

**INFLUENCE OF PERCEIVED ORGANIZATIONAL SUPPORT
AND SELF EFFICACY ON BURNOUT AMONG NURSES**

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DEDICATION

i

I dedicate this work to God Almighty.

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ii

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The study investigated influence of perceived organizational support and self efficacy on burnout among nurses. Two hundred and nine (209) nurses from Federal Medical Centre Umuahia participated in the study. Among them were 2 males and 207 females. The Perceived Organizational Support Scale, General Self Efficacy Scale and Maslach Burnout Inventory were used to elicit the participants' responses on burnout. A cross-sectional survey design was employed and 2-way ANOVA was used to test the two hypotheses. The result showed a significant difference on burnout between nurses with perceived low organizational support and those with perceived high organizational support $F(1, 205) = 14.62, P < .001$. The result revealed no significant difference on burnout between nurses with low self efficacy and those with high self efficacy. The interaction effect between perceived organizational support and self efficacy on burnout is significant $F(1, 205) = 4.30, P < .05$. The findings of the study were discussed with reference to possible socio-cultural variables that can account for the results obtained. Implications and limitations were also discussed and suggestions for further studies are made.

TABLE OF CONTENTS

iv

Dedication	i
Acknowledgment	ii
Abstract	iii
Table of contents	iv
CHAPTER ONE: INTRODUCTION	1
Statement of the problem	8
Purpose of study	9
Operational definition of terms	9
CHAPTER TWO: LITERATURE REVIEW	10
Theoretical review	10
Empirical review	22
Hypotheses	25
CHAPTER THREE: METHOD	26
Participants	26
Instrument	26
Procedure	29
Design /Statistics	30
CHAPTER FOUR: RESULTS	31
CHAPTER FIVE: DISCUSSION	34
Implications of the study	35
Limitations of the study	36
Suggestions for further research	37
Summary and Conclusion	37
References	39
Appendices	

CHAPTER ONE

INTRODUCTION

The employee burnout is a topic of major interest for management and industrial psychological researchers alike, because it has consequential implication for both individuals and organizations (Cropanzano, Rupp, & Byrne 2003). From the individual perspective, burnouts is related to a myriad of health related issues, including decreased self- esteem, anxiety, depression, gastro - intestinal problems, headaches, sleep disturbances, and diminished psychological well-being (Maslach, 1993; Kahill, 1988; Wright & Bonett, 1997). From the organizational perspective, burnout is linked with intention to turnover, decreased level of employee commitment, and job dissatisfaction (Jackson, Schwab & Schuler, 1986). However, Maslach and Jackson (1986) defined burnout as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that occur among individuals who do “people work” of some kind. It seems then that burnout has three dimensions: emotional exhaustion; which describes the affective feeling states of the individual characterized by depleted emotional resources, and lack of energy; depersonalization; which is characterized by negative, cynical attitudes and feelings about one’s clients. Diminished personal accomplishment refers to the tendency to evaluate oneself negatively. A sense of diminished personal accomplishment, which would be increasingly, demonstrated when workers feel ineffective and incompetent (Maslach, 1982; Lee & Ashforth, 1990).

Contemporarily, burnout is a term that has moved from colloquial speech into the social and psychological vernacular. There is a growing awareness within medicine that physicians and other health care professionals are at risk for burnout, which threatens the sustainability of the health care enterprise. This feeling of burnout is viewed as a multidimensional construct. Burnout is an affective reaction to ongoing stress whose core content is the gradual depletion over time of individuals' intrinsic energetic resources, including the expression of emotional exhaustion, physical fatigue, and cognitive weariness (Shirom, 1989). There are many causes of burnout, in which, it stems from the job. Thus anyone who feels overworked and undervalued is at risk for burnout. Burnout is not caused solely by stressful work or too many responsibilities. Other factors contribute to burnout, including one's lifestyle and certain personality traits. Work-related causes of burnout includes; feeling of little or no control over one's work, lack of recognition or rewards for good work, unclear or overly demanding job expectations, doing work that is monotonous or unchallenging, working in a chaotic or high-pressure environment. Lifestyle causes of burnout are among other things, working too much, without enough time for relaxing and socializing, being expected to be too many things to too many people, taking on too many responsibilities, without enough help from others, not getting enough sleep, lack of close, supportive relationships.

Burnout is a syndrome characterized by extreme physical and mental fatigue and emotional exhaustion. In recent time burnout has begun to attract attention among health care professionals. A wide range of professions

experience burnout, including physicians, educators and nurses. The common factor of this mentioned group is that all share an intense involvement with people or provide assistance to people. Maslach and Jackson (1986) maintained that burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do “people work” of some kind. They modeled that burnout develops in three distinct stages:

Emotional Exhaustion- This describes the affective, feeling state of the individual characterized by depleted emotional resources and a lack of energy.

Depersonalization: This is characterized by negative, cynical attitudes and feelings about one’s clients.

Diminished Personal Accomplishment: This is the tendency to evaluate oneself negatively. Employees experience increased dissatisfaction with their accomplishments on the job, coupled with a heightened perception of failure to make work-related progress. Therefore a sense of diminished personal accomplishment would be increasingly demonstrated when workers feel ineffective and incompetent (Maslach, & Jackson 1986).

Maslach and Jackson (1977) noted that their concern for burnout is probably a function of the characteristics of helping professions, the growing importance of human service delivery is a characteristic of public sector organizational which may place a burden on service deliverers and administrators; and create physical and psychological effects of burnout for all employees. They hypothesized causes of burnout have included

characteristics of employee characteristics (self- efficacy), supervisory assistance (organization support), organizational structures (both social and physical) etc. Thus Maslach and Jackson (1986) view of burnout could be summarized as the dimension/stages, cause and consequences of burnout. Burnout for them involves total loss of will power and inability to mobilize interest. One who is “burnout out” becomes physically and mentally depleted below normal level of performance.

However, Meier (1983), conceptualized burnout as a state resulting from repeated work experiences in which individuals possess:

- Low expectations regarding the presence of positive reinforcement and high expectations regarding the presence of punishment in the work environment.
- Low expectation regarding ways of controlling the reinforcers that are present.
- Low expectations for personal competence in performing the behaviors necessary to control the reinforcement. Individuals who possess expectations at these low levels will often experience unpleasant feelings such as anxiety and fear and behave in unproductive ways, such as avoiding work and lacking presence (Bandura, 1977).

Freudenberger (1974) coined the term “burnout” to describe workers’ reactions to the chronic stress common in occupations involving numerous direct interactions with people. Work life, however, is not independent from family life; these domains may even be in conflict. Burnout is a term which is frequently used to describe the emotional and physical exhaustion experienced by people as a direct result of excessive study or work related stress. Burnout can cause

significant physical, emotional, psychological, and spiritual damage to people (Schaufeli & Enzmann, 1998). [General practitioners](#) seem to have the highest proportion of burnout cases (according to a recent Dutch study in Psychological Reports by Clark & Vaccaro (2005), no less than 40% of these experienced high levels of burnout). These recent studies have linked burnout to job-related chronic stress.

Work-related burnout in employees is believed to result in physiological, psychological and behavioural consequences which are detrimental to the health of the employee and the effectiveness and efficiency of the organization (Van-Dierendouck, Schandeli & Bunnk, 1998). On the other hand, a high level of perceived organization support (POS) has been associated with many positive implications for both employees and management, such as increased organizational commitment, job satisfaction and reduced turnover rates (Eisenberger, Cummings, Armeh & Lynch, 1997).

Research on perceived organizational support began with the observation that if managers are concerned with their employees' commitment to the organization, employees are focused on the organization's commitment to them. For employees, the organization serves as an important source of socio-emotional resources; such as respect and caring, and tangible benefits; such as wages and medical benefits. Being regarded highly by the organization helps to meet employees' needs for approval, esteem and affiliation. Positive valuation by the organization also provides an indication that increased effort will be noted and rewarded. Employees therefore take an active interest in the regard with

which they held by their employer (Conference Research, 2008). Rhoades and Eisenberger (2002) holds that in order to meet socio-emotional needs and to assess the benefits of increased work effort, employees form a general perception concerning the extent to which the organization values their contributions and cares about their well-being. Such perceived organizational support (POS) would increase employees' felt-obligation to help the organization reach its objectives, their affective commitment to the organization and their expectation that improved performance would be rewarded. Behavioural outcomes of POS would include increases in in-role and extra-role performance and decreases in stress leading to burnout and withdrawal behaviours such as absenteeism and turnover.

Although, there are relatively few studies of POS, the issue concerning perceived organizational support has continued to reoccur. POS is assumed to be a global belief that employees form concerning their valuation by the organization. Based on the experience of personally relevant organizational policies and procedures, the receipt of resources and interactions with agents of the organization, an employee would distill the organization's general orientation toward her. POS refers to employees' overall perception to organizations' concerns in the contributions and welfare. An element analysis finished by Rhoades and Eisenberger in 2002 show that three factors affect employee' perceived organizational support, and rewards and work conditions. Employees always take the way of leaders treating them as a reflection of organizational support. The rewards that associated with perceived organizational support in a

positive correlation, supportive work conditions, and leaders' understanding and praise can drive employees to generate the perceived organizational support (Eisenberger, Fasolo & Davis-la Mastro, 1990).

Another variable that may be considered as a factor in burnout is self-efficacy. Self-efficacy is an individual factor unlike organizational support which is an organizational factor. The majority of occupational burnout models propose that burnout in the occupational environment generates negative changes in the individual in physical, psychological and behavioral terms, (Beehr, 1995). These models also suggest that the relationship between burnout and their negative consequences (low turnover) is moderated by different factors, such as demographic characteristic, personality factors, work environment and self beliefs (self- efficacy). Brief and Aldag (1998) stated that one's beliefs about oneself can act as moderating variable in burnout. Some results have shown that burnout have a less negative effect when individuals, have more positive self-perceptions, (Mossholder, Bedein & Armenakis, 1982). According to Bandura (1997), self-efficacy refers to beliefs in one's own capacity to organize and execute the courses of action required to manage prospective situation. Research show that one's own beliefs of efficacy function as an important determinant of motivation, affect, thought and action (Bandura, 1992).

The present research surveyed the influence of perceived organizational support and self- efficacy on burnout among Nurses. Nurses play an important role in health care delivery and human services. They are part of the medical team that ensures adequate care for patients and they have more contacts with

the patient than any other employee in health care delivery system. It becomes important that the Nurses' affairs should be a concern to all, as any cynical attitude on their part due to burnout can result to loss of human life. Therefore this research considered it important to investigate the extent to which organizational support and self- efficacy of the nurses can influence their job burnout. The researcher hopes to add to existing literature on factors that determine job burnout and give ideal suggestions to the extent in which the independent variables can induce job burnout.

STATEMENT OF THE PROBLEM

Nurses are one of the players in the health care delivery; therefore, their psychological well being is vital and should be considered with utmost care. Burnout undeniably has negative effect on individuals, more so on those involved in human service (Maslach & Jackson, 1986). Organizational support predicts that if individuals perceive that they are supported in their work place, they offer their best and this could reduce burnout (Ramarajan & Barsade, 2006). Self- efficacy model also asserts that when an individual feels competent and confident in what he or she is doing, his work related problems such as burnout, may be reduced (Mossholder, Bedein and Armenakis, 1982). Therefore, the present study will investigate the following questions

- Will perceive organizational support influence the nurses' job burnout?

- Will self- efficacy influence the nurses' job burnout?

PURPOSE OF THE STUDY

An organization where its workers experience little or no job burnout records high job efficiency, productivity, satisfaction and commitment. Having realized that a healthy behavioural/emotional attitude improves job efficiency and satisfaction, the study aims to investigate the following:

- The influence of perceived organizational support on burnout among nurses.
- The influence of self efficacy on burnout among nurses

OPERATIONAL DEFINITION OF TERMS

Organizational support: This is total score obtained from the perceived organizational support Scale, which symbolized the overall perception to organizations' concerns in the contribution and welfare.

Self – efficacy: This is the total scores obtained from general self- efficacy scale and this connotes beliefs people have about their capabilities to exercise control over events that affect their lives.

Burnout: This is the total score obtained from maslach burnout inventory and it connotes syndromes of emotional exhaustion, depersonalization and reduced personal accomplishment that occur among individuals who do people work in some kind.

CHAPTER TWO

LITERATURE REVIEW

THEORETICAL REVIEW

CONSERVATION OF RESOURCES THEORY (COR)

According to Hobfoll (1989) COR theory, implies individuals strive to obtain and maintain what they prize or value - resources. Burnout is most likely to occur in situations where there is an actual resource loss, perceived threat of resource loss; a situation in which one's resources are inadequate to meet work demands, or when the anticipated returns are not obtained on an investment of resources (Hobfoll, 1988; Lee & Ashforth 1996). Resources are those objects, personal characteristics conditions that are valued by the individual or that serve as a means for attainment of these objects. COR theory recognizes the importance of individuals' motivation and positive regard for self in the burnout process. More specifically, a key motivational decision involves how employees acquire, maintain and foster the necessary resources to both meet their current work demands and to help guard against further resource depletion. For instance, prolonged strain or emotional exhaustion described by Maslach and Jackson (1986) occurs when employees feel that they no longer have the necessary emotional, personality, social or status resources to predict, understand and control the stressors confronting them (Hobfoll, 1989) Using COR theory, similar arguments can be made for depersonalization and diminished personal accomplishment. For example depersonalization can be viewed as an attempt to minimize the emotional resource loss that results from the constant need to solve

intense client problem situations with limited material resources. While diminished personal accomplishment, denotes a decline in employee's personal feelings of competence and successful work achievement (Maslach 1993). Feelings of diminished personal accomplishment are related, conceptually, to such phenomena as reduced self-efficacy (Bandura 1997). Situations are perceived as being less stressful when individuals believe that they can cope successfully with them.

However, Freudenberger (1980) pioneering work inspired the three conceptual approaches toward the construct of burnout. These three conceptualizations were proposed by Maslach and her colleagues (Maslach, 1982; Maslach & Leiter, 1997), by Pines and her colleagues (Pines & Aronson, 1988; Pines, Aronson & Kafry, 1981) and by Shirom and Melamed (Shirom, 1989; Hobfall & Shirom, 1993, 2000; Melamed, Kushmir & Shirom, 1992).

MASLACH BURNOUT MODEL

This theory was developed by Maslach and Jackson, in 1981. According to this theory, burnout is viewed as a syndrome that consists of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion refers to feelings of being depleted of one's emotional resources. This dimension was regarded as the basic individual stress component of the syndrome (Maslach, Schaufeli, & Leiter, 2001). Depersonalization refers to negative, cynical or excessively detached response to other people at work. Reduced personal accomplishment; refers to feelings of decline in one's competence and productivity and to one's lowered sense of self-

efficacy, this dimension represents the self-evaluation component of (Maslach, 1998). The three dimensions resulted from labeling exploratory factor-analyzed items initially collected to reflect the range of experiences associated with the phenomenon of (Maslach, 1998; Schaufeli & Enzmann, 1998).

Subsequently, Maslach and her colleagues modified the original conceptualization of the latter two dimensions (Maslach, Schaufeli, & Leiter, 2001). Depersonalization was replaced by cynicism, referring to the same cluster of symptoms. The new label for this dimension of the syndrome poses new problems. Cynicism is an emerging concept in psychology and organizational behavior, used to refer to negative attitudes involving frustration from, disillusionment and distrust of organizations, persons, groups or objects (Andersson & Bateman, 1997; Dean, Brandes, & Dharwadkar, 1998). Abraham (2000) has suggested that work cynicism, one of the forms of cynicism that she had identified in her research, tends to be closely related to burnout. Garden (1987) has argued that this dimension of the syndrome of burnout gauges several distinct attitudes, including distancing, hostility, rejection, and unconcern. It follows that the discriminant validity of this component of burnout relative to the current conceptualizations of employee or work cynicism has yet to be established.

The third dimension was re-labeled as reduced efficacy or ineffectiveness, depicted to include the self-assessments of low self-efficacy, lack of accomplishment, lack of productivity, and incompetence (Leiter & Maslach, 2001). Each of these concepts, namely self-efficacy, accomplishment or

achievement, personal productivity or performance, and personal competence, represent well-known distinct fields of research in the behavioral sciences. The authors of the MBI have yet to clarify on what theoretical grounds these concepts should be grouped together in the same cluster of symptoms. Such diverse cluster of symptoms related to effectiveness may obscure the meaning of the third dimension underlying the MBI. To illustrate, does reduced efficacy refer to one's personal judgment of how well one can execute courses of action required to deal with prospective situations, as self-efficacy is customarily defined (e.g., Lee & Bobko, 1994; Stajkovic & Luthans, 1998) Alternatively, does this dimension of burnout reflect one's belief in one's knowledge and skills, as competence is often conceptualized (Foschi, 2000; Sandberg, 2000)? Or does it relate to self-assessed job performance or performance expectations (e.g., Stajkovic & Luthans, 1998)? It appears that the second and third dimensions of the MBI, as currently defined, probably represent each several multifaceted constructs, each having different implications with regard to the emotional exhaustion component of burnout suggested by the authors of the MBI (Moore, 2000).

Clearly, the conceptualization of burnout as tapped by the MBI relates to it as a multidimensional construct. A construct is multidimensional when it refers to several distinct but related dimensions that are viewed as a single theoretical construct (Law, Wang, & Mobley, 1998). The proponents of this multidimensional view of burnout (e.g., Maslach, 1998) argue that it provides a holistic representation of a complex phenomenon, broadly conceived as referring to the

process of wear and tear or continuous encroachment upon employees' resources. Maslach (2001) further explains that this conceptualization allows researchers to use broadly conceived types of stress in both the work and the family domains as potential antecedents of burnout, thus increasing its explained variance. However, there is a paucity of evidence that there are specific antecedent variables or mechanisms leading to all three clusters of symptoms included in the syndrome of burnout (Collins, 1999; Lee & Ashforth, 1996; Schaufeli & Enzmann, 1998). A case in point is the phase model of burnout, developed by Golembiewski and his colleagues and tested in a series of studies (see, for example, Golembiewski & Boss, 1992; Golembiewski, Munzenrider, & Stevenson, 1986; Golembiewski & Munzenrider, 1988). It was constructed on the basis of the theoretical assumption that individuals experiencing burnout on the dimension of emotional exhaustion do not necessarily experience either of the other two clusters of symptoms. Indeed, the study cited above by Golembiewski and his colleagues (Golembiewski & colleagues, 1986, 1988, 1992) provided considerable amount of evidence that supports this theoretical proposition.

Maslach (1998) has argued that the addition of the dimensions of cynicism and reduced personal efficacy to the core dimension of emotional exhaustion was justified in that the former two dimensions add the interpersonal aspect of burnout to the conceptualization of the phenomenon. However, items that tap interpersonal aspects of work appear in the emotional exhaustion scale, like "working with people all day is really a strain for me", and "Working with people directly puts too much stress on me" (Maslach & Jackson, 1981).

The MBI, the measurement scale whose process of construction has led inductively to the above conceptualization, has been the most popular instrument for measuring burnout in empirical research (for a review of studies using it, see Collins, 1999; Lee & Ashforth, 1996; Schaufeli & Enzmann, 1998). It contained items purportedly assessing each of the three clusters of symptoms included in the syndrome view of burnout that is emotional exhaustion, cynicism or depersonalization, and reduced effectiveness or lowered professional efficacy. It asks respondents to indicate the frequency over the work year with which they have experienced each feeling on a 6-point scale ranging from 1 (a few times a year) to 6 (every day). Three subscales are usually constructed, referring to each of the above dimensions (for a recent psychometric critique, see Barnett, Brennan, & Careis, 1999). The factorial validity of the MBI has been extensively studied (Byrne, 1994; Handy, 1988; Lee & Ashforth, 1996; Schaufeli & Dierendonck, 1993; Schaufeli & Buunk, 1996). Most of the researchers examining this aspect of MBI validity have reported that a three-factor solution better fits their data than does a two-dimensional or a one-dimensional structure (for recent examples, see Boles, Dean, Ricks, Short & Wang, 2000; Schutte, Toppinen, Kalimo, & Schaufeli, 2000). Researchers using the MBI have most often constructed three different scales corresponding to the three dimensions of emotional exhaustion, cynicism, and reduced personal effectiveness. Several studies have argued, on both theoretical and psychometric grounds, that the use of a total score to represent total burnout should be avoided (e.g., Moore, 2000; Kalliath, O'Driscoll, Gillepsie & Bluedorn, 2000; Koeske & Koeske, 1989). The

emotional exhaustion dimension has been consistently viewed as the core component of the MBI (e.g., Moore, 2000; Cordes, Dougherty & Blum, 1997; Burke & Greenglass, 1995). Most studies have shown it to be the most internally consistent and stable relative to the other two components (Schaufeli & Enzmann, 1998). In meta-analytic reviews, it has been shown to be the most responsive to the nature and intensity of work-related stress (Lee & Ashforth, 1993; Schaufeli & Enzmann, 1998). In this study MBI is used as a multidimensional scale.

PINES' BURNOUT MODEL

Pines and her colleagues explained burnout as the state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations (Pines & Aronson, 1988). This view does not restrict the application of the term burnout to the helping professions; it cuts across every aspect of work and relationship (Winnubst, 1993). Indeed, it was applied not only to employment relationship (Pines, Aronson & Kafry, 1981) and organizational careers (Pines & Aronson, 1988), but also to mental relationships (Pines, 1988, 1996) and to the aftermath of political conflict's (Pines, 1993). In the burnout model, Pines and her colleagues view burnout as a syndrome of co-occurring symptoms that include helplessness, hopelessness, entrapment, decreased enthusiasm, irritability and a sense of lowered self-esteem (Pines, 1993). Once an individual is involved in a long-term emotionally demanding situation(s), the symptoms of burnout begin to manifest (Pines, 1993).

SHIROM – MELAMED BURNOUT MODEL

The conceptualization of burnout that underlies the Shirom – Melamed Burnout Model (S-MBM) was inspired by the work of Maslach and her colleagues and Pine and her colleagues. Burnout is viewed as an affective states characterized by one's feelings of being depleted of one's physical, emotional, and cognitive energies. The S-MBM was based on Hobfoll's (1989, 1998) Conservation of Resources (COR) theory. COR theory's basic tenets are that people have a basic motivation to obtain, retain, and protect that which they value. The things that people value are called resources of which there are several types including material, social and energetic resources. This burnout model formulated by Shirom (1989) on the basis of COR Theory (Hobfoll & Shirom, 1993, 2000) relates to energetic resources only and covers physical, emotional and cognitive energies. Research reviewed, indicates that burnout represents a combination of physical failure, emotional exhaustion and cognitive wariness. These forms of energy are individually possessed, and theoretically are expected to be closely interrelated. The model postulates that personal resources affect each other and exist as a research pool and that lacking one is often associated with lacking the other (Hobfoll & Shirom, 2000). However, there is some indirect evidence suggesting that each of the three components of the S-MBM may be related to a different coping style (Vingerhoets, 1985).

SOCIAL EXCHANGE THEORY

Social exchange theory (Blau, 1964; Tek 2009) suggests that the exchange relationship between two parties often goes beyond economic exchange and includes social exchange. Hence, organizational studies argue that employer and employee exchange not only impersonal resources such as money, but also socio-emotional resources such as approval, respect, recognition and support (Eisenberger, Armeli, Rexwinkel, Lynch & Rhoades, 2001). In organizational researches, the social exchange theory (Blau, 1964), the norm of reciprocity (Gouldner, 1960) and the concept of perceived organizational support have been applied to describe the psychological process underlying the employee attitudes and behaviour (Setton, Bennet & Liden, 1996; Wayne, Shore, Bommer, & Tetrick, 2002).

Perceived organizational support and perceived psychological contract violation are two organization science constructs founded on social exchange theory that can be used in combination to investigate employee reactions to favourable and unfavourable organizational treatment (Aselage & Eisenberger, 2003). Organizational support theory proposes that to the degree employees feel they have been treated favourably by their organisations, they develop a global belief regarding the extent to which the organization cares for and supports them, and values their contributions (Eisenberger, Huntington & Sowa, 1986). Higher levels of organizational support lead employees to respond with better attitudes and performance, while lower level of organizational support lead employees to decreased job involvement, commitment, satisfaction, productivity and turnover intentions, manifesting symptoms associated with burnout when they perceived

low levels of supervisory and subordinate support (Rhoades & Eisenberger, 2002; Rowley & Purcell, 2001). Employee who reported low perception of social support reported symptoms associated with the burnout dimension of cynicism and exhaustion (Kilfeeder, Power & Wells, 2001).

A psychological contract reflects the employees understanding of the mutual promises between the two parties (Rousseau, 1989) psychological contract theory posits that when organizations violate employees' psychological contracts, employees respond with worse attitudes and performance (Morrison & Robinson, 1997; Porter, Pearce, Tripoli & Lewis, 1998; Robinson, 1996). The psychological contract embodies how employees expect to be treated, while organizational support is a benefit that exceeds employee expectations (Aselage & Eisenberger, 2003). Perceived organizational support and perceived psychological contract violation are distinct conceptually and empirically (Coyle-Shapiro & Conway, 2005).

SELF- EFFICACY MODEL OF BURNOUT

Cherniss (1990, 1993) stated that the link between Self- efficacy and burnout was built on work psychological success. Bandura (1997) defined perceived self- efficacy as people's beliefs about their capabilities to exercise control over events that affect their lives or beliefs in one's own capacity to organize and execute the courses of action required to manage prospective situations. The principal sources of self-efficacy according to Bandura are enactive mastering, which depends on both real and perceived execution of the task. However, Cherniss (1993) proposed that work motivation and satisfaction

were enhanced when a person successfully and independently achieved a goal that was challenging and personally meaningful. Such achievement led to psychological success; which in turn encourage the individual to become more involved in the job, to set more challenging goals and to feel more self-esteem. Particularly interesting from the perspective of burnout research and theory were Hall's ideas about what would happen if an individual were not able to experience psychological success. Cherniss, (1993) stated that psychological withdrawal, from those arenas in which the individual is experiencing failure may occur.

The individual may fight or leave the organization, defend the self-concept through the use of defense mechanism, place increased value on material rewards and depreciating the value of human or intrinsic reward, withdraw emotionally from the work situation by convening one's work standards and becoming apathetic and disinterested. This point establishes a link between burnout and inability to achieve a sense of competence or success in one's work (Efficacy). Factors in the individual or the work situation that enhanced feelings of success and competence (strong self efficacy) would reduce burnout, while factors that promoted feeling of inadequacy and failure (low self- efficacy), would increase burnout. Bandura (1989) postulates that peoples with stronger perceived self–efficacy experience less stress in threatening or taxing situations and that situation are less stressful when people believe that they can cope successfully with them. Because burnout is typically regarded as a reaction to adverse stressful situation this relationship between self- efficacy and stress, suggests a link between self- efficacy and burnout.

Finally, according to Bandura's social cognitive theory, self-efficacy belief influence the choices people make and the courses of action they pursue. Individuals tend to engage in task about which they feel competent and confident and avoid those in which they do not. Efficacy beliefs also help determine how much effort people will expend on an activity, how long they will persevere when confronting obstacles, and how resilient they will be in the face of adverse situations (Shunk & Hanson 1985). The higher the sense of efficacy, the greater the effort, persistence and resilience, the lesser the impact of stressor obstacle (burnout). Self – efficacy beliefs therefore, exercise a powerful influence on the level of accomplishment that individuals ultimately realized.

In summary, the different models/conceptualization and theory reviewed in this chapter were done in light of their relevance in understanding burnout among those in helping profession, specifically “nurses” who are the main Focus of these research. Nurses are among the helping profession who are more vulnerable to burnout because of the nature of their work. There is emergency, death, shift and other serious life saving tasks of which there is need by the organization to support the nurses working for them. Most times they are blamed for most mishaps in the hospital or even insulted by patients or hospital administrators. This implies that the nature of nursing demand's high level of competence to handle emergency situations. Therefore in case of little or no organizational support or low self efficacy among the nurses, burnout may likely occur.

EMPIRICAL REVIEW

Organizational Support and Burnout

Work-related burnout and low perceived organization support have many of the same behavioural consequences and it is the relationship between these two phenomena that the current research explored.

According to Tabacchi et al. (1990), high levels of perceived organizational support, mainly the aspects relating to supervisory support, function as a crucial antecedent to the prevention of burnout. Their study revealed that employees were more likely to report symptoms associated with burnout when they perceived low levels of supervisory and subordinate support. This relationship was supported by Rowley and Purell (2001), who found that one of the primary causes of employee turnover and exhaustion within the industry was high stress levels that occurred as a result of managerial demands.

Further support for the relationship between burnout and POS was demonstrated by Kilfedder, Power and Wells (2001), who found that employees who reported low perceptions of social support also reported symptoms associated with the burnout dimensions of cynicism and exhaustion. Thus, in the current research a negative relationship was predicted between these two dimension of burnout and POS, indicating that employees, who perceive their organization to be unsupportive and unappreciative, are more likely to experience higher levels of exhaustion and cynicism. A positive relationship was

predicted between the personal efficacy dimension of burnout and POS, indicating that high levels of perceived organizational support in employees are associated with high levels of personal efficacy (Kilfeeder, Power & Wells, 2001).

Ross and Boles (1994) research found that adequate supervisor and managerial support can reduce the occurrence of ambiguous situations and increase the role clarity of employees. Rhoades and Eisenberger (2002) conducted meta-analysis of more than 70 studies conducted in several different industries and also found that POS was positively correlated with having “a positive mood” at work and this implies reduced work-related cynicism among employees. Further support of this relationship was provided by Armeli, Eisenberger, Fasolo and Lynch (1998) who found high levels of POS to be a significant contribution to a positive disposition toward work among police officers.

Self- Efficacy and Burnout

One’s beliefs about one self can act as moderating variable in burnout situation; results of various works have supported the idea that stressors have a less negative effect when individuals have more positive self- perception (Mossholder, Bedein & Armenakis, 1982). These stressors are known to lead to burnout among human service workers (Cherniss, 1993). Also research has shown that one’s own belief of efficacy function is an important determinant of related concept in burnout such as motivation, affect, thought and action (Bandura, 1992).

Schwarzer (1999)), found that self- efficacy make a difference to people's way of thinking, feeling and acting; with respect to feeling; a low sense to self- efficacy is associated with depression, anxiety, helplessness and burnout. People with low self- efficacy also harbor pessimistic thoughts about their performance and personal development. In contrast, a strong sense of belief in one self facilitates cognitive and exclusive processes in multiple contexts, influencing for example, decision making and the level of burnout experienced (Bandura, 1995; Schwarzer 1999). Grau, Slanova & Peiro (2001), found in their study that individual with low levels of generalized self- efficacy show more emotional exhaustion (burnout) than those with higher level of generalized self- efficacy. In the same vein, Jex and Bliese (1999)) found that self- efficacy has moderating role on some pointers of burnout, such as organizational commitment physical symptoms, attempts to abandon the job. They found that high levels of self- efficacy is related to less burnout, while low level of self- efficacy is relates to high burnout. Other studies that relate self-efficacy with burnout will include (Ever, Brouwers & Tomic, 2002; 2006; Beas, & Salanova, 2004). These studies found that stronger self-efficacy is less related to burnout than low self- efficacy.

Finally, Bandura (1986) proposed a view of human functioning that emphasized the role of self referent beliefs. In this socio-cognitive perspective, individuals are viewed as proactive and self-regulating rather than as reactive and controlled by more of biological or environmental force. Also in this view, individuals are understood to posses' self- beliefs that enable them to exercise a measure of control over their thoughts, feelings and actions. In all, Bandura

painted a portrait of human behavior and motivation in which the beliefs that people have about their capabilities are critical elements. In fact, according to Bandura, how people behave can often be better predicted by the beliefs they hold about their capabilities, which he called self- efficacy beliefs, than by what they are actively capable of accomplishing. Therefore, Self-perceptions help determine what individuals do with the knowledge and skills they have.

HYPOTHESES

In view of the statement of the problem, the following hypotheses are postulated:

There will be no statistically significant difference in burnout between workers with perceived low organizational support and those with perceived high organizational support.

There will be no statistically significant difference in burnout between workers with low self efficacy and those with high self efficacy.

CHAPTER THREE

METHOD

PARTICIPANTS

A total number of 209 participants were used in the study. The participants were all nurses in Federal Medical Centre Umuahia who willingly choose to participate in the study. These participants were made up of 207 female and 2 male nurses in the hospital. The participants are all practicing nurses that work during the day and night shift in the hospital. One hundred and fifty two (152) among them are married while fifty seven (57) are unmarried. The ages of the participants ranged from 20 years to 52 years. In percent, 20-30 years (23.45%), 31-41 years (30.62%) and 42-52 years (45.93%). The mean age and standard deviation of the participants are (M=38.47, SD = 8.62).

INSTRUMENTS

Three instruments were used in the research for data collection. The first is the perceived organizational support scale developed by Eisenberger, Huntington, Hutchison and Sowa (see Appendix A) the second is the general self-efficacy scale developed by Jerusalem and Schwartz (see Appendix B), while the third is the Maslach burnout inventory by Maslach and Jackson (see Appendix C)

PERCEIVED ORGANIZATIONAL SUPPORT SCALE

The perceived organizational support scale was designed by Eisenberger et al. (1986) as a unidimensional scale to measure employee's perceptions of

organizational support. The scale is a 17-item survey that measures employee perceived support from their organization. The original version of SPOS is a 36-item questionnaire with seven point likert type structure (1= strongly disagree, 2 = slightly disagree, 3 = disagree, 4 = neutral, 5 = agree, 6 = slightly agree and 7 = strongly agree). Eisenberger and Colleagues (1986) performed a factor analysis and item analysis on the initial item and reduced the item to seventeen (17) with a reliability coefficient of alpha from .74 to .95 and item-total correlations ranging from .47 to .83. He performed content and construct on the scale to further reestablish the validity of the scale. Out of the 17-items, 10 items were positively worded 1,3,7,8,9,11,12,15,16,17 and 7 items were negatively worded 2,3,5,6,10,13,14. Eisenberger and Colleagues further reduced the response option to a 5-point continuum (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree).

Further validation study was conducted by Onyishi (2006) using one hundred and seventy three (173) participants in a survey research to make the scale valid and reliable within the Nigerian context. After item analysis, he obtained an item-total correlations ranging from .30 to .67 with Cronbach alpha of .88 and a test-retest reliability of .89. The score is between 17 and 85 to categorize perceived organizational support into high and low, the mean score of the participants on SPOS was obtained as 46.90 and participants who scored above the mean were categorized to have high level of perceived support and those who scored below the mean were categorized to have low perceived

organizational support. Therefore, the higher the score the, higher the organizational support perceived.

SELF-EFFICACY SCALE

The instrument was developed by Jerusalem and Schwartz (1989). It is a 10 item questionnaire and is in a likert format ranging from 1 – not at all true to 4 – exactly true. Some of the items include; I can always manage to solve difficult problems if I try hard enough; I am confident that I could deal efficiently with unexpected events etc. The alpha of the scale was found to range from .70 to .90 in a sample of 23 nations by the authors. A predictive validity of -.60 was also obtained when the scale was correlated with STAI by Spielberg (1983). In a pilot study the researcher obtained a split half reliability of .75 and an alpha of .90. Also a concurrent validity of .70 was obtained correlating the scale with Self esteem scale by Hudson (1982) and validated in Nigeria by Onighaiyie (1996). To categorize self-efficacy into high and low, he classified the range of score into two 10-25 as low self-efficacy and 26-40 as high self-efficacy. Therefore, participants who scored below 26 are regarded as those with low self-efficacy while those who scored from 26 and above are regarded as those with high self-efficacy. In other words, the higher the score, the higher the self-efficacy.

MASLACH BURNOUT INVENTORY (MBI)

This is a 22 item inventory designed to assess burnout syndrome (BOS) which is a state of physical and emotional depletion resulting from the conditions of work. The instrument is in a likert format ranging from 1= a few time a year to 6- every day. The inventory has three subscale that measure BOS; emotional exhaustion, dehumanization and reduced personal accomplishment. These subscales are scored separately, but are added together to obtain the client's overall burnout score. Some of the items include; I feel emotionally drained from my work; Working with people all day is really a strain for me; I feel like am at the end of my rope etc. Maslach and Jackson (1986) found the alpha of the scale to be .71 to .90; and the test retest reliability of .80. The scale also has convergent validity of .20 to .56, when it was correlated with in a peer rating scores for different samples. However, Coker (1999) found an alpha of .86; split half reliability of .57 and a concurrent validity of ranging from -.01 to .36 when the subscales of MBI was correlated with psychological symptoms checklist of Omoluabi (1987). The items for emotional exhaustion are 1,2,3,6,8,13,14,16,20 while the items for dehumanization are 5,10,11,15 and 22. The items for emotional exhaustion and dehumanization are scored directly while the items for reduced personal accomplishment are reverse scored, they include items 4,7,9,12,17,18,19 and 21.

PROCEDURE

The three instruments were administered simultaneously by the researcher to the participants during their working hours. With the help of the matron (and other available assistants), the exercise was done in two phases.

First, during the day (8am-3pm) for those who are on day shift (morning and afternoon) and secondly during the evening (7pm-9pm) for those on night shift. The questionnaires were distributed to the participants in their different departments and wards where they are discharging their duties. The questionnaires were also collected in sections exactly the same way they were shared.

Out of the 220 copies of the questionnaires distributed, 215 were completed and returned. This represents a percentage return of 97.73%. Six (6) of this number were also discarded as a result of improper completion, leaving 209 (95%) of the total copies. The 209 returned and properly filled copies were used for the study.

DESIGN AND STATISTICS

A cross-sectional survey design was employed in the study and two-way analysis of variance was used to test the two hypotheses.

CHAPTER FOUR

RESULTS

Table 1

Mean (\bar{X}) and Standard deviation of organizational support and self-efficacy.

INDEPENDENT VARIABLE	LEVEL	\bar{X}	SD	N
Organizational support	Low	95.60	12.73	92
	High	89.04	12.80	117
Self-efficacy	Low	93.05	15.71	87
	High	91.13	10.98	122

Mean significant at $P < .05$

The data shown in table 1 of means and standard deviation indicates that in relation to organizational support, participants who show low organizational support obtained a higher mean score on burnout ($M=95.60$) than those who showed high organizational support ($M=89.04$). Simply put, participants with low organizational support experience a higher level of burnout than those with high organizational support. On self-efficacy, the mean score between participants with low self-efficacy and those with high self-efficacy slightly differed. In essence, the mean difference is marginal, participants with low self-efficacy and those with high self-efficacy slightly differed in burnout.

Table 2

ANOVA, Summary of Influence of Perceived Organizational Support and Self-efficacy on Burnout

SOURCE	SS	df	M.Sq	F
Organizational support (A)	2355.67	1	2355.67	14.62*
Self-efficacy (B)	56.10	1	56.10	.35
A XB	692.17	1	692.17	4.30**
Error	33039.97	205	161.17	
Total	1802195.00	209		
Correlated total	35977.92	208		

*P<.001, ** P<.05

The result of the analysis shown on table 2 above indicate that the difference in the mean scores between participants with perceived low organizational support and those with perceived high organizational support is significant. The difference was statistically significant (F, 1=14.62, P<.001). The null hypothesis that there will be no statistically significant difference in burnout between workers with perceived low organizational support and those with perceived high organizational support was rejected. Perceived organizational support significantly influenced burnout among nurses. However, this is not the case with the second hypothesis. The result showed that there is no significant difference in burnout between nurses with low self-efficacy and those with high

self-efficacy. Therefore, the hypothesis which states that there will be no statistically significant difference in burnout between workers with low self-efficacy and those with high self-efficacy was not rejected. Self-efficacy does not significantly influence burnout among nurses. Again, there is a significant interaction effect in burnout between perceived organizational support and self-efficacy. The interaction effect is significant ($F_{1,1} = 4.30, P < .05$) perceived organizational support and self-efficacy significantly interact to influence burnout among nurses.

SUMMARY OF MAIN FINDINGS

The major findings of the study are as follows:

- Nurses with low organizational support experience high level of burnout than those with high organizational support. In other words perceived organizational support significantly influence burnout among nurses.
- Self-efficacy does not significantly influence burnout among workers. There is just a slight difference in burnout between nurses with low self-efficacy and those with high self-efficacy.

CHAPTER FIVE

DISCUSSION

The result of the findings showed that the first hypothesis which stated that there will be no statistically significant difference in low organizational support and those with perceived high organizational support was rejected ($P < .001$). The result shows that perceived organizational support significantly influence burnout among nurses. The results is in agreement with Tabacchi et al. (1990) result which concludes that high levels of perceived organizational support mainly the aspects relating to supervisory support function as a crucial antecedent to the to the prevention of burnout. Also with Rowley and Purcell (2001) who found that one of the primary causes of employees' turnover and exhaustion within the industry was high stress levels that occurred as a result o managerial demands. The result is also in agreement with Power and Wells (2001), Ross and boles (1994) and Eisenberger (2002) findings in the relationship between perceived organizational support and burnout.

The second hypothesis which states that there will be no statistically significant difference in burnout between workers with low self-efficacy and those with high self-efficacy was not rejected. This implies that self-efficacy does not significantly influence burnout among nurses. The result is in aberration with Bandura (1989) findings which postulates that people with stronger perceived self-efficacy experience less stress in threatening or taxing situations and that situation are less stressful when people believe that they can cope successfully with them. Bandura asserts that enhanced feelings of success and competence

(strong self-efficacy) would reduce burnout, while factors that promoted feeling of inadequacy and failure (low self-efficacy) would increase burnout. The result also does not corroborate with Shunk and Hanson (1985) findings which states that efficacy beliefs helps to determine how much effort people will spend on activity, how long they will persevere when confronting obstacles and how resilient they will be in the face of adverse situations. Shunk and Hanson (1985) asserts that the higher the sense of efficacy the greater the effort, persistence and resilience, the less the impact of stress obstacle (burnout).

In addition to the first and second hypotheses tested, the present finding yielded a significant interaction effect between perceived organizational support and self-efficacy. This indicates that organizational support and self-efficacy interact to influence burnout among nurses. The result indicates that high self-efficacy and high social support interact to reduce burnout among nurses. At the point where perceived organizational support is high and self-efficacy is high, burnout will be reduced.

IMPLICATIONS OF THE STUDY

There are several implications of the findings of the present study. These deductions can benefit the employers of labour, employees and the organization at large. For the employers, an implication to note is that for workers (nurses) to perform better in their duties, they require the support of their organizations stemming from their senior, supervisors and the management. Having confirmed that, it becomes highly imperative to curtail it so as to give the employees the

chance of recording high productivity. If organizational support is encouraged, employees of such organization perform better. On the side of the employees/employers, it strengthens the essence of team work and encouragement from both parties. One side effect of burnout is turnover which is voluntary resignation from a job due to accumulated stress resulting from unproductively, dissatisfaction from work situation. This can be reduced by encouraged by organizational support.

However, this study has revealed that self-efficacy is not a matter of major concern to the nurses. It helps to explain the fact that nursing requires a team work. Unionism is the key in the health profession because no nurse or health practitioner takes glory of success alone. In other words, team work manifests it handwork in nursing. In nursing, nurses perform better when the work together as a group. Collective effort supercedes individual factors among nurse.

LIMITATIONS OF THE STUDY

- The influence of age and marital status on burnout was not part of the major findings.
- Only a handful of 209 participants (nurse) were used in the study.
- The participants were drawn from only one hospital from the South-eastern state of Nigeria.

SUGGESTIONS FOR FURTHER RESEARCHES

In view of the limitations highlighted in the study, the researcher suggests as follow:

- Future researchers should study the influence of those other latent variables like age and marital on burnout.
- Increasing the sample size.
- Expanding the research terrain to other regions or states.

SUMMARY AND CONCLUSION

The study investigated the influence of perceived organizational support and self-efficacy on burnout among nurses. A total of two hundred and nine (209) nurses comprising 207 females and 2 males were studied. One hundred and fifty two (152) are married while fifty-seven (57) are unmarried.

Two hypotheses were postulated and tested by the researcher in the study. The first hypothesis, which states that there will be statistically significant difference in burnout between support and those with perceived high organizational support, was rejected. The result proved that nurses who perceived low organizational support experience burnout more than those who perceive high organizational support. The signs and symptoms of burnout manifest more in nurses who perceive low organizational support. An increase in organizational support reduces burnout among nurses.

Nevertheless, the second hypothesis which states that there will be no statistically significant difference in burnout between workers with low self-efficacy and those with high self-efficacy was not rejected. There was no significant difference in burnout between nurses with low self-efficacy and those with high self-efficacy. The difference among nurses between the low level of self-efficacy was just marginal. This shows that individual factors are less valued in the nursing profession. Communal effort matters more in nursing among Nigerians in the health profession. Low level of self-efficacy and high level of self-efficacy, does not count much so far there is team effort in nursing.

The study also revealed that organizational support and self-efficacy interact to influence burnout among nurses. Nurses who perceived high organizational support and high self-efficacy mostly experience lesser burnout than other nurses within the health profession.

Having realized that organizational support is a strong factor of influence with regards to burnout among nurses, it becomes highly imperative that organizational support should be nurtured and encouraged within the health profession and other organizational sectors. Nurses perform better when their superiors, supervisors and the management support them in their duties and assignments. With high organizational support, burnout can be minimized which in turn increases efficiency, productivity, performance and satisfaction among workers. Moreover, nurses work in unionism signifying team work or team effort. As nurses attend to patients no particular nurse is restricted to a patient or takes the glory alone in issues involving successful recovering of a patient. The nursing

profession encourages collective efforts rather than individual efforts in order to ensure success. Nevertheless, efforts are needed in order to strengthen the team effort therefore high self-efficacy among nurses will always contribute positively to the promotion of the health profession. Organizational support and self-efficacy interact to enhance employees' emotional commitments to organizations, and strengthen organizations' cohesion and employees' stability, thereby reducing burnout among nurses. Finally, burnout affect work performance and job satisfaction hence, it should be curtailed.

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Appendix A

Questionnaire for the study

Department of Psychology
University of Nigeria
Nsukka

Dear Sir/Madam,

Please reply to each of the items below as sincerely as you can. The purpose of this questionnaire is to serve as part of an M.Sc. thesis in the above department. It is purely for academic purposes. Thus, the information provided is strictly for that use.

Thanks for your co-operation

Yours Sincerely

Eze, Ifeanyi

Personal data

Gender: Male () Female ()

Marital status: Single () Married ()

Age: 20-30() 31-41() 42-52()

The response options stand for:

1= Strongly Disagree

2=Disagree

3=Neutral

4= Agree

5=Strongly Agree

N/S	ITEMS	1	2	3	4	5
1	My organization values my contribution to it well-being					
2	If my organization could hire someone to replace me at a lower salary it would do so					
3	My organization fails to appreciate any extra effort from me					
4	My organization strongly considers my goals and values					
5	My organization would ignore any complaint from me					
6	My organization disregards my best interest when it makes decisions that affects me					
7	Help is available from my organization when I have a problem					
8	My organization really cares about my well-being					
9	My organization is willing to extend itself in order to help me perform my job to the best of my ability					
10	Even if I did the best job possible, my organization would fail to notice					

11	My organization is willing to help me when I need a special favour					
12	My organization cares about my general satisfaction at work					
13	If given the opportunity, my organization would take advantage of me					
14	My organization shows very little concern for me					
15	My organization cares about my opinion					
16	My organization takes pride in my accomplishment at work					
17	My organization tries to make my job as interesting as possible					

Appendix B

The response options stand for:

- 1= Not at all true
- 2= Barely true
- 3= Moderately True
- 4= Exactly true

N/S	ITEMS	1	2	3	4
1	I can always manage to solve difficult problem if I try hard enough				
2	If someone opposes me I can find means and ways to get what I want				
3	It is easy for me to stick to my aims and accomplish my goals				
4	I am confident that I could deal efficiently with unexpected events				
5	Thanks to my resourcefulness I know how to handle unforeseen situation				
6	I can solve most problems if I invest the necessary effort				
7	I can remain calm when facing difficulties because I can usually find several solution				
8	When I am confronted with a problem, I can usually find several solutions				
9	If I am in trouble, I can usually think of a solution				
10	I can usually handle whatever comes my way				

Appendix C

The response options stand for

- 1= A few times a year
- 2= Many times a year
- 3= A few times every month
- 4= Many times every month
- 5= A few times every week
- 6= Everyday

N/S	ITEMS	1	2	3	4	5	6
1	I feel emotionally drained from my work						
2	I feel used up at the end of the day' work						
3	I feel fatigued when I get up in the morning to face another day on the job						
4	I can easily understand how my clients/students/patients/workers feel about things						
5	I feel like treating some clients/students/patients/workers as if they were impersonal objects						
6	Working with people all day I a real strain for me						
7	I deal very effectively with the problems of my clients/students/patients/workers						
8	I feel burned out from my work						
9	I feel I am positively influencing people's with my work						
10	I have become more callous towards people since I took up this work						
11	I worry that this job is hardening me emotionally						
12	I feel very energetic						
13	I feel very frustrated						
14	I feel I am working too hard on my job						
15	I do not really care what happens to some clients/students/patients/workers						
16	Working directly with people puts too						

	much stress on me						
17	I can easily create a relaxed atmosphere with my clients/students/patients/workers						
18	I feel gladdened after working closely with my clients/students/patients/workers						
19	I have accomplished many worth while things in this job						
20	I feel like I am at the end of the rope						
21	In my work, I deal with emotional problems calmly						
22	I feel clients/students/patients/workers blame me for some of their problems						