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## Burnout and its correlates in South African clinical and counselling psychologists

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This article explores burnout and its correlates among South African psychologists. A random sample of 238 clinical and counselling psychologists completed internet surveys that included a biographical questionnaire, the Maslach Burnout Inventory, and the Brief Coping Orientations to Problems Experienced. Results indicated that approximately half of the participants showed moderate to high levels of burnout. Different combinations of coping strategies predicted the three components of burnout. The biographical variables of age, gender, weekly client hours, years in practice, and medical aid payment difficulties were significant predictors of burnout. Recommendations are made to improve the emotional well-being of South African psychologists.

### Uitbranding en die korrelate daarvan by Suid-Afrikaanse kliniese en voorligtingsielkundiges

Hierdie artikel verken uitbranding en verbandhoudende komponente by Suid-Afrikaanse sielkundiges. In 'n steekproef het 238 kliniese en voorligtingsielkundiges vraelyste op die internet ingevul, wat 'n biografiese vraelyste, die Maslach Burnout Inventory en die Brief Coping Orientations to Problems Experienced ingesluit het. Die resultate het aangedui dat ongeveer die helfte van die deelnemers matige tot hoë vlakke van uitbranding getoon het. Verskillende kombinasies van stresreageringstrategieë het die drie komponente van uitbranding voorspel. Die biografiese veranderlikes soos ouderdom, geslag, weeklikse kliënte-ure, jare in praktyk en probleme met uitbetalings deur mediese fondse was beduidende voorspellers van uitbranding. Aanbevelings word gemaak om die emosionele welstand van Suid-Afrikaanse sielkundiges te verbeter.

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**B**urnout is a well-known stress-related syndrome among people working in the helping professions (Philip 2004, Vredenburg *et al* 1999), as well as a common negative emotional result of the practice of psychotherapy (Grosch & Olsen 1994). Burnout can lead to a deterioration in the quality of professional services provided by psychologists and it is associated with debilitating influences on the personal lives of professionals (Maslach *et al* 2001). Some researchers contend that the average psychologist has a productive professional career of only 10 years (Grosch & Olsen 1994).

Since Freudenberger (1974) introduced the term “burnout” to the scientific literature three decades ago, much research has been published on this subject, with Schaufeli (2003) noting that there have been over 6000 scientific publications in this field. Freudenberger described burnout as a state of exhaustion or frustration caused by devotion to a cause, a way of life, or a relationship that failed to meet expectations. More specifically, Maslach *et al* (1997) defined burnout as a syndrome that occurs in people working in the human service professions, which is characterised by three components: emotional exhaustion (emotional over-involvement and feeling overwhelmed by others’ emotional demands); de-personalisation (the development of negative feelings towards clients and the treatment of clients in a detached, uncaring and dehumanising way), and reduced personal accomplishment (negative feelings regarding own efficacy and associated outcomes). The burnout syndrome does not emerge suddenly, but develops over a long period of stressful working conditions.

Various researchers (Maslach *et al* 2001: 402, Sandoval 1993: 324, Schaufeli 2003: 3) have stated that emotional exhaustion forms the key aspect of burnout. When individuals describe themselves as experiencing burnout, they most often refer to the experience of emotional exhaustion. This component of burnout is the most widely reported and the most thoroughly researched (Maslach *et al* 2001: 403), as well as the component that most often results in response to stressors in the work environment (Greenglass *et al* 1998: 1089).

The manifestation of burnout can have serious and pervasive consequences for clients as well as for mental health professionals (Huebner 1993: 9, 41). In psychologists, burnout manifests itself in a lack of empathy, respect and positive feelings towards clients. Consequently, the latter are treated in a derogatory or condescending way (Skorupa & Agresti

1993: 281). Research indicates that emotional exhaustion, fatigue, problems with interpersonal relationships, feelings of isolation, disillusionment regarding the profession, anxiety, depression, alcohol abuse and suicidal tendencies are common burnout-related problems experienced by psychologists.<sup>1</sup> Psychologists who are overwhelmed by their own personal problems are typically not capable of using their skills effectively, which results in their therapeutic efficiency being compromised.

Several researchers have reported moderate levels of burnout in psychologists in terms of emotional exhaustion and depersonalisation (Fortener 2000, Persing 2000, Vredenburg *et al* 1999). Kaden's (1999) study of burnout in doctoral level psychologists demonstrated moderate levels of emotional exhaustion and low levels of depersonalisation. Most of these studies also indicated low levels of reduced personal accomplishment.

To date, only three studies concerning burnout in clinical or counselling psychologists in South Africa could be found. The findings of two of these studies by Metz (1987) and Smith (1998) indicated that psychologists in South Africa generally experienced low to moderate levels of burnout. In turn, the third study by Philip (2004) indicated that the level of burnout and stress amongst psychologists were highly elevated. It should be borne in mind that Metz's sample consisted of clinical psychologists in one geographic region of South Africa, while Smith's sample included psychologists in all five South African registration categories, namely clinical, counselling, industrial, research and educational psychology. The sample size of Philip (2004) was also relatively small and this could have affected the results obtained. These results can therefore not be generalised to the South African population of clinical and counselling psychologists.

The two main correlates of burnout in psychologists which are being investigated in the current research are coping strategies and biographical variables.

1 Cf Gilroy *et al* 2001 & 2002, Grosch & Olsen 1994, Mahoney 1997, Pope & Tabachnick 1994, Radeke & Mahoney 2000.

## 1. Burnout and coping strategies

Highly motivated people who are constantly prevented from achieving their goals are particularly vulnerable to burnout when they experience a lack of adequate coping strategies (Zemirah 2000). With effective coping, work stressors are less likely to result in burnout. Individuals cope with burnout in different ways, however, causing some of them to give up the professions, while others seek advancement in an attempt to escape from the emotional demands placed on them by their work (Pines 1993).

It has been demonstrated that certain coping strategies have a buffering effect against burnout. For example, Brown & O'Brien (1998), who studied coping in shelter workers, demonstrated that emotional exhaustion and depersonalisation correlated positively with the coping strategy of mental disengagement, while personal accomplishment was associated with active coping, positive reinterpretation and growth, and planning.

Turning to religion has also been confirmed as an effective way of coping with burnout (Johnson 2001, Storm & Rothmann 2002). Furthermore, the relationship between humour and the experience of burnout has been the topic of some research. A positive correlation between the coping strategy of humour and feelings of personal accomplishment, as well as a negative correlation between the use of humour and the experience of emotional exhaustion and depersonalisation, has been reported by several researchers (Bowden 2000, Talbot & Lumden 2000). It seems as if humour can contribute meaningfully to the prevention and reduction of professional burnout in therapists (Franzini 2001).

The literature suggests a negative correlation between burnout and seeking social support, with sufficient social support being associated with lower levels of emotional exhaustion and depersonalisation in psychologists (Aragones 2001). According to Himle *et al* (1991), meaningful knowledge and practical assistance are associated with lower levels of burnout.

From the literature it is evident that coping strategies which involve psychological distancing or disengagement from a stressful situation, are related to burnout (Anderson 2000, Jansen van Vuuren & Rothmann 2002, Storm & Rothmann 2002). On the other hand, De Rijk *et al* (1998: 13) argued that active coping counteracts the negative consequences (such as burnout) of work-related stressors.

## 2. Burnout and biographical variables

Recent studies have investigated the correlation between burnout and biographical variables. Generally, it has been demonstrated that younger professionals tend to be more prone to burnout than their older colleagues (Van Morkhoven 1998, Vredenburg *et al* 1999).

The literature concerning the relationship between burnout and gender is contradictory. One consistent gender difference is that males often score higher on depersonalisation (Maslach *et al* 2001: 410, Vredenburg *et al* 1999: 300). Some researchers have also demonstrated a tendency for females to score higher on emotional exhaustion (Maslach *et al* 2001: 410).

A significant positive correlation between psychologist burnout and the number of client contact hours per week has been found by several researchers (Kaden 1999, Persing 2000, Skorupa & Agresti 1993: 284). A study of doctoral-level psychologists indicated that the total number of hours spent on professional activities was a significant predictor of emotional exhaustion (Kaden 1999). These findings are in agreement with those of Persing (2000) who reported a positive correlation between the number of client hours and emotional exhaustion in practising psychologists.

There have been only two available studies in which the correlation between burnout and the number of years in practice was examined. Naisberg-Fennig *et al* (1991) found a negative but insignificant correlation between number of years in practice and burnout in Israeli state psychiatrists. In South Africa, Smith (1998) indicated that professional experience was associated with low levels of burnout in psychologists.

With regard to the relationship between burnout and marital status, research findings are contradictory. It seems as if unmarried individuals tend to be more prone to burnout than those who are married, with single individuals experiencing even higher burnout levels than divorced individuals (Maslach *et al* 2001).

Given the paucity of research on the correlates of burnout in South African psychologists, and the contradictory findings in the international literature, continued research on burnout and its correlates seems justified. South African research on burnout (Philip 2004) has called for further research on professional burnout and related biographical

variables that may play a role in this condition. The first aim of the present research was to examine the level of burnout, which included the dimensions of emotional exhaustion, depersonalisation and reduced personal accomplishment, in a national sample of clinical and counselling psychologists in South Africa. The second aim was to examine the correlates of burnout, which were organised into two categories: coping strategies, and biographical variables (age, gender, number of weekly client contact hours, number of years in practice, marital status, and problems experienced with medical aid payments).

### 3. The psychologists' burnout study

#### 3.1 Research design

A cross-sectional survey design, by means of which a sample is drawn from the population at a particular point in time (Shaughnessy & Zechmeister 2003: 140), was used to achieve the aims. The advantages of this type of research include savings of time and money, lack of interviewer bias, obtaining accurate results, more privacy for participants, and the fact that samples need not be very large relative to the population (Salkind 1997: 202). The major disadvantage of this design is that findings can only be generalised to the sampled population at the time of the survey (Dooley 1995: 125).

An internet web page was designed for the purpose of data collection. This was done to limit expenses and to explore the application of new technology in the field of social sciences research. An explanatory letter accompanied by a unique password was mailed (via land mail) to all potential participants. In this letter each recipient was requested to complete three questionnaires anonymously. Questionnaires could only be accessed by typing in the password on the web page. In this way, it was assured that unsolicited visitors to this web page did not participate in the study. One of the main pitfalls of this type of research is the low response rate. International studies have demonstrated that the response rate is usually higher via land mail than via the internet (Dillman *et al* 2001, Schonlau *et al* 2001), as all people do not have internet access or they may not know how to use the internet.

### 3.2 Participants and sampling procedure

The names and addresses of all registered South African clinical and counselling psychologists were provided by the Health Professions Council of South Africa (HPCSA). In order to obtain a stratified random sample, the research population was divided according to place of residence into the nine South African provinces. The percentage distribution according to province of the sample was the same as that of the general population of clinical and counselling psychologists. A total sample of 1000, reflective of the percentages of psychologists resident in each province, was randomly selected by means of the computer programme MATLAB. This sample represents 37.4% of the national population of registered clinical and counselling psychologists. The method of probability proportionate to size, which preserves equal probability across all elements in the population (Dooley 1995: 135), was utilised.

A total of 238 usable responses were received and, although this response rate of 23.8% was considered relatively low, it is regarded as acceptable and valid for the purposes of this type of research (Kerlinger & Lee 2000: 9). The response rate of psychologists residing in the Gauteng province was the highest (39.9%), while the response rate of psychologists from the Mpumalanga province was the lowest (0.0%). This was generally in accordance with the distribution of the general population of clinical and counselling psychologists in South Africa. With regard to the gender distribution of participants, 42.0% were male and 58.0% were female. Sixty-eight percent of the participants were married, 18.9% had never been married and 13.9% were divorced. The ages of the participants ranged from 25 to over 65 years, with the mean age being 42 years. The number of years the participants had been in practice ranged from 1 to 30 years, with a mean of 10 years. Also, 60.1% of all participants were active in the private sector, none in the public sector, and 39.9% in an academic or training institution. Participants were not asked to indicate their race.

### 3.3 Measures

Three measures were used to collect the data for this study: a Biographical Questionnaire, the Maslach Burnout Inventory (Maslach & Jackson 1981), and the Brief Coping Orientations to Problems Experienced.

### 3.3.1 Biographical Questionnaire

This questionnaire was designed by the first two authors of this article and the questions posed were based on a literature review (Ackerley *et al* 1988, Vredenburg *et al* 1999). Information included general biographical data such as age, marital status, number of years in practice, gender, main area of activity as a psychologist (public sector, private practice and training institution), number of weekly client contact hours, and medical aid payment issues. This data were used to examine relationships between biographical information and burnout levels in the participants.

### 3.3.2 The Maslach Burnout Inventory (MBI)

The MBI was used to determine the degree of burnout in the participants. It is based on the initial research of the burnout syndrome, specifically personal dysfunction and physical exhaustion (Maslach & Jackson 1981). The measure is self-administered and takes approximately 10 to 15 minutes to complete. The MBI consists of 22 items, which are divided into three sub-scales, namely Emotional Exhaustion (EE), Depersonalisation (DP) and Feelings of Reduced Personal Accomplishment (PA). Each of the subscales consists of two dimensions, namely frequency (how often feelings are experienced) and intensity (severity of feelings). The latter was omitted for the purposes of this study because of the overlap between the frequency and intensity ratings (Maslach *et al* 1997). Items on the MBI are answered on a seven-point Likert scale with responses ranging from 0 to 6 (with 0 = never and 6 = daily). The MBI possesses satisfactory psychometric properties, with acceptable internal consistency, test-retest reliability, convergent validity and discriminant validity (Maslach & Jackson 1981: 9, Schaufeli 2003: 2). This instrument has also been used successfully in South Africa as a measure of burnout.<sup>2</sup> The Cronbach *alpha* coefficients for the three scales of the MBI for the present sample are: Emotional Exhaustion (.91), Depersonalisation (.78), and Feelings of Personal Accomplishment (.64). It should be noted that the norms for burnout levels (high, moderate or low) are American-based and should be applied with caution when used with South African samples.

2 Cf Mostert 2004, Rothmann 2003, Rothmann & Malan 2003, Storm & Rothmann 2003, Wiese *et al* 2003.



### 3.3.3 The Brief Coping Orientations to Problems Experienced (Brief COPE)

The Brief COPE (Carver 1997) was utilised to assess coping strategies used by psychologists. It is an abbreviated version of the original Coping Orientations to Problems Experienced (COPE, Carver *et al* 1989). The COPE was derived from the literature on coping according to the model of Lazarus & Folkman (1984) as well as the behavioural self-regulation model of Carver *et al* (1989). The Brief COPE is a multidimensional self-report instrument which consists of 14 scales, namely Self-Distraction (COPE 1), Active Coping (COPE 2), Denial (COPE 3), Substance Use (COPE 4), Seeking Emotional Support (COPE 5), Seeking Instrumental Support (COPE 6), Behavioural Disengagement (COPE 7), Venting (COPE 8), Positive Reframing (COPE 9), Planning (COPE 10), Humour (COPE 11), Acceptance (COPE 12), Religion (COPE 13), and Self-Blame (COPE 14). The Brief COPE possesses satisfactory psychometric properties, with acceptable internal consistency, concurrent validity and test-retest reliability (Carver 1997: 95). Although the Brief COPE has not been used in South African studies to date, the COPE has been used successfully in South African studies of coping (cf Basson & Rothmann 2002, Mostert 2004, Storm & Rothmann 2003, Wiese *et al* 2003). The Cronbach *alpha* coefficient for the Brief COPE for the present sample is .74.

### 3.4 Research procedure and data analysis

All responses were scored electronically and double-checked manually by an independent researcher. The Statistical Package for the Social Sciences (SPSS) was used for data analysis. To achieve the first aim, namely that of frequency distributions, the means and standard deviations for each of the burnout components were calculated. The second aim was achieved by performing stepwise multiple regression analyses, linear regression analyses, a student's *t*-test for two independent variables, descriptive statistics (means and standard deviations), as well as one-way analyses of variance (ANOVAs). While it can be argued that stepwise methods should be avoided due to their reliance on mathematical criteria for the variable selection (Field 2000: 120), the present study made use of this statistical procedure because of its exploratory research design. In hierarchical methods the researcher decides on the order in which predictors are entered based on previous research (Field

2000: 119, Tabachnick & Fidell 2001: 251). In the present study, there is no extant research in which the correlation between burnout and coping in psychologists has been determined using the MBI and the Brief COPE. Thus, stepwise regression analyses pose the best option for exploratory model building. The level of significance for all statistical calculations was set at .05 ( $p < .05$ ).

#### 4. Limitations of the study

The present study has several limitations that should be considered. Due to its cross-sectional research design, this study could yield no statements regarding causation. Therefore, the correlations between variables are interpreted rather than established. Furthermore, although the measuring instruments used in the present study possess satisfactory psychometric properties, the validity of the results needs to be interpreted with caution due to the psychologically sophisticated nature of the sample. As all respondents are psychologists who are likely to be familiar with the instruments, it is also expected that it would be possible for them to manipulate their responses. Psychologists who are familiar with the measures and who want to present themselves in a favourable light could be able to do so.

In addition, the relatively poor response rate (23.8%) in the present study can possibly be ascribed to a lack of internet facilities available to psychologists in South Africa. Noteworthy is the fact that no responses were received from psychologists working mainly in the state sector. This is probably due to the lack of internet facilities in state institutions. Although costly and time-consuming, follow-up paper and pencil studies may lead to a considerable improvement in the response rate. This method should rule out the incurring of expenses related to going online and filling out questionnaires, as well as the possibility of not having access to the internet. A self-selection bias should also be considered, as this study relied on self-reporting measures. It is possible that psychologists who experience high levels of burnout may be too burned out to respond. This could mean that lower levels of burnout are found than is actually the case. The reverse could also be true, with those psychologists particularly interested in the topic of psychologists' burnout being more likely to respond. This would result in higher burnout levels in the sample than in the total population of psychologists.

## 5. Findings

### 5.1 Level of burnout

The mean EE, DP, and PA scores for this sample were 22.55 (SD = 11.76), 6.84 (SD = 5.34), and 11.55 (SD = 6.17) respectively. The mean participant thus experienced moderate levels of burnout, as indicated by all three components. Furthermore, on the basis of the norms for human service professionals listed in the MBI manual (Maslach & Jackson 1981), the participants can be classified according to the degree of burnout. With regard to emotional exhaustion, 102 (42.86%) experienced low levels, 64 (26.89%) moderate levels, and 72 (30.25%) high levels of burnout. Regarding depersonalisation, 124 (52.10%) were in the low range, 65 (27.31%) in the moderate range, and 49 (20.59%) in the high burnout range. With regard to reduced personal accomplishment, 86 (36.13%) were in the low burnout range, 84 (35.29%) in the moderate burnout range, and 68 (28.57%) in the high burnout range.

The results demonstrate that 26.89% and 30.25% of the participants experienced moderate and high levels of emotional exhaustion respectively. This is in agreement with the findings of several international researchers who reported moderate levels of emotional exhaustion in psychologists (cf Fortener 1999, Kaden 1999, Persing 2000, Vredenburg *et al* 1999). Emotional exhaustion is characterized by feelings of emptiness and overwhelming feelings of emotional stress. The psychologist feels “used up”, drained and physically tired (Maslach *et al* 2001: 403). Due to the fact that South Africans are currently experiencing a high incidence of severe pathological situations, such as post-traumatic stress, alcoholism, drug dependence, family violence and rape, many practising psychologists in South Africa work with severe psychopathology. This can be emotionally taxing, which probably contributes to the high incidence of emotional exhaustion in this study.

With regard to depersonalisation, 27.31% and 20.59% of the participants experienced moderate and high levels of burnout respectively. The average South African clinical and counselling psychologist experienced moderate levels of depersonalisation. This is in accordance with previous international research (Persing 2000, Vredenburg *et al* 1999), but is somewhat higher than the low mean depersonalisation score reported by Kaden (1999) who examined the levels of burnout in doctoral-

level psychologists. Depersonalisation is the result of the development of negative, distant and cynical attitudes towards clients and treating them as mere objects (Maslach *et al* 1997). It is of concern that so many South African psychologists experienced moderate or strong feelings of depersonalisation towards their clients. Such feelings will inevitably impact negatively on the quality and success rate of psychotherapy.

With regard to the personal accomplishment component of burnout, 35.29% and 28.57% of the participants experienced moderate and high levels of reduced personal accomplishment, respectively. The average South African clinical and counselling psychologist experienced moderate levels of reduced personal accomplishment. This is higher than the low levels reported for psychologists in international studies (Kaden 1999, Vredenburg *et al* 1999), which suggests serious implications for the South African population of clinical and counselling psychologists. It is insightful that a high percentage of South African psychologists experienced moderate or strong feelings of reduced personal accomplishment, which will inevitably lead to a sense of failure with regard to psychotherapy. A lack of self-confidence in psychologists will undoubtedly impede the quality of psychotherapy and the confidence which should be instilled in clients.

## 5.2 Correlates of burnout

The correlates of burnout were examined for two categories of variables: coping strategies and biographical variables. The findings concerning the correlates of burnout are both consistent and inconsistent with previous research.

## 5.3 Burnout and coping strategies

The correlation between coping strategies and burnout was examined by means of a series of stepwise multiple regression analyses on all three MBI subscales separately. Thus, the regression model contained only significant predictors in the order of predicting the outcome (Field 2000). The 14 scales of the Brief COPE served as predictor variables, while the subscales of the MBI served as criterion variables in each case. For EE, four variables were selected: COPE 7 ( $\beta = .31$ ), COPE 8 ( $\beta = .25$ ), COPE 11 ( $\beta = -.22$ ), and COPE 2 ( $\beta = .17$ ) ( $F(4, 220) = 14.52$ ,  $p < .001$ , and  $R^2 = .21$ ). Together, these variables accounted for 21% of

the variance in EE. An examination of the standardised *beta* weights associated with the final equation suggested that emotionally exhausted psychologists used the following coping strategies: behavioural disengagement, venting, a lack of humour, and active coping.

For DP, seven variables were selected: COPE 7 ( $\beta = .35$ ), COPE 9 ( $\beta = -.30$ ), COPE 8 ( $\beta = .30$ ), COPE 13 ( $\beta = -.17$ ), COPE 1 ( $\beta = .17$ ), COPE 5 ( $\beta = -.16$ ), and COPE 3 ( $\beta = -.13$ ) ( $F(7, 217) = 23.72, p < 0.001$ , and  $R^2 = .43$ ). Together, these variables accounted for 43% of the variance in DP. An examination of the standardized *beta* weights associated with the final equation suggested that depersonalised psychologists used the following coping strategies: behavioural disengagement, a lack of positive reframing, venting, not turning to religion, self-distraction, a lack of seeking emotional support, and the absence of denial.

For PA, seven variables were selected: COPE 9 ( $\beta = -.19$ ), COPE 1 ( $\beta = .25$ ), COPE 11 ( $\beta = -.18$ ), COPE 14 ( $\beta = .13$ ), COPE 10 ( $\beta = -.21$ ), COPE 6 ( $\beta = 0.15$ ), and COPE 7 ( $\beta = .13$ ) ( $F(7, 217) = 13.80, p < 0.001$ , and  $R^2 = .31$ ). Together, these variables accounted for 31% of the variance in PA. An examination of the standardized *beta* weights associated with the final equation suggested that psychologists with a sense of reduced personal accomplishment used the following coping strategies: a lack of positive reframing, self-distraction, a lack of humour, self-blame, a lack of planning, seeking instrumental support, and behavioural disengagement.

In the current study behavioural disengagement was a significant predictor of all three components of burnout. Behavioural disengagement involves reducing one's attempts to manage the stressor and even giving up the goals with which the stressor is interfering (Carver *et al* 1989: 269). The findings of the present study concur with those of Anderson (2000: 839) who found negative correlations between the coping strategy of "disengagement" or "detachment", and burnout. Although setting aside a goal is sometimes perceived as an adaptive response, it hampers efficient coping (Brown & O'Brien 1998: 384). Cherniss's (1980: 6) statement that the burnout process is completed when people cope with stress in a defensive way by becoming mentally detached from their work and acting in an apathetic, cynical and rigid manner, endorses the findings of the present study.

Venting is the tendency to focus on the stressor one is experiencing and to ventilate those feelings (Carver *et al* 1989: 269). Although venting

can sometimes be functional (Carver *et al* 1989: ), its use in the present study predicted an increase in emotional exhaustion and depersonalisation in psychologists. These findings suggest a negative outcome when venting is used as a method of coping with stress by psychologists.

Self-distraction was found to be a significant predictor of depersonalisation and feelings of reduced personal accomplishment. Self-distraction focuses on doing things, such as daydreaming and excessive sleeping, to distract the individual's attention from the stressor (Carver 1997: 95). The use of self-distraction can possibly impair active coping, which may lead to no specific attempt being made to alleviate the stressor. In an attempt to distract themselves from stressful situations, psychologists may shut themselves off from clients by treating them in a depersonalised way, leaving the former feeling incompetent and ineffective as therapists.

The finding that self-blame significantly predicted feelings of reduced personal accomplishment is consistent with the finding regarding self-distraction. Self-blame, possibly due to a lack of client progress, inevitably leads to a reduction in self-confidence, giving rise to feelings of reduced personal accomplishment.

Not using religion as a way of coping with stress was a significant predictor of depersonalisation in psychologists. This finding is consistent with those of previous studies (cf Johnson 2001, Storm & Rothmann 2002). Siegel & Schrimshaw (2002) highlighted some benefits of practising religion as a coping strategy: it elicits reassuring emotions; it provides strength, control and empowerment; it provides social and spiritual support; and it facilitates a sense of meaning and an acceptance of the stressful situation.

The use of humour was found to be a significant predictor of a decrease in emotional exhaustion as well as an increase in feelings of personal accomplishment. These findings accord with previous research, which highlighted a negative correlation between burnout and a lack of humour (Bowden 2000, Talbot & Lumden 2000). Kramen-Kahn & Hansen (1998: 133) indicated that humour is a general strategy used by psychotherapists to cope with work-related stress. The use of humour in therapy can contribute to the alleviation of anxiety levels in both the client and the therapist (Ortiz 2000, Shelly 1994). It can also prevent professional burnout in therapists (Franzini 2001: 170). Due to the significant relationship between anxiety and burnout (Turnipseed

1998: 627), psychologists who used humour to cope with stressful work situations probably experienced less anxiety, and thus less burnout, than their colleagues who did not use humour.

The present finding that seeking emotional support was a significant predictor of low levels of depersonalisation is supported by previous research. There is relative consensus in the literature regarding the correlation between burnout and a lack of social support. Nelson (2000) found that successful clinical psychology students reported higher levels of social support from their family, friends, and peer group, as well as more emotional support. Smith (1998) found in a study of South African psychologists that most respondents who experienced high burnout levels had inadequate social support. As stress is a significant predictor of burnout (Collins 2000) and social support can alleviate stress (Taylor 1995: 222), it is likely that social support can also have a buffering effect against burnout.

In the present study, a negative correlation was found between denial and depersonalisation. The finding that denial predicted a reduction in depersonalisation is inconsistent with previous research which generally highlights denial as a poor coping strategy (Monat & Lazarus 1991: 7). However, Lazarus (1999: 111) discussed the usefulness of denial for the alleviation of stress when nothing constructive can be done to overcome threat or harm. Lazarus also mentioned that denial-like processes might be adaptive with respect to certain facets of a situation, but not to the whole. Furthermore, the timing of denial is considered significant and this coping strategy may be more effective in the early stages of a crisis when a situation cannot yet be faced in its totality. One possible interpretation of the present finding is that, when a psychologist is dealing with a client, the temporary denial of stress can have a positive effect with regard to the management of the client.

Active coping was one of the significant predictors of emotional exhaustion in psychologists. This coping strategy involves a process of taking active steps to remove the stressor or to alleviate the effects of the stressor (Carver *et al* 1989: 268). The current finding that active coping significantly predicted emotional exhaustion in psychologists is inconsistent with previous research using other samples (Anderson 2000, Mostert 2004). A possible explanation for this finding is that active methods can imply overtaxing which, in turn, can result in emotional exhaustion.

In the present study positive reframing, or the positive interpretation of a stressful situation (Carver *et al* 1989: 269), was a significant negative predictor of depersonalisation and feelings of reduced personal accomplishment. These findings are partly consistent with the findings of Storm & Rothmann (2002), who reported a significant positive correlation between positive reframing and feelings of reduced personal accomplishment in pharmacists.

Planning was only found to be a significant predictor of personal accomplishment. This agrees with the findings of two South African studies of senior managers of a manufacturing industry (Jansen van Vuuren & Rothmann 2002) and pharmacists (Storm & Rothmann 2002), respectively, in which a significant positive correlation between planning and feelings of personal accomplishment was demonstrated. Planning in advance might lead to the achievement of more success with psychotherapy, which can increase feelings of personal accomplishment.

An unexpected finding was that instrumental support-seeking was a significant predictor of feelings of reduced personal accomplishment. Psychologists who felt incompetent probably wanted to gather information and knowledge in order to feel more knowledgeable and proficient. Seeking instrumental support might thus have been perceived by the participants as an indication of reduced personal accomplishment.

#### 5.4 Burnout and biographical variables

The correlation between burnout and biographical variables was analysed using linear regression analyses (age, number of weekly client contact hours, number of years in practice, and problems with medical aid payments), a Student's t-test for two independent variables (gender), and means, standard deviations and ANOVAs (marital status).

The results showed significant correlations between participants' age and their EE scores ( $F(236) = 10.50, p < .01$ ) as well as their DP scores ( $F(236) = 11.94, p < .01$ ), but not their PA scores ( $F(236) = 0.003, p > .05$ ). Older psychologists thus experienced lower levels of emotional exhaustion and depersonalisation than their younger colleagues.

The number of client contact hours per week was a significant predictor of EE ( $F(236) = 16.04, p < .001$ ), DP ( $F(236) = 9.50, p < .01$ ) and PA ( $F(236) = 9.50, p < .01$ ). Psychologists who spent more contact



hours per week with clients were more emotionally exhausted and depersonalised, but were more likely to experience a sense of personal accomplishment. Number of years in practice was also a significant predictor of EE ( $F(236) = 4.41, p < .05$ ), but not of DP ( $F(236) = 0.31, p > .05$ ) or PA ( $F(236) = 2.24, p > .05$ ). Psychologists who had been in practice for a longer period were less emotionally exhausted than those who had been in practice for a shorter period.

Problems with medical aid payments was a significant predictor of EE ( $F(232) = 6.98, p < .01$ ), DP ( $F(232) = 13.91, p < .001$ ), and PA ( $F(232) = 8.41, p < .01$ ). Psychologists who experienced problems with medical aid payments were thus significantly more “burned out” in terms of all three MBI components. Although these results are statistically significant, only 2.9% of the variance in EE ( $R^2 = .29$ ), 5.7% of the variance in DP ( $R^2 = .57$ ) and 3.5% of the variance in PA ( $R^2 = .35$ ) can be attributed to the variance in problems experienced with medical aid payments.

With regard to gender, a significant difference between males and females was found in terms of their scores on EE ( $t(236) = -1.98, p < .05$ ) and DP ( $t(236) = -4.71, p < .001$ ). No significant difference was found between the two gender groups with regard to their PA scores ( $t(236) = 0.61, p > .05$ ). Males thus tended to be more emotionally exhausted and depersonalised than females.

The highest mean EE and DP scores were obtained by participants who had never been married ( $\bar{X} = 22.64$  and  $\bar{X} = 8.04$ , respectively), while married participants obtained the highest mean PA score ( $\bar{X} = 11.90$ ). Divorced participants obtained the lowest mean scores on the subscales EE ( $\bar{X} = 22.48$ ), DP ( $\bar{X} = 5.42$ ), and PA ( $\bar{X} = 10.36$ ). A one-way ANOVA was used to determine significant differences between the mean MBI subscale scores of the three subgroups. Three ANOVAs were performed, with EE, DP and PA as dependent variables. No significant differences were found for any of the three MBI subscales. No significant differences between participants who were married, divorced or who had never been married were thus indicated with regard to psychologists’ levels of burnout.

In respect of the influence of biographical variables on levels of burnout in clinical and counselling psychologists, significant relationships and differences were found. Age was a significant predictor of emotional

exhaustion and depersonalisation, but not of reduced personal accomplishment. These findings are consistent with those of several previous studies (cf Metz 1987, Smith 1998, Van Morkhoven 1998, Vredenburg *et al* 1999). Maslach *et al* (2001: 60) hypothesised that younger professionals might be more vulnerable to burnout as they have not yet learnt effective ways of coping with work demands. Maslach further argued that people often already experience burnout in the early stages of their careers. Those who find it difficult to manage burnout at this stage, when they are still young and inexperienced, will then tend to leave the profession. Individuals who are able to resist initial threats concerning burnout are more likely to remain in the profession.

Significant differences between the two genders were found with regard to burnout. Male psychologists experienced significantly more depersonalisation and emotional exhaustion than their female colleagues. The results regarding depersonalisation agree with previous research (Kaden 1999, Vredenburg *et al* 1999: 300), while the higher level of emotional exhaustion found in males is contradictory to the findings of previous researchers who reported the opposite (Bakker *et al* 2002: 253) or no gender differences regarding any of the three burnout components (Pradhan & Misra 1996, Smith 1998: 40). As it is traditionally expected of men to be the main breadwinner in the family, it is possible that the male psychologists who participated in the current study worked harder than their female colleagues, and thus exposed themselves to more emotional demands which could have resulted in emotional exhaustion. The present results could also have been related to other gender role stereotypes, such as the traditional perception that men are more unemotional (Bee 1996: 187) and therefore less aware of others' feelings than women. Male psychologists might have felt more emotionally exhausted due to difficulties in handling emotional interactions, probably causing them to feel more emotionally drained than female psychologists.

The finding of the present study that the number of weekly client contact hours was a significant predictor of emotional exhaustion concurs with the results of previous studies using different samples (Kaden 1999, Persing 2000). The number of weekly client hours was also a significant predictor of depersonalisation. The finding that the number of weekly client hours was a significant predictor of feelings of personal accomplishment is interesting, but consistent with those of previous

researchers (Vredenburg *et al* 1999: 300). The explanation of Vredenburg *et al* (1999) in this regard is that psychologists may hold the perception that they have the opportunity to help others, and in private practice may earn a higher income when their client load increases. This can enhance feelings of personal accomplishment.

Number of years in practice was a significant predictor of emotional exhaustion, but not of depersonalisation or reduced personal accomplishment. The results of the present research partly agree with previous research findings (Naisberg-Fennig *et al* 1991: 201, Smith 1998: 97). Psychologists who have been practising for a long period are probably more likely to have accumulated insight and patience with respect to the profession, themselves and their clients, than their less experienced colleagues.

No significant differences regarding the three burnout components were found among psychologists who were married, divorced or who had never been married. These findings partly accord with previous research findings (Vredenburg *et al* 1999: 295). In the present study it was anticipated that participants who were divorced or who had never been married would experience more burnout than their married colleagues, due to the apparent lack of support from a partner. However, it is possible that these two groups could have been involved in relationships or had sufficient social support and involvement in other recreational activities.

The experience of problems with medical aid payments was a significant predictor of all three burnout components in psychologists in South Africa. No previous studies in which the correlation between burnout and dissatisfaction with medical aid payments was investigated in psychologists were found. As a consequence, no sound comparisons can be made with previous research. However, it is understandable that psychologists who are not remunerated by medical aid schemes can suffer a loss of income, resulting in financial stress and consequent burnout.

## 6. Implications and practical suggestions

The present study highlights the necessity for the psychology profession to identify and respond to clinical features of burnout amongst practitioners in the field of psychology. There is an ethical responsibility to

both practitioners and their clients to ensure effective counselling and psychotherapy services in this regard.

The present findings suggest that the level of burnout in South African psychologists has increased since the studies of Metz (1987) and Smith (1998) were conducted. In view of this, it is recommended that a coping programme for psychologists and intern psychologists be compiled and implemented. This programme should be proactive in the sense that it should prepare psychotherapists to manage occupational stress more efficiently, to recognise the signs and symptoms of burnout in themselves, and to focus on the utilisation of active coping strategies to prevent and counteract burnout. This stress management programme should, however, preferably be implemented at an internship level of master's degree training, so that the young psychologist who is more prone to burnout, can be empowered to cope with it. It is also recommended that psychologists whose functioning becomes impaired by their own emotional distress seek the assistance of a colleague by committing to psychotherapy. This process may in fact be an intensely enriching experience for both parties. Furthermore, psychologists are encouraged to form support groups, where they can regularly discuss feelings of anxiety, depression, emotional exhaustion, self-doubt and negative feelings towards clients. In this way the support group provides a therapeutic environment in which emotions are allowed to surface in a healthy and functional manner. It is imperative that young psychologists consult with more experienced colleagues on a regular basis and that they commit themselves to constant supervision. Supervision groups (consisting of five to ten members) that meet on a regular basis to discuss difficult cases, can be functional in reducing a subjective perception and experience of personal and professional incompetence that may exist amongst younger therapists.

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