

Burnout and Coping in Human Service Practitioners

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Do many Spanish human service practitioners suffer from burnout? What coping strategies are used to combat work stress, and are they associated with lower burnout? Which strategies may the psychologist promote to improve organizations? With an eye toward helping organizations improve their workers' quality of work life and service delivery, 211 professionals, either child protection workers or in-home caregivers, completed an inventory on coping and another on burnout. Coping strategies alone do not preclude burnout but may help prevent worker turnover. High job and salary satisfaction, together with active coping strategies play an important role in promoting personal accomplishment. Low job and salary satisfaction and the use of passive or emotional strategies predict elevated emotional exhaustion. The results suggest some possible points of intervention.

Keywords: burnout syndrome, coping strategies, human service practitioners, emotional exhaustion, depersonalization, reduced personal accomplishment

In an increasingly competitive world, constant attention to technology and productivity seems to ignore the relevance of paying attention to one of the most important sources of efficacy: employees' perceived job satisfaction. Which role can the professional psychologist play in organizational improvement, whether as an internal director of the service organization or as an outside consultant, in the field of human service organizations? Studies of human service practitioners, people in daily contact with others

(patients, pupils, users, and so on), have shown a high incidence of job burnout (Barría, 2002; Lee & Ashforth, 1993; McGee, 1989; Pérez, Puerta, Lagares, Maldonado, & García, 2004; Stevens & Higgins, 2002). In Spain, some studies have been conducted with professionals working with the drug-dependent population (Pérez et al., 2004), foster care workers (Blanch, Aluja, & Biscarri, 2002), and volunteers (Chacón & Vecina, 1999). However, there is a scarcity of Spanish studies and there are none involving child protection workers or in-home caregivers, even though these are stressful jobs (Benjamin, 1991).

Burnout is understood as an answer to chronic labor stress that is composed of negative attitudes and feelings toward coworkers and one's job role, as well as feelings of emotional exhaustion. It is commonly conceptualized as a syndrome composed of emotional exhaustion, depersonalization, and a reduction of personal accomplishment (Ashforth & Lee, 1997; Gil-Monte & Peiró, 1997; Maslach, 1993; Maslach & Jackson, 1986; Schaufeli & Peeters, 2000).

According to estimations, 28% of European workers suffer from stress and 23% already have burnout (Paoli & Merllié, 2001). Studies have also shown that there is a high incidence of burnout in professionals who provide care to children at risk (Barría, 2002; McGee, 1989). There are many reasons for the onset of burnout, with the most cited reasons being low salaries, work shifts, demanding schedules (Rupert & Morgan, 2005; Schaufeli & Buunk, 2003), low social recognition, and a lack of financial resources (Söderfeldt, Söderfeldt, & Warg, 1995). Additional reasons relate to high personnel mobility, ambiguity, conflicting roles, and challenging behaviors of clients (Gibbs, 2001; Landsman, 2001). All these variables may be conceptualized as job demands, and they all are present in the target population in the current study. Another factor that influences the onset and progression of burnout is the response of the individual to these demands. Generally referred to as *coping strategies*, they may be understood as personal resources and are key elements in the amelioration or prevention of burnout.

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Using a Job Demands–Resources Model to Explain Coping and Burnout

Several models have been proposed to explain the etiology of burnout (Cherniss, 1993; Golembiewski, Munzeider, & Carter, 1983; Hobfoll & Freedy, 1993; Leiter & Maslach, 1988), with the job demands–resources model being one of the most cited (Bakker, Demerouti, & Schaufeli, 2003; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Schaufeli & Bakker, 2004). According to this model, burnout may arise as a consequence of an imbalance between demands made on an individual and the resources available to deal with those demands. *Job demands* refer to those physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with physiological and psychological cost (i.e., exhaustion). *Job resources* refer to those physical, psychological, social, or organizational aspects of the job that may do any of the following: (a) be functional in achieving work goals, (b) reduce job demands and the associated physiological and psychological cost, or (c) stimulate personal growth and development (Demerouti et al., 2001).

A growing body of literature is stressing the individual characteristics or personal resources that may help the worker adjust to job demands and may modulate the perceived stress and ameliorate the onset of the syndrome (Blanch et al., 2002; Coyle, Edwards & Hannigan, 2005; De Rijk, LeBlanc, Schaufeli, & de Jonge, 2001; Killian, 2005; Moreno-Jiménez, Seminotti, Garrosa, Rodríguez, & Morante, 2005; Parkes, 1994). Coping skills have been found to increase occupational resilience (Greifer, 2005; Kaddour, 2003). *Resilience* is understood as psychological endurance (hardiness) that enables people to resist the negative effects of stress by adopting problem-focused coping strategies (Kaddour, 2003). According to Howard and Johnson (2004), resilience and engagement are positive approaches (“what’s going right”) and may explain why some people are able to “survive” in a highly demanding environment. Burnout and stress reflect a deficit approach (“what’s going wrong” and the use of dysfunctional strategies) to stressors. Although considered a positive approach, commitment, a concept closely related to engagement, has also been found to be inversely related to burnout (Layman, 1996). There is evidence of a link between functional strategies and survival in stressful jobs (Howard & Johnson, 2004). However, there is debate in the literature within this field. Studies carried out with psychologists showed that personality hardiness does not protect against burnout, and some hardiness dimensions even positively correlate with emotional exhaustion (Aragones, 2001). Likewise, stress and coping seem to better explain burnout than hardiness (Rowe, 1997).

By exploring the relationship between personal resources (coping skills) and the consequences, both positive (i.e., job satisfaction) and negative (i.e., burnout), in human service practitioners, we hope to identify possible interventions for these workers. We aim to (a) identify rates of burnout in these human service workers, (b) establish the most frequently used coping strategies of the workers, and (c) determine the relationship between coping strategies, job features, and burnout variables. This will provide a more comprehensive view of the shortcomings and strengths of individuals in their work context and provide the background necessary to propose interventions aimed at increasing these individuals’ quality of work life and the quality of the services provided.

The Project: Assessment of Burnout and Coping Strategies

We used the Maslach Burnout Inventory (Maslach & Jackson, 1986, translated by Seisdedos, 1997) to assess burnout. The measure is composed of three dimensions: Emotional Exhaustion (EE), or loss of energy, exhaustion, and tiredness; Depersonalization (DP), or irritability and negative, cold, and impersonal attitudes toward users; and lack of Personal Accomplishment (PA), or a reduction in feelings of mastery and personal achievement. The measure is composed of 22 items to be rated on a 7-point scale (0 = *never*, 6 = *everyday*). Whereas for the EE and DP subscales, high scores mean burnout feelings, low PA subscale scores relate to high burnout feelings. Thus, an individual who scores high on EE and DP and low on PA is considered to show burnout. This measure has been broadly used in English-speaking countries (Bakker & Schaufeli, 2000; Belcastro & Gold, 1983; Farber, 1984; Friedman, 1995; Yela, 1996), and there is a Spanish adaptation available as well (Seisdedos, 1997).

The COPE Dispositional Inventory (Carver, Scheier, & Weintraub, 1989; Spanish adaptation by Crespo & Cruzado, 1997) was used to assess cognitive and behavioral coping strategies (Carver & Scheier, 1981, 1983, 1985; Scheier & Carver, 1988). It is composed of 60 items collapsed into 15 subscales. Although the subscales of the Spanish version are slightly different, it is still possible to distinguish between problem-focused (action-oriented) strategies and emotion-focused (passive-oriented) strategies that individuals use to cope with stressful situations. Some action-oriented strategies are planning and active coping (“I try to come up with a strategy about what to do”), focusing on efforts to solve the situation (“I put aside other activities in order to concentrate on this”), and social support (“I talk to someone to find out more about the situation”). Passive-oriented strategies focus on emotions and the venting of emotions (“I let my feelings out”), alcohol or drug intake (“I use alcohol or drugs to help me get through it”), and disengagement (“I admit to myself that I can’t deal with it, and quit trying”). The COPE has a 4-point Likert-type response format to express the frequency of use for each of the behaviors. The Spanish version has adequate psychometric properties (see Carver et al., 1989, 1993; Crespo & Cruzado, 1997), with some reliability issues regarding a number of factors (disengagement and distracting activities). For the current study, only the 13 subscales with reliability coefficients equal to or higher than .60 were used. During the last few years, this measure has been increasingly used in the field (Barría, 2004; Guerrero, 2003; Latter, 2004; Puente & Anshel, 2005).

Mail and phone contact with managers or directors of different institutions were first established. Neither random nor purposeful sampling was used. Data were collected during 2004. Three hundred questionnaires were sent, and 211 were returned (70.33%). Completed surveys were returned to the contact person for compilation and data analysis. Confidentiality and anonymity were guaranteed during the whole process.

Participants were 211 human service practitioners from several institutions in different Spanish regions. Of the total sample, 64 (30.33%) were employed as child protection workers and 147 (69.67%) were employed as in-home caregivers. Thirty-three were male (15.64%) and 178 (84.36%) were female. The mean age was 38.53 years ($SD = 8.64$ years, range = 22–58). Average length in

their current position was more than 4 years for 40.3% of participants ($n = 85$), followed by 32.7% ($n = 69$) who had been working from 2.5 to 4 years.

Burnout Rates

Frequency scores in the different levels of burnout for each of the factors were calculated (see Table 1). Of the participants, 19.4% showed high levels of EE, 22.7% showed high DP, and 43.6% showed low PA. In addition, 20.4% ($n = 43$) were at risk or already showing burnout, as they had medium-high levels of EE and DP, together with a medium-low level of PA. Those percentages are comparable with European and North American studies with human service practitioners (e.g., Stevens & Higgins, 2002). These participants might be considered a target population for primary intervention, also keeping in mind the relations between high depersonalization and abusive behaviors (Evers, Tomic, & Brouwers, 2001).

Utilization of Coping Strategies

Another purpose of the study was to determine the most frequently used coping strategies. Thus, ranking by mean scores, the more prevalent strategies are as follows: personal growth, positive reinterpretation,

seeking social support, active coping, and focus on efforts to solve the situation. The least used strategies related to alcohol-drug intake, disengagement, denial, and humor (see Table 1).

It is interesting to note that the most frequently used strategies focus on how to solve the problem or how to interpret it from a positive point of view (i.e., problem-focused strategies), whereas the least used strategies are passive and focus on expression or suppression of emotions (i.e., emotion-focused strategies).

Relations Between Coping Strategies and Burnout Levels

Pearson correlations were conducted between the different coping strategies and burnout dimensions. Results are shown in Table 2, where, to simplify the presentation, we have included only significant correlations. It can be seen that PA was positively and significantly correlated to social support, planning and active coping, restraint coping, focus on efforts to solve the situation, personal growth, and positive reinterpretation, all of which are problem-focused strategies. PA was also negatively and significantly related to disengagement, an emotion-focused strategy. Similar results have been found in previous studies with teachers and child protection workers (Anderson, 2000; Gallagher, 2004). Noteworthy is the close relation between work self-worth, job self-efficacy, and the use of active strategies. These data support the idea that commitment or work engagement and shared values with the organization help promote problem-solving skills. PA is closely related to organizational climate, and it affects decisions concerning children at risk, given its demonstrated relations with decision-making in child protection workers (McGee, 1989). PA has also been found to be correlated to friend support (Herbert, 2004). It seems the promotion of this feeling will help ensure the quality of delivered services and the consumer-oriented focus (Albrecht, 1993; Bandura, 2000; Schalock & Verdugo, 2002).

EE had several significant and positive correlations with emotion- and problem-focused strategies, with venting emotions being the strongest related variable (Rohland, 2000). Contrary to our expectations, this burnout dimension positively correlated with several problem and active coping strategies (social support, focus on efforts to solve the situation) as well as with several emotion-focused or passive strategies (humor, focus on and venting emotions, and restraint coping). Consequently, coping strategies do not preclude the onset of burnout or at least the presence of EE, which contradicts the results of previous studies (e.g., Guerrero, 2003; Partyka, 2005; Evans, Bryant, Owens, & Kouskos, 2004). Primary intervention techniques, such as those directed toward reducing psychophysiological responses (e.g., relaxation techniques) and promoting healthy lifestyles (leisure time, respite time), interpersonal skills, realistic job imagines, and a balance between work and private life (Schaufeli & Enzman, 1998), seem to be key intervention priorities. Also noteworthy is the lack of significant correlations between DP and any of the coping strategies; as Wallace and Brinkeroff (1991) stated, DP may be the last resource to use when coping strategies do not seem to work any longer. The data seem to indicate that once someone has cynical or impersonal feelings toward his or her users, no further efforts are initiated and no coping strategies are used. There are clear implications from a quality of services standpoint.

The relationship between burnout levels and job features (e.g., length of employment, job satisfaction, and satisfaction with sal-

Table 1
Summary of Burnout Rates and Use of Coping Strategies

| Burnout rate | <i>N</i> | % |
|---|----------|-----------|
| Emotional Exhaustion | | |
| Low | 82 | 38.9 |
| Medium | 69 | 32.7 |
| High | 41 | 19.4 |
| Depersonalization | | |
| Low | 74 | 35.1 |
| Medium | 84 | 39.8 |
| High | 48 | 22.7 |
| Personal Accomplishment | | |
| High | 42 | 19.9 |
| Medium | 55 | 26.1 |
| Low | 92 | 43.6 |
| Coping strategy | <i>M</i> | <i>SD</i> |
| Problem-focused strategy | | |
| Planning and active coping | 2.66 | .63 |
| Focus on efforts to solve the situation | 2.53 | .67 |
| Social support | 2.80 | .67 |
| Personal growth | 3.24 | .67 |
| Positive reinterpretation | 2.93 | .67 |
| Emotion-focused strategy | | |
| Religion | 2.16 | .95 |
| Humor | 1.92 | .78 |
| Alcohol-drug intake | 1.23 | .40 |
| Disengagement | 1.52 | .55 |
| Focus on and venting of emotions | 2.14 | .65 |
| Acceptance | 2.45 | .68 |
| Denial | 1.58 | .57 |
| Restraint coping | 2.35 | .63 |

Note. Spanish norms are as follows: For Emotional Exhaustion, high > 24, medium = 15–24, and low < 15; for Depersonalization, high > 9, medium = 4–9, and low < 4; and for Personal Accomplishment, high < 33, medium = 33–39, and low > 39.

Table 2
Relations Among Maslach Burnout Inventory Dimensions and Factors of the COPE

| Coping strategy | Emotional Exhaustion | Depersonalization | Personal Accomplishment |
|---|----------------------|-------------------|-------------------------|
| Problem-focused strategy | | | |
| Planning and active coping | | | .247** |
| Focus on efforts to solve the situation | .176* | | .161* |
| Social support | .181* | | .213** |
| Personal growth | | | .243** |
| Emotion-focused strategy | | | |
| Religion | | | |
| Humor | .225** | | |
| Alcohol-drug intake | | | |
| Disengagement | | | -.194** |
| Focus on and venting of emotions | .314** | | |
| Acceptance | .172* | | |
| Denial | | | |

* $p < .05$. ** $p < .01$.

ary) were of special interest in this study. A long length of employment was regarded as evidence of “survival” in the workplace. Job satisfaction implies quality of working life, and that has been found to be related to personal resources and to protection from the onset of stress (O’Connor & Vallerand, 1994; Fernet, Guay, & Senécal, 2004). Satisfaction with salary has been identified as stressor and predictor of turnover in other studies (Dion, 1989; Gowda, 1997; Peltzer, Mashego, & Mabeba, 2003; Sands, 2001; Schaufeli & Buunk, 2003). Analyses of variance with these three variables and the three dimensions of burnout were conducted. An alpha level of .05 was adopted for all the analyses.

Data presented in Table 3 show that there were significant differences based on job satisfaction in EE and PA, but there were no significant differences in DP, with those who claimed they did not have job satisfaction scoring higher in EE and lower on PA. Concerning salary, those participants who were dissatisfied with their salaries scored significantly higher on EE and lower on PA, whereas there were no significant differences on DP. Regarding length of employment, those who had been in their current job less than 1 year obtained significantly lower scores on DP. These results have clear implications for intervention purposes, given that, as Wallace and Brinkeroff (1991) stated, DP may be the last strategy used to keep distance from the job and clients, when other strategies have proved to be unsuccessful for dealing with everyday job problems.

Coping Strategies, Job Features, Job Satisfaction, and Burnout

To determine relationships between these variables and burnout, two multiple regression analyses were carried out. EE and PA were selected as predicted variables, as there were significant correlations with several coping skills in addition to the significant differences in those burnout factors based on job features. Potential predictor variables for EE were job satisfaction, satisfaction with salary, and the six coping strategies that correlated with that dimension. The coefficient of determination showed that 20% of total variance was explained by the linear combination of the four predictor variables. Beta coefficients (see Table 4) show that the variables that entered in the equation were focus on and venting of emotions, satisfaction with salary, restraint coping, and job satis-

Table 3
Descriptive Statistics and Significance of Differences (Analyses of Variance) of Burnout and Selected Variables

| Variable | M | SD | F | p |
|-------------------------|-------|-------|--------|------|
| Job satisfaction | | | | |
| Emotional Exhaustion | | | 8.569 | .004 |
| Yes | 16.55 | 8.69 | | |
| No | 22.84 | 10.57 | | |
| Depersonalization | | | 0.782 | .378 |
| Yes | 5.89 | 4.86 | | |
| No | 6.90 | 4.68 | | |
| Personal Accomplishment | | | 11.452 | .001 |
| Yes | 38.40 | 7.62 | | |
| No | 32.16 | 7.68 | | |
| Salary satisfaction | | | | |
| Emotional Exhaustion | | | 8.566 | .004 |
| Yes | 13.79 | 7.98 | | |
| No | 18.18 | 9.18 | | |
| Depersonalization | | | 0.004 | .947 |
| Yes | 5.98 | 4.84 | | |
| No | 6.03 | 4.90 | | |
| Personal Accomplishment | | | 7.788 | .006 |
| Yes | 35.02 | 9.45 | | |
| No | 38.72 | 7.03 | | |
| Length of employment | | | | |
| Emotional Exhaustion | | | 1.547 | .204 |
| <1 year | 16.32 | 9.07 | | |
| 1–2 years | 14.06 | 8.46 | | |
| 2.5–4 years | 17.77 | 8.97 | | |
| >4 years | 17.85 | 9.51 | | |
| Depersonalization | | | 3.224 | .024 |
| <1 year | 3.45 | 3.68 | | |
| 1–2 years | 4.88 | 4.05 | | |
| 2.5–4 years | 6.19 | 4.96 | | |
| >4 years | 6.77 | 5.12 | | |
| Personal Accomplishment | | | 0.799 | .496 |
| <1 year | 35.67 | 8.53 | | |
| 1–2 years | 37.66 | 6.87 | | |
| 2.5–4 years | 38.82 | 7.67 | | |
| >4 years | 37.82 | 8.03 | | |

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Table 4
Regression Coefficients of Coping Strategies and Job Characteristics on Emotional Exhaustion

| Model | Unstandardized coefficient | | β | t | p | 95% confidence interval | Correlation | | |
|----------------------------------|----------------------------|-------|---------|--------|------|-------------------------|-------------|---------|-------|
| | B | SE | | | | | Zero-order | Partial | Part |
| (Constant) | -4.398 | 3.804 | | -1.156 | .249 | -11.904, 3.108 | | | |
| Focus on and venting of emotions | 3.543 | 1.001 | .248 | 3.540 | .001 | 1.568, 5.519 | .313 | .256 | .237 |
| Satisfaction with salary | -3.923 | 1.423 | -.188 | 2.756 | .006 | 1.115, 6.732 | .213 | .202 | .185 |
| Restraint coping | 2.813 | 1.050 | .187 | 2.680 | .008 | 0.742, 4.884 | .261 | .196 | .179 |
| Job satisfaction | -4.211 | 2.052 | -.141 | -2.052 | .042 | -8.261, -0.162 | -.215 | -.152 | -.137 |

faction. A high focus on and venting of emotions, dissatisfaction with salary, restraint from coping, and low job satisfaction predicted high EE.

Variables included in the model for PA were the dummy variables of job satisfaction and satisfaction with salary, together with the seven coping strategies that correlated with that dimension. The coefficient of determination showed that 21% of total variance was explained by the linear combination of the four predictor variables. Beta coefficients show (see Table 5) that the variables that entered in the equation were focus on efforts to solve the situation, job satisfaction, satisfaction with salary, and restraint coping. High focus on efforts to solve the situation, job satisfaction, satisfaction with salary, and low restraint from coping predict high levels of PA.

Implications for Practice

This study offers some relevant cues for psychologists as organizational improvement specialists in the field of human services. In the search for healthier and more efficient organizations, psychologists should keep in mind that more satisfied employees are also workers with lower absenteeism, higher productivity, and better service to clients (Fredy & Hobfoll, 1994). In fact, perceived quality of working life has an impact on the quality of services delivered.

Three goals were established in this study: (a) to determine the burnout rate, (b) to establish frequency of the use of various coping strategies, and (c) to determine the relationship between coping strategies, job features, and burnout. First, it is clear that the high burnout levels found in our sample justify the implementation of psychological interventions that improve the work satisfaction of human service providers and, by extension, the quality of care their clients receive. Second, employees with little or no signs of burn-

out, the majority of workers, tend to use adaptive, active or problem-focused strategies more frequently than passive or emotion-focused strategies. This may help explain why burnout does not affect a majority of the studied sample. This is the type of behavior that we are hoping for and one that should be promoted. Intervention techniques should focus on increasing the use of active coping skills by employees. Such skills as problem-solving training or techniques of behavioral or cognitive rehearsal might help increase the use of active coping strategies (focus efforts on resolving the situation) in instances when they are not in use. More frequent use of active coping strategies may increase overall job satisfaction for those now suffering from burnout.

Third, several interesting relationships between coping strategies, job features, and burnout were found. On the one hand, regarding relations between coping and burnout, this study suggests three important influences of personal resources (coping skills) on the work satisfaction of human service practitioners. First, workers with a higher sense of PA tended to use problem-focused coping strategies and refrained from using emotion-focused coping strategies. Second, workers with high levels of EE are more likely to use emotion-focused strategies and also some problem-focused strategies. Third, workers with a high sense of DP (i.e., irritability and negative, cold, and impersonal attitudes toward users) refrain from initiating either problem-focused or emotion-focused strategies. Early identification of those different "profiles" will help develop ad hoc interventions that, ultimately, will increase healthier workers and organizations.

On the other hand, regarding relationships between organizational resources or conditions (salary, job conditions) and burnout, the present study shows that job satisfaction and satisfaction with financial conditions of employment are related to lower levels of EE and higher levels of PA. DP seems to be a long-term inevitable

Table 5
Regression Coefficients of Coping Strategies and Job Characteristics on Personal Accomplishment

| Model | Unstandardized coefficient | | β | t | p | 95% confidence interval | Correlation | | |
|---|----------------------------|-------|---------|--------|-------|-------------------------|-------------|---------|-------|
| | B | SE | | | | | Zero-order | Partial | Part |
| (Constant) | 27.055 | 3.760 | | 7.195 | .000 | 19.634, 34.476 | | | |
| Focus on efforts to solve the situation | 3.050 | 0.854 | .239 | 3.574 | .000 | 1.366, 4.735 | .262 | .259 | .238 |
| Job satisfaction | 7.634 | 1.740 | .298 | 4.387 | .000 | 11.067, 4.200 | .248 | .312 | .293 |
| Satisfaction with salary | -3.764 | 1.287 | -.206 | -2.925 | -.004 | -1.224, -6.303 | -.204 | -.214 | -.195 |
| Restraint coping | -2.095 | 0.962 | -.151 | -2.178 | .031 | -3.993, -0.197 | -.197 | -.161 | -.145 |

consequence of job tenure for human service practitioners. These results suggest three main avenues for the development of healthier professionals and organizations, as well as better services. These avenues relate to strategies to prevent the onset of each of the problematic conditions: EE, DP, and low PA. First, because high PA indicates efforts to solve stressful and demanding situations, it is possible to relate this concept with others such as self-esteem, self-efficacy, locus of control, outcomes expectancies, resilience, hardiness and other constructs, personality traits, or cognitive factors. As stated by Speier and Frese (1997), employees who report high self-efficacy take greater initiative and generate ideas that help to improve work processes. Strategies such as providing realistic job expectations and promoting natural supports (social supports and support from supervisor) may help build and maintain high PA (Schaufeli & Enzman, 1998). Organizational improvement specialists should make efforts to provide their employees with guided mastery experiences and performance feedback and to promote practices such as job enrichment and mutually supportive communication, which also build employees' perceived efficacy and hence their ability to take a proactive work role (Parker, 1998).

Second, given the existing positive relationship between the use of a variety of coping strategies and the presence of EE, it could be possible to state that in some instances, repetitive efforts focused on coping may in fact exacerbate the psychological tiredness of the worker. From a psychological point of view, it is important to promote alternative ways for releasing emotions or "cool-off" strategies. Strategies that relate to the promotion of a healthy life style with particular attention to an appropriate balance between work and private life, learning time management, developing skill in using intentional relaxation strategies, the provision of leisure time, or other alternatives for respite, as suggested by Schaufeli and Enzman (1998), seem to be more helpful than focusing on coping skills training when facing unchangeable situations.

Third, preventing DP requires close attention to early warning signs (i.e., high EE and low PA), especially in long tenure workers, in order to take a proactive approach. As professional psychologists, we should note that whereas EE may impact the physiological and psychological well-being (i.e., quality of work life) of the service provider, DP impacts the quality of the services provided and, therefore, the consumers' quality of life as well. DP could be thought of as a coping strategy that excludes the use of either problem- or emotion-focused strategies. DP is the ultimate resource a person has available to use in a hostile environment to avoid experiencing severe levels of EE. As practitioners, it is important to promptly recognize those at risk and develop strategies to short-circuit this final stage of burnout.

A final caution note should be included because, as we have seen, individual variables, such as coping strategies and job and salary satisfaction, do not explain the whole picture of the onset of burnout. Only 20% to 21% of its symptoms are explained by the previously mentioned variables. Careful attention to external or environmental demands and resources (e.g., supports) will provide a more comprehensive explanation of this syndrome. Organizational improvements are required, especially those related to demanding schedules, unfair salaries, and so on. Additional organization-focused interventions, such as promoting horizontal and vertical communication, conflict-solving strategies, team-building strategies, and changes in shifts, will help reduce ex-

penses resulting from sick leave, turnover, and other symptoms of unhealthy organizations and services. These and other interventions will improve the quality of the working life of practitioners, the quality of services provided, and the consumers' quality of life.

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