Burnout Intervention Training for Managers and Team Leaders

Burnout:

Definition, recognition and prevention approaches

Christian Korunka, Sara Tement (University of Vienna)

Cristina Zdrehus, Adriana Borza (University of Oradea)

About the manual

The following text includes some of the most prominent definitions of burnout, describes conditions in which burnout is likely to develop and describes several hints to recognize burnout. The text discusses also prevalence rates and reviews current prevention / intervention approaches.

The aim of the text is not to give a full review of all relevant burnout literature. However, it strives to supply the reader with sufficient knowledge about the definition, recognition and prevention of burnout.

The text is written from a practitioners' perspective and includes examples from different occupations as well as brief summaries in the end of each chapter.

The work-place examples are marked with a gray frame.

The brief summaries are marked with an orange frame.

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1. Introduction

Through life people spend a significant amount of time on work-related activities. One's job is of central importance to one's identity and self-worth. Therefore, it does not surprise that the job has the potential to seriously improve, but also harm a person's well-being. However, supportive and responsive supervisors / managers / team leaders may be an important buffer of the negative effects of job stressors.

Try to imagine your subordinates / co-workers and their work situation.

- *Do they feel overwhelmed with their work demands?*
- *Do they seem not to receive enough support from the organization?*
- *Do they seem physically exhausted and "wiped out"?*
- *Do they seem tired all the time?*
- *Do they seem careless in relationship to clients / service recipients / patients?*
- *Do they report feelings of incompetence when dealing with work tasks?*
- *Do they often say "I can't take it anymore!"?*
- *Do they seem frustrated because of the work?*
- *Do they seem to have lost their enthusiasm for the job?*

If so, they might susceptible for or might even experience burnout.

2. Theoretical aspects

2.1 What is burnout?

The "burn-out" metaphor implies not only that somebody had to be "burning" (i.e. is strongly liked his/her job, was strongly committed, etc.) before he or she would be able to "burn-out", but also that once a fire is burning, it cannot continue to burn unless resources are provided to keep it on burning. In other words, employees' energy or capacity to work can diminish over time when the work environment does not provide resources and is especially demanding. In a terminal stage a state of physical, emotional and mental exhaustion will occur from which it is hard to recover (Schaufeli & Greenglass, 2001). There is another metaphorical meaning of burnout: Somebody could only burn out if he or she was "burning" before. Thus, engagement, enthusiasm and interest in someone's job are a necessary precursor of burnout.

2.1.1 The interpersonal aspect of burnout

The burnout concept was first described in the 1970s and originally referred to a reaction on interpersonal stressors on the job (e.g., Maslach, Schaufeli & Leiter, 2001; Schaufeli, Leiter & Maslach, 2008). The concept was traditionally examined in the context of human services, such as health care, social work, psychotherapy and teaching. One of the most prominent definitions describes burnout "as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (Maslach, Jackson & Leiter, 1996, p. 4). Exhaustion occurs as a result of one's emotional demands. Depersonalization refers to a cynical, negative or detached response to care recipients / patients. The reduced personal accomplishment refers to a belief that one can no longer work effectively with clients / patients / care recipients.

People that are burned out report the following (Maslach & Leiter, 1997, p. 23):

"I'm frustrated. It's getting impossible to do a good job, and the situation just keeps getting worse."

"I have lost my enthusiasm for work I really liked."

"I'm feeling overwhelmed, overloaded, overworked and trapped. There's no way out."

In the late 1980s burnout was more and more noticed also outside the work with patients and care recipients (Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Schaufeli et al., 2008). In a more general way burnout can be seen as "a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform" (Maslach et al., 1996, p. 20). Researchers agree that stressors leading to burnout in human services can also be found in other occupations (Burisch, 2006; Demerouti et al., 2001). One of the most radical definitions representing the general nature of burnout is provided by Maslach and Leiter (1997): "Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion in value, dignity, spirit, and will – an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it's hard to recover."

In summary, burnout can be defined as feelings of exhaustion, a cynical attitude toward the job and people involved in the job and through a reduced personal accomplishment or work efficiency. In a radical meaning burnout takes away a person's spirit and will. Contrary to a popular understanding, burnout can be found also outside human service professions (e.g., Lee & Ashforth, 1993, for managers). However, burnout still may be a greater problem

in occupations where employees are more in interaction with other people (clients, customers, etc.) rather than dealing with things and information (Maslach et al., 2001).

2.1.2 The process aspect of burnout

Researchers agree that burnout does not occur "overnight". It is rather a result of a prolonged and slow process that may last even for years. According to several authors (e.g., Burisch, 2006) the "triggers" are excessive job demands and the employee's inability to continuously invest energy when meeting the demands. The development of burnout usually begins at an early stage of emotional exhaustion. High levels of emotional exhaustion consequently lead to a withdrawal from the people / clients / patients / customers the employees work with and also from their job in general. Such a withdrawal results in depersonalized reactions to people / clients / patients / customers and in a cynical attitude towards the job (e.g., Taris, Le Blanc, Schaufeli & Schreurs, 2005). In other words, emotional exhaustion may lead to the depersonalization stage of burnout (Maslach et al., 2001). However, several authors claim that exhaustion and depersonalization develop rather parallel and have different antecedents (Demerouti et al., 2001).

According to Demerouti et al. (2001, p. 502) "the development of burnout follows two processes." The first process is related to job demands which lead to frequent overtaxing and consequently to exhaustion. A lack of job resources (e.g., lack of social support), on the other hand, represents a second process which in the end leads to disengagement from work. If resources are not functional in meeting job demands, withdrawal behavior from work will occur. Withdrawal behavior consequently leads to disengagement which refers to "distancing oneself from one's work, and experiencing negative attitudes toward the work object, work content, and one's work in general" (Demerouti et al., 2001, p. 501). The third component of

burnout, reduced personal accomplishment, is rather incidental in that process and is not seen as a core dimension of burnout.

In general, there is little agreement on how the burnout develops and which stages are included (Bursich, 2006). Although most researchers agree that burnout follows a process of stages, almost every author presumes a different stage order. However, the basic aspects of the burnout process can be resumed in the following stages (adapted from Burisch, 2006):

Stage 1: High workload, high level of job stress, high job expectations

- Job demands exceed job resources.
- The job does not fulfill one's expectations.

Stage 2: Physical / emotional exhaustion

- Chronic exhaustion; even higher energy investment in order to execute all job tasks; sleep disturbances, susceptibility to headaches and other physical pain.
- Emotional exhaustion; fatigue even when work comes only back to mind

Stage 3: Depersonalization / Cynicism / Indifference

- Apathy, depression, boredom
- A negative attitude toward the job, the colleagues and clients / service recipients / patients
- Withdrawal from the job, the problems; a reduced work effort

Stage 4: Despair / Helplessness / Aversion

- Aversion to oneself, to other people, to everything
- Feelings of guilt and insufficiency

In sum, burnout can be viewed as a process including different stages. Usually job stressors lead to physical / emotional exhaustion, followed by depersonalization and a cynical attitude

toward the job. The burnout process often ends with aversion to everything, feeling of despair and guilt. However, burnout stages may develop also sequentially and may be a result of high demands and low resources.

2.1.3 The medical aspect of burnout

As a clinical/medical condition, Burnout may be labeled as work-related neurasthenia which is described in the International Classification of Diseases ICD-10[1] (Schaufeli & Enzman, 1998). The ICD-10 definition includes the following criteria / symptoms:

- either persistent and distressing complaints of feelings of exhaustion after minor mental effort, or persistent and distressing complaints of feeling of fatigue and bodily weakness after minimal physical effort;
- at least two out of the following six distress symptoms: muscular aches and pain, dizziness, tension headaches, sleep disturbance, inability to relax, or irritability;
- the patient is unable to recover from the symptoms by means of rest, relaxation or entertainment;
- the duration of the disorder is at least three months;
- the criteria for any more specific disorders do not apply.

However, this classification does not include any specific preconditions or causes as well as reduced work effectiveness. In addition, it does not pose a time limit of the appearance or the disappearance of the symptoms.

Burnout is also defined as a mental adjustment disorder as described in the Diagnostic and Statistical Manual of Mental Disorders DSM-IV[2] (Schaufeli & Enzman, 1998). Mental

[1] ICD-10 (10th Revision) is an international classification of diseases and health related problems, which includes the coding of diseases and their signs, symptoms and causes of the development of a disease. The classification is made by the World Health Organization. The work on the ICD-10 began in the 1980s and was finished in 1992.

adjustment disorders are characterized by "the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors. The symptoms must develop within 3 months of the onset of the stressor(s): "by definition, an adjustment disorder must resolve within 6 months of the termination of the stressor" (Schaufeli & Enzman, 1998, p. 55). The DSM-IV distinguishes six subtypes of adjustment disorders. The definition of the unspecified subtype is the most similar to the definition of burnout. It is characterized by "maladaptive reactions (e.g., physical complaints, social withdrawal, or work or academic inhibition) to psychosocial stressors that are not classifiable as one of the specific subtypes of adjustment disorder". Using the adjustment disorder definition for diagnosing burnout, however, may be problematic. Burnout usually is not an immediate reaction to an identifiable stressor. It is more likely a result of chronic stressors (i.e., continuously occurring problematic situations) and progresses rather slowly. It usually does not resolve after six months.

Burnout can also be defined using medical definitions. The ICD-10 definition may be more appropriate than the DSM IV. The symptoms, however, need to be work-related. Especially the absence of other disorders should be considered when trying to define burnout. The concept of burnout should be distinguished from other concepts with similar symptoms.

2.1.4 What is <u>not</u> burnout?

Burnout has been often mistaken for stress. Despite the symptoms may be quite similar, important distinctions should be made. Stress can intensify burnout but is not the main cause of burnout (Burisch, 2006). Although employees experience stress because of long work

[2] DSM-IV (4th Edition) is the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association. The manual provides criteria for the classification of mental disorders. It has first been published in 1952. The last major revision was in 1994.

schedules, shift work or general workload, they may not experience burnout. In addition, stress symptoms may be more physical rather than emotional. The opposite holds true for burnout. Stress produced urgency and hyperactivity. Burnout, on the other hand, produced helplessness. Emotions associated with stress are over-reactive, those associated with burnout are more blunted.

Burnout has also similar symptoms as specific mood disorders. However, some differences do exist. Depression, for instance, may extend over every life domain (e.g., work, family, leisure). Burnout, however, is specific to work context (Maslach et al., 2001). Another somewhat related, but different disorder, is the post traumatic stress disorder (PTSD). PTSD is "caused by the exposure to a traumatic event or extreme stressor that is responded to with fear, helplessness, or horror" (Mealer, Burnham, Goode, Rothbaum & Moss, 2009, p. 1118). Burnout, on the other hand, is caused mainly by interpersonal and emotional stressors in the workplace and is characterized by different reactions (e.g., exhaustion).

2.2 Where does burnout occur?

2.2.1 Job characteristics

Several characteristics may accelerate the development of burnout.

Maslach and Leiter (1997, p. 409) provide this example: Linda is a vice president at a large company. The board of directors recently announced a merger with another company and appointed a new CEO. Linda's day has abruptly been filled with an endless list of meeting at the two companies to manage the transition…All of Linda's responsibilities remain while she takes on this major tasks. So she squeezes more contacts with more people into a workday this is only so big. She stretches the limits with early morning meeting and evenings in the office…".

Job characteristics, such as excessive workload and time pressure, are consistently related to burnout (Maslach et al., 2001). Similar findings were found for the subjective experience of work demands as well as for the actual number of work hours / clients / customers etc. Other characteristics such as role conflict and role ambiguity may be perceived as particularly demanding. Being unable to meet the conflicting demands of the job or not knowing what the exact job responsibilities can also trigger burnout (Maslach et al., 2001). The physical environment (e.g., noise, heat) and shift work may play an important role as well (Demerouti et al., 2001). These general job stressors can be found – at least to some extent - in every job. Therefore, burnout may be found in almost every occupation. However, the impact specific emotional demands of the "people work", such as requirement of being emphatic, severe client problems (even confrontation with death / diseases, for instance, in hospitals), high customer demands etc, should not be underestimated (Maslach et al. 2001).

Furthermore, a lack of resources may as well lead to burnout. Especially, not having enough support from supervisors and co-workers increases the possibility of having burnout. The absence of job autonomy / control (i.e., overall decision freedom in a job) also leads to more burnout. Maslach and Leiter (1997, p. 42) presume that "when people do not have control over important dimension of their job, it prevents them from addressing problems that they identify…Without control, they cannot balance their interest with those of the organization." Demerouti et al. (2001) found also that a lack of feedback on the work performance, meaningful rewards and a lack of job security are also work conditions that have "burnout potential".

In addition, Maslach et al. (2001) presume that the whole organizational context should be considered when examining burnout favoring conditions. The organizational context shapes the relationship employees develop to their job. If the organization expects the

employees to give more “in terms of time, effort, skills, and flexibility, whereas they receive less in terms of career opportunities, lifetime employment, job security, and so on (p. 409) ” the psychological contract between employee and organization is broken. In such a condition employees are more likely to develop burnout.

In sum, several job characteristics, such as excessive work demands and a lack of resources may lead to more burnout. Workload, time pressure, role conflict and role ambiguity are some of the most important “triggers” of burnout. Lack of social support and job autonomy are harmful as well. When an organization / management / supervisor has high expectations toward the employees but gives less in return, burnout is also likely to develop.

2.2.2 Occupational characteristics

Schaufeli and Enzman (1998) report that the most frequently studied occupational groups are nurses, teachers and social workers. What these occupations have in common is their focus on “people work”. Burisch (2006), on the other hand, reports studies where the focus was on students, athletes, reporters, judges, librarians and even unemployed people. Therefore, burnout can occur in almost every occupation. Nevertheless, more recent research examines occupations that include the contact with people but “for which the contact fell short of the demands of this more extensive relationships” (Maslach et al., 2001, p. 408). In the line of this research mostly managers have been the center of attention.

Lee and Ashforth (1993) focused particularly on managers / supervisors in the human service sector. They found that emotional exhaustion is also a central dimension in managerial burnout. In addition, they argue that human service managers spent a considerable amount of time on supporting the subordinates and on problems intervention. Since they work in the human service field, they might be spending a lot of time also on the work with clients /

service recipients. Therefore, the total amount of time spent with client and subordinates may particularly accelerate the development of managerial burnout in human services.

Some other studies examined specific characteristics of different occupations and their effect on the development of burnout as well (Burisch, 2006, for review). Such research found that employees with more socially committed jobs (e.g., new public professionals) may be more prone to burnout. These employees may have very idealistic expectations toward the job and may even somehow believe that they could "save the world". Therefore, they likely experience job disappointments which may consequently lead to burnout. However, there has been only scant research on such occupations. For several other occupations, their specific characteristics and their possible effect on burnout remain under-examined as well (e.g., entrepreneurs).

2.2.3 Family characteristics

Although the main precursors of burnout can be found in the work environment, several authors claim that a demanding family environment cannot be neglected when examining the development of burnout (e.g., Peeters, Montgomery, Bakker & Schaufeli, 2005).

Picture the following example. A woman in her middle years has two school-aged children living at home. In addition, she has to take care of her sick mother. In her job as a project manager in an organization she is faced with excessive job demands (especially time and organizational pressure). However, her family environment does not provide enough respite from the demanding job. During her time-off she has to help the children with school assignments, drive them to several extracurricular activities and help her mother with cooking and cleaning. Therefore, she starts the next day at an insufficient recovery level and is ever more susceptible for the demands of the job. Eventually, she starts distancing from her job

and colleagues as well as her family. After a year she had to take a sick-leave because she was suffering from burnout.

According to the following example family demands may be directly related to burnout. In addition, simultaneous job and family demands may also be in conflict with each other. Fulfilling responsibilities in one domain (e.g., job) may be difficult because of responsibilities in the other domain (e.g., family). Such a work-family conflict may consequently also trigger burnout (Peeters et al., 2005).

2.3 Who has individual risks for burnout?

Most authors agree that burnout is more of a social phenomenon than an individual one (e.g., Maslach et al., 2001). Individual factors play a smaller role in explaining the development of burnout than, for instance, high workload. However, some people are more prone to burnout than other. For instance, younger employees and those higher educated tend to report more burnout. Some studies also report that women report higher levels of exhaustion. Men, on the other hand, report higher levels of depersonalization and cynicism.

However, these factors may play a rather insignificant role considering the personality differences (Maslach et al., 2001). Employees who have an external locus of control (i.e., who attribute life events and achievements to powerful others or chance rather than the own ability and effort) experience higher levels of burnout. Ineffective coping with stressful situation may also increase the possibility of experiencing burnout. Employees with defensive, passive coping way rather than confronting coping tend to have higher levels of burnout. A person's self-esteem plays also a role in the development of burnout. People with lower levels of self-esteem are more prone to burnout. In addition, personality characteristics such as hostility, depression, vulnerability, competitiveness and excessive need for control are also related to higher levels of burnout.

People differ also in their attitudes toward their job. Those with higher job expectations toward the nature of work (e.g., perceiving work as challenging, fun) as well as the success at work (e.g., getting everything done, curing patients) are also more prone to burnout because they tend to work too much. Therefore, they are likely to be more exhausted and also cynical toward the job when their expectation at not met.

In short, individual differences play a rather small role in the development of burnout. However, people with certain personality characteristics (e.g., low self-esteem, higher vulnerability, competitiveness, excessive need for control) and job attitudes (i.e., higher job expectations) tend to have a higher burnout potential.

2.4 What are the consequences?

Organizations often have a belief that burnout is a problem only for the individual (Maslach & Leiter, 1997). Managers / supervisors frequently have the opinion that "if you're feeling burned out, then it is you who has a problem" (p. 62). However, consequences can be noticed also in the whole work environment.

One of the most salient negative organizational consequences of burnout is reduced job performance (e.g., Halbesleben & Buckley, 2004; Maslach et al., 2001). Employees who are experiencing burnout are less productive and effective. They may, on the one hand, perform worse at the officially required work outcomes and behaviors. On the other hand, they may as well be less willing to help colleagues and may be losing their concern for the organization (Bakker, Demerouti & Verbeke, 2004). Burnout is also associated with lower job satisfaction, a reduced organizational commitment and higher intention to leave the job. Interestingly, burnout may even be "contagious". Employees suffering from burnout may more likely start conflicts with colleagues and disrupt joint work tasks. Therefore, also the colleagues are at

higher risk for experiencing burnout. Maslach and Leiter (1997) also point out to the fact that burnout leads in the first place to higher costs and financial losses because of higher absenteeism rates and more frequent sick leaves. In addition, studies found that especially the emotional exhaustion dimension of burnout leads to negative organizational outcomes (Halbesleben & Buckley, 2004).

The emotional exhaustion dimension of burnout is, on the other hand, also strongly related to negative outcomes for the individual. Exhaustion is particularly associated with health problems, reduced well-being and various forms of substance abuse (Maslach el al., 2001). Burnout is also likely to deteriorate someone's mental health. Some of the negative effects are feelings of anxiety, depression and loss of self-esteem.

Burnout has consequences for the individual as well as for the organization. Some negative effect on organizational level are: reduced job performance and organizational commitment, lower job performance, higher intention to leave the job. Negative effect on the individual level are: health problems, reduced well-being, deteriorated mental health.

2.5 Measurement of burnout

The most widespread burnout questionnaire is the Maslach Burnout Inventory (MBI; Maslach, et al., 1996). The superiority of MBI against other available measures was also quoted by Bursich (2006, p. 20) in the following way: "Burnout is what MBI measures." In fact, the MBI includes the three previously mentioned dimensions of burnout – emotional exhaustion, depersonalization and personal accomplishment. The MBI was first designed to address burnout in human services field (MBI-HSS). However, in the meanwhile is has been adapted to address a wider range of occupations (MBI-General Survey; non-human-services field; MBI-Educator Survey; educational setting) (Halbesleben & Buckley, 2004). The MBI

includes originally 22 Items. The MBI-GS, on the other hand, has a reduced number of items (16 items) with a more general wording (e.g., the depersonalization dimension in changed to the cynicism dimension and addresses a distant attitude toward the job rather than toward people).

Quick burnout test (adapted from MBI-GS; Maslach et al., 1996)

How often do you have the following experiences? How often do you think your subordinates / colleagues have the following experiences?

Please rate the statements on a 7-point scale ranging from 0=never to 6=every day.

1. I feel emotionally drained from my work.

2. I feel tired when I get up in the morning and have to face another day on the job.

3. I have become less interested in my work since I started this job.

4. I have become less enthusiastic about my job.

5. I have become more cynical about whether my work contributes anything.

6. I doubt the significance of my work.

Now think about your ratings of the statements. How often did you indicate having such experiences every day? How often do you think your subordinates / colleagues indicated having such experiences every day? The higher your sum of all the ratings, the more prone you are / they are for experiencing burnout.

The MBI, however, is not the only available measure of addressing burnout. Several authors claim that especially personal accomplishment is not a core dimension of burnout and

should be left out when measuring burnout (Demerouti et al., 2001). In addition, authors also agree that burnout should be address in a more general way. An alternative to the MBI-GS is the Oldenburg Burnout Inventory follows such notions of burnout. It also includes only two dimensions, exhaustion and disengagement from work. Exhaustion refers not only to emotional but also to physical exhaustion, need for rest and overtaxing from work. Disengagement is defined a distance toward the object and the content of one's work.

Several other attempts were made to measure burnout. The measures were mostly designed as a response to the measurement problems of the MBI (i.e., wording problems, definition problems). Other known measures are the Tedium Scale (Bursich, 2006) and the Copenhagen Burnout Inventory (Kristensen, Borritz, Villadsen & Christensen, 2005) which follow somewhat different definitions of burnout (e.g., personal burnout as the degree of general physical or psychological fatigue experienced by the person; Kristensen et al., 2005). Nevertheless, the Maslach burnout inventory remains by far the most applied measure of burnout.

Burnout measurement has been dominated by the usage of the Maslach Burnout Inventory which was also modified in order to address human services and well as other occupations. An item example is "I feel emotionally drained from my work.". Other measures usually follow a different notion of burnout and are not widely applied.

3. Burnout signals / signs

Burnout has mostly been referred to a syndrome meaning a set of signs / symptoms / signals indicative of a particular state / disease. Authors could identify several signals at individual, interpersonal and organizational level (e.g., Schaufeli & Enzman, 1998).

4.1 Signals at individual level

Mr. Smith is the owner a small firm with about 10 employees. In his work he is largely dependent on his long-term business partners who he feels really close to privately in the meanwhile. Recently, however, his business partners often do not pay off their debts to him in time. Therefore, the firm struggles with financial problems. Mr. Smith feels very disappointed and also hurt by the partners. After these events, Mr. Smith developed some particular symptoms. He felt mentally exhausted. It took him extreme effort to take on anything. He has also been on sick leave for more than 4 months but he still was unable to perform his job because he felt extremely tired and anxious. Although he is very social in general, he kept avoiding social situations and became more and more isolated from relatives and friends. He also suffered from headaches and pain in the neck sometimes. He felt powerless and totally out of control at that time.

This example demonstrates some of the most important burnout signals. However, the list is even longer. Most authors agree that a lot of signals may indicate that a person is suffering from burnout but usually a person does not show all of them (Burisch, 2006). Schaufeli and Enzman (1998) report of 5 types of individual level signals: affective, cognitive, physical, behavioral and motivational.

1. affective signals:

- Depressed mood / changing moods
- Tearfulness
- Emotional exhaustion
- Increased tension / anxiety

2. cognitive signals:

- Helplessness / loss of meaning and hope
- Feelings of powerlessness / feelings of being “trapped”
- Sense of failure
- Poor self-esteem
- Guilt
- Suicidal ideas
- Inability to concentrate / forgetfulness / difficulty with complex tasks

3. physical signals:

- Headaches
- Nausea
- Dizziness
- Muscle pain
- Sleep disturbances
- Ulcer / gastricintestinal disorders
- Chronic fatigue

4. behavioral signals:

- Hyperactivity / impulsivity
- Increased consumption of: caffeine, tobacco, alcohol, illicit drugs
- Abandonment of recreational activities
- Compulsive complaining / denial

5. motivational signals:

- Loss of zeal / loss of idealism
- Resignation
- Disappointment

- Boredom

Maslach et al. (2001) add that at individual level of signals one must pay attention especially on mental or emotional exhaustion, mental and behavioral signals (rather than physical) and decreased self-efficiency. In addition, one should keep in mind that burnout signals are always work-related and manifest themselves in "normal" persons who did not necessary suffer from psychopathology before.

4.2 Signals at interpersonal level

Schaufeli and Enzman (1998) describe also a long list of signals at interpersonal level. They again categorize them into affective, cognitive, behavioral and motivational signals. Since physical signals can be observed only on individual level, they are left out.

1. affective signals:
    - Irritability
    - Being oversensitive
    - Lessened emotional empathy with clients / service recipients / patients
    - Increased anger
2. cognitive signals:
    - Cynical and dehumanizing perceptions of clients / service recipients / patients
    - Negativism / pessimism with respect to clients / service recipients / patients
    - Labeling recipients in derogatory ways

4. behavioral signals:
    - Violent outbursts
    - Propensity for violent and aggressive behavior

- Aggressiveness toward clients / service recipients / patients
- Interpersonal, marital and family conflicts
- Social isolation and withdrawal
- Responding to clients / service recipients / patients in a mechanical manner

5. motivational signals:

- Loss of interest
- Indifference with respect to clients / service recipients / patients

At the interpersonal level a burned-out employee may, on the one hand, exhibit violent behavior. On the other hand, in most cases social isolation and withdrawal will occur. Another thing is salient at interpersonal level. Clients / service recipients / patients are being treated "as objects".

4.3 Signals at organizational level

"At organizational level, burnout is first and foremost characterized by reduced effectiveness, poor work performance and minimal productivity." (Schaufell & Enzman, 1998, p. 36). Other signals are:

1. affective signals:

- Job dissatisfaction

2. cognitive signals:

- Cynicism about work role
- Distrust in management, peers and supervisors

4. behavioral signals:

- Reduced effectiveness / poor work performance / declined productivity

- Turnover
- Increased sick leave / absenteeism
- Being over-dependent on supervisors
- Increased accidents

5. motivational signals:

- Loss of work motivation
- Resistance to go to work
- Low morale

4. Prevalence

5.1 General statistics from EU Agency's sources

The *European Agency for Safety and Health at Work* collects occupational safety and health statistics and surveys from around the world[3]:

- every three and a half minutes, somebody in the European Union dies from work-related causes;
- every year, 142.400 people in the EU die from occupational diseases and 8,900 from work-related accidents**.**

5.1.1 European employment trends

Safety and health policy and practice have to adapt. Working environments are continually changing, as result of the introduction of new technologies, changes in the way work is organized and shifts in economic, social and demographic conditions.

[3] Source: European OSH Statistics at http://osha.europa.eu

Europe's workforce is:

- ageing
- becoming more female
- employing an increasing proportion of migrant workers, both legal and undeclared
- using more temporary and part-time workers
- increasingly the new technology use.

The Agency collects and publicizes statistics for the major safety and health topics, and the most hazardous sectors. These are some of the most significant:

- The accident rate in the health care sector is 34% higher than the EU average.
- Lower back disorders affect 60-90% of people at some point in their life; at any one time, 15- 42% are affected.
- There are 19 million small and medium-sized enterprises (SMEs) in the EU, employing nearly 75 million people. However, SMEs record an over-proportional 82% of all occupational injuries, rising to about 90% for fatal accidents.
- More than one of four workers was been affected by work-related stress in the European Union.
- Across Europe, 18 to 24-year-olds are at least 50% more likely to be injured in the workplace, than more experienced workers.

5.2 Relevant statistics from several EU countries

5.2.1 UK statistics

In Britain, two-thirds of the employed people, on average, complain of stress at some time during life. Their symptoms range from headaches to heart attacks. In addition, the UK has the longest work hours in Europe[4].

5.2.2 Austrian Statistics[5]

In Austria, 1.5 million Austrian suffer from burnout [6] and one million employees shave the risk getting burnout[7]. According to statistics of the social insurance agencies, psychological conditioned diseases increased about 60 %[8].

5.2.3 Results Dutch longitudinal research panel

Analyses revealed that, in 2004, presenteeism has caused by burnout and sickness absence measured in 2002. Furthermore, sickness absence in 2004 been caused by burnout and presenteeism measured in 2002. Working while sick in 2002 resulted in 2.3 additional days of sick leave per person in 2004. A concurrent relation (r) also exists between job demands and presenteeism (r = 0.16 in 2002, and r = 0.18 in 2004). This implies that there is a tendency to stay at work when sick in cases where the workload is high.

Occupation was associated with the different relations between work burnout, presenteeism and sickness absence[9]. Among white-collar workers, higher job demands in 2002 resulted in higher sickness absence in 2004 but, among blue-collar workers, higher job demands in 2002 resulted in lower sickness absence in 2004.

[4] Source at http://news.bbc.co.uk/2/hi/programmes/crossing_continents/europe/1068800.stm
[5] Cited in: Korunka, C., Ulferts, H. (2010). *Burnout: Theoretical consideration.* The BOIT Project meeting.
[6] http://oe3.orf.at/aktuell/stories/294502/
[7] http://noe.arbeiterkammer.at/online/burn-out-32839.html
[8] Manfred Walzl, Neurologe an der Landesnervenklinik Sigmund Freud (LSF)
[9] Source: TAS, 2002–2004

A survey of relation between job demands in 2002 and sickness absence in 2004, by job category[10] imply results relevant to prevention.

A vicious cycle appears to be in operation. Burnout is going to increase presenteeism as well as subsequent sickness absence. This increase in sickness absence will in turn increase the risk of later presenteeism. Eventually, this increase in presenteeism may result in even higher levels of subsequent sickness absence.

The different effect of job demands on job absence among white-collar workers (higher absence) and blue-collar workers (lower absence) is possibly due to a higher 'pressure to attend' from colleagues when work is busy among blue-collar workers than among white-collar workers. Blue-collar workers may also find it relatively more precarious to stay at home when sick in cases of high workload, probably because it may be more likely that someone else might take over their position. However, in general, presenteeism appeared to be highest in jobs involved dealing with people.

5.2.4 Statistics in Romania

Survey Competent Consulting in Romania (2000 subjects)[11] found that:

- 40. % of Romanians are affected of occupational stress.
- 70. % of Romanians are working more than 48 hours per week.

Observations

- The stress level was higher to retired peoples, also unemployed peoples.

[10] Source: TAS, 2002–2004
[11] Source: *CE, Competent Consulting* at:http://www.zf.ro/profesii/cine-sunt-cei-mai-stresati-angajati-din-companii-3056650/

- The European Commission report - 70% of Romanians are dealing with a high level of occupational stress.
- Romanians are working more than 48 hours per week, succeeding the European standards.
- 39. % of Romanians was affect by burnout syndrome at emotional level.
- The categories more affected are financial managers, general managers and sales managers.
- The estimation of stress factor evolution in Romania reveals an increasing curve for burnout syndrome in 2008-2009.

5.2.5 Statistics in Germany

According to the *Frankfurter Allgemeine* newspaper, the number of Germans forced to give up their jobs completely because of burnout syndrome has also increased drastically. In 2009, the *Allianz health insurance* experts calculated that 22.1 percent of all vocational disability cases (incapacity to work) were cause by psychological problems. In 2007, the figure was just 20.5 percent. "The intensity of the burnout syndrome and the frequency with which it occurs are both increasing steadily," said Frankfurt psychiatrist Hansjörg Becker. He claimed that the situation was so bad that many German businesses were already suffering due to the high number of employees forced to miss work due to feelings of mental and nervous exhaustion[12].

[12] http://www.thelocal.de/national/20100307-25717.html

5.2.6 EU Member States[13]

As global social inequality grows, workplace risks are differently experiences across regions, industry, social class, gender, and ethnic group. A survey in the new EU Member States found that 90% of the respondents thought that in their countries stress is a major cause of diseases, which together with burnout and bullying is attributed to poor work organization.

5.3 The burnout prevalence on particularly domains of work

A survey from a single university-based training program showed that:

- 76% of medical residents met criteria for burnout;
- 50% of these had depressive symptoms;
- 9 % had at-risk alcohol use.

The more often reported by burned-out residents was:

- career dissatisfaction (41% vs. 11% than residents without burnout.)
- suboptimal patient care practices (53% vs. 21% than these without burnout).

In evaluations of separate burnout domains, only a high score for depersonalization was associated with self-reported suboptimal patient care practices (Shanafelt & et al., 2002).

[13] Source: http://www.euro.who.int/occhealth/stress/20050405_1

5. Prevention

There are several approaches and training programs regarding prevention, early recognition and the management of burnout situations. Prevention is the concept referrers to the principal burnout characteristics: exhaustion, depersonalization, decreasing work efficiency and productivity. These characteristics derived from the main stress factors identified on work place. Prevention bases on the factors that generate and promote health and mental health at the work place (factors of sanogenesys).

6.1 Health resources

The available resources at individual level are, mainly: internal resources – those of the individual, and external resources such as those developed in the work environment.

6.1.1 Internal resources

- Active coping strategies – focused on the problem;
- Positive evaluation and self-evaluation of personality;
- Rational attitudes;
- Involvement;
- Intrinsic motivation;
- Co-operation with clients.

Active coping strategies have as goal transformations of the situation and act indirectly on emotions; sustain the development of plans and involvement in actions to answer directly to stress factors.

In the literature there is an important distinction related to the fact that strategies focused on emotion are non-adaptive, while those focused on the problem are adaptive. One

can notice that adaptation to stress centered on the problem leads to positive working experiences, while the strategy based on emotion contributes to negative work experiences. A response oriented to the problem and a positive evaluation of personality may be efficient in increasing personal achievements (Marian, 2004; Marian, Drugaş & Roşeanu, 2005).

Opportunity to collaborate with clients, to solve their problems and to fulfill their wishes is resources for employers in areas, which provide such possibilities. Cooperation with clients may lead to an increase of the social satisfaction. Solving clients' problems may increase the perceived competence and self-efficacy. In addition, grateful clients may increase self-esteem.

6.1.2 External resources

- Social support obtained through different sources;
- Opportunities to improve work conditions:
  - Gaining control,
  - Participating in decision making,
  - Autonomy, etc.
- Reinforcement received in different situations,
- Time management: set and prioritize goals, plan actions and assess progress.

Job satisfaction has a protective effect against the negative consequences of work stress. Organizational factors and personal factors are important in managing both, stress and satisfaction (Visser, Smets, Oort & DeHaes, 2003).

In general, research identified a negative relation between time management and burnout and a positive one between time management and heath related variables. Studies

focused in the effect of annual leave started with measuring the level of stress and burnout before, during and after the annual leave. Several conclusions could be determined:

- Decrease of burnout during the vacation;
- Three days after the annual leave, the level of exhaustion was almost identical to leave before it, and
- After three weeks, it was the same (Westman & Eden, 1997).

A prevention program can focus on:

- eliminating, reducing or counteracting stress factors of working environment
- development of values in organizational culture
- development of attitudes and rewarding relationships
- development of effective social support
- modeling, programming and resource planning
- consultation with employees
- employee participation in decisions making concerning changes
- custom fitting and comfortable workplace.

The effectiveness of burnout prevention at work depends on some management measures. In our program preventive measures are implemented on managerial level. Managers can observe early signs of burnout in employees and / or existence of specific stressors of burnout in workplace environment. Therefore, they can prevent the development of burnout among organization's employees. Much of early intervention strategies generate also preventive / protective effects. Finally, since the manager can recognize the signs of advanced stages of burnout, intervention may depend on his knowledge and ability to involve the experts.

6. Current intervention approaches

Most intervention programs are aimed at the individual professionals to use coping skills such as relaxation techniques, cognitive restructuring, social skills training, didactical stress management, and attitude change (Pines & Aronson, 1988).

Those who suffer from burnout show overly high commitment to, a personal investment in, their work (Lee & Ashforth, 1993). Therefore, they become vulnerable to stress and feelings of exhaustion at work. In addition, excessive work commitment in terms of many work-related goals are burnout correlated (Salmela-Aro & Nurmi, 2004).

The intervention program proposed by Walster, Berscheid & Walster, (1973) included cognitive restructuring exercises, most based on equity theory. Research has shown that in organizational contexts inequity can have important motivational effects and may lead to resentment, absenteeism, and turnover (Cropanzano & Greenberg, 1997; Geurts, Buunk & Schaufeli, 1994). The program directly focused on three ways in which people generally restore equity (Adams, 1965; Walster Berscheid & Walster, (1973). The program describes three steps.

First, professionals can re-establish actual equity by adjusting their actual contributions or outcomes. The aim is to stimulate participants to describe ways to start changing work situation in plan they will write.

Second, participants could change their perceptions of investments and outcomes. The program includes elements aiming to make expectation (of the organization) more realistic.

The third way to re-establish is to leave the situation and to pursue another career if equity could not been attained in their present job. In conclusion, the participants were encouraged to

look at their situation in a different way and see opportunities for personal growth (cited in Pines & Aronson, 1988).

7.1 Person / organizational approaches

Prevention / intervention programs on burnout can either be:

- person directed,
- organization directed,
- combined: person directed, also organization directed.

Person directed intervention programs are usually cognitive-behavioral measures such as:

- psychotherapy,
- counseling,
- adaptive skill training,
- communication skill training,
- social support,
- exercises for relaxation

Schaufeli (1995) found that intervention consisting of cognitive and relaxation exercises were successful in decreasing the emotional component of burnout.

Organization directed interventions are usually a change in the work procedures. For example, task restructuring, work evaluation and supervision aimed at decreasing job demands, increasing job control or the level of participation on making decisions.

A combined person and organization directed interventions led to significant positive changes in burnout. The burnout component emotional exhaustion was best influenced (Awa et al., 2010). Participatory involvement in organizational changes improves mental health (Andersen, Borritz, Christensen, Diderichsen, 2010).

Some of the interventions to promote mental health in the workplace are:

- Organizational, changing organizational practices
- Training supervisors & managers
- Change shift work systems & introduce vacations
- Support or training to improve skills or job roles
- Training for better coping – stress management intervention
- Counseling & therapy
- Exercise & relaxation
- (Marine, Ruotsalainen, Serra, Verbeck, 2006).

One approach of measuring burnout is the Copenhagen Burnout Inventory, which attributes fatigue and exhaustion to specific domains of spheres in the person's life. The CBI consists of three measuring scales: personal burnout, work-related burnout and client-related burnout

(Andersen, Borritz, Christensen, Diderichsen, 2010). Interventions seem to have an effect on the work-related burnout not on the client-related and personal burnout.

However, the intervention research on mental well-being and burnout in particular is very fragmented and the results so far are rather inconsistent (Andersen, Borritz, Christensen, Diderichsen, 2010).

A study proposed three types of interventions in organizations. The participants were divides into three groups:

- External reorganization
- Internal reorganization – e.g. departments merged together or new teams built to increase influence and engagement
- Educational days, that improving the psychosocial work environment with a focus on communication, development of politics regarding sick leaves, violence at work and increasing predictability (Andersen, Borritz, Christensen, Diderichsen, 2010).

The conclusions are that reorganizations have a negative effect on especially work-related burnout, whereas no effect seen from educational days or consultancy. The burnout scores for the workplace increased at first follow-up, decreased at the second follow-up, however, for half of the work sites ending at a higher level than the baseline scores (Andersen, Borritz, Christensen, Diderichsen, 2010).

Properly planned intervention programs, which include aspects of both, person and organization directed prevention measures, are expected to positively influence burnout and worksite mental health. Intervention programs, which include refresher courses at appropriate intervals after the end of the program, can result in longer lasting positive effects on burnout. Intervention programs can be counterproductive. In order to avoid such a backlash program design and implementation should take specific needs of participants into consideration (Awa et al., 2010).

7.2 Psychotherapeutic approaches – group therapies

Other intervention program suggested the usage of two kinds of psychotherapeutic methods – experiential group therapy and psychoanalytic group therapy. Both program focused on changing the ways in which an individual perceives and deals with unfavorable working situations (Salmela-Aro at al., 2004).

7.2.1 The experiential group therapy

The experiential group therapy bases on active therapeutic interventions, such as psycho and socio-dramatic techniques (Blatner, 1996; Leutz, 1986). Other therapeutic methods used in these groups included creative methods, such as drawing, music, telling stories, body expression and relaxing (Salmela-Aro at al., 2004).

7.2.2 The group analytic therapy

The group analytic therapy bases on free associations within the group (Ashbach & Shermer, 1987). The main theoretical idea behind this working model was that participants assumed to transfer their previous emotional experiences to the therapists and other group

participants. The projective level consisted of the most difficult and feared aspects of the experience, most often feelings evoked by conflicts at work. The collective level provided shared new identifications for the group, for example feeling that one is not alone with the problems, and that progress is possible with the help of others (Salmela-Aro at al., 2004).

One focus of the intervention was to enhance participants` interpersonal relationships, which has shown to be a key element of burnout (Leiter & Maslach, 2000).

One focus of the intervention was to enhance participants' interpersonal relationships to be a key element of burnout (Leiter & Maslach, 2000).

The results suggest that the relaxation and practice-based approach, as well as reflective discussion about the work-situation, were beneficial for individuals suffering from severe burnout symptoms (Salmela-Aro at al., 2004)

Interventions that focused on decreasing negative affects related to major individual goals help the recovery from burnout (Salmela-Aro at al., 2004). Those, whose emotions in connection with their projects become less negative, seemed to show a decrease in burnout during the intervention compared with other participants. During intervention, the number of work related projects decreased, indicating less preoccupation with problems at work (Salmela-Aro at al., 2004).

The therapeutic interventions are typically successful in decreasing the emotional component of burnout (emotional exhaustion). However, therapies have been less successful in increasing feelings of personal accomplishment (Salmela-Aro at al., 2004).

7.3 Symptomatic intervention vs. etiological intervention

Intervention can focus on two areas of burnout characteristics: etiological and / or symptomatic.

7.3.1 Symptomatic intervention

To interfere with the symptoms using particular behavioral methods to achieve objectives as:

- Physical relaxation simple solutions for fatigue
- Life program reorganization –highlighting your favorite activities
- Search and use external resources
    - Social support,
    - Task reorganization
    - Tasks/ roles simple and clear
    - Especially emotional reward systems (and with self administration)
- Identify areas of interest/ motivation of the person
- The behavior training to frustration
- Developing the roll skills
- Roll solving training

7.3.2 Intervention to the cause level (etiological)

Intervention to the cause level is using mainly cognitive methods, through the following can be achieve:

- Distinguishing and developing the rational ideas about self requests, to the others, to the world/ job (*cognitive restructuring*)

- Management of emotions related to exhaustion / fatigue and irrational ideas
- System values reorganization / reappraise
- Self control training
- Rational training to frustration
- The training of active coping
- The training of roll playing simulation / *scenarios and roll playing*

7.4 Coping Strategies

Coping strategies, customarily being defines as *specific methods,* directed to specific objectives:

- coping oriented to the problem (by responding directly to the stressful situation);
- coping oriented to the emotion (to moderate the emotional response to stressful events) (Lazarus & Folkman, 1986; Edwards, 1988; Begley, 1998, cited in Plana et al., 2002).

It was identified three categories of coping methods:

- active-cognitive coping (the management of assessing potentially stressful events);
- active-behavioural coping (the *observable efforts* managing a stressful situation);
- coping by avoidance to face a problematic or stressful situation (Billings and Moos, 1981).

7.4.1What relevance do coping styles have for preventive intervention in burnout?

The different coping strategies were examines as regards appearance and development of the three dimensions of burnout. According to Gil-Monte and Peiró (1999) and Plana et al. (2002), the coping strategies related to the burnout sequential process. Thus, feelings of low personal accomplishment and emotional exhaustion are the signs of burnout beginning, while depersonalization is a coping strategy.

The efficiency of coping strategies depends on the situations and the processes. Adequate coping strategies can be of great help for preventive intervention on burnout (Plana et al., 2002).

7.4.2 Modeling coping strategies

Stress stimuli (as the discrepancies between a perceived state and a desired state) can activate coping in direct or indirect ways related to psychological anticipated or perceived wellbeing (Edwards, 1992).

When anticipating potential threats, stress would activate coping directly, whilst already damaged psychological wellbeing activate coping indirectly. The different patterns of coping are link in a complex system of relationships. In a study with social educators, Plana et al., 2002 used the structural equation modelling technique to examine the system of relations between different coping methods and the dimensions of burnout syndrome. The results showed that different coping patterns mediated a simultaneous relationship between feelings of personal accomplishment and emotional exhaustion in the workplace. Personal accomplishment would tend to reduce emotional exhaustion, whilst emotional exhaustion would has a non-significant impact on personal accomplishment. This model provides, counter to expectations, that the combined strategies and methods of coping are more efficient than a managing style of burnout based on single directional strategy.

The coping efficiency depends on the opportunities offered by the work context and on personality characteristics. It was, for example, shown that coping strategies oriented to the problem in situations of low control are counterproductive (they produce more stress). In situation where a lack of control is apparent, strategies oriented to avoidance seem preferable (Plana et al., 2002).

In a study among college students the most effective predictors of active coping, related to relationships and stressful work situations, were the traits of resilience and secure attachment (Ming-hui Li, 2008).

It was shown that the traits become most salient in a specific situation when individuals:

- can recognize that they own these traits - internal awareness;
- are awareness to consequences caused by the disappearance of these traits in that situation - external scrutiny (Jones and McEwen, 2000).

According to Pizzolato (2004), the most salient traits determine the individuals' coping styles. Therefore, students can enhance their secure attachment by participating in counseling or peer-based support groups (Moler, McCarthy and Fouladi, 2002). In Sweden, they also attempted a randomized controlled trial applying "reflecting peer support groups" to prevent stress and burnout (Peterson, Samuelson & Nygren, 2008). Ewers, Bradshaw, McGovern & Ewers (2002) evaluated the effect of psychological training on the knowledge, attitudes, and levels of burnout. They demonstrated that, providing forensic mental health nurses a better understanding of serious mental illness, and training them in a broader range of interventions, helps them to be more positive in their attitudes towards the clients that they work with and experience less negative effects of stress resulting from their caring role.

Long-term intervention had more prolonged effects for reducing burnout than short-term intervention, and yield permanent behavioral changes, especially for coping skills (Rowe, 2006).

Burnout is likely to require a longer period of supervision, monitoring, support and feedback. Individuals experiencing more severe burnout and, those at risk for developing burnout will benefit from a multi-prolonged approach that addresses both factors, within the individual and their environment (McLeod, Densley & Chapman, 2006).

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