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# Performance-based self-esteem

A driving force in burnout processes and its assessment

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## Preface

This is the final report from the project “Utbränning, sjukskrivning och arbetsbyte – en prospektiv populationsstudie” (“Burnout, sickness absence and turnover – a prospective population study”), which was begun in the year 2000 funded by AFA, the insurance company (Dnr 2000-0173). The presented empirical material has its point of departure in data from the third phase of the project focusing on performance-based self-esteem (study B in the present manuscript). In addition, the study has been supplemented by data on performance-based self-esteem from the first two phases of the project (study A in the manuscript) as well as from two Swedish surveys from the projects, ”Ett arbetsliv för alla åldrar” (“A working life for all ages”) at National Institute for Working Life and ”Hållbar hälsa i kommuner och landsting” (“Sustainable health in local governments and county councils”) at the Karolinska institute.

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## 1. Introduction

In recent years, the interest in questions pertaining to burnout has been widespread both within research and public debate. Ever since the publication of the first scientific papers on the phenomenon in the mid-1970's (Freudenberger, 1974; Maslach, 1976) around 6,000 publications on burnout have been published (Schaufeli et al., 1998), and each year since the early 1980's, the database Psych-Info has included around 100 papers and books that have burnout in their titles. It would appear as if mental well-being has declined in Western countries over the last decades, and in Sweden, there has been an increase in the prevalence of psychological problems not just among employees but also among non-employed groups, such as students and unemployed people. This is indicated by cross-sectional and longitudinal data from national population surveys (Hallsten et al., 2004). Between 1986/87 and 2000/01, there was at least a 50 percent increase in the prevalence of fatigue, sleeping problems and anxiety for these mentioned groups. These tendencies have most probably involved burnout processes.

While burnout has, in general, been viewed as a stress and crisis concept of major interest to both occupational and social psychologists, burnout has in recent times, at least in Sweden, also become a concern for both clinically oriented professionals and the general public. A large number of people have sought clinical help and cures for stress-related problems and exhaustion. Burnout has been used as a diagnosis in sickness certificates and research reports on sickness absence from the Swedish Social Insurance Board (National Social Insurance Board, 2002) have included burnout as one category of absence. This type of stress-related phenomenon often results in long-term sickness absence, and at the present time there are no generally accepted remedies for these illnesses.

The current study addresses conceptions and measurements of burnout, and especially one component of burnout linked to self-esteem strivings that so far has been ignored. Nowadays, the Maslach Burnout Inventory (MBI) and its different versions (Maslach et al., 1981, 1996) has evolved as a form of standard instrument to assess burnout, which is operationally defined as a psychological state or syndrome of emotional exhaustion, cynicism, and reduced professional efficacy. A more dubious aspect is that depressive feelings or distress are not included in the syndrome, and an even more problematic feature is that this instrument is built on the presumption that burnout only can emerge among employees and self-employed persons in work settings. This job-restricted view of burnout cannot be confirmed or rejected by using the MBI, since its scales presuppose that the subjects are occupationally active. More generic and existential perspectives on burnout have, however, been formulated (Hallsten, 1989, 1993; Pines, 1996; Pines et al., 1981) and context-free instruments have been developed, e.g. the Burnout Measure (BM) (Pines et al., 1981), Melamed's burnout syndrome scale (Melamed et al., 1992, 1999), and the Copenhagen Burnout Inventory (Borritz et al., 2000). All these instruments assess various negative reactions, such as exhaustion, critical attitudes, reduced engagement and efficacy, depressed mood, strain, etc,

that in the present paper are primarily regarded as indications of strain and distress, not of burnout which is to be explained below.

A shortcoming in all these burnout instruments, whether job-restricted or not, is that they involve a risk of over-inclusion (Hallsten, 1993), and that they capture subgroups that preferably should be differentiated from each other. All these instruments ignore a general theme in nearly every individual and interpersonal conception of burnout (Schaufeli & Enzmann, 1998), specifically that burnout affects persons with an initially high motivation and engagement (Cherniss, 1980; Edelwich, 1980; Freudenberger, 1974, 1983; Hallsten, 1993; Pines, 1993). Exhaustion, cynicism and demoralisation may, however, also affect persons with low initial engagement and it has never been asked whether individuals with high burnout scores previously exhibited higher engagement and involvement, for example when they began work. An issue is then whether persons with low initial engagement and high MBI scores should be classified as burnout or not. The standpoint taken here is that they should not, and an attendant question is how to differentiate burnout individuals from other exhausted, cynical and demoralised individuals.

One possible approach is to proceed from a process model of burnout (Hallsten, 1993) and to complement ordinary burnout assessments with data from a scale for “performance-based self-esteem”, the Pbse-scale (Hallsten, 2005). Performance-based self-esteem is assumed to contribute to high but vulnerable engagement and involvement in jobs and tasks, and individuals with high scores on ordinary burnout scales and high performance-based self esteem are regarded as “burnout”, while those with high ordinary burnout scores and low performance-based self esteem are labelled “wornout”. This distinction has revealed some interesting outcomes. Wornout and burnout were noticeably negatively correlated ( $r = -0,58$ ) over occupations in a nationally representative sample of Swedes (Hallsten, 2005) and wornout and burnout seem to be differently related to education, age, job demands, organisational events and coping behaviours.

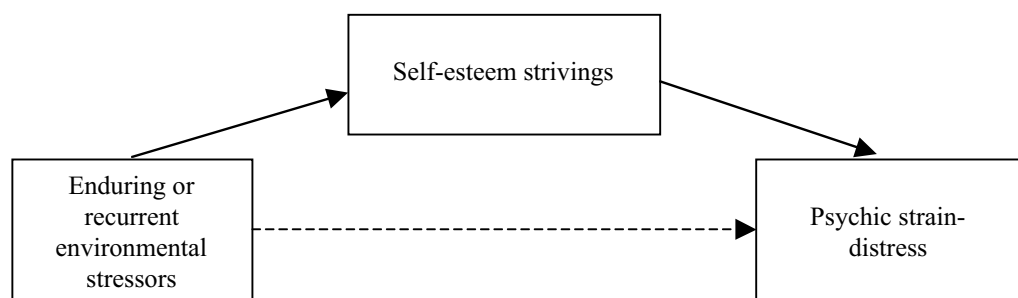
The Pbse-scale has been used in several studies with a large aggregated number of individuals, over 17,000, and the major aim of this report is to present psychometric properties of the scale, such as means, standard deviations, internal consistency, stability and convergent validity. As a background, the concept of performance-based self-esteem is introduced and elaborated in some detail and its role in burnout is suggested. It is argued that performance-based self-esteem is a form of contingent self-esteem and a vulnerable achievement orientation that makes the process of burning out comprehensible. A working model for performance-based self-esteem and burnout is outlined together with presumed associations with various variables. This framework provides the basis for empirical testing of the convergent validity of the Pbse scale.

## 2. Theoretical and empirical background

### 2.1. Burnout as a route of self-esteem strivings into psychic strain and distress

In the aforementioned process model, burnout is conceived as a phase in a process of burning out. This process may take place in any context, in work, family, education, job search, as long as the context is important for a person's self-esteem or self-worth. The initial phase of the process is called "Anxious engagement" (earlier called "Absorbing commitment") characterised by high involvement and engagement but also by signs of concern and anxiety. This phase may turn over into "Frustrated strivings" and eventually into "Burnout" in case of exposure to unmanageable recurring or chronic stressors. The coping efforts and preoccupations during "Frustrated strivings" may be quite demanding and "Burnout" is assumed to occur after additional experiences of defeat or reduced functional capacity. Thus, burnout does not refer to a syndrome of psychic strain-distress and crisis, but to a route or a mediating process of self-esteem strivings into this syndrome (see Figure 1), occurring when the enactment of a self-definitional role is threatened or obstructed by an incongruent environment with enduring or recurrent stressors. Other routes to psychic strain, distress and crises, as indicated by the dotted line in Figure 1, are called wornout. Burnout is supposed to occur only in activities with a potential for self-expression or self-definition, not in activities performed just for extrinsic, instrumental reasons.

Traditional burnout instruments capture a rather heterogeneous group and a multitude of processes are presumed to result in stress or crises expressed by emotional exhaustion, cynicism and low efficiency. Consequently, it seems reasonable to try to distinguish the process of burning out from similar yet different processes. The idea has been to assess cognitions, motives and drives underlying "Anxious engagement" that may be relatively unaffected by the process. Questions about previous coping attempts and strivings were seen as an option, but retrospective reports can be unreliable and were to be avoided. Earlier



**Figure 1.** A crude model of burnout. Burnout as a mediating process of self-esteem strivings into psychic strain-distress, activated and influenced by an enduring incongruent environment. An elaborated model is found in section 2.6.

embrace the script “I am my achievements”, i.e., that their self-esteem was contingent on how well they performed in roles that were of vital significance for their self-realisation. I have called this contingent self-worth or self-esteem (Crocker et al., 2001) “performance-based self-esteem”. Stressors within such roles and domains are appraised as being challenges or threats to self-worth, self-esteem and personal image, which bring about a pattern of strenuous self-esteem strivings.

From this point of view, states of exhaustion, strain, distress and negative attitudes are not regarded as indications of burnout unless signs or traces of high performance-based self-esteem are observed. High BM-scores as well as high emotional exhaustion are assumed to primarily express psychic strain and distress. High scores on the BM together with low performance based self-esteem are regarded as indications of wornout rather than burnout. Wornout is used as an umbrella term for strain-distress states not influenced by exhausting attempts to create or validate self-esteem or to perform well in a certain role. While burnout corresponds to a self-worth crisis, wornout is more related to general situational concerns and apprehensions or to feelings of being fed up with a job or activity. Most persons probably do not have attitudes such as anxious engagement towards their jobs, studies or activities. Some have low expectations and engagement, others have more balanced attitudes and utilise less demanding coping patterns, but may still get exhausted, cynical and depressed in some circumstances. A key difference between burnout and wornout individuals is that the former ones are more inclined to feel responsible for negative outcomes and to attribute causes to their own personal characteristics.

In this process perspective, burnout denotes a certain strain-distress and contingent self-esteem profile. By combining<sup>1</sup> strain-distress data from Pines’ BM-scale and contingent self-esteem data from the Pbse-scale, four patterns are

**Table 1.** Four strain-distress/contingent self-esteem patterns.

	Low scores on a scale for performance-based self-esteem	High scores on a scale for performance-based self-esteem
Low scores on traditional burnout scales such as the BM (“low strain-distress”)	“Relaxed”	“Challenged”
High scores on traditional burnout scales such as the BM (“high strain-distress”)	“Wornout”	“Burnout”

<sup>1</sup> How to combine these data is a somewhat thorny issue. There are two principal approaches, the person-oriented categorical approach and the variable-oriented continuous approach, both with certain weaknesses and strengths. In the categorical approach, the scales are divided in low-high (or mediate) levels, and individuals are categorised into just one of these categories, e.g. people high on both scales are classified as “burnout”, etc (see Hallsten, 2005). In the continuous approach, strain-distress and Pbse-scores are added to create a burnout dimension, while the Pbse-scores are subtracted from strain-distress scores to produce a wornout dimension. Each individual is then given both a burnout and a wornout score (see Hallsten, 2004).



obtained, see Table 1. Burnout refers to a combination of high strain-distress and high performance-based self-esteem, while wornout corresponds to high strain-distress and low performance-based self-esteem. Two low strain-distress profiles are also distinguished, a “Relaxed” and a “Challenged” group.

## **2.2. Self-esteem, contingent self-esteem and performance-based self-esteem**

Self-esteem is a phenomenon with a seemingly pervasive influence on human cognition and affect (Baumeister, 1993; Crocker, 2002). Self-esteem is a strong predictor of life satisfaction (Diener, 1984; Rosenberg et al., 1995) and it functions as a potent resource in coping with stressful events. The MBI-dimensions have also been clearly negatively correlated to self-esteem in a number of studies (Pfenning & Husch, 1994 in Schaufeli & Enzmann, 1998), with somewhat stronger relations to emotional exhaustion than to depersonalisation ( $\approx$  cynicism) and reduced personal accomplishment ( $\approx$  professional efficacy). Whether self-esteem primarily functions as an antecedent, a concomitant or a consequence of the MBI-dimensions has not been possible to determine (Rosse et al., 1991).

The type of self-esteem correlated with MBI in these studies is global self-esteem, which refers to individuals' assessment of their general, personal worth. Global self-esteem as measured, for example, by Rosenberg's self-esteem scale (Rosenberg, 1965) contrasts with more specific or domain-related self-esteems, such as self-esteem related to physical appearance, achievements, skills, power or memberships.

Performance-based self-esteem does not describe a certain level of self-esteem but indicates how self-esteem is shaped and maintained. Performance-based self-esteem refers to one type of contingent self-esteem or self-worth (Crocker et al., 2004; Kernis et al., 1995), i.e., a self-esteem that depends on fulfilments of certain contingencies, such as having a characteristic, being a member or accomplishing a certain task. Self-esteem primarily built on accomplishments and “doing” rather than on “being” or “having” are called performance-based self-esteem, and this concept is introduced in the burnout modelling to give a plausible explanation for the alleged transition and shift in the burnout process from high involvement into strain, distress and disinterest (Schaufeli & Enzmann, 1998). High levels of motivation and involvement per se do not constitute vulnerability factors for strain and disinterest (Schmitz et al., 1999). High initial motivation can, however, be an expression of a need to maintain or boost global or specific self-esteem. A central assumption is that burnout processes can be understood as unsuccessful strivings to avoid or raise a fragile self-esteem by trying to match certain self-worth contingencies. Thus, a seemingly active coping process is assumed to aggravate the psychological effects of an incongruent environment and contribute to burnout.

Performance-based self-esteem is a label for a psychological construct of interrelated cognitions, emotions and motives arising as a response to chronic or recurring stressors, appraised as challenges or threats to self-worth and self-esteem. Societal influences and individual history have contributed to this pattern,

which presumably has been advantageous in many situations. However, this pattern can under some circumstances become maladaptive and conducive to burnout.

Pressures in self-definitional domains, roles and tasks trigger performance-based self-esteem. The activated cognitions entail contingency and imperative beliefs (Clark et al., 1999) regarding conditions and requirements for esteem. Examples of such beliefs are “If I do not manage project X in time, then I’d feel ashamed and lose my self-esteem” and “I must manage project X in time, or else ...”. Evidently, cognitions like these involve personal and ego-oriented motives and goals as well as self-evaluative concerns and worries. Since self-esteem often acts as a potent need, people with high contingency-based self-esteem will strenuously act and strive to set aside self-esteem doubts by matching the contingencies. In addition, the importance attached to the goals often obstructs psychological withdrawal from the self-definitional task. If these strivings aid in reaching the goals, self-esteem may be raised or maintained, otherwise not.

Thus, performance-based self-esteem refers to a pattern of intimately linked cognitions, emotions and motives that generate behaviours and strivings with the aim of maintaining or raising self-esteem. The Pbse-scale measures the cognitions involved in this pattern, i.e., contingency and imperative beliefs, as well as evaluative concerns that regulate the endeavours to attain self-esteem, e.g. by items such as “I think that I sometimes try to prove my self-worth by being competent”.

### **2.3. Related performance and achievement orientations**

Other concepts have been applied to capture conditional self-esteem and endeavours to attain self-confirmation in a similar way as for performance-based self-esteem, and the distinction between non-contingent and contingent self-esteem has been given prominence among some researchers. In their studies of both level and type of self-esteem, Kernis and his colleagues have developed a scale for contingent self-esteem (Kernis et al.; Paradise et al., 2002) that assesses the extent to which individuals’ self-worth depends upon meeting expectations, matching standards or achieving specific outcomes. Johnson and Forsman (Johnson, 1997) have presented a similar scale called “earning self-esteem” comprising three subscales, self-esteem contingency, hard work and need for power. Crocker and Wolfe (Crocker & Wolfe, 2001) have also scrutinised self-esteem contingency and maintain that all self-esteem is contingent, but on different sources of contingency. The latter mentioned authors assume that persons with an high, overall level of contingent self-esteem should have their self-esteem primarily based on externally controlled domains, such as competence, appearance and social approval, while those with low contingent self-esteem base their self-esteem in domains with rather high internal control such as virtue and morality.

Contingent self-esteem has also been linked to a number of phenomena, e.g. performance goals (Dweck et al., 1988; Elliot et al., 1997a, 1997b, 1988), moti-

vation types (Deci et al., 1995, 2002; Ryan et al., 2000) and self-validation pursuits (Blatt et al., 1992; Dance et al., 1987; Dykman, 1998; Kuiper et al., 1986). For instance, in their self-determination theory, Deci and Ryan (Deci & Ryan, 1995, 2002; Ryan & Deci, 2000) distinguish between intrinsically and extrinsically motivated behaviours. Introjected and integrated behaviours are two extrinsically motivated types of actions, the difference being that the introjected behaviours are less internalised with a person's self, and are regulated by contingent self-esteem (Ryan & Deci, 2000). They claim that introjected behaviours are performed under pressure and ego-involvement, with self-esteem and self-worth continuously at stake. A similar line of thinking about performance and achievement orientations as vulnerability factors for mental ill-health is found in Dykman's self-validation model for depression (Dykman, 1998; Dykman et al., 1998). He has proposed a framework for goal striving and depression suggesting that depression-prone individuals primarily seek self-validation rather than growth and self-improvement. This self-validation attitude is quite similar to the one implied by performance-based self-esteem.

Contingent self-esteem and self-confirmation strivings have also been related to personality orientations. It has been suggested that contingent self-esteem, together with sensitivity to mistakes and need for admiration, constitute important aspects of perfectionism (Rice et al., 2002). Type-A behaviour, characterised by competitiveness, time urgency and hostility, implies a focus on self-standards and harsh achievement evaluations, and Price (1982) has assumed that one impetus for type-A behaviour is the concern for self-worth. Kuiper and colleagues (Kuiper et al., 1986; Martin et al., 1989; Yuen et al., 1992) have suggested that the type-A behaviour pattern is used to minimise negative self-evaluations and to avoid negative self-esteem. A similar motivational structure is at work for the "overcommitted" persons in the effort-reward imbalance model (Kudielka et al., 2004; Siegrist et al., 2004).

#### **2.4. Contingent self-esteem and symptoms in the burnout process**

According to the process model of burnout, people should often show strong involvement and, later on, signs of tension, frustration, anxiety, and eventually exhaustion and depressed moods. There are a number of observations indicating that contingent and labile or low self-esteem are related to these and similar symptoms.

Persons in the phase of "Anxious engagement" should indicate involvement, ambitions and worry, and it is generally assumed that persons that are active in domains on which self-esteem is contingent should show high motivation (Crocker & Wolfe, 2001). Performance-based self-esteem has also constituted one dimension of high work involvement (Jans, 1982). Thus, there seems to be some connection between contingent self-esteem and high involvement. Connections between contingent self-esteem and anxiety come from studies showing that

contingent self-esteem correlates positively with anxiety and neuroticism (Judge et al., 2002; Kernis et al., 1993; Roberts et al., 1997; Watson et al., 2002).

Sensitivity to negative events and stress, irritation and anger and demanding strivings to overcome problems and incongruent environmental conditions should be typical of the second burnout phase, "Frustration". A large number of studies have shown that persons with low self-esteem are highly upset after negative events and failures (Di Paula et al., 2002; Greenier et al., 1999; Southall et al., 2002; Stake et al., 1995) and that labile self-esteem in combination with life stress is related to increased affective responses (Roberts & Kassel, 1997).

In the initial part of the frustration phase, there should be demanding strivings, that later may result in more resigned attitudes. Studies done on the relationship between self-esteem levels and strivings, in general, show that persons with low self-esteem are less inclined to cope actively after failures and set-backs as compared to those with high self-esteem (Schuetz, 1998). However, some low-esteem individuals may exhibit strong efforts and persistence during certain conditions of failure, e.g. when the task is perceived to be nearly impossible (Di Paula & Campbell, 2002), when feed-back is experienced as humiliating (Baumeister et al., 1985), when alternative self-esteem domains are few (Barnett et al., 1988; Blatt & Zuroff, 1992) or when there has been a lot of investment in a certain domain (Brunstein et al., 1996; Jenkins, 1996; Pyszczynsky et al., 1987). The coping patterns among persons high in perfectionism and in the type-A behaviour pattern indicate that evaluative concerns and self-esteem contingency beliefs may generate enduring strivings and preoccupations with the tasks and problems at hand. People with both contingent and low self-esteem may have problems deactivating goal intentions although their efforts have been non-productive, and they will typically ruminate more and have difficulties relaxing and calming down. Inability to withdraw psychologically from problems is also typical of "over-committed" individuals in the effort-reward imbalance model (Kudielka et al., 2004).

This brings us to the third phase of the burnout process: crisis and burnout marked by resignation, exhaustion, demoralisation and disengagement. Data on less persistence in, and disengagement from tasks have been seen in a number of studies for low self-esteem persons (Sommer et al., 2002) but this has not been studied to the same degree for those with contingent self-esteem. One study has however shown that contingent self-esteem is related to lowered affect and depressive mood after failure (Crocker et al., 2003). Perfectionist strivings also seem to create a great deal of exhaustion and fatigue (Magnusson et al., 1996; Saboonchi et al., 2003).

Thus, it seems that performance-based self-esteem as an instance of contingent self-esteem and self-worth strivings can be linked to many of the behavioural manifestations and changes in the burnout process.

## **2.5. Origins and determinants of contingent self-esteem**

An implicit assumption in the paragraph above is that contingent self-esteem acts as an antecedent to, or moderating factor of the symptoms of burnout, but the question should also be posed regarding the origins and sources of performance-based and contingent self-esteem.

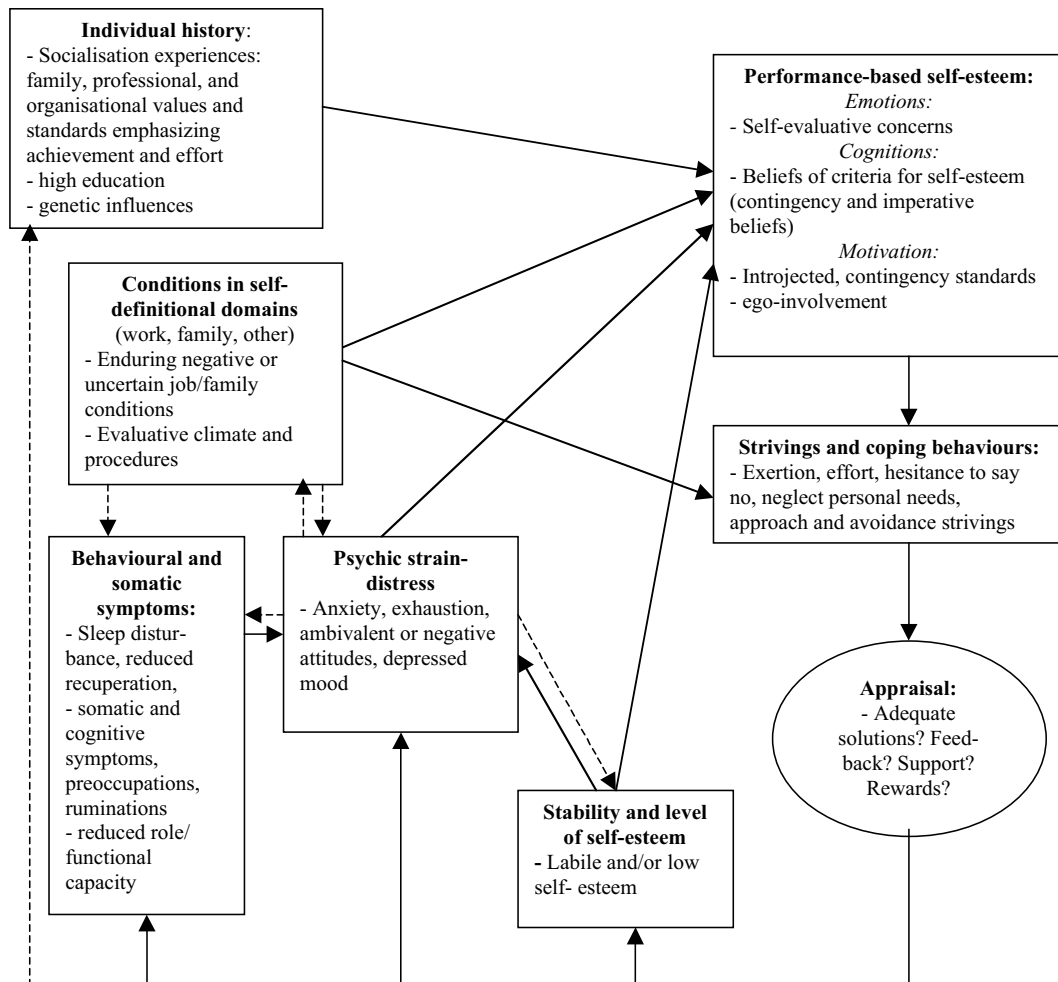
Hitherto, no longitudinal studies in natural contexts have been carried out with contingent self-esteem as an outcome variable, and most investigations have been cross-sectional studies in experimental and clinical settings. A common supposition has been that contingent self-esteem is a rather stable phenomenon founded early in life by socialisation experiences or by genetic factors. A certain support for primary socialisation effects comes from a role-playing experiment where children received three forms of criticism and praise: person, outcome and process feedback (Kamins et al., 1999). In a subsequent task involving a setback, the children who received person feedback with a focus on both positive and negative attributes of the children, displayed clear signs of contingent self-worth, even if they had just been praised for their earlier successes. Indirect evidence of socialisation influences comes from studies of extrinsic motivation and introjected goals (Deci & Ryan, 1995, 2002) that are assumed to result in contingent self-esteem. The authors do not discuss the specific sources of these introjections but it is reasonable to believe that some of these influences occurred early in life. A similar line of reasoning is also found within cognitive theories of depression (Clark et al., 1999; Dykman, 1998; Ingram, 2003) and anxiety (Beck et al., 1997; Eysenck, 1992; Scher et al., 2003). Within these frameworks early experiences are assumed to create vulnerable cognitive schemas and modes that later on increase the risk of depressive or anxious reactions. Effects of individual history are, however, not just restricted to prior socialisation experiences. Twin-studies from a behavioural genetic perspective have shown genetic influences not just on the levels of global and domain specific self-esteem, but also on their stabilities (Neiss et al., 2002), which are closely related to contingent self-esteem.

Situational influences on contingent self-esteem or performance-based self-esteem can be inferred from studies where performance goals and performance orientations have been manipulated in experimental settings (Baldwin et al., 1996; Elliott & Dweck, 1988; McFarlin, 1985; Rawsthorne et al., 1999). This implies that contingencies for self-esteem can be activated by instructions, tasks or feedback. Explicit effects of stress or negative mental states on contingent self-esteem have not been reported. However, there are studies showing that cognitive vulnerabilities such as maladaptive autonomy and sociotropy often vary with changes in mental state and are increased during stress (Clark et al., 1999).

All in all, these data suggest that contingent and performance-based self-esteem are influenced both by factors related to prior individual history and by situational features in the environment or the person.

## 2.6 A work model of performance based self-esteem and burnout

Based in parts on the reasoning and data above, a working model for performance-based self-esteem and burnout is presented in Figure 2 to give a structure for the analysis of convergent validity. The model is an elaborated version of the one seen in Figure 1 and should describe the most important influences on, and consequences of performance-based self-esteem. Effects of individual history, conditions in core domains for self-esteem, and of psychic stress and self-esteem are outlined. Besides possible genetic influences, individual history includes socialisation experiences emphasizing the value and expectations of effort and responsibility from family, educational, organisational and professional settings. The assumption is that these beliefs are introjected and used as personal standards and goals to gain or maintain self-esteem. Certain roles or domains, first and foremost the work and family domains, become crucial self-definitional arenas for self-esteem. Incongruent or uncertain conditions within these domains as well as psychic strain-distress and reduced self-esteem may activate performance-based self-esteem and self-esteem strivings, as can evaluative procedures and climates.



**Figure 2.** A work model for performance-based self-esteem and burnout. See text.

The interrelations and influences between early socialisation experiences, performance-based self-esteem and strivings are assumed to be especially strong since they would form a tight associative network of feelings, ideas and action readiness similar to a schema (Clark et al., 1999). In contrast, the influences from work on performance-based self-esteem may be moderate since work does not constitute a self-definitional domain for all people.

According to the model, the outcome of these endeavours in terms of problem solving, feedback, support and rewards has consequences for self-esteem, symptoms, and psychic strain and distress. These factors are also interrelated in an intricate manner. Increased psychic strain-distress as well as lowered self-esteem may reinforce and intensify cognitions and thoughts about personal self-esteem contingencies, followed by further endeavours and coping attempts. If this vicious circle continues it may eventually lead to increased psychic strain and distress that may be labelled burnout (no generally accepted criterion for burnout has been given). Positive solutions to getting out of this circle are finding new self-esteem arenas and domains, changing the domain conditions or changing the contingency beliefs. Some reasonable influences, not touched upon here, are indicated in Figure 2 by dashed arrows.

### 3. Aim and hypotheses

After this explication of performance-based self-esteem and its presumed role in burnout, the aim is now to describe psychometric properties of the Pbse-scale that have been utilized in four large studies. Data on central tendencies (medians and arithmetic means), standard deviations and skewness will be described together with reliability indices such as internal consistency ( $\alpha$ ) and stability over one year. Correlations with a number of variables indicating the convergent validity of the Pbse-scale are also reported. These variables are classified according to the working model in Figure 2, although a strict testing of the model cannot be carried out here.

Related self-evaluative concepts such as perfectionism and type-A behaviour pattern have been extensively studied but primarily on convenience samples of students or on clinical groups. In contrast, the present data sets have been derived from studies based on large or national population samples. The Pbse-scale will be related to a number of variables referring to demographic and socio-economic aspects, job and family conditions, global self-esteem, mental health, sickness absence, coping behaviours and personality variables. Some assumptions of the relations for the Pbse-scale to these variables will be succinctly presented, and if these assumptions prove to be valid, it should indicate a convergent validity of the scale.

The predictions proceed from a general assumption that the Pbse-scale measures a certain set of cognitions that have

- strong positive associations with certain achievement-oriented socialisation messages;
- positive associations with incongruent or negative job/life conditions and psychic/somatic states;
- negative associations with congruent or positive job/life conditions and psychic states;
- strong positive associations with strenuous coping and behavioural patterns.

Socialisation experiences and messages are viewed as antecedents to performance-based self-esteem, while avoidance and approach strivings and strenuous coping patterns are regarded as consequences. The job/life conditions and the psychic/somatic states can be either antecedents or consequences.

More specifically, it is presumed that the Pbse-scores are positively related to

- education and high socio-economic status (SES), and to socialisation experiences such as family originating values to “be someone” and to lessons learned from earlier jobs as “one has to be clever to avoid being ignored”;
- incongruent conditions such as conflicting job demands, high workload, low support, organisational change, and downsizing, temporary employment contracts, being recently hired, unemployment and bad family relations;
- somatic and psychic states such as musculoskeletal and stomach symptoms, inability to calm thoughts about work, sleeping problems and self-esteem instability;
- scores from traditional burnout scales such as the BM, and from the MBI-GS dimensions of emotional exhaustion and cynicism;
- coping behaviours such as “voluntary” home work, difficulties in saying “no”, shortened lunches, reduced time for personal needs, exertion to reach own goals, approach and avoidance strivings (pressing oneself to reach or avoid certain consequences), sickness presence, turnover intention, and to personality-oriented patterns related to self-evaluative concerns such as the type-A behaviour, positive perfectionism and negative perfectionism.

Furthermore, the Pbse-scores should be negatively related to

- job control, well-defined work goals, learning opportunities, global self-esteem, mental health and perceived occupational competence;
- sickness substitution (since self-evaluative concerns should decrease if job accomplishments cannot be closely tied to a person).

A differential hypothesis may also be presented based on the assumption that performance-based self-esteem is activated by feelings of uncertainty. Consequently, higher correlations with the Pbse scale would be expected for



conflicting job demands and well-defined work goals than for such factors as workload, work-pace control and supervisor support. No hypothesis is presented regarding the evaluative climate and practices at work since such data were not available in any of the studies.

It can be added that women, who generally express somewhat lower global self-esteem and higher anxiety than men (Kling et al., 1999), are expected to show higher levels of performance-based self-esteem, and that younger persons due to less clear self-conceptions, will report higher Pbse-scores than older persons.

The involvement-anxiety mix in performance-based self-esteem may neutralize some response tendencies. Thus, it is assumed that the Pbse-scores will not be related to organisational commitment, the importance of work, and sickness absence. High Pbse individuals are involved in their acts, but often more ego- than job-involved. Anxiety generally increases the sickness absence frequency and lengths, but coping patterns such as sickness presence may counteract sickness absence.

## 4. Methods and data

The empirical data of the present study are derived from four large surveys that have utilized the Pbse-scale. There are two versions of the scale: a general, context-free version and a work-related version (see the Appendix). The context-free version has been employed in three of the studies. The Pbse-scales consist of four questions with five response alternatives with the end-point labels “Fully disagree” and “Fully agree”. The four studies from which the datasets have been obtained are described below.

### 4.1. Datasets

*Study A.* Study A was a longitudinal study of burnout and wornout that was carried out in the years 2000 and 2001 on a nationally representative sample of Swedes in the age group 18–65. The sample included both employed and non-employed individuals. The aim of the study was to describe the prevalence of burnout and wornout within the population in Sweden (see Hallsten, 2005; Hallsten et al., 2002), and to analyse sickness absence and job turnover as the consequences of burnout and wornout. The response rate in the first wave was 69 percent and 86 percent in the second one. Younger men and persons outside the labour market were slightly but significantly under-represented among the respondents, see (Hallsten, 2005; Hallsten et al., 2002). Complete Pbse-data were obtained for 4,760 persons at t1 and for 4,105 persons at t1 and t2. Persons responding at t2 had slightly lower Pbse-scores at t1 than the non-respondents ( $M = 2.77$  vs.  $2.89$ ;  $p < 0.05$ ) but there were no differences between the groups for Pines’ BM at t1. Study A includes data on demographic and socio-economic conditions, global self-esteem, Pines’ BM, job-conditions and events, family conditions and information on coping behaviour, sickness absence and turnover.

All data, with the exception of global self-esteem changes between t1 and t2, are derived from the first wave.

*Study B.* This study from 2002 was based on a representative sample of 3,500 working Swedes in the age group 20–64, and the main aim was to relate Pbse-data to certain motives, coping behaviours, personality patterns and to certain family and job experiences. The response rate was 61 percent, and complete Pbse-data was obtained from 1,802 persons. More women than men responded (69 vs. 54 percent). The study also included data from Pines' BM, the MBI-GS, level and variability of global self-esteem, sickness absence duration and certain job and family factors. A short version of Pines' BM with just three items was utilized. This reduced scale had a satisfactory internal consistency, and it correlated highly with the full BM in study A.

*Study C.* The study was based on a postal survey exploring the working, private and health situation among adult Swedish citizens and views of their present and future labour market participation (Ahlberg et al., 2002; Torgén et al., 2001). In total 6,637 subjects were randomly selected from the Swedish population in the age group 25–75. The selection of subjects and questionnaire administration were undertaken by Statistics Sweden in the winter of 2001–2002. The questionnaire was answered by 3,493 subjects (response rate 53 percent). The postal questionnaire included a large number of work-related variables such as work centrality, job demands, support and control variables, job satisfaction, organisational commitment, and in addition, data on global self-esteem, psychosomatic symptoms, work-ability index, vitality, and sleep patterns.

*Study D.* Study D was a comprehensive longitudinal study of 7,533 local government employees (response rate 84 percent) in Sweden. The aim was to facilitate job participation among the employees up to the ordinary pension age of 65 years. The job-related version of the Pbse-scale was utilised, and full Pbse-data was obtained from 7,401 persons. The study also included a number of job-related data such as job demands, job control, social support, organisational changes, sickness absence, sickness presence, and data related to self-esteem and mental health such as global self-esteem, MBI-variables and life style variables. The data used here was obtained from the first wave of 1999–2001.

As has been noted, some of the data and scales from the studies are the same but the studies also give specific and complementary data that widen the convergent validity test.

## **4.2. Variables and indices**

The number of variables and indices utilised to determine the convergent validity of the Pbse-scale is large (54 variables), and since the variables were collected from four different studies with somewhat different operationalisations, considerable space would be needed to describe each of these variables and indices in detail. Hence, most variables are given a brief and general description. Many of the questionnaire items have been obtained from standardised surveys such as the

Work Environment Surveys (WES) from Statistics Sweden and the Work Environment Agency in Sweden. For more detailed information, the reader is referred to the first author.

*Demographic and socio-economic data.* All studies had data on gender, age and education. Education was, in all studies, divided into two classes: non-academic and academic education. Socio-economic status was measured in three of the studies (A, B and D) with the three-graded SES-scale from Statistics Sweden (blue collar, white collar-medium level and white collar-high level). A distinction was made in studies A and C between employed and unemployed persons.

*Early socialisation data.* In study B, certain retrospective questions were asked about earlier family and job experiences. The subjects had to respond to statements such as “My parents had great expectations for me” and “There was emphasis during my childhood and adolescence on hard-work and to be someone”. Similarly they had to respond to assertions such as “When I recall the jobs I have had, I often felt that I am good enough” and “When I recall the jobs I have had, I often felt that I have to be clever to avoid being ignored”. Four response alternatives were given, from “Totally disagree” to “Totally agree”.

*Present family conditions.* Questions about “high demands at home” and “strained family relations” were raised in study A. The last question was also included in study B. Both questions had four response alternatives from “Totally disagree” to “Totally agree”. A question in study A addressed financial problems during the previous year (frequency of financial embarrassments from “never” to “each month”).

*Work attitudes and job conditions.* Study C included questions about the importance of work (seven response alternatives (Hirschfeld et al., 2000; Paullay et al., 1994)) and of commitment to the present organisation. All studies had data about temporary-regular employment and about recent job moves and hiring (over the last twelve months). With the exception of study C, all studies inquired if the respondents usually had stand-ins when they were sick. Studies C and D included a question of workload (“Do you have time enough to accomplish your work assignments?” with four and five response alternatives, respectively). Well-defined work goals was addressed in studies A and B by the question “Do you consider your work goals as clear?” (response alternatives: “yes” and “no”) and by “Do you have well-defined goals for your job?” in studies C and D with five response alternatives from “seldom” to “very often/always”. All studies included an item concerning conflicting job demands (“There are conflicting demands in my job”) but with somewhat varying numbers of response alternatives (four to six). Three studies (A, B and C) had a question about work-pace control (“Can you influence your work-pace?”), and three studies (B, C and D) addressed the latitude for decision making (“Can you decide for yourself what to do in you work?”). Both questions had slightly varying numbers of response alternatives. Supervisor support was measured by a single item on “supervisor support when in trouble” in studies A and B, and with a question of supervisor relations in study C,

(both questions had five response alternatives). Studies A and C included questions about experience of downsizing in their organisation and of organisational changes during the last twelve months (response alternatives: yes/no). Data on evaluative procedures and the climate at work were unfortunately missing.

*Health and sickness absence.* A standard question about general health was posed in three of the four studies (studies A, C and D): “In general, how do you perceive your health? Is it ...”, with five response alternatives from “Good” to “Bad” in studies A and C. In study D, the response alternatives varied from “Excellent” to “Very bad”. Study C included a psychosomatic scale that has been widely used by a research group within the Karolinska institute (Ingre M et al., 2000). This scale consists of 14 items ( $\alpha = 0.92$ ) referring to fatigue, anxiety and somatic symptoms (five response alternatives from “Never” to “Always”). All studies had a question about self-reported aggregated sickness absence during the last twelve months with the following response alternatives in three of the studies (A, B and C) (0, 1–5, 6–10, 11–23 and 24 or more days). In study D, however, the respondents were asked to specify the estimated number of days without any pre-determined response alternatives. Two of the studies, studies A and D, also included a question of sickness absence frequency with the alternatives: 0, 1, 2–5 and more than five times. Questions on musculoskeletal and stomach symptoms were asked in study A with four response alternatives (from “Never/seldom” to “Each day”). All studies included questions about sleep disturbances. Studies A and C included questions of general sleeping problems (study A: difficulties in falling asleep; five response alternatives) and low sleep quality (study C: how do you find your sleep quality; five response alternatives). Studies A, B and D had questions about difficulties falling asleep due to work “I often have problems sleeping because of trouble calming down thoughts about the job” (four response alternatives from “Fully disagree” to “Fully agree” in studies A and B, five response alternatives in study D).

*Global self-esteem and personal resources.* A scale for global self-esteem, here called the Glse-scale, has been utilized in all studies. The scale consists of four items (“I feel positive and optimistic about life in general”, “My self-confidence is rather bad” (reversed), “I have thought about myself as rather unimportant” (reversed) and “I’m satisfied with being the person I am”) with an internal consistency of  $\alpha = 0.72$  (study A). The same five response alternatives were given as in the Pbse-scale. The total scale was presented in studies A, C and D, while just items one and four were included in study B. Item one and four were obtained from Forsman and Johnson’s Basic self-esteem scale (Johnson, 1997), and the other two items are very similar to items in Rosenberg’s self-esteem scale (Rosenberg, 1965). The stability of this scale over one year was measured in study A, and the Glse-difference between t1 and t2 was correlated to Pbse. Study B included an item of self-reported self-esteem instability, “I often shift between thoughts of being worthy and worthless”, combined with four response alternatives (from Fully agree to Fully disagree). Studies C and D had a question about

whether the respondents perceived their job competence to be sufficient (three response alternatives from “Disagree” to “Agree”).

*Traditional burnout scales.* Two traditional burnout instruments were included in the studies: Pines’ Burnout Measure (BM) (Pines et al., 1981) and the Maslach Burnout Inventory – General Survey (MBI-GS) (Maslach et al., 1996). The BM was used in study A and B. This scale is context-free and can be used for all persons independently of their occupational position. The BM consists of 21 items mainly indicating emotions and opinions simply described by adjectives such as “emotionally exhausted”, “depressed”, “bored”, “energetic” (reversed). There are seven response alternatives, from “Never” to “Always” and the internal consistency was  $\alpha = 0.85$  in study A. The full scale was used in study A while just a short version with three items ( $\alpha = 0.90$ ) was utilized in study B. The full and the short versions of the BM correlated highly ( $r = 0.90$ ) in study A. The MBI-GS was included in the questionnaires in studies B and D. There are three dimensions in the MBI-GS, “Emotional exhaustion” (five items), “Cynicism” (five items) and “Reduced professional efficacy” (six items), with the following internal consistencies in study D:  $\alpha = 0.87, 0.73$  and  $0.73$ . The two latter subscales were represented in study B by just a single item (“I doubt the importance of my work” and “I can effectively solve the problems that arise in my job”). The response format for the MBI-GS goes in seven steps from “Never” to “Each day”.

*Coping, strivings and personality patterns.* A question from the Swedish Work Environment Survey (SWES) was formulated as “Do you have so much to do that you have to reduce lunches or to take work home?” and it was presented in studies A and B (five response alternatives from “Seldom/Never” to “Each day”). This item might be regarded as an indicator of job demands but here it is mainly interpreted as a coping item. A further coping item from the SWES was “How many times have you gone to work although, you, according to your health state, should stay at home and report sick?” (four response alternatives from “Never” to “More than five times”). The latter item was also used in study D. Studies A and B included the question “I have problems saying no to expectations and wishes of others” (same response alternatives as in the Pbse-scale). Another coping statement, “I usually exert myself strenuously to reach my goals”, was presented in study A (same response alternatives as in the Pbse-scale), and studies A and C had a question about whether the respondents had taken some measures to change job or position (“turnover intention”, two response alternatives “yes-no”). Study B included some newly constructed questions about avoidance and approach endeavours. These questionnaire items began with the following expression: “How often do you press yourself hard in work to ...” and followed by phrases such as “... to avoid critique from others” (“avoidance motivation”, five items,  $\alpha = 0.86$ ) and “... to show your capacity” (“approach motivation”, five items,  $\alpha = 0.81$ ). The five response alternatives varied from “Seldom/never” to “Each day”. Study B also included shortened versions of a pair of well-known person-oriented scales, the Type A behaviour (Ganster, 1987; Matthews, 1982; Price, 1982) (three items,  $\alpha = 0.73$ ), and the Positive and Negative Perfectionism Scale (Terry Short et al.,

1995) (three items from the positive sub-scale ( $\alpha = 0.63$ ; e.g. “I am satisfied when I am completely dedicated to a task”) and two items from the negative sub-scale ( $\alpha = 0.65$ ; e.g. “When at work, I feel that my achievements are critically examined”).

The associations between all these variables and the Pbse-scale were measured by the command for product-moment correlations in SPSS, version 11.5. This means that whenever a variable was dichotomous, such as for gender, education and turnover intention, the resulting correlation is a point-biserial correlation.

## 5. Results

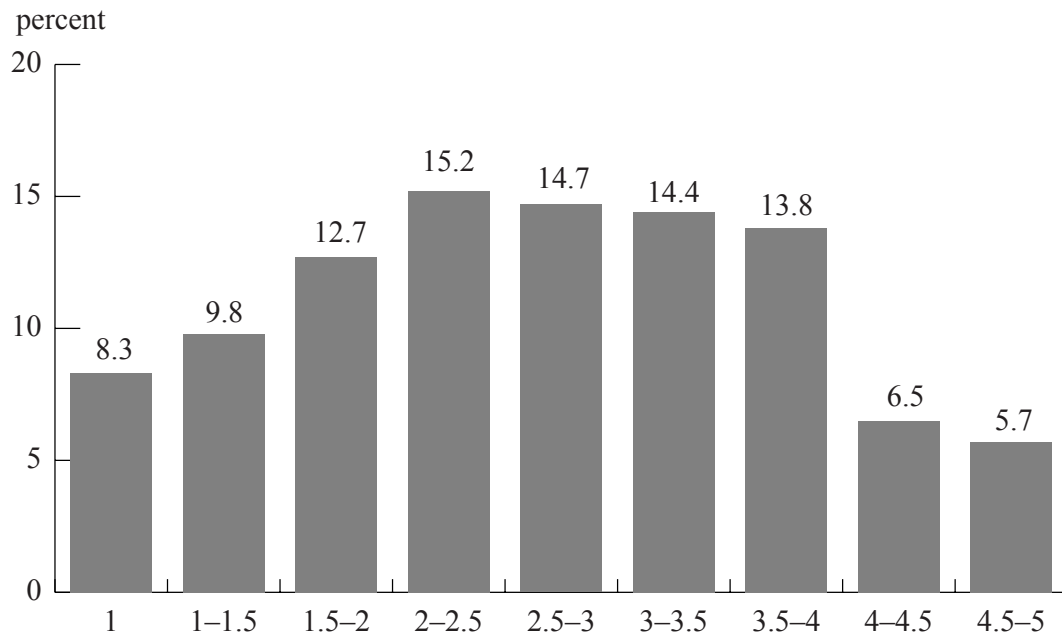
### 5.1. Basic measurement properties of the Pbse-scale

The arithmetic means (M), medians (Md), standard deviations (sd), skewness, internal consistency ( $\alpha$ ) and stability (test-retest correlation (r)) for the Pbse-scales in the different datasets are presented in Table 2. The data is based on the number of persons with complete scale data (N), i.e., those who did not respond to one or more of the items in the scale have been excluded. The internal dropout rates were generally low for the items, around one per cent for items one, two and four. The dropout rate for item three was approximately two per cent.

The outcomes for the general context-free version of the Pbse-scale in studies A to C gave rather similar outcomes. The arithmetic means varied between 2.67 and 2.79, the medians were the same, 2.75, and the standard deviations were nearly identical. A slight positive skew was seen, as illustrated in Figure 3, and the internal consistency of the scale was high and at a similar level and varied just between, 0.85 and 0.89. Stability over one year in study A was substantial,  $r = 0.68$ .

**Table 2.** Basic properties of the Pbse-scale in the four studies. Total N = 17,177.

	<b>Study A</b> <b>Context-free</b> <b>version.</b> <b>Representative</b> <b>population</b> <b>sample, 18-65</b> <b>years</b>	<b>Study B</b> <b>Context-free</b> <b>version.</b> <b>Representative</b> <b>occupational</b> <b>sample, 20-65</b> <b>years</b>	<b>Study C</b> <b>Context-free</b> <b>version.</b> <b>Representative</b> <b>population</b> <b>sample, 25-75</b> <b>years</b>	<b>Study D</b> <b>Work-related</b> <b>version.</b> <b>Local</b> <b>government</b> <b>employees</b>
<b>Basic properties</b>				
Sample size	4,760	1,802	3,214	7,401
M	2.79	2.77	2.67	2.45
Md	2.75	2.75	2.75	2.25
sd	1.11	1.13	1.10	1.02
Skewness	0.11	0.09	0.18	0.40
Internal consistency ( $\alpha$ )	0.85	0.89	0.85	0.84
Stability over one year (r)	0.68	-	-	-



**Figure 3.** The distribution of individual means of the Pbse-scale from study A at t1 (percent). N = 4,760.

The work-related Pbse-scale deviated somewhat from the context-free version in study D, although the internal consistencies of the scales were at a similar level. The mean became 2.45 and the median was about half a standard deviation lower than the median for the context-free version. The positive skewness was also more pronounced for the work-related scale. These differences were expected, since it was found in study A that the context-free Pbse mean for local government employees within the municipals was lower than for the ones in the private and the governmental sector ( $p < 0.10$ ). The second item in the context-free and work-related versions of the Pbse was identical and the mean was lower for this item in study D than for employees in study A (2.46 vs. 2.68). This confirms the somewhat lower Pbse-level for the local government employees as compared to other employees. Hence, the lower mean in study D does not seem to be solely a consequence of the work-related items. The more pronounced skewness was partly a result of the inclusion of a much larger portion of blue-collar workers in the local government sample (61 percent) than in the national occupational sample (45 percent).

A factor analysis of the Pbse-scale with the principal axis method from study A at t1 showed that just one factor could be extracted, and it explained 69 percent of the variance. The factor loadings for the four items varied between 0.70 and 0.84.

Confirmatory factor analyses with LISREL 8.71 were also carried out in the four studies. The aim was to test if the Pbse-items were caused by just one common latent variable, “performance-based self-esteem”, or if the items were also influenced by unmeasured causal variables. This situation would be indicated by significant correlations among the error terms for two or more of the items.

The latter outcome was shown to be the case. All items loaded positively and clearly on the latent variable, but one correlation between the error terms for two items had to be included to obtain good model fits. For example, in study A, without the correlation parameter the loadings on the latent variable varied between 0.77 and 0.89 and the model fit became  $\chi^2(2) = 288.4$ ,  $p < 0,000$ , RMSEA = 0.20. With the correlation parameter, the loadings varied between 0.70 and 0.88 and the model fit was improved to  $\chi^2(1) = 9.88$ ,  $p = 0.002$ , RMSEA = 0.047. This result was not unexpected given the large number of study participants, which increases the sensitivity of the goodness-of-fit tests. Correlated error terms for scale items are quite common among established scales.

## 5.2. Convergent validity

The associations for the Pbse-scale with the other variables and scales described in the method section are found in Table 3. The variables are categorised into eight blocks. The considerable variation of individuals included in the computations in study A and study C is a consequence of the national population samples with both working and non-working persons. Of course, only working people could answer the job-related questions.

The correlations between the Pbse-scale and the variables were largely similar over the four studies. The demographic and socio-economic variables had, in general, low but significant associations with the Pbse-scale and these variables explained at most about two percent of the Pbse variance. In line with the hypotheses, age was negatively related, and education positively related to Pbse, i.e., young and well-educated persons reported higher levels of performance-based self-esteem. In study D, however, Pbse was not related to age. Women had, as expected, slightly higher levels than men in the context-free Pbse-scale, but not in the work-related version. It was expected that unemployment would be positively related to performance-based self-esteem, but there was no evidence to support this assumption.

Performance-based self-esteem was presumed to be strongly related to early socialisation experiences, and this was also the case for the four socialisation variables in study B. The highest correlation was obtained from the job lesson that “you must be clever to avoid being ignored” ( $r = 0.49$ ).

The associations to job conditions were of low to moderate strengths, and varied in general between  $r = 0.10$  and  $r = 0.20$ . The directions of the associations corresponded by and large with the hypotheses. Job conditions generally held to be distressing and incongruent were positively related to the Pbse-scale, while more pleasant conditions showed opposite relations. Persons with non-regular employment contracts had relatively high Pbse-scores, and individuals without sickness substitutes had higher Pbse-levels than those who had stand-ins. A supposition was that the Pbse-scores should be more closely related to conflicting job demands and well-defined work goals than, for example, to workload, job control and supervisor support. There were some tendencies in this direction. The



highest correlations for the job variables were identified for conflicting demands ( $r = 0.24$ ), while the relations to work load, job-control and supervisor support were numerically weaker but in the directions that were expected. Job events, such as downsizing, organisational changes and being recently hired had positive but rather weak associations to the Pbse. In line with the hypothesis, organisational commitment and seeing work as a central value were not significantly related to the Pbse.

Bad family conditions in studies A and B had somewhat stronger associations ( $r \approx 0.25$ ) to the Pbse than any of the job conditions. High demands at home showed a substantially lower correlation ( $r = 0.09$ ), but in the direction that was expected. Financial problems in terms of frequent financial embarrassments were also positively related to performance-based self-esteem in study A ( $r = 0.14$ ).

**Table 3.** Convergent validity. Pbse-correlations with a selection of variables divided in eight blocks.

“ – “ means that data was lacking. \*  $p < 0.05$ ; \*\*  $p < 0.01$  and \*\*\*  $p < 0.001$ .

Variables	Study A	Study B	Study C	Study D
	National sample N=3305-4760	National occup. sample N=1719-1802	National sample N=2773-3214	Loc governm. sample N=7296-7401
<b>1. Background variables</b>				
Gender (women)	0.08***	0.09***	0.04*	-0.00
Age	-0.16***	-0.15***	-0.14***	0.00
Education (academic)	0.09***	0.14***	0.14***	0.13***
SES (high)	0.09***	-	0.10***	0.13***
Unemployment (vs employment)	0.03	-	-0.02	-
<b>2. Earlier family/job experiences</b>				
“Be engaged and to be something”	-	0.27***	-	-
“Great expectations for me”	-	0.22***	-	-
“At jobs: I am good enough”	-	-0.30***	-	-
“Must be clever to avoid being ignored”	-	0.49***	-	-
<b>3. Work attitudes and job conditions</b>				
Work centrality	-	-	0.03	-
Organisational commitment	-	-	0.01	-
Temporary employment contracts	0.08***	0.04	0.00	0.05***
Recent job move, recently hired	0.09***	0.11***	0.09***	0.06***
Not substituted when sick	0.15***	0.20***	-	0.18***
High workload	-	0.12***	0.16***	0.18***
Well-defined work goals	-0.17***	-	-0.15***	-0.11***
Conflicting demands	0.24***	0.23***	0.19***	0.20***
Work-pace control	-0.11***	-0.12***	-0.12***	-
Decision latitude	-	-0.08**	-0.07**	0.02
Supervisor support	-0.12***	-0.10***	-0.11***	-
Learning opportunities	-	-0.03	0.05*	0.07***
Downsizing	0.09***	-	0.06**	0.01
Organisational change	0.12***	-	0.13***	-

**Table 3, continuation.** Convergent validity. Pbse-correlations with a selection of variables.

Variables	Study A	Study B	Study C	Study D
	National sample N=3305-4760	National occup sample N=1719-1802	National occup sample N=2773-3214	Loc governm. sample N=7296-7401
<b>4. Present family conditions</b>				
High home demands	0.09 <sup>***</sup>	-	-	-
Bad family relations	0.25 <sup>***</sup>	0.28 <sup>***</sup>	-	-
Economic problems	0.14 <sup>***</sup>	-	-	-
<b>5. Health and sickness absence</b>				
General health	-0.20 <sup>***</sup>	-	-0.17 <sup>***</sup>	-0.11 <sup>***</sup>
The KI psychosomatic scale	-	-	0.34 <sup>***</sup>	-
Musculoskeletal symptoms	0.10 <sup>***</sup>	-	-	-
Stomach symptoms	0.21 <sup>***</sup>	-	-	-
General sleep disturbances	0.22 <sup>***</sup>	-	0.20 <sup>***</sup>	-
Sleep disturbances due to job thoughts	0.27 <sup>***</sup>	0.32 <sup>***</sup>	-	0.27 <sup>***</sup>
Sickness absence – days	0.05 <sup>**</sup>	0.07 <sup>**</sup>	0.07 <sup>**</sup>	0.02
Sickness absence – frequency	0.06 <sup>***</sup>	-	-	0.02
<b>6. Global self-esteem - personal resources</b>				
Glse-scale	-0.38 <sup>***</sup>	-0.33 <sup>***</sup>	-0.34 <sup>***</sup>	-0.35 <sup>***</sup>
Self-esteem instability	-	0.55 <sup>***</sup>	-	-
Self-esteem difference t1-t2	0.11 <sup>***</sup>	-	-	-
Uncertain about own competence	-	-	0.19 <sup>***</sup>	0.18 <sup>***</sup>
<b>7. Traditional burnout scales</b>				
Pines' BM	0.43 <sup>***</sup>	0.45 <sup>***</sup>	-	-
MBI-GS - emotional exhaustion	-	0.36 <sup>***</sup>	-	0.24 <sup>***</sup>
MBI-GS - cynicism	-	0.15 <sup>***</sup>	-	0.18 <sup>***</sup>
MBI-GS - reduced prof. efficacy	-	0.06 <sup>**</sup>	-	0.03 <sup>*</sup>
<b>8. Coping and personality patterns</b>				
Overtime work, reduce lunches	0.18 <sup>***</sup>	0.26 <sup>***</sup>	-	-
Problems to say “no”	0.36 <sup>***</sup>	0.44 <sup>***</sup>	-	-
Exert myself to reach my goals	0.54 <sup>***</sup>	-	-	-
Little time for personal needs	-	0.41 <sup>***</sup>	-	-
Sickness presence	0.20 <sup>***</sup>	0.26 <sup>***</sup>	-	0.14 <sup>***</sup>
Turnover intention	0.11 <sup>***</sup>	-	0.12 <sup>***</sup>	-
Avoidance strivings	-	0.47 <sup>***</sup>	-	-
Approach strivings	-	0.37 <sup>***</sup>	-	-
Type-A behaviour pattern	-	0.47 <sup>***</sup>	-	-
Positive perfectionism	-	0.44 <sup>***</sup>	-	-
Negative perfectionism	-	0.61 <sup>***</sup>	-	-

General health and somatic symptoms correlated moderately with the Pbse, and each of these variables explained about one to two percent of the Pbse variance. The KI psychosomatic scale was highly related to the Pbse ( $r = 0.34$ ). The associations with general or job-related sleep disturbances were moderately strong, between  $r = 0.20$  to  $0.32$ , somewhat higher than the correlations with musculoskeletal and stomach symptoms. Sickness absence showed weak associations with the Pbse as hypothesized. Sickness absence spells and aggregated

lengths were positively but barely significantly related to Pbse. The Pbse and sickness absence were not significantly linked to each other in study D.

In contrast, the Pbse scale had a clear negative relation to global self-esteem as measured by the Glse-scale in all of the studies,  $r \approx -0.35$ . This was in correspondence with the hypothesis, as was the positive relationship to self-esteem variability. The correlation with retrospective judgements of self-esteem instability in study B was very high,  $r = 0.55$ , and those with high Pbse scores in study A tended also to change their global self-esteem more over one year than those with low Pbse scores ( $r = 0.11$ ). The results from studies C and D also showed that Pbse was clearly positively related to uncertainty of own job competence.

Scores from ordinary burnout scales should be positively related to the Pbse, and this was also shown to be valid. Pines' BM showed correlations above  $r = 0.40$  in study A and B, and there was nearly the same correlation in emotional exhaustion from MBI-GS. The associations with cynicism and reduced professional efficacy from MBI-GS were lower, especially for the latter scale.

Finally, as expected there were, in general, strong associations between the coping, striving and personality variables, on the one hand, and the Pbse, on the other, especially in study B. The Pbse was assumed to have strong positive relations to variables indicating effort and self-evaluative concerns, which empirical evidence lent support for. The Pbse was clearly related to "voluntary" homework and reduced lunches, to hard exertion to reach own goals, to avoidance and approach strivings and to neglecting personal needs. Problems saying "no" to wishes and requests from others were positively associated with performance-based self-esteem ( $r = 0.36$  and  $0.44$  in studies A and B, respectively). Turnover intentions and sickness presence were, as predicted, positively related to the Pbse. Negative and positive perfectionism showed very high associations ( $0.61$  and  $0.44$ ), as did the type-A behaviour pattern ( $r = 0.47$ ).

## 6. Discussion and conclusions

First, the psychometric properties and convergent validity of the Pbse scale are discussed followed by comments on the understanding of performance-based self-esteem and its relation to similar concepts. Finally, some implications for burnout and its prevention are outlined.

### 6.1. Psychometric properties of the Pbse scale

The basic psychometric properties of the Pbse-scale showed satisfactory results. The central tendency parameters, i.e., the mean and the medians, the standard deviations and the internal consistencies ( $\alpha$ 's) were very similar to each other in the three population studies, and the medians were actually identical ( $md = 2.75$ ). The skewness of the scale was moderate (around  $0.1 - 0.2$ ), especially in relation to traditional burnout scales. For instance, the emotional exhaustion, cynicism and reduced professional efficacy scales from the MBI-GS had the following skew

indices in study D: 0.8, 1.0 and 0.8. The one-year stability of the Pbse scale in study A was also substantial,  $r = 0.68$ . The close correspondence between the Pbse distribution parameters does not seem to be a consequence of the large and representative samples collected since a smaller, mixed convenience sample of occupationally active individuals presented nearly identical parameters for the context-free Pbse-scale (Lindblad, 2003) as seen here. The properties of the work-related version of the Pbse-scale in study D deviated somewhat from the context-free version. The mean and the median were slightly lower and the skewness was higher (0.40) than in the other studies. This deviation seemed to depend at least in part on the higher proportion of blue-collar workers in sample D, and was not just a consequence of the work-related nature of the scale items. The standard deviation and the internal consistency of the work-related version of the Pbse-scale were, however, on par with the context-free scale. Hence, the formal qualities of both the context-free and the job-related versions of the scale were adequate, even though the confirmatory factor analyses suggested that there is room for improvements. Which version to choose depends on study aim and questions.

## **6.2. Validity of the Pbse scale**

The Pbse-scale showed substantial convergent validity as indicated by the correlations with the variables in the eight blocks in Table 3. As was expected, the Pbse-scale had positive relations to various incongruent and aversive work and family conditions and events. The only deviating finding was that unemployment did not show a significant positive correlation to the Pbse. As was predicted, Pbse scores were also negatively related to positive job features, although the levels of these associations were rather low. The moderate correlations with the job variables were perhaps a consequence of some people not finding their jobs to be an expressive or self-definitional arena. Moreover, as was expected, the Pbse scores were clearly positively correlated to somatic and psychosomatic symptoms, to sleeping problems, to self-esteem instability and to scores from ordinary burnout scales. Global self-esteem and general health also showed clear negative relations to performance-based self-esteem. As was expected, the importance of work and organisational commitment were unrelated to the Pbse scores, and both sickness absence frequency and duration were marginally and positively related.

High positive associations with the Pbse scale were predicted for the effort-oriented coping and personality variables. High Pbse-scorers tended to exert themselves both to reach positive outcomes and to avoid negative ones, and they also reported a propensity to bring work home or to reduce lunches, to attend work while being sick and to set aside little time for personal needs. These people also got high scores on the scales for type-A behaviour and for positive and negative perfectionism. These personality variables showed the highest average associations,  $r \approx 0.50$ , to the Pbse scale. High associations were also assumed and confirmed for early family messages as “you have to be committed and be something”. The latter associations should, however, be interpreted cautiously since

they relied on retrospective reports. Such data may be dependent on current moods (Miranda et al., 1988), which can inflate the associations.

As was expected, education and socio-economic status (SES) were positively related to the Pbse scale. A possible explanation for this association is that lower social status groups are often more controlled at work than higher social groups. The self-determination theory (Deci et al., 2002) implies that this should inhibit identification with the task and inclinations to base self-esteem on task performance. Attributions to outer circumstances rather than to personal characteristics would also be more probable if performances fall short of professional or general standards. The assumed relations for gender and age were only confirmed for the context-free version of the scale in studies A, B and C. In study D, gender and age were unrelated to job-related performance-based self-esteem. Any obvious explanation for these insignificant associations is difficult to put forward.

It can be added that the relations in Table 3 were stable after controlling for the background variables of gender, age and education in study A. The largest change was shown for temporary employment contracts, where the correlation was reduced from  $r = 0.08$  ( $p < 0.001$ ) to  $r = 0.04$  ( $p < 0.01$ ).

The question whether it is reasonable to characterise performance-based self-esteem as a psychological construct with both motivational and emotional components in addition to the cognitive one seen in the Pbse scale can be asked. There were no explicit motivational items in the Pbse scale, and Table 3 lacked motivational variables indicating ego-involvement. Study B, however, included one item that touched upon ego-involvement, the tendency to “take things personally”. This item correlated substantially with the Pbse scale ( $r = 0.62$ ), which lends some support to the view of performance-based self-esteem as a construct with a motivational component. An indirect evidence for self-evaluative concerns as an emotional component of the construct can be derived from the positive association between “uncertainty of own competence” and the Pbse scale.

Even if some data on, for example, evaluative procedures at work were missing, the overall impression from these empirical associations is that the Pbse scale has convergent validity. Objections may, however, be raised in the sense that most predictions were rather unspecific and that a large part the obtained associations just might depend on differences in negative and positive affectivity (Watson et al., 1984, 1989). Multiple regression analyses on longitudinal data from Study A demonstrated, however, that this was not the case for the vast majority of the variables. These analyses were made with the Pbse scale both as an antecedent (at t1) and as a consequence (at t2) of the variable in question and with control for the dependent variable at t1. For just five variables (temporary employment contract, recent job move, organisational change, sickness absence days and sickness absence frequency) out of 28 did the regression coefficient become insignificant. Furthermore, the differential hypotheses posed for relatively high associations with the coping and striving variables and with conflicting job demands were largely supported.

A valuable instrument does not just have convergent validity but also discriminative validity, i.e., the scale should be distinguishable from other more or less dissimilar instruments. Hence, it would be of value to know if the Pbse scale assesses something else than scales indicating contingent self-esteem or self-evaluative concerns, such as positive perfectionism, negative perfectionism and type-A behaviour. As just short versions of the latter scales were available, no formal tests of the discriminative validity were carried out. Some preliminary discriminatory analyses have, however, been done on data from study B. The Glse-scale, as a reversed measure of low global self-esteem, was added as a more dissimilar variable.

The five scales were correlated with the rest of variables in study B presented in Table 3. Compared to the associations for the Pbse scale, low global self-esteem showed the most deviating correlations as was expected. Low global self-esteem had higher correlations with health indicators and traditional burnout scales, and lower correlations with age, education, prior family/job experiences and with coping and personality patterns. Type-A behaviour, positive perfectionism and negative perfectionism showed similar correlations to the criteria variables as the ones seen for the Pbse scale. This was especially true for negative perfectionism. In spite of these similarities, a factor analysis showed that all these five concepts were dissimilar from each other. A principal axis factor analysis with oblique rotation resulted in five factors completely corresponding to these scales, and the four Pbse-items did not load on any of the other factors (all loadings were below 0.15). The Pbse scale had somewhat higher associations than negative perfectionism to education, prior family/job experiences, overtime work, approach strivings and positive perfectionism. This outcome suggests that the Pbse scale has discriminatory validity and measures something else than the other four scales. The meaning of these differences is, however, hard to specify and further theory-driven comparisons between performance-based self-esteem and negative perfectionism, or so called socially prescribed perfectionism (Flett et al., 2002) should be carried out.

Thus, the Pbse scale appears to be an adequate instrument to measure performance-based self-esteem. One advantage is that the scale is short, which makes it suitable to be included in large surveys. An amendment might be to include items related to ego-involvement and performance goals to make the scale more congruent with the assumed cognitive-motivational mix of the construct. An increased precision in the Pbse scale should also be considered with inclusion of items referring to specific self-esteem domains, since a study (Lindblad, 2003) has revealed that the Pbse-scale not only assesses self-esteem contingencies related to achievements or role functioning but also to physical appearance and to the approval of others. A further validity test would be to relate the Pbse scale to other scales for contingent self-esteem, as the ones developed by Kernis and colleagues (Kernis et al., 2000; Paradise & Kernis, 2002) and Johnson (1997).

### 6.3. Performance-based self-esteem: some characteristics

The present study has examined the functioning of the Pbse scale. Let us now turn to a discussion of some inferred properties of performance-based self-esteem itself. The convergent validity data gave some clues on the antecedents and consequences of performance-based self-esteem, and the work model in Figure 2 appeared to be compatible with the empirical associations. The model describes performance-based self-esteem as a psychological construct or orientation that may be activated and set in motion by enduring, incongruent environmental conditions. This situational dependency raises the question of whether performance-based self-esteem can be regarded as a trait or just as another stress-related symptom or state.

In the process-model of burnout presented in paragraph 2.1, performance-based self-esteem constitutes a vulnerability factor for high psychic strain and distress. As such, it is viewed as a rather stable construct that may exist regardless of environmental stressors, in analogy to cognitive vulnerabilities for depression (Clark et al., 1999; Ingram et al., 1998). The less than perfect one-year stability of the Pbse scale ( $r = 0.68$  in study A) may be seen as counterevidence to this assumption. Traits are, however, not static but stable dynamic entities and some variability over time is to be expected even for well-established personality traits. For instance, Costa Jr and McCrae (Costa Jr et al., 1997) report that the stability for the five personality dimensions in the NEO personality inventory varied between  $r = 0.60$  and  $r = 0.78$  over a six year period. It is quite likely that the accessibility of performance-based self-esteem varies with environmental stressors, but this does not imply non-existence during low stress situations. So-called priming strategies (Clark et al., 1999) may facilitate access to the construct during these conditions. Another evidence of a disposition quality in performance-based self-esteem may be derived from the classification in Table 1. Two high performance-based self-esteem groups were described: the challenged and the burnout group, with low and high psychic strain-distress, respectively. As both groups have been empirically identified, it would mean that performance-based self-esteem does not solely depend on levels of high psychic strain-distress.

In terms of the trait-state mixture, performance-based self-esteem appears to be quite similar to another psychological orientation, the sense of coherence (Antonovsky et al., 1987). Sense of coherence is described as a global, although dynamic feeling of confidence in relation to the environment, that is postulated to change moderately with environmental circumstances (Antonovsky & Sagy, 1987). The test-retest stabilities over a one year period have been rather high, although somewhat lower than the ones reported for personality scales, between 0.52 and 0.78 (Antonovsky & Sagy, 1987). The stability over a four year period in a national, Canadian sample was 0.42 and 0.45 in a younger and an older age group (Smith et al., 2003), and the state component in the scale cannot be neglected.

If a few words could express the essential elements in performance-based self-esteem and many of the similar concepts, it might be that they all imply vulner-

able achievement orientations that emanate from introjected and transformed performance standards that are aimed at gaining both self-esteem and social approval. The latter point is also supported by a correlation of 0.40 for the Pbse scale with one item in study B, "How often do you press yourself to gain the approval of others?". Thus, although people with an achievement orientation often value independence and autonomy, it does not imply that they also embrace an autonomous attitude. Achievements and accomplishments may be suitable ways to attain social approval and an appealing image in some settings.

As burnout seems to have increased in Western countries over the last decades, the issue arises whether or not this is partly a consequence of a rise in performance-based self-esteem. Quite naturally, this question cannot be settled here but some guiding lines for an informed conjecture can be offered. The propensity to introject various cultural standards and to base self-worth on insistent work or other role performances has almost certainly remained unchanged over centuries. However, there are at least four interrelated labour-market changes that may have raised self-esteem concerns and self-esteem pursuits: an increased proportion of professionals and qualified employees at the labour market; more uncertain work outcomes; higher demands for professional and organizational accountability; and a change towards a more individualised and competitive working life. Crocker (Crocker & Park, 2004) has also argued that self-esteem pursuits are more frequent in individualised societies than in collective societies. A recent popular collection of case-studies of performance-oriented Swedish female professionals (Pietrzak, 2003) may be indicative of such a trend.

The proportion of professionals and highly educated people has increased in Western countries (from 17 to 25 percent in Sweden from 1986 to 2001), which probably has had various effects on socialisation processes. In general, professionals have, or are expected to have, greater latitudes for decision making in their work than other occupational groups, and a reasonable assumption is that the readiness to regard one's job performance as a mirror of the self should rise with increased work control. Another likely consequence of professional education is the application of an observer rather than an actor view on one's own performance (Kelley et al., 1980), which would increase causal attributions to one's own personal characteristics. A further important aspect of professional training has been to convey values and performance standards for professional practice. Such values and performance standards have often been adopted and elaborated more or less consciously by students and disciples as a basis for professional and personal pride. This may still be the case for many individuals and groups, but just the opposite condition may now meet others, who miss clear professional standards as a result of more individualised and competitive societies and organisation (Bauman, 2004; Beck, 1999). Old patriarchal and stable firms and institutions have been substituted by more flexible and loose networks, with more focus on exceptional individual accomplishments and images than on regular work habits or skills. Consequently, social identities have become less dependent on occupational ideals or memberships and more contingent on idiosyncratic or



autonomous actions (Allvin, 1997). The aspiration to be “someone” is gradually replacing the former one to be “something”. Western societies of today appear to offer wide scope for personal expression, or even force people to stand out in front of others for evaluation and recognition, and the growing awareness of personal identity and self can be understood from such an absence of structural support. Certain normative and identity-oriented management techniques (Alvesson et al., 2002; Bejerot et al., 2003; Hasselbladh, 2000) may instead try to fill these voids and shape organisations into highly evaluative and comparative settings in the pursuit of attention and success. As a more or less deliberate response to these conditions, people may internalise or introject values and standards to facilitate smooth self-regulation and to preclude marginalisation. Such practices may be more common in professional training and in “free, flexible and delimited jobs” (Hanson, 2004), where people are expected to stick out, for their own good, so as to fit in. Since the 1980’s, there has also been an escalation of auditing activities in organisations (Power, 1997) in order to obtain more control over organisational procedures. Formal evaluations of work outcomes have become more common and customers, clients and patients have been given opportunities for influencing and evaluating the work process. These control techniques probably prompt thoughts about competence and professional adequacy among employees.

Performance-based self-esteem is, however, not just activated and maintained by pull factors, but also by more aversive push factors. Self-evaluative concerns may grow alongside problems in reaching assigned or self-selected goals and objectives, as a result of, for example, task complexities, under-staffing and professional-organisational value conflicts. Current tendencies to reorganize jobs into short-lived projects and to alter tasks and work procedures that infringe or violate professional traditions may also increase self-evaluative concerns. Many individuals showing burnout and exhaustion symptoms have probably more or less voluntarily found themselves in new work conditions incompatible with their occupational competence and values. Organisational and professional performance standards may also be re-constructed and raised by some individuals to overcome goal ambiguities and professional-organisational conflicts, which renders goal-attainment still more difficult. Anyhow, task assignments in salient self-esteem arenas tend to set off self-evaluative processes, which suggests that performance-based self-esteem has become more prevalent in recent decades.

#### **6.4. Implications for the conception and assessment of burnout and its prevention**

Conceiving burnout as a context-free process of self-esteem strivings into psychic strain and distress, implies an alternative perspective as compared to the traditional MBI-view of the phenomenon. Burnout becomes more of a cognitive and motivational process than just a stress process, and work is no longer seen as the exclusive arena for burnout processes, albeit an important one. To apply this self-esteem concern perspective necessitates some changes in the operationalisation of

burnout. An instrument should be included that taps self-esteem strivings as does the Pbse scale described here. Given that self-esteem can be reduced and that self-validation strivings may result in feelings of inadequacy and depressive moods (Dykman & Johll, 1998), the usual MBI instrument should be complemented with items for psychological distress as is the case for the Pines BM scale. A further change should be to avoid restricting the measurement to the job sector, and to include questions of non-occupational demands and conflicts.

This attempt to gain precision in the burnout concept may be compared with a recent approach suggested by Shirom and Eizrachi (Shirom et al., 2003). Their idea was to remove items in burnout scales that tap depressive and anxious feelings and to just retain items related to emotional exhaustion and physical fatigue. Burnout as a syndrome of related emotions should be reduced to a single dimension of exhaustion that should correspond to the core emotion in the burnout phenomenon. This line of thinking was carried out on the BM and the retained dimension was called wornout. A similarity between this proposal and the present one is that wornout, to a lesser degree, should be related to anxious, depressive feelings and labile self-esteem. An obvious difference, however, is that the latter emotions are assumed to be expressive of burnout in the present process model of burnout, where instead precision is aimed at by the existence, or non-existence, of self-esteem strivings. The substantial correlations between wornout, depression and anxiety (around  $r = 0.45$ ) in the Shirom and Eizrachi paper cast doubts of the fruitfulness of isolating these emotions from each other. Another weakness is that the assumption of high initial engagement in the burnout process is ignored.

Anyhow, a change from a state or MBI-perspective to a self-esteem striving view of burnout has perhaps less consequences for the denotation of the concept, i.e., the individuals that are classified as burnouts, than for its connotation, i.e., the meaning and understanding of burnout. Since scores from ordinary burnout instruments correlate positively with Pbse ones, such a combination may have minor or moderate effects on the classification of individuals at risk for burnout. For instance, the correlation between assessments just based on Pines BM and on the sum of Pines BM and the Pbse scale gave  $r = 0.85$  (Hallsten, 2004). Thus, both operationalisations resulted in a considerable overlap. The inclusion of performance-based self-esteem may, however, give a more valid and strict assessment of burnout by paying attention to the initial phases of the burnout process and its determinants.

Admittedly, the conception of burnout as a process of failing self-esteem strivings into psychic strain and distress may have some drawbacks as compared to the traditional view. It requires additional assessments that require a somewhat complicated combination of data. Furthermore, the self-esteem striving perspective should be weighed against a long tradition of research that has reached wide acceptance, and the present perspective rests on an assumption that may be incorrect. As an example, if performance-based self-esteem would gradually diminish over the burnout process for some individuals, one might wrongly conclude that their psychic strain-distress is not an indication of burnout. Although

this is not a likely trend for performance-based self-esteem, the self-esteem pursuit conception is grounded on more assumptions that may be erroneous.

However, the self-esteem striving view of burnout has several merits as compared to the MBI-view. It is more in line with individual and inter-individual models of burnout, and it corresponds better with old, informal connotations of the concept (Hallsten, 2001) used by authors and artists more than a century ago to describe crises states occurring in various settings after intense preoccupations and strivings. Case data from sick-listed individuals with an exhaustion syndrome also indicate that performance-based self-esteem appears to be an important aspect in the course of the illness (Perski, 2002). It introduces explanations as to why engagement may shift and turn into opposite cognitions and emotions, why demanding coping styles arise and why exhaustion and depressive thoughts occur. A definition based on an assumed etiology of burnout also contributes to a more precise construct and it entails a potential for customized preventions. For instance, one could examine how the organizational climate contributes to the triggering of self-evaluative concerns. Candidates for burnout and wornout might also be approached differently as these groups probably would have different attitudes towards prevention such as professional support or reduced task assignments and recuperation. People at risk for burnout should be more reluctant than candidates for wornout to accept help in various forms, since such interventions might imply a threat to self-esteem and pride. The self-esteem perspective may also guide and facilitate differential attention to environmental conditions that may be critical for some groups but not for others.

## 7. Sammanfattning

Hallsten L, Josephson M and Torgén M (2005) Prestationsbaserad självkänsla: En drivkraft i utbränningsprocesser och dess mätning. *Arbete och Hälsa*, 2005:4, sid. 1–35

Utbränning antas uppstå efter misslyckade självkänsloträvanden, som aktiveras och underhålls av varaktiga eller återkommande stressorer inom centrala livs-områden och roller. Personer med hög prestationsbaserad självkänsla antas utgöra en riskgrupp för sådana strävanden, och en skala för prestationsbaserad självkänsla, Pbs-skalan, har utvecklats. Data från skalan presenteras för sammanlagt 17 177 personer från fyra studier, av vilka tre baserades på nationella populationsurval bland vuxna svenskar. Pbs-skalan hade tillfredsställande psykometriska egenskaper med likartade utfall i alla undersökningsgrupperna. Skalan visade också konvergerande validitet. Resultaten kommenteras och det diskuteras om prestationsbaserad självkänsla har ökat under senare år. Självkänsloperspektivet på utbränning tycks ha fördelar ur såväl teoretisk som praktisk synvinkel.

Nyckelord: utbränning, utbrändhet, självkänsla, psykisk ohälsa, coping, skala, mätning.

## 8. Summary

Hallsten L, Josephson M and Torgén M (2005) *Performance-based self-esteem: A driving force in burnout processes and its assessment*. *Arbete och Hälsa*, 2005:4, pp. 1–35

Burnout is assumed to occur after unsuccessful self-esteem strivings, activated and maintained by enduring or recurring stressors in central life domains and roles. People high in performance-based self-esteem are vulnerable to such strivings and a scale for performance-based self-esteem, the Pbse scale, has been developed. Data from this scale is presented for a total of 17,177 persons from four studies, three of which were based on nationally representative samples of adult Swedes. The Pbse scale showed satisfactory psychometric properties with similar outcomes in the four samples, and the scale also showed convergent validity. These results are commented on and it is discussed whether or not performance-based self-esteem has increased in Western countries in recent decades. The self-esteem striving approach to burnout seems to have merits both from theoretical and preventive perspectives.

Key words: Burnout, self-esteem, mental health, strain, coping, scale, assessment.

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## 10. Appendix

### The Pbse scales in Swedish and English

#### A. The context-free version used in studies A, B and C

	Stämmer inte alls					Stämmer helt				
1. Jag tror att jag ibland försöker bevisa mitt värde genom att vara duktig	__1	__2	__3	__4	__5					
2. Min självkänsla är alltför mycket beroende av vad jag åstadkommer i mina dagliga sysslor	__1	__2	__3	__4	__5					
3. Jag känner ibland att jag måste vara litet bättre än andra för att duga inför mig själv	__1	__2	__3	__4	__5					
4. Jag har känt ett inre tvång att åstadkomma något värdefullt här i livet	__1	__2	__3	__4	__5					
	Fully disagree					Fully agree				
1. I think that I sometimes try to prove my worth by being competent	__1	__2	__3	__4	__5					
2. My self-esteem is far too dependent on my daily achievements	__1	__2	__3	__4	__5					
3. At times, I have to be better than others to be good enough myself	__1	__2	__3	__4	__5					
4. Occasionally I feel obsessed to accomplish something of value	__1	__2	__3	__4	__5					

## B. The work-related version used in study D

	Stämmer inte alls					Stämmer helt				
1. Jag tror att jag ibland försöker bevisa mitt värde genom arbete	__1	__2	__3	__4	__5					
2. Min självkänsla är alltför mycket beroende av vad jag åstadkommer i mitt arbete	__1	__2	__3	__4	__5					
3. Jag känner ibland att jag måste vara litet bättre än andra för att duga inför mig själv	__1	__2	__3	__4	__5					
4. Jag har känt ett inre tvång att åstadkomma något värdefullt genom mitt arbete	__1	__2	__3	__4	__5					
	Fully disagree					Fully agree				
1. I think that I sometimes try to prove my worth through my work	__1	__2	__3	__4	__5					
2. My self-esteem is far too dependent on my work achievements	__1	__2	__3	__4	__5					
3. At times, I have to be better than others to be good enough myself	__1	__2	__3	__4	__5					
4. Occasionally I feel obsessed to accomplish something of value through my work	__1	__2	__3	__4	__5					