

THE UNIVERSITY OF CALGARY

BURNOUT, WORK ENVIRONMENT AND PERCEIVED SOCIAL SUPPORT
AMONG PSYCHOLOGISTS

BY

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

CALGARY, ALBERTA

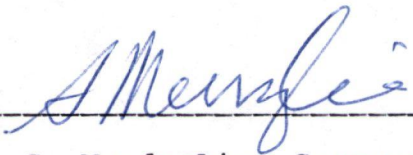
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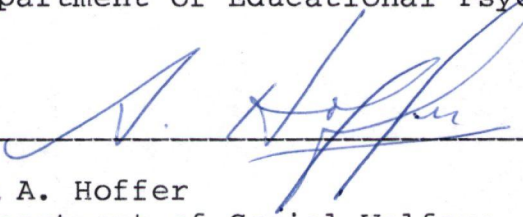
The undersigned certify that they have read and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Burnout, Work Environment and Perceived Social Support among Psychologists", submitted by Denise Faye Horback in partial fulfillment of the requirements for the degree of Master of Science.



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ABSTRACT

This exploratory study investigated reported levels of burnout experienced by psychologists working in three types of work settings: Private Practice, Institutional, and a Combination thereof. Primary focus of this study was to determine whether there were differences in burnout among psychologists, depending on their work setting. Empirical work to date suggests that human service workers in private practice evidence the least burnout, while those in institutional settings report highest levels. The relationship between social support, work environmental variables and burnout was examined. The literature proposes that social support is effective in preventing burnout, and work environment is a causal factor of burnout.

Multiple analysis of variance and univariate analysis were performed to statistically investigate differences in burnout, social support and work environment between the three groups of psychologists. Pearson Product Moment Correlations were calculated to determine possible relationships between burnout with social support and work environment. Two tailed t tests were performed on the MBI and Social Support scales, by gender to determine if differences existed.

Psychologists in Private Practice reported higher Personal Accomplishment than those in Institutional settings. Male psychologists reported higher Depersonalization than did females, and women had more emotional support from friends than their male counterparts. Private Practitioners reported more Innovation and Physical Comfort than the other groups in terms of work environment. Weak relationships were apparent between burnout and some of the WES subscales.

No significant differences between groups were apparent relative to social support. For psychologists employed in Private Practice, there was a nonsignificant relationship between social support and burnout, which was contrary to the other two groups of psychologists.

Results of the present study must be interpreted cautiously. Psychologists in different work settings report varying levels of burnout, however, it is generally less than is reported by other helping professionals. Gender differences are apparent in both burnout and social support. In terms of practical application, differences in Personal Accomplishment and gender were minimal. Future research may be directed toward the implications of these findings for psychologists and other human service professionals.

ACKNOWLEDGMENT

I would like to express my appreciation to Dr. Sal Mendaglio, who was a source of encouragement and assistance to me throughout this study. His patience and kind manner were greatly valued. I would also like to thank Dr. Li and Mr. Hoffer, who took time from their busy schedules to participate in reviewing this document, and served on the committee. Lorraine Beard's advice on statistical aspects of this study, as well as her patience and willingness to help at any time were greatly appreciated. Special thanks to Elizabeth, a dear friend, whose friendship, humor and support helped me to keep my perspective.

DEDICATION

This study is dedicated to Ron, who provided love, and understanding which helped see me through this experience. He has always encouraged me to strive and take risks, but most important, to have faith in myself and my capabilities.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

Over the past decade interest has evolved in the phenomenon of burnout. This field was brought into public awareness through the works of Freudenberger during the mid 70's. Freudenberger originally coined the term burnout to describe emotional and physical exhaustion of staff members at a health care institution (1974). Thus, the initial conceptualizations of burnout were based on clinical observation. Initial perceptions of burnout are now challenged by researchers through measurement and quantification of the burnout process. Many current researchers view burnout from a socio-psychological perspective, and conceive of it as a combination of emotional exhaustion, depersonalization, and reduced personal accomplishment. Usually, burnout is considered to be a reaction to job stress (Pines & Kafry, 1981), due to the intense emotional involvement required in human service professions (Maslach, 1978). Burnout is evident in people whose jobs require them to give too much, too often, to other people in need (Maslach & Jackson, 1979). The gradual nature of burnout onset suggests that the processes at work have a

cumulative effect, emerging gradually over time in response to ongoing events (Saviki & Cooley, 1983).

As with the generation of any relatively new concept, the dynamics of burnout are beset with a number of problems. The rapid incorporation of burnout into our daily jargon has resulted in some considering it to be a "buzz word", used to convey diverse social and personal problems (Freudenberger, 1983). Literature on the subject of burnout, even some which provides empirical data, seems to lack a coherent theoretical base. The majority of articles rarely leave the level of description. Saviki and Cooley (1983) state that only 25 per cent of articles on burnout cite data which are specifically relevant to the researchers conception of burnout. These difficulties have served to impede progress in development of empirical literature which would augment efforts toward alleviation of the burnout syndrome.

Burnout has undesirable consequences for both the individual and organization. Freudenberger (1977) provides an insightful description of the burnout experience: "Sufferers of burnout find themselves fatigued, depressed, irritable, bored, and overworked". Although they care deeply about performing competently,

the more the burned out individual tries, the worse the situation becomes. Burnout is "an unending cycle of accelerating effort and decelerating rewards" (p. 26-27).

In their examination of the effects of job burnout, Maslach and Jackson (1981, p. 2) note that burnout appears "to be a factor in job turnover, absenteeism, low morale, and various self reported indices of personal distress including physical exhaustion, insomnia, increased use of drugs and alcohol, and marital and family problems".

There has been a hypothesized link between deterioration in quality of service provided to recipients and burnout. Often there is depersonalized service delivery. Clients are viewed as somehow deserving of their problems and are often blamed for their own victimization (Maslach, 1978). Hoffer (1981) suggests that burnout manifests itself in the absence of the human touch necessary in working with people. Since quality of care is of central importance to the human service professional, it is of paramount importance to identify and attempt to alleviate any phenomena which impedes quality of service.

It is becoming increasingly evident that many individuals leaving the helping profession through job

and career changes, or educational leaves are suffering from the burnout syndrome. The costs of burnout are great, particularly since those who suffer are often the most dedicated workers. Burnout is seen as resulting in a lack of continuity: loss of genuine interaction between therapist and client; low productivity; attrition; disinterested employees; reduced self esteem; illness and loss of professional goals and ideals (Carrilio & Eisenberg, 1984).

The literature portrays various human service professionals as particularly susceptible to burnout. Human service workers may be prone to burnout due to a combination of professional training and competence, personal characteristics, job demands, organizational structure, work setting, and political and economic conditions.

An individual's experience of, or means of dealing with occupational stress is viewed as an interaction of three factors:

1. individual predisposition
2. stress within work setting
3. stress external to the work setting

The manner in which an individual perceives stress and his ability to cope may determine whether burnout will be experienced (Weiskopf, 1980). As environmental

demands increase, and capacity to respond decreases, the incidence of a negative stress reaction becomes more probable. Stress is defined by Selye (1974), as "the non specific response of the body to any demand placed upon it" (p. 14).

Researchers contend that work setting may be a significant factor in prevalence of burnout among human service professionals (Edelwich & Brodsky, 1980; Farber, 1982; Maslach & Pines, 1977;1978; Pines, Aronson & Kafry, 1981; Pines & Maslach, 1980; Udovich 1983). Therapists in institutionally based settings report greater stress and burnout than those in private practice. Several propositions for this difference have been expounded upon. Farber (1982) suggests therapists in private practice typically work with better adjusted, less severely disturbed individuals, who are likely to benefit from psychotherapy. Private practitioners are able to avoid many of the bureaucratic stresses inherent in institutionally based settings. Experiential background and level of competence, accompanied by reduced role ambiguity and greater control over one's employment situation are relevant factors. In addition, therapist who spend less time in staff meetings consulting with peers report less intense feelings of burnout (Maslach &

Pines, 1982; Pines & Kafry, 1981; Udovich, 1983).

Contrary to the findings of other researchers, Moos (1974) states that burnout seems to be less severe in settings in which professionals experiencing stress have the option of turning to colleagues for advice, comfort, and help in achieving detached concern. Those in institutional settings have most immediate access to peers, yet whether these relationships are supportive is another matter.

Social support is often mentioned in the literature as a viable option for treatment or prevention of burnout (Farber, 1982; Kafry & Pines, 1980; Pines & Kafry, 1981; Etzion, 1984; House, 1981; Pines, Aronson, & Kafry, 1981; Jackson & Maslach, 1982), and has repeatedly been found to be a negative burnout correlate (Pines & Kafry, 1981; Kafry & Pines, 1980; Maslach & Pines, 1977; 1978; Pines, Aronson & Kafry, 1981; Etzion, 1984; Reiner & Hartshorne, 1982).

Opportunities to share work responsibility, receive feedback and support, in an environment conducive to expression of affect seems to be effective in alleviating or preventing burnout. These factors presuppose that the social climate of the work environment may have a significant impact on the incidence and severity of

burnout experienced. Social climate refers to the nature and intensity of personal relationships; growth and self-enhancement influences; and organizational dimensions of the work environment (Moos, 1974).

The impact of gender on burnout and social support is an area which researchers are increasingly aware of. Some researchers have reported that the incidence of burnout is higher for females human service professionals than males (Weinberg et al., 1983; Maslach & Jackson, 1982; Justice et al., 1981), while others found no significant difference between gender (Reiner & Hartshorne, 1982; Farber, 1982; Pines & Kafry, 1981).

It has also been suggested that one's gender may influence the manner and use of social support when dealing with job stress (Etzion, 1984). Conflicting results are evident, as a number of researchers report that women receive less support at work (Pines & Kafry, 1981) and home (Udovich, 1983), than their male counterparts. Others state women report higher levels of support than men (Shinn et al., 1984), while some researchers have found no difference across gender (Ganster et al., 1986).

The problem this study addresses is the possible influence that work setting and social support may

instill on level of burnout experienced by psychologists. The exploration of this area is important for various reasons. A notable paucity of research on stress, burnout, and social support among psychologists is evident in an examination of the literature. Despite the proliferation of information on each of these phenomenon, little previous research has investigated the experience of burnout, and effect of social support, in a group of heterogeneous psychologists.

Traditionally, psychologists have been neglected in studies of work stress, problems and attitudes. Sarason (1977) attributes this neglect to three factors: society's positive judgement about therapeutic work; the professional's acceptance of this view when entering into the profession; and resistance of the professional organizations to self-scrutiny (Cherniss, 1980a). Sarason proposes that it is very difficult for the professional to express dissatisfaction or boredom with therapeutic work, particularly when one's work is judged by society as fascinating and important. Such factors may explain why there is only minimal research on stress and burnout among psychologists.

Reviewing the literature and empirical studies on burnout, one realizes most information which has been

gathered is based on American populations. There is a need to explore burnout from a Canadian perspective, and gather normative data on this basis. With the minimal information we have on the burnout experience among Canadian populations, we are unable to predict whether findings in American based studies are relevant to Canadians. Virtually no studies to date have focused on Canadian psychologists and how they react to job stress. This is an area which warrants further investigation, independent of social support.

Burnout may be a relevant variable in increasing our ability to make meaningful predictions about work. This factor is of importance since we spend such a significant proportion of our lives at our place of employment. Although there is some evidence that work setting may significantly impact burnout, few studies have focused on work setting as an independent variable. To date, no Canadian studies have explored work setting as it relates to burnout among psychologists.

An additional application of this study is in further understanding the role of social support in contributing to the well being of psychologists in terms of burnout prevention. The social lives of people are perceived as a key factor in understanding quality of

life, physical and psychological health, and the manner in which an individual copes with personal and social change (Barerra & Ainley, 1982). Social support may be a powerful means of intervening in the burnout process.

Finally, data produced from this study may help to clarify some of the conflicting results as to the impact of gender on burnout and social support.

Purpose of the Study

This exploratory study will address the following research questions:

1. Do significant differences exist in burnout reported by psychologists employed in either Private Practice, Institutional settings, or a combination thereof?
2. Are there significant differences in Perceived Social Support from family or friends among the three groups of psychologists, and is there a relationship between Perceived Social Support and burnout?
3. Do significant differences exist between the three groups on Work Environment Variables, and is there a relationship between these variables and burnout?
4. Do gender differences exist with regard to burnout and social support among psychologists?

Institutional settings, as defined here, refers to settings in which the psychologist receives a salary for services rendered, and as such is not self employed. Perceived Social Support refers to the extent to which one believes his need for information, feedback, and emotional sustenance (Caplan, 1974) are fulfilled (Procidano & Heller, 1983).

CHAPTER 2

REVIEW OF THE LITERATURE

The purpose of this chapter is to provide a theoretical and empirical context through which the present study is addressed. The first section of this chapter will examine definitional problems of stress and burnout. Theoretical perspectives and empirical findings related to stress, job stress, burnout and work setting will be explored. The second portion of the chapter will focus on definitions, theoretical considerations, and empirical results related to social support. A concluding section will be presented pertaining to burnout and perceived social support in the helping professions, specifically focusing on the psychology profession.

Definitions and Theoretical Perspectives on Stress

In much of the literature, the terms stress and burnout have been equated or confused. Although there are some similarities between the two, they are not identical. Stress can have either positive or negative effects. The perspective adopted here is that stress occurs when there is an imbalance, either perceived or real, between the environmental demands and the response capacity of the individual (Lazarus & Folkman, 1982;

Hikroyd & Lazarus, 1982). Burnout is typically the long term consequence of unmediated stress, where the individual has no support system or buffer to dissipate stress (Farber, 1983; Ratsøy, 1986; Pines, 1983).

Historically, Selye is often credited with the initial conceptualization of the stress syndrome. Selye (1980), designed a stage theory of stress, referred to as the General Adaptation Syndrome (GAS). Stage one is the Alarm Reaction, during which the body mobilizes its forces to defend against the stress. Stage two is the period of Resistance, in which the person is able to adapt to the stressful situation, and function in what appears to be a normal manner. Exhaustion is the next stage in which the energy and effort required to adapt to the stressor dissipates, and symptoms of the Alarm Reaction reappear. Symptomatically, the last stage is similar in many respects to the burnout syndrome (Farber, 1983).

In a study of stress management, Ivancevich and Matteson (1980) identified negative consequences of excessive stress. Subjective effects reported included moodiness, fatigue, anxiety and guilt. Behaviorally, increased accidents and impaired speech were evident. Cognitive effects included lack of concentration, poor

decision making, and forgetfulness. Physiologically, increases were noted in blood pressure, high cholesterol, and coronary disease. Organizational effects took the form of increased absenteeism, turnover, reduced productivity and commitment, accompanied by job dissatisfaction. Although stress may have some positive effects, often serious debilitating results are evident, which bare resemblance to effects of burnout.

The concept of stress is ambiguous and variously defined. Primary sources of controversy lie in whether to conceive of stress as situational, due to circumstances external to individuals; reactionary, a disturbance of an individual's normal state (physiological or psychological); or a combination thereof (Holt, 1982).

Models of stress can be divided into three basic types: stimulus oriented, response oriented, and interactional theories. Stimulus oriented models conceive of stress as a potential within a person's environment. It is based on the hypothesis that individuals have an innate capacity to withstand environmental stressors, however, when cumulative stress is more intense than the individual's capacity to deal with it, a deterioration in functioning occurs. Some characteristics of the

environment are seen as noxious (eg. life events, time demands).

Response oriented theorists emphasize an individual's response to events in the environment when defining stress. They use instruments reflecting general psychological adjustment as measures of stress. The pattern and amplitude of emotional responses are used to evaluate presumed stress levels. This proposition is based on the work of Selye, and his elucidation of the GAS.

Interactional theorists emphasize the characteristics of individuals as the mediating mechanism between environmental factors, and the response invoked. Stress is conceptualized within a cybernetic system, where there is reciprocal interaction between individual and environmental factors. Imbalances in the context of the transaction results in stress (Goldberger, 1982).

For the present study the interactional theoretical conceptualization of stress will be used. The model is all encompassing, stressing the interaction between person and environment, and the significant impact of each on the other. This theoretical framework is congruent with Maslach's social psychological perspective on burnout, which emphasizes both person and environment.

Within the context of the interactional view of stress, stressors are demands which tax or exceed the resources of the individual (Lazarus, Cohen, Folkman, Kanner & Schaeffer, 1980). Individual differences and predisposition plays a significant role in the perception and experience of stress.

In their trilogy of studies on tedium in work and life, Kafry and Pines (1980) present two general sources of stress: internal and external. Internal sources of stress are those which are intrinsic properties of the individual's life and work due to roles and activities adopted. Two types of pressure are involved in internal stress: 1) pressure imposed on cognitive capacity and decision making ability due to excessive demands or lack of challenge; and 2) pressure imposed on one's sense of achievement and meaningfulness by lack of feelings of success and self actualization.

External sources of stress refer to properties of the physical (noise, discomfort, pollution), organizational (bureaucratic, administrative concerns, and role within setting) and social environment.

Mediators are those factors which influence the perception of, or sensitivity to stressors (Rabkin & Struening, 1976). Perception of stressful events are

mediated by internal and external factors. Internal factors of the individual include biological and psychological threshold , intelligence, verbal skills, personality type, defenses, past experience, sense of control and morale. External mediating variables consists of the supports and buffers which are accessible to an individual (Rabkin & Struening, 1976).

Having explored the literature on stress one may conclude that various factors impact an individual's perception or sensitivity to stress. Some of these factors include: events, individual biological and psychological attributes, and one's social support network.

The degree to which an individual will symptomatically experience burnout is influenced by factors which affect how the individual reacts to job stress.

Beehr and Newhman (1978) define job stress as a condition in which job-related factors interact with the individual to change the person's psychological and physiological homeostasis, forcing one to deviate from normal functioning. In their review of the literature, consistent findings were evident that perceived job stress is related to employee health and well being. Job

stress occurs when the job poses demands which the individual is unable to meet, or when insufficient supplies are provided (Caplan et al., 1975). Job stress is typically derived from two general sources: 1) overload, which results in too much stimulation and challenge; 2) lassitude, due to too little stimulation and challenge (Golembiewski, Munzenrider & Carter, 1983).

The consequences of dysfunctional stress are many. Although most of us are able to cope adequately with stresses encountered, at work and in our daily lives, some are not. The following section reviews literature on burnout, which may be viewed as a long term consequence of unabated stress.

Definitions and Theoretical Perspectives on Burnout

Burnout is well documented descriptively, however, it continues to be in the embryonic stage of theoretical clarification (Einsiedel & Tulley, 1981). One of the most difficult theoretical problems confounding the field is one of definition. Conflicting perspectives on burnout reflect serious problems in the development and use of the concept (Maslach, 1982). At present, no definition is accepted as standard and diverse terms are often used for similar concepts. A review of definitions adhered to by the major contributors in the field will

now be presented.

In the context of work setting, Edelwich and Brodsky (1980, p. 10), consider burnout as "a progressive loss of idealism, energy, purpose, and concern, experienced by people in the helping professions as a result of the conditions of their work."

In Cherniss's exploration of motivational changes occurring in new professionals, burnout was defined as a process in which a person who was previously committed to their work psychologically withdraws. This withdrawal is due to the stress and strain experienced on the job. Burnout involves changes in attitude toward work and clients, and may be accompanied by feelings of exhaustion and tension. It is not synonymous with temporary fatigue or strain, although such feelings may be symptomatic of early burnout. Burnout adversely affects the professional's performance due to deteriorating enthusiasm, idealism and hope (Cherniss, 1980a; 1980b).

Christina Maslach (1982a), defines the phenonema of burnout as "...a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do people work of some kind" (p. 3). Maslach states that burnout is a response to chronic emotional strain of dealing

extensively with others, and thus is considered as a type of job stress. Burnout is differentiated from other stress responses as it arises from social interaction between helper and recipient (Maslach, 1978a; Maslach & Jackson, 1982).

Pines, Aronson, and Kafry (1981), view burnout as a "syndrome of emotional, physical or mental exhaustion resulting from constant or repeated exposure to emotional pressures associated with intense involvement with people over time" (p.15). The burnout exhaustion reaction is similar to the phenonema of tedium which is defined as the experience of emotional, physical and mental exhaustion (Kafry & Pines, 1980). Both are characterized by physical depletion, feelings of hopelessness, helplessness, being emotionally drained, and the development of a negative frame of reference toward self, work, life and others. Tedium differs from burnout in origin in that it may develop in reaction to exposure to a traumatic life event, or may be due to any prolonged, chronic pressure of a physical, emotional, or mental nature. As such, tedium is generally considered a part of the burnout syndrome (Kafry & Pines, 1980; Pines & Kafry, 1981).

Despite the lack of consensus over a standardized

definition of burnout, some commonalities are evident. Exhaustion, which is described as central, may be of a physical, emotional or psychological nature. Physical exhaustion is characterized by chronic fatigue, susceptibility to illness, somatic complaints, insomnia, and headaches. Psychological exhaustion is often referred to as feelings of depression, hopelessness, helplessness, apathy, loss of trust and emotional depletion. Another dimension common to most definitions is a negative frame of reference. This is typically evident in inappropriate attitudes toward clients, loss of idealism, pessimism, dehumanization and depersonalization. Frustrations attendant to burnout are also apparent in a negative attitude toward one's self and personal accomplishments, often referred to as depression, low morale, withdrawal, inability to cope, low self esteem and feelings of failure (Farber, 1983; Maslach, 1982; Pines, Aronson, & Kafry, 1981; Maslach & Jackson, 1982; Maslach, 1978a; Bramhall & Ezell, 1981).

For the purposes of the present study burnout will be defined as a syndrome of emotional exhaustion and detachment which has a negative impact on the individual's life. It is seen as occurring in some individuals who work closely with other people. The

working relationship is characteristically non-reciprocal and stressful, as primary focus is on client problems. The conceptualization of the definition for this study is based on those previously delineated.

In a retrospective examination of the historical development of this field, it becomes apparent that there has been significant growth in the past decade. Models of burnout have progressed from emphasis on intrapsychic features and work related stressors, to complex etiological models, emphasizing the interaction of individual, organizational, and societal factors. Although many researchers have contributed to this growth through development of models and research, (Edelwich & Brodsky, 1980; Shinn et al., 1982;1984; Carroll & White, 1982), the present study will review theoretical perspectives adopted by three of the major contributors to the field, namely, Freudenberger, Cherniss and Maslach.

Historically, Freudenberger is often accredited with pioneering the concept of burnout. Herbert Freudenberger was a psychoanalyst and thus his model is based primarily on a paradigm of case studies, emphasizing individual psychology. During the early 70's Freudenberger observed changes occurring in new staff who worked in alternative

health care agencies. Within a few months of work, new employees appeared tired, apathetic, depressed and needy. Symptoms were accompanied by feelings of guilt, cynicism, irritability, paranoia, and omnipotence, making it particularly difficult for these employees to reduce their level of activity or involvement. These burned out workers were typically young, idealistic and overcommitted. On the basis of these observations, Freudenberger originally defined the construct of burnout as "wearing out, exhaustion, or failure, resulting from excessive demands on energy, strength, or resources" (Freudenberger & Richelson, 1980, p. 159). He diversified the application of this concept later and described burnout as fatigue or frustration brought about by devotion to a cause, way of life or relationship that failed to produced expected results (Freudenberger & Richelson, 1980). In other words, Freudenberger proposes that when expectations are in diametrical opposition to reality, and a person continues to expend energy toward reaching that goal, burnout is highly likely. Burnout is explained in dispositional terms, focusing on the vulnerabilities and capabilities of individuals in stressful work situations. Often it is a problem for the overcommitted, idealistic and dedicated, when there is an

imbalance between what one is taking in versus giving out.

Cherniss's model illustrates the recent trend of emphasis on the interaction of individual, organizational and social factors. Cherniss focuses on the helping professionals idealistic expectations and goals, institutional constraints of a bureaucratic setting, and public fallacies regarding the nature of the helping professionals work. The general public believes that human service professionals experience high levels of autonomy and job satisfaction. They assume professionals are well trained and competent, work with responsive clients, and are empathic, caring individuals (Cherniss, 1980a). Such professional mystique is initially accepted by new professionals and reinforces unrealistically high expectations and goals. Inevitably, there is a clash between bureaucratic constraints, work stress and high expectations, which eventually culminates in disillusionment and burnout.

Theroetically, Cherniss (1980a; 1980b; 1982) has been strongly influenced by the social ecological perspective in studying the burnout syndrome in new professionals. Human behavior is seen as an interaction between the individual and his social environment. This

social environment imposes demands on individuals, who at the same time attempt to influence their environment in an effort to fulfill their needs. The pattern of behavior is seen as a response to demands and constraints placed on the individual by the social environment.

Cherniss views burnout as the culmination of a number of societal factors:

1. A reflexive consciousness which sees job satisfaction almost as a right.
2. A legacy of the 1960's which reinforced accountability and the client's power.
3. Reduced community and government assistance for those requiring human services.
4. Unrealistic professional expectations which leads to a failure to achieve such heights.

(Pfifferling & Eckel, 1982)

These factors, accompanied by work setting variables such as organizational design, leadership, supervision, and interaction among the staff, set the stage for the burnout syndrome. He feels these trends are likely to continue, and may become stronger over the next decade. According to Cherniss the larger social, political and economic context has a profound effect on the individual, organization and prevalence of burnout and an analysis of burnout which neglects to address these factors is misleading. If serious attempts to reduce burnout in the work setting are to be made,

Cherniss suggests that we must come to terms with the social forces creating it. (Cherniss, 1982; 1980a; 1980b).

The theoretical orientation adopted for this study is based on Maslach's social psychological perspective. In contrast to Freudenbergers' clinical approach, the social psychological approach utilizes more of an empirical method to explore burnout. The psycho social approach does not deny the importance of individual traits, disposition and characteristics, however it also suggests that burnout has a major environmental component. Burnout is viewed as an exhaustion reaction due to the helping relationship between the professional and client. The exhaustion reaction may be aggravated by job demands, institutional structure and personal stressors.

According to Maslach, (1982a) burnout is composed of three phenonemal domains: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is evident when individual's feel they have nothing left to give at a psychological level. This emotional overextension is due to the demands imposed on the individual by others. It results in a lack of energy and psychological distancing.

In an effort to compensate for or prevent the

emotional strain associated with work, the helping professional strives to adopt a stance of detached concern in working relationships. Professional distance is maintained, accompanied by appropriate concern for the client. Distancing may involve physical, mental, or emotional techniques. Objectivity toward clients is enhanced and the professional is able to provide service without experiencing chronic, intense discomfort and stress.

Maslach defines the second aspect of burnout, depersonalization, as "...decreased awareness of the human attributes of others and a loss of humanity in interpersonal interactions." "People stop perceivng others as having the same feelings, thoughts, impulses and purposes in life as they have, and thus psychologically eliminate any human qualities that these others might share with them" (Maslach et al. 1977, p. 101). The relationship is characterized by lack of emotion and empathic response, being more objective and analytic. The depersonalization aspect of burnout has been emphasized by Maslach (1978a) as particularly debilitating to the quality of service provided to clients. Depersonalization may also carry over into ones' personal life, and burnout can impact the helpers'

closest, most intimate relationships with friends and spouse (Maslach, 1978a; Pines et al., 1981a).

Loss of commitment and caring for others may result in an increasingly dehumanized attitude toward self. The professional experiences less empathy and emotion which may lead to a negative view of self, depression, and reduced self esteem. A reduced sense of personal accomplishment, the third dimension of burnout, is evident as the professional questions his competency and ability to perform adequately on the job (Maslach et al., 1977; Maslach, 1982).

An example of the profound personal and interpersonal effects of burnout, is apparent in Potters (1980) description of counsellor burnout.

"I just feel so down all the time. I don't feel good about myself. I have all kinds of negative feelings. I don't feel good about my work. I hate my clients and I hate myself for feeling that way." (p.6)

Factors Contributing to Burnout in the Helping Profession

Various factors which seem to contribute to the experience of burnout are identified in the literature as : training programs, personality characteristics of the individual, nature of the occupation, interpersonal relationships, and work environment.

In reviewing the literature, it is apparent that

some experts criticize the quality of professional training programs. Programs tend to create unrealistic expectations and often they are not relevant, practical or thorough enough in providing training required for the professional to do an adequate job. Insufficient training and practice in developing interpersonal skills, the crux of psychotherapy, is an often cited concern. In addition, professionals are not trained in how to cope with job stress, conflict, change and burnout. There is an apparent reluctance to confront potentially dysfunctional or distressful aspects of therapeutic work. (Pines, Aronson & Kafry, 1981; Edelwich & Brodsky, 1980; Cherniss, 1980a;1980b; Wilder & Plutchik, 1982; Maslach, 1982a; Farber & Heifetz, 1982). Freudenberger and Richelson (1980) aptly sum up the situation when they stated that, "Within the helping profession one typically has little preparation for frustrations one is destined to face" (p.153).

It has been proposed that certain personality types or behavioral characteristics individuals possess may make them more susceptible to burnout. There appears to be general agreement that burnout prone individuals are empathic, sensitive, dedicated, idealistic, goal-oriented, and people-oriented. However, they are also

described as anxious, obsessional, introverted, overenthusiastic, overachievers, guilt ridden, and tend to identify with others excessively (Cherniss, 1980b; Freudenberger, 1977; Freudenberger & Richelson, 1980; Pines & Aronson, 1981; Edelwich & Brodsky, 1980; Carroll & White, 1982; Farber, 1983).

Freudenberger et al. (1980) proposes that the segment of the population attracted to the helping profession is particularly sensitive to feelings and behaviors. They are typically compassionate and caring, which makes them especially vulnerable to excessive demands. Unless an individual has strong compensating factors in his life, one may become victimized by the despair of one's patients. It has been suggested that individuals in the helping professions may have needs which have remained unfulfilled in other life areas, and thus the professional seeks to fill them through work (Freudenberger, 1977; Freudenberger & Richelson, 1980). When this is the case, one is particularly susceptible to burnout.

In a recent study exploring the origins of burnout as perceived by twenty mental health professionals, results indicated unresolved personal issues in the professionals life may be an important influence in the

development of burnout. Also implicated were unrealistic pre-employment expectations, and conflict between individual and organizational goals (Meyer, 1982).

Some authors propose that human service workers are susceptible to burnout due to the nature of the occupation (Whitfield, 1980; Farber et al., 1981;1982; Farber 1983; Maslach & Jackson, 1981). Human service professionals work in areas in which they are involved with troubled people, and exchanges commonly are charged with feelings of anger, embarrassment, frustration, fear or despair. Clients are typically very needy, deprived individuals with voids in their lives, and because of this they take, drain and require continual giving (Freudenberger & Richelson, 1980). Resulting emotional stress to the professional may leave them feeling "empty" and "burned out" (Maslach & Jackson 1981, p. 1).

Researchers have identified client factors which play a part in staff burnout. Type and severity of problems encountered, client-staff relationships, prognosis of change or cure, and the therapists personal identification with client problems are cited as contributing factors (Maslach, 1978; Maslach & Pines, 1977; Maslach & Jackson, 1982; Freduenberger & Richelson,

1980).

Evidence of a connection between burnout and colleague relationships has been found. Maslach and Pines (1978) explored interpersonal relationships within a mental health setting. They report that frequency of staff meetings is not indicative of supportive colleague relationships, but rather that employees had meetings to avoid client contact, not to provide support and confer about problems. In general, staff meetings were devoted to reporting case histories, leaving little time for sharing of staff concerns, feelings, or provision of support. Lack of supervisor support has also been implicated in incidence of burnout (Cherniss, 1980a; 1980b; Farber & Heifetz, 1982).

A frequently mentioned source of difficulty with the helping profession is lack of role definition (Harrison, 1980; Maslach & Pines, 1978; Reiner & Hartshorne, 1982; Pines & Kafry, 1981). Human service positions may be inherently ill defined or become so through accretion of secondary functions (Harrison, 1980). Harrison (1980) studied the relationship between job satisfaction and burnout for 112 child protection service employees. Elevated role conflict and ambiguity was evident among these workers as compared to other positions. School

psychologists indicate there are unclear expectations, role definitions, and excessive demands are placed upon them (Reiner & Hartshorne, 1982), while Alberta teachers feel public pressure that educators must be all things to all people (Robertson, 1986).

Closely related to the role definition problem is an absence of felt control over the results on one's work. Maslach and Pines (1978) found that burnout prone mental health professionals held low expectations of their probable success with schizophrenic patients. Johanson (1981) discusses the problem of teachers losing meaningful accountability regarding student learning due to barriers to learning which are outside their realm of control. Milburn (1981) reflects on the problem of counsellor burnout and role difficulties:

"A frequent contributor to counsellor burnout is spending hour after hour, day after day, with an endless stream of clients. Eventually, all the presenting problems begin to follow the same theme with only minor variations. In settings where the caseload consists primarily of personal and emotional problems, counsellors quickly find that a work load restricted largely to client contact is overwhelming, psychologically draining, and sanity threatening...the counselling role was envisioned idealistically and.. rewards in terms of client progress are long in coming. In settings where caseload is primarily of academic and career problems, clientele are viewed as "another test interpretation..."
(p.484)

It appears that a significant component of the burnout problem is satisfaction with the role one is

expected to adopt, particularly when the role involves ambiguous or less meaningful responsibilities.

Shinn et al. (1984) when investigating job stress among psychotherapists found that stressors fell into five major categories:

Forty seven per cent of respondents considered job design (excessive work load, role conflict, and other dimensions) to be a stressor. Lack of recognition from the agency, or incompetent administration, was a stressor for forty four percent of the sample. Thirty four percent mentioned stresses related to the professional helping role such as feelings of inadequacy relative to their own personal expectations, or expectations fostered by the professional role, and feeling pressured to cure patients. Interpersonal staff conflicts were identified by nineteen percent, and client factors such as emotional demands, or failure to improve accounted for twenty three percent of the sample.

Farber and Heifetz (1982) conducted interviews with a heterogeneous sample (N=60) of psychotherapists to investigate stresses of work. The most stressful aspects of work included: coping with pressures inherent in the therapeutic relationship; feeling personally depleted by the work; and difficult working conditions. Stressful

patient behaviors included overtly psychopathological symptoms and resistance.

Certainly there may be difficulties which seem inherent in therapeutic work, difficulties relating primarily to the therapeutic role and the process of therapy. Farber and Heifetz (1982) suggest that most therapists accept these factors as an inevitable result of psychotherapeutic practice. However, when work is frustrating and minimally successful, as is often the case with overworked therapists or those dealing with difficult patients, then burnout is more likely to occur. If this is accompanied by stresses at home, a therapists' threshold for coping with frustration is lowered, ability to attend to patient needs is impaired, and propensity toward burnout is increased.

Different work environments may significantly affect staff burnout rates within organizations (Pines, Aronson & Kafry, 1981). In her discussion of causes of burnout, Maslach (1978a) states that the focus is "better directed away from identifying bad people and toward uncovering the characteristics of a bad situation in which many good people function" (p.14).

Some stressors may be unique to specific work settings, and specializations. Professionals employed in

institutional settings, in contrast to private practitioners, may be faced with stresses endemic to bureaucratic structures.

Cherniss (1980a) identified factors of the work setting which, when favorable, enhanced career development, however when unfavorable, increased the likelihood of stress and burnout. Workload, quality of supervision, intellectual stimulation, challenge and variety, scope of client contact, autonomy, bureaucratic control, consistency and clarity of goals, quality of supervision, social atmosphere, and the orientation process, were implicated. Other researchers have reported similar findings (Kafry & Pines, 1981; Golembiewski et al., 1982).

In a recent study by Abush and Burkhead (1984), the relationship among personality type, perception of job characteristics, and tension were examined. Female subjects (N=161) were drawn from a Florida social service agency. A significant relationship was evident between job tension, Type A personality traits and job characteristics. Job characteristics significantly related included: variety, autonomy, feedback, significance, challenge, dealing with others, identity, and friendship opportunities.

Edelwich and Brodsky (1980) consider unrealistic expectations of institutions for whom professionals work as responsible for prevalence of burnout. These authors consider burnout to be almost inevitable in human service work due to the built in frustrations. Identification of problems frequently encountered by professionals working in institutions include: inadequate means of measuring success, low financial remuneration, inadequate funding, sexism, lack of upward mobility, poor utilization of resources, visibility of the human services accompanied by public ignorance, and high case loads.

Maher (1983) reviewed numerous articles on causal factors in burnout, and organized them into points of confluence. Factors identified were structural, situational and personal in nature, and included: excessively large or difficult client load; long hours over an extended time period with inadequate time off; ambiguous role demands and expectations; minimal felt control over outcomes; isolation or poor relationships with colleagues, supervisors or clients; lack of preparation for dealing with job stress; and personality changes, including unrealistic expectations and guilt.

It becomes readily apparent that one could compose an almost endless list of stressors which may impact the

experience of burnout. Examination of strategies for dealing with, or minimizing the effect of work related stresses is the focus of the next section.

Burnout Prevention

Prevention recommendations proposed by some of the researchers in the burnout field will now be reviewed.

In an effort to reduce unrealistic expectations, Edelwich and Brodsky (1980) recommend that helping professionals focus on the successes as opposed to failure with clients, setting realistic goals regarding client progress. Sanow and Krahmer (1983) recommend staff and administrators discuss and support limitations they have in providing assistance to clients.

Chessick (1978) suggests that individuals can avoid burnout through association with "Healthy souls". "It takes contact with person's of great soul to heal anguish of the soul" (p. 6).

In Robertson's (1986) discussion of teacher burnout in Alberta, she suggests it is the responsibility of educational administrators to provide appropriate feelings of satisfaction from work through self-esteem boosting activities to enhance commitment to work and effectively intervene in the burnout process. Several

means of mitigating burnout are recommended to administrators: establish a sympathetic, supportive profile by concentrating on positive feedback; deal with teachers on a professional to professional basis rather than the hierarchical approach; keep in touch with the realities of teaching; realize basic concern should be the welfare of the staff; consult with teachers on decisions which affect them; and allow teachers to be involved in improving the quality of the educational climate within the work setting.

Carrilio and Eisenberg (1984) report their findings on use of peer support to prevent burnout. Participants were professionals employed in a family agency which provided service to elderly individuals. They were divided into two groups, experimental and controls. Control groups worked by the traditional hierarchical structure, whereas, the experimental group worked within a team approach.

The experimental group provided higher levels of supportive counselling, and had fewer brief contacts with clients than controls. Team staff members felt more in control of caseloads, perceived more peer support and autonomy, and reported less isolation and alienation than the comparison group. The authors conclude that the team

system, in which peer support and some control over resources is possible, produces higher moral and may be an effective means of preventing burnout.

Shinn et al. (1984) report a plethora of coping strategies used by therapists in their sample to combat burnout. Sixty four percent of those studied focused their attention on family, friends, or hobbies rather than on the job. Others attempted to build competence by attending workshops and conferences, while some tried to alter their approach to their job. Thirty one percent took regular vacations , as well as using cognitive or emotional strategies. The least common coping strategy employed was to change the job itself, in some productive manner. This coping strategy was identified by twenty two percent of the sample.

There was a significant discrepancy between potential agency coping strategies and those actually used by agencies. Most respondents did not identify any agency strategies. This may reflect that a substantial portion of the therapists in the sample were in private practice or university settings. No significant gender differences in individual coping strategies were evident, although women reported more social support than men.

Maslach and others propose structural changes in

work setting to lessen burnout within the human service professions. These include: redesigning jobs, role clarification, revising schedules, human relations training, improved benefits, sensitizing administration to stresses of staff, autonomy, improved pre and in-service training, lower staff-client ratios, less direct client contact, time out from stressful situations, and social support networks (Maslach, 1976; Jackson & Maslach, 1982; Robertson, 1986; Newman & Beehr, 1979; Sarason, 1977; Farber, 1982; 1983; Freudenberger & Richelson 1980).

One of the more recent approaches to treatment and prevention of burnout is the development of strong social support systems. There is some evidence of the efficacy of strong personal support systems to buffer the impact of work related stress, reducing the probability and severity of burnout. Maslach and Jackson (1981) found that married workers suffered from less emotional exhaustion than single colleagues. Farber (1982) found that teachers benefited from rewarding interaction with colleagues.

Despite the many who recommend social support as a means of preventing or remediating burnout (Sanow & Krahmer, 1983; Farber & Herfetz, 1982; Pines & Kafry,

1978; Carrilio & Eisenberg, 1984; Jackson & Maslach, 1982; Reiner & Hartshorne, 1982; Maher, 1983), caution must be exercised as there may be differential effects of social support on burnout across gender. Some researchers propose that social support networks within the work setting may compound the problem for females, while are an effective preventative measure for males (Shinn et al., 1984; Etzion, 1984). Additional evidence is required to replicate findings of gender differences.

While social support may attenuate the impact of stress and burnout, it usually is unable to alter the conditions of work which created the problem initially. According to some, (Farber & Millar, 1981), remediation of burnout requires modification of the entire systems functioning, and sole emphasis on social support may actually aggravate the problem, as it fails to get to the heart of the matter.

It becomes increasingly evident that the relationship of social support to burnout has not been clarified. Empirical evidence is required to determine the impact of social support on burnout.

Burnout in Human Service Professionals

Despite numerous articles describing the clinical manifestations of burnout, research is scarce. To follow

will be an elucidation of the limited empirical research on burnout among human service workers.

Jackson and Maslach (1982) researched the impact of burnout on family life of 142 male police officers. Burnout levels, intention to leave police work, coping strategies, family interactions, and quality of home life were assessed. Officers who evidenced highest burnout scores on the Maslach Burnout Inventory (MBI) were likely to bring home job related tensions and spouses reported their husbands tended to be angry, tense, anxious, and complained more about work related concerns. Spouses adopted a negative frame of reference toward police work as they saw the negative influence the job had on family and marriage.

"The cop can't take off suspicion like his uniform. He gets tougher.. more aggressive...with his family. He becomes more rigid about right and wrong."

(Maslach & Jackson 1979, p. 61).

Coping strategies differed among spouse and officer. Wives made use of social support networks, whereas, officers tended to deal with stress through escapism, (drinking, smoking or getting away). Coping strategies were related to quality of family life, but were unrelated to quantitative stress experienced on the job.

An elevated degree of home stress was directly

related to high burnout. Elevated burnout scores were more prevalent among younger officers. Maslach and Jackson conclude that police work may have a detrimental effect on both the family, and individual officer.

Martin (1985), compared level of burnout among 1533 physical education teachers in the Illinois area. Burnout was measured using the MBI, and demographic information was attained.

Significant differences on all three MBI subscales were evident, with high school teachers reporting more burnout than those in elementary or junior high settings.

Of the demographic data gathered, age and years of teaching experience had the most substantial effect on teacher burnout, with older, more experienced teachers reporting less burnout. Single and divorced teachers experienced the most Emotional Exhaustion.

Nagy (1982) investigated the relationship of Type A/B personalities, workaholism, perception of school climate and years of teaching to burnout. The sample was composed of 234 elementary and junior high teachers in the Oregon School District.

Based on the MBI scores, teachers reported low to moderate levels of burnout, however differences were noted between those in junior high versus elementary.

More junior high teachers reported higher burnout. Type A and B personalities experienced burnout at the same rate, however, intensity of burnout was stronger for Type A personalities. No significant relationship between workaholism and Type A/B personality was evident but for junior high teachers, high workaholism was related to higher burnout scores. An unfavorable school climate was related to frequency but not intensity of burnout. No relationship was apparent between burnout and years of teaching experience. The authors conclude that school level and workaholism are related to burnout, however, the relationship is of moderate intensity at best.

In a study of 76 human service workers (psychiatrists, psychologists, nurses, social workers, attendants, volunteers) employed in diverse mental health facilities in the San Francisco area, information was gathered regarding demographics, characteristics of the job, attitudes and feelings about mental health work, and perception of self. Data was collected through interviews based on questionnaires focusing on the above issues.

In different work settings employees held different attitudes toward their job, patients and mental health. As the ratio of patient to staff increased, employees

enjoyed their job less and attempted to keep job and personal lives separate. Job satisfaction was less in those settings in which a high proportion of clients were schizophrenic.

Work relationships were affected by working conditions and an individual's attitude toward work, the institution, and patients. Work relationships were better in those settings in which patients were less seriously ill, and work hours were shorter. When work relationships were good, employees spent less time with other staff or in administrative work. Those who spent more time with other staff were more likely to feel failure on the job. High frequency of staff meetings was related to extremely negative and dehumanizing attitudes toward patients. In addition, those who spent more time in administrative work expressed less job satisfaction, and enjoyed working with patients less. In contrast, staff who felt their relationship with patients was close enjoyed their job, liked working with patients, felt successful, and had a positive perception of self.

Some personal variables were correlated with perception of job, patient, and the mental health field. Those employees with higher education initially tended to have elevated expectations of patients, but gradually

came to view them as more apathetic, weak and powerless. Individuals in high ranked positions spent less time in direct patient contact and attitudes toward patients became more dehumanized over time. Staff members who worked in the field longer enjoyed working with patients less, felt less successful, and adopted a less humanistic attitude toward patients. Thus, there was a strong correlation between years in practice and burnout (Pines & Maslach, 1978).

Weinberg, Edwards, and Garove (1983) explored the prevalence of burnout among employees from fourteen state institutions serving the developmentally disabled in an effort to determine which personal and organizational variables related to burnout. Participants were direct care professionals, workers, and administrators. Between twenty to twenty six individuals from each category, within each institution, participated. A questionnaire was designed by the authors to measure demographics, and work related variables. Job satisfaction was also assessed.

Approximately 15 percent of the sample exhibited burnout or intense symptoms of physical, attitudinal, and emotional exhaustion. Professional staff members had the highest incidence of burnout (18%), followed by direct

care workers, and administrative staff (16% and 13% respectively). Within each facility, the proportion of staff experiencing burnout in the various positions ranged from 0 to 33% for administrative personnel; 5 to 31% for professionals; and 0 to 31% for direct care staff.

Personal variables including sex, marital status and age were significantly related to incidence of burnout. Burnout was more prevalent for women than men (17.4% to 10.3% respectively), for those single than married (25.5% versus 12.5%) and divorced (8.6%), and for employees 30 years or younger as compared to older (19.9% versus 10.1%). The combined effect of gender and marital status was significantly related to burnout. The incidence of burnout for single females was significantly higher than for the total sample.

Differences were apparent regarding facility variables related to burnout. Facilities with high burnout had higher attrition, and job dissatisfaction than low burnout facilities, and decisions in higher burnout facilities were typically made at higher levels.

The authors propose that the results suggest that burnout is more frequently experienced by individuals who are concerned and committed to work goals and

satisfaction. Most of the correlates to burnout directly related to failure or success in meeting work demands. Thus, burnout seems to be greater the more a person values and attempts to meet demands placed on him.

Justice, Gold, and Klein (1981) investigated life events and burnout in a sample composed primarily of direct care counselling and social work employees from Louisiana and Texas (N= 118). A test battery was constructed by the authors and measures of life events, burnout, and satisfaction with life and work were taken. Findings suggest that negative life events may aggravate burnout, whereas positive events may mediate the influence of negative factors, reducing the likelihood and severity of burnout. Thus, burnout is not strictly related to events on the job, but is affected by outside factors as well.

Riggart et al. (1984) compared level of burnout and job satisfaction for rehabilitation counsellors and administrators using the MBI and a Job Satisfaction Inventory. Administrators reported higher levels of job satisfaction than counsellors. Inverse relationships were evident between job satisfaction and burnout for both counsellors and administrators.

Reiner and Hartshorne (1982) investigated burnout

concerns among 43 school psychologists attending a conference. Participants completed a burnout questionnaire developed by Freudemberger and identified job stresses and preventative measures. Major stressors identified included: excessive caseload, role definition problems, lack of support, and time pressure. No significant correlations between burnout and gender, age or years of experience was evident.

Potential strategies for prevention of burnout were discussed. Respondents suggested feedback and peer support, and working closely with administrators to clarify job expectations would be helpful. It was recommended supervisors and psychologists work together to identify stresses on the job and develop systems to overcome them.

Research supports the contention that there are differences in burnout levels across work settings. Udovich (1983) explored burnout, personality variables, and the work environment using a sample of 62 doctoral level psychologists from the Los Angeles area. The three groups of psychologists working in different types of work environments, (Private Practice $n=21$; Insititutional $n=20$; Private Practice and Institutional $n=21$) were compared to determine if significant differences existed

among the groups. The MBI was used to assess burnout, and the Adjective Check List assessed personality factors of nurturance, affiliation, aggression and abasement.

Across the three groups of psychologists, no significant differences were evident on the MBI subscale scores of Emotional Exhaustion and Depersonalization. However, those in Private Practice reported higher Personal Accomplishment than psychologists who were Institutionally based. On the Adjective Check List, no significant differences across groups were apparent. Correlations of the MBI scores with the Adjective Check List revealed those with less intense burnout checked more favorable adjectives and had higher scores on Nurturance and Affiliation. A significant positive correlation between Aggression and burnout was noted.

Analysis of additional data revealed that psychologists who were older reported less intense burnout. There was a positive relationship between sick days and burnout, and a negative one between vacation time and emotional exhaustion.

The author concluded that Private Practitioners report less burnout than the Institutional group due to elevated Personal Accomplishment scores. Thus the data partially support the contention that therapists in Institutional

based settings report more burnout.

Farber and Heifetz's (1982) study focused on the phenomenon of therapist burnout with a group of heterogeneous psychotherapists. The sample was composed of 21 psychiatrists, 24 psychologists, and 15 social workers. Of these professionals, 41 worked in institutional settings, while 17 were in private practice and 2 in a combination thereof. Semi-structured interviews were conducted to determine the therapists' experience at work. Each therapist completed a Therapist Background Sheet.

Within this sample, the majority of therapists attributed burnout to the non reciprocated giving, attentiveness and responsibility required in the therapeutic relationship. Females ascribed to this view more than male counterparts. Other factors cited as relevant included; overwork, difficulty of dealing with patient problems, slow erratic pace of therapeutic progress, personal issues raised due to the nature of the work, passivity of the work and isolation involved in therapeutic practice.

Differences in level of disillusionment, and stress was apparent across work settings. Institutionally based therapists more frequently admitted to overt feelings of

disillusionment or the need to defend against such feelings. They reported greater stress from the therapeutic relationship, working conditions and psychopathological symptoms of patient than those in Private Practice. The authors suggest this difference may reflect the more protected and autonomous nature of Private Practice settings.

Shinn et al. (1984) also reports that levels of stress and strain reported by human service professionals vary across settings. Private practitioners experienced fewer psychological symptoms, lower alienation, and greater satisfaction than therapists employed in counselling and mental health centers. University and human service professionals in other settings consistently fell between these two groups on strain measures.

In summary, it appears that various work related and personal variables may impact the experience of burnout. Further data is required to replicate or refute present findings.

Social Support

Much of the current literature emphasizes the prominent role of social factors in causes and

remediation of burnout. Conflicting demands from an individual's support network are viewed as a major source of burnout, despite the fact that social support may be used in alleviating or prevention of burnout (Wellman, 1982; Hammer, 1981, Thoits, 1981;1982; Gottlieb, 1981). The role of social factors in burnout is a secondary focus of the present study.

Definitions and Theoretical Perspectives on Social Support

The proliferation of literature on social support has resulted in increasingly heterogeneous definitions and operationalization of the construct.

Gerald Caplan (1974), defines social support systems as enduring interpersonal ties to people who can be relied on to provide emotional sustenance, assistance, resources and who provide feedback and guidance.

Cobb (1976) conceives of support as information leading an individual to believe they are loved, esteemed and valued, and that they belong to a network of communication and mutual obligation.

Gottlieb (1981) defines the construct as information, advice, tangible aid, or action which has beneficial emotional or behavioral effects on the recipient.

Most researchers assert that support is a multidimensional concept (Hammer, 1981; House, 1981; Kaplan et al., 1977; Thoits, 1982; Barerra & Ainley, 1982) and various factors impact its effect.

Disposition of support has been implicated as a relevant factor in examining social support. Disposition refers to the quantity, and qualitative aspects of supportive interactions.

Recent studies suggest that the effect of social support in alemoriation or prevention of stress and burnout are dependent primarily on the quality of the supportive relationships as opposed to quantitative factors (Farber, 1983; Barrera et al., 1981; Pines & Kafry, 1981; Pines, 1983). In three different studies, Pines and Kafry (1981) found number of people providing support was not correlated with burnout scores in almost all cases. Quality of support provided was seen as significant in determining the effectiveness of relationships as a buffer against burnout.

Not all sources of support are equally effective in alleviating stesss (House, 1981; Thoits, 1982; Moos, 1984; Dean et al., 1980; Wellman, 1980; Karasek et al., 1982). LaRocco et al. (1980), states that the more specific the type of stress, the more likely it is to be

affected primarily by sources of support closely related to the stress in question. Work related stresses should be primarily affected by work related sources of support, while family stresses are more affected by sources of familial support. General stresses are affected by diverse sources of support.

Syrotvik et al. (1984) presents data contrary to LaRocco's postulation. In a sample consisting of 455 males, results suggested spousal support buffered the effect of job pressure on mental health.

The ratio of family versus non family support has been implicated as a relevant social support factor. Some researchers contend that individuals who use primarily familial support suffer from less psychological distress than individuals relying on friends, acquaintances or relatives (Cohen & Sokolovsky, 1979; Froland et al., 1979; Silberfeld, 1978).

Billings and Moos (1982) investigated the relationship between social support and personal functioning, using a sample of alcoholic patients and a non alcoholic group from the general population. Measures included the Family Environment and Work Environment Scales, Family Relations index and sociodemographic information.

Within the community sample, subjects who reported intense levels of depression, experienced less family and work support. Work support was more strongly associated to healthy functioning for men, while family was more significant for women. In the alcoholic sample, individuals reporting less family support suffered from more intense depression and similar correlations were evident for work support, although less intense.

The authors conclude that there are relevant gender differences which affect effectiveness of sources of support and there is a relationship between family, work support and depression.

There appears to be some incongruence in research findings with regard to the impact of different sources of support on stress and burnout.

The effectiveness of different types of support (emotional, instrumental, information, appraisal) is differential (House, 1981). Emotional support is often cited as a correlate to emotional health (Pines & Kafry, 1981; Gottlieb, 1981; Hirsch, 1980; Holahan & Moos, 1981; Leavy, 1983; Frydman, 1981), and thus, may be considered the most consequential type of social support (Cobb, 1976). Coping with depression (Lin et al., 1984; Leavy, 1983; Surtees, 1980; Goering, 1983; O'Hara et al., 1983;

McIvor et al., 1984), work stress (House & Wells, 1982; LaRocco et al., 1980), and parenthood (Power & Parke, 1984; Norbeck, 1983) are all related to having a confidant.

Recent studies have shown the benefits of social support for psychological and physical health in coping with occupational stress (House & Wells, 1982; LaRocco et al., 1980; LaRocco & Jones, 1978), and the stress of human service professionals in particular (Pines, 1983; Pines et al., 1981; Jackson & Maslach, 1982).

The theoretical relationship between social support, stress and psychological state has not been explicated. The models to be reviewed here focus on social supports impact on health. Traditionally, two models of social supports influence on disorder have been proposed. The "main effects" model conceives of social support as a basic human need which must be satisfied in order for an individual to maintain a sense of well being (Thoits, 1982; Sandler & Barrera, 1984). Individuals with high support are not protected from adverse effects of stress more than those with low support. There is no interaction between support and stress, but rather a main effect, according to this view.

A second model utilizes a cause effect paradigm to

explain the relationship among stress, social support and disorder. Social support is seen as a moderator or buffer against stress (Cobb, 1976). This "buffering" hypothesis proposes that the effects of psychosocial stress on health may be reduced or eliminated in the presence of social support (Antonovsky, 1979; Sandler & Barrera, 1983). This model evolved from results of empirical studies which found an interaction between stress and social support. Individuals under intense stress, who had high levels of support displayed fewer distress symptoms than those with low support. When not under stress, there was minimal difference between groups, suggesting the impact of social support is only important during crisis situations.

Each of the models of social support have received some empirical validation, and thus empirical studies appear to be conflicting.

Several studies report direct effects of social support. Holahan and Moos (1981) investigated the relationship between changes in social support and maladjustment, using families in the San Francisco Bay area. Measures included Family Relations and Work Relations indexes, life change events, and a social support index. Changes in supportiveness of family or

work environment over a one year period were significantly and directly related to changes in maladjustment.

McIvor et al. (1984) explored perceived social support and depression in 120 individuals with multiple sclerosis. Perceived social support of family and friends were significantly and negatively related to depression.

Some studies report buffering effects of social support (LaRocco et al., 1980; Kobasa & Puccetti, 1983; Karasek, Triantis & Chaudry, 1982; Wilcox, 1981). However, many of these studies report different effects depending on source of support, personality characteristics, and measure of stress and strain. LaRocco et al. (1980) found social support buffers the effects of stressors on health, but not on job related strains including dissatisfaction and boredom. Kobasa and Puccetti (1983) report that support from one's supervisor buffers life events on illness symptoms, but family support does not. It seems that the moderating effect depends on source, recipients, and the measure of stress/strain employed.

Many studies report both direct and buffering effects of social support on stress and health (Norbeck et al., 1983; Lin et al., 1979; Cohen et al., 1984).

Quellette et al. (1983) investigated personality, social assets and perceived social support as moderators against stressful life events and illness, using executives as a sample. Perception of support from one's employer, life events and hardiness showed main effects on illness. Employer support reduced symptoms of illness when stressful life events were high. Low hardiness scores, and perception of family support resulted in a reported increase in illness scores. Therefore, perception of support plays a significant, but not necessarily healthful part in symptomatology. Family support seems to increase the probability of illness for executives who do not possess hardiness characteristics. Stressful life events were found to arise primarily in the work setting, and these events combined with lack of hardiness resulted in increased reports of illness.

Other authors report that social support has a different effect across gender. Some have found that social support has direct effects for males, and buffering for females (Husoni et al., 1982; Dean et al., 1982).

The empirical research on social support is conflicting. Many variables may confound the studies and disparity between results is a further impetus for

research in the area.

Burnout and Social Support among Human Service Professionals

There is a noticable paucity of research focusing on burnout and social support in human service professionals. An examination of the current, limited empirical literature will be presented.

Etzion (1984) investigated the effect of social support on the relationship between life, work stresses and burnout. The sample was composed of 630 Israeli managers and social service professionals, with 53% of the sample being female. Professions included: managers, bank tellers, organizational consultants, nurses, teachers, and social workers. Participants were required to be working in positions which required close contact with others, however the experience of burnout symptoms was not a prerequisite for participation.

Burnout was assessed using Pines and Aronson's 21 item burnout measure. A self report questionnaire was designed to assess support and stress in life and work.

Stresses were positively correlated with burnout, while supports were negatively correlated. Life stress was negatively correlated with support in life and work, however, the correlation with life support was higher.

Stress at work was correlated with work support, but not life support. Stress was negatively correlated with support, particularly when the source of support and stress were congruent.

The author reports findings relative to gender. Life stress on burnout was not moderated by any source of social support across gender. Work stress on burnout was moderated by social support, with genders using different sources. Men used support from work to alleviate work stress, while women used life sources. Women report significantly more burnout than men. There were no significant differences between genders in level of work stress, or support, however, women report higher life support than men.

It was concluded that literature which prescribes work support groups as a means of combatting stress and alleviating burnout must be examined with caution. Such support groups may be advantageous for males but may be an additional stress for women (Etzion, 1984).

Pines and Aronson elucidate six basic functions of social support for helping professionals: listening, technical support and challenge, emotional support and challenge, and sharing social reality (Pines, 1983).

The relationship between burnout and availability of

social support was investigated through the administration of the 21 item burnout measure, and an interview regarding the differential functions of social support as a buffer against burnout. Subjective feelings of burnout were not a criterion for participation. The sample was composed of 80 professionals from diverse professional groups (management, medicine, nursing, teaching, psychology, counselling).

Subjects were to assess the importance of each function, indicate the extent to which each form of support was currently met, and the number of individuals who fulfilled each function within their life.

There was a stronger correlation between burnout and the importance attributed to support functions for men than women. This did not hold for women, as correlations were non significant. The authors propose that based on the results, men seem to value support from their working environment more when experiencing burnout, whereas women perceive support as important regardless of their experienced burnout. On all supportive functions except technical challenge and technical support, women rated the importance of social support functions significantly higher than men. With regard to

availability of support, the discrepancy between importance attributed to a function and its fulfillment was greater for women than men, indicating within the work atmosphere, women perceive themselves as receiving less support than men.

Availability of work related functions were found to be highly correlated with burnout. Availability of emotional support, challenge, and listening were also negatively and significantly correlated with burnout (Pines, 1983).

Shinn et al. (1984) investigated the effects of coping on psychological strain and burnout produced by job stress. Coping was conceptualized as occurring at three levels: individual, group (social support) and agency.

Participants were members of an American professional society for group psychotherapists and human service workers (N=141). Membership was composed of diverse occupational groups including: psychologists, social workers, psychiatrists, pastoral counsellors, and nurses, who were employed in a variety of settings including private practice, mental health or university counselling centers, universities, schools and social service agencies. Eighty four percent of the sample

were involved in direct service provision, as opposed to administrative functions. Participants received a mailed questionnaire, designed by the authors which focused on job stress and coping, psychological strain, and demographics.

Mean levels of stress and strain differed across work settings. On measures of strain, Private Practitioners reported fewer psychological symptoms, lower alienation, and greater satisfaction than therapists in mental health or counselling settings. Those employed in university setting or other areas, consistently fell between the two groups.

The pattern of stresses across work setting was also variable. Therapists in Private Practice report minimal stress regarding agency management, and less stress on job design than the other groups. However, Private Practitioners report elevated stress associated with clients and the therapeutic relationship. Those in mental health or counselling centers report highest levels of stress on job design and agency management. Stress associated with the agency, in terms of inadequate supervision, lack of recognition and support, was positively related to strain levels.

Gender differences were noted regarding stress and

strain measures. . Women had slightly elevated stress and strain scores on almost all measures as compared to men. They reported significantly higher levels of stress due to the professional helping role, somatic symptoms, and job design. No significant differences were evident across gender in use of coping strategies, however, women report greater amounts of social support than men.

Job stress was related to job dissatisfaction, alienation and psychological symptoms, but not somatic symptoms. Social support was negatively associated with strain, with regard to job dissatisfaction and alienation. The authors conclude that agencies and workers should foster social support as a means of counteracting burnout. .

In their examination of peer support to prevent burnout among master's and bachelor level social workers, Carrilio and Eisenberg (1984) report that the team system, in which peer support and some control over resources is feasible, results in higher morale than the conventional hierarchical structure. The authors conclude that by providing support and a forum for discussion of difficult issues, an effective team may be a means of preventing burnout.

Maslach and Jackson (1982) conducted several studies

on burnout using physicians and nurses for a sample population. Comparison of MBI scores drawn from nurses and physicians in contrast to the normative population on which the scale was based revealed some differences. Nurses reported the same level of Emotional Exhaustion, but lower Depersonalization and Personal Accomplishment than the normative group. Doctors report higher Emotional Exhaustion and Personal Accomplishment, but a similar level of Depersonalization as the normative group. The difference between physician and nurses scores on Depersonalization was proposed by the authors as due to gender differences. In Maslach and Jackson's (1981) normative group, women were consistently lower on Depersonalization than males. It was suggested that differences in level of Personal Accomplishment was likely due to discrepancies across the two professions in terms of pay, promotion, feedback and prestige.

For both professions, strategies of turning toward people to alleviate or prevent burnout were associated with Personal Accomplishment and low Emotional Exhaustion. For physicians those scoring low on Emotional Exhaustion indicated seeking advice from colleagues was highly effective. Those who report high levels of Personal Accomplishment talked to their spouse

or close friends about work related matters. For nurses, the greater the perceived social support from co workers, the lower emotional exhaustion scores subjects reported. Increased support and recognition from supervisors significantly correlated with reduced emotional exhaustion. Maslach and Jackson report that support external to the occupational setting had little effect on degree of emotional exhaustion experienced with nurses, although those with a strong sense of Personal Accomplishment were more likely to discuss their work with friends and felt supported by them (Jackson & Maslach, 1982).

In Farber and Heifetz's (1982) study of therapist burnout, the role of social support systems was cited as essential by most therapists in the sample (N=60). The supervisory relationship was used to help therapists through difficult moments. Of those therapists who were not currently supervised, fifty one percent relied on colleague support when dealing with work related stress.

Summary

This chapter examined definitions, theories and empirical results related to the conceptualization of stress, burnout, job stress and social support.

Dissonance among researchers with regard to terminology and the relationship between these concepts was cited as a significant concern.

The conceptual and theoretical problems confounding the study of stress were explored to aid in clarification of the relationship between stress and burnout.

Theoretical frameworks adhered to by major contributors in the burnout area were examined, revealing disparity. Despite this, there seems to be some consensus that burnout is due to some combination of: personal characteristics, training, job expectations and demands, work setting, and the organizational, political and economic structure. Of primary importance are the intra and interpersonal relationships of the therapist, for it is within these areas, burnout manifests itself with severe consequences.

An examination of prevention strategies suggested methods of alleviating burnout, and aided in identification of those strategies employed by people and found to be effective. Most of the preventative strategies suggested in the literature have not been verified by empirical data.

This was followed by an examination of the limited empirical studies in the area of burnout among human

service professionals. The studies leant further support to the need for additional research in this area.

Definitions and theoretical models of social support were explored. Although social support is often recommended as a means of preventing or alleviating burnout, research results suggest the effectiveness of social support may be differential across gender. The usefulness of family support in contrast to colleague or friend support was explored. Some researchers suggest that support within the work environment is the only means of affecting burnout rates.

The literature review concluded with an exploration of the studies on burnout and social support among human service professionals. Conflicting conceptualizations and empirical results in this area reflect the need for additional investigation.

Conclusion

Having explored definitions, symptomatology, and theories of burnout in the helping profession, one is cognizant that burnout manifests itself in diverse ways from person to person. It is not however, inevitable within the helping profession, but rather tends to be problematic for the idealistic and overcommitted. Not all psychologists burnout, nor do they experience burnout

symptoms to the same degree. On this basis, it can be assumed that certain factors or situations may be identified which mitigate burnout and identification of such may be the first step toward minimizing the debilitating effects of burnout on both individual and organization. One of the factors which seems to be significant is work setting. To date, very few studies have investigated the impact of work setting on burnout. Additional data is required before we are able to come to any general conclusions regarding the variable of work setting as it relates to burnout experienced.

Within any work setting there are variables such as autonomy, support, role clarity, time constraints and the like, which have been identified as correlating with burnout among human service professionals. The influence of some of these variables will be explored to determine differences between work settings, and their relationship to burnout among psychologists.

The impact of social support on burnout is another area requiring investigation. Social support has been recommended as a viable option for alleviating or preventing burnout. Despite these proposals, there is conflicting empirical evidence that social support is a significant factor.

Indications in the literature suggest there may be gender differences relative to burnout levels and social support. Some researchers have found that women suffer from more intense and frequent burnout, while others report no difference between gender.

The effectiveness of social support as a preventative measure against burnout may be differential between gender. Women seem to rely on social support outside the work setting, while men may use work support to combat burnout. Further exploration of these areas may replicate or refute current findings which are primarily American based, and aid in determination of whether it is appropriate to generalize such results to a Canadian population.

The intent of this exploratory study is to examine the relationship between burnout, social support, and work environmental variables for psychologists employed in diverse settings. Such a study may enhance limited understanding, and elucidate the relationship between burnout, social support and work setting. In addition, the study will contribute to a very minimal data base focusing on psychologists, separate from other occupational groups.

CHAPTER 3

METHOD

This chapter will present the method and procedures of the present study. For the purpose of presentation, the chapter has been divided into five sections, namely, description of: the subjects, research instrumentation, null hypotheses, procedures and treatment of the data.

Subjects

Subjects for this project were selected via stratified random sampling by work setting, from the membership of the Psychological Association of Alberta (N= 1200). To be eligible for participation, psychologists were required to be residents of Alberta, and certified members of the Association. Of these psychologists, 381 were listed as employed in private practice, and 819 non private practice, representing 31.75% and 68.25% of the population respectively.

Of the four hundred psychologists receiving questionnaires, 127 were listed by the PAA as employed in private practice, and 273 elsewhere. One hundred and forty six psychologists completed and returned the questionnaires, for a response rate of approximately 37%. The response rate differed dramatically between the three

groups: 13% from those in Private Practice; 36% from the Institutional group; and 11% response from those in a Combination of private practice and institutional settings.

The majority of respondents worked in settings in which they were employed by others ($n = 98$, 67.1%), with 17 (11.6%) self employed, and 31 (21.2%), in a combination thereof.

Most of the psychologists responding to the survey were married (72.6%) and had one or more children residing with them (70.5%). Of the spouses, 26.0% were at home, while 47.3% were involved in careers or study outside the home.

These psychologists ranged in age from 27 to 64 with an average age of 40.3 years. Sixty-two respondents were female and eighty-four were male, representing 42.5% and 57.5% of the sample respectively.

University degrees at the masters level were held by 60.9% of respondents, while 39.1% possessed doctoral degrees. The minimum educational level required for participation in this study was a masters degree.

Of those responding to the survey 73.3% had been employed as psychologists for six years or greater. They worked in any of the following areas: education (29.5%),

counselling (17.2%), mental health (14.4%), administration (13.0%), private practice (13.0%) and medicine, forensics, business, legal services or other areas (13.1%), and had been employed in these areas an average of 7.6 years.

Description of the Research Instrumentation

Each subject completed four instruments for this exploratory study:

1. Maslach Burnout Inventory (MBI)
2. Perceived Social Support scales (PSS-Fa, PSS-Fr)
3. Work Environment Scale (WES)
4. Personal Data Questionnaire

Maslach Burnout Inventory (MBI)

This instrument, also known as the Human Services Survey, was designed by Maslach and Jackson (1981), to assess burnout as experienced by persons working in the human service professions. It is a self-administered inventory, consisting of twenty-two items, presented in random order, which focus on job-related attitudes and feelings. The MBI takes approximately twenty minutes to complete. Self-explanatory instructions are provided. The burnout syndrome is measured using three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The nine items on the Emotional Exhaustion subscale reflect "feelings of being

overextended and exhausted by one's work" (Maslach & Jackson 1981, p.6). The Depersonalization subscale includes five items, describing a detached, indifferent response toward others, particularly the recipient of one's service. Personal Accomplishment includes eight items and is a measure of feelings of competence and successful achievement in one's work with people.

Each item is measured for both frequency and intensity. The frequency scale has a range of 0 (never) to 6 (every day). The intensity scale ranges from 0 (never) to 7 (major, very strong). Each of the three subscales is scored on two dimensions (frequency, intensity), thus, six scores are tabulated for each respondent. High mean scores across both Emotional Exhaustion and Depersonalization subscales reflect greater degrees of burnout experienced. The Personal Accomplishment subscale is inversely related to Emotional Exhaustion and Depersonalization subscales. Thus, low mean scores on Personal Accomplishment reflects higher degrees of burnout experienced.

Scoring Procedures

A scoring key provides directions for the scoring of each subscale. Scores are coded as low, moderate, or high for each subscale, based on numerical points.

Maslach and Jackson (1981), recommend numerical scores be utilized in statistical analysis, as opposed to the categories.

Across the Emotional Exhaustion (frequency) subscale, the range of experienced burnout is considered to be low if scores are 17 or below; moderate between 18-29; and high if 30 or greater. Intensity of Emotional Exhaustion is low if 25 or less; moderate between 26-39; and high if 40 or greater.

For the Depersonalization subscale, frequency is low if scores are 5 or less; moderate between the ranges of 6-11; and high if 12 or more. Intensity of Depersonalization is low if 6 or less; moderate between 7 to 14; and high if 15 or greater.

Frequency of Personal Accomplishment is categorized as low if 40 or more; moderate between ranges of 34 to 39; and high if 33 or less. Intensity of Personal Accomplishment is rated as low if 44 or greater; moderate between 37 to 43; and high if scores are 36 or less (Maslach & Jackson 1981, page 2).

Means and standard deviations for each subscale may be tabulated and compared to norms. Normative data were obtained from various human service professions including: social security administration public contact

employees, police officers, nurses, agency administrators, teachers, counselors social workers, probation officers, mental health workers, physicicans, psychologists, psychiatrists, attorneys, and others.

The means and standard deviations for subscale scores of the population used for scale development and normalization are based on responses of 1400 individuals for frequency, and 1936 for intensity, and are as follows:

Emotional Exhaustion:	Frequency - 24.08 (SD 11.88);
	Intensity - 31.68 (SD 13.84);
Depersonalization:	Frequency - 9.40 (SD 6.90);
	Intensity - 11.71 (SD 8.09);
Personal Accomplishment:	Frequency - 36.01 (SD 6.93);
	Intensity - 39.70 (SD 7.68).

Construction and Reliability

Originally, the MBI consisted of 47 items which were administered to 605 individuals employed in human service professions. Results were submitted to factor analysis which led to the development of a set of criteria which were applied to the items. This yielded 25 remaining statements. These 25 items were administered to another sample (N=420). Since results of this factor analysis

were similar to the first, the samples were combined (N=1025). Four factors emerged: Emotional Exhaustion, Depersonalization, Personal Accomplishment, and Personal Involvement. Personal Involvement was measured by three optional items on this inventory, which were not used in the present study.

Cronbach's coefficient alpha was used to estimate internal consistency (N= 1316, frequency; 1789 intensity) yielding the following reliability coefficients for each subscale: Emotional Exhaustion (frequency) .90, (intensity) .87; Depersonalization (frequency) .79, (intensity) .76; Personal Accomplishment (frequency) .71, (intensity) .73 (Maslach & Jackson, 1981, p.7).

Test retest reliability for each subscale were significant beyond the .001 level (N= 53). Reliability coefficients for each subscale were: Emotional Exhaustion (frequency) .82, and (intensity) .53; Depersonalization (frequency) .60, and (intensity) .69; Personal Accomplishment (frequency) .80, (intensity) .68.

Validity

Convergent validity was established utilizing three sets of correlations (behavioral ratings, job characteristics, personal outcomes).

External validation of the Emotional Exhaustion

(EE), and Depersonalization (DP) subscales was achieved by correlating subjects MBI scores to behavioral evaluations made by individuals knowledgeable about the subject.

MBI scores were correlated with certain job characteristics expected to contribute to burnout. Forty three Californian physicians were studied. Those physicians who had the heaviest patient load and were in direct contact with patients, scored higher on EE and DP subscales, as compared to their counterparts performing some administrative and teaching duties.

Ninety one mental health and social service worker's MBI scores were correlated with the Job Diagnostic Survey (JDS) results. High feedback on the job was correlated with low EE and DP scores, and elevated Personal Accomplishment (PA) scores. Elevated scores on task significance (degree to which job has a significant impact on others), correlated positively with PA. A slight correlation was evident between high scores on the dimension of dealing with others (close people contact) and EE.

In assessing the discriminant validity of this instrument, burnout was found not to correlate with Marlowe-Crowne's Social Desirability measure (1964), nor

with job dissatisfaction (JDS) at the .05 level.

The rationale for the use of this measure lies in the fact that this instrument was designed for use with human service personnel, a population which tends to be well informed regarding assessment instruments. The MBI is one of the more widely used instruments used for measuring burnout among human service professionals. In addition, the format of the MBI is appropriate to use for mailed survey purposes. Directions are succinct, and the inventory can be completed in a brief time period.

Perceived Social Support (PSS-Fr, PSS-Fa)

Procidano and Heller (1983), created two self-report measures which assess the extent to which an individual perceives his needs for support, information, and feedback, as met by friends (PSS-Fr) and family (PSS-Fa). According to these researchers, perception of social support depends on the availability of supportive structures in the environment, however, support provided by networks and perceived support are not synonymous. Perceived social support is likely to be influenced by within person factors (changes in attitude, traits), which may influence the perception of whether social support is available.

Each 20 item scale consists of declarative statements referring to family and friends, and requires a "yes", "no", or "don't know" response. The distinction between family and friend support is considered relevant by the authors. Different populations may utilize different sources of support to varying extents at any given time (Procidano & Heller 1983).

Scoring Procedure

For each item, a response option indicative of perceived social support is scored as +1. Thus total scores range from a minimum of 0 indicating no perceived support, to 20, suggesting maximum perceived social support on each scale. The "don't know" category receives no numerical value.

Construction and Reliability

Internal consistency was estimated by Cronbach's alpha coefficient, utilizing 222 undergraduates. The two measures were found to be homogeneous, with reliability coefficients of .88 (PSS-Fr), and .90 (PSS-Fa). Factor analysis of the instruments revealed each scale was unidimensional. Test retest reliability coefficients for each scale were both high, being greater than 0.80. Intercorrelation between these two scales was reported as 0.21, indicating that although the two scales are

related, they measure different aspects of support.

Validity

In a series of studies the authors demonstrated validity when the PSS measures were found to be related to a range of psychopathology and social competence traits. Using scales from the MMPI, both the PSS-Fr and PSS-Fa were correlated with measures of Schizophrenia (-.20 and -.33) and Psychasthenia (-.23 and -.33). The PSS-Fa scale was found to be related to Depression (-.43), whereas the PSS-Fr was not (-.12). Since a correlation was observed between negative mood states and the PSS-Fr, a potential problem with this scale is that it is likely influenced by within person states. This was not so for the PSS-Fa, and neither measure correlated with positive mood states.

In an evaluation of the PSS measures, Tardy (1985) states that the scale items relate to both provision and receipt of social support. Items also tap both enactment and availability of support. He suggests that most of the items contained in the scales refer to emotional support, and as such the instrument should be interpreted primarily as a measure of emotional support received. A number of weaknesses are inherent in the measure. It fails to differentiate among disposition, content or

dimensions of support, and may be subject to reporting bias inherent in paper and pencil self-report inventories.

Despite some imprecisions in these measures, the PSS scales fulfill the requirements of this study. Data is provided regarding reliability and validity in contrast to most measures of social support. Leavy (1983, p. 16) states, "Most support questionnaires are ad hoc measures with questionable reliability and unknown validity." This instrument was the only published questionnaire on social support available which was of an appropriate format (self-administered) for use in a mailed survey packet.

Work Environment Scale

The Work Environment Scale (Form R) was designed by Paul Insel and Rudolf Moos (1974) to assess the social climate of different work settings. It focuses on the relationships among employees, between employees and supervisors; on directions of personal growth; and on organizational structure and functioning. Ten subscales assess these three underlying domains (Moos, 1981).

Relationship dimensions are measured by the Involvement, Peer Cohesion, and Supervisor Support subscales. The Involvement subscale measures the extent

to which an employee is concerned and committed to the job. Peer Cohesion assesses the extent to which employees are friendly and supportive of one another. Supervisor Support measures the degree to which supervisors are supportive and encourage peer support.

Personal growth dimensions are measured by the Autonomy, Task Orientation, and Work Pressure subscales. Autonomy measures the extent to which employees are encouraged to be self sufficient and make their own decisions. Task Orientation emphasizes the degree to which focus is on good planning, efficiency and getting the job done. Work Pressure assesses the degree to which the pressure of work and time urgency dominate the job milieu.

Organizational structure is measured by Clarity, Control, Innovation and Physical Comfort subscales. Clarity focuses on the degree to which an employee knows what is expected in daily routines, and how explicitly rules and policies are communicated. Control assesses the degree to which management uses rules and pressure to keep employees under control. Innovation emphasizes the amount of variety, change and new approaches in a work environment. Physical Comfort assesses the extent to which the physical surroundings contribute to a pleasant

Scoring Procedure

The format used in the Work Environment Scale is a 90 item questionnaire, with 9 items assessing each subscale variable, to which the respondent marks as true or false for their particular work situation. A template is provided for scoring.

Construction and Reliability

Results of two prior forms of the WES were used to develop the 90 item, ten subscale Form R, used in the present study. Items were constructed from information gathered in interviews with employees from different work settings. Psychometric criteria were applied to selection of items for the final form of the WES.

Normative data was gathered for 1442 employees in general work groups and 1607 in various health care settings. The health care sample was composed of employees from four outpatient psychiatric clinics and groups of patient care personnel; employees not directly involved in patient care; administrative and supervisory personnel from a community mental health center, children's residential treatments center, two state hospitals, veteran's medical center, two long term care facilities, and four intensive care and general medical hospital settings.

Comparison of the two groups (general work setting, versus health care setting) revealed some significant differences. Those in general work settings rated supervisor support, clarity of expectations, and physical comfort higher than individuals employed in health care settings. General work groups were perceived as more cohesive and involving than health care groups, allowing for more autonomy, accompanied by less work pressure and control. The authors suggest that these differences may reflect burnout problems related to the stressful, emotionally laden nature of health care work, and problems of bureaucratic organizations.

Internal consistency was estimated using Cronbach's alpha ($N=1045$) for each of the WES subscales and yielded the following reliability coefficients for each subscale: Involvement .84; Peer Cohesion .69; Supervisor Support .77; Autonomy .73; Task Orientation .76; Work Pressure .80; Clarity .79; Control .76; Innovation .86 and Physical Comfort .81. Intercorrelations among the subscales revealed that they measured distinct, though somewhat related aspects of the work environment (see Moos, 1981, p. 6).

Test retest reliability of individual scores was estimated for each of the ten subscales, using 75

estimated for each of the ten subscales, using 75 respondents who completed Form R twice, with a one month interval between administration. It was also calculated for 254 individuals who were employed in the same setting over a one year period, and coefficients are presented in Table 1 (adapted from Moos, 1981, p.5).

Validity

In an effort to establish validity for this measure, the authors required that all 90 items be more highly correlated with their own subscale than others. Each subscale had approximately an equal number of items to be scored true versus false, to control for response set. Subscales were to have low to moderate intercorrelations, and each item, as well as each subscale, were to discriminate among work settings.

The Work Environment Scales sensitivity to differences among types of occupational settings was supported in a study utilizing Holland's theory (1973). Holland proposed that people's vocational choices are reflections of personality, and occupations can be categorized into groups representing personality types. He described six types of environments, corresponding to personalities: realistic, investigative, artistic, social, enterprising, and conventional. Information from

476 people in diverse work settings was analyzed.

Consistent with his theory, those employed in realistic occupations viewed their work environment as low in involvement, peer cohesion, supervisor support, autonomy, innovation, clarity and high on control. Those in social type occupations scored high on Relationship dimensions, clarity and innovation. Within an investigative setting, scores were high on autonomy, and innovation, and low on control (Moos, 1981).

Validity was established through a study by Weyer and Hodapp (1981), who developed a German version of the WES. Although internal consistencies of this version were somewhat lower than the English WES, subscale intercorrelations were comparable. The German WES and a scale to measure feelings of dissatisfaction about work settings and pressure were administered to teachers. Both scales reliably discriminated between subgroups of teachers. The authors indicate the relationship between the two scales could be interpreted as constituting evidence of the scales' construct validity.

The Work Environment Scale is useful as a means of describing and comparing the social environment of work settings. Since Maslach proposes that the situational factors are more important than personal ones in an

examination of burnout, assessment of one's work environment seems relevant to an exploration of burnout.

TABLE 1
TEST-RETEST RELIABILITY:
WORK ENVIRONMENT SCALE (FORMR)

SUBSCALE	1 MONTH (n= 75) TEST-RETEST	12 MONTH (n= 254) TEST-RETEST
Involvement	.62	.83
Peer Cohesion	.71	.58
Supervisor Support	.82	.51
Autonomy	.77	.52
Task Orientation	.73	.52
Work Pressure	.76	.63
Clarity	.69	.59
Control	.79	.60
Innovation	.75	.54
Physical Comfort	.78	.61

Personal Data Questionnaire

The Personal Data Questionnaire consists of 17 questions designed to gather information to aid in specification of the parameters of the sample population and data analysis across the three groups of psychologists. Some of the questions were adapted from the Udovich (1983) study.

Hypotheses

Following are the Null hypotheses which were posed for testing in this exploratory study:

Ho 1. There will be no significant difference between psychologists working in the three work settings (Private Practice, Institutional, Combination) on:

- a). The three frequency subscale scores (EEF, DPF, PAF) of the Maslach Burnout Inventory.
- b). The three intensity subscale scores (EEI, DPI, PAI) of the Maslach Burnout Inventory.

Ho 2. There will be no significant difference between psychologists working in the three work settings (Private Practice, Institutional, Combination), on Perceived Social Support:

- a). Scores of family, as measured by the

Perceived Social Support scale (PSS-Fa).

- b). Scores of friends, as measured by the Perceived Social Support scale (PSS-Fr).

Ho 3. There will be no significant difference among psychologists working in the three work settings (Private Practice, Institutional, Combination), on:

- a). Relationship dimensions of the work environment, as measured by WES subscales (Involvement, Peer Cohesion, Supervisor Support).
- b). Personal growth dimensions of the work environment, as measured by WES subscales (Autonomy, Task Orientation, Work Pressure).
- c). Organizational dimensions of the work environment, as measured by WES subscales (Clarity, Control, Innovation, Physical Comfort).

Ho 4. There will be no significant relationship between burnout, as measured by the MBI subscales, and social support, for the three groups of psychologists, as measured by:

- a). Perceived Social Support of family (PSS-Fa).
- b). Perceived Social Support of friends (PSS-Fr).

Ho 5. There will be no significant relationship between burnout, as measured by the MBI subscales, and work environment for the three groups of psychologists, as measured by:

- a). Relationship dimensions of the WES (Involvement, Peer Cohesion and Supervisor Support).
- b). Personal Growth dimensions of the WES (Work Pressure, Task Orientation and Autonomy).
- c). Organizational dimensions of the WES (Clarity, Control, Innovation, and Physical Comfort).

Ho 6. There will be no significant gender differences evident on:

- a). Mean burnout scores, as measured by the MBI.
- b). Mean social support of family, as measured by the PSS-Fa.

- c). Mean social support of friends, as measured by the PSS-Fr.

Procedure

Data was collected for the present study via mailed questionnaires, distributed to an invited sample of psychologists, selected from the membership of the Psychological Association of Alberta. Each psychologist received a personalized letter requesting his or her participation in the study. Participation was on a voluntary basis.

Each mailed package contained the following:

1. Letter of Introduction
2. Instructions to Participants
3. Maslach Burnout Inventory (MBI)
4. Perceived Social Support Scales (PSS-Fr, PSS-Fa)
5. Work Environment Scale (WES)
6. Personal Data Questionnaire

Contents of each package were self-administering. To assure anonymity, questionnaires were number coded (1-146) upon return. Respondents did not identify themselves by name unless they personally requested feedback on results of the study. If feedback was requested, a "Request Form" was signed with the respondents name and mailing address. The feedback form was mailed back to the examiner separately from the other materials. Upon receipt of requests for feedback, a

summary of the study results were mailed to the respondent.

Treatment of the Data

Descriptive statistics were obtained to aid in specification of the parameters of the sample. Some of the results were presented in the subject section of this chapter.

This study was designed to investigate differences among the independent variable of work setting on the dependent variables of: Burnout (MBI subscales), Perceived Social Support from family and friends (PSS-Fa, Pss-Fr), and Work Environment (WES). The relationship between Personal Growth, Relationship, and Organizational dimensions of the WES and burnout was explored. Possible relationships between burnout and social support from family or friends were determined. Gender differences in burnout and social support levels were explored.

To determine whether the three groups of psychologists differed on the three subscale scores of burnout (Hypothesis 1), multivariate analysis of variance was used for both frequency and intensity of burnout. An advantage of using multiple analysis of variance as opposed to several ANOVA's is in protecting against Type

I error. Since the burnout subscales are conceptualized as measuring one construct, it was appropriate to use a statistical method which allows for inclusion or more than one dependent variable in a single analysis (Best, 1981).

Where statistically significant differences among groups were found in the univariate analysis, a posteriori procedure, the Scheffe was used to determine where the difference among groups existed.

Differences in mean Perceived Social Support of family and friends scores, across the three work settings, were analyzed using a one way analysis of variance (Hypothesis 2). Analysis of variance was an appropriate statistic to employ as analysis should be conducted separately for the two sources of support since the literature proposes that source of support may impact its effectiveness.

Hypothesis 3 examined the differences in mean Work Environment scores across work settings. Intercorrelations among the variables of the WES were computed for this sample of psychologists. High statistically significant correlations were evident among the Relationship dimensions of the WES. Across the Personal Growth subscales low, but significant,

intercorrelations were apparent, with the exception of the Work Pressure and Autonomy subscale which did not reach significant ($p = .081$). Multivariate analysis of variance was used to assess differences across work setting for these dimensions (Hypotheses 3a, 3b), as intercorrelations were all statistically significant except one.

As several of the intercorrelations among the Organizational subscales of the WES for this sample were non significant, and the remaining ones were of low intensity, a univariate analysis of variance was used to assess the differences across work setting among these variables (Hypothesis 3c), with the Scheffe procedure specifying where differences existed.

Pearson Product Moment Correlation Coefficients were computed for sets of interval level variables relative to Hypotheses 4 and 5. The relationships between Social Support and Burnout as well as the relationship between Work Environment and Burnout was examined. For the purposes of this study the level of confidence was set at .05. The Pearson Product Moment is one of the most commonly utilized statistic for analyzing relationships between interval level variables (Hinkle, 1979; Best, 1981).

Hypothesis 6 examined differences in mean burnout and social support scores between gender. The students' t-test of significance is an appropriate technique to test hypothesized differences in mean scores (Scheskin, 1984). It was assumed the variables were normally distributed and the sample population had equal variance. As no directionality was proposed, two-tailed t-tests were used, with a level of confidence set at .05, reflecting evidence that the sample means differed significantly.

CHAPTER 4

RESULTS

This chapter will present the results of statistical analysis of data. Descriptive statistics of the sample will be presented first. The remaining portion of the chapter will provide statistical summaries corresponding to each hypothesis, and conclude with a synthesis of results.

Descriptive Statistics

Some of the relevant demographic information on respondents for this study were presented in the previous chapter. Tables 2 through 10 will provide additional descriptive information.

Table 2 reports specialty areas of the psychologists in this sample. Clinical psychology was the predominant area of specialization, comprising 37%, followed by counselling and education at 27% and 26% respectively. Remaining specialty areas of social, experimental, industrial or other areas accounted for 8.9% of the sample.

In Table 3, the average number of hours worked per week is depicted. Of those sampled, most psychologists worked between 40 to 49 hours per week (38.4%) while 27%

worked more than this, and 34% worked fewer than forty hours per week.

Tables 4 through 6 describe the average amount of time taken per year for sick days, mental health days, and vacation. The majority of those sampled (64%), are absent from work between one to five days per year due to illness. In chi squared analysis, a significant association was found between sick days and frequency of Emotional Exhaustion, $\chi^2(4)=11.042$, $p=.026$, as well as intensity of Emotional Exhaustion, $\chi^2(4)=11.247$, $p=0.023$.

According to results, most respondents do not take mental health days. Only 28% indicated they take one or more days per year for this purpose.

The average amount of vacation time fell in the three to four week range, representing 54% of the sample. Only 8% took less than this, while 37% took five weeks or greater for vacation.

TABLE 2

SAMPLE DESCRIPTION BY AREA OF SPECIALIZATION

SPECIALTY	NUMBER OF RESPONDENTS	PERCENTAGE OF RESPONDENTS
CLINICAL	55	37.7
EDUCATION	38	26.0
COUNSELLING	40	27.4
SOCIAL	3	2.1
EXPERIMENTAL	2	1.4
INDUSTRIAL	4	2.7
OTHER	4	2.7
TOTAL	146	100.0

TABLE 3

SAMPLE DESCRIPTION BY AVERAGE HOURS WORKED PER WEEK

AVERAGE HOURS	NUMBER OF RESPONDENTS	PERCENTAGE OF RESPONDENTS	CUMULATIVE PERCENTAGE
60 or >	15	10.3	10.3
50-59	25	17.1	27.4
40-49	56	38.4	65.8
30-39	37	25.3	91.1
20-29	8	5.5	96.6
<20	5	3.4	100.0
TOTAL	146	100.0	

TABLE 4
AVERAGE NUMBER OF SICK DAYS PER YEAR

SICK DAYS	NUMBER OF RESPONDENTS	PERCENTAGE OF RESPONDENTS	CUMULATIVE PERCENTAGE
NONE	38	26.0	26.0
1-5	94	64.4	90.4
6-10	14	9.6	100.0
TOTAL	146	100.0	

TABLE 5
AVERAGE NUMBER OF MENTAL HEALTH DAYS PER YEAR

MENTAL HEALTH DAYS	NUMBER OF RESPONDENTS	PERCENTAGE OF RESPONDENTS	CUMULATIVE PERCENTAGE
NONE	105	71.9	72.0
1-5	34	23.3	95.2
6-10	3	2.1	97.3
11-15	3	2.1	99.3
16 or >	1	0.7	100.0
TOTAL	146	100.0	

TABLE 6
AVERAGE AMOUNT OF VACATION TIME PER YEAR

WEEKS PER YEAR	NUMBER OF RESPONDENTS	PERCENTAGE OF RESPONDENTS	CUMULATIVE PERCENTAGE
NONE	1	0.7	0.7
1 WEEK	2	1.4	2.1
2 WEEKS	9	6.2	8.2
3-4 WEEKS	79	54.1	62.3
5-6 WEEKS	19	13.0	75.3
> 6 WEEKS	36	24.7	100.0
TOTAL	146	100.0	

In chi squared analysis, distribution of psychologists' by age and gender did not differ significantly across work settings from expected frequency (age: $p = .7630$; gender: $p = .2716$).

Most psychologists report that they have a confidant with whom they discuss job related concerns both at work (70%) and home (67%). Chi squared analysis revealed a significant association between gender and having a confidant at home to discuss job concerns with, $\chi^2(1) = 3.943$, $p = 0.043$, as fewer women reporting use of supportive relationships within the home for this purpose (58.1%) than men (75%). A confiding relationship used to discuss job concerns outside the home or work setting was reported by 35% of this sample.

There was a weak association between a confiding relationship outside work or home and gender, $\chi^2(1) = 3.588$, $p = .058$, with 45% of females reporting receipt of support in contrast to 28% of males.

For the total sample of psychologists, the mean and standard deviation scores on Perceived Social Support of family and friends are presented in Table 7. Scores seem relatively equivalent across source.

TABLE 7
MEAN AND STANDARD DEVIATION SCORES:
PERCEIVED SOCIAL SUPPORT OF FAMILY AND FRIENDS

	FAMILY SUPPORT	FRIEND SUPPORT
Mean	15.58	16.65
S.D.	5.29	3.87

n = 146

Psychologists' mean scores on the WES scale are presented in Table 8. On the average, psychologists scored highest on the Involvement subscale, which measures the extent to which one is concerned about and committed to one's job. In contrast to the normative health care population ($N = 1607$) on which the scale was based (see Moos, 1981, p. 5), psychologists scores on

the WES are significantly higher at the $p < .05$ level. The highest t value was on the Autonomy subscale, $t(1748) = 13.682$, reflecting that the two populations differ most on this variable. The Control subscale, which measures the degree to which management uses pressure to keep employees under control was significantly lower for psychologists in the present study, than mean scores achieved by the normative population ($p < .05$).

TABLE 8
MEAN AND STANDARD DEVIATION SCORES AMONG PSYCHOLOGISTS
WORK ENVIRONMENT SCALE

SUBSCALE	MEAN	S.D.
Involvement	7.4	2.05
Peer Cohesion	6.3	2.13
Supervisor Support	5.9	2.44
Autonomy	6.8	2.12
Task Orientation	6.5	2.01
Work Pressure	5.9	2.34
Clarity	5.8	2.24
Control	3.6	2.26
Innovation	4.8	2.93
Physical Comfort	5.3	2.49

n= 143

The mean and standard deviation scores for psychologists on the Maslach Burnout Inventory subscales are presented in Table 9.

On the average, psychologists in this sample reported experiencing moderate frequency and intensity of Emotional Exhaustion. These psychologists indicate they seldom experience feelings of Depersonalization, however, when they do, it is generally of moderate intensity. The frequency with which they report feelings of Personal Accomplishment is high, while intensity of such Accomplishment is within the moderate range. Psychologists in this study report significantly lower mean Emotional Exhaustion and Depersonalization scores, along with higher Personal Accomplishment ($p < .05$), than did the normative helping population.

TABLE 9
MEANS AND STANDARD DEVIATION FOR MBI SUBSCALES

	EE		DP		PA	
	F	I	F	I	F	I
Mean	18.75	26.85	5.11	8.15	39.82	41.91
S.D.	9.47	11.55	4.26	6.45	6.05	6.49

n= 144

F= frequency

I= intensity

Psychologists' mean and standard deviation scores on measures of burnout, social support and work environment are presented in Table 10, by work setting.

On the MBI, psychologists in Private Practice report low Emotional Exhaustion; low frequency of Depersonalization, while intensity is within the moderate range; and high Personal Accomplishment. Those in Institutional settings have moderate Emotional Exhaustion; low frequency, and moderate intensity of Depersonalization; and moderate Personal Accomplishment. Psychologists employed in two work settings had low Emotional Exhaustion scores; moderate Depersonalization; and high frequency, accompanied by moderate intensity of Personal Accomplishment.

With regard to Perceived Social Support, psychologists in Private Practice report slightly higher levels of PSS-Fa and PSS-Fr support as compared to those in Institutional settings. Psychologists employed in two work settings scored slightly higher than the other two groups on the PSS-Fr scale.

On Relationship dimensions (Involvement, Peer Cohesion, Supervisor Support) of the WES, psychologists in Private Practice were slightly higher on Involvement and Supervisor Support than the other two groups, while

those in the Combination group scored highest on Peer Cohesion.

Across the Personal Growth dimensions (Autonomy, Work Pressure, Task Orientation) of the WES, those in Private Practice scored higher on Autonomy and Task Orientation, while the Institutional group reported highest levels of Work Pressure.

For the Organizational dimensions (Clarity, Control, Innovation, Physical Comfort) of the WES, Private Practitioners report highest Clarity, Innovation and Physical Comfort. Those in Institutional settings report highest scores on Control, while the Private Practice group scores lowest on this subscale.

TABLE 10
MEANS AND STANDARD DEVIATIONS: MBI, PSS, WES
BY WORK SETTING

SCALE	PRIVATE MEAN (SD)	INSTIT. MEAN (SD)	COMBO. MEAN (SD)
MBI:	(n=16)	(n=97)	(n=31)
EEF	15.18 (9.88)	19.81 (9.40)	17.29 (9.10)
EEI	23.00 (11.63)	28.15 (11.46)	24.77 (11.43)
DPF	4.06 (3.97)	5.00 (4.32)	6.00 (4.19)
DPI	6.62 (5.97)	8.06 (6.55)	9.22 (6.38)
PAF	43.00 (3.46)	38.84 (6.41)	41.25 (5.12)
PAI	45.00 (5.68)	40.93 (6.76)	43.38 (5.28)
PSS:	(n=17)	(n=98)	(n=31)
Fa	17.23 (4.29)	15.35 (5.21)	15.38 (5.99)
Fr	16.82 (3.50)	16.51 (3.94)	17.00 (3.94)
WES:	(n=15)	(n=97)	(n=31)
Inv	8.00 (1.41)	7.32 (1.98)	7.70 (2.47)
PC	6.53 (2.19)	6.26 (2.17)	6.54 (2.03)
SS	6.26 (2.98)	5.87 (2.45)	6.12 (2.14)
A	7.60 (1.63)	6.62 (2.26)	7.16 (1.75)
TO	7.46 (1.23)	6.43 (2.12)	6.35 (1.88)
WP	5.73 (1.94)	6.03 (2.43)	5.74 (2.26)
Cl	6.26 (1.94)	5.83 (2.18)	5.51 (2.56)
Ctl	3.33 (2.46)	3.92 (2.28)	2.87 (1.92)
Inn	6.66 (1.75)	4.50 (3.01)	5.22 (2.82)
Com	7.53 (1.45)	5.02 (2.56)	5.25 (2.17)

Tests of Hypotheses

Hypotheses 1

Null Hypotheses 1a and b stated there would be no significant difference in mean burnout scores on the MBI (EEF, EEI, DPF, DPI, PAF, PAI) between the three groups of psychologists in terms of work settings.

To explore these hypotheses, a multivariate analysis of variance was performed on the three dependent variables of EE, DP and PA for both frequency and intensity by work setting. Results of this analysis are presented in Table 11 and indicate, that, when taken together, the three dependent measures of Emotional Exhaustion, Depersonalization and Personal Accomplishment for both frequency and intensity are significant. On this basis, Hypotheses 1a and b are rejected, as significant differences are evident between the groups.

TABLE 11

MULTIVARIATE TEST OF SIGNIFICANCE:
BURNOUT FREQUENCY AND INTENSITY BY WORK SETTING

TEST	df	ERROR df	F	P
WILKS ^a	6.00	278.00	2.67	.015
WILKS ^b	6.00	278.00	2.57	.019

a= frequency

b= intensity

n= 144

Examination of the MANOVA output revealed that in univariate F test analysis, only Personal Accomplishment (frequency and intensity) reached significance. A posterior one way analysis of variance, along with the Scheffe, was conducted on the Personal Accomplishment subscale across work setting, to determine which groups of psychologists differed on this subscale. The level of confidence was set at .10 as the Scheffe is considered too stringent (Nie et al., 1975).

As indicated in Tables 12 and 13, the F test analysis of mean Personal Accomplishment scores for both frequency and intensity shows significant differences between the three groups of psychologists. The Scheffe reveals that those in Private Practice differ significantly in both frequency and intensity of Personal Accomplishment, from psychologists employed in Institutional settings. For psychologists in Private Practice, mean scores on frequency of Personal Accomplishment were 43.00 (SD 3.46), while those in Institutional settings achieved a mean of 38.84 (SD 6.41). Thus, those psychologists in Private Practice report a sense of Personal Accomplishment more frequently than psychologists employed in Institutional settings. Psychologists employed in a Combination of private

practice and institutional had a mean score of 41.25 (SD 5.12) on frequency of Personal Accomplishment, and did not differ significantly from the other two groups.

On intensity of Personal Accomplishment, mean scores were 45.00 (SD 5.68) for Private Practice; 40.93 (SD 6.76) for those in Institutional settings; and 43.38 (SD 5.28) for the Combination group. Those in Private Practice differed significantly from psychologists in Institutional settings in that Private Practitioners report more intense Personal Accomplishment. Psychologists in the Combination group did not differ significantly on intensity of Personal Accomplishment from the other two groups.

TABLE 12

ONE WAY ANALYSIS OF VARIANCE:
 FREQUENCY OF PERSONAL ACCOMPLISHMENT BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	318.04	2	159.02	4.55	0.012
WITHIN	4920.61	141	34.89		
TOTAL	5238.66	143			

n= 144

TABLE 13

ONE WAY ANALYSIS OF VARIANCE:
 INTENSITY OF PERSONAL ACCOMPLISHMENT BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	312.01	2	156.0	3.85	0.023
WITHIN	5712.98	141	40.51		
TOTAL	6025.00	143			

n= 144

Hypotheses 2

Null Hypotheses 2a and b stated that there would be no significant difference in mean Perceived Social Support scores from family and friends across the three groups of psychologists. As is apparent from the analysis of variance summarized in Tables 14 and 15, no significant differences were found among the three groups in terms of Perceived Social Support from either source. On this basis, Hypotheses 2a and b are accepted.

TABLE 14

ONE WAY ANALYSIS OF VARIANCE:
PERCEIVED SOCIAL SUPPORT OF FAMILY BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	52.60	2	26.30	0.93	0.394
WITHIN	4008.91	143	28.03		
TOTAL	4061.51	145	28.01		

n= 146

TABLE 15

ONE WAY ANALYSIS OF VARIANCE:
PERCEIVED SOCIAL SUPPORT OF FRIENDS BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	6.22	2	3.11	0.20	0.815
WITHIN	2170.96	143	15.18		
TOTAL	2177.18	145	15.01		

n= 146

Hypotheses 3

Hypotheses 3a, b and c stated there would be no significant difference in mean Work Environment scores across the three groups of psychologists. Multivariate analysis of variance on the Relationship dimensions (Involvement, Peer Cohesion, Supervisor Support) of the WES relative to Hypothesis 3a are presented in Table 16 and reveal no significant differences between groups. On this basis Null Hypothesis 3a is accepted.

TABLE 16

MULTIVARIATE TEST OF SIGNIFICANCE:
RELATIONSHIP SUBSCALES OF THE WES BY WORK SETTING

TEST	df	ERROR df	F	P
WILKS	6.00	276.00	.332	.919

n= 143

Multivariate analysis of variance was conducted on the Personal Growth subscales (Autonomy, Task Orientation, Work Pressure) of the WES by work setting (Hypothesis 3b). Results are presented in Table 17, and indicate that when taken together, there are no significant differences across work settings for the Personal Growth variables. On this basis Hypothesis 3b is

accepted.

TABLE 17

MULTIVARIATE TEST OF SIGNIFICANCE:
PERSONAL GROWTH SUBSCALES OF THE WES BY WORK SETTING

TEST	df	ERROR df	F	P
WILKS	6.00	276.00	1.12	.347

n= 143

Due to nonsignificant and minimal intercorrelations among the Organizational subscales of the WES (Hypothesis 3c), univariate analysis was conducted for each subscale, and results are summarized in Tables 18 through 21.

In the univariate F test, significance was found for the Innovation subscale, as apparent from Table 18. The Scheffe procedure revealed those in Private Practice differ significantly from psychologist employed in Institutional settings, with mean scores of 6.666 (SD 1.7) and 4.505 (SD 3.01), respectively. Psychologists employed in a Combination of private practice and institutional settings did not differ significantly from the other two groups, with a mean of 5.22 (SD 2.82).

On the Physical Comfort subscale, a significant univariate F is reported in Table 19. According to the

Scheffe test, significant differences among those in Private Practice as compared to both the Institutional group and the Combination group are evident. Private Practitioners had higher mean scores, 7.533 (SD 1.45), than did the Institutional group, 5.020 (SD 2.56) or those in two settings 5.258 (SD 2.17).

TABLE 18

ONE-WAY ANALYSIS OF VARIANCE:
INNOVATION SUBSCALE OF THE WES BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	65.20	2	32.60	3.95	.021
WITHIN	1155.00	140	8.25		
TOTAL	1220.20	142			

n= 143

TABLE 19

ONE-WAY ANALYSIS OF VARIANCE:
PHYSICAL COMFORT SUBSCALE OF THE WES BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	82.26	2	41.13	7.16	.001
WITHIN	803.62	140	5.74		
TOTAL	885.88	142			

n= 143

Although the F test analysis of mean scores on the Control variable were not significant (Table 20), the Scheffe procedure reports that there was a significant difference, at the .10 level, between those in Institutional settings and the Combination group, with means of 3.927 (SD 2.28) and 2.870 (SD 1.92) respectively. As would be expected, the Combination group reports that management uses rules and pressure to keep them under control less than psychologists working in Institutional settings. Contrary to expectations, the Private Practice group did not differ significantly from the other two groups on this variable, with a mean of 3.333 (SD 2.46).

TABLE 20

ONE WAY ANALYSIS OF VARIANCE:
CONTROL SUBSCALE OF THE WES BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	27.77	2	13.88	2.789	.064
WITHIN	697.31	140	4.98		
TOTAL	725.09	142			

n= 143

No significant differences were evident on the Clarity subscale between the three groups of psychologists (see Table 21). Those in Private Practice report a mean of 6.26 (SD 1.9), while the Institutional group had a mean of 5.83 (SD 2.1), and the Combination group scored 5.51 (SD 2.5).

On the basis of reported significant differences across some of the Organizational dimensions of the WES, Null Hypothesis 3c is rejected.

TABLE 21

ONE-WAY ANALYSIS OF VARIANCE:
CLARITY SUBSCALE OF THE WES BY WORK SETTING

SOURCE	SS	df	MS	F	P
BETWEEN GROUPS	5.86	2	2.93	0.58	.561
WITHIN	708.03	140	5.05		
TOTAL	713.90	142			

n= 143

Hypotheses 4

Hypotheses 4a and b stated there would be no significant relationship between Burnout subscale scores, and Perceived Social Support of family and friends, for the three groups of psychologists. Correlation coefficients were computed for family and friend support with each burnout subscale and are presented in Table 22.

A weak negative correlation between Family support and frequency of Emotional Exhaustion is evident. Across the Friend scale, there is a weak positive correlation with both frequency and intensity of Personal Accomplishment. Although other correlations are statistically significant, the relationships are so weak as to be negligible. On this basis, it seems there is

only a weak relationship between this Perceived Social Support measure and the MBI.

TABLE 22

PEARSON PRODUCT MOMENT CORRELATION COEFFICIENTS:
MASLACH BURNOUT INVENTORY WITH
PERCEIVED SOCIAL SUPPORT SUBSCALES

MBI SUBSCALES	FAMILY SUPPORT	FRIEND SUPPORT
EEF	-0.20*	-0.18*
EEI	-0.19*	-0.08
DPF	-0.14*	-0.20*
DPI	-0.09	-0.18*
PAF	0.14*	0.33*
PAI	0.17*	0.32*

n= 144

*p <.05

To test Hypotheses 4a and b, Pearson Correlation Coefficients were performed on Burnout subscale scores and Social Support scores across each of the three work settings. Table 23 summarizes the results. For those psychologists in Private Practice, no significant correlations were evident between Burnout subscales scores and family or friend support. For psychologists employed in Institutional settings, moderate to low positive correlations between frequency and intensity of Personal Accomplishment and Friend support were evident.

Those psychologists employed in two settings, namely

a Combination of private practice and institutional settings evidenced several significant relationships between burnout and social support. Moderate negative correlations were apparent between Family support and Emotional Exhaustion, (frequency, intensity), as well as Depersonalization (frequency). A weak negative correlation between Family support and intensity of Depersonalization was noted.

Across the Friends scale, moderate to high negative correlations were apparent with frequency and intensity of Depersonalization. There was a weak negative correlation between Friend support and frequency of Emotional Exhaustion. It seems that for this particular group of psychologists, there is a stronger relationship between social support and burnout, than is evident for the other two groups.

For those psychologists employed in Private Practice, Null Hypotheses 4a and b are accepted, as no significant correlations were apparent. For the other two groups of psychologists, correlations ranging from weak to substantial were found between burnout subscales and source of social support, thus on this basis, Null Hypotheses 4a and b are rejected.

TABLE 23

PEARSON PRODUCT MOMENT CORRELATION COEFFICIENTS:
BURNOUT AND SOCIAL SUPPORT OF FAMILY/FRIENDS
BY WORK SETTING

MBI	PRIVATE PRACTICE (n= 16)		INSTITUTIONAL (n= 97)		COMBINATION (n= 31)	
	FA	FR	FA	FR	FA	FR
EEF	-0.01	-0.21	-0.13	-0.11	-0.43*	-0.35*
EEI	-0.15	-0.31	-0.09	-0.02	-0.44*	-0.29
DPF	-0.04	-0.32	0.01	-0.03	-0.58*	-0.75*
DPI	-0.12	-0.38	0.01	-0.07	-0.37*	-0.46*
PAF	0.20	0.19	0.11	0.41*	0.16	0.09
PAI	0.38	0.30	0.15	0.33*	0.08	0.29

*p <.05

Hypotheses 5

Pearson Product Moment Correlation Coefficients were used to test Hypotheses 5a, b and c, and results are presented in Table 24. Hypothesis 5a proposed that there would be no significant correlation between the Relationship dimensions of the Work Environment Scale (Involvement, Peer Cohesion, Supervisor Support) and Burnout subscales. With regard to the Involvement subscale, there is a weak positive relationship with Personal Accomplishment (frequency, intensity). A weak, but significant negative correlation between Peer Cohesion and frequency of Emotional Exhaustion was

evident. Results indicate a significant, low, positive correlation between Supervisor Support and Personal Accomplishment (intensity). There is a low negative correlation between Supervisor Support and frequency of Emotional Exhaustion.

In analyzing the significant correlations between some Relationship dimensions of the WES and MBI subscales, Null Hypothesis 5a is rejected.

Null Hypothesis 5b stated there would be no significant relationship between the Personal Growth subscales of the Work Environment Scale (Autonomy, Task Orientation, Work Pressure) and the MBI subscales.

A weak but significant positive correlation between Work Pressure and Emotional Exhaustion (frequency, intensity) is noted, while there is a low negative correlation between Personal Accomplishment (intensity) and Work Pressure. There is a weak positive correlation between Task Orientation and frequency of Personal Accomplishment. Between Autonomy and Personal Accomplishment (frequency, intensity), a low positive correlation is apparent. Although other coefficients were statistically significant at the .05 level, the relationships were so weak they do not warrant discussion.

As results indicate that some burnout subscales have

a significant, though weak, correlation with Personal Growth subscales of the Work Environment Scale, Null Hypothesis 5b is rejected.

Hypothesis 5c, stated in the Null form proposed that there would be no significant correlation between Organizational dimensions of the WES (Innovation, Physical Comfort, Control, Clarity) and MBI subscales. A weak positive correlation was found between Clarity and frequency of Personal Accomplishment. Low positive correlations between Control and frequency of Emotional Exhaustion were apparent, while between the Physical Comfort subscale and Emotional Exhaustion, a weak negative correlation was noted. Due to some significant correlations, Null Hypothesis 5c is rejected.

TABLE 24

PEARSON CORRELATION COEFFICIENTS:
BURNOUT SUBSCALES WITH WORK ENVIRONMENT SUBSCALES

WORK ENVIRONMENT	BURNOUT SUBSCALES					
	EEF	EEI	DPF	DPI	PAF	PAI
Inv	-0.20*	-0.12	-0.08	-0.03	0.24*	0.20*
PC	-0.27*	-0.14*	-0.13	-0.05	0.14*	0.15*
SS	-0.20*	-0.08	-0.13	-0.02	0.18*	0.20*
A	-0.17*	-0.15*	-0.13	-0.11	0.26*	0.20*
TO	-0.02	-0.02	-0.14*	-0.09	0.26*	0.17*
WP	0.38*	0.32*	0.08	0.01	-0.14*	-0.22*
Cl	-0.19*	-0.15*	-0.08	0.02	0.24*	0.19*
Ctl	0.22*	0.11	0.07	-0.02	-0.01	-0.10
Inn	-0.13*	-0.07	-0.11	-0.08	0.19*	0.19*
Com	-0.25*	-0.28*	-0.05	-0.09	0.17*	0.14*

n= 141

*p <.05

Analysis of the overall trend of relationships between the WES and the MBI seems to indicate an inverse relationship between Work Environment variables and Emotional Exhaustion as well as Depersonalization. With the exception of the Work Pressure and Control variables, all other dimensions of the WES evidence a negative relationship with these two burnout subscales. Across the Personal Accomplishment subscale, there appears to be a direct linear relationship with WES subscales. Only Work Pressure and Control demonstrate an inverse relationship with Personal Accomplishment.

Hypotheses 6

Hypothesis 6a, stated in the Null form indicated there would be no significant difference between psychologists' mean Burnout scores, as measured by the MBI, across gender. To test this hypothesis, a two tailed t-test was performed on each MBI subscale by gender. As evident in Table 25, there is a significant difference on frequency and intensity of Depersonalization between gender. Males report significantly higher mean scores than do females. No significant differences were evident on the Emotional Exhaustion nor Personal Accomplishment subscales. On this basis, Null Hypothesis 6a was accepted for Emotional

Exhaustion and Personal Accomplishment, and was rejected for Depersonalization.

It is necessary to determine whether these differences across gender indicate significant differences in range of burnout. According to the categorization scale presented in Maslach and Jackson's manual (1981) (see p. 2), male respondents' mean scores were reported as: a) Moderate in frequency and intensity of Emotional Exhaustion; b) Low frequency and moderate intensity of Depersonalization; and c) Moderate frequency and high intensity of Personal Accomplishment. Female respondents' mean scores are categorized as: a) Moderate frequency and intensity of Emotional Exhaustion; b) Low frequency and moderate intensity of Depersonalization; and c) Moderate frequency and intensity of Personal Accomplishment.

In sum, although the difference in mean scores on Depersonalization across gender are statistically significant, this difference is not sufficiently large enough for the two groups to fall in separate categories of burnout.

Presented in the Null form, Hypotheses 6b and c stated there would be no significant difference in Perceived Social Support scores between males and

females. Results of the two tailed t-tests are presented in Table 26 and indicate women report significantly higher mean scores on Perceived Social Support of friends than men. No significant differences in Social Support of family and gender were apparent. These results fail to accept the Null Hypothesis for friend support (6c), but accept the Null Hypothesis for family support (6b).

TABLE 25

TWO-TAILED t-TEST:
PSYCHOLOGISTS' BURNOUT SCORES BY GENDER

MBI SUBSCALES	MALES Mean(SD)	FEMALES Mean (SD)	T VALUE	P
EEF	18.28 (9.82)	19.38 (9.01)	-0.69	0.48
EEI	26.85 (12.2)	26.85 (10.6)	-0.00	1.00
DPF	5.96 (4.58)	3.98 (3.53)	2.82	0.005
DPI	9.09 (6.78)	6.90 (5.80)	2.04	0.043
PAF	39.95 (5.92)	39.66 (6.25)	0.28	0.777
PAI	42.03 (6.94)	41.75 (5.89)	0.25	0.800

n= 146

TABLE 26

TWO TAILED t-TEST:
PSYCHOLOGISTS' PERCEIVED SOCIAL SUPPORT SCORES BY GENDER

	MALES MEAN (SD)	FEMALES MEAN (SD)	T VALUE	P
PSS- Fa	16.26 (4.85)	14.66 (5.7)	1.82	.071
PSS- Fr	15.77 (3.97)	17.83 (3.41)	-3.29	.001

n= 146

Synthesis of Results

A summary of results of this exploratory study will be presented relative to the four major research questions which were posed (Chapter 1, p.10).

Level of burnout experienced by psychologists varied significantly between work settings. Those in Private Practice reported significantly higher Personal Accomplishment, reflecting reduced burnout, than did psychologists within Institutional settings. Those employed in two settings did not differ significantly from the other groups.

A weak but significant relationship was found between Perceived Social Support and Burnout measures. For those in Private Practice, no significant relationship was apparent, however, for psychologists in Institutional settings, a relationship was evident between Personal

Accomplishment and support from friends. Psychologists working in two settings report a relationship between social support and burnout which was more intense and significant than for the other groups. Intensity of Emotional Exhaustion and Personal Accomplishment subscales were the only ones insignificantly related to social support. No significant differences in Perceived Social Support of family or friends were evident between the three groups of psychologists.

There appears to be a pattern reflecting an inverse relationship between burnout subscales of Emotional Exhaustion and Depersonalization with Work Environment subscales, while a positive relationship is apparent between Personal Accomplishment and Work Environment. Intensity of the relationship between burnout and WES variables is weak. No significant differences between the three groups of psychologists were apparent on Personal Growth nor Relationship dimensions of the WES, however, for Innovation and Physical Comfort subscales assessing the Organizational dimensions, significant differences were apparent.

Gender differences were found relative to both burnout and social support. Male psychologists report significantly higher Depersonalization than do females.

Women indicate they perceive themselves as receiving significantly more emotional support from friends than do males.

CHAPTER 5

DISCUSSION

The present study sought to investigate the effects of job related stress on the psychologist from diverse work settings. The possible impact of social support, work environment variables and gender on the experience of burnout was explored.

A primary objective of this study was to gather empirical information on Alberta psychologists to aid in determination of whether prior research findings are applicable to a Canadian based population.

For the purposes of discussion, the results of this study will be examined relative to current literature in the field. Results of some demographics will be presented first, followed by a discussion of hypotheses and implications of findings relative to what other researchers report. Following a discussion of limitations of the study, practical implications for psychologists and recommendations for future research in this area will be presented.

Approximately 66% of psychologists sampled report that they work an average of 40 or more hours per week. Over 90% of those sampled take a minimum of three weeks vacation, while 30% of this portion take five weeks or

more of vacation.

Maher (1983) reviewed numerous studies on burnout and reports that long work hours and inadequate time off are correlated to burnout. It seems probable that for this group of psychologists, frequent vacations are a means of compensating for long hours and used preventatively in terms of alleviating job stress.

An association was evident between number of sick days and Emotional Exhaustion. Thus, psychologists who take more sick days, also report more frequent and intense Emotional Exhaustion. This finding is consistent with Udovich (1983), who reports that sick days were associated with burnout. Maslach (1981) reported that increased absenteeism among 40 mental health workers was associated with higher Depersonalization scores. These findings seem contrary to what is reported here, however Maslach also states that individuals who were physically fatigued reported elevated Emotional Exhaustion. This appears to be consistent with psychologists in the present study.

The distribution of psychologists across work settings in terms of age or gender did not appear to diverge significantly from the expected. On this basis, one may conclude that psychologists were relatively well

balanced in terms of age and gender across setting.

Hypotheses 1

Hypotheses 1a and 1b were designed to test for significant differences in frequency and intensity of burnout, as measured by the MBI, reported by psychologists across three work settings. Results support the contention that the three groups of psychologists significantly differed on frequency and intensity of burnout subscale scores (EEF, DPF, PAF, EEI, DPI, PAI). Since results confirm a difference between groups on frequency and intensity of burnout, Null Hypotheses 1a and 1b were rejected.

In univariate analysis, only frequency and intensity of Personal Accomplishment were statistically significant, thus it seems this subscale contributed the most to the differences among groups. Psychologists in Private Practice report significantly higher frequency and intensity of Personal Accomplishment than those in Institutionally based settings, while the Combination group fell between the two others and did not differ significantly. On this basis, one may conclude that psychologists in Private Practice report significantly less frequent and intense burnout than those in Institutional settings. Private Practitioners also report

less burnout, though not significantly less than those in a Combination of institutional and private practice.

Although results reflect a statistically significant difference between Private Practice and Institutional groups, in terms of practical application of findings, the difference is relative miniscule. All groups of psychologists reported lower Emotional Exhaustion and Depersonalization, along with elevated Personal Accomplishment compared to the normative sample. Despite this, the literature proposes various reasons why those in Institutional settings may experience slightly less Personal Accomplishment than psychologists in other work settings.

Findings of this study concur with evidence in the literature of differences in burnout levels among human service professionals employed in diverse work settings (Nagy, 1982; Martin, 1985; Pines & Maslach, 1978; Weinberg et al., 1983).

In Udovich's (1983) study of doctoral level psychologists, those in Private Practice reported significantly higher Personal Accomplishment scores than psychologists employed in Institutional, or a combination of Institutional and Private Practice settings. No significant difference was apparent between groups on the

Emotional Exhaustion or Depersonalization subscales.

Farber (1981;1982) reports that clinical setting affected the frequency with which therapists admitted to feelings of disillusionment or defending against such feelings. In his sample, ninety percent of therapists who were institutionally based admitted to disillusionment, in contrast to only fifty two percent of those in private practice.

In Shinn's et al. (1984) study, human service workers in private practice reported greater satisfaction than therapists in counselling or mental health agencies. Workers employed in university or other settings fell between these two extremes.

The literature proposes that various factors including: bureaucratic structure, case load, nature of clients, role conflict, remuneration, and the physical environment may compound to produce worker burnout within Institutional settings (Shinn et al., 1984; Edelwich & Brodsky, 1980; Pines, 1982; Cherniss, 1980b; Maslach & Jackson, 1982; Udovich, 1983; Farber, 1981), thereby reducing the probability of Personal Accomplishment. Maslach (1978) suggests that the bureaucratic system surrounding delivery of human services may impact both the professional and client. Policies and procedures may

govern the helping relationship in terms of treatment modality, limitations of the relationship, and eligibility for service. Negative feelings clients may have toward the institution may be displaced onto the therapist, and the therapist may be in a position of defending policies which the individual professional does not necessarily agree with. These factors may make the development of a positive therapeutic relationship more difficult.

Reduced government and public assistance for those requiring human services (Cherniss, 1980b), has resulted in inadequate availability of service to meet the needs and thus, extensive waiting lists often predominate in Institutional settings. Quality of interaction is affected by the number of people for whom the professional provides service and as the number increases, so does overload. Clients may come to feel that they are being processed in a rather standardized way and protest regarding quality of treatment (Maslach, 1978). Negative feedback and overload of cases may increase the probability of reduced feelings of Personal Accomplishment in Institutional settings.

The nature of the clientele one deals with in Institutional settings seems to differ from those who

seek treatment through Private Practitioners. Farber (1981) states that Private Practitioners generally work with better adjusted, less severely disturbed patients, who are more likely to benefit from psychotherapy. Udovich (1983) indicated clients in Institutional settings are less motivated, more chronically disabled, and have a lower socio economic status than those seeking treatment through Private Practice. On this basis, she proposes clients in Private Practice are better candidates for improvement than individuals who seek treatment in agency settings. Pines (1982) notes that the severity and complexity of a clients problem may have a negative effect on the practitioner, particularly when there is prolonged and direct contact. Those in Institutional settings generally have less control over the type of client and case load they carry.

Role conflict and ambiguity have been found to be related to burnout. One may be torn by conflicting demands which are imposed by different people within the Institutional setting including clients, supervisors and administrators. Such concerns seem to be more prevalent in Institutional settings, where roles are typically determined by someone in an administrative position as opposed to the professional.

Relations with co-workers, supervisors and administrators may be either a major stress or a positive factor within an Institutional setting. Frequent staff meetings focusing on presentation of cases, lack of opportunity to share work load and receive emotional support have been cited as contributing to feelings of isolation, and may hasten burnout (Maher, 1983; Maslach & Pines, 1982; Pines & Kafry, 1981a; Udovich, 1983).

The absence of substantial rewards has been identified as a significant factor which may contribute to burnout. Edelwich and Brodsky (1980) note that those in Institutional settings are typically subject to scrutiny by a public which has only minimal understanding of human service delivery. They generally receive less financial remuneration for services, and Pines (1982) notes there is usually minimal opportunity for promotion within organizations.

Psychologists who are required to contend with all the problems inherent in Institutional settings, may be more inclined to report less intense and frequent feelings of competence and successful achievement in their work with people, than those in Private Practice, who have greater opportunities to influence or determine

their job situation.

Practitioners employed in both Private Practice and Institutional settings may have the opportunity to reap benefits from both settings, and use one to counteract the negative aspects of the other. This may account for the lack of significant difference between this group and the other two on Personal Accomplishment scores.

Hypotheses 2:

Hypotheses 2a and 2b were created to test for a significant difference in Perceived Social Support of family and friend scores, across the three groups of psychologists. No statistically significant differences in mean scores were apparent between the three groups for either source of support, thus the Null Hypotheses were accepted.

For this sample, it appears there are non significant differences in Perceived Social Support of family or friends across work setting. Thus emotional support received outside the realm of the work setting does not seem to differ dramatically across the three groups of psychologists.

Although there is no normative data with which to compare psychologists' mean Perceived Social Support

scores to determine whether their social support is higher or lower than the average human service professional, the fact there were no statistically significant differences between groups may reflect the populations general level of adjustment. Emotional support is cited in the literature repeatedly as a correlate to emotional health (Leavy, 1983; Gottlieb, 1981). In Leavy's (1983) exploration of social support and psychological disorder, he reports there is consistent evidence that healthy individuals have more support available than individuals suffering from psychological impairment. In seven different studies he reviewed, a weak but significant relationship was apparent between lack of support and psychological disorder.

The literature supports the contention that more adaptive subjects have a significant amount of family support, whereas, maladaptive people rely more on friends and acquaintances (Leavy, 1983). Psychologists' mean scores for family support appear slightly lower (15.58 S.D. 5.29) as compared to friend support (16.65 S.D. 3.87), however, the standard deviation would for the most part, negate the difference, suggesting that, on the average, psychologists perceive themselves as receiving a

balance of emotional support from both family and friends. If social support is directly related to level of adjustment one may tentatively conclude that the pattern of results found here seems to suggest psychologists in the present sample are relatively well adjusted.

Another factor which may account for the lack of significant differences in social support between groups may be reflected by the fact that approximately 75% of the population were married. It is possible that marriage, as one form of support may have significantly affected results.

Hypotheses 3:

Null Hypotheses 3a, 3b and 3c were created to test for a significant difference in mean Work Environment scores across the three groups of psychologists. When taken together, the three groups of psychologists' do not report significant differences in Relationship dimensions (Hypothesis 3a) of the WES, as assessed by subscales of Involvement, Peer Cohesion, or Supervisor Support. Given that there were no significant differences among groups on either Emotional Exhaustion or Depersonalization, there is no theoretical reason to assume the groups would differ significantly on degree of Involvement, which

assesses concern and commitment to one's job.

Contrary to the literature, it appears that generally, psychologists conceive of their peers as quite highly supportive of one another. Those psychologists in Private Practice, who are isolated from colleagues may participate in professional support groups, or make a special effort to maintain contact with other therapists, thereby maintaining a feeling of Peer Cohesion.

The Supervisor Support subscale was not particularly relevant to psychologists who practice in isolation from others. This subscale assesses the degree to which administration is supportive and encourages peer support. Insignificant differences among the groups on this variable may be due to Private Practitioners utilizing colleagues in the same office as representative of "administration".

When taken together, the three groups of psychologists do not report significant differences on Personal Growth dimensions of the WES, (Hypothesis 3b) as measured by subscales of Autonomy, Work Pressure, and Task Orientation.

Findings appear contrary to what has been proposed in the literature. Some researchers have suggested that human service professionals in Private Practice are

likely to report greater autonomy (Udovich, 1983; Cherniss, 1980), while those in Institutional settings may be inclined to report greater work pressure due to overload of cases and time constraints placed on them (Pines & Maslach, 1978). If task orientation emphasizes good planning and efficient organization one might assume those in Institutional settings would differ significantly from Private Practitioners due to difficulties of operating within a bureaucratic setting. Results do not confirm these postulations for the three groups of psychologists.

The psychologists' scores on Autonomy are relatively high, reflecting the responsible position psychologists in any work setting hold. Psychologists' work requires them to be relatively self sufficient, able to make independent decisions, if they are to be effective therapists. It is argued here that the nature of the work requires psychologists to be autonomous, and work setting has minimal impact.

Psychologists also need to be Task Oriented, in terms of efficient organizers and planners, regardless of the setting in which one works. It seems that the nature of the work would require strong organizational and planning skills if one were to be an effective clinician.

As a group, psychologists reported elevated levels of Work Pressure. Psychologists in diverse work settings may be exposed to different types of work pressure. Psychologists in Institutional settings may experience time constraints due to overload and external pressure, however, a Private Practitioners income is determined by number of clients seen, thus they are also subject to time pressure. Those employed in two settings likely work longer hours than psychologists employed in only one setting. All of these factors may account for insignificant differences in Personal Growth variables across work settings.

The mean scores on all three subscales measuring Personal Growth dimensions were above the normative health care population on which the scale was based. Thus, as a group, psychologists in this study reported more Work Pressure, but also higher Orientation to Task, and Autonomy. Perhaps these findings reflect the differences in samples, as the normative group was composed of diverse occupational groups employed within the health care settings.

In sum, although there may be differences among the groups on subscales assessing Relationship and Personal Growth dimensions of the WES, differences are not

sufficient to be statistically significant, and on this basis Null Hypotheses 3a and 3b were accepted.

The Organizational domain of the WES was analyzed separately from the other subscales. A significant difference between those in Private Practice versus Institutional settings was evident on mean Innovation subscale scores. Those in Private Practice report higher Innovation than the Institutional group. Since psychologists in Private Practice have more input into their work, perhaps they emphasize new approaches, change and variety more than those who must adhere to institutional policies and regulations.

Significant differences on the Physical Comfort subscale scores were apparent across groups. Private Practitioners report significantly higher mean scores than the other two groups. Psychologists in Private Practice may have the opportunity to influence their physical surroundings more than those in other settings, and due to this input, they perceive their surroundings as contributing to a pleasant work environment more.

No statistically significant difference in mean scores on the Control variable were apparent across groups at the .05 level, however, the Scheffe indicates a significant difference among groups at the 0.10 level.

Those employed in two settings reported significantly less Control exerted by administration than psychologists in Institutional settings. The Combination group works in two settings, one of which they may influence considerably. It seems probable they would respond to the questions in terms of both settings, resulting in reduced scores on this variable. Psychologists in Private Practice did not differ significantly from the other two groups as would logically be expected. This may reflect error in measurement or perhaps a significant proportion of these psychologists work in offices with other private practitioners, who exert an influence on some aspects of the working situation. Regardless, the degree of Control exerted by administration is lower than the normative population on which the scale was based, for all groups of psychologists. This supports the contention that psychologists as a group appear to have more influence over their work situation than other health care professionals.

No significant differences were evident across the three groups on the Clarity subscale. The clarity of daily routines, rules and policies is higher for this group of psychologists than the health care group on which the scale was based. This may be due to a more

homogeneous sample used in the present study than for normative purposes.

Due to significant differences on some of the Organizational dimensions of the WES, Null Hypothesis 3c was rejected.

Hypotheses 4

Hypotheses 4a and 4b stated there would be no significant relationship between Burnout subscales and Perceived Social Support of family and friend scores, for the three groups of psychologists.

For psychologists employed in Private Practice, no significant correlations between Social Support of family or friends and burnout scores were evident. Contrary to some literature which posed that strong personal support systems may buffer the impact of work related stress (Maslach & Jackson, 1981;1982; Farber & Heitfetz, 1982; Pines, 1983), it appears for this group of psychologists, there is no significant relationship between emotional support of family or friends and burnout levels. Perhaps psychologists in Private Practice utilize colleague support or other coping strategies to relieve job stress.

In Farber's sample of psychotherapists, most found the role of social support systems essential, and of those who did not have access to supervisors, over fifty percent used informal support of colleagues (1981). Ganster et al. (1986) contends that sources of support from the workplace are most influential in reducing the impact of work stress on strain.

One of the stresses of therapeutic work lies in the

area of negative after hours consequences of work (Farber & Heifetz, 1981). Private Practitioners are "on call", responding to client needs outside regular work hours more often than those in Institutional practice would be required to. It seems probable that Private Practitioners may attempt to separate work from personal life, discussing job related concerns with professional colleagues rather than family or friends, as the job already impinges on personal time. This may partially account for the insignificant relationship between social support of family or friends and burnout for this group.

For psychologists employed in Institutional settings, a statistically significant relationship between friend support and Personal Accomplishment was found. Since correlations are of weak to moderate intensity, and the Friend scale is influenced by negative mood states of an individual, results must be interpreted with caution. Despite this, the trend seems to be that when one perceives high levels of support from friends, feelings of Personal Accomplishment increase for psychologists employed in Institutional settings. This finding is congruent with those reported by Pines (1983) using a Canadian population of 118 human service professionals, who reports an insignificant correlation.

between burnout and family support, while a weak relationship between quality of friends and burnout was apparent.

For those psychologists employed in two settings, several relationships between family or friend support and burnout were apparent. With high family support scores, Emotional Exhaustion and Depersonalization was reduced. Psychologists reporting high friend support, had lower scores on frequency of Emotional Exhaustion and Depersonalization (frequency, intensity).

Using a sample of 205 American subjects, Pines (1983) reports significant, though weak correlations between friend and family support and burnout. Similar correlations were also apparent for a population of 81 Israeli social workers.

The results of this study accept Null Hypotheses 4a and 4b for the group of psychologists employed in Private Practice, but rejects the Null Hypotheses for those employed in Institutional settings and the Combination group.

On the basis of these findings, which reflect a weak relationship between Perceived Social Support and the Maslach Burnout Inventory, accompanied by insignificant differences in Perceived Social Support between groups,

it appears that the literature which proposed that social support of family and friends may have a preventative impact on burnout among human service professionals (Pines & Aronson, 1981; Sanow & Krahmer, 1983; Jackson & Maslach, 1982) may have overstated the case. It seems that for this group of psychologists, social support of family and friends does not have a particularly strong impact on burnout experienced.

Despite this, there appears to be a stronger connection between social support from family and friends and burnout for psychologists employed in two work settings, in contrast to the Private Practice or Institutional group. On this basis one may conclude that social support may be a more effective means of counteracting the burnout syndrome for this group of psychologists than for those in Private Practice or Institutional settings.

Various factors may explain why there is a stronger connection between social support of family and friends and burnout among the Combination group. These psychologists must deal with stresses associated with bureaucratic settings, as well as cope with the tendency of Private Practice to spill over into personal time. Psychologists in this group may have less opportunity to

interact with colleagues due to longer working hours, and utilize other coping strategies to minimize job stress due to less leisure time. On this basis, psychologists in this group may rely more heavily on sources of support in their personal lives to relieve job related stress.

Hypotheses 5

Hypotheses 5a, 5b and 5c were created to test for a significant relationship between Relationship, Personal Growth, and Organizational dimensions of the WES and MBI subscales. For the Relationship dimensions of the WES and the MBI subscales (Hypothesis 5a), psychologists who are highly concerned about and committed to their job tend to report elevated Personal Accomplishment. This is congruent with Maher's (1983) proposal that commitment to an activity increases our intrinsic enjoyment.

The degree to which peers are seen as friendly and supportive of one another inversely affects frequency of Emotional Exhaustion. In addition, as Supervisor Support increases, feelings of Personal Accomplishment are more intense, and frequency of Emotional Exhaustion subsides. Due to some significant relationships between burnout and Relationship dimensions of the WES, Null Hypothesis 5a was rejected.

Findings reported here are consistent with the literature that work related supports seem to affect job stress and burnout levels (Maslach & Jackson, 1982; Farber et al., 1982; Pines & Kafry, 1978; Robertson, 1986; Carrilio & Eisenberg, 1984).

Numerous researchers have found that lack of support from one's peers and supervisor is positively related to burnout among human service professionals (Maher, 1983; Pines, 1982; Robertson, 1986; Raschke et al., 1985).

With reference to the Personal Growth variables, (Hypothesis 5b) as a psychologist experiences increased Work Pressure, Emotional Exhaustion elevates, accompanied by reduced intensity of Personal Accomplishment. When one is Task Oriented, frequency of Personal Accomplishment is enhanced, and as one's feelings of Autonomy increase, so do reports of Personal Accomplishment. On this basis, Hypothesis 5b was rejected.

These results are consistent with prior research which found that time pressure and deadlines are a positive burnout correlate, while autonomy and efficient organization are negative correlates among human service professions (Kafry & Pines, 1980; Pines & Kafry, 1981; Pines, 1982; Golembiewski et al., 1983; Abush & Burkhead,

1984).

Some relationships between the Organizational dimensions of the WES and MBI were found for this population, thus Null Hypothesis 5c was rejected. As psychologists in the sample reported increasing levels of Control, in terms of administration using pressure and rules to determine employee functions, frequency of Emotional Exhaustion elevated.

This is consistent with literature in the area which poses that lack of control is a causal factor in burnout. Pines (1982) reports that administrative influence, when excessive in human service agencies, has been found to produce burnout. In Maslach and Pines (1977a) study of child care workers, those employees who perceived themselves as having input into organizational policies had a greater sense of control, experienced higher job satisfaction and more success in meeting their occupational goals. In Thompson's study of 47 group home houseparents, decision making power was negatively related to burnout (1980).

Clarity of organizational policies and one's function within that structure are positively related to frequent feelings of Personal Accomplishment for this group of psychologists. This is congruent with the

literature on role conflict and ambiguity which states that inadequate information regarding one's role, scope and responsibility, are positive burnout correlates (Pines, 1982).

The Physical Comfort of a work environment was negatively correlated with Emotional Exhaustion, thus the more comfortable the environment, the less reported exhaustion. This finding is consistent with that of Pines (1982), who reports a more comfortable environment is conducive to less burnout.

An unexpected finding was that there was no significant correlation between Innovation and burnout subscales. This was in contrast to what is reported by other researchers, who state that variety and change are negatively correlated with burnout (Pines & Kafry, 1982; Pines, 1982; Cherniss, 1980a; Abush & Burkhead, 1984). Contrary to what is proposed in the literature, increasing opportunities for variety and change on the job would likely effect no significant change in burnout levels for this sample. Perhaps psychologists sampled in this study perceive their positions as diverse enough, and this may account for the lack of significant relationship.

On the basis of some Organizational dimensions of the

WES demonstrating a significant relationship with MBI subscales, Null Hypothesis 5c was rejected.

Having examined the relationships between variables measured on the WES and MBI subscales, it seems some general patterns may be discerned. Work Environmental variables appear to be negatively correlated with Emotional Exhaustion and Depersonalization, while positively correlated with Personal Accomplishment. Thus one would expect that with elevated scores on Involvement, Peer Cohesion, Supervisor Support, Autonomy, Task Orientation, Clarity, Innovation and Physical Comfort, psychologists would report lower Emotional Exhaustion and Depersonalization, accompanied by higher Personal Accomplishment.

The relationship between Work Pressure and Control subscales is opposite to the others, thus, increased Work Pressure and Control scores would be accompanied by increased Emotional Exhaustion and Depersonalization, along with reduced Personal Accomplishment.

These findings are consistent with those reflected in the literature which was previously discussed, however, it must be noted that overall, correlations are weak at best. Perhaps other factors impact the experience of burnout among psychologists more than does the social

climate of the work environment, as measured here.

Hypotheses 6

Hypotheses 6a, 6b and 6c were developed to test for a significant difference in psychologists' mean burnout and social support scores across gender. Relative to Hypothesis 6a, which explored burnout levels across gender, no significant differences on Emotional Exhaustion nor Personal Accomplishment were noted between males and females. A statistically significant difference on frequency and intensity of Depersonalization between gender was apparent. This subscale measures the degree to which one has an impersonal, unfeeling response toward clients. Males report significantly higher Depersonalization than females do. On this basis, Null Hypothesis 6a was accepted for Emotional Exhaustion and Personal Accomplishment subscales, but was rejected for Depersonalization.

Although the results indicate a statistically significant difference between males and females on Depersonalization, in terms of practical application of results, the difference is rather minimal. This does not, however, negate the findings, and the literature proposes several explanations for possible sex differences in the

burnout experience.

Findings are in contrast to several researchers, who report that women experience more intense and frequent burnout than men (Weinberg et al., 1983; Shinn et al., 1984; Etzion, 1984). Despite this, results of the present study are consistent with Maslach and Jackson's normative population, where women consistently scored lower on Depersonalization than men. The difference in level of Depersonalization may be explained through examination of sex role stereotypes.

In our society, males and females tend to fulfill different social roles. Sex role stereotypes govern our behavior, as we attempt to fit into these roles (Rothblum & Franks, 1983). It appears that clinicians do not escape the debilitating influence of traditional sex role stereotypes.

Broverman et al. (1972) conducted an empirical investigation of clinicians' judgements regarding traits characterizing healthy mature males versus females. Results parallel traditional stereotypic sex role differences. Both male and female clinicians ascribed characteristics of competition, aggression and dominance to males, while females were described as emotional, expressive and nurturing. These clinicians also suggested

that healthy women differ from healthy men by being more submissive, dependent, excitable, emotional, and less aggressive, competitive and adventurous.

The authors reported significant differences between the concept of a healthy adult versus female health. Healthy females are perceived less healthy by adult standards than men. It was suggested this double standard may stem from clinicians acceptance of adjustment in terms of being well adjusted to one's environment, accepting the behavioral norms of one's sex regardless of whether the traits are less socially desirable or healthy.

Conflict seems to exist between the overt laws and ethics of our society and covert mores and customs which shape an individual's behavior (Broverman et al., 1972). Although we emphasize equal opportunity and freedom of choice, social pressure to conform to sex role stereotypes continues to exert some influence (Rothblum & Franks, 1983). Clinicians in the present study seem to conform, at least implicitly through their behavior, as males appear to be less emotionally demonstrative and involved with clients than female therapists, resulting in significantly higher levels of Depersonalization among males.

An alternate explanation of results is that female clinicians in the present sample adhere strongly to traditional sex role stereotypes. They may be unwilling to disclose feelings of Depersonalization as this would be contrary to the traditional perception of females as nurturing, empathic, warm individuals.

Hypotheses 6b and 6c were designed to test for a significant difference in Perceived Social Support of family and friend scores between gender. Results of the two tailed t-tests indicate no statistically significant difference across gender in mean social support scores of family, thus Null Hypothesis 6b was accepted. Despite this, the trend for this group of psychologists seems to be that males report slightly higher levels of support from family than females. This trend seems congruent with results on the Personal Data Questionnaire, where significantly fewer women than men reported using a confidant at home to discuss job related concerns.

On the PSS-Fr scale (Hypothesis 6c), emotional support from friends was significantly higher for women than men among this sample of psychologists. On this basis Null Hypothesis 6c was rejected.

Results of Hypotheses 6b and 6c may reflect differences among males and females in social

relationships. Some studies have reported that women tend to have more supportive ties, especially intimate, confiding ones, than men (Stokes & Wilson, 1984; Leavy, 1983; Etzion, 1984). Etzion (1984) reports that women talk with others as a mode of coping with stress more than men do. In Maslach and Jackson's study of male police officers (1979) different means of coping were evident across gender. Eighty percent of wives sought groups or organized activities as a source of support, in contrast to ten percent of the male police officers.

Sex role socialization may influence the type of relationships people maintain outside the home. Since males tend to be brought up to be aggressive, competitive, and status and achievement oriented (Etzion, 1984), these attributes may reduce the probability of confiding relations outside the home. Males may be reluctant to expose themselves emotionally to friends as this runs contrary to traditional sex role norms. Relationships with friends may be based predominantly on shared interests, as opposed to providing emotional sustenance to one another.

In contrast, women are socialized toward a more cooperative, expressive and affiliative role, consequently, they may function as a source of emotional

support for their family. The females need for a confiding relationship may extend beyond that of spouse, requiring that this need be fulfilled outside the home. Since their emotional needs are socially acknowledged and accepted, females may be more comfortable and able to develop alternative emotional supports outside the home than males.

In sum, the trend may be that females provide social support within the home to family members, and seek fulfillment of their own needs not only within the home, but also through development of confiding relationships with friends. Males seem to rely more on family members for emotional support, as they report fewer supportive ties with friends than their female counterparts.

Limitations of the Study

The scope of the study has been delimited by this writer in various ways. The study has been limited to certified psychologists, hence results of the present study may not be descriptive or applicable to other Human Service Professionals. This study has been restricted geographically to the province of Alberta. Findings may not be representative or applicable to other areas of the country. Generalizability of results is restricted to

psychologists at the Masters or Doctoral level, between the ages of 27 to 64, who are residents of Alberta.

The voluntary nature of the sample has limited study results. It is feasible that the feelings, attitudes, and experience of those psychologists who chose not to participate deviate significantly from respondents. Those who experience intense burnout, or minimal, if any burnout, may be less inclined to respond.

The number of psychologists representing each group, namely, Private Practice, Institutional, and a Combination, differed significantly. Those in Private Practice constituted the smallest group, represented by only seventeen. The Institutional settings were represented by more than three times as many individuals than the Combination group. This difference in sample size across groups may have significantly affected results. Since the number of respondents in the Private Practice group was not proportionate to the number of variables used in the present study, caution must be exercised in interpretation of significant differences or relationships between groups.

The present study did not control for those in Private Practice who worked in the same office as colleagues, thus this group may not be truly

representative of the population.

This study assumed heterogenous distribution of psychologists across work setting, yet it is quite possible that specific personal or professional characteristics precipitated psychologists placement in a certain type of setting.

Perhaps it would be more useful to have a homogeneous sample, controlling for various factors which may impact burnout or social support such as specialty area, age, experience, setting, and gender. Although results from such a study would not be widely applicable, they may be more valid for that particular group of psychologists.

This study has also been restricted due to format of data collection, and measures used. Mailed surveys are subject to bias inherent in all self-report questionnaires. Since burnout and the perception of social support are considered here to be individual experiences, it was necessary to rely on indicies of self report. Social desirability, in terms of an unwillingness or inability to report accurate feelings may have influenced the validity of results. Beehr and Newhman (1978) criticize the use of self reports as a means of gathering objective data, citing the potential for response bias, lying, faulty memory, misconceptions

and overestimation. Wells (1982) notes that researchers must be aware of the conditional nature of the relationship between objective job conditions and perception. Since these factors may have impacted the present exploratory study, data emerging is primarily useful as a means of determining issues to which future empirical research may be addressed.

The Work Environment Scale used in the present study was not a particularly effective means of assessing work related variables for those psychologists employed in isolation as some of the subscales were not relevant to such a setting (eg. Supervisor Support, Peer Cohesion). It may have been more effective to omit subscales from the study which were not relevant to all work settings. In addition, for those employed in two work settings, responses to such a questionnaire may differ, depending on the work setting as one's perception of work environment is likely to differ across each setting. This factor was not controlled for in the present study. Future studies may address this issue by having respondents complete two questionnaires, one for each setting. Results may then be used to compare perception of each setting, as well as between those in other settings.

The Perceived Social Support scales were developed using a population of undergraduate students. On this basis, the questions are somewhat simplistic and perhaps less relevant to a population of psychologists, who are generally older and have higher levels of education and life experience. The terms "family" and "friend" were not defined on the questionnaire. Thus, there is no way to know if respondents answered in terms of immediate or extended family, nor whether they included colleagues and supervisors as friends. Since these terms were apparently not defined during the original construction of the instruments, validity and reliability must be questioned.

Due to the broad areas which were investigated in the present study, namely burnout and social support, many variables may confound results. It may have been more effective to have examined only one or two of the research questions posed here, exploring them in greater depth.

Practical Implications for Psychologists

A number of practical implications emerge as a result of the findings of the present study. One of the more significant implications for practicing psychologists is in terms of increased self-awareness.

Although psychologists in the present study report

lower mean Emotional Exhaustion and Depersonalization scores, and higher Personal Accomplishment than the normative sample, there is room for improvement. Emotional Exhaustion is within the moderate range, as is Depersonalization (intensity), and Personal Accomplishment (intensity). All groups of psychologists, regardless of work setting may benefit by efforts to reduce negative influences of burnout.

Results suggest that those in Institutional settings may be particularly prone to reduced levels of Personal Accomplishment as compared to psychologists in Private Practice. It appears there is a need to develop personal and organization means of enhancing Personal Accomplishment within the work setting for those in Institutional settings. Consulting with practitioners in Private Practice as to how they enhance level of Accomplishment may reveal some useful techniques which are applicable to Institutional settings. Reduced Personal Accomplishment scores for this group may also encourage psychologists in these settings to reassess their priorities, in terms of their career and personal goals.

The present study reported a low to moderate inverse relationship between social support of family/friends

and Emotional Exhaustion as well as Depersonalization for psychologists employed in two work settings. A weak positive relationship was apparent between support and Personal Accomplishment. On this basis one may conclude that receipt of emotional support from family and friends is of importance for those psychologists in two settings.

Present findings may be particularly relevant to male psychologists, in so far as they report significantly greater Depersonalization and less emotional support from friends than female psychologists. Perhaps male psychologists need to focus on their frame of reference regarding stereotyping and how this may be affecting their own behavior. Female psychologists may focus on whether they are receiving adequate support in terms of relieving job stress, as they report significantly less reliance on a confiding relationship at home to discuss job concerns than do males.

Future Research

The results from the present exploratory study on burnout and social support among psychologists has contained some findings which may be the focus of future research. It may be of interest to replicate present

findings regarding burnout levels among psychologists using another sample population to determine whether this occupational group experiences less frequent and intense burnout than other human service professionals. This in turn, may result in empirical studies focusing on the organizational and individual coping strategies used by psychologists to alleviate job stress.

Results of the present study suggest that psychologists in Institutional settings experience reduced levels of Personal Accomplishment compared to those in Private Practice settings. A longitudinal, comparative study of factors in the work setting and personal variables which may contribute to this difference would be of benefit, with particular emphasis on the possibility of unique stressors in Institutional settings. Studies may also examine what factors contribute to Personal Accomplishment among those who function effectively within Institutional settings.

Further examination of the role of social support, both at work and elsewhere is required to determine how emotional support impacts burnout among psychologists. Findings of the present study seem to suggest that emotional support of family and friends has minimal impact on burnout for psychologists in Private Practice,

while a moderate relationship is evident for those employed in two settings. A study may be designed to further investigate this difference between groups in terms of the efficacy of social support.

In the present study, fewer women than men utilize a confiding relationship at home to discuss job concerns. However, no significant difference in social support at work was evident between males and females. This appears contrary to some researchers, who emphasize the importance of work support for males (LaRocco et al., 1980; House, 1981; Holahan & Moos 1981). Future research may address the impact of social support at work versus home and its relationship to burnout, while controlling for gender. This may help to clarify which sources of support are most effective and whether gender is a relevant factor which influences burnout.

There is a need for a comparative investigation of how traditional, feminist, or androgynous persons differ in support they possess and burnout levels. The present study seems to indicate that male therapists tend to report higher Depersonalization than females, and women perceive themselves as receiving more emotional support from friends than males. Sex role stereotyping and the communication process are areas requiring investigation,

particularly since adherence to traditional sex roles may have a profound impact on a therapists' behavior in clinical settings.

Issues relative to stereotyping may focus on any of the following questions: a) Does the socialization process of the male psychologist relate to higher Depersonalization due to factors such as adherence to the "macho image", as well as pressure and prestige of the professional role? b) Does the Depersonalization of the male psychologist reflect a more healthy means of detached concern, or represent emotional withdrawal, as in advanced stages of burnout? c) Does the male psychologists' Depersonalization carry over into intimate relationships in their personal lives? d) Do male therapist have difficulty expressing emotion? e) If females are traditionally socialized toward more nurturing, emotional, and affiliative roles, why don't they experience greater Emotional Exhaustion due to the professional role?

An additional area for future examination may be a comparative study of psychologists reporting burnout versus those who do not. This may aid in identification of vulnerabilities, stressors and possible mediators or buffers which will help to reduce the negative impact of

burnout. Such a study would advance our knowledge of useful prevention strategies in dealing adaptively with unique stressors of psychotherapy.

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APPENDIX

LETTER OF INTRODUCTION

University of Calgary
2500 University Drive N.W.
Calgary, Alberta
T2N 1N4

Dear

I am a Masters of Science student from the Educational Psychology Department, University of Calgary. In order to complete my degree requirements, I will be conducting a study to determine whether significant differences exist between levels of job stress in psychologists from diverse work settings. In addition, the relationship between social support and job stress will be addressed.

Psychologists may benefit from participation in this study in various ways. Settings in which psychologists tend to experience intense levels of job stress may be identified. Recommendations for prevention, remediation, and coping with job stress may be proposed. Results of this study may be the impetus for future research utilizing psychologists, an occupational group which has, for the most part, been neglected in empirical study.

This project has been endorsed by the Psychological Association of Alberta. The procedure to be used involves your response to four brief questionnaires. The total time commitment required would be approximately 30 to 40 minutes, at your convenience. Your response to the questionnaires will be taken as an indication of voluntary participation. Should you choose to withdraw from the study, you may do so at any time. Information to be obtained from you would include demographics such as: age, marital status, gender, educational level, hours worked per week, setting, etc. As well you are requested to complete the Human Services Survey, Perceived Social Support Questionnaire, and Work Environment Scale.

All responses will be kept in confidence. Participants will not identify themselves by name. If feedback is requested, a "Request Form" would be signed and mailed in separately. Results would then be forwarded by mail to the participant. All results will be reported in general statistical form, without reference to individuals. Once feedback requests have

been responded to, all questionnaires will be destroyed.

Thank you for your support.

Sincerely,

Denise Horback, B.Ed.

INSTRUCTIONS TO PARTICIPANTS

1. Please read the "Letter of Introduction". Should you choose not to participate, I would appreciate it if you would return the uncompleted forms in the mail within a period of one week so I may account for all questionnaires.

2. Complete the Human Services Survey and the Perceived Social Support (PSS-Fa, PSS-Fr) Scales. Instructions are provided for each measure. Please read them carefully before beginning. In order to obtain the most valid results, please be sure to answer all items as accurately as possible.

3. Please fill in your responses to the Work Environment Scale on the form provided. As all persons responding to these questionnaires will remain anonymous, it is requested that you do not write your name on the response form. Please complete the Personal Data Questionnaire. It would be greatly appreciated if you would answer all items.

4. Upon completion of the enclosed questionnaires, please check to be sure the following information is placed into the brown self addressed stamped envelope:

Human Services Survey
Perceived Social Support (PSS-Fa, PSS-Fr)
Work Environment Scale (booklet and form)
Personal Data Questionnaire

5. It is requested that you return the materials to the researcher by mail within a ten day period.

6. If you would like feedback on results of this study, sign your name and mailing address on the "Request for Feedback" form. Place this form in the white self addressed envelope provided and mail to the researcher at your convenience.

Thank you for taking time from your busy schedule to complete and return the enclosed forms. Your efforts and co-operation are greatly appreciated.

REQUEST FOR FEEDBACK

I would be interested in receiving a summary of the results of the present research study on Job Stress and Social Support.

_____ Name of Participant

_____ Mailing Address

_____ Date

PERSONAL DATA QUESTIONNAIRE

1. Gender: _____ Male
 _____ Female
2. Age: _____ years
3. Marital Status: _____ never married
 _____ married
 _____ divorced
 _____ separated
 _____ widowed
 other _____
 (please specify)
4. If you have children, how many currently reside with you?
 _____ children
 _____ children living elsewhere
5. If married, is your spouse:
 _____ at home
 _____ involved in career outside home
 _____ involved in outside study
 other _____
 (please specify)

6. If married, and spouse is employed outside the home, please indicate spouse's job title.

7. Please check the highest degree you have received:

_____ MA/MSc _____ MEd

_____ PhD _____ EdD

_____ PsyD other _____
(please specify)

8. Please indicate your area of specialty:

_____ Clinical _____ Counselling

_____ Education _____ Experimental

_____ Social _____ Industrial

other _____
(please specify)

9. How long have you been employed as a psychologist?

_____ < one year _____ 1-2 years

_____ 3-5 years _____ 6-10 years

_____ 11-15 years _____ 16 years or >

10. What is the primary area of psychology in which you are presently employed?

_____ education	_____ pastoral
_____ medical	_____ administration
_____ counselling	_____ legal services
_____ forensic	_____ business
_____ mental health	_____ private practice
other _____ (please specify)	

11. How long have you been employed in the above area?

_____ < one year
_____ years

12. Are you employed by:

_____ self
_____ other
_____ both

13. How many other people work in your job setting?

_____ none	_____ 1-3
_____ 3-5	_____ 6-10
	_____ 11 or >

14. On the average, how much contact do you have with other professionals on a weekly basis (hours)?

Consultation:	_____ none	Informal	_____ none
	_____ < 1	dialogue:	_____ < 1
	_____ 1-2		_____ 1-2
	_____ 3-5		_____ 3-5
	_____ 6 or >		_____ 6 or >

15. On the average, how much time per year do you take for the following?

Sick days:	_____ none	Mental health	_____ none
	_____ 1-5	days:	_____ 1-5
	_____ 6-10		_____ 6-10
	_____ 11-15		_____ 11-15
	_____ 16 or >		_____ 16 or >

Vacation:	_____ none	_____ 1 week
	_____ 2 weeks	_____ 3-4 weeks
	_____ 5-6 weeks	_____ > 6 weeks

16. How many hours per week do you work?

_____ 60 or >	_____ 50-59
_____ 40-49	_____ 30-39
_____ 20-29	<20 _____
	(please specify)

17. Do you have a confidant with whom you share job related concerns and tensions? (check where applicable)

_____ at work

_____ at home

_____ elsewhere _____
(please specify)



THE
UNIVERSITY
OF CALGARY

EDUCATION JOINT RESEARCH ETHICS COMMITTEE

CERTIFICATION OF INSTITUTIONAL
ETHICS REVIEW

This is to certify that the Education Joint Research Ethics Committee at The University of Calgary has examined and approved the research proposal by:

Applicant: Denise Faye Horback

of the Department of: Educational Psychology

entitled: Burnout and Perceived Social Support Among Psychologists

(the above information to be completed by the applicant)

Date

1985-10-10

Dwight K. Fisher
Chair, Education Joint Research
Ethics Committee

The Psychologists Association of Alberta

Incorporated 1960

5-157 Education N. Building
University of Alberta
Edmonton, Alberta
T6G 2E1
September 12, 1985

D. Horback
Graduate Student
Dept. of Educational Psychology
University of Calgary
Calgary, Alberta
T2N 1N4


Dear Ms. Horback:

Re: Research Proposal on Burnout and Perceived Social
Support Among Psychologists

On behalf of P.A.A. I wish to express my support for your study and the manner in which you plan to collect your data. You have our consent to utilize our Directory of Certified Psychologists to identify an 'invited sample'. My hope is that you will submit your results to Alberta Psychology for possible publication.

I wish you success in your work.

Yours truly,



D. Sawatzky, Ph.D.
President

DDS/sm