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Burnout : implications for counselors

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Burnout : implications for counselors

Abstract

The phenomenon of burnout has received wide attention during the last fifteen years, especially in human service organizations. Burnout may affect individuals in a number of ways within the work setting. Its consequences may be physical, emotional, or intellectual (Whitaker, 1995). The key characteristics are an overwhelming exhaustion; feelings of frustration, anger, and cynicism; and a sense of ineffectiveness and failure (Maslach & Goldberg, 1998). Emotional exhaustion, depersonalization, and reduced personal accomplishment are symptoms of a cognitive and emotional state that mental health workers experience and observe among their colleagues (Leiter & Harvie, 1996). Although some people may quit the job as a result of burnout, others will stay on, but will only do the bare minimum rather than their very best. This decline in the quality of work can be very costly for everyone (Maslach & Goldberg, 1998).

BURNOUT: IMPLICATIONS FOR COUNSELORS

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A Research Paper

Presented to

The Department of Educational Leadership, Counseling,

and Postsecondary Education

University of Northern Iowa

———————

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

———————

by

Rhonda L. Corell

May 2000

This Research Paper by: Rhonda L. Corell

Entitled: BURNOUT: IMPLICATIONS FOR COUNSELORS

has been approved as meeting the research paper requirements for the Degree of Master

of Arts.

Terry Kattman

3-23- 2000
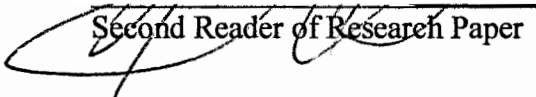Date Approved

Advisor/Director of Research Paper

3 - 28 - 2000
Date Approved

Second Reader of Research Paper

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4. 14. 2000
Date Received

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Burnout

The phenomenon of burnout has received wide attention during the last fifteen years, especially in human service organizations. Burnout may affect individuals in a number of ways within the work setting. Its consequences may be physical, emotional, or intellectual (Whitaker, 1995). The key characteristics are an overwhelming exhaustion; feelings of frustration, anger, and cynicism; and a sense of ineffectiveness and failure (Maslach & Goldberg, 1998). Emotional exhaustion, depersonalization, and reduced personal accomplishment are symptoms of a cognitive and emotional state that mental health workers experience and observe among their colleagues (Leiter & Harvie, 1996). Although some people may quit the job as a result of burnout, others will stay on, but will only do the bare minimum rather than their very best. This decline in the quality of work can be very costly for everyone (Maslach & Goldberg, 1998).

Burnout is a particularly tragic endpoint for professionals who entered the job with positive expectations, enthusiasm, and a dedication to helping people. The norms for mental health workers are clear, if not always stated explicitly: to be selfless and put others' needs first; to work long hours and do whatever it takes to help a client; to go the extra mile and to give one's all (Maslach & Goldberg, 1998).

Burnout is a problem in the human service field. More human service workers should be aware of the burnout process and the consequences of this

process. There is a need for more information and trainings on burnout. Many sufferers of burnout may not know what they have or if anything can be done about it. The purpose of this paper is to highlight definitions of burnout, causes of burnout, symptoms of burnout, and interventions.

<div align="center">Definitions</div>

"Burnout" originally referred to the chronic depletion, apathy, and hopelessness experienced by drug abusers. The term was first applied by Fredenberger (cited in Solomon & Siegal, 1997) to describe the occupation-related exhaustion felt by many helping professionals. Working with "hard to treat" populations can be incredibly challenging and rewarding. Those helping professionals who do so must constantly monitor themselves to be sure they are not losing their effectiveness, becoming cynical and pessimistic, losing their empathic attunement, growing angry with and resentful of their clients, or attempting to deny mounting difficulties (Soloman & Siegal, 1997).

The term burnout conjures up different meanings for different individuals. Burnout represents high stress levels and role overload. Burnout also affects personal and professional lives and negatively impacts interpersonal relationships. In examining the literature, several definitions of burnout emerge (Whitaker, 1995).

The broadest definitions equate burnout with stress, connect burnout with a long list of adverse health and well-being variables, and suggest that burnout is

caused by the relentless pursuit of success (Richardson & Burke, 1995). Other definitions are narrower, relating burnout to human service professionals with interpersonal stress as its cause. Burnout appears to be a unique type of stress syndrome that can be distinguished from other forms of stress (Richardson & Burke, 1995).

Burnout can be considered prolonged job stress. In the stress process (i.e. alarm, resistance, and exhaustion), burnout may be likened to the third stage, exhaustion. Thus, burnout can be distinguished from stress in terms of time, since normally all three stages are considered stress (Burke & Richardson, 1996). However, stress and burnout cannot be distinguished on the basis of symptoms, only in terms of process. Recent work suggests that burnout can be clearly distinguished from other forms of stress, both conceptually and empirically (Burke & Richardson, 1996).

Cherniss (1980) defined burnout as consisting of three stages. The first stage involves an imbalance between work demands and an individual's resources for dealing with these demands. The second stage, an immediate, short term emotional response to the imbalance, is characterized by feelings of anxiety, tension, fatigue, and exhaustion. The third stage of burnout is marked by a number of changes in attitude and behavior. These include a tendency to treat clients in a detached fashion or a cynical preoccupation with gratification of one's

own needs. Burnout occurs over time and represents one way of adapting to, or coping with particular sources of stress (Burke & Richardson, 1996).

· The most commonly used definition of burnout suggests that it is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that occurs among individuals who work with people in some capacity (Maslach & Goldberg, 1998). Emotional exhaustion refers to feelings of being emotionally overextended (Maslach & Goldberg, 1998). Depersonalization refers to an unfeeling and callous response toward these people, who are usually the recipients of one's service or care. This state is usually thought of as a coping mechanism to deal with emotional exhaustion (Maslach & Goldberg, 1998). Reduced personal accomplishment refers to a decline in one's feeling of competence and successful achievement in one's work with people (Maslach & Goldberg, 1998). Most researchers propose a developmental model in which emotional exhaustion develops first, then depersonalization and reduced personal accomplishment follow (Drake & Yadama, 1996; Maslach & Goldberg, 1998).

One of the advantages of viewing burnout as a process over time is that this allows people to track burnout's antecedents, particularly those features of the organization that contribute to the development of stress and then burnout. This has theoretical and practical implications. From a practical perspective, it is of great value to the organization and its managers to be able to specify just what the

causes of burnout are. This would help in implementing appropriate interventions (Burke & Richardson, 1996).

· There is a wide variety of definitions used to describe burnout. Most definitions include the constructs of emotional exhaustion, depersonalization, and reduced personal accomplishments. Once burnout is defined, there is a need to assess burnout. The next section of this paper contains a discussion of the instrument most commonly used to assess burnout, the Maslach Burnout Inventory (MBI) (Maslach, Jackson, & Leiter, 1997).

Maslach Burnout Inventory

Burnout seems to be correlated with various self-reported indexes of personal dysfunction, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems. The generally consistent pattern of findings that emerged from research led to the development of a specific syndrome of burnout and an instrument to assess this syndrome. This measure, the Maslach Burnout Inventory (MBI), contains three subscales that assess the different aspects of experienced burnout. It has been found to be reliable, valid, and easy to administer (Maslach, et al., 1997).

The MBI is designed to assess the three components of the burnout syndrome: emotional exhaustion, depersonalization, and reduced personal accomplishment. There are 22 items, which are divided into three subscales. The general term "recipients" is used in the items to refer to the particular people for

whom the respondent provides service, care, or treatment. The items are written in the form of statements about personal feelings or attitudes. The items are answered in terms of the frequency with which the respondent experiences these feelings, on a 7 point, fully anchored scale (ranging from 0, "never," to 6, "every day") (Maslach et al., 1997).

The nine items in the Emotional Exhaustion subscale assess feelings of being emotionally overextended and exhausted by one's work. The five items in the Depersonalization subscale measure an unfeeling and impersonal response toward recipients of one's service, care, treatment or instruction. For both subscales, higher mean scores correspond to higher degrees of experienced burnout. The eight items in the Personal Accomplishment subscale assess feelings of competence and successful achievement. Lower scores on this subscale correspond to higher degrees of experienced burnout. The scores for each subscale are considered separately and are not combined for a total score (Maslach et al., 1997).

The MBI takes about 10 to 15 minutes to fill out. It is self-administered. The survey should be completed privately, without others knowing the answers. Confidentiality should be maintained, and the person's identity kept anonymous. To minimize the reactive effects of personal beliefs or expectations, respondents must be unaware that the MBI is a burnout measure. For this reason, the test form is labeled MBI Human Services Survey. The scale should be presented as a

survey of job-related attitudes and not be linked to burnout in any way. Once the measure has been administered to all respondents, then a discussion of burnout is appropriate (Maslach et al., 1997).

The MBI was designed to measure an enduring state of experienced burnout. It was also designed to assess levels and patterns of burnout among groups of workers, but not to assess individuals' distress (Maslach et al., 1997).

The multidimensional model of burnout on which the MBI is based stands in contrast to unidimentional models that use measures that produce a single score. The multidimentional model incorporates the single dimension (exhaustion) and extends it by adding two other dimensions (depersonalization and reduced personal accomplishment). These three components have appeared within most of the definitions of burnout (Maslach et al., 1997).

The original Maslach Burnout Inventory was designed to measure burnout in a variety of human services occupations. However, two alternate versions of the MBI have been developed. One version was developed to assess burnout in the teaching profession and the second version to assess burnout in occupations other than human services (Maslach et al., 1997).

The stability of the MBI's subscales over time is consistent with its purpose of measuring an enduring state. However, one consequence of this stability is that the measure is relatively insensitive to minor fluctuations in experienced burnout.

The MBI also poses a challenge for researchers who want to determine relationships over time (Maslach et al., 1997).

·   To date, no clinical research on either burnout symptomatology or diagnostic criteria has been done using the MBI. Thus, this instrument cannot be used for individual diagnosis because there is no solid basis on which to identify meaningful cutoff scores or dysfunctional patterns. However, the MBI can be used as a self-assessment tool. Individuals can compare their scores to the norms presented in the MBI manual to see where they stand in relation to other people in their occupation. This exercise can help people develop an awareness of whether burnout is an issue that they need to address (Maslach et al., 1997).

The MBI is the most widely used measure in research on burnout and is generally regarded as the measure of choice for any self-reported assessment. More extensive psychometric research has been done on the MBI than on any other burnout measure, and its multidimensional conceptualization of burnout has made it particularly appropriate for theory driven research (Maslach et al., 1997).

Causes of Burnout

The stressors that contribute to burnout are generally well defined. However, patterns of causality are difficult to determine, partly because variables have only been assessed at one point in time and partly because many of these variables are interdependent (Burke & Richardson, 1996). There are some major themes in different theories of what causes burnout and what happens when a person has

burnout. Most researchers (Cherniss, 1980; Farber, 1983; Schufeli & Enzman, 1998) have emphasized difficult interpersonal relationships at work, job demands, and characteristics of the organizational setting in which work takes place. There have also been discussions of individual causes of burnout, such as personal expectations, motivations, and various personality traits (Pines, 1992).

Maslach and Leiter (1997) believed that the causes of burnout lie more in the job environment than in the individual. Many different job settings that are burnout prone have several things in common: (a) overload; (b) role conflict and role ambiguity; (c) lack of control; and (d) lack of support. Overload is a mismatch between the organization and definition of workload and the individual's definition of workload. From the organizational perspective, workload means productivity; from the individual's perspective, workload means time and energy (Maslach & Leiter, 1997). When the emotional and/or physical demands exceed the person's ability to handle them, the situation creates burnout and stress (Maslach & Zimbardo, 1982). The key is to finding a compromise between the two perspectives.

A second characteristic that burnout-prone places have in common is role conflict and role ambiguity (Burke & Richardson, 1996). Role conflict is the simultaneous occurrence of two or more sets of inconsistent, expected role behaviors representing multiple sources of demand. Role ambiguity is the lack of clear, consistent information regarding the rights, duties, and responsibilities of

the job and how these duties can best be performed (Farber, 1983). Friesen and

Sarros (1989) conducted a study with 128 school-based administrators and 635

teachers. Data was collected through a survey using a 72 item questionnaire

which contained five sections: (a) respondent demographic information;

including an item on overall work stress; (b) job satisfaction instrument; (c) a job

characteristics instrument; (d) the Maslach Burnout Inventory; and (e) a personal

comment section. Friesen and Sarros (1989) found that overall work stress and

high levels of role conflict were the major predictors of emotional exhaustion and

fatigue as well as a negative attitude towards clients.

Lack of control or autonomy in one's job may also contribute to burnout

(Burke & Richardson, 1996). The capacity to set priorities for day-to-day work,

select approaches to doing work, and make decisions about the uses of resources

is central to being a professional. If people do not have some control over

important dimensions of their jobs, this prevents them from addressing problems

they identify. Without the capacity to make relevant decisions, people can waste

time doing things that do not get the job done. Without control, they can not

balance their interests with those of the organization. They lose interest if they do

not feel that they are making things happen (Maslach & Leiter, 1997).

Lastly, lack of social support may lead to burnout. Social support from

colleagues, in the form of friendship and help, may be an important element in a

worker's satisfaction with the job and experience of burnout (Maslach & Leiter,

1997). An effective support group includes people who can provide emotional comfort; confront people when behavior is inappropriate; provide technical support in work-related areas; encourage individual growth; serve as active listeners; and share similar values, beliefs, and perceptions of reality (Burke & Richardson, 1996). Support may come from various sources, from administration, co-workers, or others outside the work environment. Social support in relation to burnout has focused on social support both at work and from the family (Pines & Aronson, 1998).

Interactions with co-workers may not always be supportive because of conflicts and disagreements among people (Burke & Richardson,1996). Sometimes these relationships can be even more stressful than the contact with clients. Trouble in relating to co-workers can contribute to burnout in two ways. First of all, co-workers can be another source of emotional exhaustion and negative feelings about people. Second, lack of support from co-workers robs the individual of a very valuable resource for coping with burnout (Pines & Aronson, 1998).

The prevailing concept in the professional literature is that social support acts as a buffer against burnout (Maslach & Zimbardo, 1982). In a study designed to investigate the effects of interpersonal relationships with colleagues on the individual, Dolan and Renaund (1992) conducted a study with 224 senior executives from different private sector organizations. Breakdown by gender

showed a predominance of male executives (91.5%), which is typical of these

occupations. Data was collected over a 9 month period. A multiple item

computer-assisted questionnaire was administered, composed of organization/job

assessment, personality trait assessments, social support assessment, and the MBI.

Three dimensions of social support; superior, colleagues, and off work (i.e.

family or friends), were used. Dolan and Renaud (1992) found that social support

plays a marginal role in buffering burnout. Out of 39 separate hierarchical

regression analyses that were performed, only in two cases was social support

found to play a moderating role. Although problems related to responsibility

were the prime contributor to emotional exhaustion, support and understanding on

behalf of a superior seemed to buffer it. Similarly, a social support outside of

work acted as a buffer for emotional exhaustion resulting from work overload

(Dolan & Renaud, 1992). Although the results of this study contradict the idea

that social support can act as a buffer against burnout, these finding might only

characterize managers and executives who may act as if social support is not

needed (Dolan & Renaud, 1992). A common stereotypical perception among

managers is that the search for support will be interpreted by colleagues,

superiors, and subordinates as a weakness. Many executives compete with one

another and feel very isolated (Dolan & Renaud, 1992). Further research is

needed on the impact of social support and other organizational factors on

burnout.

Stressful contact with clients is also linked to higher scores of burnout (Cherniss, 1980). According to Maslach and Zimbardo (1982), client factors that can be stressful include type of client problems; personal relevance of client problems; the rules governing the staff-client relationship; and the client stance. In addition, negative feedback, complaints and criticisms, and anger and frustration from clients about the staff or the institution may be stressful to hear (Burke & Richardson, 1996).

The emotional intensity of involvement with people, work overload, lack of control, or poor social supports are some of the external factors associated with burnout. External factors are not the entire story. Internal factors play a role as well (Maslach & Zimbardo, 1982). What a person brings to a situation is just as critical as the situation itself. A person brings individual characteristics such as motivation, needs, values, self esteem, emotional expressiveness and control, and personal style. These qualities can determine how individuals cope with stress (Maslach & Zimbardo, 1982).

In general, the research is consistent with the proposition that burnout is most evident in work situations that inhibit mental health workers' capacity to realize their values through their work (Leiter & Harvie, 1996). Such problems arise through excessive demands associated with caseloads or personal conflict that interferes with opportunities to attend thoroughly to needs of clients. These problems are exacerbated by insufficient support from colleagues, family, or the

work itself, which may diminish the resources available to mental health workers in developing positive work attitudes (Leiter & Harvie, 1996).

Symptoms

There are a number of burnout symptoms that typically befall overstressed helping professionals. These include exhaustion, emotional and physical depletion, inattention to patients, irritability, disillusionment, loss of belief in one's effectiveness, and displacement of feelings onto one's friends and family. A majority of helping professionals experience these symptoms occasionally, but burnout sufferers experience these symptoms as chronic assaults (Soloman & Siegal, 1997). Other researchers (Schaufeli, Maslach, & Maren, 1993) have added further symptoms to the burnout syndrome: loss of energy, idealism, motivation, purpose, and positive regard for patients; a lessening concern about work; decreased job morale; increased absenteeism; and a decline in overall effectiveness. These researchers (Schaufeli et al., 1993) further noted that burnout sufferers were particularly susceptible to fatigue, insomnia, frustration, depression, colds, headaches, gastrointestinal problems, ulcers, hypertension, and abuse of alcohol and drugs. Burnout is similar to depression in that it often remains unidentified as it siphons the energy of its victims (Shields, 1996).

Evidence indicates that burnout is related to poor health (i.e. fatigue, physical depletion, and somatic problems) (Maslach & Zimbardo, 1982). Burnout may also lead to health-related problems, increased use of medications, and alcohol

(Burke & Richardson, 1996). In a study of men and women in police work, individuals scoring higher on two burnout measures reported more psychomatic symptoms; more negative feeling states; and less job satisfaction. High burnout scores were also related to lifestyle practices associated with poorer health (i.e. smoking) and tangible signs of poorer health (i.e. high blood pressure). Similar results have been found in studies with other helping professionals (Burke & Richardson, 1996). In addition, burnout has been linked to a number of emotional symptoms, depression, guilt, and anxiety and tension. Chronic stress may be more strongly related to psychological distress than episodic stressful events (Soloman & Siegal, 1997).

It seems clear from the research evidence that burnout is associated with a number of work-related behaviors and attitudes, but studies have also shown that occupational burnout also influences workers' functioning outside work (Burke & Richardson, 1996). Wolpin et al. (1991) found that both negative work setting characteristics and marital dissatisfaction were associated with greater work stressors, which in turn resulted in decreased job satisfaction. There is evidence that burnout may affect workers' home life. All three burnout components contributed significantly to lowered quality of personal life among teachers (Wolpin et al., 1991). Among police officers, emotional exhaustion has been linked to coming home tense, anxious, and angry; complaining about work problems' and being more withdrawn at home (Wolpin et al., 1991). Wolpin et al.

(1991) has indicated that workers experiencing burnout are more likely to have unsatisfactory marriages and that they indicate a greater negative impact in home and family than workers who are not burned out. The research shows that there are serious effects of burnout. The next step after identifying symptoms of burnout is trying to alleviate burnout symptoms.

Interventions

Most researchers and workers consider burnout a serious and pervasive work-force problem. There are few scientific studies evaluating stress reduction and management procedures (Burke & Richardson, 1996). Efforts to formulate and validate treatment approaches for burnout have been hindered by factors such as the lack of clear distinctions between concepts of stress and burnout, the lack of a commonly accepted etiological model, and the tendency to focus on interventions on a limited number of variables (Burke & Richardson, 1996).

Researchers (Maslach & Goldberg, 1998; Shields, 1996) have agreed that human service professionals can recover from early career burnout. Some of the conditions that helped these professionals recover from burnout were the same ones that helped to prevent burnout. Professionals who do recover from early career burnout frequently find new work situations that provided more autonomy, organizational support, and interesting work (Burke & Richardson, 1996).

Over the years, writers (Cherniss, 1980; Pines & Aronson, 1988; Schaufeli & Enzman, 1998) have suggested a number of interventions that can be used to

reduce burnout in the work place. Most of these interventions were aimed at

reducing burnout at the source. Specific examples include initiating staff

· development and counseling, increasing worker involvement and participation in

decision making, improving supervision through clarification of work goals, and

facilitating the development of social support (Burke & Richardson, 1996).

Maslach and Goldberg (1998) looked at individual coping efforts and styles and

have attempted to evaluate the effects of these on stress. Some of the strategies

used are cognitive skills training, relaxation/meditation training, and exercise

training. Group work and collaborating in pairs on how to build an ideal team

have also been used as individual intervention strategies (Burke & Richardson,

1996).

A clear conclusion to be drawn from the burnout literature is that most of the

prevention recommendations fall into the category of changing the person

(Maslach & Goldberg, 1998). Although there is some recognition of the role of

work place stressors, the basic agreement is that the individual plays a more

central role in prevention of burnout (Maslach & Goldberg, 1998).

The rationale for placing more responsibility on the individual rests on

several assumptions. First, it is presumed that burnout is not caused by a stressful

work environment alone, but by the individual's workaholic response to that

environment. Second, regardless of the source of burnout, it is often presumed

that it is the responsibility of the person, not the organization, to do something

about the problem. Another factor that may favor individual strategies is that at least immediately they tend to be less costly for the organization, than interventions of organizational change (Maslach & Goldberg, 1998).

There are several categories of individual prevention strategies. One of the basic recommendations for prevention of burnout is to work less. This may mean taking more breaks or a permanent reduction in hours worked per week (Maslach & Goldberg, 1998). Other strategies include development of preventive coping skills, development of a relaxed lifestyle, improvements in health, and an increase in social support (Maslach & Goldberg, 1998).

Conclusion

Burnout is a serious stress problem in many work settings. Efforts need to be devoted to exploring and understanding how to reduce stress levels in organizations.

The quantity of psychological burnout research has grown in recent years, as has general interest in the subject. Yet, in spite of this larger volume, understanding of the burnout phenomenon remains limited. This results from the complexity of the burnout process, definition and measurement issues. Much research that has been done using small and often nonrepresentative samples and collecting data at one point in time rather than several time periods (Burke & Richardson, 1996). Research in this area is hampered to some extent by inconsistencies in the measurement of burnout. Although the vast majority of the

researchers use the MBI, they score it and analyze it differently (Leiter & Harvie, 1996). Leiter and Harvie (1996) recommended using the full MBI with frequency ratings, only reporting descriptive statistics on all three subscales, reporting correlations of predictors with all three subscales, and reporting the third scale as personal accomplishment.

There remains considerable work to be done in integrating the range of perspectives on burnout among mental health workers. It is important that research on burnout among mental health workers be developed with full recognition of parallel research with professional in health care, social services, and education, as well as considerations of burnout outside of human services (Leiter & Harvie, 1996). Research might focus more specifically on the role that feelings of personal accomplishment play in relation to worker interactions with co-workers and worker effectiveness (Drake & Yadama, 1996). Research needs to be done in developing interventions to alleviate or decrease burnout symptoms.

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