A Communication Competence Approach to Examining Health Care Social Support, Stress, and Job Burnout

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Drawing upon Kreps's (1988) Relational Health Communication Competence Model (RHCCM), this study examined the effect of perceived communication competence on perceived stress and subsequently perceived job burnout. In addition, the role of social support satisfaction as a potential mediator between perceived communication competence and perceived stress was explored. The extended RHCCM was proposed and tested in a survey of 221 health care workers from three Veterans Administration hospitals in the United States. The model was tested by structural equation modeling. The results indicated support for the extended model. The implications of the findings for the extended RHCCM are discussed along with limitations of the study and directions for future research.

Burnout among health care workers is a major problem in a variety of health care organizational settings (Aiken, Clarke, Sloan, Sochlaski, & Silbner, 2002; Apker & Ray, 2003; Buunk, Shaufeli & Ybema, 1994; Maslach, 2003; McManus, Winder, & Gordon, 2002), often resulting in absenteeism, reduced quality of health care, and higher organizational costs (Aiken et al., 2002; Maslach, 2003). Job burnout has also been linked to employee turnover (Buunk et al., 1994; Maslach, 2003). Additionally, job burnout has implications for those employees who choose to remain in their current health care position, leading to emotional exhaustion and depersonalized feelings toward patients and coworkers (Kalliath & Morris, 2002; Maslach, 1982, 2003), as well as increased psychological and physical health problems (Coffey, Skipper, & Jung, 1988), including substance abuse and excessively calling in sick to work (Aiken et al., 2002). A number of scholars have pointed to the importance of social support from supervisors and coworkers in reducing job stress and burnout, particularly in health care settings (e.g., AbuAlRub, 2004; Apker & Ray, 2003; Kippling, 1998; Miller, Stiff, & Ellis, 1988; Ray, 1987). In interpersonal and organizational settings, the quality of one's support network has been found to be influenced by an individual's level of communication competence (Kreps, 1988; Query & James, 1989; Query & Kreps, 1996; Query & Wright, 2003). However, the process by which communication competence, in conjunction with social support, contributes to decreased job burnout has not been examined. Understanding the interrelated nature of these variables is important for both scholars and practitioners in the areas of organization and health communication. Health care workers have to deal with life and death issues, making their jobs inherently stressful. Stress significantly contributes to burnout (although not all stressful occupations result in job burnout). Communication competence can play an important role in reducing stress and preventing burnout (Apker, Propp, & Ford, 2005), which is especially important because stressors cannot always be avoided or changed, but people can improve their communication competence through practice and training (Canary & Lakey, 2006). For communication scholars, examining perceived communication competence, social support satisfaction, and their effects on perceived stress and job burnout in a health care context is also interesting because, in addition to having important practical applications, such research allows for theory development and testing.

The aim of the current study was to examine the effect of perceived communication competence on perceived stress

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and subsequently perceived job burnout and to explore the role of social support satisfaction as a potential mediator between perceived communication competence and perceived stress. The study draws from Kreps's (1988) Relational Health Communication Competence Model (RHCCM) and other theories and research dealing with communication competence, social support, perceived stress, and burnout among health care workers. It extends RHCCM by including perceived job burnout as an important outcome of perceived stress. A survey of health care workers was conducted to test the extended RHCCM, which was analyzed using structural equation modeling. In the following sections, the relationships among the key variables, perceived communication competence, social support satisfaction, perceived stress, and job burnout are examined.

RELATIONAL HEALTH COMMUNICATION COMPETENCE MODEL

Although few studies have examined the influence of perceived communication competence on social support satisfaction (and subsequent outcomes), one theoretical model that focused specifically on this relationship is Kreps's (1988) RHCCM. Drawing from Weimann's (1977) original conceptualization of communication competence, defined as a combination of interaction management, empathy, affiliation, behavioral flexibility, and social relaxation, Kreps's (1988) model was designed to address interpersonal relationships within health care settings. The model places communication competence as a central variable when examining the effectiveness of the interdependent communication roles in the health care contexts. According to Query and Kreps (1996), health communication competence is characterized by provider and consumer knowledge and skills, including empathetic listening, verbal and nonverbal sensitivity, encoding and decoding skills, and interaction management. The RHCCM posits that increased communication competence leads to "therapeutic communication, social support, satisfaction, information exchange, and cooperation," while decreased competence leads to "pathological communication, lack of social support, dissatisfaction, information barriers, and lack of cooperation" (Kreps, 1988, p. 354).

The current study extends Kreps's RHCCM, first by proposing and testing a mediating relationship between perceived communication competence and perceived stress via social support satisfaction, and second by including perceived job burnout as an additional outcome variable resulting from stress. Although few studies have specifically examined the link between communication competence and job burnout among health care workers, researchers have speculated that communication competence may ultimately influence burnout (e.g., Kreps, 1993). However, it is unclear how perceived communication competence affects burnout

when also considering the effects of social support satisfaction and perceived stress. These key variables and relationships between them are examined in the next subsection.

Extended RHCCM

Perceived communication competence.   Due to a longstanding interest in communication competence in the communication discipline, many definitions of this construct can be found. For example, communication competence has been conceptualized as a multidimensional construct that comprises a variety of communication skills and behaviors, including empathy, affiliation, behavioral flexibility, relaxation, and other skills such as interaction management (Wiemann & Backland, 1980), and also as the ability to adapt to changing situations, efficiency, and conversational involvement (Canary & Lakey, 2006). Since in this study a model extension is proposed, communication competence was conceptualized using the same definition as in Kreps's (1988) RHCCM. Kreps utilized Wiemann and Backland's (1980) conceptualization of communication competence as consisting of five dimensions (i.e., empathy, affiliation, behavioral flexibility, relaxation, and perceived interaction management), which, as Wiemann and Backland argued, help "distinguish competent communicators from their incompetent counterparts" (p. 195).

Communication competence has been linked to a variety of relational outcomes, such as locus of control (Canary & Lakey, 2006), organizational standards (Canary & Lakey, 2006), and mindfulness (Anderson, 1986), as well as increased relational satisfaction and social support (Apker, Ford, & Fox, 2003; Cupach & Canary 2000; Miller & Apker, 2002; Query & Wright, 2003). The focus of extended RHCCM is the effects of perceived communication competence on social support satisfaction and their subsequent influence on perceived stress and perceived job burnout; thus, the relationship between perceived communication competence and social support satisfaction is considered next.

Perceived communication competence and social support satisfaction.   Social support satisfaction refers to a person's overall satisfaction with the support he or she receives from his or her support network members (Sarason, Sarason, Shearin, & Pierce, 1987). Perceived communication competence has been shown to be positively correlated with social support satisfaction (e.g., Albrecht & Adelman, 1987). This relationship between communication competence and social support satisfaction also appears to influence a variety of health outcomes (Kreps, 1988; Kreps, O'Hair, & Clowers, 1995), such as therapeutic communication and cognitive depression (Query & James, 1989; Query & Kreps, 1996; Query & Wright, 2003). For example, drawing on an RHCCM perspective, Query and Kreps (1996) conducted a study involving lay caregivers of Alzheimer's disease patients. Their results indicated that individuals with

high communication competence reported higher levels of social support satisfaction as compared to individuals with low communication competence, and communication competence was negatively related to cognitive depression. Independent of the research examining the relationship between perceived communication competence and social support satisfaction, a body of evidence exists that links social support satisfaction to reduced perceptions of stress. This relationship is further explored next.

Social support satisfaction and perceived stress. Several decades of research have provided empirical support for the relationship between social support satisfaction and perceived stress in general (see Cohen & Wills, 1985; Cutrona & Suhr, 1992; Franks, Cronan, & Oliver, 2004; Uchino, Holt-Lunstad, Smith, & Bloor, 2004), and social support satisfaction as an important predictor of reduced stress among health care workers in particular (Ellis & Miller, 1994; Kalliath & Morris, 2002; Tyler & Cushway, 1995). While in some studies social support satisfaction is conceptualized as a mediating variable, other studies have found it to have a direct effect on stress, including among health care workers (AbuAlRub, 2004). In either case, social support satisfaction appears to influence stress levels within a variety of contexts. However, when considering the joint influence of communication competence and social support on perceived stress, it is unknown whether communication competence has a direct effect on perceived stress, or whether it is mediated by social support satisfaction.

Social support satisfaction as a mediator between communication competence and stress. In addition to the positive correlation between perceived communication competence and social support satisfaction, Query and Wright (2003) also found that communication competence contributed to lower perceived stress among lay caregivers of people living with cancer. Similarly, Ulrey and Amason (2001) examined the relationship between communication competence (among other variables) of health care workers on work-related stress in a large hospital setting. These authors found that increases in self-reported communication competence were inversely correlated with levels of work-related stress. In addition, they concluded that communication competence training may be a useful intervention in terms of reducing health care worker stress.

Although the studies just described found a direct relationship between communication competence and perceived stress, there is evidence suggesting that the relationship between communication competence and perceived stress may be mediated by social support satisfaction. Query and Wright (2003) and Query and Kreps (1996) found evidence for this mediating relationship. It is reasonable to assume from previous research findings (Canary & Lakey, 2006) that individuals who are more competent communicators will have more successful outcomes when dealing with other people and situations arising in the workplace, and

should, in turn, experience less job-related stress. Thus, it is also important to examine the influence of perceived communication competence on perceived stress among health care workers. In short, in this study, we examined social support satisfaction as a mediating variable between perceived communication competence and perceived job stress.

Based on the discussion just presented, the following hypotheses are proposed:

H1: Greater perceived communication competence results in lower perceived stress.
H2: Greater perceived communication competence results in greater social support satisfaction.
H3: Increases in social support satisfaction result in lower perceived stress.

Perceived job burnout. Extreme or prolonged stress has been shown to culminate in burnout. Maslach and colleagues (2001) described job burnout as a condition where meaningful and challenging work becomes unpleasant, unfulfilling, and meaningless. Although research offers various conceptualizations of burnout, it is typically characterized as consisting of three components: reduced personal accomplishment, emotional exhaustion, and depersonalization (Maslach, 1982). Because past research (e.g., Lee & Ashforth, 1996) suggests that personal accomplishment may develop independently of emotional exhaustion and depersonalization and, therefore, may not be a good indicator of burnout, only emotional exhaustion and depersonalization components of job burnout were considered in this study. McManus et al. (2002), in a longitudinal study of physicians in the United Kingdom, found that stress was positively related to emotional exhaustion, and depersonalization was predictive of reduced stress. It appears, then, that the depersonalization component of burnout may be a maladaptive coping mechanism for dealing with stress.

Social support satisfaction and perceived job burnout. Supportive relationships reduce uncertainty in organizational settings, increase worker job satisfaction, and decrease job burnout (Ray, 1987). The relationship between social support satisfaction and job burnout has received a great deal of attention from scholars (Aiken et al., 2002; Ellis & Miller, 1994; Maslach, 2003; Miller, Stiff, & Ellis, 1988). Social support satisfaction appears to play a crucial role in mitigating employees' perceived and real levels of stress and burnout (Firth, Mellor, Moore, & Loquet, 2004; Kalliath & Beck, 2001). Kalliath and Beck (2001) found that receiving satisfying social support from supervisors reduced the levels of nurses' burnout and indirectly reduced nurses' intention to quit. Conversely, failing to receive satisfying support from supervisors may lead to an increase in employee turnover (Hatton & Emerson, 1998). In addition to supervisory support, helpful support from coworkers is an important buffer against job stress and burnout (Ray, 1987).

Perceived communication competence and burnout.
Although few studies have specifically linked communication competence to job burnout, Miller et al. (1988) found that health care workers in a psychiatric hospital who perceived themselves to be more communicatively responsive were more likely to have high levels of empathic concern for patients and lower burnout. Similarly, Omdahl and O'Donnell (1999), in a study of nurses, found that poor communication responsiveness and lower communication effectiveness predicted high levels of job burnout (particularly increased depersonalization). In a study of college advisors, Law (2007) found that higher levels of job burnout were significantly related to lower levels of reported communication competence. Although Law's study did not deal with health care workers, the results provided a more recent empirical link between communication competence and job burnout. These findings further suggested that burnout should be included as an additional component of the RHCCM when assessing the role of communication competence within health care settings. Based on the discussion just presented, the following hypotheses are proposed:

H4: Increases in perceived stress result in increased perceived job burnout.
H5: Increases in social support satisfaction lead to reduced perceived job burnout.

It is important to point out that although previous work has found relationships between variables such as perceived communication competence and social support satisfaction, social support satisfaction and perceived stress, and social support satisfaction and perceived job burnout, no studies to date have examined the simultaneous influence of these variables in a comprehensive model. Given the previous research dealing with the interrelationships among these variables, it appears that there is sufficient empirical evidence to examine relationships among them simultaneously. Such an effort may contribute to theory in this area by extending Kreps's (1988) RHCCM framework.

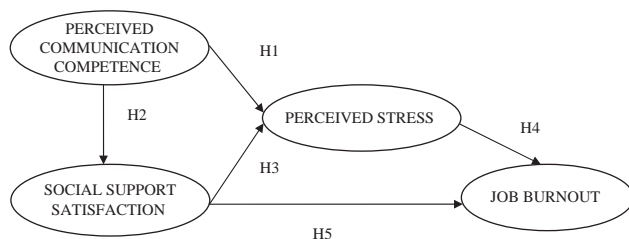The five study hypotheses are summarized as a theoretical model in Figure 1.

FIGURE 1   Hypothesized model: extended RHCCM.

METHOD

Participants

Two hundred and twenty-one health care workers from three large Veterans Administration (VA) hospitals in the United States (Memphis, TN; Oklahoma City, OK; San Francisco, CA) participated in the survey. The first author gained access to these facilities through an ongoing research relationship with three physicians from each of the VA hospitals. Health care workers who were interested in participating in the study were given a link to an online informed consent form, and upon agreeing to participate, they were given a password and directed to the survey questionnaire on a secure website. Among these health care workers, 68 were men and 153 were women. The average age of the respondents was 47.29 years ($SD = 10.82$). The majority of the sample were Caucasian ($n = 195$), followed by African-American ($n = 9$), Hispanic ($n = 5$), Pacific Islander ($n = 3$), and Asian-American ($n = 2$); the rest of the participants ($n = 7$) did not fit into provided categories. A wide variety of health care worker positions and organizational departments was represented. The most frequent types of health care workers who responded to the survey were physician's assistants ($n = 85$), followed by nurses ($n = 43$), technicians ($n = 24$), and health care workers in various other provider and administrator positions. The average length of time in one's current job title was 6.95 years ($SD = 7.24$), while the average length of working in health care was 19.33 years ($SD = 12.29$).

Instrumentation

Perceived communication competence.   The researchers measured perceived communication competence using Wiemann's (1977) 36-item communication competence scale. The scale consisted of five theoretical dimensions: interaction management (Cronbach's $\alpha = .70$), affiliation (Cronbach's $\alpha = .68$), empathy (Cronbach's $\alpha = .74$), social relaxation (Cronbach's $\alpha = .72$), and behavioral flexibility (Cronbach's $\alpha = .69$). Participants were asked to respond to the items within the context of their health care position. The response option to each question was a 5-point Likert-type scale. The questionnaire included such items as *I am a good listener*, *I am relaxed and comfortable when speaking*, and *I am supportive of others*. Higher scores on the scale reflected greater perceived communication competence than lower scores.

Social support satisfaction.   To assess social support satisfaction in the workplace, a short version of Sarason, Sarason, Shearin, and Pierce's (1987) Social Support Questionnaire was used (Cronbach's $\alpha = .96$). Participants were asked to complete the measure with their coworker relationships in mind. Items included such questions as *Who can you really count on to help you feel better when you are*

feeling generally down-in the dumps? and *How satisfied are you with that support?* The items were measured on a 7-point Likert-type scale, with higher scores indicating higher level of satisfaction.

Perceived stress.   Perceived stress (Cronbach's α = .86) was assessed by using Cohen, Karmack, and Mermelstein's (1983) Global Measure of Perceived Stress. Participants were asked to indicate (on a 5-point scale ranging from *never* to *very often*) how often they thought of or reacted to daily stressful events, with higher scores indicating greater frequency of perceived stress. Items included such questions as *In the last month, how often have you felt confident about your ability to handle your personal problems?* Participants were asked to complete the scale with their perceptions of workplace stress in mind.

Perceived job burnout.   The Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996) was used to measure perceived job burnout. This measure consisted of fourteen 5-point Likert-type scale items, representing two dimensions of perceived job burnout: emotional exhaustion (Cronbach's α = .92) and depersonalization (Cronbach's α = .80), and it included such statements as *I feel emotionally drained from my work* and *I have become more callous toward people since I took this job.*

RESULTS

Structural Equation Modeling

Structural equation modeling was used to test the relationships between the variables. The covariance matrix among the measured variables was analyzed using LISREL 8.8 (Jöreskog & Sörbom, 2006) with maximum likelihood estimation. Table 1 contains the means, standard deviations, and correlations that were used to construct the covariance

matrix that was employed. All reported coefficients are standardized. The betas (βs) and gammas (γs) reflect LISREL notation. In this paper, the figures do not include the errors in the variables (epsilons and deltas) and the errors in the equations (zetas); all errors were assumed to be uncorrelated. All factors with single indicators were corrected for measurement error by fixing the measurement error to an estimate of the measurement error (e.g., Hayduk, 1987). Standard approaches to obtain the estimate of the measurement error are based on an estimate of reliability such as Cronbach's alpha (McDonald, Behson, & Seifert 2005). In this study, the correction for the measurement error was made by fixing the error terms of all single indicators to $1 - \alpha$.

Based on existing literature, perceived communication competence and burnout were shown to be multidimensional; therefore, these factors were treated as having multiple indicators. All other factors were treated as single-indicator factors. All indicators in this model were formed using principal component analysis and forcing an unrotated one-factor solution; standardized regression factor scores were then calculated for each participant. This is a commonly used procedure (see Afifi, Clark, & May, 2004). Since each item is weighted proportionally to its contribution to the principal component, using these procedures produces a better index as compared to simple summation or averaging of the items.

The hypothesized model adequately fit the data. The standardized coefficients for the model are presented in Figure 2. The chi-squared test for the hypothesized model was significant, χ^2 (*df* = 24, *n* = 221) = 69.76, *p* < .001. However, as Hu and Bentler (1998) indicated, "The standard chi-square test may not be a good enough guide to model adequacy" (p. 425). Instead they recommended "alternative measures of fit, namely, so-called fit indices . . . as plausible additional measures of model fit" (Hu & Bentler, 1998, p. 425). According to Hu and Bentler (1999), the Comparative Fit Index (CFI), Nonnormed Fit Index

TABLE 1
Means, Standard Deviations and Correlation Matrix for the Structural Equation Model (*n* = 221)

	M (SD)[a]	*M (SD)*[b]	1	2	3	4	5	6	7	8	9
1. Interaction management	12.35 (2.57)	.00 (1.00)	1.00								
2. Affiliation	12.22 (2.82)	.00 (1.00)	.58**	1.00							
3. Empathy	12.08 (2.50)	.00 (1.00)	.45**	.50**							
4. Social relaxation	9.38 (2.70)	.00 (1.00)	−.29**	−.25**	−.26**	1.00					
5. Behavioral flexibility	9.06 (1.99)	.00 (1.00)	−.33**	−.13	−.24**	.27**	1.00				
6. Social support satisfaction	13.49 (7.73)	.00 (1.00)	−.32**	−.24**	−.36**	.43**	.70**	1.00			
7. Stress	27.53 (4.86)	.00 (1.00)	−.17*	−.02	−.20**	.23**	.57**	.59**	1.00		
8. Emotional exhaustion	28.40 (7.93)	.00 (1.00)	−.37**	−.20**	−.31**	.25**	.50**	.51**	.37**	1.00	
9. Depersonalization	15.18 (3.11)	.00 (1.00)	−.31**	−.22**	−.30**	.24**	.71**	.65**	.57**	.44**	1.00

[a]Unstandardized means (and standard deviations) for the indexes used in this study. These means (and standard deviations) are provided as index descriptives only; they were not used to derive a covariance matrix that was analyzed in this study.

[b]Means (and standard deviations) for the indexes obtained by saving the first unrotated principal component. These means (and standard deviations) were used to derive a covariance matrix that was analyzed in this study.

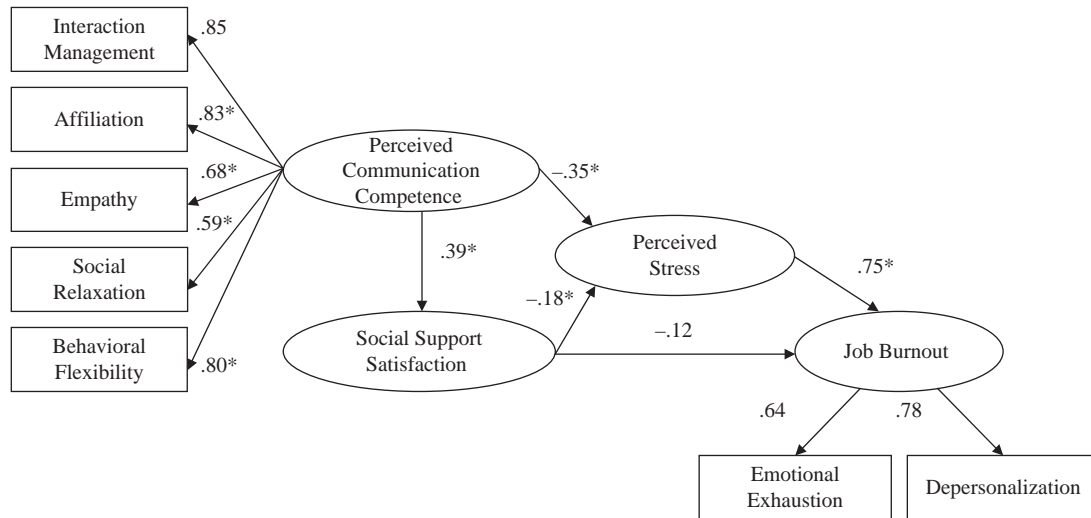*Correlation is significant at the .01 level (two-tailed).

FIGURE 2   The hypothesized model with standardized coefficients. The model does not represent the errors in the variables [epsilons and deltas] and errors in the equations [zetas], nor the indicators for single indicator variables. Error covariances are fixed at 0. Coefficients significant at $p = .05$ are marked with an asterisk.

(NNFI), and standardized root mean squared residual (SRMR) can be used jointly to determine a model's goodness of fit, and for maximum likelihood estimation, "a cutoff value close to .95 for TLI [also known as *NNFI*] . . . [and] CFI" and "a cutoff value close to .08 for SRMR" (Hu & Bentler, 1999, p. 1). Alternate fit indices indicated that the present model's fit was adequate: CFI = .97, NNFI = .95, and SRMR = .06.

Hypothesis testing.   Four of the five study hypotheses were supported in the model. H1, which predicted that greater perceived communication competence decreases perceived stress, was supported ($\gamma = -.35$, $p = .05$), as was H2, which predicted that greater communication competence increases social support satisfaction ($\gamma = .39$, $p = .05$). H3, which predicted that more social support satisfaction decreases perceived stress, was supported ($\beta = -.18$, $p = .05$). H4, which predicted that increases in perceived stress result in perceived job burnout, was supported ($\beta = .75$, $p = .05$). Only H5, which predicted the direct positive relationship between social support satisfaction and perceived job burnout, was not supported ($\beta = -.12$, *ns*).

Mediation test.   Based on the results of the structural equation modeling, it was established that perceived communication competence directly affects social support satisfaction, social support satisfaction directly affects perceived stress, and perceived communication competence directly affects perceived stress. However, a specific mediation effect of social support satisfaction between perceived communication competence and perceived stress had not been tested. To test for this specific mediation, the MacKinnon et al. (1998) approach was used. Unstandardized coefficients γ_{31} (i.e., a path leading from perceived communication competence to social support satisfaction) and β_{13} (i.e., a path

between social support satisfaction and perceived stress) were converted to *z*-scores by dividing unstandardized coefficients by their respective standard error: $\gamma_{31} = .45$ (*SE* = .08), *z*-score = 5.63; $\beta_{13} = -.17$ (*SE* = .07), *z*-score = –2.43. After checking the derived value in the normal distribution table, the *z*-score product of –13.68 indicated that social support satisfaction was a statistically significant partial mediator between perceived communication competence and perceived stress in this model.

DISCUSSION

This study examined how the relationship between perceived communication competence and perceived job burnout is mediated by social support satisfaction and perceived stress in an attempt to empirically test and advance Kreps's (1988) RHCCM framework. Utilizing a sample of health care workers from three Veterans Administration (VA) hospitals, the data supported the predictions that perceived communication competence increases social support satisfaction and decreases stress. Furthermore, increased social support satisfaction decreased perceptions of stress. Finally, perceived stress was the only variable directly related to perceived job burnout, since the predicted direct link between social support satisfaction and burnout was not supported. These findings are discussed in detail next, as well as implications for future research and limitations of the present investigation.

It appears that perceived communication competence is an important exogenous variable to consider when assessing perceived job burnout among health care workers. Consistent with previous research (e.g., Apker et al., 2005; Miller et al., 1988; Query & Kreps, 1996; Query & Wright, 2003),

perceived communication competence was found to influence perceptions of social support satisfaction within VA health care workers organizations. However, the current study adds to previous work by finding support for a direct link between perceived communication competence and stress reduction. This finding supports Canary and Lakey's (2006) notion that individuals who are competent communicators experience more successful outcomes in the workplace, resulting in less job-related stress. In other words, perceived communication competence not only appears to influence people's satisfaction with their support networks (which helps to buffer stress), but health care workers also appear to perceive less stress due to perceived communication competence alone.

The idea that social support satisfaction may influence the perceptions of stress is consistent with previous research (Apker & Ray, 2003; Kippling, 1998). For example, Kippling (1998) found that nurses identified social support as the most frequent way of coping with work-related stress. Interestingly, the current study did not find a direct link between social support satisfaction and perceived job burnout, although the relationship between these two variables was found to be mediated by perceived stress.

These findings have important implications for Kreps's (1988) RHCCM. The extended model adds specificity to RHCCM by demonstrating the specific paths by which perceived communication competence may affect social support satisfaction, perceived stress, and ultimately job burnout (which has not been included in RHCCM-based research in the past), and by moving away from simple correlational analyses among each variable in a model. Future studies should explore variables other than social support satisfaction in health care organizations that might also influence perceived stress. For instance, workers who are more competent communicators may be more efficient at performing day-to-day tasks, better at maintaining satisfying interactions with coworkers and patients, and more effective in reducing conflict; all these variables are likely to influence perceived stress.

Future studies of health care worker burnout would benefit from an intervention designed to increase communication skills and to improve social support networks within the workplace. The present findings suggest that communication competence may be an important set of skills (including the development of empathic skills, flexibility, relaxation, and other related skills) among health care workers. Canary and Lakey (2006) contend that communication competence skills can be learned and honed through education and experience. Future interventions targeting burnout among health care workers should consider attempts to increase communication competence skills through education and training, keeping in mind other variables (such as social support and job stress) that may have mediating effects on these outcomes.

Limitations

There are several limitations to the current study. One limitation was the reliance on self-report instruments, which asked individuals to reflect on dynamic variables, such as social support satisfaction, perceived job stress and job burnout. Perceptions of these (and other variables that were measured in the study) may change from day to day, and thus these measures should be triangulated with other research methods in future work (along with assessing the relationships among the variables longitudinally). A second limitation of the study is that the inclusion of only VA health care workers may limit the generalizability of the study findings to other health care contexts. Although there are certainly many similarities between VA health care workers and health care workers employed in other settings, the strong government regulatory influence and unique patient population may influence social support network patterns, stress levels, and perceptions of burnout. Finally, a third limitation to the current study is the use of cross-sectional data, which limits the ability to make causal inferences regarding the relationships among variables.

CONCLUSION

Perceived communication competence was found to be an important predictor of organizational outcomes such as perceived stress and perceived job burnout, although perceived communication competence appears to have both a direct influence on perceived stress as well as being mediated by social support satisfaction. These findings are consistent with Kreps's (1988) RHCCM and with other work examining communication competence in the workplace (e.g., Canary & Lakey, 2006). Given the substantial financial and social impact of stress and job burnout among health care workers, future health communication studies should continue to find ways in which stress and job burnout may be influenced by communication variables and targeted in interventions.

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