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Walden University

College of Social and Behavioral Sciences

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Alison Aulsbrook

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Walden University
2021

Abstract

Potential for Burnout, Coping Styles, and Help Seeking Attitudes of Human Service Providers in a State Psychiatric Hospital

by

Alison Aulsbrook

MS, Texas A&M University-Texarkana, 2004

BA, Texas Tech University, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

May 2021

Abstract

Although there is an abundance of literature on the relationship between burnout and coping styles among providers, this study explored the gap in research about the relationship of these factors to help seeking attitudes. The purpose of this study was to examine the relationship between burnout, coping styles and attitudes toward seeking professional psychological help among a sample of 76 human service providers, guided by cognitive appraisal theory. Burnout in participants who work at a state psychiatric hospital in Texas was measured using the Maslach Burnout Inventory. Coping styles were measured using the Coping Inventory for Stressful Situations which measures task-, emotion-, and avoidance-oriented coping styles. Help seeking attitudes were measured by the Attitudes Toward Seeking Professional Help Scale. It was hypothesized that burnout would be related to maladaptive coping styles, emotion- and avoidance-oriented coping, and that the participants who mostly used these maladaptive coping styled would be less willing to seek help when experiencing burnout. The first hypothesis was partially supported by the data; emotion-oriented coping was correlated to burnout. Most participants reported using task-oriented coping, the adaptive coping style; therefore, the second hypothesis could not be tested for lack of sufficient sample size. By educating state employers and employees of burnout factors and coping styles this study could promote positive social change efforts to address the health of employees as well as the clients served. State employers could also offer education, counseling, or other on-site benefits that could potentially reduce burnout by encouraging more positive coping and help-seeking options.

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Dedication

I dedicate this dissertation to God, my husband, my parents, my sister, and my dogs. My foundation in faith and hope have carried me through this, and He has guided me with unwavering strength, infinite wisdom, and has given me patience I didn't know I had. My husband, Matt, has been my biggest encourager these last few years. My parents, Marion and Mila, have always believed in me, raised me to persevere, and instilled an intrinsic drive in everything I do since I was a child. My little sister Lindsay has always inspired me with her unconditional love and to rise above the challenges I have faced. Finally, my dogs have been my feet warmers, my snuggle buddies, the ones I spent my breaks with, and my quiet companions in the early mornings and late nights as I researched and revised until my eyes were crossed.

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Table of Contents

List of Tables iv

Chapter 1: Introduction to the Study 1

Introduction 1

Statement of the Problem 4

Purpose of the Study 4

Theoretical Background of the Study 5

Research Question and Hypotheses 7

Nature of the Study 9

Definition of Terms 10

Social Change Significance 11

Assumptions and Limitations 13

Summary 14

Chapter 2: Literature Review 17

Literature Search 20

Theoretical Foundation 20

Cognitive Appraisal Theory 20

Burnout 21

Populations at Risk for Developing Burnout 34

Coping Theory 39

Attitudes about Help Seeking 42

Summary 50

Chapter 3: Research Method 55

Introduction 55

Purpose of the Study 55

Research Design and Approach 56

Setting and Sample 56

Procedures 56

Instrumentation 57

Data Collection and Analysis 63

Ethical Considerations 65

Threats to Validity 66

Summary 67

Chapter 4: Results 68

Introduction 68

Data Collection 68

Descriptive Statistics 69

Missing Values, Outliers, and Normality Testing 69

Results. 70

Summary 73

Chapter 5: Discussion, Conclusions, and Recommendations 75

Introduction 75

Interpretation of Findings 76

Burnout and Coping Styles 78

Assumptions and Limitations 82

Recommendations for Research 83

Recommendations for Practice 84

Implications for Social Change..85

Conclusion 87

References..89

Appendix A: Approval from Texas IRB2...107

Appendix B: Maslach Burnout Inventory-Permissions…………………………...109

Appendix C: Coping Inventory for Stressful Situations-Permissions……………...…..110

Appendix D: Demographics Form (included in the survey)...111

List of Tables

Table 1. Demographic Characteristics of Study Sample (N=78) 69

Table 2. Correlations Among Burnout and Coping Strategies (n = 76) 72

Chapter 1: Introduction to the Study

Introduction

Burnout and the potential for burnout in the human services workplace is a serious problem (Rupert et al., 2009). According to Maslach and Jackson (1981), burnout involves emotional exhaustion, depersonalization of clients, and a lack of sense of personal accomplishment when it occurs in mental health professionals. Maslach and Schaufeli (1993) highlighted five common elements of burnout: (a) there is a great degree of fatigue symptoms such as mental or emotional exhaustion, tiredness, and depression; (b) a variety of atypical physical distress symptoms occur; (c) the symptoms of burnout are work-related; (d) the symptoms manifest in people who did not suffer from psychopathology previous to the burnout; and (e) an increase in counterproductive job responsibilities and impaired work performance due to a negative attitude and behavior. More recently, Halbesleben (2006) described burnout as being a psychological strain in response to chronic work stress.

Increased concern has been focused on burnout partially due to the costs that can result because of lower job performance, higher rates of turnover, lower commitment to organizations, lower job satisfaction, increased health care costs, and reduced creativity and innovation in organizations (Halbesleben & Buckley, 2004; Shirom, 2003). According to a study by Ackerley et al. (1988), 39% of the doctoral level psychologists primarily working in the private practice setting who responded to their questionnaire reported experiencing high levels of emotional exhaustion and 34.3% reported depersonalization of clients, both being predominant symptoms of burnout, as defined by

Maslach and Jackson (1981). Research into the issue of burnout among human service providers has increased in the past decade with an emphasis on studying the coping styles and personality characteristics of providers (Krischer et al., 2010; Schimpf, 2009). It has been found that stress and the demands on the mental health professional as well as personal issues outside the workplace can all lead to burnout; this can result in decreased productivity, absenteeism, and decreased quality of care for clients (O'Connor, 2001). For example, human service providers who become burned out may develop a detached response to their job or to the clients they serve; this can negatively impact the quality of care that they provide (Wheeler et al., 2011). Also, providers may develop a cynical attitude toward the clients and feel negatively regarding their work with clients (Vredenburgh et al., 1999). Emotionally exhausted individuals tend to offer less to the clients they are working with. Halbesleben and Buckley (2004) reported that human service providers who are emotionally exhausted feel that they have few resources left to perform duties on the job. Directly and indirectly, these are obvious areas that quality of care can be affected for clients. Also, there are increased costs when clients are not getting the treatment they need due to increased absenteeism, workers not able to perform on the job, and increased length of treatment for clients due to decreased quality of care (Halbesleben & Buckley, 2004).

Rupert et al. (2015) discussed the demands that psychologists face that put them at risk for burnout. They discussed the reasons it is important to attempt to prevent burnout due to the negative consequences. They noted that burnout can negatively impact the quality of life, negatively impact the quality of work and the clients they serve and

can also raise ethical concerns if burnout impacts competence of the professional (Rupert et al., 2015). Another study emphasizing human service professionals, specifically nurses working in two large hospitals, emphasizes burnout as an “occupational hazard” and showed that negatively coping was directly related to burnout levels (Ding et al., 2015). More specifically, personal coping styles and their relation to burnout have been studied among human service providers over the past decade. For example, it has been thought that human service providers working with veterans diagnosed with PTSD may be at increased risk for burnout due not only to the organizational stressors but also the stressors involved in caring for the clients within the organization. One study suggested that the human service providers may have increased caffeine, alcohol, and tobacco intake to cope with the stressors and burnout (McGeary et al., 2014).

People experience burnout within many occupations, but social workers, nurses, teachers, police officers, and physicians are notable for being among the occupational groups whose practitioners experience high levels of burnout because they work in an emotionally intense and highly stressful interpersonal environment, often with clients who are difficult to work with (Jackson et al., 1986). By recognizing the potential for burnout, human service providers could help prevent difficulties from occurring in the workplace that might affect the lives of others whether it be their peers or their clients. Also, identifying the personal coping styles and attitudes human service providers have about seeking professional help could help lower levels of burnout.

The relationship between burnout (Maslach & Jackson, 1981) and personal coping styles is prevalent among the literature, but there is minimal research about how

these factors relate to one another along with the help seeking attitudes of human services professionals. In this study, I aimed to bridge the gap between all these factors among agency employees and increase the awareness of such attitudes among of those who serve in the field of mental health.

Statement of the Problem

With this quantitative correlational study, I examined the relationship between professional burnout, coping styles and attitudes toward seeking professional psychological help among human service providers. Burnout among human services providers could lead to maladaptive coping (Matheny et al., 2000). More specifically, coping styles may also influence levels of burnout. If a mental health professional is engaging in maladaptive coping, the long-term risks of burnout include less than quality care being provided to patients. By identifying the presence of burnout and its relationship to provider's coping styles there also may be answers related to the identification of attitudes toward seeking help among human service professionals. One's attitude about seeking help may be influenced by levels of burnout and coping styles. It is unknown how prevalent help seeking behavior is among human service professionals in relation to their coping styles and levels of burnout related to their work.

Purpose of the Study

The purpose of this study was to aid in filling a gap in the research by examining the relationship between burnout, coping styles, and attitudes toward seeking help. This quantitative study was correlational in nature and I used instruments to measure the variables. All data, including a demographic questionnaire I developed, was obtained

from human service providers who work in a large psychiatric hospital. The data collected was processed using a correlational analysis to identify whether there is a predictive relationship between coping styles, attitudes toward seeking help, and levels of burnout in this population.

Theoretical Background of the Study

The theoretical framework for this study was the cognitive appraisal theory which takes into account affect and emotion. More specifically, the theory focuses on the question about why people react to events and situations differently (Lazarus & Folkman, 1987). Stumpf, Aristotle, and Plato were some of the first philosophers to raise the question (Reisenzein & Schonpflug, 1992), but in the most recent past the theory was expanded into a more complete psychological theory due, in part, to research results from the work of Arnold and Lazarus (Lazarus & Folkman, 1987; Reisenzein & Schonpflug, 1992).

Provided with a situation or event, people react based on how they view the situation. Cognitive appraisals can determine if an event will be perceived as stressful (Lazarus & Folkman, 1987). The structural model and the process model are the two types of appraisals which can also be dissected into subtypes as well (Smith & Kirby, 2009). For example, when faced with a situation, an individual appraises the meaning of a stressor and focuses on the feelings that can be related to working through the stressor. The way the stressor is perceived and the way one may cope could be related to levels of burnout and personal coping styles.

Harrison and Edwards (1993) related how strains caused by stressors that can often manifest as physical, psychological, or behavioral in nature can enable multiple deviations from normal functioning including dissatisfaction, boredom, anxiety, depression, hypertension, elevated serum cholesterol, and smoking. Therefore, one's cognitive appraisal of a situation can lead to strains that may even develop into potential burnout. Behavioral strains are the behaviors of an individual that can arise in response to experiencing stress and can include the person's attempts at coping (Krisher et al., 2010); One focus of my study was examining the specific coping styles of individuals working in the human services profession. Secondly, psychological strains can also produce negative emotional reactions including anger, anxiety, frustration and, over a period, burnout and emotional exhaustion (Krisher et al., 2010). The components of burnout paired with one's attempts at coping can include behavioral strains, physical strains (i.e., tension headaches, sleep disruption) and psychological strains can have a negative impact on the individual and possibly the quality of care provided to clients (Krisher et al., 2010). I will focus on this approach and the human service professionals' coping styles, levels of burnout, and the attitudes toward seeking help for the problems that might be occurring secondary to cognitive appraisals the professionals are encountering.

Research about the attitudes human service providers have toward seeking professional psychological help has increased dramatically over the past 20 years. Counselors and psychologists are being made more aware of the attitudes of fellow mental health professionals who may or may not seek professional psychological help and how these attitudes may affect the use and success of the services they may provide

(Grencavage & Norcross, 1990; Stiles et al., 1986). There are different reasons people seek professional psychological help. It may be out of a need and belief in the possibility of life improvement, while others who choose not to seek help or must see a mental health professional involuntarily have an outlook on psychological help as having limited value due to lack of motivation to change (Leong, 1999). Even though most people who were raised in Western cultures are aware that psychological problems can exist, they continue to differ in their attitudes toward mental illness and seeking treatment no matter the severity of the issue. Some people are more accepting of psychological difficulties while other people are more judgmental and see psychological difficulties as character problems or moral flaws (Leong, 1999). I investigated the attitudes of professionals who work in the mental health field and their outlook on psychological help in relation to potential burnout and maladaptive coping styles.

Research Question and Hypotheses

The research questions were developed after identifying a gap in the research regarding the effects of personal coping styles on the relationship between seeking professional psychological help and burnout levels among human service professionals. Detailed research methodology and statistical analyses are addressed in Chapter 3. In the present study, coping styles were measured by The Coping Inventory for Stressful Situations (Endler & Parjer, 1999), which categorizes individual coping into adaptive (task-oriented coping), or maladaptive (emotion or avoidance-oriented coping) coping styles.

RQ1: Is coping style related to the level of burnout among human service professionals?

$H_1$1: Emotion and avoidance coping will correlate more highly with burnout as measured by the Maslach Burnout Inventory than task-oriented coping among human service professionals.

$H_0$1: Emotion and avoidance coping will not correlate more highly with burnout as measured by the Maslach Burnout Inventory than task-oriented coping among human service professionals.

RQ2: Are maladaptive coping styles and levels of burnout related to one's attitude toward seeking help among human service professionals?

$H_1$2: Burnout as measured by the Maslach Burnout Inventory will correlate more strongly with positive attitudes toward seeking professional psychological help as measured by the Attitudes Toward Seeking Professional Psychological Help Scale among participants who report using task-oriented coping than emotion or avoidance-oriented coping.

$H_0$2: Burnout as measured by the Maslach Burnout Inventory will not correlate more strongly with positive attitudes toward seeking professional psychological help as measured by the Attitudes Toward Seeking Professional Psychological Help Scale among participants who report using task-oriented coping than emotion or avoidance-oriented coping.

Nature of the Study

The participants in this study were direct care human service providers who work in a large psychiatric hospital. The level of burnout, the coping style of the professional, and their attitude toward seeking psychological help were assessed. The level of burnout and the coping styles of human service providers dealing with stressors were identified in this study. How these variables may be related were studied. The attitude of these professionals about seeking professional help for potential burnout was also measured.

This quantitative study was correlational in nature. It focused on the relationship between the levels of burnout and coping styles in relation to attitudes toward help seeking among human service providers. I hypothesized that the experience of burnout is related to the person's coping styles and help seeking attitudes; therefore, I used a correlation analysis that was able to determine the direction of the relationship between burnout and coping styles. I also hypothesized that participants who report higher levels of burnout and maladaptive coping styles would less likely to have a positive attitude toward seeking psychological help than individuals with reported lower levels of burnout.

Using the correlational analysis, the three variables examined were burnout, coping styles, and help seeking attitudes. Coping styles was the independent variable and the dependent variables were levels of burnout and attitudes toward seeking help. All significance tests in the study were performed at .1 alpha level with an expected medium effect size 0.5. I included three variables studied at a desired statistical power level of 0.8. The minimum sample size needed for this study was determined to be 76 participants (see Burkholder, n.d.).

Definition of Terms

Avoidance coping: Avoidance coping occurs when an individual attempts to escape from having to deal with a stressor (Zeidner & Endler, 1995).

Behavioral strains: Behavioral strains are the behaviors of an individual that can arise in response to experiencing stress and can include the person's attempts at coping (Krisher et al., 2010).

Burnout: Burnout is described as a psychological strain in response to chronic work stress and is recognized behavioral syndrome characterized by emotional exhaustion, depersonalization of clients, and a lack of sense of personal accomplishment among people of many occupations including human service providers (Halbesleben, 2006; Maslach & Jackson, 1981).

Coping: Coping involves the cognitive and behavioral steps which individuals take in response to perceived demands or stressors (Lazarus & Folkman, 1984).

Counterproductive work behavior (CWB): CWB refers to willful behavior by employees that has the potential to harm an organization, its members, or both (Fox et al., 2001).

Emotional exhaustion: Emotional exhaustion involves feelings of being overextended and worn down and is a key component of burnout (Maslach & Jackson, 1984).

Emotion-focused coping: Emotion-focused coping involves efforts taken by an individual to reduce that individual's negative emotional response to a stressor (Baker & Berenbaum, 2007).

Help-seeking behavior: Help-seeking behavior involves seeking professional psychological help based on the individual's awareness (Corrigan, 2002, 2004; Halter, 2004; Leong & Zachar, 1999).

Job stressors: Job stressors are threatening events that occur in the job setting; these can include organizational constraints, interpersonal conflict, role conflict, role ambiguity, and perceptions of injustice (Fox et al., 2001).

Maladaptive coping: Maladaptive coping is the use of a coping style that may reduce the symptoms of a stressor temporarily but may increase the effects of the stressor and possibly increase burnout levels (Matheny et al., 2000).

Physical strains: Physical strains can include problems such as tension headaches and sleep disruption among others, (Krischer et al., 2010).

Psychological strains: Psychological strains are negative emotional reactions, such as anger, anxiety, frustration, and, over time, emotional exhaustion and burnout (Krischer et al., 2010).

Problem-focused coping: Problem-focused coping methods are efforts by an individual to address the source of a problem to in order to reduce or eliminate the stressor (Folkman & Lazarus, 1981).

Social Change Significance

The identification of how providers may cope with their stressors could be beneficial not only to the mental health services providers but for the treatment of patients as well. It could potentially help providers to develop a greater recognition or increase their mindfulness of their individual potential for burnout, their coping styles,

and their attitude toward seeking professional psychological help. This study could assist in helping human service providers to have a better understanding of themselves as individuals and to assist in possibly preventing errors that could occur on the job due to burnout. As part of this study, informing participants and the superintendent of the hospital about the general results of the study would help these human service professionals to have a better understanding of their own potential for burnout, provide information about coping styles, and how these variables may affect their help seeking attitudes as well as the quality of care provided to the patients they work with. This has the possibility of enhancing social change by helping human service professionals to be healthier, more satisfied, and better available to serve those they work with. Gaining insight into healthy and unhealthy ways of coping with stressful situations could help human service providers in preventing burnout and potential consequences that could be associated with maladaptive coping. One possible way for human service providers to gain more insight and learn more effective ways of coping could be to explore seeking psychological help prior to potential burnout or when one has reached the point of burnout as opposed to coping in a way that could be detrimental or mask the situation temporarily. The state of Texas provides an employee assistance program for seeking professional psychological help (Texas Health and Human Services, 2021). Information about the employee assistance program for seeking professional psychological and its potential benefits in relation to the results of the study will also be included in the newsletter provided to the state and participants who receive the results.

Assumptions and Limitations

It is assumed that the participants who volunteered to participate in this study were honest in how they responded to the questions in the instruments and that individuals who might be experiencing high levels of burnout would not refrain from participation. Additionally, it was presumed that the Maslach Burnout Inventory-Human Services Survey(MBI-HSS), Coping Inventory for Stress Situations (CISS), and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) were appropriate instruments for measuring the designated variables of burnout, coping styles, and attitudes for this population. This study's data was based on state human services employees who work in a psychiatric hospital run by the state of Texas; it will not necessarily be possible to generalize its results to other practitioners.

One limitation that may have influenced outcomes might be the presence of fear in the minds of the professionals that their jobs might be compromised based on their answers in the study or lack of participating. It was communicated to all participants that there would be no identifying information included within the data and that their participation or lack of participation in the research project would have no positive or negative bearing on their employment situations. They were also assured that no information provided within the research context would be communicated to their superiors on an individual basis. The facility staff were only provided with the general results without having anything specific being communicated about any individual involved in the research.

Summary

Much research has established the significance of the existence of burnout in human service providers (Rupert et al., 2009). Burnout has been described as a psychological strain in response to chronic work stress according to Halbesleben (2006). Maslach and Jackson (1981) described burnout as involving emotional exhaustion, depersonalization of clients, and a lack of sense of personal accomplishment in mental health professionals. Key features of burnout for these individuals are emotional exhaustion coupled with depersonalization of clients. When burnout increases, the service provided to clients is decreased which can lead to errors, ethical violations, and neglect of clients (Maslach & Jackson, 1981). Styles of coping with stressors and burnout can be identified with the hope of leading to decreases in the level of burnout and in turn improving direct patient care (McGeary et al., 2015; Rupert, Miller, & Dorociak, 2015.)

I examined the relationship between professional burnout, coping styles and attitudes toward seeking professional psychological help among human service providers specifically who are direct care staff working in a psychiatric hospital in Texas. The purpose of the study was to identify coping strategies and the attitudes toward seeking psychological treatment among the direct care staff of the hospital and relate these to their levels of burnout. The MBI was used to assess perceived levels of burnout because it is designed to assess individuals who work directly with clients. The CISS was administered to the direct care staff to measure for coping style. These coping styles include task-oriented, emotion-oriented, and avoidance. Finally, the ATSPPHS was used to identify one's attitude toward seeking professional psychological treatment. I

examined what happens between the person and the environment and how those problems may produce psychological, physiological, and behavioral strains. Measuring these variables could help determine if providers are open to seeking professional help to address burnout and maladaptive coping styles. It was hypothesized in this study that the presence of burnout is related to particular modes of coping engaged in by the individuals involved.

Chapter 2 addresses a review of the existing literature and how new research suggests association between levels of burnout and coping styles among human service practitioners. The chapter begins with a look at the history of burnout and the cognitive appraisal theory which centers around affect and emotion related to the way people perceive events and situations. Chapter 2 also includes a discussion of literature that challenges the outcomes of the research in these areas and the various coping styles that individuals may engage in. The chapter ends with implications of past research and its influence on this research including a discussion on the attitudes of seeking help and the stigma often associated with seeking help.

Chapter 3 describes the methodology used to study the research questions. This chapter discusses the use of correlation analysis as a valid means to analyze the possibility of a relationship between burnout and coping styles. The chapter includes a description of the sample population, procedures, ethical considerations, measures, and analysis of the data.

Chapter 4 reports the results of the study with descriptive statistics, missing values, outliers and normality testing, and tables to support the correlational analysis.

Chapter 5 includes a discussion and summary of the study, an interpretation of the findings, and assumptions and limitations of the study. In addition, recommendations for future research, recommendations for practice, and implications for social change are included.

Chapter 2: Literature Review

This is a review of the results of studies about burnout, maladaptive coping styles, and help seeking attitudes among human service professionals. Since the origin of the concept of burnout, research has examined persons who provide services to others as being especially susceptible to the experience of burnout (Maslach & Jackson, 1981). The three burnout dimensions defined by Maslach and Jackson (1981), emotional exhaustion, depersonalization, and reduced personal accomplishment, will be discussed along with relevant research about the three dimensions and the full burnout syndrome. Other concerns that will be discussed in the studies reviewed include lower job performance, higher rates of turnover, lower commitment to organizations, lower job satisfaction, increased health care costs, and reduced creativity and innovation in organizations. These, all possible consequences of burnout, are major issues that have been discussed in the literature (Halbesleben & Buckley, 2004; Shirom, 2003).

Research about burnout dates back to the late 1970s and 1980s. According to Maslach and Schaufeli (1993), the term burnout was originated by Freudenberger to identify a social pattern he witnessed among volunteers at the agency where he worked. Freudenberger (1974)took the term which was then used to informally describe chronic drug abuse to characterize the situation of the volunteers he worked with who appeared to be emotionally depleted, lacking in motivation and commitment to the agency, and complaining of physical symptoms such as fatigue, frequent headaches, and gastrointestinal problems. Freudenberger (1975) described burnout as fatigue that is a result of one's dedication to something that fails to meet his or her expectations

regarding. Around the 1980s, the discussion of burnout entered an empirical phase where books and articles were written and standardized measures of burnout were developed (Maslach & Schaufeli, 1993). Within the last decade, a greater emphasis has been placed on the concept of burnout specifically among mental health professionals (Krischer et al., 2010). Some personal coping styles such as avoidance tactics, self-blaming, and substance use have been associated with the occurrence of higher levels of burnout (Matheny et al., 2000). While coping involves the cognitive and behavioral steps that individuals take in response to perceived demands or stressors (Lazarus & Folkman, 1987), some coping styles may be more effective in managing one's symptoms. Baker and Barenbaum (2007) suggested that seeking professional help, exploring ideas to address the problem, and taking action to solve the problem could help to manage the symptoms proactively are task-oriented coping strategies. Emotion-focused coping involves self-oriented emotional reactions that aim to decrease a negative emotional response (Baker & Barenbaum, 2007; Latack & Havlovic, 1992).

Higher levels of burnout have been related to the usage of emotion-focused coping instead of task-oriented coping (Chwalisz et al., 1992). Purposeful factors that may be influenced by burnout are known as task-oriented coping or problem-focused coping. Some examples include behaviors such as seeking professional help, exploring ideas to address the problem, and taking action to reduce the stressor or solve the problem (Baker & Barenbaum, 2007). This type of coping could include seeking help through the organization, support from family and friends, and being more proactive to decrease the influence that burnout may be having on the individual. A third type of coping is

avoidance. Avoidance coping involve behaviors and cognitive changes aimed at avoiding the stressor (Endler & Parker, 1999). Using avoidance coping has also been related to experiencing increased levels of burnout (Thornton, 1992).

Help seeking attitudes for mental health issues among the general population as well as among human service professionals have been shown to be quite diverse (Corrigan & Watson, 2002; Corrigan, 2004; Halter, 2004; Kahn & Williams, 2003; Leong & Zachar 1999; Vogel et al., 2005; Vogel et al., 2007; Wilson & Deane, 2001). Various factors that affect help seeking attitudes will be discussed further in the review. Some people are more accepting of psychological difficulties while others are not as accepting and may never seek professional help (Corrigan, 2002, 2004; Halter, 2004; Leong & Zachar, 1999). Andrews et al. (2001) reported that less than one third of people who met the criteria for a mental disorder sought professional help. The study of help seeking attitudes has been popular in past research (Kakhnovets, 2011). Most research found for this literature review has focused upon undergraduate students and the general population's attitudes toward seeking professional help rather than upon the attitudes and behaviors of human service professionals. However, there are a few studies that will be discussed later in the review on the attitudes of human service professionals seeking professional help. Students' views and human service professionals' views about help seeking have indicated these groups demonstrate negative attitudes toward professional mental health help seeking (Jagdeo et al., 2009; Kahn & Williams, 2003; Leong & Zachar, 1999; Sirey et al., 2001). The older the individual the more likely they were to seek help compared to younger individuals and having a relative who was also seeking

professional help also had a positive influence on help seeking attitudes (Halter, 2004). I found little research to be available in the literature about the relationship between burnout, coping styles, and the human service providers' attitudes toward seeking professional psychological help until more recent years with mostly of those studies focusing on nurses in the human services profession.

Literature Search

A literature search was conducted digitally through electronic psychology and medical databases including PsycINFO, Mental Measurements Yearbook, Business Source Complete, PsycARTICLES, PsycEXTRA, SciVerse, and MEDLINE as well as through the Walden University and Midwestern State University libraries. The list of search terms used to conduct the literature review included *burnout, emotional exhaustion, depersonalization, personal accomplishment, coping styles, task-oriented coping, emotion-oriented coping, avoidance coping, agencies, counseling,* and *help-seeking*.

Theoretical Foundation

Cognitive Appraisal Theory

The cognitive appraisal theory centers around affect and emotion related to the way people perceive events and situations (Lazarus, . The cognitive appraisals individuals encounter can determine if an event is perceived as stressful and in turn impact one's way of responding or coping to the event. Cognitive appraisals can determine if an event will be perceived as stressful (Lazarus & Folkman, 1987). The

structural model and the process model are the two types of appraisals which can also be dissected into subtypes as well (Smith & Kirby, 2009).

According to Lazarus (1987), cognitive appraisal occurs when an individual considers two factors that contribute in his/her response to stress. These include the threatening tendency of the stress to the individual and individual's assessment of resources required to minimize, tolerate, or eradicate the stressor and the stress it can produce. In the primary appraisal stage, an individual is considering what the stressor and situation means and how it may influence the individual. The secondary appraisal occurs simultaneously of the primary appraisal and focuses on the feelings a related to working through the stressor. The secondary appraisal can become the cause of the primary appraisal. Coping styles for situations appraised are either problem-focused or emotion-focused. Problem-focused coping strategies attempt to change the situation. Emotion-focused coping strategies attempt to regulate the distress that one may experience (Lazarus & Folkman, 1987).

Burnout

The concept of burnout began to be studied in the 1970s in the United States as a social problem by Freudenberger (1974, 1975); he focused his work primarily on clinical descriptions of the burnout syndrome and pragmatic issues for those who work in the mental health field (Maslach & Schaufeli, 1993). While working in free clinics as a psychologist in the 1960s and 1970s, Freudenberger (1974) witnessed a social pattern among volunteers at the agencies where he worked. He used the term burnout to characterize the situation of the volunteers he worked with who appeared to be suffering

from symptoms that presented problems. Some of the symptoms Freudenberger (1974) witnessed included emotional depletion, lack of motivation and commitment to the agency, and complaints of physical symptoms such as fatigue, frequent headaches, and gastrointestinal problems. Not only were the clinical signs of burnout among the workers disturbing to him, but Freudenberger also had pragmatic concerns including how burnout was impacting the agency as a whole and whether the quality of care provided to clients served was suffering. After volunteers had worked about one year or so in the clinics, Freudenberger noticed changes in the volunteers' moods, attitudes, motivation and commitment to the agencies, and in their personalities. While working alongside the volunteers, Freudenberger began to experience the symptoms of burnout himself. He began his own research questioning what this pattern of symptoms was, what the symptoms of burnout were, and whether burnout was common only among workers in free clinics or whether it also occurred among other providers in alternative self-help or crisis intervention institutions (Freudenberger, 1974).

Components of burnout.

The experience of burnout can involve a loss of concern for one's clients, a loss of positive feelings for one's clients, and a possible decrease in the quality of service provided to clients (Edelwich & Brodsky, 1980; Maslach, 1978). Individuals who experience burnout may develop low morale and exhibit poor job performance, absenteeism at work may increase, and persons may choose to change their jobs (Maslach, 1978; Pines & Kafry, 1978). Some research has indicated that some individuals develop burnout within the first year of their employment, leading them to be

less trusting and sympathetic toward the people they are serving (Chernis, 1980). Having a negative or cynical attitude toward the clients being served has been found to be one of the most common signs of burnout among human service professionals (Bressi et al., 2005; Holmqvist & Jeanneau, 2006; Maslach et al., 2001). Burnout is a syndrome that has been linked with many professions but seems particularly linked to those who work in emotionally stressful interpersonal environments with people who can be difficult to interact with (Jackson et al., 1986).

The most widely used definition of burnout used at the present time comes from Maslach and Jackson (1981). They defined burnout as a three-dimensional syndrome that includes emotional exhaustion (depletion of emotional resources), depersonalization (cynical attitudes and feelings about one's clients), and reduced personal accomplishment (evaluating oneself negatively regarding one's work with clients) that can occur among individuals who do "people-work" (Maslach & Jackson, 1981, p. 99). Maslach and Jackson designed a scale that assesses the levels of burnout among professional staff in human service institutions; it measures the levels of emotional exhaustion, depersonalization, and personal accomplishment that are present. Later research about burnout among individuals who work with people in some capacity has used Maslach's theory about burnout and its three dimensions to help achieve a better understanding about the personal, social, and institutional variables that can promote or reduce the potential for the presence of burnout (Bressi et al, 2005; Holmqvist & Jeanneau, 2006; Rupert & Morgan, 2005).

Although Maslach & Jackson's (1981) definition of burnout is widely used, there has been no single standard definition of burnout, according to Wessells et al. (1989) who performed a meta-analysis about how burnout has been defined. According to this analysis, burnout is generally viewed as a syndrome of emotional, physical, and attitudinal exhaustion and cynicism (Wessells et al., 1989). Burnout has been attributed to the individual, the workplace and to the interaction between the individual and their workplace (Wessells et al., 1989). The impact of organizational stress and burnout on client engagement has been explored. This has resulted in confirming the existence of a clear relationship among the presence of staff stress, burnout, and organizational factors (Landrum et al., 2011).

Landrum et al., (2011) discussed factors they wanted to explore among staff employed in substance abuse treatment settings which might influence an organization's health as well as impact the treatment clients receive may receive. These factors included burnout, staff satisfaction, staff influence, self-efficacy among staff, and stress. The study collected data from 89 outpatient drug programs in nine states. Most employees who are emotionally exhausted usually have felt that they lack adaptive resources, can no longer give to their job, and the energy that they once had to devote to their work is depleted, leaving them of the staff who participated in the study were certified or licensed in their field (66.44%), had over 5 years of experience in the field (62.22%), and held a bachelor's degree or higher (73.5%). It was found that burnout and stress were more prominent and linked with one another when staff within the organizations felt they had little influence in decisions made by the programs. Having influence among the staff

within the organizations seemed to serve as a safeguard against increased levels of burnout. When participants reported higher levels of influence, levels of burnout when stress was higher were lower compared with programs where staff members reported lower levels of influence. However, when levels of stress among the staff members were lower, the levels of burnout were similar for both levels of influence. A correlation analysis was conducted to determine high and low levels of stress among the staff members and each of the moderators. Significant interactions were found between stress levels among the staff and the number of clients each staff was treating. A significant amount of variance in job burnout was found. Increased rates of organizational stress among staff were associated with lower treatment participation by clients and burnout was also higher among the staff members. The relationship between stress among the staff and treatment participation was not mediated by the satisfaction of clients who engaged in treatment. The standardized regression coefficient between stress and client engagement decreased very little when controlling for client satisfaction. The study results indicated that higher organizational stress is associated with lower client participation and that levels of burnout may be greater in high-stress organizations. Also, in treatment programs where staff felt that they had more influence in program decisions, knowledge sharing, and being viewed as leaders by their peers, organizational burnout tended to be lower even when levels of stress were high (Landrum et al., 2011).

Emotional Exhaustion

The first dimension of burnout that was identified is emotional exhaustion; this has been referred to as the central quality of burnout (Maslach et Employees who are

emotionally exhausted usually have felt that they lack adaptive resources, can no longer give to their job, and the energy that they once had to devote to their work is depleted, leaving them al., 2001). Emotional exhaustion is considered to result from psychological strain (Halbesleben & Buckley, 2004; Maslach & Leiter, 2008) and has been described as feelings due to being overextended and worn down (Maslach & Jackson, 1981). Freudenberger (1974, 1975) related the existence of emotional exhaustion as the central quality of burnout by considering the physical and emotional demands individuals in the helping profession face. These can include a predisposition to fail, to wear out, or to become exhausted by having excessive demands made upon their energy, strength, or resources. The abundance of research about burnout and emotional exhaustion as a component of burnout has described the negative impact this component has on the individual physically and emotionally (Francis et al., 2004; Halbesleben & Buckley, 2004; Maslach & Leiter, 2008; Maslach et al., 2001). With emotional exhaustion being the central quality of burnout and the negative effects it can have on the individual, it is important to continue building upon existing research in an effort to determine if this component of burnout is related to the other components of burnout and even coping styles of individuals who may present with burnout symptoms.

Emotional exhaustion is described as workers' inability to fully participate in their work on an emotional level due to lack of energy. Maslach et al. (2001) described emotional exhaustion as the feeling of not being able to offer more of oneself at an emotional level to persons with whom one works. Leiter (1989) classified emotional exhaustion as a critical initial sign of burnout. Employees who are emotionally exhausted

usually have felt that they lack adaptive resources, can no longer give to their job, and the energy that they once had to devote to their work is depleted, leaving them without the resources to perform their work (Halbesleben & Buckley, 2004). It has also been noted that clinical staff members who are emotionally exhausted and reported feelings of being overwhelmed at work were less likely to provide satisfactory care for their clients (Corrigan et al., 1994). Other researchers have also indicated that emotional exhaustion is central to understanding burnout among people who work in people-centered caring professions (Cordes & Dougherty, 1993). Emotional exhaustion negatively impacts workers who are employed in direct care positions much like the population in this study, but looking at the resources available to employees and coping styles among the employees could assist in possibly alleviating some of the burnout.

Rupert and Morgan (2005) emphasized the likelihood that psychologists could develop emotional exhaustion. Surveys were sent to 1,200 psychologists who were randomly selected from the membership of the American Psychological Association. Five hundred and seventy-one doctoral level psychologists responded to the surveys that consisted of six sections and contained several instruments including the Psychologist's Burnout Inventory (PBI) developed by Ackerley et al., (1989) and the Maslach Burnout Inventory-Human Services Survey (MBI-HHS) developed by Maslach and Jackson (1996). To meet the criteria for participation in the study, the psychologists had to hold a doctoral degree in clinical or counseling psychology, hold a license to practice psychology and identify a clinical setting as their primary place of employment. The full burnout syndrome was measured using the MBI. However, emotional exhaustion was the

most prominent component of burnout that was found among psychologists. There were 44.1% of psychologists in Rupert and Morgan's study who fell in the high burnout range. Another 26.3% fell in the average range and 29.6% were the low range for emotional exhaustion. However, 53.4% of the participants fell in the low range on the depersonalization scale and 90% fell in the low burnout range on the personal accomplishment scale. Therefore, Rupert and Morgan suggested that this study indicated that, even though psychologists experience high levels of emotional exhaustion related to their work, it does not necessarily develop into the full burnout syndrome that would involve experiencing all three components. Some human service providers may experience burnout, but they may not experience high levels of all three components of burnout indicating full burnout syndrome. More research among human service providers' levels of burnout could assist in recommendations to human service providers who may be suffering with any of the components of burnout.

The results of Rupert and Morgan's (2005) study implied that psychologists tended to be at greatest risk for developing emotional exhaustion rather than other components of the burnout syndrome. Women tended to be at greater risk to experience emotional exhaustion in agency settings as compared to independent practice settings, and men appeared to be at greater risk to experience emotional exhaustion in independent practice settings. The authors emphasized that work related characteristics such as longer work hours, experiencing negative client behaviors, and needing to spend more time engaging in paperwork were potential risk factors for developing burnout (Rupert & Morgan, 2005). However, personal factors outside of workplace issues that might

influence the development of the full syndrome were not explored in this study, specifically how psychologists cope. This could have been explored to determine if one's way of coping could have been influencing burnout in the workplace.

Depersonalization.

The second identified dimension of burnout, depersonalization, involves a worker's detached response to their job or to the clients being served (Wheeler et al., 2011). The emotional demands of their work may decrease a provider's ability to remain engaged with the clients being served (Maslach et al., 2001). According to Maslach et al. (2001), the demands of work can seem to be more personally manageable when the clients served are seen as impersonal objects. This has been described as a dehumanized perception of clients that can lead the provider to view their clients as deserving their problems (Ryan, 1971). Holmqvist and Jeanneau (2006) analyzed the relations between psychiatric staff members' feelings towards their patients and their levels of burnout. Data was collected from the staff (N=510) of 28 psychiatric inpatient units that consisted of 16 psychiatric wards, 8 forensic wards, and 4 psychiatric treatment homes. The feelings of the staff members were reported using the MBI and the Burnout Measure (BM; Pines and Aronson, 1988). A feelings checklist (Holmqvist & Armelius, 1996, 2000) was used to measure the staff's feelings toward the patients they served. The study found that high levels of burnout among the staff were associated with the staff having negative feelings towards patients and low levels of burnout were associated with positive feelings in the staff toward the patients (Holmqvist and Jeanneau, 2006). This is consistent with results reached by Maslach et al. (2001) that indicated that the emotional

demands associated with the workplace could decrease a provider's ability to remain engaged with clients. Key elements that were not touched on in this study were how the employees were coping with their stressors and how these may have impacted levels of burnout in the workplace.

Bressi et al. (2001) evaluated job satisfaction and psychiatric illnesses among psychiatrists in Milan. Psychiatrists who worked within the Italian Public Health System were invited to participate. Data was collected using a cross-sectional, descriptive, multicenter survey including the MBI, a 12-item General Health Questionnaire, a job satisfaction measure, and a study-specific questionnaire with an overall response rate of 70% (N=81). The rate of emotional exhaustion was 49% for 40 psychiatrists and depersonalization for 32 psychiatrists was 39%; the main source of their stress was identified as being the work environment. The respondents worked in outpatient settings, acute psychiatric wards, and community settings. The psychiatrists' stress levels were higher when they had an increased workload (N=49, 60%), worked in what they considered to be inadequate facilities (N=49, 60%), worked where there was a lack of funds N=32, 39%), and when they worked with aggressive (N=41, 51%) and demanding patients (N=34, 42%). Physicians who reported working with demanding patients had higher rates of depersonalization. The results of the study indicated that the psychiatrists were experiencing high levels of emotional exhaustion and depersonalization. This suggests that working with demanding patients can lead to burnout or increase already existing burnout levels among human service professionals who exhibit increased feelings of depersonalization. However, this was not explored in this particular study.

In a study about inpatient staff burnout, Corrigan et al. (1994) found that the degree of depersonalization present was significantly associated with the presence or absence of collegial support within the inpatient setting. Participants in the study included nursing, clinical, and administrative personnel from the day and evening shifts of the extended care units at a state psychiatric hospital. Thirty-five participants completed the MBI, the State Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, & Vagg, 1983), and the Modified Social Support Questionnaire (SSQ; Sarason, Levine, Basham & Sarason, 1983). Variables were collected twice over a period of time with correlations of dependent and predictor variables at time two serving as replication for the data that was initially collected. A subset of participants (N = 35) who completed the dependent measures twice was drawn from a larger sample of participants (N = 47) who had completed the measures only during the initial data collection as part of an earlier study. The results showed that a significant correlation existed between a lack of collegial support in the workplace and higher rates of depersonalization while no such significance occurred with the rates of emotional exhaustion and personal accomplishment. Correlations between values at different times were determined. Because the values were taken at two different times, they are referred to as autocorrelations in this study. The autocorrelations were high between the two variables, depersonalization, and collegial support ($p < 0.01$). These were the only two variables that had synchronous correlations ($z=0.74$, $p > 0.10$). The individuals in the study who perceived other persons in the workplace as being not interested and unconcerned with them were more likely to have similar negative interactive styles toward the clients they were working with (Corrigan et

al., 1994). The results of the study indicated that subjects who viewed their peers as supportive were less likely to report experiencing symptoms of depersonalization toward their jobs and the clients they served.

Reduced Personal Accomplishment

Reduced personal accomplishment, the third identified dimension of burnout, has been described as having feelings of inadequate personal achievement, decreased self-esteem, and a tendency to evaluate oneself negatively regarding one’s work with clients (Vredenburgh et al., 1999). This component of burnout is focused more on the individual rather than the environmental factors that may contribute to burnout. Maslach and Jackson (1981) noted that reduced personal accomplishment could leave workers feeling unhappy about themselves and unsatisfied with their work accomplishments.

In a study by Raquepaw and Miller (1989), a random sample of 68 practicing psychotherapists in the state of Texas completed surveys that included the MBI, demographic questions and questions designed to assess their intent to leave the profession, and what their treatment orientation and their perceived ideal caseload were. One hundred and fifty surveys were mailed to psychotherapists in Texas who were randomly selected from the 1985 roster of the Texas State Board of Examiners of Psychologists and the 1985 Directory of Social Workers certified by the Texas Department of Human Resources. There was a 45% return rate. Seventy-two surveys were returned, but only 68 were usable. The results of the surveys indicated that demographic variables including participants’ gender, marital status, race, education, age, number of years of experience, number of therapy groups conducted, number of clients in

the therapy groups, and treatment orientation were not significant predictors of burnout or related in some way to levels of burnout in these psychotherapists. However, therapists in the private practice setting reported themselves as having more commendable accomplishments and less dissatisfaction with their work than did agency workers. Those who worked at least part time in an agency setting reported having less frequent feelings of personal accomplishment than therapists who limited their work to the private practice setting. Therapists with higher caseloads reported having more satisfactory accomplishments, but they also reported having higher rates of emotional exhaustion with the higher caseload. Having satisfaction with their caseload based on their number of clients, the perception that they had too many clients on their caseload or feeling overwhelmed increased the likelihood of the therapists having symptoms of burnout (Raquepaw & Miller, 1989).

The results of Holmqvist and Jeanneau's study (2006), which was previously discussed, also showed that psychiatric staff members who experienced greater acceptance of their patients, a wish to be helpful to their patients, and who had more empathetic feelings towards patients were more likely to feel a sense of personal accomplishment. The MBI and BM were used to assess for burnout among staff members. A feelings checklist was administered to staff members to measure the staff's feelings towards the patients. Correlations between levels of burnout and feelings of staff members towards patients were determined. The BM assesses tedium, a condition of extreme fatigue that is predicted to occur due to prolonged emotional pressure. The presence of tedium, emotional exhaustion, and depersonalization were strongly correlated

with having unhelpful and rejecting feelings towards patients. The scale that assesses tedium had the strongest correlations with rejecting feelings towards patients. Personal accomplishment was most strongly correlated with having accepting and helpful feelings towards patients. Therefore, participants who scored high and low on the personal accomplishment scale differed more in their positive feelings. Those who felt that they were making a difference using their skills scored high in personal accomplishment and tended to have more prominent positive feelings of acceptance, autonomy, feeling helpful, and feeling close to their patients. Higher scores on personal accomplishment correlated with lower total levels of burnout among the psychiatrists (Holmqvist & Jeanneau, 2006).

Populations at Risk for Developing Burnout

Teachers, police officers, and religious and medical professionals are notable for being among the occupational groups whose practitioners experience high levels of burnout (Maslach & Shaufeli, 1993; Perlman & Hartman, 1981). In a previously mentioned study, Bressi et al. (2001) suggested that psychiatrists and mental health workers may have higher levels of burnout or be more at risk for developing burnout than practitioners employed in general medical settings based on the results of their study. Their study showed that feelings of depersonalization among these practitioners were higher than for other fields of medicine. Also, the rate of emotional exhaustion as a component of burnout among the psychiatrists was almost double the rate of the levels and the full burnout syndrome found among physicians in the fields of anesthesiology and intensive care, hospital physicians, healthcare providers of dialysis, and

dermatological health care staff with which their responses were compared (Bressi et al., 2001).

Raquepaw and Miller (1989) found that psychotherapists who worked for agencies reported that having more symptoms of burnout than those who worked solely in the private practice setting. Raquepaw and Miller’s (1989) data indicated that psychotherapists who worked at least part time in an agency setting reported experiencing more frequent emotional exhaustion and less frequent personal accomplishment than those who worked only in private practice. The therapists in their study who reported a high level of burnout also reported having intentions to leave the field of psychotherapy for other professions due to these issues. Psychologists who work directly with people diagnosed with a mental illness frequently find themselves working with a high caseload (Mateen & Dorji, 2009). As mentioned in Raquepaw and Miller’s study (1989), psychotherapists' perception that they have too many clients was significantly associated with having feelings that portend burnout; this did not depend upon the actual number of clients in their caseload. However, Hellman, Morrison, and Abramowitz (1987) suggested that the prevalence of burnout could increase when therapists have a larger caseload. Other research indicates that the therapists’ expectations and clients' improvement has also been found to increase the chances for burnout occurring (Kestnbaum, 1984; Maslach, 1978). Working with chronically ill clients for an extended period of time could possibly also affect one’s feelings of personal accomplishment (Maslach, 1978). However, definitive information about these issues has not yet been

arrived at. The participants in this study were employed in an agency setting, working with chronically ill clients, and also have a high caseload.

Raquepaw and Miller's results (1989) are supportive of Maslach's (1976, 1978) ideas that the source of burnout lies in the environment (i.e., social or situational factors) rather than in the individual who experiences burnout**.** Taylor-Brown et al. (1981) suggested that the feelings of burnout might be more prevalent in agency workers than those in private practice due to more required paperwork. Pines and Maslach (1978) suggested that agency workers also have to attend more frequent staff meetings than private practice psychotherapists and noted that long work hours increase the chance of burnout as well as how long an individual remains at work in the mental health field. Other suggested risk factors include the greater severity of the clients' problems, the need to work with chronic clients, a too limited amount of time allotted to work with patients for the therapist to feel they are making progress with a client as well as having been employed longer in the mental health field (Maslach, 1978). Rupert and Morgan (2005) emphasized in their study that longer work hours, more time spent on paperwork/administration activities, challenges involving negative client behaviors, and feeling less control over work activities were all factors that might lead to developing burnout. Implications from their research suggest that psychologists in the private practice setting might perceive themselves as having greater control over some of these factors, whereas psychologists in agency settings do not (Rupert & Morgan, 2005). However, there is not a sufficient amount of research about these issues to determine

definitively that these are the most relevant factors associated with increased levels burnout.

The theoretical orientation used for this study considers the problems that may arise within the scope of the individual at risk. An individual can determine if an event is stressful or not stressful which then determines how one will cope with the event (Lazarus and Folkman, 1987). These experiences may include human service professional's psychological, physiological, and behavioral strains (e.g., dissatisfaction, elevated serum cholesterol, and smoking) (Edwards & Harrison, 1993). Most of the studies in the research have taken into account the environment an individual works and its relation to the psychological strains one may experience in their environment which are all related to the theory of stress and coping (Lazarus & Folkman, 1987). Some of the weaknesses in these studies have been related to the lack of information regarding individual coping styles. In this study, these areas of interest could be expanded upon further in addition to the attitudes about seeking professional help among human service professionals.

In one study about burnout and coping in human service practitioners (Jenaro, Flores, & Arias, 2007), one of the goals of the study was to look at the rates of burnout experienced by human service workers. Participants in the study were 211 human service practitioners from several institutions in various regions of Spain. The Spanish adaptation of the MBI (Seisdedos, 1997 as cited in Jenaro et al., 2007) was administered to assess burnout levels and a Spanish adaptation of The COPE Dispositional Inventory (Carver, Scheier, & Weintrab, 1989) was used to assess the coping strategies used most frequently

by the human service practitioners. Results showed that 19.4% of participants in the study showed high levels of emotional exhaustion, 22.7% showed high levels of depersonalization, and 43.6% showed low levels of personal accomplishment. Pearson correlations were conducted between the different coping strategies derived from The Cope and burnout dimensions derived from the MBI were determined. Self-worth and job self-efficacy were strongly related with the use of more active coping strategies. Personal accomplishment was positively and significantly correlated to problem focused strategies that included social support, planning and active coping, restraint coping, focus on efforts to solve the situation, personal growth, and positive reinterpretation. Personal accomplishment was also negatively and significantly related to disengaging from a situation. Disengaging from a situation was considered an emotion focused strategy on The Cope. This suggests that people's work self-worth and feelings of accomplishment related to job self-efficacy were higher when active coping strategies are used rather than when they used emotion focused strategies. The presence of emotional exhaustion was positively correlated with several problem and active coping strategies. These strategies include engaging in social support, focusing on efforts to solve a situation, and emotion focused and passive strategies such as humor, focusing on and venting of emotions, and restraint coping. The percentage for those at risk for or showing symptoms of burnout was 20.4%. These results are comparable with European and North American studies of human service practitioners (Stevens & Higgins, 2002) and suggest that the problems encountered everywhere by mental health workers are generally similar. These results are also similar to the increased rates of burnout levels found in previously mentioned studies

by Maslach (1978), Pines and Maslach (1978), Raquepaw and Miller (1989), Rupert and Morgan (2005), and Taylor-Brown, Johnson, Huner, & Rockowitz (1981). In all of these studies, agency workers reported that they had increased responsibilities, challenging caseloads and felt less control over factors than workers in the private practice setting.

Coping Theory

One purpose of this study is to attempt to identify whether personal styles of coping influence or have any bearing on potential burnout among human service professionals. Coping involves the cognitive and behavioral steps that individuals take in response to perceived demands or stressors (Lazarus & Folkman, 1987). According to Yap and Tong (2009), a cognitive appraisal is one's interpretation or view of a situation or event in reference to their personal well-being. The way one appraises a situation may determine how they respond or cope. Having maladaptive coping styles has been associated with having higher levels of burnout (Matheny et al., 2000). Matheny et al. (2000) discussed how individuals utilized certain coping styles in order to control runaway emotions or avoid stressful events. Higher levels of burnout have been related to the usage of emotion-focused coping compared to task-oriented coping (Chwalisz, Altmaier, & Russell, 1992). More purposeful factors that may be influenced by burnout are known as task-oriented coping or problem-focused coping includes seeking purposeful behaviors such as seeking professional help, exploring ideas to address the problem, and taking action to solve the problem or reduce the stressor (Baker & Barenbaum, 2007). This type of coping would include seeking help through the organization, support from family and friends, and being more proactive to decrease the

influence that burnout may be having on the individual. Emotion focused coping refers to self-oriented emotional reactions in an attempt to decrease a negative emotional response such as venting to someone, self-blaming, drinking alcohol, using drugs, fantasizing, spending time with friends/family, or attempting to reinterpret the negative event that occurred (Baker & Barenbaum, 2007; Latack & Havlovic, 1992). A third type of coping is avoidance. Avoidance coping are behaviors and cognitive changes aimed at avoiding the stressor (Endler & Parker, 1999). Using avoidance coping, a mode of trying to escape from a stressor, has also been related to experiencing increased levels of burnout (Thornton, 1992).

Having a healthy coping style could potentially aid in cushioning the negative impact a stressor may have on an individual and in turn reduce the level of the strain that occurs (Krischer, Penney & Hunter, 2010). There is an indication that having symptoms of burnout is associated with work stress and how an individual's response to work stress may be related to these various coping styles (Krischer et al., 2010). Stress on the job can lead to emotional exhaustion (Ito & Brotheridge, 2003), but employing the appropriate coping skills could assist in relieving some of the stressors and strains that lead to emotional exhaustion or eventually the burnout syndrome (Krischer et al., 2010.) As discussed earlier, physical, psychological, or behavioral strains could be a result of job stressors (Jex & Beehr, 1991). Behavioral strains are the behaviors of an individual that can arise in response to experiencing stress (Krischer et al, 2010). The way one responds to stress can also be a person's attempts at coping.

Jenaro et al. (2007) wanted to determine the most frequently used cognitive and behavioral coping strategies and assess for levels of burnout among human service practitioners. Human service practitioners from several institutions completed The COPE Dispositional Inventory in order to measure cognitive and behavioral coping strategies and the MBI in order to assess for the presence of burnout. Jenaro et al. found that 20.4% of the participants were at risk for or already were experiencing burnout as they reported having medium to high levels of emotional exhaustion and depersonalization and a medium to low level of personal accomplishment. There were significant correlations with multiple coping skills and individual differences based on features of the job. Predictor variables for emotional exhaustion included job satisfaction, satisfaction with salary, and the six coping strategies that correlated with that dimension. These included focusing on and venting of emotions, social support, focus on efforts to solve the situation, planning and active coping, humor, and restraint coping. Beta coefficients showed that focusing on and venting of emotions, satisfaction with salary, restraint coping, and job satisfaction were variables that were included in the equation because they all had a greater effect on emotional exhaustion. All of these were high predictors of emotional exhaustion.

The most common strategies used for coping among the human service practitioners in this study involved personal growth, active coping, and focusing on efforts to solve the problem. The human service practitioners in this study utilized problem-focused coping strategies by taking a more proactive approach by addressing the source of the problem in order to reduce or eliminate the stressor (Folkman and Lazarus,

1981) rather than avoidance coping that would be attempting to escape from having to deal with the stressor (Zeidner & Endler, 1995). Feelings of personal accomplishment was positively and significantly correlated with seeking social support, planning and active coping, focusing on efforts to solve the situation, and personal growth which are all considered problem-focused strategies. Emotional exhaustion was significantly and positively correlated with emotion-focused and problem-focused strategies.

Attitudes about Help Seeking

People seek psychological help for various reasons. Some seek out help because of a personal need and believe in the possibility of life improvement; others who avoid seeking help or involuntarily seeing a mental health professional may view psychological help as having limited personal value (Leong & Zachar, 1999). Those who may have a more positive view of individuals seeking help tended to have more positive help seeking attitudes than those who viewed individuals with a mental illness as dangerous (Leong & Zachar, 1999).

Even though most people who were raised in Western cultures are aware that psychological problems do exist, they continue to differ in their attitudes toward mental illness and seeking treatment (Corrigan & Watson, 2002; Corrigan, 2004). Some people are more accepting of psychological difficulties while others view psychological difficulties as being character problems or moral flaws (Leong & Zachar, 1999). Many people who are experiencing mental health concerns never seek psychological help; this includes professionals who work in the field and who should be well aware of the consequences and effects that mental problems might have on someone (Corrigan &

Watson, 2002; Corrigan, 2004; Halter, 2004). Factors that affect help seeking attitudes can be the severity of the problem as well as the type of problem (Wilson & Deane, 2001), the age of the professional (Halter, 2004), the availability of services to them (Wilson & Deane, 2001), and persons' prior experiences about receiving psychological help (Kahn & Williams, 2003, Vogel et al., 2005).

Research about help seeking attitudes for depression among baccalaureate nursing students found that older students experienced increased help seeking behavior than did younger ones. Having a relative who was also seeking professional help also had a positive influence on help seeking attitudes (Halter, 2004**).** Reasons for avoiding psychological help can include the desire to avoid experiencing painful feelings (Komiya et al., 2000), the stigma of seeing a professional (Corrigan & Watson, 2002; Corrigan; 2004; Halter, 2004), the time it takes away from other activities and responsibilities, the cost of treatment, and not wanting to put forth the effort to achieve real change (Putnik, de Jong & Verdonk, 2011).

The most cited reason for not seeking professional psychological help has been the stigma associated with seeking treatment (Corrigan, 2004; Corrigan & Penn, 1999). Corrigan & Watson2002, 2004) discussed public stigma and self-stigma as two separate aspects, but also indicated that they are likely to interact with and augment one another. Corrigan (2004) discussed the public stigma associated with help seeking and the negative impact upon social opportunities should one seek professional help. Public stigma is the perception held by a group of people that an individual is socially unacceptable and often leads to negative reactions toward the individual (Corrigan,

2002). Public stigma is basically a group of people's ideas about someone and how those ideas influence the way they choose to treat someone. Self-stigma is how people of the group being stigmatized may respond if they internalize their feelings about the public stigma is toward them (Corrigan, 2004). Corrigan and Matthews (2004) hypothesized that people tend to hide psychological concerns and avoid treatment in an effort to limit the consequences associated with public stigma.

Corrigan (2004) defined self-stigma as the reduction of an individual's self-esteem or self-worth caused by the individual labeling herself or himself as someone who is socially unacceptable. Although the following studies are based on people in general and did not study mental health professionals specifically, human service professionals' jobs often entail working with a psychiatric population (Corrigan, 2002, 2004). The views about seeking professional help and the stigma that the general public has about mental health issues may be similar among these professionals to a degree, but this is yet to be determined fully as the research results are mixed. For example, Norcross (2005) reported that the percentage of mental health professionals personally seeking treatment was actually higher than in the general population. Norcross, Geller, & Kurzawa (2000) found in their study that psychologists sought therapy frequently. There were 32% of psychologists who sought therapy once, 32% sought therapy twice, 22% sought therapy three times, and 14% sought therapy on four or more occasions for personal issues. Seasoned psychotherapists currently practicing sought treatment on a routine basis in order to deal with personal issues (Norcross, 2005). This indicates that a majority of psychologists may not have the same views and stigma as has been shown to exist in the

general population. On the other hand, Putnik et al. (2001) and Wynaden et al. (2005) report in their studies discussed below that human service professionals to tend to have the same views and stigma associated with help seeking as those in the general population.

Research has shown a significant relationship between feeling shame and avoiding treatment (Sirey et al., 2001). A group of 92 individuals seen on an outpatient basis with a diagnosis of major depressive disorder participated in the study. Results of the study by Sirey et al. (2001) showed that perceptions of stigma at the beginning of treatment influenced participants' subsequent treatment behavior, and participants in the study either discontinued treatment after the initial session or within six weeks. Their perceived stigma was assessed at admission to assess their beliefs about devaluation of and discrimination towards individuals with mental illness and their degree of withdrawal. Most continued in treatment (N=75, 82%), while 15 patients discontinued treatment with seven being older patients (24%) and eight of those being the younger patients (13%). According to the three-month follow-up period reports by respondents, nine of those 15 individuals did not return after the initial evaluation (60%) and did not seek treatment elsewhere. A greater perceived stigma was associated with a greater likelihood of discontinuing treatment among the older adults, even though the younger patients reported perceiving more stigma than the older patients (Sirey et al., 2001).

Thornton (1992) discussed avoidance as a method of coping that can increase levels of burnout. Escaping from a stressor through avoidance has been shown to have a negative impact and potentially result in higher levels of anxiety and depression and

increased physical complaints (Billings & Moos, 1981). Vogel et al. (2007) reported that the stigma associated with having a mental illness was also related to the self-stigma associated with help seeking. More positive help seeking attitudes were associated with having had previous experience with counseling (Kahn & Williams, 2003; Vogel et al., 2005.) In Kahn & Williams' (2003) study, 320 college students attending a large Midwestern university participated in the study with an initial data collection of various questionnaires and follow-up data collection two years later. It was found that participants who had previously sought counseling and had more positive attitudes about help seeking were more likely to seek help than those who had never sought psychological treatment (Kahn & Williams, 2003). Kahn & Williams (2003) concluded that the tendency to conceal distressing issues was associated with an increased negative outlook about help seeking.

Likewise, in a more recent study by Jagdeo, Cox, Stein, and Sareen (2009), negative attitudes toward professional mental health help seeking were found to be prevalent in the United States and Canada. Almost one-half of participants in this study reported they would be embarrassed if their friends knew about their use of mental health services. The total sample consisted of 8,098 people who had participated in The U.S. National Comorbidity Survey (NCS) and the Ontario Health Survey (OHS). Being of a younger age, of lower socioeconomic status, having less education, and being single or living with a partner were factors that were associated with having negative attitudes to treatment among participants in the study. In the United States and Canada, people who

had sought help in the past were more likely to have more positive attitudes toward help seeking (Jagdeo et al., 2009).

The results of the studies previously discussed can be related to the population being examined in the current study since studies about healthcare professionals has indicated that help seeking attitudes among healthcare professionals and the general population are similar (Wynaden, Chapman, Orb, McGowan, Zeeman, & Yeak, 2005; Putnik et al., 2011). In one qualitative descriptive research study by Wynaden et al. (2005) the participants were mostly healthcare professionals. Participants in the study ranged from the ages of 30 to 75 and had lived in Australia for approximately 19 years. Shame, stigma, causes of mental illness, family reputation, hiding up, personal reasons for not seeking help, and lack of collaboration were all common themes for not seeking professional help among these healthcare professionals (Wynaden et al., 2005). Seeking help was not one of their first choices in treating mental illness for many of these individuals. Instead, they reported managing the ill person's behavior within the family for as long as they could before actually seeking professional help because their communities stigmatized people diagnosed with a mental illness. Shame was highly associated with mental illness and the need to maintain the family reputation was important. If a family member was diagnosed as having a mental illness, the family's reputation was disgraced because the presence of mental illness was seen as a failure (Wynaden et al., 2005). The authors also reported that people in these communities tended to seek help within their own cultural networks instead of seeking professional help from the formal network. If they chose not to seek help, they engaged in what is

known as hiding. This involved hiding the illness from the rest of the community by hiding the person away and not seeking treatment in hopes that the illness would go away as the individual matured. Their attitudes and beliefs about help seeking for a mental health issue were comparable to those discussed in the studies previously mentioned about individuals from the general population, despite the fact that they were health professionals themselves.

In another study by Putnik et al. (2011) about help seeking behaviors among human service professionals who met the criteria for burnout, the help seeking behaviors were hampered by a strong sense of work responsibility and dedication to their work. Even though this study (Putnik et al., 2011) was based on a small sample of individuals through semi-structured interviews (N=14), its results can be related to the current study about human service professionals' help-seeking behavior.

Putnik et al. (2011) noted that one characteristic of the participants in their study was the importance of not showing any weaknesses and "stretching one's resources beyond capabilities in order to help others" (p. 53). Denial of a problem was the common personal reason that the human service professionals used to maintain their ideal image; seeking help for problems did not occur for at least 6 months or later after the first symptoms appeared. Some had less time to spend in leisure activities such as doing things with friends and family. They also felt a decline in their quality of life because their downtime was spent sleeping or recovering from the professional work they were engaged in. Work was highly important to the participants and they were noted to want to prove that they were good at their jobs. Participants who did not get adequate help at

work from supervisors or who did not seek professional help outside the workplace continued to work until they reached a point where it became difficult to cope. Participants said it was easier for them to seek help for physical concerns rather than for psychological concerns (Putnik et al., 2011).

The stigma of help seeking for a mental health issue seems to be very similar among various groups of people including human service professionals (Jagdeo et al., 2009; Kahn & Williams, 2003; Leong & Zachar, 1999; Sirey et al., 2001) as does the attitude toward seeking help for a general medical problem. Most people tend seek help for a general medical problem but often avoid seeking help for a mental health problem. Help seeking behavior among professionals, specifically human service professionals, is particular interest in this study because human service professionals typically work in settings where encouragement to seek help and facilitation of services for mental health issues is sometimes the main goal in the service provided to clients.

The research reviewed has included an investigation into and description of the burnout syndrome, its components, and supporting research relating these components to human service professionals in the private sector as well as those employed in agencies. Burnout, personal coping styles, and help seeking attitudes among human service professionals employed in agency settings as well as a comparison of the similar views among the general public has been reviewed. While some of the research reviewed is about help seeking attitudes among the general population, it was important to compare the similar views of the general population with human service professionals because

human service professionals employed in an agency setting is the population of interest in the current study.

Summary

Although the research findings about burnout, coping styles, and attitudes toward seeking professional psychological help have yielded mixed results, most studies have provided evidence that burnout exists among people who work in the human service professions, particularly looking at organizational factors present for those working in agency settings rather than in private practice settings (Raquepaw & Miller, 1989). Due to the risks of potentially developing burnout among human service professionals in agency settings, it is important to have a greater understanding about this issue and the ability to predict who is at greatest risk within the profession.

Research has indicated that mental health workers who experience burnout may develop low morale and exhibit poor job performance, increased absenteeism, and some may even change professions (Maslach, 1978; Pines & Kafry, 1978). Existing research has implied that psychotherapists who work for agencies are more prone to burnout than those who work solely in the private practice setting (Maslach, 1978; Pines & Maslach, 1978; Raquepaw & Miller, 1989; Rupert & Morgan, 2005; Taylor-Brown et al., 1981). The results of these studies suggest that the private practitioner may not suffer the same stressors and strains as an agency worker does due to the organizational factors that are not present.

There is also an indication that burnout is associated with work stress and how individual's response to work stress may be related to coping styles. Several recent

studies have examined burnout and the most commonly used coping strategies among human service practitioners (Jenaro et al., 2010). If human service providers were using coping styles that could deal more effectively with the problems and symptoms reported, the potential for burnout might decrease (Jenaro et al., 2010. Matheny et al., (2000) emphasized that some personal coping styles have been associated with higher levels of burnout. Increased levels of burnout have been related to emotion-focused coping compared to task-oriented coping (Chwalisz et al., 1992). Thornton (1992) noted that having using avoidance coping and trying to escape from stressors was related to having increased levels of burnout (Thornton, 1992).

Although there is empirical evidence about burnout being present among human service professionals (Bressi et al., 2005; Corrigan et al., 1994; Holmqvist & Jeanneau, 2006; Maslach et al., 2001; Raquepaw & Miller, 1989; Rupert & Morgan, 2005), minimal research that took into account personal coping styles and help seeking attitudes among human service professionals who work in agency settings was found. There was some research involving human service practitioners in foreign studies, particularly studies about nurses and students in helping professions (Halter, 2004; Jenaro et al., 2007).

Many people who are experiencing mental health concerns never seek psychological help; this applies even to professionals who work in the field who are aware of the possible consequences of not seeking help (Corrigan, 2002, 2004; Halter, 2004). The reasons for not seeking help have been investigated. One of the reasons professionals may avoid seeking psychological help is the desire to avoid experiencing painful feelings (Komiya et al., 2000). Corrigan and Matthews (2003) discussed the

negative feelings that can be associated with working through issues as a factor in avoiding treatment. Help seeking attitudes could also be influenced by the negative images of mental problems in western culture that may lower individual's self-concept, self-esteem, and self-efficacy if treatment were sought (Corrigan, 1998, 2004; Holmes & River, 1998).

Most of the research about help seeking attitudes has been focused on the negative aspects of seeking professional help. The results of one study indicated that help seeking attitudes among human service professionals was hindered by strong feelings of responsibility and dedication to work, denial that a problem existed, and a desire to spend leisure time doing something other than engaging in treatment (Putnik et. al., 2001). Identification with their work roles led to the individuals minimizing their personal problems and stressors. However, Norcross (2005) reviewed several of his own studied indicating that psychologists often seek psychotherapy themselves and the stigma associated with seeking mental health help is not negative.

On the contrary, research has also indicated that the attitudes of human service professionals and the general population are very similar in that there is a stigma associated with seeking help for a mental health problem (Putnik et al., 2001; Wynaden et al., 2005). Human service professionals generally work directly with clients encouraging the utilization of mental health services and provide such services that they as they as the professionals may be unwilling to seek out themselves. The research reviewed indicated that this seems to be a universal concept, but further research is needed to make this conclusion more definitive.

A growing body of literature exists about the relationship between burnout (Maslach & Jackson, 1981) and personal coping styles, but minimal research was found regarding how these variables relate to one another or with the help seeking attitudes of human services professionals. The research discussed in this review has indicated that individuals who meet the criteria for symptoms of burnout may exhibit maladaptive coping styles. Personality traits and their relation to the presence of burnout in clinicians has also been an interest to researchers (Schimph, 2009). Thus, it seems that the personal styles of individuals may influence their outlook on burnout, coping styles, and help seeking attitudes. Researchers have identified some factors that inhibit individuals from seeking professional psychological help for potential burnout and maladaptive coping styles. These factors might include the stigma of seeing a professional (Corrigan & Watson, 2002: Corrigan, 2004; Halter, 2004), the desire to avoid experiencing painful feelings (Komiya et al., 2000), the time it takes away from other activities and responsibilities, the cost of treatment, and possibly not wanting to put forth the effort for real change (Putnik, de Jong, & Verdonk, 2011). Also, perceptions of stigma at the beginning of psychological treatment may influence participants' subsequent treatment behavior (Sirey et al, 2001).This review discussed the burnout syndrome, populations at risk for developing burnout, personal coping styles employed by individuals, and the similarities of the help seeking attitudes of the general population with the attitudes of human service professionals. More specifically, this review focused on the burnout syndrome among human service professionals and the prevalence of the syndrome among agency workers compared to those who work in the private practice setting.

Chapter 3 discusses the research design and approach including the rationale for the study, the setting and sample population, and a description of the measurement tools used in the study. Ethical issues and research questions are also discussed.

Chapter 3: Research Method

Introduction

This chapter includes a description of this study's design, sample, instrumentation, data analysis, and ethical considerations. An overview of the study's design includes a rationale for why this research design was selected. The sample characteristics and size are presented as well as a description of the instrumentation. The data collection process and analysis are also discussed.

Purpose of the Study

The purpose of this study was to identify the relationship of levels of burnout to the coping strategies and help seeking attitudes used by a sample of human service practitioners who work in a psychiatric setting. The study of the relationship of burnout and maladaptive coping styles among mental health professionals has increased during the last decade (Krischer et al., 2010). Research has established a link between some personal coping styles and higher levels of burnout with higher levels of burnout being associated with maladaptive coping styles (Chwalisz et al., 1992; Matheny et al., 2000; Thornton, 1992). There is also an indication that having symptoms of burnout is associated with work stress and how an individual's response to work stress may be related to these personal coping styles (Krischer et al., 2010). However, to date there has not been sufficient research that addresses how individual coping styles and attitudes about help seeking behavior influence rates of burnout among human service providers. I explored the attitudes and beliefs of the human services professionals and coping styles in relation to their levels of burnout.

Research Design and Approach

This quantitative study was correlational in nature and I sought to identify the relationship of coping strategies and help seeking attitudes used by a sample of human service practitioners who work in a psychiatric setting. I examined the relationship between each component of burnout, coping styles, and the help seeking attitudes of human service professionals working in the mental health field and who are considered employees who provide direct care in a psychiatric setting.

Setting and Sample

The sample in this study consisted of human services professionals who are employed and work directly with patients in a large psychiatric hospital in the southern United States. Both male and female participants were invited and who voluntarily agreed to participate in the study. This included psychologists, social workers, psychiatrists, registered nurses, licensed vocational nurses, peer support specialists, and psychiatric nursing assistants. Recruitment of participants was voluntary and a convenience sample from a program within the psychiatric hospital. Permission to conduct this research was required and been granted through the Texas Department of Health and Human Services IRB 2 review board (Appendix A).

Procedures

Coordination with the program directors at the hospital to schedule an on-site visit was scheduled was facilitated by me. The purpose of the visit was to introduce the study to potential participants who attend shift change meetings at various times throughout the day. An information sheet was provided to the staff that includes brief background

information about the study, the procedures for participation, a discussion of confidentiality, the voluntary nature of the study, ethical concerns, how to get in contact with the researcher and the researcher's advisor, and a link to a confidential survey. This served as informed consent that did not require a signature from a participant to ensure anonymity. Human service professionals who expressed an interest in participation in the study completed the online survey through Qualtrics. Included in the survey was a brief demographics questionnaire that inquired about gender, level of education, and years of service that the participant has been employed in a state psychiatric hospital setting.

I am a previous employee of the hospital. I was not familiar with most employees who work on shifts other than some who continue to work the first shift of the day. On most days, I did not work in an area of close proximity to staff on my shift other than my treatment team that I formally met with 2 days a week to review cases and see patients as a team. My treatment team consisted of three other employees that included a registered nurse, a psychiatrist, and a social worker. I no longer reside in the city where the hospital is located. Results of the study will be reported back to the state of Texas as required by the IRB 2 review board, the superintendent of the hospital, and to the program directors and staff at the hospital.

Instrumentation

Participants who chose to participate in the study and completed the online survey completed the instruments in this order: the demographics questionnaire first, the MBI second, the CISS third, and the ATSPPHS last. Once the survey was completed, participation concluded.

Demographics

A demographics questionnaire assessed some basic information regarding participants in the study. Demographic variables include gender, level of education, and number of years of service in a state hospital setting (See Appendix G).

Maslach Burnout Inventory (MBI)

The MBI is a self-report inventory designed by Maslach et al. (1981) that measures the perceived current levels of burnout in mental health professionals. The authors of the survey defined burnout as occurring when a person has a sense of exhaustion, detachment, and lack of effectiveness with respect to their job and/or their interactions with other people on the job. For the Human Services Survey version of the MBI which was used, the Emotional Exhaustion scale has nine items that reflect a person's degree of fatigue or stress, the Depersonalization scale has five items that reflect feelings of indifference in regards to recipients, and the Personal Accomplishment scale that has five items which refer to feelings of enthusiasm and effectiveness in working with people (Maslach et al., 1981). The respondent rates each item on a 7-point scale ranging from Never to Everyday to describe the frequency with which the respondent experiences the feeling described in the item. The results produce three scores which are thought to indicate the extent of burnout (Schaufeli, 1981). The scores are the summed ratings on the scales labeled Emotional Exhaustion, Depersonalization, and Personal Accomplishment.

The MBI measures attitudes that are typically associated with burnout such as depression, stress, and boredom Maslach et al. (1981). Some of the questions on the

instrument refer only to an individual's current mental state instead of a burnout status, even though some of the same attitudes are also seen in those who experience burnout. The MBI was used in this study to detect symptoms of burnout among human service providers. The items in all versions of the MBI are related to the current state of an individual rather than status over a period. This could affect the reliability and validity. However, there has been research since the MBI was initially published indicating otherwise. Wheeler et al. (2011) discussed how important it is that practitioners and researchers understand that the MBI subscales provide adequate internal consistency for research purposes, although the scales do not meet the standard for usage as diagnostic tools. For example, they suggested that the Emotional Exhaustion scores may be used in applied research to assist in the classification of level of burnout among clinicians, but it is not recommended where important clinical decisions would occur such as in the potential diagnosis of the presence of psychopathology. The Depersonalization and Personal Accomplishment reliability estimate scores were low across samples, and Wheeler et al. recommended using these with caution as well. Another study looking at the clinical validity of burnout instruments compared the MBI with the Burnout Measure (BM; Pines & Aronson, 1988). The study by Schaufeli et al. (2001) showed the MBI can be used for individual diagnostic purposes emphasizing that the Emotional Exhaustion and Depersonalization scales can discriminate between persons with and without symptoms of burnout. Schaufeli et al. examined burnout among employees who sought psychological treatment for work related issues. The MBI was more sensitive in being able to correctly identify clinical burnout cases when compared to the BM. This was

identified through clinical assessment of the patients who completed both the MBI and the BM assessments for burnout. Patients were independently diagnosed by a psychiatrist and seen by a multidisciplinary treatment team who were involved in their diagnosis and treatment (Schaufeli et al., 2001). Validity of the MBI scales has been reported by the results of multiple factor analytic studies confirming the three-factor structure of the attitude complex viewed as burnout (Maslach et al., 1981). The MBI manual does not discuss any problems or benefits that might occur when the instrument is administered. It does mention that feelings of frustration with jobs might increase through the experience of being administered the MBI. Based on the research about the validity of the MBI as a measure to detect burnout, it was a good choice to use the instrument in this study for research purposes to screen employees for potential burnout.

Several analyses have shown that the Maslach scale was high in reliability and validity as a measure of burnout (Maslach & Jackson, 1981). For example, Iwanicki and Schwab (1981) reported Cronbach alpha ratings of 0.90 for emotional exhaustion, 0.76 for depersonalization, and 0.76 for personal accomplishment and similar ratings were reported by Gold (1984). The time periods of a few weeks, 3 months, and 1 year were used for test-retest reliability. Scores in the few weeks range were the highest (.60-.82). Scores in the year range were the lowest (0.54-0.60). This score stability indicates that the MBI will be a reliable instrument to measure levels of burnout in participants.

Coping Inventory for Stressful Situations (CISS)

Endler and Parker (1999) developed the CISS to assess for styles of coping in stressful situations. The CISS measures three major coping styles: Task-Oriented,

Emotion-Oriented, and Avoidance-Oriented. The assessment produces three subscale scores for everyone, one for each coping style. As described below, a Task-Oriented approach to coping is a proactive approach, whereas the Emotion-Oriented and Avoidance-Oriented could be considered maladaptive. On the CISS, participants respond to each item on the scale using a 5-point frequency scale where 1 is Not at All and 5 is Very Much. Task-Oriented coping could include seeking professional help as an option in working to solve a problem. However, Emotion-Oriented coping and Avoidance may not include seeking professional help. Persons whose highest score is in Task-Oriented coping, sometimes referred to as having a problem focused style, work to address their problems to decrease or eliminate a stressor. An example might be exploring ideas to address the problem, evaluating each of the ideas, then taking action to solve the problem (Baker & Barenbaum, 2007). Task focused coping can involve purposeful behaviors aimed at problem solving, cognitive restructuring, and attempts to alter the situation. Emotion focused coping refers to self-oriented emotional reactions aimed at reducing stress. Emotion-Oriented coping refers to the way an individual may attempt to decrease a negative emotional response to a stressor by actions such as venting to someone, spending time with friends/family, attempting to reinterpret the negative event, or using drugs and alcohol as a coping strategy (Baker & Barenbaum, 2007; Latack & Havlovic, 1992). Self-blaming, self-preoccupation, and fantasizing are other examples of emotion focused coping. The third type of coping is avoidance, (i.e., behaviors and cognitive changes aimed at avoiding the stressor; Endler & Parker, 1999). Two types of reliability estimates are provided in the CISS manual indicating there are acceptable levels of

internal consistency for the scales and test-retest reliability was adequate. Internal consistency was assessed using Cronbach's alpha.

Two types of reliability estimates are provided in the CISS manual. Internal consistency was assessed using Cronbach's alpha. Coefficients alpha estimated and averaged across the normative samples had little variation across groups with Task-Oriented = .90, Emotion-Oriented = .86, Avoidance = .82, and subscales Distraction = .75 and Social Diversion = .79. Also, test-retest reliability was assessed over a six-week interval on 238 undergraduate students that included 74 males and 164 females. The test-retest reliability scores showed Task-Oriented coping having .73 for males, .72 for females, Emotion-Focused coping having .68 for males and .71 for females, and Avoidance coping having .55 for males and .60 for females. These scores indicate that the CISS will be a reliable instrument for this study due to the stable scores that were obtained when administered for test-retest reliability.

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS)

The ATSPPHS is a self-report instrument designed to assess attitudes toward seeking professional psychological help that may facilitate and/or hinder treatment progress in individuals considering seeking professional psychological help. The ATSPPHS was found reliable in distinguishing people who have positive attitudes toward seeking professional psychological help compared to people who have negative attitudes toward seeking professional psychological help and also in distinguishing those who have received professional help from those who have not received professional help (Fischer & Farina, 1995; Fischer & Turner, 1970). The ATSPPHS consists of 29 items (18

negatively stated and 11 positively stated items). These items consist of four dimensions including recognition of need for psychotherapeutic help (8 items), stigma tolerance (5 items), interpersonal openness (7 items), and confidence in mental health practitioner (9 items). The items are grouped into the four subscales: Factor I—Recognition of Personal Need for Professional Help; Factor II—Tolerance of Stigma Associated with Psychological Help; Factor III—Interpersonal Openness; and Factor IV—Confidence in Mental Health Professional. One overall score is obtained to determine the attitude of the individual. Responses on the ATSPPHS are recorded using a 4-point Likert scale (0 = strongly disagree, 3 =strongly agree). High scores on the ATSPPHS represent positive attitudes toward seeking psychological help from professionals. The ATSPPHS is intended for research use and should not be used for clinical purposes (Fischer & Farina, 1995). The reliabilities for each factor included Factor I: Need ($r = 0.67$); Factor II: Stigma ($r = 0.70$); Factor III: Openness ($r = 0.62$); and Factor IV: Confidence ($r = 0.74$). The test-retest reliability ranged from 0.73 to 0.89 over the five groups meaning these scores are fairly stable over time and would be a good consistent measure to assess for attitudes of participants in this study.

Data Collection and Analysis

This study employed a correlational design. The instruments used for measurement of these variables in this study allowed for the data to be analyzed through correlation analysis. Data preparation consisted of informing participants about the study in a face to face meeting with participants at shift change meetings. Each potential participant was provided the information sheet serving as a consent form and link to the

online confidential survey. Within the link included specific instructions for each section to be completed including the demographics questionnaire, the MBI, the CISS, and ATSPPHS. Also included was an information sheet explaining the study that also serves as consent and a demographics form. Statistical Package for Social Sciences (SPSS) was used for data analysis. Data quality procedures emphasized the structure of administration of packets to participants and thorough explanation of the purpose of the study. Also, the survey was confidential and anonymous. Internal reliabilities for all scales assisted in determining factors for inconsistencies.

It was hypothesized in this study that whether a person has the experience of burnout is related to the person's coping style and this in turn would relate to help seeking attitudes. The research questions and the hypotheses reflect this type of analysis. The research questions and hypotheses are listed again for review.

Research Question #1. Is coping style related to the level of burnout among human service professionals?

Directional Hypothesis #1. Emotion and avoidance coping will correlate more highly with burnout as measured by the Maslach Burnout Inventory than task-oriented coping among human service professionals.

Null Hypothesis #1. Emotion and avoidance coping will not correlate more highly with burnout as measured by the Maslach Burnout Inventory than task-oriented coping among human service professionals.

Research Question #2. Are maladaptive coping styles and level of burnout related to one's attitude toward seeking help among human service professionals?

Directional Hypothesis #2. Burnout as measured by the Maslach Burnout Inventory will correlate more strongly with positive attitudes toward seeking professional psychological help as measured by the Attitudes Toward Seeking Professional Psychological Help Scale among participants who report using task-oriented coping than emotion or avoidance coping.

Null Hypothesis #2. Burnout as measured by the Maslach Burnout Inventory will correlate more strongly with positive attitudes toward seeking professional psychological help as measured by the Attitudes Toward Seeking Professional Psychological Help Scale among participants who report using task-oriented coping than emotion or avoidance oriented coping.

Ethical Considerations

Careful consideration was given to the nature of this study and its possible effects on participants. The consent form/information sheet was distributed to all potential participants. It discussed the procedures for participation in the study, confidentiality issues, the voluntary nature of the study, the risks and benefits of participating in the study, and the researchers contact information and her advisor should the individual have questions regarding the study. The informed consent form stated that all records in the study will remain confidential and that only I will have access to the responses. Participants were notified that they could withdraw from the study at any time during the process without employment consequences. Additionally, the decision to participate or to not participate in the study had no effect or impact participants' employment relationship with the hospital because it is not a requirement of the employee's job. Participants were

encouraged to complete the study during a time that does not interfere with work and care provided to patients.

Threats to Validity

Threats to validity were to be taken into consideration during implementation of this study. One threat to validity that could be present is participant evaluation apprehension. Participants may have been anxious or questioning whether to participate in the study. They may have been apprehensive about responding honestly in fear that it might affect their employment status or concerned that the information that is reported on the instruments would be reported to their supervisor. To address this in the study, the researcher explained at the beginning of the study that in no way does participation or lack of participation effect one's employment and that all material that participants complete will be completely confidential. The study results were shared with the program as a whole as well as individuals who choose to receive the results of the study. The participants were informed that the results of the study would be shared with the program and hospital in an effort to provide information for possible development of future goals within the program and hospital.

My expectancies may have also been a threat to validity. I did not want to bias the results of the study and therefore did not communicate to the participants a desired outcome for the study. Participants' desire to perform well or look good for the researcher may have influenced the participants to respond to the instruments in a way that would please me. To alleviate this expectation, I did not attempt in any way to influence the participants. I was very clear and concise about the purpose of the study and

instructions for participation. It was reiterated to the participants that the results of the study were being used for my dissertation research as well as to assist with the future goals of the program and the hospital once the results are reported.

Summary

The identification of burnout among human services professionals has led this researcher to examine the relationship between each component of burnout, personal coping styles, and the help seeking attitudes of human service professionals who work in an inpatient psychiatric facility. The design of the study was based on a convenience sample of direct care providers who work at a large psychiatric hospital in Texas. Individuals who choose to participate and indicate they are agreement to the conditions for participation in the study will complete and return an envelope to the researcher containing a demographics questionnaire, the MBI, the CISS, and the ATSPPHS. This study was been approved by the Texas Department of Health Services Institutional Review Board. When the study was complete and results of the data were tabulated, a summary of the results in a newsletter was provided, the Texas Department of State Health Services, North Texas State Hospital, and Walden University to fulfill the requirements for the Degree of Doctor of Philosophy in Clinical Psychology.

Chapter 4: Results

Introduction

The purpose of this study was to quantitatively examine levels of burnout in relation to the coping strategies and help seeking attitudes among a sample of human service professionals who work in a state psychiatric hospital in the southern United States. The sample of human service professionals worked directly with patients admitted to inpatient psychiatric treatment for long term stay. Most patients are admitted for several months to over 1 year or longer depending on various factors and clinical needs. Two formal directional hypotheses were tested. This chapter summarizes the results of these analyses and more fully describes the participants who were sampled in this study.

Data Collection

In the fall and winter of 2017-2018, informed consents were distributed to human service professionals during shift change meetings North Texas State Psychiatric Hospital-Wichita Falls Campus. I initially did not obtain enough responses from the first visit in the fall 2017 and returned to the hospital in the winter of 2018 after obtaining permission from the Walden University IRB and State of Texas IRB-2 review boards to return for additional collection of data. Signed consent was not requested to maintain the participants' anonymity. Rather, an information sheet indicating the details of the study, risks involved, and who to contact about the study was provided prior to participation. Participants consented to participate in the study by completing the confidential survey through Qualtrics at their convenience. There were 182 consents distributed and 78

participants indicated their willingness to participate by opening the survey. However, two individuals opened the survey but did not complete it for reasons unknown.

Descriptive Statistics

There were 76 participants (97.4%) who completed the full survey. For the purposes of this research study, there were no missing values detected. Table 1 presents the demographic characteristics of the study sample. Of those who completed the survey, 25 (32.1%) participants were male and 51 (65.4%) were female.

Table 1

Demographic Characteristics of Study Sample (N=78)

Characteristic	*N*	%
Gender		
Male	25	32.1
Female	51	65.4
Total	76	
Educational Background		
GED/High School	39	50.0
College Degree	24	30.8
Postgraduate degree	13	16.7
Total	76	97.4
# of Yrs Employed in State Facility		
20 or more years	17	22.1
Total	76	97.4
Two opened surveys not completed	2	2.6
Total	78	100

Almost one half (49.4%) of the study participants reported that the highest level of education earned is a GED or high school diploma. The remaining 31.2% of

participants completed a minimum of a bachelor's degree. Nearly 16.9% hold a master's degree or higher level of education. Additionally, nearly half of the sample (46.8%) reported to have worked 10-20 or more years in a state psychiatric facility.

Missing Values, Outliers, and Normality Testing

Missing values and outliers can sometimes occur during the data collection process. This can lead to smaller sample sizes which can compromise the reliability of the results. The present study had a sufficiently large sample size for the test of the hypothesis with Pearson correlation. Missing values were not detected in this research study. There were two individuals who completed the demographics questionnaire but did not go further with the survey. Therefore, they were not included in the statistical analyses. There were no outliers as well. Not all variables were normally distributed, as assessed by Shapiro-Wilk's test ($p < .05$). The results from the Shapiro-Wilk test indicated that scores were normally distributed for emotional exhaustion, but not for depersonalization and personal accomplishment, as assessed by Shapiro-Wilk's test ($p < .05$). Pearson correlation is robust to nonnormal distributions (Laerd Statistics, n.d.)

Results

The first hypothesis predicted that emotion and avoidance coping, the two maladaptive coping styles, would correlate more highly with burnout than task-oriented coping, an adaptive coping style, among human service professionals. The MBI has three subscales, which are emotional exhaustion, depersonalization, and personal accomplishment. For the first two, higher scores indicate burnout. In contrast to the other two subscales, lower scores for personal accomplishment correspond to higher degrees of

burnout and lower personal accomplishment. The coping inventory has three subscales (task, emotion, and avoidance coping) of which two (emotion and avoidance) are considered maladaptive.

A Pearson correlation coefficient analysis was conducted to examine the relationships among these variables. The correlation table is below. Note that there was a positive correlation between feelings of personal accomplishment and task-oriented coping styles which was statistically significant ($r = .574$, $p < .001$). Engaging in task-oriented coping, an adaptive coping style, is associated with higher sense of personal accomplishment. Emotional exhaustion ($r = .550$, $p < .001$ and depersonalization ($r = .352$, $p < .001$ were strongly and moderately related to emotion-focused coping, but they were both negatively related to task-oriented coping. Higher rates of emotional exhaustion and depersonalization were associated with emotion focused coping. Emotion focused coping strategies are self-oriented strategies where the aim is to reduce stress even though this is not always the case (Endler & Parker, 1999). Reactions might include blaming oneself for being angry or too emotional, self-preoccupation, or fantasizing or daydreaming, and these reactions can oftentimes increase the stress rather than decrease. This can result in becoming more upset or more tense.

Another strong positive correlation was found between two subscales of the MBI, emotional exhaustion and depersonalization ($r = .626$, $p < .001$). This is an indication that those who reported higher rates of emotional exhaustion also have higher rates of depersonalization which manifests as negative, callous, and cynical behaviors when interacting with colleagues or patients (Maslach et al., 1981). Again, these two subscales

(depersonalization and emotion exhaustion) were associated with emotion-oriented coping more than the other two coping styles, task-oriented and avoidance-oriented coping.

Table 2

Correlations Among Burnout and Coping Strategies (n = 76)

Variable	Emotional Exhaustion	Depersonalization	Personal Accomp.	Task Coping	Emotional Coping	Avoidance Coping	Help Seeking
Emotional Exhaustion	§	.626*	-.207	-.253	.550*	-.124	.259*
Depersonalization		§	-.173	-.234	.353**	-.083	.362**
Personal Accomp.			§	.521**	-.220	-.061	-.199
Task Coping				§	-.166	-.052	-.172
Emotional Coping					§	.079	.212
Avoidance Coping						§	-.011
Help Seeking							§

The depersonalization subscale was associated with lower task-oriented coping ($r = -.234$, $p > .001$). There were no significant correlations between the MBI subscales and avoidance coping, which was a surprising finding. A calculation of the difference between task-oriented coping and emotion-oriented coping for emotional exhaustion was statistically significant ($p = .001$). A probability value less than 0.05 indicated that these two correlation coefficients are significantly different than one another. Therefore, the hypothesis was only partially rejected; burnout correlated with emotion-focused coping more strongly than task-oriented coping, but burnout did not correlate with avoidance coping.

The second research question examined whether burnout would correlate more strongly with positive attitudes toward seeking professional psychological help among participants who report using task-oriented coping than those using emotion or

avoidance-oriented coping. As a first step, participants were grouped based on their highest score in coping, which determined their main coping style. Those who scored highest in task-oriented were put into Group 1 ($n = 72$), those who scored highest in emotion-oriented coping were put into Group 2 ($n = 1$), and those who scored highest in avoidance-oriented coping into Group 3 ($n = 3$). The sample sizes in Groups 2 and 3 were too small to conduct the analysis for this hypothesis. For most participants, task-oriented coping was their highest score, meaning it was the type of coping used the most. Therefore, research question two could not be tested. However, correlation analysis for seeking help with coping showed no correlation with any coping style, but yes with burnout in that emotional exhaustion ($r = .259$, $p < .001$) and depersonalization ($r = .362$, $p < .001$) were positively correlated meaning those individuals in this study experiencing emotional exhaustion and depersonalization have more positive attitudes toward seeking professional help.

Summary

This chapter summarized the detailed findings of the research study. There were several significant relationships found to support the research. Although the study sample is small, the present study had a large sample size to perform correlation coefficients to test the hypothesis.

There is evidence to support the research that human service practitioners who engage in maladaptive coping styles could have increased levels of burnout related to coping styles. Most participants in this study reported engaging in task-oriented coping, an adaptive coping style. There were only a few participants in this study who reported engaging

mostly in maladaptive coping styles. Therefore, the second research question could not be tested.

Chapter 5 will summarize the study and present conclusions about the findings. There will also be a discussion about the social change implications of these findings, the limitations of this study, and future recommendations for continued research in the areas of burnout, coping styles, and attitudes toward seeking help among human service professionals working in the field of mental health.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This study was carried out to evaluate the nature of the relationship between burnout, coping styles and attitudes toward seeking professional psychological help among human service providers. Specifically, I targeted human service providers who work directly with patients in a state psychiatric facility in Texas. Past research has indicated a relationship between burnout and coping styles among human service providers. The relationships among these variables were studied in this population of direct care providers.

The research questions were chosen after identifying a gap in the research regarding the effects of personal coping styles on the relationship between seeking professional psychological help and burnout levels among human service professionals. The first research question examined in this study looked at whether coping styles are related to burnout. When faced with stressful events over time, an individual may be motivated to seek psychological services or some type of therapy where targeted cognitive appraisals can be addressed (Leong & Zachar, 1999). In a systematic review of quantitative studies Labrague (2020) found that the use of adaptive coping skills was associated with lower levels of stress and stigma and maladaptive coping skills were linked to higher emotional stress. The second research question aimed to examine whether maladaptive coping styles and levels of burnout are related to the help-seeking attitudes of human service professionals. Simpson et al. (2018) investigated the levels of burnout maladaptive schemas and coping modes among clinical and counselling

psychologists and found that coping modes do play a role in predicting burnout. Professionals who work in the behavioral health field may choose not to seek professional psychological help for various reasons despite knowing what the possible consequences of not getting help might be (Corrigan, 2004; Corrigan & Watson, 2002; Halter, 2004). Posluns and Gall (2019) emphasized the consequences that burnout and impairment among mental health professionals can have on the quality of clinical work and the importance of by being more proactive in improving awareness and self-care to help prevent stress, burnout, and professional impairment. It has been demonstrated that health professionals have revealed self-stigma and the anticipated risks and benefits of disclosing distressing emotions are barriers to seeking professional help (Kukihara & Yamawaki, 2018). The factors that affect help seeking attitudes can be the severity of the problem (Wilson & Deane, 2001), age (Halter, 2004), unavailability of services (Wilson & Deane, 2001), and one's prior experiences related to help-seeking (Kahn & Williams, 2003, Vogel et al., 2005). I hypothesized that whether a person has the experience of burnout or not is related to the coping styles of the individual and this in turn would relate to help seeking attitudes.

Interpretation of Findings

Burnout can be a psychological strain in response to chronic work stress (Halbesleben, 2006). The problem of burnout among human services providers has become increasingly popular in research. Burnout has been studied as a symptom and symptoms of burnout have also been studied. When looking at mental health professionals specifically, burnout involves emotional exhaustion, depersonalization of

clients, and a lack of sense of personal accomplishment (Maslach & Jackson,1981). In a recent study on the assessment between the level of job burnout and contributing factors among health care providers, the MBI was administered and revealed that health care workers had the highest levels of all components of burnout (emotional exhaustion, depersonalization, personal accomplishment) compared to the administrative staff and unskilled employees (Bazmi et al., 2019). Other factors were also studied including the age, years of experience, and level of education. Bazmi et al. (2019) concluded that younger staff and females at the postgraduate level with more than 20 years of experience had higher levels of burnout. In another study, psychiatrists who were found to be most at risk for burnout were those working in non-academic settings with the majority being employed inpatient facilities and community mental health (Summers et al., 2020)

In the current study, human service providers self-reported their levels of burnout, their coping regarding work and life events, and their attitudes toward seeking professional help outside of the workplace. Data for the study was gathered through a confidential and anonymous survey through Qualtrics. There were 76 participants (97.4%) who completed the full survey. Two additional participants completed demographics information but did not go forward with the survey. The demographics information is provided for additional information. The sample consisted of mostly female participants without a college degree with a long history of working in a state psychiatric facility.

Burnout and Coping Styles

Findings showed that participants' levels of burnout are related to coping styles. More specifically, higher emotional exhaustion and depersonalization measured by the MBI, was associated with higher use of emotion-oriented coping as measured by the CISS. Emotion focused coping strategies are supposed to aid in reducing stress (Endler & Parker, 1999). According to Endler and Parker (1999), emotional coping strategies could result in an individual blaming themselves for becoming too emotional when faced with a stressful situation, engaging in daydreaming or fantasizing, or being self-preoccupied, all of which can sometimes increase stress and result in a person becoming even more tense.

Another strong positive correlation was found between emotional exhaustion and depersonalization, two subscales of the MBI, meaning that those who reported higher rates of emotional exhaustion also have higher rates of depersonalization. According to Maslach et al. (1981), when a person has increased levels of depersonalization, these feelings can manifest as callous and cynical behaviors when interacting with colleagues or patients. In this study, the correlational findings showed that engaging in emotion-oriented coping more than avoidance-oriented coping or task-oriented coping (an adaptive coping style) was associated with depersonalization. On the other hand, reporting feelings of personal accomplishment at work, was positively correlated with task-oriented coping.

Surprisingly, there were no significant correlations between the MBI subscales and avoidance coping (a maladaptive coping style). Because of this finding, the first hypothesis is partially rejected because not all subscales of the MBI correlated with

maladaptive coping. It is possible this finding was because of the low use of avoidance coping among the sample. The second research question aimed to examine whether burnout levels among participants would correlate with more positive attitudes toward seeking professional psychological help who reported using task-oriented coping (an adaptive coping style) than those using emotion or avoidance-oriented coping. The sample size of participants in this study who reported engaging in maladaptive coping styles as their primary style was so small, I was unable to conduct the analysis for this hypothesis. Therefore, this research question could not be tested.

Employees who participated in the study work in the largest state psychiatric hospital in the state of Texas. The population of the city in 2018 according to the census was around 104,553. The hospital is one of the largest employers in the city and has employed residents dating back to the early 1900s. Many of the employees work there until they retire. Nearly half of the respondents had worked at the hospital 10-20 or more years. The hospital is a state organization that is one of the largest employers in this region of the state.

According to O'Connor (2001), workplace stress and personal stressors can lead to increased levels of burnout which can also lead to decreased productivity, absenteeism, and decreased quality of care for clients. Prior research has indicated that those who struggle with burnout often have less to offer the clients they work with (Halbesleben & Buckley, 2004). The effect these issues could have on the clients they work with can also result in detached responses (Wheeler et al., 2011) and may even lead to cynical attitudes toward clients served (Vredenburgh et al., 1999). The findings in this study support this

research in that depersonalization and emotional exhaustion were common burnout factors among the participants.

According to Jenaro et al. (2007) coping strategies can influence characteristics associated with levels of burnout among human service practitioners. Simpson et al. (2018) studied burnout among clinical and counseling psychologists and noted that burnout from both organizational and personal factors including personal beliefs and coping are associated with high burnout. There is evidence that symptoms and levels of burnout may be related to one's maladaptive coping styles (Krischer et al., 2010) which corresponds with the high levels of emotional exhaustion reported among participants in this study. Hasan (2017) studied work stress, coping strategies, and depression among psychiatric nurses who worked in a mental health hospital and found a significant positive correlation between coping strategies, work stress, and depression. The psychiatric nurses reported that the utilization of coping strategies was correlated to a positive attitude toward their work (Hasan, 2017)

Job related stressors can lead to emotional exhaustion (Ito & Brotheridge, 2003, Simpson et al., 2018, Wilkinson et al., 2017) but one may find that using effective coping skills (such as task-oriented coping) to relieve some of the symptoms could be helpful (Krischer et al., 2010; Mache et al., 2016).

Burnout has also been linked to decreased empathy in human service professionals and this could impact the quality of their clinical work (Wilkinson et al., 2017). Specifically, in this study, individuals reported depersonalization which can result in decreased empathy, negative and callous attitudes, and interacting with patients or

colleagues in an impersonal manner (Maslach, 1976; Maslach, 1978; Maslach & Jackson, 1981). In another recent study looking at anxiety, coping, and burnout among staff in psychiatric institutions, it was proposed that engaging in maladaptive coping can result in negative behavioral changes toward patients and render staff more vulnerable to being victimized through aggressive acts by their patients (Winstanley & Whittington, 2002). Javadi-Pashaki and Darvishpour (2019) investigated coping strategies and stress in nursing staff and found that task-oriented coping, and adaptive coping style, was the coping style used the most and this is correlated with being able to better manage stress in the work environment with a recommendation to provide training about coping strategies to help employees evaluate how they are coping.

Due to the limited jobs available in the region and length of stay the participants reported in this study, it would be interesting to know if some education on healthier coping styles and mindfulness regarding levels of burnout would be helpful on a personal level as well as how these factors may impact quality of care provided to the patients being served. Cognitive appraisal theory focuses on affect and emotion related to the way individuals perceive events and situations and may be a useful guide for providing services to these service providers. Once an individual appraises a situation, coping styles for these situations go into effect and either are problem focused with an attempt to change a situation, or they are emotion focused in an effort to regulate the distress that is often experienced with the situation (Lazarus & Folkman, 1987). How one appraises a situation may determine their response to the utilization of certain coping mechanisms and ultimately, to burnout. This study supports the theory that increased levels of burnout

have been related to the use maladaptive coping styles (Chwalisz, Altmaier, & Russell, 1992).

Assumptions and Limitations

One major assumption regarding the participants who volunteered to participate in this study is that they were honest in their responses and those who might be experiencing high levels of burnout did not refrain from participation. Another assumption is that individuals were not completely honest and wanted to be seen or looked at more favorably. Upon arriving to the facility to explain the nature of the study to the participants, the I was made aware of some changes that had occurred on the program by the program director. Some of the participants expressed concern about their jobs and about the potential positive or negative impact their participation in the study might have on their employment. It is also possible that employees who experienced higher burnout chose not to participate.

The participants in the study were also predominately female. There were nearly twice as many female participants than males. The results therefore must be interpreted with caution when focusing on males who work as human service providers at the state hospital or providers who work in other behavioral health settings. It can be difficult to predict human behavior, but the results of this study could possibly be indicative of the burnout and coping styles among employees of other state hospitals within the state of Texas, or even other programs within the state hospital in this study.

Variables that were not examined in the correlation coefficients analysis in this study could add more value to the study including the demographics information that was

obtained (gender, education, and length of employment). The data presented here was derived from state human services employees who work in a psychiatric hospital run by the state of Texas; it may not be possible to generalize these results to other types of behavioral health care facilities or independent practices. This study also included employees of only one program out of six on the campus at the state hospital. The various programs of this state hospital treat different types of patients, and it could be helpful to expand the survey to the other programs for increased participation rates while also analyzing the additional variables.

Recommendations for Research

My first recommendation would be to replicate the study on the other five programs of the same state hospital in this study. The state hospital in this study has one superintendent with six program directors. By expanding the research to other programs, more participants might be willing to engage and additional data might be more representative of the levels of burnout and coping styles most often utilized among the human service providers. I went to the hospital in person to recruit participants. Recruiting participants via email in addition to in person may also provide a more diverse sample of participants. At the time of the data collection, some of the employees may have been off work or tending to staff at the time of recruitment. If more time was allotted for the study and access to the survey via email was available, there may be more participants to engage who otherwise missed out on the recruitment process in person.

Additionally, my recommendation in future studies is to categorize the population of patients served by the human service professionals (e.g., emergency intake, adults,

geriatrics, children, and not likely to restore to competency to stand trial, etc.). This could possibly add some relevance to the levels of burnout related to the type of population the staff serve within the state hospital system in Texas. By categorizing the population of patients, more specific recommendations for the staff and/or program might be a possibility.

Lastly, if more participants were recruited and additional variables were included in an analysis, it may be possible to investigate the potential barriers of seeking help using the Attitudes Toward Seeking Professional Psychological Help Scale. By broadening the population being studied within the same hospital, more data could provide additional recommendations that are specific to each program on the campus of this hospital.

Recommendations for Practice

This study revealed a significant and positive correlation between coping styles and burnout levels among human service providers. The human service providers of the largest state hospital of Texas and the patients who are served there would benefit from education and resources about the variables examined in this study. Because the state of Texas already has wellness programs for some worksites available, it would be beneficial for this state hospital to inquire about creating a wellness program onsite. This would involve designating a senior agency executive to lead the hospital's wellness initiative, establishing a wellness committee, developing a wellness plan, implementing the program, developing wellness policies, and then evaluate the success of the program.

More information is available about this through the state of Texas Department of State Health Services (Texas Health and Human Services, 2021).

Human providers in independent settings may not know much about the real costs of burnout on the individual level or how it can affect the way they work or potentially respond toward their clients as well. The cost and time may also be factors that deter providers from considering outside expertise. It might be beneficial to hold a community educational information session for human service providers on this research and provide some resources and recommendations on how to address burnout and coping styles. Unawareness, cost, and stigma are just a few of the reasons that may deter individuals from addressing these important factors. However, with increased awareness and education amongst state employees and independent providers, burnout, coping styles, and possibly even help seeking attitudes may all improve in time.

Implications for Social Change

In comparison with the large body of research that has focused on burnout, coping, and work characteristics among human service providers, this study is one of the few that attempted to also consider the human service providers attitudes toward seeking psychological help. Although the research question regarding seeking help could not be analyzed, the results of this study may contribute to positive social change by highlighting the importance of seeking professional help when needed and encouraging others to conduct research in this area. Burnout can result in distress and can have long-term implications for the health and well-being of human service providers (Simpson et al., 2018, Summers et al., 2020). Identifying how providers cope with their stressors

could be beneficial not only to human service providers themselves but also for the treatment of patients being served in facility-based care or even independent settings. It could potentially help providers to develop a greater recognition or increase their mindfulness of their individual potential for burnout, their coping styles, and their attitudes toward seeking professional psychological help. This study offers support to human service providers who work in a state psychiatric facility to have a better understanding of themselves as individuals. By informing the respondents and their employer of these results, there is an increased possibility of enhancing social change by helping human service professionals to become cognizant of the dangers of burnout, of maladaptive coping, and of the benefits of seeking help if needed, all of which may lead them to be healthier, more satisfied, and better available to serve those they work with in their profession (Mache et al., 2016).

The state of Texas works to educate and provide its employees with knowledge and techniques to promote good mental and physical health (Texas Health and Human Services, 2021). The state of Texas will receive the results of this study as required and approved by the Texas State Department of Health Services Institutional Review Board in hopes that it could be helpful for all mental health organizations of the state to become more aware of this information. Human service providers who work in institutions could gain more insight and learn more effective ways of coping through the exploration of ways to engage in more adaptive coping strategies with faced with stressful situations. Although employers and employees may not be aware of this, the state of Texas provides an employee assistance program for seeking professional psychological help through

their health insurance benefits package. Another benefit that not all facilities and institutions within the state offer is a worksite wellness program which offers tools and resources for employers to have healthier worksites and healthier employees. This may in turn result in a more positive impact on the patients served in these institutions. Information about these services will be provided to the program involved in this study. Once the results of the study are shared, it is possible the program will encourage use of available services and even consider creating a worksite wellness program offered through the state (Texas Health and Human Services, 2021.

The findings of this study also have implications for practice amongst other human service providers who work in outside organizations or independently. The results of this study support extant literature on the intricate connections between burnout and coping styles. There is value in educating human service providers about self-initiated behaviors that could have a positive impact on personal health and as well as the clients they serve getting the most from their treatment process. By evaluating self-care skills and personal coping styles, significant improvements in perceived stress, burnout, job satisfaction, and the quality of relationships and care to patients could be enhanced.

Conclusion

The purpose of this study was to examine the relationship between burnout, coping styles and attitudes toward seeking professional psychological help among human service providers who are employed in an inpatient state psychiatric facility in the South. It was hypothesized in this study that burnout is related to coping style and this in turn would relate to help seeking attitudes. A correlational analysis concluded that burnout

and coping styles are correlated, but due to a large sample in this study engaging mostly in task-oriented coping (an adaptive coping style), an analysis of help seeking attitudes was not performed. By informing state employers and their employees through education and awareness of burnout factors, coping styles, and attitudes toward seeking professional help, this study may contribute to social change efforts to address the health of employees as well as the clients served. The rates of burnout and maladaptive coping styles could decrease and, if needed, the outlook on help seeking attitudes could shift to a more positive and supportive solution to the variables that human service providers often are experiencing. The correlational findings of this study reveal the importance of continued research and efforts needed to assist the human service providers in state psychiatric facilities to be more cognizant of burnout, coping styles, and potentially help seeking options.

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Appendix A: Approval from Texas IRB2

9/1/2017

RE: Protocol #656-14-1705, *Potential for burnout, coping styles, and help-seeking attitudes of human services providers in a state hospital setting.*

Dear ,

Thank you for your consultation with IRB#2. After reviewing your IRB application, IRB#2 has determined that the proposed study activities meet the criteria for exemption based on 45 CFR 46.101(b)(2).

Responsibilities of the Principal Investigator:

Research that is determined to be exempt from IRB review is not exempt from ensuring protection of human subjects. The following criteria to protect human subjects must be met.

1. Assures that all investigators and co-investigators are trained in the ethical principles, relevant federal regulations, and institutional policies governing human subjects research.

2. Will provide study participants with pertinent information (e.g., risks and benefits, contact information for investigators, etc.) and ensures that human subjects will voluntarily consent to participate in the research.

3. Assures study participants will be selected equitably, so that the research risks and benefits are justly distributed.

4. Assures that the IRB will be immediately informed of any information and/or unanticipated problems that may increase risk to study participants and/or cause the category of IRB review to be reclassified to expedited or full board review.

5. Assures the IRB will be immediately informed of any complaints from study participants regarding their risks and benefits.

6. Assures that the confidentiality and privacy of the subjects and the research data will be maintained appropriately to ensure minimal risks to study participants.

7. Will report, by amendment, any changes in the research study that alter the level of risk to study participants. Investigators are encouraged to contact IRB#2 to discuss proposed changes before submitting an amendment.

8. Will report study closure to IRB#2 upon completion of all study-related activities.

You are free to proceed with your research.

Thank you.

A.IAla. Shafer for Abigail E. Cauemv. (Chair)

IRB2 Chair or Designee	*Date*
	9/1/17

Appendix B:
Maslach Burnout Inventory-Permissions

Permission to reproduce 100 copies within three years of September 11, 2017

Maslach Burnout Inventory™ Instruments and Scoring Keys Includes MBI Forms:
Human Services - MBI-HSS
Medical Personnel - MBI-HSS (MP)
Educators - MBI-ES
General - MBI-GS
Students - MBI-GS (S)

Christina Maslach
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Appendix C:

Coping Inventory for Stressful Situations-Permissions

From: CustomerService
Sent: Wednesday, October 11, 2017 3:04 AM
To: < >
Subject: MHS shipment confirmation for order #946411 as shipment #S757405

Dear Alison , MA:

Thank you for your recent MHS Order #946411. Your shipment has been packed and is ready to leave our warehouse as shipment #S757405 and includes the following items:

CI3P0D CISS Manual (Adult/Adolescent), Ordered:1, Shipped:1

PERADM Permissions Administrative Fee, Ordered:1, Shipped:1

PERM7J Permission to Copy CISS-Adult, Ordered:100, Shipped:100

To monitor the progress of your package(s), simply copy the link that follows the tracking number and paste it into your browser. You will be directed to the UPS site where you will be provided with further information on the delivery status of the package(s).
Should your order consist of several packages, you will need to check the status of each package separately.

Tracking numbers for packages associated with this shipment are:

1ZR1893X0344655476

Please note, tracking numbers are assigned prior to the package being picked up by the carrier and may not be updated on their website for 12-24 hours. If your tracking link results in an error message that "One or more of the numbers you entered are not valid tracking numbers." it’s likely that the tracking numbers for your package haven't yet been updated on their site. Please try again in a few hours.

If you have any questions or require further assistance, please contact our Client Services department at CustomerService@mhs.com, or visit our website www.mhs.com for complete contact information and hours of operation.

Appendix D:

Demographics Form (included in the survey)
Demographic Questionnaire

Completion of the demographic questionnaire is significant for determining the influence of variety of factors on the results of this study. All of these records will remain confidential. Any reports that may be published will not include any identifying information of the participants in this study. Please check the appropriate line.

Gender:
Male: ____
Female: ____

Educational background (check the highest level of earned academic degree)
_______GED/High School graduate
_______College graduate (4-year degree)
_______Post-graduate level

How many years have you worked in a state psychiatric hospital (including NTSH)?
_______0-9
_______10-20
_______20 or more