

BURNOUT AMONG MENTAL HEALTH WORKERS: A REVIEW AND A RESEARCH AGENDA

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SUMMARY

The purpose of this paper is to review studies of burnout relating to mental health workers and to propose directions for future research. It will summarize findings with regard to established norms, demographic variables, possible antecedents and consequences of burnout, and burnout models tested with mental health workers. Comparison of group perceptions of burnout is facilitated by the fact that all the papers but one have used the Maslach Burnout Inventory (Maslach & Jackson, 1981, 1986). Strengths and weaknesses of the research will be analyzed and suggestions offered for extending research in this area.

INTRODUCTION

The burnout concept has inspired a wealth of research activity over the past decade. The syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment describes a cognitive and emotional state that mental health workers experience and observe among their colleagues. As an occupational hazard specific to human service occupations (Cox & Leiter, 1992; Maslach & Jackson, 1986), burnout is of interest to researchers and practitioners in the mental health field. The research over the past decade has identified ways in which burnout among mental health workers is consistent with the state in teachers, health care workers, and social service workers. It has also identified issues of specific concern in the mental health field. This article summarizes this research and makes recommendations for its further development.

Defining who should be included in the category of mental health worker is not a simple task. Studies included in this review were research articles from 1985 to 1995 that specifically identified participants as mental health workers. This included psychiatrists, psychologists, counselors, mental health social workers and nurses, and occupational therapists providing mental health care. Using this criteria, papers were excluded that may have fit if a broader definition of mental health workers had been used. For example, most social workers are involved to some extent in counseling. Their clients, however, may not be facing primarily mental health issues. The same could be said for those who are counselors in the public school system, or those who work in group homes for individuals with mental handicaps. As our definition of mental health (as opposed to care of mental illness) expands, more human service providers may be considered to provide mental health services.

NORM COMPARISONS

As with studies of other service providers, many researchers chose to explore the level of burnout of mental health professionals as compared to established norms. This information is summarized in Table 1.

DEMOGRAPHICS

There are different patterns found in the relationship of burnout and the gender of the mental health worker. Most of the studies found no significant relationship between the components of burnout and gender (Ackerley *et al.* 1988; Day & Chambers, 1991; Farber, 1985; Kandolin, 1993; Naisberg-Fennig *et al.* 1991; Raquepaw & Miller, 1989; Ross *et al.* 1989; Tamura *et al.* 1994; Thornton, 1992). There are indications that male psychotherapists score higher on personal accomplishment (Hoeksma *et al.* 1993) and depersonalization (LeCroy & Rank, 1987) and lower on emotional exhaustion (Hoeksma *et al.* 1993; Van der Ploeg *et al.* 1990).

In most studies, no relationship was found between burnout and marital status (Ackerley *et al.* 1988; Kandolin, 1993; LeCroy & Rank, 1987; Raquepaw & Miller, 1989), ethnic background (LeCroy & Rank, 1987; Naisberg-Fennig *et al.* 1991; Raquepaw & Miller, 1989), age (Garzotto *et al.* 1992; Naisberg-Fennig *et al.* 1991; Raquepaw & Miller, 1989; Yiu-kwee & Tang, 1995), or level of education (LeCroy &

Table 1
Means and Standard Deviations for Burnout Subscales

Authors	Sample	EE Mean	(SD)	DP Mean	(SD)	PA Mean	(SD)
Ackerley <i>et al.</i> (1988)	562 psychologists	19.44	(9.31)	6.31	(4.48)	42.27	(4.52)
Wilcoxon (1989)	177 psychotherapists	24.70	(10.30)	9.40	(3.90)	41.20	(8.80)
Raquepaw & Miller (1989)	68 psychotherapists	18.50	(8.90)	5.50	(4.50)	42.90	(3.70)
Skorupa & Agresti (1993)	112 psychologists	16.00		5.58		43.20	
Van der Ploeg <i>et al.</i> (1990)	108 psychotherapists*	20.89	(5.64)	6.89	(2.11)	30.01	(2.63)
Snibbe <i>et al.</i> (1989)	51 psychiatric staff	32.90	(11.20)	12.40	(6.80)	39.20	(4.80)
Garzotto <i>et al.</i> (1992)	210 psychiatric staff	21.31	(10.96)	9.67	(5.55)	34.63	(7.10)
Firth <i>et al.</i> (1987)	200 nurses	18.30	(9.50)	5.90	(5.10)	35.90	(7.30)
Pranger & Brown (1992)	91 psychiatric OTs	18.74	(8.67)	5.83	(4.67)	37.90	(6.65)
Brollier <i>et al.</i> (1987)	33 mental health OTs	21.52		10.82		39.48	
Ross <i>et al.</i> (1989)	169 counsellors	19.11	(8.27)	5.65	(3.77)	40.30	(5.10)
Finch & Krantz (1991)	48 psych rehabilitation staff	15.38		3.86		41.14	
Maslach & Florian (1988)	38 rehabilitation counselors	19.24	(7.65)	7.37	(3.60)	38.97	(5.68)
O'Driscoll & Schubert (1988)	64 counselors	20.30	(9.80)	4.80	(3.50)	36.50	(6.50)
Tracy <i>et al.</i> (1992)	36 family preservation workers	20.58	(9.01)	6.69	(5.16)	35.66	(7.01)
Carney <i>et al.</i> (1993)	66 intensive case managers	15.81	(11.00)	3.70	(4.38)	36.36	(9.99)
Maslach & Jackson (1981)	1400 social service workers	24.08	(11.88)	9.40	(6.90)	36.01	(6.93)
Maslach & Jackson (1986)	730 mental health workers	16.89	(8.90)	5.72	(4.62)	30.87	(6.37)

*Dutch Burnout scales based on a five-point response category

Rank, 1987; Raquepaw & Miller, 1989). There are some exceptions (Ackerley *et al.* 1988; Finch & Krantz, 1991; LeCroy & Rank, 1987; O'Driscoll & Schubert, 1988; Ross *et al.* 1989; Van der Ploeg *et al.* 1990).

Years of experience demonstrate either no significant relationship with burnout (Naisberg-Fennig *et al.* 1991; Raquepaw & Miller, 1989; Thornton, 1992; Yiu-kwee & Tang, 1995), a negative correlation with emotional exhaustion (Ross *et al.* 1989), or negative relationships with emotional exhaustion and depersonalization and a positive relationship with personal accomplishment (Carney *et al.* 1993; Van der Ploeg *et al.* 1990). Ackerley *et al.* (1988), Carney *et al.* (1993), and Tamura *et al.* (1994) report years of experience negatively correlated with emotional exhaustion and depersonalization. Farber (1985) reports that this pattern holds after age is partialled out. Emotional exhaustion was positively correlated with length of employment in a shelter for battered women (Epstein & Silvern, 1990) and for rehabilitation counselors (Maslach & Florian, 1988). For intensive case managers, length of tenure was positively related to personal accomplishment (Carney *et al.* 1993), while it was not significantly correlated with burnout for psychiatrists (Naisberg-Fennig *et al.* 1991) or social workers (LeCroy & Rank, 1987).

ANTECEDENTS OF BURNOUT

Most of the studies searched for correlations between the components of burnout and possible antecedents of burnout. In keeping with the varied concerns of particular groups of workers or the setting examined, a wide variety of potential antecedents have been considered and a collage of theoretical perspectives and measures employed. The findings will be presented under the headings of personal characteristics, client characteristics, and work characteristics. While this approach makes integration of an individual researcher's concepts difficult, it allows some visualization of the scope of research and some comparison of findings.

Individual characteristics

The theoretical or ideological orientation of mental health workers was not correlated significantly with burnout (Ackerley *et al.* 1988; Epstein & Silvern, 1990; Farber, 1985; Raquepaw & Miller, 1989). Knowledge about burnout prevention strategies demonstrated a positive correlation with personal accomplishment (Skorupa & Agresti, 1993). Satisfaction with leisure activity was negatively correlated with total burnout score for psychotherapists (Hoeksma *et al.* 1993). Personal accomplishment was positively correlated with having a sense of purpose in life for mental health professionals in Hong Kong, while emotional exhaustion was positively correlated with motivation to seek purpose in life (Yiu-kwee & Tang, 1995). For rehabilitation counselors, empathetic concern (feeling of warmth and compassion for others) and perspective taking (cognitive and intellectual empathy that allows seeing another's perspective) had negative correlations with depersonalization and positive correlations with personal accomplishment. Personal distress (feeling of personal unease or anxiety in tense interpersonal situations) had significant positive relationships with emotional exhaustion and depersonalization

and a significant negative relationship with personal accomplishment (Day & Chambers, 1991).

Longstay nursing staff in psychiatric and medical hospitals who responded to stress by directing their anger outward were significantly more likely to report feelings of depersonalization, while those who directed anger inward were more likely to avoid decisions and problems (Firth *et al.* 1987). Anecdotal material from staff working in a shelter for battered women supports the association of depersonalization and frequency of anger (Epstein & Silvern, 1990). The active coping strategy of talking to a friend was negatively correlated with depersonalization for female mental health nurses and positively correlated with personal accomplishment for the male nurses. The passive coping strategy of using alcohol was positively correlated with emotional exhaustion for both genders, and positively correlated with depersonalization and negatively correlated with personal accomplishment for the female nurses. Physical exercise and relaxing and sleep were not significantly correlated with burnout (Kandolin, 1993). For mental health workers in a psychiatric facility, the use of escape-avoidance coping strategies increased as the level of burnout increased in contrast to the stable frequency of other coping strategies across levels of burnout (Thornton, 1992).

Client characteristics

Client characteristics and contact are a defining factor in burnout among human service providers (Maslach & Jackson, 1986). Studies of mental health workers have focused on caseload, case type, and contact level. Raquepaw and Miller (1989) found that psychotherapists' caseload did not increase burnout. In fact, there was a significant positive correlation between caseload and personal accomplishment. However, perception of having too many clients was significantly associated with burnout. Satisfaction with caseload was negatively correlated with emotional exhaustion and depersonalization. For mental health nurses, high levels of time pressure on the job was positively correlated with emotional exhaustion for both male and female nurses but also positively correlated with personal accomplishment for male nurses (Kandolin, 1993). Maslach and Florian (1988) found a positive correlation between caseload and emotional exhaustion for rehabilitation counselors.

Type of case and contact level have also been examined. No significant differences were found in mean scores for the three MBI subscales for occupational therapists specializing in mental health, physical disabilities, or developmental disabilities. Depersonalization was negatively correlated with the percentage of work time spent with these patients (Brollier *et al.* 1987). Hours of patient contact per week for other mental health workers was found to be positively correlated with emotional exhaustion (Van der Ploeg *et al.* 1990), with depersonalization (Ross *et al.* 1989), or with personal accomplishment (Ackerley *et al.* 1988; Skorupa & Agresti, 1993). Ackerley *et al.* (1988) reported that negative client behavior was positively correlated with emotional exhaustion, depersonalization and personal accomplishment. Patient aggressive behaviour was positively correlated with emotional exhaustion and depersonalization and negatively correlated with personal accomplishment for female mental health nurses (Kandolin, 1993), while depersonalization was positively correlated with the number of clients in a caseload exhibiting stressful behaviors for psychologists (Skorupa & Agresti, 1993).

Work characteristics

The influence of work setting has been explored by a number of studies. Psychotherapists in private practice report significantly less emotional exhaustion than those whose work was fully or partially based in an institution, and report more personal accomplishment than those working in an institution (Farber, 1985). A significantly higher mean score for emotional exhaustion was reported for Dutch psychotherapists employed exclusively by regional mental health services than by therapists who were not (Van der Ploeg *et al.* 1990). Mental health workers employed by a state psychiatric facility and working in an inpatient setting reported more burnout than those working in an outpatient setting (Thornton, 1992). Ackerley *et al.* (1988) found that public versus private work setting did not make a significant contribution to multiple regression equations for emotional exhaustion, depersonalization, or personal accomplishment in psychologists.

Hoeksma *et al.* (1993) note that the only work activity significantly related to burnout for psychotherapists in private practice was involvement in psychological testing and report writing. Role ambiguity for longstay mental health nurses was positively correlated with emotional exhaustion and depersonalization and negatively correlated with personal accomplishment (Firth *et al.* 1987).

The effect of leadership type on therapists in rural mental health settings was examined by Wilcoxon (1989). Administrators high in consideration employ a personal, affiliative style with employees; administrators scoring high on initiating structure provide staff with precise expectations regarding their duties and responsibilities. Therapists' perception of both consideration and initiating structure by administrators were negatively correlated with emotional exhaustion and depersonalization.

A number of studies have examined more than one work environment variable in relation to burnout. For staff working in a shelter for battered women, depersonalization was negatively correlated with both peer cohesion and autonomy and personal accomplishment was positively correlated with participation in non-administration decision making. Emotional exhaustion was positively correlated with involvement in decision making for recently hired staff, but negatively correlated for long term staff if the decisions were not administrative or policy ones (Epstein & Silvern, 1990).

Counseling social workers reported significantly greater emotional exhaustion when there was a perceived lack of support from head office, an absence of mutual trust between head office and staff, and a belief that the organizational influence process was top-down. In contrast, significantly higher frequency of personal accomplishment was associated with perceptions that the decision process was democratic, that decisions were based on awareness and accurate information, and that staff were involved in decisions influencing their work (O'Driscoll & Schubert, 1988).

Carney *et al.* (1993) examined the influence of access to resources and perceived support on the feeling of burnout for intensive case managers. They found a positive correlation between perceived difficulty accessing resources for clients and depersonalization; a negative correlation between perceived success in accessing resources and both emotional exhaustion and depersonalization; a negative correlation between perceived support from program administrators and agencies and supervisors and work-team and emotional exhaustion; and positive correlations between a perceived lack of

support from community service provider agencies and both emotional exhaustion and depersonalization.

Social support has also been examined with university centre counselors (Ross *et al.* 1989). While support from co-workers, spouse, or friends and relatives were not significantly related to burnout, support from supervisor made a distinct negative contribution to predicting both emotional exhaustion and depersonalization, and a distinct positive contribution to predicting personal accomplishment. Social provision was also explored. While attachment, reliable alliance, and opportunity to provide nurturance were not related to burnout, social integration made a distinct negative contribution to predicting both emotional exhaustion and depersonalization. Both reassurance of worth and guidance made distinct positive contributions to predicting personal accomplishment.

Tracy *et al.* (1992) examined potential connections between emotional exhaustion and job stress and job satisfaction for 36 family preservation workers. Of the potential sources of job stress, only those workers rating "answering phone calls at night" as being a problem had significantly higher emotional exhaustion scores compared with those who did not identify this as a problem. Of the potential sources of job satisfaction only those workers rating "opportunity to increase my knowledge and skills" as a source of job satisfaction had significantly lower scores for emotional exhaustion compared with those who did not identify this source of satisfaction.

Among mental health and child and family social workers (LeCroy & Rank, 1987), lack of job satisfaction was identified as a significant predictor of emotional exhaustion. Professional self-esteem was predictive of personal accomplishment, while professional self-esteem discrepancy was significant in predicting depersonalization and diminished personal accomplishment.

In a study of rehabilitation counselors by Maslach and Florian (1988), emotional exhaustion was positively correlated with two control issues, difficulty implementing agency policy and less discretionary time, and negatively correlated with two areas of job satisfaction, opportunities for promotion and positive relationship with administrators. The clearer the policy of the agency, the greater counselor satisfaction was with supervision, administrators, and physical environment.

Savicki (1993) found that the level of client contact influenced which work environment factors were predictive of the burnout components among child and youth workers. For the low contact group (50% or less direct client contact), emotional exhaustion was positively correlated with work pressure and negatively correlated with supervisor support and comfortable surroundings. Control by management was positively correlated with depersonalization. For the continuous contact group, level of structure and planning was negatively correlated with emotional exhaustion and depersonalization. Work pressure was positively correlated with emotional exhaustion. Peer cohesion was positively correlated with personal accomplishment. For the serial contact group, supervisor support was negatively correlated with emotional exhaustion. Innovation in the work environment and comfortable surroundings were positively correlated with personal accomplishment. Autonomy was negatively correlated with depersonalization.

Only one intervention study was found. Hallberg (1994) examined the influence of

systematic group clinical supervision on the burnout experienced by eleven nurses on a child psychiatric ward. A total of 14 two-hour sessions were conducted (one every three weeks) which focused on the emotional reactions of the nurses to their patients. Although nurses reported increased self-confidence, work group cooperation, and knowledge and understanding, there were no significant differences on the MBI scores for burnout between baseline, 6 months, and 12 months after the start of the intervention.

CONSEQUENCES OF BURNOUT

Far less research emphasis has been placed on the possible consequences of burnout of mental health workers. Increased emotional exhaustion and depersonalization, and decreased personal accomplishment were correlated with the stated likelihood of leaving the profession within the next five years for practicing psychotherapists (Raquepaw & Miller, 1989).

INTEGRATIVE APPROACHES

A few studies have attempted to integrate a range of predictors of burnout. These studies provide information regarding the extent to which (1) the wide range of predictors of burnout discussed make distinct contributions to predicting burnout, and (2) each of the three burnout components is predicted by distinct factors. The first issue provides a perspective on commonalities among the wide range of constructs that research has found to be precursors of burnout. The central themes underlying a range of predictors may suggest the fundamental concerns of mental health workers that pertain to burnout. The second issue focuses on burnout as a complex syndrome, as distinct from unidimensional models of occupational stress (Cox *et al.* 1993). Research that addresses these two issues contributes to the development of extensive models of burnout that are integrated into broader psychological theories.

Thompson *et al.* (1993) used Carver and Scheier's (1982) self control model of stress to investigate burnout among 74 Australian mental health nurses. This model emphasized dispositional qualities, which are enduring personality states, as predictors of burnout in contrast to the emphasis on situational qualities, such as organizational environments, that are usually emphasized in the field. They found that measures of dispositional concepts in the self control model – social anxiety and lack of confidence – were closely associated with emotional exhaustion and depersonalization in a canonical analysis, while personal accomplishment was related to a dispositional measure of positive affectivity. Canonical analyses identify factors underlying groups of similar measures. These dispositional states augmented the prediction of burnout beyond that provided by measures of working conditions alone. This analysis recognized burnout as a syndrome with a complex pattern of relationships with the work context and with personal qualities of mental health providers. Exhaustion and depersonalization were also consistent with intention to quit a job.

Another approach to examining complex models of burnout is causal modeling. In a study of 177 service providers in a residential mental health facility, Leiter (1991) investigated a three-factor process model of burnout using structural equation analysis. The model specified relationships among the three components of burnout. The primary relationship in this model is a path from emotional exhaustion to depersonalization. This path reflects the idea that people depersonalize their relationships with service recipients in reaction to increasing levels of exhaustion (Leiter, 1993; Leiter & Maslach, 1988). The correlation of personal accomplishment with both exhaustion and depersonalization was depicted as a function of the shared relationships that these aspects of burnout have with the work context: there was no direct relationship between personal accomplishment and the other aspects of burnout in this model. The relationships among the MBI subscales were consistent with those found in a path analysis of burnout among 34 service providers at an outpatient mental health clinic (Leiter, 1988).

The Leiter (1991) model included measures of work demands, both work overload and personal conflict with colleagues or with service recipients. These demands were found to have direct relationships with emotional exhaustion which in turn mediated their relationship with depersonalization. In other words, the model proposes that work overload and conflict have an impact on depersonalization only to the extent that they have an impact on emotional exhaustion. The analysis also confirmed that people who felt that they were using and developing their professional skills were less exhausted and felt that they were accomplishing more. Co-worker support was related to less depersonalization and more accomplishment, but supervisor support was not. In terms of personal characteristics, a coping pattern that included greater control-oriented coping and less escape-oriented coping was related to less exhaustion and a greater sense of accomplishment. In terms of burnout outcomes, emotional exhaustion was related to reduced organizational commitment.

In a longitudinal analysis of 122 service providers in a residential mental health facility, Leiter (1990) found a great deal of stability in each of MBI subscales over a six-month interval. Lower levels of accomplishment at Time 1 were related to greater exhaustion six months subsequently. Further, a variety of personal resources at Time 1 were related to reduced burnout. Support from family members was related to reduced exhaustion and reduced depersonalization over the study interval, while greater professional skill utilization was related to reduced depersonalization and a greater sense of accomplishment. Control coping was positively related to subsequent levels of personal accomplishment as well. The results of these two studies suggested a process model of burnout in which the impact of emotional exhaustion on depersonalization occurs in a short time frame, such that the high correlation evident in a cross-sectional survey captures that relationship. In contrast, the impact of personal accomplishment on exhaustion requires a longer time frame to become evident.

CONCLUSION

Together, this research is consistent with the proposition that burnout is most evident in

work situations that inhibit mental health workers' capacity to realize their values through their work. While this pattern is most directly evident in articles that directly considered the mental health workers' values, many of the personal and environmental conditions considered in the studies reviewed here suggest that burnout arises when there are problems enacting values through work. Such problems arise through excessive demands associated with caseloads or personal conflict that interfere with opportunities to attend thoroughly to the needs of service recipients. They are exacerbated by insufficient support from colleagues, family, or the work itself that diminish the resources available to mental health workers to work effectively. Active coping styles and a general sense of positive affectivity are personal qualities that enhance workers' resolve to remain firm to their values when encountering difficulties at work, while social anxiety, escape coping, and lack of confidence weaken that resolve.

Research in this area is hampered to some extent by inconsistencies in the measurement of burnout. Although the vast majority of the researchers use the MBI, they score it and analyze it inconsistently. We recommend using the full MBI with frequency ratings only, reporting descriptive statistics on all three subscales, reporting correlations of all predictors with all three subscales, and reporting the third scale as personal accomplishment (not reduced personal accomplishment) as recommended in the third edition of the MBI Manual (Maslach *et al.* 1996).

This latter recommendation should save the discipline from many convoluted sentences. There remains considerable work to be done in integrating the range of perspectives on burnout among mental health workers. Structural equation models will likely play an important role because of their capacity to capture the complexity of the phenomenon. As indicated in the third edition of the MBI Manual (Maslach *et al.* 1996), research that puts burnout research into the context of psychological theory holds the most promise for understanding the burnout process and developing interventions to prevent or alleviate it.

The discussion above makes evident that the definition of mental health workers encompasses a wide variety of disciplines. There are differences evident in their levels of burnout, and the issues researchers examined in regard to them. It is not clear from examining the research the extent to which variations in burnout are a function of being a member of a certain profession or of the organizational context in which a professional works. For example, people working with residential patients tended to report greater burnout than those working with outpatients. In both instances the workers are providing therapeutic services, but they differ markedly in the severity of the patient's problems, the organizational context, and the need to coordinate work with colleagues. Only thorough analysis of a broadly encompassing assessment of the service providers, their work context, and their work activities could begin to identify the primary relationships accounting for that difference. These issues are central to developing a means of intervention.

It is important that research on burnout among mental health workers be developed with full recognition of parallel research with professionals in health care (Leiter & Durup, 1996; Schaufeli *et al.* 1993), social services, and education (Byrne, 1994; Farber, 1991), as well as considerations of burnout outside of human services (Schaufeli *et al.* 1995; Leiter & Schaufeli, in press). While it is important to

identify professional issues specific to mental health provision, it remains that there are more commonalities among various occupations in regard to burnout than differences.

As the work contexts of mental health workers undergo significant changes in their psychological contract as a result of major downsizing and restructuring of services in North America and Great Britain, burnout will continue to be a central issue for mental health providers. The emotional demands of human service provision combined with significant challenges to professionals' capacity to realize their values through their work will have a significant impact on their well-being. Considerable research is necessary to build an understanding sufficient to prevent or alleviate burnout.

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