COPING AS A MODERATOR VARIABLE IN THE RELATIONSHIP BETWEEN OCCUPATIONAL STRESSORS AND BURNOUT AMONGST PSYCHOLOGISTS

By

Anu Anna Philip

B.Sc., B.Sc. Honors (Psychology), P.G.C.E

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I declare that the article hereby submitted by me for the Magister Scientae (Counselling Psychology) degree at the University of the Free State is my own independent work and has not been submitted by me to another university/faculty. I furthermore cede copyright of this article in favor of the University of the Free State.

Anna Philip

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OPSOMMING

Die doel van hierdie navorsing was om te bepaal of die hanteringsmeganismes wat deur Suid-Afrikaanse sielkundiges gebruik word, 'n moderatoreffek gehad het op die verwantskap tussen beroepstres en die vlakke van uitbranding wat hulle ervaar het. As beroepspersone in die hulpprofessies werk sielkundiges daagliks baie nou en intensief met mense. Weens die intense aard van hierdie verhoudings asook die erns van die probleme wat hanteer word, is hierdie beroepspersone geneig om oormatige stres te ervaar, en selfs uitbranding indien die stres voortduur. Daar is min Suid-Afrikaanse literatuur beskikbaar oor hierdie onderwerp.

Die sielkundiges wat betrokke was by hierdie studie is geselekteer op grond van hulle lidmaatskap van die Suid-Afrikaanse Sielkundevereniging (SASV). Die studie was gerig op sielkundiges in privaat praktyk in die Vrystaat-omgewing. Die steekproef het bestaan uit 100 sielkundiges. Die Maslach Burnout Inventory, die Cope-vraelys, 'n vraelys oor ervaring van werk en 'n biografiese vraelys (albei deur die navorser ontwikkel) is op die navorsingsgroep toegepas. Uitbranding word deur drie subskale gemeet, naamlik emosionele uitputting, depersonalisasie en 'n gevoel van verminderde persoonlike bekwaamheid. Twee tipes hanteringstyle is gemeet, naamlik emosiegerigte en probleemgerigte hantering. Potensiële stressors wat in hierdie studie geïdentifiseer is

Die resultate wat verkry is, dui daarop dat die deelnemers verhoogde stresvlakke ervaar. Die hoogste stresvlakke is gevind ten opsigte van praktykkwessies soos die aard en erns van 'n kliënt se diagnose, die prognose van kliënte, kliëntelading en die sosio-ekonomiese status van kliënte. Die uitbrandingsvlakke was ook verhoog, en dit blyk dat die meerderheid sielkundiges ook 'n verminderde gevoel van persoonlike bekwaamheid ervaar. Daar was geen beduidende verwantskap tussen werkstres en uitbranding vir hierdie navorsingsgroep nie. Die hanteringsmeganismes wat deur die sielkundiges in hierdie studie gebruik is, het nie 'n moderatoreffek op die verwantskap tussen hulle stres en uitbrandingsvlakke nie.

Sleutelwoorde: Uitbranding; Stres; Werkstres; Stressor; Hantering; Hanterings-meganismes; Privaat praktyk; Sielkundiges; Moderatoreffek.

ABSTRACT

The aim of this research was to determine whether the coping utilized by South African psychologists had a moderating effect on the relationship between occupational stress and the levels of burnout they experienced. Human service professionals, such as psychologists, are involved with working closely and intensely with people. Due to the intense nature of these relationships as well as the severity of the problems dealt with, these professionals tend to get overly stressed and if the stress prevails, burnt-out. Little South African literature is available on this topic.

The psychologists that were involved in this study were selected from their membership in the Psychological Society of South Africa (PsySSA). The study was aimed at psychologists employed in private practice in the Free State area. The sample consisted of 100 psychologists. The Maslach Burnout Inventory, the Cope questionnaire, a work of experience questionnaire and a biographical questionnaire (both developed by the researcher) were administered to the research sample. Burnout is measured by three subscales, namely, emotional exhaustion, depersonalisation and a sense of reduced personal accomplishment. Two types of coping styles were measured, namely emotion-focused and problem-focused coping.

The results obtained indicate that the participants experience elevated levels of stress, the highest stress levels were reported on practice issues, such as nature and severity of client's diagnosis, prognosis of clients, client load and socio-economic-status of clients. The levels of burnout were also elevated, and a majority of the psychologists appear to have a diminished sense of personal competence. No significant relationship existed between work stress and burnout for this research sample. The coping mechanisms utilized by the psychologists in this study do not have a moderating effect on the relationship between their stress and burnout levels.

Key words: Burnout; Stress; Work stress; Stressor; Coping; Coping mechanisms; Private practice; Psychologists; Moderator effect.

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INTRODUCTION

Psychology is one of the many careers in the human services professions that involve dealing with people with varying degrees of psychological problems, often on a very intense level. This type of excessive involvement with clients can be extremely stressful (Maslach, Schaufeli & Leiter, 2001). As a result, psychologists tend to over-extend themselves and feel overwhelmed by the emotional demands placed on them. According to Cherniss (1980), human service professionals generally enter the service professions with the goal of contributing to the welfare of humanity. However it also happens that the professional is sometimes labelled as uncaring, distant and cynical. This in turn affects the very service that the professionals are striving to provide, and negatively influences the population that so desperately needs their help. This unhelpful behaviour on the part of the therapists is caused by the severity of the stress that they experience as a result of the intense contact they have with clients.

As these professionals over-engage in their careers, they tend to spend a considerable amount of time in the work environment, and occupation-related stressors, including the challenge of balancing the work-family boundary, can have negative effects on the individual. These work-related stressors add to the stress that they already experience, and as a result, they may feel drained and expended. They lack the energy to carry on with their jobs and feel like they are no longer able to give of themselves to others (Maslach, 1982). This prolonged stress causes a state of extreme exhaustion, which is termed 'burnout'.

Burnout develops when the demands of work and of individual capacities are imbalanced for long periods of time (Faber, 1985). It is a stress response most commonly displayed by individuals who have intense contact and involvement with others during the course of their normal workday. It is the final result of constantly and unsuccessfully striving to manage stressors in the environment by the individual (Cordes & Dougherty, 1993). In the human services environment, the severe stress

that arises from long-term emotional interaction and intense involvement with clients, results in the professional becoming frustrated and exhausted, leading him/her to mentally distance him/herself from work and reducing his/her professional efficacy (Folkman & Lazarus, 1985). The burned-out professional becomes less enthusiastic and committed, and as a result, is less responsive to his/her clients' needs. This in turn negatively affects clients because of the frequent therapist turnover rate (Omer, 1991). Burnout is frequently characterised by increasing symptomatology associated with work situations when one feels over-worked, under-appreciated, confused about expectations and priorities, given responsibilities that are not appreciated or paid for, insecurities about losing one's job and being overcommitted with home and/or work responsibilities (Cordes & Dougherty, 1993). Jex and Beehr (1991) define stressors as 'antecedent conditions within one's job or the organisation which require adaptive responses on the part of the employees'.

The causes of burnout are complex and are associated with two separate factors; the work environment and the individual. The daily demands of one's profession, family, and everything in-between, contribute to diminishing such people's energy and enthusiasm. His/her dedication and commitment to his/her job diminishes and as a result, he/she becomes emotionally, physically and spiritually drained.

However, a buffer exists between stress and burnout, and this is referred to as coping. It is therefore crucial to be informed of the symptoms and signs of burnout. Due to the adverse effects of stress, coping strategies have to be incorporated into one's repertoire; and becoming aware of the ways in which stress levels can be decreased is beneficial, as this leads to a higher quality of life (Ross & Altaimer, 1994).

Reviews done on the available literature has demonstrated that the research done to ascertain levels and correlates of burnout in psychologists is minimal (Ackerley, Burnell, Holder & Kurdek, 1988; Farber 1985). There is also little research available

on the effect that coping may have on the relationship between work-stress and burnout for the helping professions, especially psychologists in South Africa.

This study therefore aims to investigate the levels of burnout in psychologists as well as to investigate coping as a possible moderator variable in the relationship between occupational stressors and burnout in psychologists in the South African context.

OCCUPATIONAL STRESS

Burnout is the final response to cumulative, long term negative stress and is a reaction to the last in a progression of unsuccessful attempts to cope with a variety of negative stressful events (Powell 1993). Stress is characteristically defined by the behavioural paradigm in terms of stimuli-response relationships. Stress can be described as the stimulus or force that, if sufficiently strong, can cause tension in the individual who experiences it. The response is the adjustment, coping with or adapting to the stimulus, which can be either successful or unsuccessful (Hetherington, 1984).

Occupational stress can be considered as an accumulation of stressors and job-related situations that are considered "stressful" by most people (Ross & Altmaier, 1994). Occupational stress is therefore the interaction of work conditions with the characteristics of the employee such that the demands of work exceed the ability of the employee to cope with them. According to Beheer and Newman (1978), three categories of symptoms occur under conditions of occupational stress: psychological symptoms, physical health symptoms and behavioural symptoms.

Psychological symptoms consist of emotional and cognitive problems that occur during conditions of job stress. Job dissatisfaction is the most likely outcome of occupational stress, where an employee is dissatisfied with his or her job, dislikes coming to work and finds little or no satisfaction in performing well in the job.

Additional psychological symptoms are depression, anxiety, boredom, frustration, isolation and resentment.

Physical symptoms that are linked with occupational stress include headaches, allergies, sleep disturbances, respiratory diseases and cardiovascular diseases (Sutherland & Cooper, 1990).

Behavioural symptoms can be divided into two groups: - one group consists of those that come from the individual, and these include behaviour such as avoidance of work, misuse of alcohol and/or drugs, increase/decrease in appetite and depression and aggression. These changes in behaviour often lead to interpersonal problems. The other group of behavioural problems belongs to the organisation and includes absenteeism, high workforce turnover, accident proneness and loss of productivity.

Carson and Kuipers (1998) propose three levels of the stress process. The first level consists of external stressors. This includes stressors that one is subjected to on a daily basis, such as at work, at home as well as with significant life events. The second level of the stress process is made up of 'moderators'. This includes a wide range of personal protectors, the use of which helps to reduce the impact of stress. These are: high levels of self-esteem; good social support systems; endurance, good coping strategies, mastery and personal control, emotional stability and good physiological release mechanisms. The third and final level is that of stress outcomes. Positive outcomes include good mental and physical health and high levels of job satisfaction, whilst negative outcomes include poor health, burnout and diminished job satisfaction (Ross & Altaimer, 1994). When an individual is confronted with a stressor, the first stage is characterised by him/her attempting to mobilise certain resources (personal protectors) to meet with the demand. If however, the stressor persists and becomes prolonged or too severe, the individual finds it increasingly difficult to resist the demand, and finally when the individual is unable to cope any more, the state of exhaustion (burnout) sets in.

BURNOUT

There have been various definitions proposed by researchers of burnout. The first few articles on burnout appeared in the mid 1970's. Freudenberger (1975), a psychiatrist, observed that many of the volunteers with whom he was working experienced a gradual emotional depletion and a loss in motivation and commitment. This process took about a year and was accompanied by a variety of mental and physical symptoms. To explain this mental state of exhaustion, he used a term that was being used colloquially to refer to the effects of chronic drug abuse: 'burnout'. He defined burnout to mean physical, emotional and mental exhaustion, absence of job involvement, dehumanisation and decreased accomplishment. Chemiss (1980, p.145) defined burnout as a "process in which a previously committed professional disengages from his or her work in response to stress and strain experienced in the job". According to Edelwich and Brodsky (1980, p162), burnout occurred in 4 stages and it is defined by them as a "progressive loss of idealism, purpose, energy and concern as a result of conditions of work". Maslach and Jackson (1981a, p.100) defined burnout as 'a syndrome of emotional exhaustion and cynicism that occurs frequently amongst individuals who do "people work" of some kind'. Pines and Aronson (1988, p.11) characterised burnout as: "a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations. Figley (1995) described burnout as a process rather than as a fixed condition that begins gradually and advances in intensity over time. This process includes a gradual exposure to job strain, decrease in idealism and finally a loss in idealism.

Burnout thrives in the workplace and is most likely when there is a major mismatch between the nature of the job and the nature of the person who does the job (Maslach & Leiter, 1997). Burnout can be correlated to age and experience. Lack of skills and insufficient experience may explain the age differences in levels of burnout, as younger workers are more likely to be inexperienced (Gilligan, 1982; Rowe, 2000).

Sources of occupational stressors that lead to burnout may originate within the organisation, although individual characteristics may contribute to one's inability to cope with high stress work environments. Role conflict and ambiguity, value conflicts, feelings of isolation, and working with high stress clients or in high stress fields of practice are some of the key factors identified in the literature as contributing to burnout. In terms of individual characteristics, younger workers and women tend to be more vulnerable to burnout than older workers and men (Gilligan, 1982; Koeske & Kirk, 1995).

Burnout is generally viewed as a syndrome consisting of three dimensions: emotional exhaustion, depersonalisation and a feeling of reduced personal accomplishment (Maslach, 2001; Mashlach & Leiter, 1997). The three dimensions are described more in detail below.

Emotional Exhaustion

The first component of burnout is emotional exhaustion. Emotional exhaustion is considered to be the most significant of the three components. It is "characterised by a lack of energy and a feeling that one's emotional resources are used up. This may...coexist with feelings of frustration and tension..." (Cordes & Dougherty, 1993, p644).

Leiter and Maslach (1988, p.300) state that emotional exhaustion "refers to feelings of being emotionally overextended and drained by one's contact with other people". This emotional exhaustion can be noted in physical characteristics such as waking up just as tired as when going to bed, or lacking the required energy to take on another task or face to face encounter (Maslach & Leiter, 1997).

Several determinants of emotional exhaustion have been defined by Cordes and Dougherty (1993). The three most important ones (work overload, role conflict and interpersonal relationships) are discussed below.

The first, work overload, is defined as "the perception of too much work to accomplish in the time available" (Powell, 1993, p.53). This is perhaps the most obvious indication of a mismatch between the person and the job. There is just too much to do in inadequate time with insufficient resources.

Role conflict is the second source of emotional exhaustion. The over-enthusiastic new employee at the new job may expect his/her job to be full of challenging expectations and he/she may anticipate many rewarding experiences. These expectations can be in conflict with those individuals already within the organisation. Reconciling these differences can lead to frustration and emotional exhaustion (Jackson, Schwab & Schuler, 1986). Personal expectations can also further add to emotional exhaustion. Having unrealistic expectations of the job that one has newly undertaken and realizing that these expectations are not met, further adds to this frustration. Individuals, who are highly committed to their careers and view them as the centre of their lives, are also more likely to experience emotional exhaustion. The third source of emotional exhaustion is interpersonal relationships which are the crux of the helping professions. This can lead to emotional exhaustion, especially when the relationships are very intense and emotional.

Depersonalisation

Depersonalisation is the second component of burnout. It occurs as a direct response to the stressors of the job. It is characterised by a detachment from work and people. For those who work closely with people on a daily basis, this is demonstrated by treating people as impersonal objects.

Reduced Personal Accomplishment

The third and final component of burnout, which is described as a feeling of reduced personal accomplishment, is characterised by the individual developing a negative view of him/herself and his/her ability to do their job. He/she feels inadequate and

unproductive, which in turn, has a direct effect on the quality of the work produced (Cordes & Dougherty, 1993). When a professional feels inadequate and uncertain, it adds to the stress and strain he/she experiences. He/she then tends to develop a strong need for reassurance from others or becomes overly meticulous in his/her work. When his/her needs continue to go unheeded, a sense of embarrassment and confusion sets in. In the helping professions, this can impact on the relationship between client and therapist, and can lead the client to prematurely terminate the therapeutic relationship. According to Omer (1991), therapists' own behaviours can elicit negative outcomes such as resistance and dropping out. Thus the client will ultimately receive a lower quality of care and often discontinue with therapy as he/she becomes discontented with the level of care he/she is receiving. (Meichenbaum & Turk, 1987). A good relationship between the therapist and the client is the core of the helping professions, and tends to be a major source of gratification for the therapist. However, if a sound relationship is not built, this can cause difficulties whilst working with clients and contribute to the strain and stress experienced by the therapist, and ultimately to burnout. The difficulties include factors such as clients not being satisfied with the level of intervention received and expecting or demanding more than the professionals can deliver.

Burnout can have many negative consequences such as stress-related illness, interpersonal problems, increased use of alcohol and drugs and behavioural problems. Burned-out workers also tend to neglect important aspects of their jobs or to provide a lower level of service (Freudenberger, 1975; Maslach & Leiter, 1997)

COPING

The relationship between stress, burnout and coping cannot be viewed in terms of selected attributes, but can be understood by examining the circumstances or context (i.e. occupational or personal) surrounding these events (Cherniss & Krantz, 1983). Coping can be seen as something that one does to deal effectively with a stressful event. Although one stressor after another can have long term negative effects on a

person; it can also be argued that if the person can cope, or deal effectively with the series of stressors, he or she may emerge much more resilient and competent than an individual who has not had to deal with as much stress during his or her lifetime (Cartwright & Cooper, 1987). Effective coping can change a stressful event into a more manageable one.

Folkman and Lazarus (1985, 1980) have identified two types of coping. Problem-focused coping is aimed at actively solving a problem, while emotion-focused coping is aimed at reducing emotional distress. Most types of stress usually require a combination of the two types of coping, although generally, individuals tend to use problem-focused coping when they feel that they can do something constructive to deal with the stress effectively. Emotion-focused coping is utilised when the person feels that the stress is unmanageable.

Protective factors are the competencies and characteristics of the individual, family or community that buffer or modify the impact of the stressors. Protective factors enable the skilled adaptation and development of individuals and families. Coping is manageable as long as the stressors do not outweigh the protective factors. Resources are defined as sources of social support for the individual. They can be seen as a social division of protective factors. Adjustment is commonly viewed as a short-term outcome of coping efforts.

Active coping strategies such as problem-solving coping and seeking social support, are considered as adaptive whilst avoidance coping strategies such as denial and escaping are considered as maladaptive coping styles. The use of avoidance coping strategies is considered as a risk factor for stress. The repetitive use of active coping strategies leads to adaptation. Adaptation refers to a long-term process in which the individual acquires an enduring feeling of being at ease with a new situation. Adaptation is the outcome of the joint process of coping efforts and the utilisation of available protective factors /resources.

Protective factors and coping processes could be seen as an inter-related system or a feedback loop. The more one utilises the available, adequate protective factors to deal with the stressors, the better one can cope with adversities. Once an appraisal is made of the stressful situation, the individual makes a valuation of the outcome of the situation and evaluates whether the consequences are going to be harmful, threatening, or whether the situation is going to pose a challenge, and what resources are available to deal with it. The intent of the outcome, along with the action itself determines the outcome. The appraisal of the situation, the coping style utilised, and the evaluation of the outcome determine what strategies the person will use, and what will become part of the individual's coping repertoire. Each successful coping attempt strengthens the belief of the person in respect of his/her internal locus of control. In addition, a positive self-esteem is reinforced in the person, and enables him/her to utilise more adaptive coping strategies in the future.

RESEARCH METHOD

The main aim of this research was to determine the extent to which a relationship exists between the occupational stress and burnout experienced by psychologists, and whether coping features as a moderating variable in this regard. In this investigation, occupational burnout was the criterion variable while occupational stress was the predictor variable. According to Huysamen (1994), this approach means that a non-experimental prospective design will be used in this study.

Before discussing the measuring instruments and the data collection process in greater detail, attention will be focused briefly on the variables (criterion, predictor and moderator variables).

CRITERION, PREDICTOR AND MODERATOR VARIABLE

CRITERION: BURNOUT

The Maslach Burnout Inventory (Maslach, C., & Jackson, S. 1981b) was used to get an indication of the level of occupational burnout experienced by the psychologists in the research sample. The MBI consists of 22 statements of feelings related to work and involves three independent aspects of the burnout syndrome: emotional exhaustion, depersonalisation, and a feeling of reduced personal accomplishment. Emotional Exhaustion (EE) is measured by 9 items, Depersonalisation (DP) by 5 items and Personal Accomplishment (PA) by 8 items.

The authors of this instrument clearly indicated in the test manual that the scores obtained on the three subscales of the test should be considered as separate scales, and not as a single scale (i.e. by adding together the responses on all items). Consequently, three criterion scores (one for each of the separate subscales) will be used in this study.

PREDICTOR: OCCUPATIONAL STRESS

A questionnaire developed by the researcher was used to get an indication of the levels of the occupational stress experienced by psychologists in the research sample. This questionnaire consisted of 20 statements that are related to the potential stressors that could contribute to the occupational stress that psychologists' experience. The total score was obtained by adding all the scores. The highest score that a person can obtain on this questionnaire is 100 and the lowest score is 20. A high total score indicates that the participant experiences high stress levels.

MODERATOR VARIABLE: COPING

Coping refers to the cognitive, emotional and behavioural strategies that a person employs to manage or reduce his/her stress and its effects (Edworthy, 2000). The COPE questionnaire (Carver, Scheiyer & Weintraub, 1989) consists of 53 statements

of feelings related to the way people respond when they confront difficult or stressful events in their lives. The 53 statements were further divided into 13 different dimensions of coping and refer to the ways that they are correlated.

The coping strategies include positive reinforcement and growth, mental disengagement, instrumental social support, denial, venting of emotions, planning, active coping, religious coping, behavioural disengagement, substance use, use of emotional social support, acceptance, restraint coping and suppression of activities.

These coping strategies involve three independent aspects of coping, namely emotion-focused, problem-focused and ineffective coping strategies. For the purposes of this study, only emotion-focused and problem-focused coping was measured, as the aim of the research was to measure the extent of effective coping utilised, and not the different types of coping utilised.

People utilise problem-focused coping when they feel as if they can deal with the problem effectively and it is viewed as an attempt to deal directly with the stressful situation. People utilise emotion-focused coping when they feel that they cannot deal with the problem and this is viewed as an attempt to reduce emotional distress.

MEASURING INSTRUMENTS

The questionnaires administered consisted of the following:

Biographical Questionnaire

Biographical information of the psychologists' (such as age, gender, experience; location, nature and status of practice, other forms of employment if the practice was part–time, the extent of professional contact with other health professionals, the number of clients seen per week, whether they had a therapist and/or mentor, administrative duties such as accounts, time spent on administration and the total

amount of hours worked) was obtained using a self report questionnaire developed by the researcher (Refer to Appendix 1).

Predictor: Occupational stress

Experience of Work questionnaire

An experience of work questionnaire was developed by the researcher, and consisted of 20 statements that are related to the stressors that a psychologist may experience in private practice. Factors that have been identified as potential occupational stressors in this study include: the socio-economic status of clients, medical–aid liaison, nature and severity of clients' needs and diagnoses, own emotional well-being, own physical health, availability of free time, number of clients seen, ensuring a steady flow of new referrals, demands placed by practice management/administration, earning of CPD points, satisfaction with nature and content of work, progress and development of own career, ability to meet financial obligations, remuneration for efforts/services received, the availability of proper infrastructure and equipment, relationship with co-workers, the state of psychology in South Africa , the prognoses of clients, and training requirements.

Items on this questionnaire were answered on a five-point Likert scale where responses range from 1 to 5. Participants had to indicate how much the above mentioned statements contributed to the levels of stress they were experiencing. The questionnaire was measured by adding all the scores to yield a total score (Refer to Appendix 2).

The questionnaire was found to be a valid instrument to measure occupational stress as the internal consistency was calculated which rendered an α-coefficient of 0,820 (See table 1)

Moderator Variable: Coping

The COPE questionnaire

The COPE questionnaire (Carver, Scheiyer & Weintraub, 1989) was used to measure the coping utilised by the psychologists included in this study. Coping was measured as the moderator variable and its effect on the relationship between occupational stress and burnout was measured.

Items on the COPE were answered on a four-point Likert scale where responses range from 1 to 4 (Refer to Appendix 3). Both the emotion-focused and problem focused coping subscales have a high internal validity and yielded α-coefficients of 0,780 and 0,772 respectively (see table 1).

Criterion: Burnout

Maslach Burnout Inventory

Maslach's and Jackson's (1981b) Maslach Burnout Inventory (MBI) was chosen for this study to assess levels of burnout since it has been demonstrated as a reliable and valid instrument for measuring burnout (Lee & Ashforth, 1990, Maslach & Jackson, 1981a).

Items on the MBI were answered on a seven-point Likert scale where responses range from 0 to 6. (Refer to Appendix 4). The three subscales have a high internal validity and yield α-coefficients of 0,899 (emotional exhaustion), 0,808 (depersonalisation) and 0,769 (personal accomplishment) (See table 1).

The internal consistency of the instruments' measurements was investigated by computing Cronbach's-coefficients with the aid of the SPSS computer programme (SPSS Incorporated, 2003). The coefficients are indicated in table 1 on page 15.

Table 1: Cronbach's coefficients for the scales of the measuring instruments

Construct	Scale	α-coefficients
Burnout	Emotional	0,899
	Depersonalisation	0,808
	Personal accomplishment	0,769
Occupational stress		0,820
Coping strategies	Problem-focused	0,772
	Emotion-focused	0,780

The calculated coefficients in table 3.1 indicate that the scales of the measuring instruments provide high internally consistency measures.

The research group will be discussed in terms of their biographical variables in the next paragraph.

RESEARCH GROUP

All the psychologists included in the sample were mailed a survey package that contained a cover letter, a biographical questionnaire, and an experience of work questionnaire (to measure occupational stress), the COPE questionnaire and the Maslach Burnout Inventory. Participants were ensured anonymity, and returned the completed questionnaires in a stamped, addressed envelope.

300 packages were mailed, of which only 105 were returned before/on the final date of 15 September 2004. This translates to a return rate of approximately 35%. Only a 100 of these questionnaires were usable however, as the remaining five were either incomplete or incorrectly filled in.

Information regarding a few biographical variables was obtained from the 100 psychologists. Frequencies and percentages were calculated for the biographical

variables measured on the nominal scale. This information is presented in table 2 on page 17. The SAS computer programme (SAS Institute, 2001) was used for this purpose.

Table 2: Frequency distribution of the biographical variables for the research participants.

Biographical variable	N	%
Gender:		
Female	57	57,0
Male	43	43,0
Role of experience in success as psychologist:		
Important	78	78,0
Moderate	21	21,0
Minimal	1	1,0
Practice location:		
Rural area	21	21,0
Urban area	68	68,0
Both	11	11,0
Status of practice:		
Full time	50	50,0
Part time	50	50,0
Nature of practice:		
Group	58	58,0
Solo	42	42,0
Utilise mentor/supervisor:		
Yes	53	53,0
No	47	47,0
Utilise therapist:		
Yes	46	46,0
No	54	54,0
Contact with other health professions:		
Weekly	20	20,0
Monthly	38	38,0
Six monthly	19	19,0
Yearly	7	7,0
Once a year	10	10,0
Less than once a year	6	6,0
Do you do own accounts:		
Yes	40	40,0
No	60	60,0
Own administrative staff:		
Yes	72	72,0
No	28	28,0
Submit accounts electronically:		
Yes	49	49,0
No	51	51,0

The frequency distributions of the biographical variables as shown in table 2 indicate that there are slightly more females than males in the research group. The sample of females constituted to 53%, while the sample of males constituted to 47%, of the total research group. 78% of the research participants indicated that experience played an important role in success as psychologists, while the remaining indicated that experience played a moderate role (21%) or a minimal role (1%).

Participants varied in their practice location, status and setting. 68% of the participants had practices located in urban areas, 21% in rural areas and 11% had practices in both rural and urban areas. The status of practice of the participants was evenly distributed with 50% employed fulltime and 50% employed part time. On further analyses, it was revealed that, of the 50% that were employed part time, 26% were employed by a government/ public service department and allowed to practice as a psychologist, 10% were employed by a private company and allowed to practice as a psychologist, 7% had their own private company and the remaining 7 % only had a limited private practice for limited hours.

A predominantly large proportion (58%) of the research participants reported that they were in a group practice setting with other psychologists as well as other health professionals, while the remaining 42% were practicing on their own.

53% of the psychologists included in the study indicated that they had mentors/supervisors. The majority of these participants had monthly sessions with their mentors/supervisors. 46% of the participants had a therapist with whom the majority had monthly sessions with.

The participants also indicated that they were in professional contact with other health professionals. 20% of the psychologists had weekly contact and 38% had monthly contact sessions with these professionals.

With regard to administrative duties, 40% of the research sample indicated that they did their own accounts, while the majority (60%) reported that they do not do their own accounts. 72% of the research sample indicated that they have their own administrative staff, while the remaining 28% did their own administrative duties.

In order to describe the research sample in terms of other biographical variables, which were measured on an interval scale, the relevant averages and standard deviations were calculated with the aid of the SAS programme, and these appear in table 3.

Table 3: Averages and standard deviations for the total research group with regard to other relevant biographical variables.

Variable	N	$\bar{X}$	S
Age	100	39,99	11,49
How long the person has been working as a psychologist	100	11,90	9,29
Number of clients per week	100	17,84	7,57
Hours spent on administration per week	100	8,07	6,66
Hours per week in private practice	100	28,20	12,95
Working hours in total	100	46,64	11,13

The mean age of the research sample was about 40 years, with a standard deviation of about 11½ years. The youngest psychologist in the sample was 25 years old, while the oldest was 70 years old. There is a clear indication that this is a significant age difference, and this could possibly have had an influence on the results. The mean number of years working as a psychologist of the research sample was 12 years, with a standard deviation of about 9 years.

On average, the participants involved in this study saw around 18 clients per week and spend an average of 8 hours on administration per week. On further analyses, it was revealed that the majority of the participants saw between 11-25 clients per

week, while a significantly smaller percentage saw less than 5 clients (8%) and more that 30 (3%).

The mean amount of hours spent per week in private practice by the psychologists in the sample was around 28 hours. The psychologists in the sample that had a part-time practice spend an additional 19 hours working, yielding on total an average of 47 hours per week.

Respondents were requested to indicate the degree to which each of the potential stressors listed in table 4 on page 21 contributes to the occupational stress that they experience.

Table 4: Frequency distribution of occupational stressors experienced by research participants

Potential stressor / Contribution to stress experienced	Very little contribution		Little contribution		No significant contribution		Significant contribution		Very significant contribution	
	N	%	N	%	N	%	N	%	N	%
Socio-economic-status of clients	13	13	20	20	13	13	38	38	16	16
Medical aid liaison	10	10	24	24	17	17	31	31	18	18
Nature & severity of client's diagnosis	9	9	17	17	13	13	48	48	13	13
Own emotional well-being	11	11	24	24	11	11	37	37	17	17
Own physical health	13	13	29	29	15	15	31	31	12	12
Number of clients seen	8	8	19	19	22	22	32	32	17	17
Ensuring a steady flow of new referrals	4	4	32	32	20	20	35	35	9	9
Demands placed by practice	11	11	25	25	18	18	35	35	11	11
Ability to receive feedback	15	15	33	33	33	33	12	12	7	7
Satisfaction with work	7	7	33	33	18	18	31	31	11	11
Progress of own career as psychologist	6	6	25	25	16	16	37	37	16	16
Ability to meet financial obligations	8	8	28	28	23	23	27	27	14	14
Remuneration for services	8	8	29	29	18	18	34	34	11	11
Availability of proper infrastructure & equipment	18	18	27	27	23	23	23	23	9	9
Relationship with co-workers	28	28	37	37	13	13	18	18	4	4
Prognosis of clients	8	8	25	25	20	20	39	39	8	8
Ongoing training to keep in touch with latest development in career field	16	16	28	28	18	18	32	32	6	6

According to table 4, the major source of stress for the psychologists involved in the study was the prognoses and the nature and severity of clients' diagnoses. Other major source of stress included the socio-economic status of clients, own emotional well-being, progress and development of career, ensuring a steady flow of new referrals as well as demands placed by practice/management on the individual. What contributed least to the levels of stress was ability to receive feedback and relationship with other co-workers.

STATISTICAL PROCEDURE

This study intends to (a) investigate the possible relationship between occupational stress and burnout in psychologists, and (b) to determine whether coping features as a moderator variable in this regard.

According to Jaccard, Turrisi and Wan, (1990), a multiple-regression analysis was the appropriate statistical technique for this purpose, in order to determine whether a relationship exists between the predictor and the moderator variables.

This procedure will be used to do the product term regression analyses, which can be represented graphically as follows in table 5 on page 23.

Table 5: Product term regression analyses

Step	Predictor	Result	Conclusion
1	Adverse condition	Sign.	Direct effect on outcome
Alt. 1	Intervening variable	Sign.	Direct effect on outcome
2	Adverse condition	Sign.	If intervening variable is significant in
	Intervening variable	Non-sign.	previous step, but non-significant in step 2 – mediator
	Adverse condition	Non-sign.	If adverse condition is significant in
	Intervening variable	Sign.	previous step, but non-significant in step 2 – confounding
3	Product intervening & Adverse condition	Sign.	Moderating effect

Note: To avoid multicollinearity/redundancy, deviation scores were used in step 3.

The SAS computer programme (SAS Institute, 2001) was used to perform the regression analyses.

RESULTS

Before proceeding to provide and discuss the results of the regression analyses, the descriptive statistics (averages, standard deviations and correlations) of all the criteria, predictor and moderator variables for the research group as a whole will be indicated and discussed briefly.

Descriptive Statistics

The descriptive statistics (averages and standard deviations) in respect of the criteria, predictor and moderator variables for the research group as a whole are indicated in table 6.

Table 6: Averages and standard deviations for the research group as a whole

Variable	N	$\bar{X}$	S
Criteria:			
Emotional exhaustion (EE)	100	18,94	11,24
Depersonalisation (DP)	99	5,63	5,20
Personal accomplishment (PA)	100	36,61	6,79
Predictor (adverse condition):			
Occupational stress	100	61,61	11,48
Moderators (intervening variables):			
Coping strategy: Problem-focused	99	59,53	7,60
Emotion-focused	100	58,12	8,51

ee: low $\leq$ 13; average 14-20; high $\geq$21

dp: low $\leq$ 4; average 5-7; high $\geq$8

pa: low $\geq$ 34; average 33-29; high $\leq$28

High burnout is characterised by high EE scores, high DP scores and low PA scores. The mean EE scores of the research participants were moderate, while the mean DP scores were low. The mean PA scores were significantly high. The burnout scales

are looked at separately from one another, and this indicates that the psychologists included in this study suffer from elevated levels of burnout due to the high mean PA scores and the moderately high EE scores.

The highest score that the participants can get on the occupational stress questionnaire is 100 and according to table 6, the mean scores obtained on this questionnaire is 66, 61, with a standard deviation of 11.48. This indicates that a moderately high number of the participants appear to be experiencing high levels of stress.

Since occupational burnout is the criterion of the study, it was decided to also calculate the levels of burnout (on the three subscales) experienced by the psychologists. With this purpose in mind, the research group's scores were divided into three categories, namely low, average and high, according to the guidelines provided in the *Maslach Burnout Inventory* (MBI).

The guidelines according to which these indices (low, average and high) can be determined are provided for various career groups in the manual. It was decided to work with the mental health group's indices, since this group was most similar to the research group. These indices appear at the bottom of table 7.

Table 7 on page 26 indicates the percentage of psychologists (with the frequency in brackets) who experience low, average and high levels of burnout in the three components (emotional exhaustion, depersonalisation and personal accomplishment).

Table 7: Percentages and frequencies (in brackets) of psychologists' different burnout levels according to the three components of the Maslach Burnout Inventory (MBI) (N=100)

Maslach Burnout Inventory subscales	Low	Average	High
Emotional exhaustion (ee)	33% (33)	29% (29)	38% (38)
Depersonalisation (dp)	50% (50)	21% (21)	29% (29)
Personal accomplishment (pa)	73% (73)	17% (17)	10% (10)

ee: low $\leq$ 13; average 14-20; high $\geq$21

dp: low $\leq$ 4; average 5-7; high $\geq$8

pa: low $\geq$ 34; average 33-29; high $\leq$28

The results in table 7 indicate that 38% of the psychologists show high levels of emotional exhaustion, while 29% exhibit high levels of depersonalisation. Furthermore, 73% of them show low levels of personal accomplishment. A high degree of burnout is reflected in high scores on the emotional exhaustion and depersonalisation subscales, and in low scores on the personal accomplishment subscale. Consequently, it appears as if a large proportion of the psychologists in the research group experiences elevated levels of burnout (particularly with regard to personal accomplishment).

Secondly, the relationship between occupational stress and the three burnout criteria (emotional exhaustion, depersonalisation and personal accomplishment), as well as between coping (problem-focused and emotion-focused) and the three burnout criteria, were calculated with the aid of Pearson's product moment correlation coefficients. This was done for the group as a whole, and the results appear in table 8 on page 27

Table 8: Inter-correlations for the research group (N=100)

Variable	Emotional exhaustion	Depersonalisation	Personal accomplishment
Occupational stress	0,02	0,10	0,06
Problem-focused coping	0,15	-0,12	0,02
Emotion-focused coping	-0,05	0,01	0,05

** p <= 0,01 * p <= 0,05

It is evident from table 8 that there are no significant correlations on the 5% level between occupational stress and burnout (emotional, depersonalisation and personal accomplishment). In addition, no significant correlations were found between the coping scales (problem- and emotion-focused) and burnout of the psychologists.

Multiple Regression Analyses

Since the criterion (burnout) consists of three scales, each of these scales was taken as a criterion and its relationship with occupational stress was investigated. It is also clear from the previous sections that the moderator variable, namely coping, consists of two scales, i.e. problem-focused and emotion-focused coping. The moderator effect of these two scales was investigated separately to determine the correlations between occupational stress and the three burnout scores.

Table 9 on page 28 indicates the results for the relationship between occupational stress and emotional exhaustion, with problem-focused coping as moderator.

Table 9: Product term regression analysis with emotional exhaustion as outcome and problem-focused coping as moderator

Step	Predictor	B-coeff	*p*-value
1	Occupational stress	0,022	------
Alt. 1	Problem-focused coping	0,220	------
2	Occupational stress	0,043	------
	Problem-focused coping	0,225	------
3	Occupational stress*Problem	-0,022	------

It is evident from table 9 that occupational stress does not show a significant correlation with the emotional exhaustion of psychologists (step 1). It can be deduced that the occupational stress of psychologists does not have a direct influence (effect) on their emotional exhaustion. In terms of problem-focused coping (intervening variable), there is also no direct relationship (alternative step 1) with the emotional exhaustion of psychologists.

No significant results were obtained in the second and third steps. No mediator or moderating effect was found for problem-focused coping in the correlation between occupational stress and emotional exhaustion in psychologists.

Table 10 on page 29 indicates the results for the correlation between occupational stress and emotional exhaustion, with emotion-focused coping as moderator.

Table 10: Product term regression analyses with emotional exhaustion as outcome and emotion-focused coping as moderator

Step	Predictor	B-coeff	*p*-value
1	Occupational stress	0,022	------
Alt. 1	Emotion-focused coping	-0,069	------
2	Occupational stress	0,028	------
	Emotion-focused coping	-0,073	------
3	Occupational stress*Emotional	0,003	------

Step 1 is the same as in the previous table (table 8). Consequently only alternative steps 1, as well as steps 2 and 3, are investigated. In terms of emotion-focused coping (intervening variable) as well, there is no direct relationship (alternative step 1) with the emotional exhaustion of psychologists. No significant results were obtained in the second and third steps. No mediator or moderating effect was found for emotion-focused coping in the relationship between occupational stress and emotional exhaustion in psychologists.

Table 11 on page 30 indicates the results for the relationship between occupational stress and depersonalisation, with problem-focused coping as moderator.

Table 11: Product term regression analysis with depersonalisation as outcome and problem-focused coping as moderator

Step	Predictor	B-coeff	*p*-value
1	Occupational stress	0,046	------
Alt. 1	Problem-focused coping	-0,082	------
2	Occupational stress	0,043	------
	Problem-focused	-0,077	------
3	Occupational stress*Problem	-0,011	------

As in the case of emotional exhaustion, it is evident from table 11 that there is no significant correlation between occupational stress and the depersonalisation of psychologists (step 1). It can be deduced that the occupational stress of psychologists does not have a direct influence (effect) on their depersonalisation. In terms of problem-focused coping (intervening variable), there is also no direct correlation (alternative step 1) with the depersonalisation of psychologists.

No significant results were obtained in the second and third steps. No mediator or moderating effect was found for problem-focused coping in the relationship between occupational stress and depersonalisation in psychologists.

Table 12 on page 31 indicates the results for the relationship between occupational stress and depersonalisation, with emotion-focused coping as moderator.

Table 12: Product term regression analyses with depersonalisation as outcome and emotion-focused coping as moderator

Step	Predictor	B-coeff	*p*-value
1	Occupational Stress	0,046	------
Alt. 1	Emotion-focused	0,005	------
2	Occupational stress	0,046	------
	Emotion-focused	-0,002	------
3	Occupational stress*Emotional	-0,011	------

Step 1 is the same as in the previous table (table 11). Consequently only alternative steps 1, as well as steps 2 and 3, are investigated. In terms of emotion-focused coping (intervening variable), there is also no direct relationship (alternative step 1) with the depersonalisation of psychologists. No significant results were obtained in the second and third steps. No mediator or moderating effect was found for emotion-focused coping in the relationship between occupational stress and depersonalisation in psychologists.

Table 13 on page 32 indicates the results for the correlation between occupational stress and personal accomplishment, with problem-focused coping as moderator.

Table 13: Product term regression analysis with personal accomplishment as outcome and problem-focused coping as moderator

Step	Predictor	B-coeff	*p*-value
1	Occupational stress	0,036	------
Alt. 1	Problem-focused	0,014	------
2	Occupational stress	0,036	------
	Problem-focused	0,019	------
3	Occupational stress*Problem	0,017	------

As in the case of emotional exhaustion, it is evident from table 13 that there is no significant correlation between occupational stress and the personal accomplishment of psychologists (step 1). It can be deduced that the occupational stress of psychologists does not have a direct influence on their personal accomplishment. In terms of problem-focused coping (intervening variable), there is also no direct correlation (alternative step 1) with the personal accomplishment of psychologists.

No significant results were obtained in the second and third steps. No mediator or moderating effect was found for problem-focused coping in the relationship between occupational stress and personal accomplishment in psychologists.

Table 14 on page 33 indicates the results for the relationship between occupational stress and personal accomplishment, with emotion-focused coping as moderator.

Table 14: Product term regression analyses with personal accomplishment as outcome and emotion-focused coping as moderator

Step	Predictor	B-coeff	*p*-value
1	Occupational Stress	0,036	------
Alt. 1	Emotion-focused	0,036	------
2	Occupational stress	0,034	------
	Emotion-focused	0,031	------
3	Occupational stress*Emotional	0,002	------

Step 1 is the same as in the previous table (table 13). Consequently only alternative step 1, as well as steps 2 and 3, is investigated.

In terms of emotion-focused coping (intervening variable) as well, there is no direct correlation (alternative step 1) with the personal accomplishment of psychologists. No significant results were obtained in the second and third steps. No mediator or moderating effect was found for emotion-focused coping in the relationship between occupational stress and personal accomplishment in psychologists.

DISCUSSION

The main aims of this study were to investigate:

a. The current levels of stress in psychologists employed in private practice.

b. The current levels of burnout in psychologists employed in private practice.

c. The moderating effect coping may have on the relationship between the levels of stress and levels of burnout experienced by the participants.

One of the primary findings of this research is that most of the psychologists involved in this study suffered from high levels of stress and elevated levels of burnout. The burnout levels were elevated due to the significantly low scores obtained on the personal accomplishment scale and the moderate scores obtained on the depersonalisation scale.

However, although the stress levels of the participants are high, the levels of burnout of the participants are not significantly high as expected. When each of three subscales is examined separately from one another, there are indications that the participants have elevated levels of burnout. This is due to the significantly low scores obtained on the personal accomplishment subscale and the moderate scores obtained on the depersonalisation subscale. The scores obtained on the emotional exhaustion subscale were, however, low. What is interesting is that a large number of the psychologists obtained low scores on the personal accomplishment scale, indicating that they view themselves and their ability to do their jobs in a negative way. As Maslach and Leiter (1997), state, individuals that experience a diminished sense of personal accomplishment underestimate their successes and no longer feel like they are able to make a difference in their work or in their personal lives. This leads to a diminished self-efficacy. It would therefore be difficult to conclude whether the psychologists involved in this study have high levels of burnout as a single subscale on its own cannot predict burnout.

Half the participants (50%) obtained very low levels of depersonalisation, which is insignificant with findings of other researches conducted on burnout, as high levels of burnout are indicated by high levels of emotional exhaustion and depersonalisation and low levels of personal accomplishment.

The results also indicate that the psychologists in the study find their work demanding and stress provoking. In this study, reported sources of stress include: nature and severity of clients' needs and diagnoses, prognoses of client's diagnoses, socio-economic status of clients, progress and development of career, own emotional well-being, number of clients seen and progress and development of their career.

The research yielded non significant results in the Pearson's product moment correlations coefficients, indicating that no significant relationship exists between occupational stress and either one of the three burnout scales. The results also indicated that neither one of the two coping scales, namely problem-focused nor emotion-focused coping has a moderating effect in the correlation between occupational stress and burnout.

These results were further confirmed by the multiple regression analysis that was conducted. Again, no significant results were obtained when either emotion-focused or problem-focused coping was employed as the moderator variable with any of the burnout scales, indicating that no significant relationship exists between occupational stress and either one of the burnout scales. This contradicts with the literature. (Cherniss, 1980, Cordes & Dougherty, 1993, Maslach & Leiter, 1997, Leiter & Maslach, 1988). According to these authors, there is a definite relationship between occupational stressors and burnout, as stress is the precursor to burnout.

These contradictory findings can possibly be attributed to the occupational stress questionnaire that was developed by the researcher. It was a valid instrument, as supported by Cronbach's coefficient. This instrument had a α-coefficient of 0.820 as computed with the aid of the SPSS computer programme (SPSS Incorporated, 2003).

It appears that the instrument did not address the stressors that are significantly related to burning out for psychologists specifically. The stressors that were included in the study were more administrative in nature, and included factors such as the availability of proper infrastructure, the earning of CPD points, medical aid liaison and ensuring a steady flow of new referrals, amongst others. Follow-up studies may attempt to identify those unique work related stressors for psychologists that contribute directly to their possible burnout.

Therefore it can be hypothesised that the different findings by other researchers could be attributed to the different use of measures to access occupational stressors.

Another reason that could possibly contribute to these findings, is due to the three dimensional nature of the burnout criterion. No single subscale can predict burnout on its own. It would also be difficult to understand the predictors that contribute to each of the subscales fully. It is therefore difficult to reach concrete conclusions as to the factors that could possibly contribute to burnout.

The sample size was also quite small and this could possibly have affected the results obtained, and therefore made it difficult to make a generalisation to psychologists in the South African context. Adding to the small sample size was the fact that this study was aimed at private practice psychologists only in the Free State region, and therefore may not have constituted a representative sample.

The study could have been improved by not making use of random sampling, as this yielded a huge gap between the youngest and oldest participant. Some important biographical variables (such as educational level and marital status) could have been included to support this study and may have contributed to more findings.

The use of self-report measures and independent ratings as well as the fact that the psychologists were aware that their contact details were known could possibly mean that the responses were biased, in that they 'faked good' in some of their responses.

Perhaps the false negatives could also be attributed to social desirability on part of the psychologists.

Another possibility could be that the psychologists included in this study cope well and do not really burn out. If they do burn out, it could possibly be due to other reasons. Another option that was considered was that the psychologists that were burnt out did not take part in this study.

An interesting finding in this study was that there was no significant relationship between coping and occupational stressors. This is supported by other studies (Parkes, 1990) which found that correlations between job stressors and active coping are not significant. Many factors can contribute to this, as certain stressors may not influence coping, while other stressors will have a major effect on it. This supports the hypothesis made, that the questionnaire utilised to measure occupational stressors could contribute to the non-significant results.

It would therefore be beneficial to try and understand what type of occupational stressors could have a significant relationship with coping and burnout, it can also be hypothesised that although coping does not have a moderating effect on the relationship between occupational stress and burnout in the research sample; it could probably be beneficial for the individual under stressful situations.

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APPENDIX 1

BIOGRAPHICAL QUESTIONNAIRE

Biographical Questionnaire

Part 1: General Information

Instructions:

Please encircle the relevant response.

				For official use only
		Respondent number		1-3
1	Gender	Female	1	
		Male	2	4
2	Age	Years		5-6
3	How long have you been working as a Psychologist?	Years		7-8
4	What role do you think experience plays in your success as a Psychologist?	Important	1	
		Moderate	2	
		Minimal	3	9
5	Where is your practice located?	Rural area	1	
		Urban area	2	
		Both	3	10
6	What is the status of your practice?	Full time practice	1	
		Part time practice	2	11

7 If the answer to the above question is Part time, what is your other form of employment?

Employed by a government /public service department and allowed to practice as a psychologist	1	
Employed by a private company and allowed to practice as a psychologist	2	
Own Business unrelated to psychology	3	
Only limited private practice for limited hours (e.g. housewife)	4	12

8	What is the nature of your practice?	Group practice	1	
		Solo practice	2	13
9	If the answer to the above is Group practice, what is the nature of the practice?	Multi –team with other professionals	1	
		Only psychologists	2	14

10	Do you have a mentor or supervisor?	Yes No	1 2 → 15
10.1	If the answer to the above question is yes, How regular are your sessions with your mentor?	Weekly Monthly 6 monthly Yearly Once a year Less than once a year	1 2 3 4 5 6 → 16
11	Do you have a therapist?	Yes No	1 2 → 17
11.1	If the answer to the above question is yes, how often are your contact sessions?	Weekly Monthly 6 monthly Yearly Once a year Less than once a year	1 2 3 4 5 6 → 18
12	What is the extent of professional contact with other health professionals?(e.g. doctors, psychiatrists etc)	Weekly Monthly 6 monthly Yearly Less than once a year	1 2 3 4 5 → 19
13	How many clients on average do you see per week? Please specify	Number	→ 20-21
14	Do you do your own accounts?	Yes No	1 2 → 22
15	Do you have your own administrative staff?	Yes No	1 2 → 23
16	Do you submit your accounts electronically?	Yes No	1 2 → 24
17	How many hours on average on administration do you spend per week? (please specify)	Number	→ 25-26
18	What is your total amount of hours worked per week in **private practice** (Therapy, administration and all other activities)?	Number	→ 27-28
19	If you have another form of occupation other than the private practice, what is your total amount of hours worked **all together**?	Number	→ 29-30

APPENDIX 2

WORK OF EXPERIENCE QUESTIONNAIRE

Part 2: Experience of Work

To what extent does the following contribute to your levels of stress in private practice? Please indicate choice by circling the alternative most applicable to you on the scale next to each factor.

		Contributes very little	Contributes little	No Significant contribution	Significant contribution	Very significant contribution	For official use only
1	Socio-economic status of clients(e.g. ability to pay accounts)	1	2	3	4	5	31
2	Medical aid liaison (e.g. speed of feedback on accounts)	1	2	3	4	5	32
3	Nature and severity of client's needs or diagnosis	1	2	3	4	5	33
4	Own emotional well being	1	2	3	4	5	34
5	Own physical health	1	2	3	4	5	35
6	Availability of free time for leisure activity	1	2	3	4	5	36
7	Number of clients seen	1	2	3	4	5	37
8	Ensuring a steady flow of new referrals	1	2	3	4	5	38
9	Demands placed on you by practice management/administration	1	2	3	4	5	39
10	Earning of CPD points	1	2	3	4	5	40
11	Ability to receive feedback	1	2	3	4	5	41
12	Satisfaction with nature and content of your work	1	2	3	4	5	42
13	Progress and development of your career	1	2	3	4	5	43
14	Ability to meet financial obligations	1	2	3	4	5	44
15	Remuneration for efforts/services received	1	2	3	4	5	45
16	Availability of proper infrastructure and equipment	1	2	3	4	5	46
17	Relationship with other co-workers, if employed with other health professionals	1	2	3	4	5	47
18	The state of Psychology in South Africa	1	2	3	4	5	48
19	Prognosis of client's diagnosis?	1	2	3	4	5	49
20	Keeping in touch with latest developments in the field and ensuring that you are trained accordingly?	1	2	3	4	5	50

APPENDIX 3

THE COPE QUESTIONNAIRE

THE COPE QUESTIONNAIRE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously different events bring somewhat different responses, but think what you usually do when you are under a lot of stress. There are no right or wrong answers, and responses must indicate what you do rather than what "most people" do. Indicate how much your reaction is described by each statement from:

1 = I usually don't do this at all **2 = I usually do this a little bit**
3 = I usually do this a medium amount **4 = I usually do this a lot**

		I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot	For official use only
1	I ask people who have had similar experiences what they did.	1	2	3	4	51
2	I refuse to believe that it has happened.	1	2	3	4	52
3	I try to grow as a person as a result of the experience.	1	2	3	4	53
4	I force myself to wait for the right time to do something.	1	2	3	4	54
5	I put aside other activities in order to concentrate on this.	1	2	3	4	55
6	I take additional action to get rid of the problem.	1	2	3	4	56
7	I get used to the idea that it happened.	1	2	3	4	57
8	I talk to someone about how I feel.	1	2	3	4	58
9	I think about how I might best handle the problem.	1	2	3	4	59
10	I put my trust in God.	1	2	3	4	60
11	I sleep more than usual.	1	2	3	4	61
12	I drink alcohol or take drugs, in order to think about it less.	1	2	3	4	62
13	I admit to myself that I can't deal with it and quit trying.	1	2	3	4	63
14	I let my feelings out.	1	2	3	4	64
15	I try to get emotional support from friends or relatives.	1	2	3	4	65
16	I say to myself: "This isn't real"	1	2	3	4	66
17	I try to see it in a different light, to make it seem more positive.	1	2	3	4	67
18	I make sure not to make matters worse by acting too soon.	1	2	3	4	68

1 = I usually don't do this at all **2 = I usually do this a little bit**
3 = I usually do this a medium amount **4 = I usually do this a lot**

		I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot	For official use only
19	I try hard to prevent other things from interfering with my efforts at dealing with this	1	2	3	4	69
20	I make a plan of action.	1	2	3	4	70
21	I learn to live with it.	1	2	3	4	71
22	I try to get advice from someone about what to do.	1	2	3	4	72
23	I do what has to be done, one step at a time.	1	2	3	4	73
24	I pray more than usual.	1	2	3	4	74
25	I turn to other substitute activities to take my mind of things.	1	2	3	4	75
26	I give up the attempt to get what I want.	1	2	3	4	76
27	I get upset and let my emotions out.	1	2	3	4	77
28	I get sympathy and understanding from someone.	1	2	3	4	78
29	I pretend that it hasn't really happened.	1	2	3	4	79
30	I look for something good in what has happened.	1	2	3	4	80
31	I restrain myself from doing anything too quickly.	1	2	3	4	81
32	I take direct action to get around the problem.	1	2	3	4	82
33	I accept that this has happened and that it can't be changed.	1	2	3	4	83
34	I talk to someone who could do something concrete about the problem.	1	2	3	4	84
35	I try to come up with a strategy about what to do.	1	2	3	4	85
36	I go to movies or watch TV to think about it less.	1	2	3	4	86
37	I try to find comfort in my religion.	1	2	3	4	87
38	I focus on dealing with the problem.	1	2	3	4	88
39	I reduce the amount of effort I'm putting into solving the problem.	1	2	3	4	89
40	I feel a lot of emotional distress and I find myself expressing those feelings a lot.	1	2	3	4	90
41	I talk to someone to find out more about the situation.	1	2	3	4	91
42	I act as though it hasn't even happened.	1	2	3	4	92
43	I learn something from the experience.	1	2	3	4	93
44	I hold off doing anything about it until the situation permits.	1	2	3	4	94
45	I concentrate my efforts on doing something about it.	1	2	3	4	95
46	I keep myself from getting distracted by other thoughts or activities.	1	2	3	4	96
47	I think hard about what steps to take.	1	2	3	4	97
48	I accept the reality of the fact that it happened.	1	2	3	4	98
49	I discuss my feelings with someone.	1	2	3	4	99
50	I just give up trying to reach my goal.	1	2	3	4	100
51	I seek God's help	1	2	3	4	101
52	I daydream about things other than this.	1	2	3	4	102
53	I get upset, and am really aware of this.	1	2	3	4	103

APPENDIX 4

THE MASLACH BURNOUT INVENTORY

MASLACH BURNOUT INVENTORY

The following 22 statements are related to the work situation. Please read through these carefully and then decide to what extent they apply to your working environment. If you have never experienced the feeling, encircle a **"0" (zero)** in the **"how often"** as well as in the **"how strong" column.** If you have previously experienced the feeling, encircle a number (1-6) in the **"how often"** column that best describes how often you have had it. Accordingly encircle a number (1-6) in the **"how strong"** column that best describes how strong this feeling was.

Please circle how often you experience the following feelings									**Please circle how strongly you experience the following feelings**						
For official use only	Never	A few times a year	Monthly	A few times a month	Every week	A few times a week	Every day	Statement	Never	Very mild, barely noticeable	Mild	Very noticeable	Moderate	Strong	Very strong
104 -105	0	1	2	3	4	5	6	I feel emotionally drained from my work.	0	1	2	3	4	5	6
106-107	0	1	2	3	4	5	6	I feel used up at the end of the workday.	0	1	2	3	4	5	6
107-108	0	1	2	3	4	5	6	I feel fatigued when I get up in the morning and have to face another day on the job.	0	1	2	3	4	5	6
109-110	0	1	2	3	4	5	6	Working with people all day is a real strain for me.	0	1	2	3	4	5	6
111-112	0	1	2	3	4	5	6	I feel burned out from my work.	0	1	2	3	4	5	6
113-114	0	1	2	3	4	5	6	I feel frustrated by my job.	0	1	2	3	4	5	6
115-116	0	1	2	3	4	5	6	I feel like I am working too hard on my job.	0	1	2	3	4	5	6
117-118	0	1	2	3	4	5	6	Working with people directly puts too much stress on me.	0	1	2	3	4	5	6
119-120	0	1	2	3	4	5	6	I feel like I am at the end of my rope.	0	1	2	3	4	5	6
120-121	0	1	2	3	4	5	6	I can easily understand how my patients feel about things.	0	1	2	3	4	5	6
122-123	0	1	2	3	4	5	6	I deal very effectively with the problems of my patients.	0	1	2	3	4	5	6
124-125	0	1	2	3	4	5	6	I feel I am positively influencing other people's lives through my work.	0	1	2	3	4	5	6
126-127	0	1	2	3	4	5	6	I feel like I am very energetic.	0	1	2	3	4	5	6

Please circle how often you experience the following feeling									Please circle how strongly you experience the following feelings						
For official use only	Never	A few times a year	Monthly	A few times a month	Every week	A few times a week	Every day	Statement	Never	Very mild, barely noticeable	Mild	Very noticeable	Moderate	Strong	Very strong
128-129	0	1	2	3	4	5	6	I can easily create a relaxed atmosphere with my patients.	0	1	2	3	4	5	6
130-131	0	1	2	3	4	5	6	I feel exhilarated after working closely with my patients.	0	1	2	3	4	5	6
132-133	0	1	2	3	4	5	6	I have accomplished many worthwhile things in my job.	0	1	2	3	4	5	6
134-135	0	1	2	3	4	5	6	In my work, I deal with emotional problems very calmly.	0	1	2	3	4	5	6
136-137	0	1	2	3	4	5	6	I feel I treat some patients as if they were impersonal 'objects'	0	1	2	3	4	5	6
137-138	0	1	2	3	4	5	6	I have become more callous towards people since I took this job.	0	1	2	3	4	5	6
139-140	0	1	2	3	4	5	6	I worry that this job is hardening me emotionally.	0	1	2	3	4	5	6
141-142	0	1	2	3	4	5	6	I don't really care what happens to some patients.	0	1	2	3	4	5	6
143-144	0	1	2	3	4	5	6	I feel patients blame me for some of their problems.	0	1	2	3	4	5	6