cheuk
School of Arts and Social Sciences
The Open Learning Institute of Hong Kong
30 Good Shepherd Street, Homantin, Kowloon, Hong Kong

Kwok Sai Wong
Hong Kong Institute of Education
10 Lo Ping Road, Tai Po, N.T., Hong Kong

Bridget Swearse
School of Science and Technology
The Open Learning Institute of Hong Kong
30 Good Shepherd Street, Homantin, Kowloon, Hong Kong

Sidney Rosen
University of Georgia
Athens, GA 30602

The primary objective of the present study was to establish the external validity for the results obtained in laboratory studies on the reactions of spurned helpers, accomplished by an examination of the spurning-burnout linkage in practicing nurses. A second objective was to explore if stress preparation would help them deal with being spurned. The third objective was to assess if coping could buffer the adverse effects of being spurned on burnout. Two hundred and twelve practicing nurses in Hong Kong responded to a questionnaire measuring the variables of interest. The results provided support for the hypotheses.

Much is known about what promotes help seeking and help giving (e.g., Batson, 1991), but systematic attention has not been given to how would-be helpers react when their offer of help is rejected. To address this neglected area of investigation, we proposed a model on the experience and reactions of rejected helpers (Rosen, Mickler, & Spiers, 1986). Based on this model, the present study investigates (1) whether the experience of recurrent rejection is related to the negative syndrome of

Authors' Notes: We thank the editor and two anonymous reviewers for their comments.

Journal of Social Behavior and Personality, 1997, Vol. 12, No. 4, 1055–1064.

burnout, (2) whether prior preparation for such rejection can prevent its occurrence, and (3) the influence of coping style in reducing the adverse effects of spurning on burnout.

According to the model, individuals harbor expectations that their offer of help to a needy recipient would likely be accepted. Subsequent rejection of the offer would violate such prior expectancy of acceptance, and thereby induce stress to the rejected helpers. The rejection is stressful because it carries negative implications on the would-be helpers' self-perception of being efficacious and caring in helping others (i.e., the rejecter is questioning how good the help being offered is), and thereby threatening to the self. The model further proposes that rejected helpers would cope with the rejection in an attempt to restore their threatened self-image.

The model also proposes that would-be helpers' reactions to rejection are moderated by a number of personal variables such as individual differences in self-perceived efficacy in helping others and situational factors such as the extent to which the help offered would be useful to the recipient.

We obtained support for the model first in role-play simulation studies (Rosen, Mickler, & Spiers, 1986), and then in laboratory experiments in which the offer of help by a would-be helper was actually rejected or accepted by a confederate (Cheuk & Rosen, 1992, 1993). These studies showed that helpers harbored an expectation of acceptance of their offer of help (Rosen et al., 1986), and found this expectation violated when their offer of help was rejected (Cheuk & Rosen, 1993). The rejection was indeed stressful to the rejected helpers, as they expressed significantly greater negative affect at the outcome of the offer than did their accepted counterparts (Cheuk & Rosen, 1993; Rosen et al., 1986). Rejected helpers then exhibited various coping reactions, all of which seemed to serve to maintain or restore their positive self-image. These reactions included attributing the rejection to the recipients being unduly defensive, and voicing less desire for further task-related and informal association with the rejecter.

In our view, the model is applicable to an understanding of the reactions to rejection of both innocent would-be helpers in the laboratory, and well-trained professional caregivers who may encounter recurrent rejection by their clients. Our strategy in assessing the external validity for our theorizing has been to establish if recurrent rejection by a needy recipient would induce burnout, as a long-term syndrome of stress, in different categories of helping professionals.

The first reason for proposing that being spurned would lead to burnout has to do with the antecedents of stress. Recurrent resistance to offers of help by clients has been viewed as a potent stressor for professional caregivers (Meichenbaum & Turk, 1987), and, in our model on rejected helpers' reactions, refusal of help by a needy recipient is considered as a form of resistance and stressful to the would-be helpers.

The second reason relates to the role of expectancy violation. Violation of expectation has been suggested as an important antecedent of burnout (Maslach & Jackson, 1982), and in our model, violation of the expectation that one's offer of help would be accepted is proposed to mediate the adverse impact of rejection on helpers' reactions. The third reason has to do with the consequences of burnout. Many of the reactions of rejected helpers we have documented can be regarded as short-term analogs of the components of burnout (i.e., a reduced sense of personal accomplishment, depersonalization, and emotional exhaustion). For instance, the lowered self-evaluations of rejected helpers we found in the laboratory studies can be considered as a short-term analog of a reduced sense of accomplishment, and that the lessened desire for further association with the rejecter can be viewed as comparable to depersonalization.

Cheuk and Rosen (1994) found that being spurned resulted in burnout in a sample of high school teachers in Macau. Cheuk, Wong, and Rosen (1994) obtained converging results in a sample of primary school teachers, also in Macau. Mickler and Rosen's study (1994) in the U.S. found that being spurned led to burnout in a different type of professional helping context, involving a different category of professional helpers, namely medical doctors and nurses, and a different category of help recipient, namely, patients. The present study represents a continued effort at establishing the external validity of our model by investigating the spurning-burnout hypothesis in a sample of nurses in a different locality—Hong Kong. We selected practicing nurses because nursing has been said to be a stressful profession, with patient resistance as one of the acute stressors (e.g., Brammer, 1993; Meichenbaum & Turk, 1987). Our hypothesis was that being spurned would lead to burnout.

The second objective of the present study was to examine the extent to which the initial training that nurses had received would assist them to deal with persistent rejection of help. We reasoned that if nurses were trained to harbor realistic expectations of the degree to which patients would reject help, and to have developed skills to deal effectively with patient resistance, they would less likely be spurned. Such training could be considered as a form of "stress inoculation" for coping with ensuing stress in relating to patients, as suggested by Janis and Rodin (1979). Accordingly, we conceptualized stress preparation as consisting as an expectation that patients would likely reject help, and adequate skills to

deal with the rejection. Our prediction was that the more prepared the nurses were for the event of spurning, the less spurned they would become.

A third objective of the present study was to examine the relative effectiveness of problem-focused coping versus emotion-focused coping in reducing the impact of spurning on burnout. Problem-focused coping refers to coping efforts directed towards the threatening stressor itself, whereas emotion-focused coping refers to coping efforts directed at managing the emotional distress caused by the threat (Folkman & Lazarus, 1985). The literature on coping suggests that these coping strategies are effective in reducing the impact of stress (e.g., Cohen, 1987; Terry, Tonge, & Callan, 1995), with problem-focused coping resulting in better long-term adjustment and health for the stressed individuals and emotion-focused coping serving mainly as a short-term beneficial measure (e.g., Brown & Nicassio, 1987).

Our laboratory studies have shown that the rejected helpers employed mechanisms that could help them maintain a sense of control over the environment and thereby restore their threatened self-image. For example, rejected helpers claimed following the rejection that when making the offer of help, they had in fact harbored low expectation that their offer of help would be accepted (Cheuk & Rosen, 1993). This can be considered as a form of hindsight bias, a means for maintaining a feeling that one has not lost outcome control. We reasoned that as problem-focused coping constitutes a relatively more direct approach to deal with the stressor than does emotion-focused coping, it should provide the spurned nurses with a relatively greater sense of restored control over the event of being spurned. We thus predicted that problem-focused coping would be more effective than emotion-focused coping in reducing the adverse effects of being spurned on burnout among spurned nurses.

We regard the use of coping more in terms of individual differences in their tendency to use one type of coping over the other than in terms of coping strategies leveled flexibly at different situations (cf. Bolger, 1990). Our view of coping as a personality process is based partly on our finding that caregivers harboring chronic, high self-perception of efficacy tended to employ more confrontative strategies than their less efficacious counterparts (Cheuk & Rosen, 1993), suggesting the usefulness of an individual differences approach in studying coping with rejection stress.

In summary, our hypotheses were: (a) persistently rejection of help by patients would lead to burnout, (b) stress preparation would reduce being spurned, and (c) a problem-focused coping style would be more effective than an emotion-focused coping style in lessening the negative impact of being spurned on burnout.

METHOD

Participants

Practicing nurses enrolled in a refresher program of study at the Open Learning Institute of Hong Kong (Hong Kong) were invited to participate in a study on their work experience. Two hundred twelve (out of 400) agreed to take part in the study. The sample was predominantly female (88%), with an average age of 32.93. The average years of working experience was 11.99. The participants responded to a questionnaire, in Chinese, that contained the variables of spurning, stress preparation, coping style, and burnout.

Measures

Spurning. We devised an interview protocol, based on the 12-item measure of perceived spurning employed by Mickler and Rosen (1994). A trained interviewer, utilizing the interview protocol, conducted in-depth interviews with 8 nurses working in different clinical settings on their experience of recurrent refusal of help by their patients. Based on the results of the interviews a 12-item measure of being spurned in the context of nursing was constructed. The respondents rated the extent to which patients persistently resist their offers of help, on scales each of which ranged from 1 (*applies very little to me)* to 11 (*applies very much to me*). Examples are: "Patients feel more reluctant to approach me for help than to approach my fellow professionals," "Patients refuse my advice because they question how good it is." The internal consistency of the scale (α = .71) was of acceptable magnitude. A composite was formed by simple summation of the items, after reverse keying four of them.

The sample showed an adequate distribution of scores (M = 53.80, SD = 14.72, with a range from 24 to 102). Respondents were classified into those who were more spurned and those who were less spurned by a split at the mean.

Stress preparation. We designed two items, each on a 7-point scale, to measure stress preparation. One item assessed the degree to which the initial training the respondents undertook had taught them to harbor expectation of refusal of help by patients. Another item measured the extent to which the initial training had helped them acquired proper strategies to deal with spurning. As there was a significant correlation between these two items ($r = .41$, $p > .001$), a composite was formed by

simple summation of the items. There was an adequate distribution of scores, with a mean of 7.57 and standard deviation, 5.42.

Coping style. We devised a scale based on the Ways of Coping Scale (Vitaliano, Russo, Carr, Maiuro, & Becker, 1985) to assess the degree to which the nurses tended to use problem-focused coping more than emotion-focused coping, or vice versa. Five items, all on a 5-point scale, were used to reflect each of these two types of coping. An example of problem-focused coping was "When I encountered difficulties in my work, I spent a great deal of time thinking how it could be overcome." An example of emotion-focused coping was "When I encountered difficulties in my work, I talked with other colleagues to release my frustration." For each of these two types of coping scales, a composite score was formed by averaging the items. Internal consistency of the composites was of sufficient magnitude (alpha for problem-focused coping = .70; alpha for emotion-focused coping = .63). Participants were then classified as employing a problem-focused coping style if they scored above the mean of problem-focused coping scores and below the mean of emotion-focused coping scores. Those who scored above the mean of the emotion-focused coping scores and below the mean of problem-focused coping scores were regarded as exhibiting a emotion-focused coping style. Nurses who scored high or low on both measures were not included in the subsequent analyses. Sixty-six participants were thus excluded. The response of the remaining one hundred forty-six nurses were used in the analyses on the effects of coping.

Burnout. We devised a 16-item measure of burnout, based on the burnout version employed by Mickler and Rosen (1994), with items each ranging from 1 (*applies very little to me*) to 11 (*applies very much to me*). Five items reflected emotional exhaustion, e.g., "When I relate to my patients, I feel emotionally strained," six items assessed a reduced sense of personal accomplishment, e.g., " I feel that as a result of how I relate to my patients, I have accomplished some success in my work," (a reverse item) and five items indicated depersonalization, e.g., "I harbor a sense of apathy towards my patients." A sufficiently high magnitude of reliability ($\alpha = .75$) was obtained. A composite of burnout was constructed by simple summation of the items. There was an adequate distribution of scores (M = 58.45, SD = 16.76, with a range from 22 to 110).

RESULTS

Effects of Being Spurned and Coping Style on Burnout

To examine the effects of being spurned and coping style as an individual differences measure, a two-way analysis of variance (more

TABLE 1 Mean Burnout as a Result of Being Spurned and Coping Style

	Being Spurned	
Coping Style	*High*	*Low*
Problem-focused	55.48[a]	54.58[a]
Emotion-focused	71.26[b]	53.33[c]

Note: Higher mean scores denote greater burnout. Scores could range from 16 to 176. Cells with the same superscript are not significantly different from each other at the $p < .05$ level.

spurned vs. less spurned; problem-focused coping style vs. emotion-focused coping style) was conducted on the burnout measure. The results, in line with our hypothesis, showed a main effect of being spurned, $F(1, 141) = 14.36$, $p < .0001$, indicating that nurses who were more spurned experienced greater burnout (M = 61.97) than did those who were less spurned (M = 54.16). There was a main effect of coping style on burnout, $F(1, 141) = 13.28$, $p < .0001$, showing that those nurses employing a problem-focused coping style experienced less burnout (M = 55.02) than did those using an emotion-focused coping style (M = 62.82).

The Being Spurned × Coping Style interaction effects also reached significance, $F(1, 141) = 12.84$, $p < .0001$, indicating that spurned nurses employing a problem-focused coping style experienced the same degree of burnout (M = 55.48) as did nurses who were less spurned (M = 54.58), $F(1, 141) = 1.23$, ns. On the other hand, spurned nurses employing an emotion-focused coping style suffered greater burnout (M = 71.26) than their counterparts who were less spurned (M = 53.33), $F(1, 141) = 11.62$, $p < .0001$. The results supported our hypothesis of the greater effectiveness of problem-focused coping style in reducing the impact of spurning on burnout.

Effects of Stress Preparation on Being Spurned

To examine the hypothesized effects of stress preparation on being spurned, a regression analysis was conducted with stress preparation as the independent variable and being spurned the dependent. The results provided support for our hypothesis, $\beta = -.42$, $F(1, 208) = 9.34$, $p < .001$, showing that the more prepared the nurses were, the less spurned they claimed. Significant coefficients also emerged between the expectation item and being spurned, $\beta = -.49$, $F(1, 208) = 9.04$, $p < .0001$, and

between the skill item and being spurned, $\beta = -.31$, $F(1, 208) = 6.25$, $p < .01$.

DISCUSSION

The present study was a continued effort to further examine the external validity of a model on helpers' reactions to help rejection. Our strategy was to explore the degree to which laboratory results with college students (as helpers) in highly controlled settings involving short-term rejection could be extended to the experience and reactions of various categories of professional caregivers in their continued interactions with clients. The external validity of the model is evidenced, to the extent that professional helpers experience the negative syndrome of burnout in the face of persistent client rejection of their offers of help,

We found support for the being spurned-burnout hypothesis in a sample of medical personnel in the United States (Mickler & Rosen, 1994) and in two samples of classroom teachers in Macau (Cheuk & Rosen; 1994; Cheuk, Wong, & Rosen, 1994). The present study investigated this hypothesis in a sample of nurses in a different locality—Hong Kong. The results showed a main effect of being spurned on burnout in this category of caregivers, thus furnishing further evidence for the external validity of the model. Taking the results of these studies together, we can claim that the reactions of rejected helpers we documented in the laboratory are generalizable to professional helpers in their experience of and reactions to persistent patient rejection of help.

We also hypothesized that coping style would moderate the impact of being spurned on burnout. As a problem-focused coping style would allow spurned nurses to maintain a greater sense of control in dealing with being spurned than would an emotion-focused coping style, it should reduce the effects of being spurned on burnout to a greater extent than the emotion-focused coping style. The Being Spurned × Coping Style interaction effects attested to the greater effectiveness of problem-focused coping style over emotion-focused coping style: The effects of being spurned were not significant under problem-focused coping but became so under emotion-focused coping. Other investigators have reported similar effects of these coping mechanisms (e.g., Vitaliano, DeWolf, Maiuro, Russo, & Katon, 1990).

The results that the more prepared the nurses were, the less spurned they admitted lent support to our hypothesis of the usefulness of initial training that the nurses received. When nurses harbored an expectation that their offers of help would not be rejected by their patients, they would likely be taken by surprise at such rejection. The negative affective state would probably hinder their ability to deal properly with

patients' refusal of help. In addition, the rejection, as a form of interpersonal failure, would probably lead the rejected nurses to question their own efficacy in relating to patients. Such lowered self-evaluations would likely further dampen their ability to overcome the resistance.

Likewise, nurses who were not prepared to offer help to patients in an effective manner became more spurned. It is plausible that such nurses would also experience negative affect and lowered self-evaluations, which in turn would further decrease their ability to overcome patient resistance.

The finding that the association between expectancy and being spurned was stronger than that between preparedness to handle rejection and being spurned suggests that expectancy violation had a relatively greater bearing on being spurned. The reason probably has to do with a sudden realization, on the part of the spurned nurses, of having lost outcome control over patient behavior. The result is in line with our theorizing that violation of expectancy serves to mediate the impact of being spurned on subsequent coping reactions.

In the present study being spurned, stress preparation, coping style and burnout were all measured on the same occasion. It is possible that the extent of being spurned and being prepared for rejection, and coping tendency were all outcomes of how burned the nurses were. Future studies on being spurned and burnout in the nursing context should employ more powerful designs, such as a cross-lag panel to assess the proposed relationships among the pertinent variables. Future studies should also explore other measures of the pertinent variables, such as a behavioral indicator of coping style and stress preparation.

REFERENCES

Batson, C.D. (1991). *The altruism question: Towards a social-psychological answer.* Hillsdale, NJ: Lawrence Erlbaum.

Bolger, N. (1990). Coping as a personality process: A prospective study. *Journal of Personality and Social Psychology, 59,* 525–537.

Brammer, L.M. (1993). *The helping relationship: Process and skills.* Boston: Allyn & Bacon.

Brown, G., & Nicassio, P. (1987). Development of a questionnaire for the assessment of active and passive coping strategies in chronic pain patients. *Pain, 31,* 53–64.

Cheuk, W.H., & Rosen, S. (1992). Helpers' reactions: When help is rejected by friends or strangers. *Journal of Social Behavior and Personality, 7,* 445–458.

Cheuk, W.H., & Rosen S. (1993). How efficacious, caring Samaritans cope with unexpected rejection. *Current Psychology, 12,* 99–112.

Cheuk, W.H., & Rosen, S. (1994). Validating a "spurning scale" for teachers. *Current Psychology, 13,* 241–247.

Cheuk, W.H., Wong, K.S., & Rosen, S. (1994). The effects of spurning and social support on teacher burnout. *Journal of Social Behavior and Personality, 9,* 657–664.

Cohen, F. (1987). Measures of coping. In S.V. Hasl & C.L. Cooper (Eds.), *Stress and health: Issues in research methodology* (pp. 283–305). New York: Wiley.

Folkman, S., & Lazarus, R.S. (1985). If it changes it must be a process: A study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48,* 150–170.

Janis, I., & Rodin, J. (1979). Attribution, control, and decision making: Social psychology and health care. In G.C. Stone, F. Cohen, & N.W. Adler (Eds.), *Health psychology: A handbook* (pp. 487–521). San Francisco: Jossey-Bass.

Maslach, C., & Jackson, S.E. (1982). Burnout in health professionals: A social psychological analysis. In G.S. Sanders & J. Suls (Eds.), *Social psychology of health and illness* (pp. 227–247). Hillsdale, NJ: Lawrence Erlbaum.

Meichenbaum, D., & Turk, D.C. (1987). *Facilitating treatment adherence.* New York: Plenum.

Mickler, S., & Rosen, S. (1994). Burnout on spurned medical caregivers and the impact of expectancy training. *Journal of Applied Social Psychology, 24,* 2110–2131.

Rosen, S., Mickler, S., & Spiers, C. (1986). The spurned philanthropist. *Humboldt Journal of Social Relations, 13,* 145–158.

Terry, D.J., Tonge, L., & Callan, V.J. (1995). Employee adjustment of stress: The role of coping resources, situation factors, and coping resources. *Anxiety, Stress, and Coping, 8,* 1–24.

Vitaliano, P.P., DeWolf, D.J., Maiuro, R.D., Russo, J., & Katon, W. (1990). Appraised changeability of a stressor as a modifier of the relationship between coping and depression: A test of the hypothesis of fit. *Journal of Personality and Social Psychology, 59,* 582–592.

Vitaliano, P.P., Russo, J., Carr, J.E., Maiuro, R.D., & Becker, J. (1985). The Ways of Coping Checklist: Revision and psychometric properties. *Multivariate Behavioral Research, 20,* 3–26.