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Burnout among Western Australian psychologists : exploring issues within forensic psychology as potential predictors

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BURNOUT AMONG WESTERN AUSTRALIAN PSYCHOLOGISTS -
Exploring issues within forensic psychology
as potential predictors

BY

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3

ABSTRACT

The level of burnout among a sample of Western Australian psychologists and a comparison of scores to the American normative sample of mental health workers was investigated. The study was also particularly interested to explore whether issues pertinent to the forensic psychologist were predictive of burnout.

Burnout was measured by the Maslach Burnout Inventory (MBI), which comprises three components: emotional exhaustion, depersonalization and low personal accomplishment. The study explored whether characteristics in relation to the psychologist, the client and the workplace had predictive value for the level of burnout. Variables considered across these characteristics were; age and gender, client problem type and voluntary status of the client and work setting and caseload, respectively. Within these, variables considered more likely to occur within the forensic psychologist's work included, working predominantly with behavioural problems, involuntary clients and within a prison setting.

Participants included 90 psychologists from a variety of work settings in Western Australia. The sample were found to be experiencing greater emotional exhaustion, but less depersonalization and particularly less burnout attributable to low personal accomplishment than their American counterparts. Despite the finding that over one fifth of the sample were experiencing emotional exhaustion, the overall prevalence of burnout across the components, particularly in relation to personal accomplishment, was low.

In relation to the predictive value of the variables considered, multiple regression analyses were conducted for each burnout component. Findings suggest that working with clients in relation to behavioural issues, but particularly being a female had a significant main effect on burnout attributable to emotional exhaustion. Gender appears to be a significant predictor independently of all other variables considered. Further, findings suggest that working greater hours with clients could provide a buffering effect on burnout attributable to low personal accomplishment. None of the variables considered had any impact on depersonalization. Working in a prison setting and with involuntary clients did not predict burnout. Although working with predominantly behavioural issues is associated with forensic work, the overall findings challenge the assumption that psychologists working within the forensic arena are at increased risk of burnout.

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

(i)   incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;

(ii)   contain any material previously published or written by another person except where due reference is made in the text;

(iii)   contain any defamatory material.

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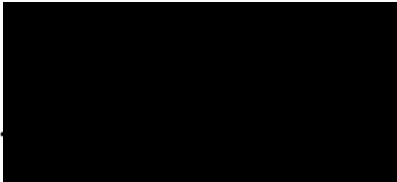
Dated   16-12-99

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES

1.0   INTRODUCTION TO BURNOUT

1.1   BACKGROUND TO THE STUDY

The psychological syndrome referred to as burnout was brought to the helping professional's attention during the 1970's (eg., Freudenberger,1974; Freudenberger & Robbins,1979; Maslach,1976; Maslach & Pines,1977). Christina Maslach, a pioneer in this area of research, holds that burnout inflicts those professionals who maintain continuous contact with people in need (Maslach,1976). Burnout has been described in a variety of ways, for example as the "progressive loss of idealism, energy and purpose experienced by people in the helping profession as a result of their work" (Edelwich & Brodsky,1980, p.14); as causing the professional "to fail, wear out or become exhausted by making excessive demands on energy, strength or resources" (Freudenberger,1974, p.159) and as involving "an emotional exhaustion in which the professional no longer has positive feelings, sympathy or respect for clients or patients" (Maslach & Pines, 1977, p.101). Throughout these definitions, there is a general consensus that burnout is a negative experience for the helping professional.

Throughout the 1980's, burnout was identified as a major occupational hazard of such helping professions as teaching, social work, occupational therapy, nursing and mental health services. Substantial levels of research into burnout during this period raised concern over the psychological and physical well being of helping professionals and the potential impact this may have on recipients of their care and beyond. Maslach noted that in addition to the professional's deterioration in physical and psychological well being,

"Relationships with other people suffer... The burned out provider is prone to health problems, psychological impairment, loss of self esteem and growing dissatisfaction with the job... It can hurt the recipients who receive less good service... It can hurt the institution... It can hurt the care giver's family... Indeed the costs of burnout for all of society are clearly too high," (1982, p.73).

This potentially high cost would seem to justify the extensive attention that burnout has received, particularly in exploring potential causes and strategies for its prevention. Although burnout has been widely researched among the helping professions in general, the current study intends to focus upon burnout among psychologists, which appears to have received much less attention. Cherniss (1980) commented that psychologists have devoted a commendable amount of energy to the study of stress, anxiety and impairment in others, but appear to neglect the study of such issues in themselves. Some have, however, commented upon the potentially devastating

consequences of psychologist's impairment. Some of these may include substance abuse (Freudenberger,1990), suicide (Mausner & Steppacher,1973) and maltreatment of the client (Thoreson, Miller & Krauskopf,1989). Suggestion has also been made in the literature that mental and emotional well being are vital tools within the therapist's craft (Deutsch,1985) and that healthy therapists secure greater client change than do unhealthy therapists (Garfield & Bergin,1971). Despite such suggestions, burnout among psychologists appears to have received minimal attention within research. In addition, it appears that the research conducted has typically used American samples (eg., Ackerly, Burnell, Holder & Kurdeck, 1988; Hellman, Morrison & Abramowitz,1987; Raquepaw & Miller,1989). Currently the prevalence and levels of burnout among Western Australian psychologists in general practice is unknown, as is the need for intervention. This is, therefore, the initial focus of the current study.

It will be argued in this study that there are 3 groups of factors that influence burnout. These factors represent characteristics of the carer, the client and the organisation within which they work. Age and gender of the carer, the nature of the client's problem and their voluntary status and the workplace and caseload are all variables of interest within this study.

The study is especially interested to explore whether forensic psychologists are at risk of burnout. The research and writings available on the types of stressful client characteristics for psychologists and therapists within their work seem particularly common to offending populations. The paucity of research and published articles addressing burnout among psychologists appears to be particularly apparent for those working within the forensic field (McGuire, 1997). The literature addressing additional stressors encountered by professionals within the forensic arena argues that there are aspects of the work that could potentially impact upon burnout levels. Such suggestions, however, have not been empirically investigated. It is of particular interest to explore whether working predominantly with clients in relation to potentially harmful behavioural problems, working primarily in prisons and with involuntary clients are potential predictors of burnout among psychologists. The inspiration for the secondary focus of the study arrived not only through suggestion made within the limited literature, but the writer's interest and work with offender populations, reinforced by frequent comments made within the work place indicating that burnout is prevalent, is not fully acknowledged and is not appropriately addressed.

Consideration of the potential consequences of burnout begs the question of whether psychologists, who are professionals, clinicians, family members, employees and have important responsibilities in relation to disturbed, vulnerable and often dangerous individuals, can afford to ignore the prevalence and potential risk factors within their profession. Given the potentially devastating and dangerous consequences of burnout, understanding and responding to burnout

symptomatology is essential. In order to minimise the potential damage it is important to initially identify the prevalence, level and the potential risk factors of burnout in psychologists. The purpose of the research presented here is to identify the extent and level of burnout among a sample of Western Australian psychologists and to explore whether issues pertinent to forensic psychology have predictive value in the development of burnout.

1.2   DEFINING BURNOUT

The term burnout has become widely used, but has been variously defined. The following discussion presents a number of definitions found within the literature and explores some of the definitional problems arising from these. For the purpose of this paper, burnout is seen as a work related phenomenon that occurs within the helping professions. It is a concept that has been criticised for being over inclusive, loosely defined or fuzzy and difficult to distinguish from other concepts such as depression, stress and job satisfaction (eg., Burisch,1993; Shirom, 1989). Burisch (1993) has stated that the task of defining burnout, "is like defining the exact boundaries of a large cloud"(p.76). Overall, confusion prevails among various writers about what burnout is and whether it is distinct from other concepts. The Maslach Burnout Inventory (MBI, Maslach & Jackson,1981), an instrument widely used for measuring burnout is also introduced.

1.2.1   Cited Definitions

Within the literature, burnout has been described in a variety of ways. For example, Freudenberger (1974) defined it as "to fail, wear out or become exhausted by making excessive demands on energy, strength or resources" (p.159). Edelwich and Brodsky (1980) define it as a "progressive loss of idealism, energy and purpose experienced by people in the helping profession as a result of their work" (p.14). Pines and Aronson (1988) consider burnout to be more associated with a state of physical, emotional and mental exhaustion caused by long term emotional involvement with people. Burnout is characterised by them as chronic fatigue, helplessness and "the development of negative attitudes to one's self, work and life itself" (p.13). Brill (1984) considers burnout to be a "job related, dysphoric and dysfunctional state without major psychopathology" (p.14). The most widely used state definition of burnout, however, describes it as "a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do people work in some capacity" (Maslach, Jackson & Leiter,1996, p.4).

The perspectives encompassed by the above definitions indicate that burnout is considered a syndrome of work overload and over commitment, involves changes in physical and emotional

well being, along with attitudes and behaviour in response to excessive job demands. In addition, burnout can occur in 'normal' people with no history of psychopathology. Finally, it is considered a multifaceted concept that occurs within the helping professions. These definitions may differ in scope, but some commonalities exist. There appears to be consensus that burnout occurs at an individual level and it is an internal and negative psychological experience in relation to the professional's work. This experience involves emotions, attitudes, motives and expectations (Maslach, 1982).

1.2.2 A Working Definition of Burnout

The most widely operationalized definition of burnout within the literature is that employed within the most utilized measure of burnout, the Maslach Burnout Inventory (Maslach & Jackson, 1981, 1989; Maslach, Jackson & Leiter, 1996). Since the first publication of the MBI, the measure and the concept employed within this measure have been the most extensively examined and empirically tested and subsequently receive the most support for continued use (Koeske & Koeske, 1989). Within this, burnout is defined as a syndrome of emotional exhaustion, depersonalization and feelings of low personal accomplishment, which occurs among individuals who do 'people' work of some kind (Maslach 1982). Essentially burnout is considered to be a unique type of job stress that arises over time, primarily from the social interaction between the worker and persons requiring their care. Symptomatology is a response by the worker to the emotional strain of dealing with those experiencing difficulties of some kind. This multi-dimensional definition of burnout has been subject to empirical investigation and awarded strong support over a unitary conception (Maslach, 1993). As such, the present study employs the multifaceted conception of burnout.

Emotional exhaustion is believed to be central to the burnout syndrome (Maslach et al., 1996). This involves a physical experience of fatigue and wearing out, but more often involves a psychological or emotional overload resulting in loss of feeling, concern or interest. Exhaustion is thought to manifest in cutting back on physical and emotional contact with others when the worker feels less able to help others. This is believed to result from being excessively emotionally involved or invested in the helping role so as to over extend available resources. The worker may cope through emotionally distancing themselves from others, but if such a detachment is void of genuine concern for others, then this signals the depersonalization aspect of the burnout syndrome. This involves the worker holding negative, callous and cynical attitudes about their work and recipients of care. This may manifest in putting others down and ultimately failing to provide appropriate care, which may progress into feelings of self guilt concerning their ability to provide an adequate service. This signals the low personal

accomplishment aspect of the burnout syndrome, which may involve plummeting self esteem, depression and a sense of failure (Maslach,1982).

1.2.3 Discriminant Validity

It has been noted that burnout has been variously defined. Ficklin (1983) has noted that burnout could be compounded with dissatisfaction, tedium, stress, low morale, anxiety, tension, conflict, pressure, nerves, boredom, fatigue, strain and depression. Indeed some confusion is noted in the literature particularly between burnout, stress, depression and job satisfaction as separate and distinct Constructs (eg., Ficklin,1983; Meier,1984; Scarfone,1985). The issue here is whether burnout is merely a new label for more longstanding concepts such as depression, job stress and satisfaction (Meier,1984). As the following discussion indicates, the relationship between burnout and such concepts is still very much a matter for conjecture.

Burnout and Stress.
Maslach (1982) described burnout as an aspect of job stress that arises specifically from the social interaction between helper and recipient of care. It is this interaction that is proposed to be the main component in the emergence of strain and burnout (Winnubst,1993). Maslach, therefore conceptualizes burnout as an individual stress experience, but one which is embedded in the context of complex social relationships (recipients of care, work colleagues, work factors etc). Maslach (1993) describes the emotional exhaustion sub-scale as the closest to an 'orthodox' stress variable, which locates burnout within the stress domain, but supports criticisms concerning its discriminant validity. A number of writers have attempted to consider a basis for distinguishing the two concepts of stress and burnout. For example, Pines (1993) presents an existential perspective on burnout, proposing that its roots lie in failing to achieve meaning, importance and success in the helping role. She believes that such existential motives distinguish the burnout concept from others as workers may flourish in stressful jobs as long as they believe that their work is significant. Others consider that the currently utilized state definitions of burnout are less conceptually clear than those based upon etiology (Abramson, Metalsky & Alloy,1989). Brill (1984), for example, considers stress as an adaption process, whereas burnout represents a breakdown in that adaption. This suggests that stress and burnout could, therefore be distinguished not on the basis of symptoms, but process. The etiology of burnout and its distinguishing aspects in relation to other concepts, however, have to date not been clearly specified (Hallsten,1993). Maslach (1993) contends that the multi-dimensional conceptualization serves to distinguish it from other concepts. In view of this lack of conceptual clarity, it is not surprising that research has revealed insignificant correlations between stress and burnout (Shirom,1989).

Burnout and Job Satisfaction.

Maslach et al (1996) state that one would expect some relationship between job satisfaction and burnout, but not to the extent of being entirely indistinguishable. Low correlations between burnout and job satisfaction scores have been found among lawyers, rehabilitation workers, mental health workers and public service employees (Jackson, Turner & Brief,1985; Leiter,1985; Riggar, Godley & Hafer,1984; Zedeck, Maslach, Mosier & Skitka,1988).

Burnout and Depression.

Similarly, one may expect some relationship between depression and burnout. After all, depression has been noted as a potential symptom of burnout (Freudenberger,1974). Hallsten (1993) argues that an overlap with depression should be acknowledged as he considers burnout as a certain kind of depression. Both involve holding negative views toward the environment, self and future, along with having exhaustion and depressed mood in common (Hallsten,1993). As with stress, a number of writers have also considered some basis for distinguishing the two concepts. For example, depression is context free and arises from a number of sources, whereas burnout arises within a helping work context and, therefore requires different treatment approaches (Pines, 1993; Warr,1987; Zajonc,1980). If the two concepts differ in etiology, they would merit distinct labels (Burisch,1993; Leiter,1993). Models of process, however, that would clarify etiology have to date not been directly tested (Hallsten,1993).

Well designed studies to assess burnout's discriminant validity in relation to depression are rare (Schaufeli, Maslach & Marek,1993), for both methodological and conceptual reasons. For example, Meier (1984) was criticised for using a total test score, an approach recommended against by the test authors (Maslach & Jackson,1981). Firth and colleagues (1986), however, found that emotional exhaustion was related to depression and more so than depersonalization and personal accomplishment. Although Leiter and Durup (1994) provide some evidence that burnout's three sub-components relate more significantly to each other than they do to depression, it remains that the strongest criticism of the MBI concerns its discriminant validity.

1.3   WHY DO HELPING PROFESSIONALS SUFFER BURNOUT ?

Maslach's early writings on burnout were prompted by problems arising from the interaction between the helping professional and factors that worked to diminish the relationship between the professional and their work (Maslach,1976). There have been suggestions made within the literature as to what particular aspects of this work would potentially serve to diminish this relationship in order to create burnout. The following discussion examines three broad aspects, relating to the client, the carer (worker) and work place (or organisational) characteristics.

1.3.1   Client Characteristics

As has been noted, burnout is said to be a unique form of job stress arising from the client-carer interaction. Client factors identified as important in worker stress responses include;

> "Type and severity of the clients problems, the prognosis of change or cure, the degree of personal relevance for the staff member of clients' problems, the rules governing staff-client interaction and the clients reactions to the staff themselves" (Maslach,1978, p.111).

Courage & Williams (1987) considered type and severity of clients problems in terms of individual behaviours, chronicity, acuity and complexity of problems. Individual behaviours that may impact on the stress of the helping relationship include behavioural manifestations of client personality including anger, anxiety, hostility and despair. Such behaviours are said to potentially challenge the worker both as a professional and as a person (Courage & Williams, 1987). It is likely that most if not all helping professionals enter such work to help others and hope to gain job satisfaction and rewards in achieving their goals (Maslach,1978; Pines,1993). Although the client centred focus of the work primarily induces an assymetrical relationship, a certain level of active cooperation and assistance by the client is required. If a client is uncooperative, resistant or even apathetic, even the most sensitive and skilful worker may not be successful. Client motivation and cooperation or lack of it can very much determine whether the worker can adequately respond to the demands of the job (Cherniss,1980).

The chronicity of problems presented by the recipients of care also has the potential of influencing the helping relationship. Chronic problems are often unsolvable which not only has the potential of invoking an intense emotional response in the worker, but one may be influenced in questioning the meaningfulness of efforts taken to provide a service (Courage & Williams,1987). Studies have found high burnout among workers who deal with victims of child abuse, the mentally retarded and chronically ill psychiatric patients (Maslach,1982). Recipients of care often present problems that thwart the expectation of the worker for resolution of the problem. This in turn may induce significant stress reactions in the worker (Courage & Williams,1987).

The immediacy or intensity of client problems is an additional potential stressor that may contribute to burnout. Depending on the worker's specific occupation, helping professionals are often confronted with situations where critical and rapid decision making is essential. The acuity of presenting problems can often require decision making to occur without clear and complete information being available. Lack of knowledge and clarity has the potential

of leading the worker to consistently question the quality of their assistance based on such decisions. Pines and Kanner (1982), for example found that not having the sufficient time to carry out their work was significantly correlated with staff burnout.

The complexity of problems experienced by the recipient of care is an additional potential stressor for the helping professional (Courage & Williams,1987). The client-helper interaction usually involves a negative focus which is often charged with strong emotions such as fear, anger, frustration and hostility. Client problems may additionally require a multiple focus, placing additional stresses on the worker who may require multiple resources (Cherniss,1980). Complex or multi-client problems not only require the worker to provide additional emotional resources, but are often required to seek inter or intra agency resources.

The nature of 'people' work involves dealing with real life problems experienced by everyday people. Maslach (1978) has noted that service providers may over identify with problems experienced by the recipients of care. Providers are more likely to empathize with the client in these circumstances, but on the other hand, the potential of biased judgements is increased. This may not necessarily be in the clients best interest, which may consequently affect the working relationship and the worker's response (Bell,1989).

1.3.2   Carer Characteristics

Pines (1993) contends that burnout afflicts those with high motivation, goals and expectations. Freudenberger (1974) described the over dedicated and over committed worker as susceptible to burnout. Similarly, Edelwich and Brodsky (1980) associated the over committed, young and enthused worker as susceptible. If it is assumed that people entering the helping professions do so in order to make a meaningful contribution to others, this characteristic can increase the individual's vulnerability to burnout. The above indicates that younger workers or those commencing a helping role with limited experience are particularly vulnerable. These factors have been found to be correlates of burnout (eg., Maslach & Jackson,1981). The above also suggests that vulnerability to burnout is more likely when the worker's expectations are not met (Maslach & Jackson,1981). Similarly, a sense of responsibility toward providing the best possible service and a lack of actual or perceived control over outcomes are characteristics frequently associated with burned out providers (Cherniss,1980; Courage & Williams,1987; Pines & Kanner,1982). As such, Cherniss (1980) believes that Seligman's (1975) concept of learned helplessness may be a powerful contributor to burnout.

In conjunction with the above suggestions that committing oneself, feeling responsible for and having high expectations to do good for others, some writers have suggested that being female

perhaps increases vulnerability to burnout (eg., Bepko & Krestan,1990; Erickson,1993; Freudenberger,1990). Due to socialization processes, Bepko and Krestan (1990) suggest that women in particular have developed the capacity to be sensitive, intuitive, generous, nurturing and focused on the emotional and physical comfort of others. Given this ability to nurture and to connect emotionally, Bepko and Krestan warn that women are more likely to live by a "Goodness Code", whereby being emotionally skilled may be confused with being, "responsible for the pleasure, happiness, comfort and success of others in their lives" (Bepko & Krestan,1990, pp.98-99). Bepko and Krestan further suggest that women have been fed a "Make Relationships Work Injunction", which contributes to holding high expectations that managing clients should be successful and that there is something wrong with them if relationships do not work. These writers suggest that this is potentially destructive in eroding self esteem, confidence and perceived competence in clinical skills. Ultimately, this expectation of perfection provides, "no better formula for [worker] burnout than this impossibility" (Erickson,1993, p.36). Other writers consider women to be particularly vulnerable to burnout due to role conflict experienced in regard to combining careers of both homemaker and professional (eg., Dunahoo, Geller & Hobfoll,1998; Pines, Aronson & Kafry,1981) and due to organisational factors that remain to disadvantage women in the workplace (eg., Burke,1998; Dunahoo et al.,1998).

The central view emerging in the literature in relation to significant worker characteristics, appears to be the need for achieving competence through performing effectively and expecting success and meaning in the work. If the helping professional strives to achieve a sense of efficiency in their work through providing the best service for the client, their self esteem is compromised when the goal is unattainable (Cherniss,1980). The literature suggests that any factor that contributes to the worker feeling ineffective is likely to be a significant source of stress for those who strive for competence (Anderson & Iwanicki,1984). It would, therefore seem that the need to make a difference and to be competent and successful in working with peoples problems potentially places workers at risk of burnout. Although researchers have also focused on personality traits that correlate with increased susceptibility to developing burnout, such as those exhibiting type A behaviours (eg., Burke, 1984), situational factors are regarded more predictive of burnout than individual personality factors (Maslach, 1993).

1.3.3   Work Place Characteristics

The work context and quality of the organisation has also been associated with the development of burnout (eg., Cox, Kuk & Leiter,1993; Noworol, Zarczynski, Fafrowiez & Marek,1993; Pines & Aronson,1988; Winnubst,1993). Pines (1993) notes that:

"When the job provides "helping factors" (unambiguous expectations, resources, information etc.) people are able to achieve high effectiveness in their work, which in turn enhances their original motivation to help. When the work experience is primarily of "barriers," the result is low effectiveness, which causes burnout, which reduces the motivation to help" (p.41).

Bureaucratic organisations in particular have been noted as potentially promoting burnout through work overload (Maslach,1976) and lack of rewards (Pines & Aronson,1988), but more importantly for this discussion through lack of autonomy (Cherniss,1980). In addition to work overload (Maslach et al.,1996), it has been stated that bureaucracy possibly creates the greatest barriers, conflict, frustration and potential for professional burnout (Cherniss,1980). The definition of organisational goals and determination of eligibility for care are defined by the work context, along with the availability and allocation of resources (Courage & Williams,1987). Such determinations are made by those at the top of the organisational hierarchy. Formal rules and procedures within an organisation infringe on worker autonomy, which in turn may infringe on providing what is perceived by the worker to be the most effective and appropriate services to clients. What the helping professional can do within the constraints of the organisation, therefore may seem at odds with what is professionally perceived as providing for client needs. Pines and Aronson (1988) note the difficulties of making the system aware and responsive to the client needs. Cherniss (1993) contends that autonomy is important as it relates to the worker feeling a sense of efficacy, control and competency in providing an adequate service.

Within organisations, many controls on the worker's responsibilities and obligations are external, yet through professional training carers are expected to internalize norms necessary for moral and effective work performance (Cherniss,1980). There may, therefore be a perceived conflict between organisational and professional standards. Where workers are members of professional organisations, then they are expected to adhere to the standards of that profession and are obliged to practice within the legal and professional parameters of that profession (Steers,1977). Where conflict exists between expectations and goals of the professional organisation and those of an employing service organisation, there is a risk of creating worker stress and burnout (Courage & Williams,1987).

Cherniss (1980) noted that when the work is carried out in a situation that minimizes conditions for perceived success, the use of intra- psychic defences (eg., denial, avoidance, apathy, cynicism) will present. In addition, Cherniss (1980) contends that lack of perceived control, autonomy, along with feelings of helplessness potentially increase defensive and maladaptive coping styles, such as those classified as burnout symptomatology. The views outlined above, therefore suggest that if the goal of providing optimal and appropriate client care is blocked, the

likelihood of a stress response is potentially increased, along with the potential for developing burnout.

1.3.4   Concluding Comments

The above appears to revisit the social interaction or human relations origin that has perhaps been lost due to organisational perspectives (Winnubst,1993), yet serves to distinguish burnout from other concepts or job related phenomena (Maslach,1993). Within this discussion it has been noted that helping professionals are frequently presented with the negative aspects of human life and a range of client problems. It has also been stated that workers are professionally responsible to provide an optimal service to assist in client problems (eg., Steers,1977). Underlying this is the worker striving to achieve a sense of efficacy and competency in fulfilling personal and professional goals (eg., Pines,1993). Given these factors, it follows that constraints in achieving these goals would be a potential source of frustration from which burnout could emerge (Cherniss,1980). Although such constraints may come from a variety of sources, the most central feature within the above stated views indicate that any factor that serves to hinder perceived effectiveness within the helping relationship potentially increases the worker's vulnerability to burnout. If the above is assumed to contribute to the burnout phenomenon in helping professionals, it must also be assumed that the client is central within its development.

2.0   BURNOUT AMONG PSYCHOLOGISTS

2.1   INTRODUCTION

Psychology and psychotherapy is generally perceived by practitioners as a fulfilling career, generating personal as well as professional rewards and satisfaction (Farber & Heifetz,1981). The potentially negative aspects of such work, however, have also been recognised and documented. For example Freud (1937/1964) wrote of the "dangers of analysis, " making reference to the potential psychic distress that analytic work could induce in the therapist. In addition, Jung (1966), has described working with the mentally disturbed as potentially resulting in "unconscious infection". More recently, Farber (1985) has stated that clients may induce negative affect in the therapist through transference of their pathology. In reality psychologists are confronted daily with their client's intense emotional states, conflicts, suicidal ideation or threats, psychotic and aggressive behaviour, criminality and hostility. In 1976 English noted that:

> " If one wayward child can impair the morale of a whole family, it therefore stands to reason that 10 disturbed patients are going to take their toll on the therapist," (p.197).

Writers have, therefore identified the very nature of psychotherapeutic work as having the potential to contribute to stress and distress in the worker. Much of these writings have, however, relied merely upon clinical impressions. The following sections review documented clinical impressions and suggestions, along with some of the more recent, albeit limited, empirical work that has focused on the extent of burnout and the negative impact of such work on psychologists or therapists. The possible contributing factors and the extent of burnout among this occupational group are also reviewed.

2.2   PREVELANCE

It has been noted that individuals in professions, such as psychology, that involve continuous contact with people are at risk of burnout (Maslach,1978). It has also been noted that the costs of burnout among psychologists and the helping professions as a whole are great (eg., Maslach,1982; Thoreson et al,1989). Acknowledging the potentially devastating consequences of burnout highlights the necessity of establishing the prevalence of this phenomenon, along with identifying potential risk factors among psychologists. As Skorupa and Agresti (1993) suggest,

psychologists have an ethical responsibility to take appropriate measures in dealing with factors that interfere with their ability to provide an adequate service. It is therefore surprising that little attention has been given to psychologist's burnout. Few studies in particular have addressed the incidence of burnout among psychologists who work more specifically in direct client service. Those studies that have addressed the prevalence of psychologist burnout have, however, cited variable and inconsistent findings (eg., Ackerly et al.,1988; Raquepaw & Miller,1989).

Raquepaw and Miller (1989) conducted a study looking at burnout in a sample of 68 practicing psychotherapists working in agency and private practice settings. Their findings indicated that participants were experiencing low to moderate levels of burnout. Similarly, Kahill (1986) looked at 255 psychologists, whose average level of burnout was low to moderate. In total, only 6.3% were considered to be burned out. Consistent with this, Farber (1990) has stated that while psychotherapists can easily relate to burnout, the numbers of those actually burned out is relatively low. Farber's (1985) survey of 300 clinical psychotherapists revealed that only 1.6% of those were significantly burned out and, therefore most are untouched by burnout symptomatology. In addition, Hellman, Morrison and Abramowitz (1987) found that out of 227 licensed clinical psychologists in private practice and agencies, over three quarters were comfortable with their practice of individual psychotherapy.

In contrast to the above, however, Ackerly et al (1988) revealed significantly burned out psychologists among their sample. They conducted their study using a sample of 562 licensed psychologists primarily employed within mental health agencies. Findings revealed that over one third of the sample reported experiencing high levels of emotional exhaustion and depersonalisation. Such contrasting findings may be explained in a number of ways. In the studies cited it was evident that sampling procedures were variable from a large national sample to small local samples. Studies revealing low to moderate burnout included therapists from different settings, as opposed to predominantly from organisations and even psychologists who were studying and out of direct client service (Kahill, 1986). In addition, the studies used varying methods in establishing burnout from non validated self report measures to various psychometric instruments, such as the MBI (Maslach & Jackson,1981) and the Burnout Measure (Pines & Aronson,1988).

In summary, although inconsistent, the findings to date indicate that psychologists on average experience low levels of burnout, yet a significant proportion of participants in the studies were experiencing high levels of burnout. Overall, therefore a risk exists for the development of burnout among psychologists. The findings within the studies cited were, however, also limited to American samples and so cannot be assumed to generalize across other cultures and to apply within Australia.

2.3   RISK FACTORS OF BURNOUT AMONG PSYCHOLOGISTS

Stress factors among psychologists were originally reported in the literature from clinician self reports (eg., Freudenberger & Robbins,1979; Maslach,1976). This literature points to some unique aspects of psychotherapeutic work, which suggests why it may be reasonable to assert that psychologists are at risk for developing burnout. Such reasoning considers,

"... the continued psychic draining, the wear and tear of the daily practice when much anger, hate, dislike, hurt and needs are verbalized toward the therapist, "(Freudenberger & Robbins, 1979, p.285).

In addition the therapist,

" is bombarded and concerned on a daily practitioner level, with issues of patients rights, informed consent, the right to refuse treatment, the right to psychological records, cost control, Tarasoff rulings, the threat of malpractice suits.... peer review and the competition for survival," (Freudenberger, 1990, p.32).

Freudenberger (1990), believes that all of the above stresses along with the isolation or lonely nature of the work are unique stressors for psychotherapists and may serve to increase the risk of developing burnout.

2.3.1   Stress and Burnout

Given that there is evidence that psychologists may be at risk of burnout, a number of writers have subsequently addressed potentially stressful aspects of the work and those considered unique to psychotherapeutic work in the development of burnout. It should be noted at the outset, however, that the following conditions and characteristics have been identified as either correlates of burnout or as stressful. One does not necessarily mean the other. It has already been noted that several models have been proposed regarding the way in which stress and burnout are related. For example, burnout is described as a type of job stress, distinguished by its context (helping relationships) and multi-dimensional nature (Maslach,1993). It is also considered a type of job stress distinguished by the belief structure that underlies it, in relation to the significance of one's work (Pines, 1993). Burnout is also considered as a result of job stress,

in relation to the adaptation process breaking down (Brill,1984). Some relationship is, therefore suggested between the two concepts. In fact, Cox and Leiter (1993) note that:

"The dominant view in the burnout research is that a causal chain exists in which the experience of stress [or stressful situations] contributes to the etiology of burnout" (p.185).

Despite this dominant view and assumption, it remains the case that evidence suggesting a causal link needs to be adequately considered both conceptually and empirically (Cox et al.,1993). The following sections and the present study must, therefore tentatively hold the view that stressful conditions and characteristics could potentially increase the risk of psychologists developing burnout. For the purposes of this section, therefore studies reviewed consider risk factors amongst psychologists and therapists for either stress or burnout.

2.3.2   Correlates of Burnout

The literature points to a number of potential risk factors to therapist burnout arising from within organisational, therapist and client characteristics. The following insights emanate from self report and, more recently, more objective data.

Excessive caseloads (Farber & Heifetz,1981), light or heavy caseloads (Hellman et al.,1987) or light caseloads (Ackerly et al.,1988); low income (Ackerly et al.,1988; Farber,1990); long hours (Hoeskma, Guy, Brown & Brady,1993); organisational politics (Farber & Heifetz,1981); and working in public versus private settings (Ackerly et al.,1988; Dupree & Day, 1995; Raquepaw & Miller,1989) have all been identified as stressful organisational (or work place) factors that potentially increase the risk of psychologist's developing burnout.

Age and limited experience (Ackerly et al.,1988; Farber & Heifetz,1981; Parloff, Waskow & Wolfe,1978); gender (Bepko & Krestan,1990; Erickson,1993; Freudenberger,1990); perceived support, loneliness and isolation (Freudenberger,1990; Tamura, Guy, Brady & Grace,1994); over commitment to clients (Hellman et al.,1987); professional doubt (Hellman et al.,1987); high and perhaps unrealistic expectations (Deutsch,1985); and inability to maintain detached concern for clients (Farber & Heifetz,1982), have all been identified as carer characteristics, which are either stressful or potentially increase the risk of psychologist's developing burnout.

Lack of therapeutic success (Farber & Heifetz,1982); non-reciprocated attentiveness (Farber & Heifetz,1982); negative transference and counter transference (Adler,1970; Farber & Heifetz,1981); and client behaviours such as negative affect, resistance, psychopathological symptoms, suicidal threats and passive-aggressive behaviours (Ackerly et al.,1988; Farber &

Heifetz,1982; Hellman et al.,1987) have all been identified as stressful client characteristics, which potentially increase the risk of psychologists developing burnout.

2.3.3 Concluding Comments

Organizational risk factors are evident in the findings listed above, along with the psychologist's own feelings and perceptions. Of particular interest within the present study, however, is the potential role of the nature of problems and behaviours that clients present to the therapist with, which contribute to negative feelings. The previous section considered why it may be so that helping professionals are at risk of developing burnout. Emerging from that was the suggestion that the client was perhaps central, along with factors that served to hinder the helper from providing the client with an adequate service. It is therefore suggested that exploring the nature of the client's problem type and its potential role in psychologists burnout is warranted. In addition, despite client behaviours having been identified as stressful, they have not been specifically or adequately tested as correlates of burnout (eg., Hellman et al.,1987). Presenting client behaviours purported to be stressful have consequently been assumed to be correlates or potential risk factors of burnout (Ackerly et al.,1988).

It follows, therefore that a more detailed consideration of stressful client behaviour or types be undertaken in order to look in more detail at whether working with particular categories of problems increase the risk of burnout.

3.0   STRESSFUL CLIENT TYPES

3.1   INTRODUCTION

Some writers in the area of psychologist or therapist stress and burnout have suggested that particular client characteristics may have a negative impact upon the therapist. For example, Hellman et al (1987) identified 5 stress factors that were associated with problematic client behaviours. These included, negative affect, resistance, psychopathological symptoms, suicidal threats and passive-aggressive behaviours. Similarly, Farber and Heifetz (1981) found that stressful client behaviours reported by psychotherapists included psychopathological symptoms, suicidal threats and passive-aggressive behaviours. In addition, Farber (1990), states that a number of trends are emerging that may be seen as potentially increasing the risk of burnout in the therapist. One such trend, he believes, is the increasing number of individuals with personality disorders that are presenting for treatment. Individuals with borderline and narcissistic disturbances and those with addictions to drugs and alcohol are considered particularly difficult to treat and are, "likely to engender frustrations, raise expectations, and provoke fantasies of grandeur and omnipotence" (Farber,1990, p.43). However, few of these suggestions have been evaluated by empirical research. The following discussion reviews the limited literature available on client problems regarded as stressful by clinicians, which is predominantly based on clinical observation. A possible association with burnout is also considered.

3.2   PERSONALITY DISORDERED CLIENTS

The negative impact on the therapist working with borderline, psychotic and severe character disorder categories was noted by Adler (1970). He stated that such clients tend to use devaluation as a predominant behaviour in therapy. This, he believed, has the potential of presenting serious problems for the therapist in treatment by eliciting responses in the therapist that are destructive within the therapeutic relationship (negative counter transference). He contended that devaluing the therapist could take the form of belittling the therapist verbally about his/her manner, appearance, understanding. skill and intelligence. He believed that nonverbal devaluation may also occur by treating the therapist as inanimate or not present in the room. He also asserted that a devaluing client may assault or threaten a professional identity, particularly in the inexperienced therapist who is less likely to have fully developed confidence in their ability. The experience of being devalued can be devastating through, "arousing feelings

of worthlessness, depression, fear, rage, guilt, shame and envy" (Strasburger, 1986). Adler (1970) concluded that, " Obviously these patients maximally stress the therapist" (p. 458).

In examining client types and their impact on the therapist, Adler (1972), further goes on to state that the same client categories may also contribute to feelings of helplessness and hopelessness in the therapist. This may occur to the extent that the therapist finds that they can do nothing right (Giovacchini, 1970). The helplessness experienced is compounded with the client's need to reject or destroy anything that the therapist tries to offer during treatment. In considering Seligman's concept of learned helplessness, the following deleterious effects are possible: impaired motivation, lack of control, depression, anger and anxiety. According to Cherniss (1980), helplessness will potentially reduce self efficacy, which is considered a significant factor in the development of burnout.

3.3   AGGRESSIVE AND ANTISOCIAL CLIENTS

Adler and Shapiro (1973) explored the ways in which the aggressive, acting out client may impact upon the therapist. These clients share certain characteristics such as,

> "An inability to tolerate frustration and delay, major conflicts involving oral
> ambivalence, serious problems with trusting, a tendency to assume a paranoid position or at
> least to externalize responsibility, a poor capacity to form a working alliance with another and
> little capacity for self observation," (Adler & Shapiro, 1973, p.548).

As a result of such presenting characteristics, these clients can be difficult to engage within a therapeutic relationship and may contribute to feelings of terror and anger in the therapist. Like Adler, Strasburger (1986) notes the likelihood of negative counter transference in the therapist which can be destructive. Such counter transference may undermine the therapist's feelings of competence and self respect, adding to the burnout phenomenon. For the therapist to endure a healthy stance while working with such clients, Adler and Shapiro (1973), believe that what is required is,

> "an effective therapist who is comfortable with [their] own anger..., can stand it without
> projecting it, can test how much really belongs to the patient, and does not lose his ability
> when faced with a frightened and frightening patient who never had the capacity or lost it",
> (p.550).

What is important to note here is that all of the above is very taxing on the therapist, particularly if similar client types are dealt with on a daily basis because, "obviously no therapist exists who has this ability all the time," (Adler & Shapiro,1973, p.550). Adler and Shapiro (1973) conclude that acting out clients can present as a great challenge to the therapist using any mode of therapy and can often call for greater professional development and personal resources in the therapist than with other client types. Bell (1989) considers that increased anxiety may result, more so in recent times, due to increased emphasis on being legally responsible for third parties, or feeling anticipatory guilt over harm to others as a result of insufficient treatment.

Similarly, Strasburger (1986), goes on to describe the experience of working with the 'psychopath.' He describes the psychopath as one of the least loved clients as doubts remain as to their treatability. He states that much pessimism arises from feelings that psychopaths engender in their caretakers. For example, "Their hedonism and requirements for instant gratification often clash head on with the personal values of the clinical staff", (pp.192). He also notes that treatment with antisocials is a difficult, slow moving task. The therapist is likely to feel that efforts are rejected and devalued, feeling impotent in the quest for change in the client, helplessness and guilt about clients' lack of improvement may result in rage, emotional withdrawal or over responsibility (Strasburger,1986).

In addition, Weinstock (1989), notes the feelings of ambiguity about whether the therapist's efforts will pay off when working with antisocial clients. He reviews the National Academy of Sciences Panel on research rehabilitation techniques who state that:

> "Although there is little in the reported literature that demonstrably works, the conclusion that nothing works is not necessarily justified. It would be more accurate to say that nothing yet tried has been demonstrated to work" (p.45).

This not only indicates the immense challenge that such clients present to the therapist, but also the limited scope for achieving validation that their efforts do pay off and that their role has meaning. In regards to validation, Adler (1970) believes that all therapists require validation. According to Pines (1993), such conditions and associated feelings of inconsequentiality would place the therapist at risk of burnout.

3.4   SUICIDAL CLIENTS

Maltsberger and Buie (1974), described the potential consequences of working with suicidal clients. They considered that as a result of the counter transference process, the reaction of a therapist working with this population involves mobilising defences against the unpleasant feelings of hating the client. Such feelings as hatred are inconsistent with the compassionate, caring and non judgemental qualities of the therapist, which may ultimately compromise professional self respect and self esteem, (Maltsberger & Buie, 1974). Subjectively, there may be a sense of inadequacy, helplessness and hopelessness. A therapist may find themselves becoming preoccupied with the client, experiencing omnipotent thoughts of rescue, feeling anxious urgency to cure and help. The therapist may also experience feelings of fear that clients will carry out their threats. In coping with potentially unpleasant feelings, the therapist may find that they are not paying attention or becoming bored. The client may be devalued, seen as a hopeless case or the therapist may experience indifference, pity or anger, but no empathy, understanding or basic respect. The possible experiences and defences of the therapist outlined above as described by Maltsberger and Buie (1974), appear similar to those identified as burnout symptomatology (eg., Cherniss, 1980; Maslach, 1982; Pines & Aronson, 1988).

More recently Kleespies, Penk and Forsyth (1993), suggested that the loss of a client by suicide, and client suicidal behaviours are prime examples of significantly stressful events which may precipitate a crisis for the therapist. Client suicide has been described as an "occupational hazard for mental health professionals" (Chemtob, Bauer, Hamada, Pelowski & Muraoka, 1989). They also note the emotional toll that the therapist often pays on a personal level as a result of a client suicide. In the Kleespies et al (1993) study, they found that stress levels increase with severity of client suicidal behaviours, from ideation to completion. Trainees who had a client suicide were distinguished from those who had a client ideation by significantly greater feelings of shock, disbelief, failure, sadness, self guilt, shame and depression (Kleespies et al., 1993).

3.5   SEX OFFENDING CLIENTS

Abel (1983), suggests that the trauma of working with sex offenders may lead to burnout and other negative affects including vicarious traumatization and negative counter transference. This, however, has been neglected within empirical investigation. Allen and Brekke (1996), discuss transference and counter transference within work with sex offenders. Transference and counter transference has been noted as potentially valuable within the therapeutic relationship,

but may also have detrimental effects. Allen and Brekke (1996), establish four ways in which sex offenders may transfer including; intimidation, imitation, seduction and invalidation of the therapist. Roundy and Horton (1990), note that each of these situations may not only render the therapist ineffective due to loss of objectivity, but may also result in the therapist experiencing negative effects in their personal as well as their professional lives.

In a study of therapists' potential reaction to working with sex offenders, Farrenkopf (1992), found that most workers (in a sample of 24) experienced a shift in perspective over time, becoming discouraged with client change. Half of the sample experienced emotional hardening, rising anger and confrontation. Over a third suffered frustration with the correctional system or society, a third of females reported increased suspiciousness and vulnerability and one quarter experienced burnout. It was evident that workers progressed from professional zeal and client empathy to emotional hardening and decreased hope for effectiveness. Such affect appear to somewhat reflect those frequently cited within definitions of burnout, including "loss of idealism, energy and purpose" (Edelwich & Brodsky,1980, p.`14), " cold indifference to others needs " (Maslach,1982. p.4) and exhaustion (Freudenberger,1974).

Sex offenders traits and behaviours within therapy often include self centredness, lack of empathy, manipulation, minimization or externalization of personal responsibility, lack of internal motivation for change and resisting external influence for change (Strasburger,1986). Therapists working with sex offenders may experience considerable stress due to clients criminal personality traits and their offences, the involuntary nature of treatment, questionable prognosis and recidivism, shortcomings of the judicial and rehabilitation system and the shortfall of support (Farrenkopf,1992). This indicates that the above factors are potential risk factors for therapist stress and therefore have a potential role within the development of burnout symptomatology.

3.6   TRAUMA SURVIVORS

Throughout the 1990's a growing body of literature has focussed on Vicarious Traumatisation (VT), a secondary trauma experienced by therapists working with trauma survivors. McCann & Pearlman (1990), suggest that trauma therapy can effect therapists negatively, and its effects are different from those related to 'general' psychotherapy. In accordance with the predominant finding in trauma worker studies, Schauben and Frazier (1995), found that burnout was unrelated to working with trauma survivors. Newman and Gamble (1995), however, maintain that," VT may be a precursor to burnout; over time unacknowledged and unprocessed VT may

set the stage for burnout". Although working with survivors can undoubtably induce negative affect in the therapist, it is undetermined as to whether work with such populations contribute to the burnout syndrome. Research to date suggests that the negative feelings experienced by helpers who work with trauma survivors are not related to the burnout phenomenon and, therefore suggests that such negative feelings are related to a different phenomenon (Pearlman & Mclan,1995).

3.7   CONCLUDING COMMENTS

The available literature reviewed on client problem types indicates that all potentially contribute to negative feelings within the therapist. With the exception of trauma survivors, clients presenting with the characteristics reviewed above indicate the potential for contributing to negative emotional changes in the therapist that are consistent with burnout symptomatology. Emotional states such as anger, helplessness, depression, over responsibility, inconsequentiality, emotional hardening and loss of energy that have emerged within the literature, all appear to be those that have been associated with burnout symnptomatology (eg., Cherniss,1980; Farber,1985; Freudenberger,1990; Hallsten,1993; Maslach,1982).

Courage and Williams (1987) agree that individual client behaviours and client type may impact on the stress of the helping relationship and so may be causal in the development of burnout. They also note that while it may be possible for the helping professional to cope with the occasional client who may contribute to negative feelings, the coping strategies of the professional may be depleted by a cumulative effect of an entire case load of clients with similarly stressful characteristics (Adler & Shapiro,1973). This point is particularly important to consider when psychologists are working within specialist fields, with predominantly similar client problem types and with excessive caseloads.

Of particular interest within the literature appears to be a potential for those client problems regarded as emotionally taxing for the therapist, to involve engaging in problematic behaviours. Further, with the exception of trauma survivors, the literature alludes to such behaviours causing potential harm to the therapist's emotional stability , the client or others. It also appears that some of the problematic behaviours discussed in the literature, are those directly applicable to offending populations. It is perhaps of interest to note that the Western Australian Ministry of Justice ensures the provision of services specifically in relation to sexual offending, substance abuse, aggressive and suicidal behaviours. The provision of such specific services within Western Australia's main forensic organisation, perhaps reflects a significant role for psychologists within this field to work in relation to potentially harmful behaviours. Although

not all such behaviours have been elaborated upon or tested for in relation to therapist burnout, they have all been indicated within the literature as potentially stressful behaviours to work with. In addition, Farrenkopf (1992) suggested that the presence of additional and potentially stressful factors exist that are perhaps unique not only to working with offending populations, but also working within correctional or forensic settings. Emerging, therefore are concerns regarding the possibility of risk factors for therapist stress and burnout within the field of forensic psychology.

4.0   THERAPEUTIC WORK WITHIN FORENSIC SETTINGS

4.1   INTRODUCTION

Scott (1989), has stated that psychotherapy with criminals is the "most demanding task in the entire arena of mental health." (p.215). Some exploration of the 'demanding' factors that have been identified in the literature is, therefore required. Such considerations should not only attempt to justify Scott's claim, but identify whether additional stressors and perhaps risk factors of developing burnout actually exist within this specialist area. In addition, such considerations are important in terms of the 'newness' of forensic psychology. As McGuire (1997) notes, forensic psychology has overall received relatively limited attention as yet. This is possibly due to the fact that it remains a restricted area of work populated by few clinicians in comparison to more well established fields such as clinical, occupational or educational psychology (McGuire, 1997). Empirical investigation is therefore lacking and the majority of writings are based upon clinical observation and suggestion of mental health professionals as a whole. The following discussion, therefore identifies aspects of working within the forensic arena that may present as stressful for the therapist.

4.2   MULTIPLE CLIENTS

Within private therapy the client pays the therapist directly for help with personal problems and, therefore the client is clearly identified and served directly. Within the forensic arena, however, the therapist is serving more than one client. These 'clients' may include the offender, their family, the criminal justice system, the correctional institution, but in a general sense, the community as a whole. When more than one client exists, the therapist is required to weigh up the needs of all of the clients. From this, ethical issues and conflicts may arise and present as a source of significant stress for the therapist (Bell,1989). For example, this dual allegiance means that confidentiality cannot be assumed or the therapist may have to take action that may be at odds with the direct client's wishes (Davison & Neale,1996). This in turn may have severe implications for future therapeutic relationships in terms of compromising trust and honesty and therefore compromising the ability to work effectively with the direct client in order to effectively serve all 'clients'. Pines (1993) would argue that working under any condition that minimises perceived success and meaning would increase the risk of developing burnout.

4.3   MANDATORY AND INVOLUNTARY CLIENTS

In general practice most treatment approaches are based upon the assumption that a client with a problem recognises this, or wishes to willingly work toward identifying the problem, that they seek assistance in order to identify an appropriate strategy to alleviate or eliminate the problem and that there is a commitment from the client to change (Roundy & Horton,1990). Within forensic settings, however, this process cannot be assumed. Offenders may reject treatment, but engage anyway due to mandatory conditions or involuntarily due to pressures within the criminal justice system (Bell,1989). Under such conditions, an offender's commitment to change may be questionable, especially when the alternative to treatment could be a period (or extended period) of incarceration.

Bell (1989) notes that these conditions have the potential to impact negatively upon establishing a working alliance, and particularly trust. Such a necessary process in any treatment, he believes, may be significantly compromised under conditions of imposing constraints and coercion. Although deception is not necessarily a given in these situations, the reliability of information provided by the direct client may be compromised (McGuire,1997).

The strain of dealing with coerced and non voluntary clients in the forensic setting has been addressed by Arcaya (1987). He believes that feelings of discomfort are more likely to be experienced not only through the questionable reliability of information, but through revulsion at client behaviours and the presence of negative counter transference processes. In their study on therapist stress, Farber and Heifetz (1981) found that client 'resistances' were regarded as a significant source of stress for a sample of psychologists, psychiatrists and social workers. Similarly, others have concluded that in comparison to voluntary clients, therapists do report increased stress from working with mandated, non voluntary clients (Steenson,1987). This is, therefore possibly a condition under which psychologists working in this field are at risk of developing burnout.

4.4   THE OFFENDER

Within the forensic and correctional setting some criminal values may be counter to those nurtured within therapy, such as trust, openness and honesty (Farrenkopf,1992). The therapist may find that offenders who present for assessment or treatment are somewhat manipulative, aloof, distancing, suspicious, resistant and hostile (Bell,1989). This, however, may not only be

in accordance with individual value or belief systems, but also the nature of the setting. For example, malingering or manipulative suicidal gestures may be learned, used and be effective in achieving an end otherwise out of reach and to 'beat' or to manipulate the system (Bell,1989). It can be the case, therefore that offenders view openness and honesty as associated with significant losses in a system that significantly controls their existence.

In addition, offenders may generalize their hostility and suspicions of the system as a whole to the therapist. Weinstock (1989), for example refers to the 'paranoia' of offenders as somewhat of a given in these settings. This may not necessarily be psychotic, but rather adaptive and a function of the environment. Consequently, therapists may be characterized by offenders as an agent of the system and therefore as rigid, uncaring, distrustful and authoritarian (Bell,1989).

Such environments, along with already present or reinforced offender value and belief systems would make it potentially difficult to establish a therapeutic alliance, rapport and trust in order to form the basis for service provision. This ultimately has the potential to threaten the therapist's sense of adequacy, meaning and ability to succeed in achieving treatment goals. Such feelings are considered risk factors in burnout development (eg., Farber & Heifetz,1982; Pines, 1993). Consistent with the above was the outcome of Farber's (1985) study, which found institutionally based therapists (clinical) at higher risk of developing burnout. His explanation of this finding was described in terms of spending many hours dominated by chronic, resistant or seemingly untreatable clients, along with frustration's experienced due to admininistrative red tape and minimal autonomy over one's practice.

4.5   THE ENVIRONMENT

With particular reference to the therapist who commences work within prison settings, Bell (1989) considers it not uncommon to experience mixed emotional reactions. Feelings of isolation and being segregated from society are possible reactions when going through various check points, when viewing barbed wire fences and grills and being subject to body or bag searches prior to commencing work. Prison security may not only be evident just from entering the work place, but throughout the working day. This may compromise the needs of the professional and clients. Securing an area that offers privacy in order to maintain confidentiality, for example could prove difficult (Bell,1989). In addition, physical conditions and security procedures are consistent and reinforced daily. These routines and rituals such as medication, musters or counts, court hearings and transfers without warning all have the

potential to interfere with treatment needs and can make treatment provision difficult (Bell,1989).

Mental health professionals working in such settings will become familiar with the contrasts and conflict that can occur between the desire for creating a therapeutic, humane environment while operating in one that prioritizes security and custodial concerns (Weinberger & Sreenivasan, 1994).

4.6   THERAPEUTIC VERSUS CORRECTIONAL GOALS

Within the prison setting there may not only be problems in regard to physical constraints, but also in regard to conflicting attitudes, goals or desired outcomes. There often appears to be a basic conflict between correctional and therapeutic training and experience (Weinberger & Sreenivasan,1994). For example, the former is more likely to view disruptive behaviour as related to criminality and requiring punishment, whereas the latter's perspective derives from a treatment model where symptomatic behaviour can be treated (Weinberger & Sreenivasan, 1994).

Additional problems or dilemmas may arise for the therapist regarding codes of prison practice. For example, therapists may be faced with and required to deal with disclosures of victimization in an environment where codes of silence prevail. Disclosed information may have to be reported and indeed such disclosure is required according to psychologists ethical codes of conduct. This action, however, may result in punitive consequences for the client, or may cause more harm as a consequence of breaking the code. In seeking to protect the victimized, they may be branded as a 'dog' and be subject to further danger (Bell,1989). Survival within the prison environment, therefore does not typically nurture openness and trust, but rather aggressiveness, threats and secrets (Bell,1989).

Professional training and treatment emphasises empathic caring, trust and respect for others, which may be at odds with a punitive prison philosophy (Strasburger,1986). This contrast and conflict may cause additional problems for the therapist in terms of experiencing ostracism and alienation from prison personnel who may view them as soft and interfering with their disciplinarian and punitive identity (Bell,1989). Strasburger (1986) considers the potential for verbal and behavioural reactions directed at prison based therapists as he states that:

"Correctional personnel inevitably test mental health personnel, frequently with jibes and jokes in order to test their resilience... identification with this "sadism" is all too easy for mental health staff," (p.202).

Overall, difficulties may arise from the punitive philosophies within the forensic setting that contrast with a more therapeutic, humanistic and respectful ideal for treatment to occur (Bell,1989). Although somewhat of a pessimistic view of possible treatment gains within these settings, Weinstock comments that:

"It is unclear whether treatment in a correctional institution can ever be therapeutic unless possibly a special unit is created. Some of the goals of such institutions preclude emotional growth. Prisons tend to contain and "break" an inmate, not encourage healthy ego strengths" (p.45, 1989).

4.7   CONCLUDING COMMENTS

The above discussion outlines a number of factors that may prove challenging and stressful for the psychologist working with offender populations and within a forensic setting, particularly within prisons. Some writers indicate that factors unique to working with offender populations and within institutions exist, which may serve to challenge the likelihood of significant therapeutic successes (eg., Bell,1989; Weinstock,1989). Although actual lack of therapeutic success does not necessarily follow, this perception has been identified as a correlate of psychologist's burnout (Farber & Heifetz,1982). In addition, the organisational attitudes, politics and barriers to therapeutic practice that exist within this public service setting have also been identified as correlates of psychologist's burnout in other organisations (eg., Ackerly et al,1988; Dupree & Day,1995; Farber,1985).

Apparent within the literature are indications that the forensic setting is minimally supportive, in that psychologists (and other mental health professionals) perhaps stand alone in their quest for therapeutic change. It is suggested that such goals radically contrast with an environment dominated by coercion, restraints and punitory goals (Weinberger & Sreenivasan,1994). Lack of perceived support, along with feelings of loneliness and isolation have been identified as stressful and potentially contributing to burnout among psychologists in general practice (eg., Freudenberger,1990; Tamura,et al.,1994).

This literature also indicates that client resistance, hostility, aggression, secrecy, suicidal gestures, threats and distrust are actually functional attributes and practices within the prison setting (eg., Weinstock,1989). These conflict significantly with the values and expectations within therapy. These types of client behaviours are also those that have been identified as significantly stressful for the psychologist and possible risk factors of burnout in general clinical practice, particularly suicidal gestures, resistances and psychopathological behaviours (Ackerly etal,1988; Farber & Heifetz,1981; Hellman et al,1987). The effects of stress and coping with stressors occurring within the forensic arena have been observed to involve fatigue, anger, depression and a decline in physical and mental health (Bell,1989). Although this area is currently lacking in empirical validation, the above suggests that a number of potentially stressful factors exist within forensic psychology that warrant empirical exploration. Of particular interest within the present study is to explore whether working with involuntary clients, with stressful client behaviours (regardless of setting) and whether working within a correctional setting are predictive of burnout among psychologists.

5.0   PURPOSE OF THE STUDY

5.1   SUMMARY OF THE RESEARCH

Regardless of how burnout is defined, there appears to be a general consensus that burnout involves a negative experience for the helping professional and that the impact can be damaging for all those involved with them (eg., Maslach,1982, 1993). There exists criticism and acknowledgment that the multi-dimensional concept of burnout requires ongoing empirical investigation regarding its distinctiveness from other concepts (eg., Firth et al,1986; Hallsten,1993). Despite this, understanding burnout in terms of emotional exhaustion, depersonalization and low personal accomplishment remains the most extensively tested and supported definition of burnout (eg., Koeske & Koeske,1989; Schaufeli et al,1993). This tri-component conception and the test that employs it (MBI) are both therefore utilised within the current study.

It has been suggested that potential causes of burnout among helping professionals may be viewed in terms of factors falling within 3 broad categories. These include, the client, carer and work place characteristics. Regardless of these categories, it appears that any factor within them that serves to diminish the perceived effectiveness of the helper-client relationship may be a primary contributor to developing burnout (eg., Pines,1993; Maslach,1993).

This study intends to explore burnout among psychologists in Western Australia. Although most of the limited research looking at psychologists have indicated that in general, psychologists are at minimal risk of developing burnout (eg., Kahill,1986; Maslach & Jackson,1981; Raquepaw, & Miller,1989), the potential is significant (eg., Ackerly et al.,1988; Farber,1990). Such insights, however, emanate from American populations. It is suggested that knowledge regarding the prevalence of burnout is required in Australia in comparison to American norms, along with knowledge regarding potential risk factors or predictors of burnout.

Although not conclusive, there is a dominant view that stress has a contributory role in burnout development (Cox et al.,1993) and, therefore stressful factors are considered worthy of exploring in considering potential risk factors of burnout. Along with carer and organisational factors and consistent with the social interactional root of burnout (Maslach, 1976), various writers have suggested that the role of the client's presenting problem may be a significant source of stress for the psychologist (eg., Farber & Heifetz, 1982; Hellman et al.,1987). It appears that client problems regarded as stressful by therapists largely include problem behaviours. The behaviours described within the literature not only appear to largely comprise those common to offending

populations, but could also be classified as associated with harm, particularly physical harm against the client or others. Such behaviours also appear to be in line with those targetted for intervention within the Western Australian Ministry of Justice. Although a variety of suggestions have been made about factors which may promote stress and perhaps burnout among forensic psychologists, empirical evidence is lacking. This study aims to redress this.

5.2   RESEARCH QUESTIONS

Initially the present study hopes to establish the level of burnout experienced among a sample of Western Australian psychologists and to investigate whether such levels are consistent with American norms. Unfortunately, the MBI manual (Maslach et al.,1996) does not provide norms for psychologists specifically, rather categorising them within a group of 'mental health workers' (also including psychotherapists, counsellors, mental hospital staff and psychiatrists).

The study also hopes to explore whether some of the variables that have previously been found or suggested in the literature to be stressful or predictive of burnout, apply to the present sample. Six variables, spanning carer, client and work place characteristics were chosen for analysis. Carer variables were age and gender. Although age has consistently been found within empirical work as a correlate of burnout (eg., Ackerly et al.,1988, Parloff et al,1978), gender has not (eg., Ackerly et al.,1988, Pines et al.,1981), but has more so been suggested as a potentially important variable (Erickson,1993). Organisational variables were the type of work setting and weekly working hours spent in direct client service (caseload). Although working in prisons has not been tested for in relation to psychologists burnout, caseload has (eg., Farber & Heifetz,1981; Hellman et al.,1987). Findings do not appear consistent across all of the above stated variables and, therefore exploration of these are of interest in the current sample. Client variables were the type of presenting problem and whether clients are voluntary or not.

A particular focus of the present study is to explore whether issues pertinent to the forensic psychologist's work are predictive of burnout. Variables considered more likely to occur within forensic psychology than other fields of psychological practice include: working predominantly in a prison setting, working with predominantly involuntary clients and working with predominantly potentially harmful behavioural problems. The latter variable is defined according to client problems prioritized for intervention within the Western Australian Ministry of Justice's prison services. These include, sexual offending, substance abuse, violence toward others and self inflicted harm.

6.0   METHOD

6.1   PARTICIPANTS

Psychologists were identified through the Ministry of Justice, Yellow pages and the Psychologist's Board of Western Australian's register of practising psychologists. All practicing psychologists within Western Australia are required to be listed within this register. For the purpose of this study, it was desired to collect data from psychologists working within a variety of settings, which resulted in various selection procedures. Psychologists who were listed on the psychologists register under a work address were initially selected in order to ensure that those working in a variety of organisational settings were included in the sample. Given that the register does not specifically identify psychologists working within private practice, selection of those within this setting was made from the yellow pages. Psychologists working within the Ministry of Justice were approached in order to ensure the presence of forensic and prison based clinicians in the total sample. Consequently the participants in the study work within: private practice (n=13), hospitals or clinics (n=31), community based services or agencies (n=19), prisons (n=18) and other settings, such as schools or a combination of work places (n=9).

Overall, 180 psychologists were approached with questionnaires and 108 (60%) agreed to participate. Of those questionnaires returned, 18 were excluded due to incomplete information provided. In order to maximise the sample size, part time (minimum of 20 hours per week) workers were included in addition to full time. The present sample (n=90) comprised 63 females and 27 males, with ages ranging from 22 to 62 years. Mean ages for females and males were 37.06 ($\underline{SD}$=10.55) and 41.52 ($\underline{SD}$=7.82) respectively. Their educational level varied from completion of a 4 year degree to post doctoral qualification.

6.2   MATERIALS

An information letter introducing the study was used in order to offer respondents a general outline of the study, to address confidentiality and their free choice in participating (see Appendix A). A self administered Demographic and Work Information questionnaire (Appendix B) devised by the researcher and the MBI (Maslach et al., 1996) (Appendix C) were completed by participants.

6.2.1   Demographic and Work Information Questionnaire

This questionnaire consisted of 19 questions inquiring about participants gender, age, qualifications, and work details. Questions regarding work details were designed in order to establish the setting within which they predominantly worked, their predominant client problem type, weekly working hours in direct client service and whether they considered their clients predominantly voluntary or not. Additional information was obtained, but given the limited sample, was not utilised in order to maximise the number of cases per variable.

6.2.2   The Maslach Burnout Inventory (MBI)

Test History.
During the 1970's Maslach and her coworkers began collecting interview and questionnaire data in an attempt to explore the types of attitudes and feelings associated with burned out workers (Maslach & Jackson,1981). Extensive evaluations of this data and material were undertaken, resulting in the creation of the MBI. An initial 47 item version was developed upon not only interview and questionnaire data, but also on a review of related scales. This version was tested with a sample of 605 health and service workers who deal with issues that are or have the potential to be problematic. The authors reduced the initial 47 items to 25 through principle axis factor analysis with varimax rotation. The 25 item form was then administered to an additional second sample of 420 workers. The similarity of factor analysis results across the two samples lead the authors to combine the two samples for subsequent analysis of the instruments validity. The factor analysis of the 25 item form produced four factors for the combined sample of 1025. The factors that emerged included emotional exhaustion, depersonalization and personal accomplishment. A fourth factor also emerged, but was dropped due to weak loadings for its three items. As such, the current test form is a 22 item scale. Although the three dimensional structure of the MBI has generally been empirically supported (eg., Fimian & Blanton,1987; Gold,1984; Koeske & Koeske,1989; Pierce & Molloy,1989), others have found two (eg., Green, Walkey & Taylor,1991) and even four dimensions (eg., Firth et al.,1986). Greater support exists, however, for three dimensions (Schaufeli et al.,1993).

Reliability and Validity.
Reliability coefficients as reported in the MBI manual (Maslach et al.,1996) demonstrates adequate consistency within each sub scale over time. As reported by Maslach & Jackson (1986), test-retest reliability was; .82 for emotional exhaustion, .60 for depersonalization, and .80 for personal accomplishment measured at 2 to 4 week intervals. Internal consistency, estimated by Cronbach's coefficient alpha produced, .90 for emotional exhaustion, .79 for depersonalization and .71 for personal accomplishment. In addition, Maslach et al (1996) cite

data on test-retest reliability for 5 samples (eg., Jackson, Schwab & Schuler,1986; Lee & Ashforth,1993; Leiter,1990; Leiter & Durup,1996).Overall, the literature does demonstrate a higher test-retest correlation for the emotional exhaustion sub scale, indicating that this scale is more stable (Maslach et al.,1996).

There is a significant body of research which suggests that convergent validity is strong for the MBI. For example, the literature has demonstrated that significant correlations exist between employee test scores and: coworkers behavioural evaluations of employees (eg., Maslach et al.,1996), spouse's descriptions of employees at home (eg., Jackson & Maslach,1982), size of case load (eg., Maslach & Jackson,1984; Maslach & Pines,1977), time in direct client service (eg., Maslach & Jackson,1982; Pines & Kafry,1978), negative reactions and beliefs about one's work (eg., Jackson, Schwab & Schuler,1986; Maslach & Jackson,1979) and poor relationships with people in and out of work (eg., Leiter & Maslach,1988; Maslach & Jackson,1979). However, it has been previously noted that weaknesses regarding the discriminant validity of the MBI is an outstanding concern. Discriminant validity has yet to be adequately demonstrated by low correlations with other concepts or by focusing on etiology (eg., Hallsten,1993).

Despite the apparent shortcomings, particularly in terms of conceptual clarity (eg., Jackson et al,1989; Meier,1984), there also appears to be strong support for the continued use of the Maslach Burnout Inventory (eg., Koeske & Koeske,1989; Rafferty, Lemkau, Purdy & Rudsill,1986). This is perhaps due to this measure being the most extensively examined and empirically investigated burnout measure, which has demonstrated the value of the Maslach Burnout Inventory as both a measure with superior psychometric properties and a conceptualisation of burnout (Koeske & Koeske,1989).

Normative Data.

The Maslach Burnout Inventory was normed on Maslach & Jackson's (1981) original sample (n=1025). Categories of various occupations were included within that normative sample. The normative sample are all American, and to date, no norms have been established for other national or cultural groups. This ultimately raises questions as to the utility of the Maslach Burnout Inventory in non American settings. Some attempt, however, is evident in widening its utility in other countries (eg., Golembiewski, Scherb & Boudreau,1993; Van Der Ploeg, Leeuwen & Kwee,1990). Various occupational groups included in the normative data are categorised into either teaching, post secondary education, social services, medicine, mental health or others. Since the publication of these norms, burnout has been found in additional occupational groups not considered in the original norms. Burnout has also been identified as occurring among physiotherapists (Wolfe,1981), workers with deaf children (Meadow,1981) and occupational therapists (Sturgess & Poulson,1983).

The normative data is limited within its use worldwide through lack of comparative norms. In addition, despite the inclusion of various occupational groups in the original normative samples, limitations exist within different 'people' occupational groups. Not only are some groups absent, but included groups are categorised therefore giving little indication of expected levels of burnout for specific occupational groups (eg., psychologists compared to psychiatrists). Currently the norms consider mental health professionals as a blanket occupational group, which fails to identify specific sub groups.

Current Test Form.

The MBI is a self report questionnaire consisting of 22 items. These items are statements about job related feelings that relate to emotional exhaustion, depersonalization and low personal accomplishment. The emotional exhaustion sub scale consists of 9 items to describe feelings of emotional extension and exhaustion through the individual's work, (eg., "*Working with people all day is really a strain for me*"). The depersonalization sub scale consists of 5 items that assess the degree of impersonal or negative response towards the recipients of care (eg., "*I don't really care what happens to some people*"). The personal accomplishment sub scale consists of 8 items which are designed to assess feelings of incompetence and lack of achievement (eg., "I *have accomplished many worthwhile things in this job*"). Test takers are required to indicate the frequency with which they feel according to the statement, ranging from (0) never to (6) everyday.

For both the emotional exhaustion and depersonalization sub scales a high score indicates an increased level of burnout. A low score on the personal accomplishment sub scale indicates an increased level of burnout. The test authors propose that scores of 27 or over on emotional exhaustion, 14 or over on depersonalization and 30 or below on personal accomplishment are indicative of high burnout levels. Conversely, scores of 16 or below on emotional exhaustion, 8 or below on depersonalisation and 37 or more on personal accomplishment are indicative of low burnout levels. The low, moderate and high cut offs for each dimension are, however, only a guide and are advised not to be used for diagnostic purposes (Maslach et al., 1996). Researchers are directed by the test authors to use the original numerical scores rather than categorizations, which currently lack any clinical validity. In addition, scores on this measure are to be considered separately and not to be combined into a single score. This not only reflects the test author's multifaceted concept, but also perhaps a reluctance to combine due to insufficient research on the three components and their interrelationships (Leiter,1993).

6.3   PROCEDURE

Potential participants were contacted by telephone in order to verify that their work location documented on the register or in the Yellow Pages was unchanged, so as to recruit expressions of interest prior to circulating questionnaires in order to save costs on mailing, to introduce the purpose of the study and to potentially enhance response rates. Pilot testing was done in order to explore the length of time taken to participate and clarity of questions asked. Participants were mailed individual questionnaires, which included an Information Letter, the "MBI Human Services Survey" and a Demographic and Work Information questionnaire, in all, comprising 5 pages. In addition, all participants were provided with an enclosed stamped addressed envelope for the return of the questionnaires to the researcher. The information letter introduced the general purpose of the study and requirements of participating. It also informed potential participants of their free choice in participating, of their rights to remain anonymous and of steps taken to ensure confidentiality. Participants were also invited to contact the researcher (or supervisor) if any problems or queries needed addressing in regards to the study or questionnaire.

Guidelines offered by the MBI test authors were adhered to, which in addition to confidentiality and anonymity, it is proposed that sensitization to and potential beliefs about the term "burnout" should be addressed. It is for this reason that the test is labelled "Human Services Survey" as opposed to the MBI. More specifically, the test authors advise that:

> "To minimize the reactive effect of such personal beliefs or expectations, it is important that respondents be unaware that the MBI-HSS is a burnout measure ... The scale should be presented as a survey of job-related attitudes and not to be linked to burnout in any way."
> (Maslach et al,1996, p.7).

In response to such concerns, at no point were the participants exposed to the term burnout by the researcher, but instead the study was described in terms of job attitudes and coping with demands of their work. This accounts for questions asked of participants regarding job attitudes on the Demographic and Work Information questionnaire that were not taken in to consideration within the study. Completed and returned questionnaires were scored by the researcher, again in accordance with the test authors instructions. Such procedures produce 3 separate scores for each participant on emotional exhaustion, depersonalization and personal accomplishment in order to achieve a measure of burnout.

6.3.1   Data Coding

The responses given by participants regarding work details on the Demographic and Work Information questionnaire required categorizing and being assigned values. In regards to work setting, participants were categorised as predominantly working in prisons or not. In regards to client problem type, participants were categorized as predominantly working with problematic behaviours or not. This category comprised those working with substance abuse, violent behaviour, sex offending, suicidal behaviours and self harm. The second category included all other problems encountered by psychologists. Clarification on how the distinction was made is outlined in Appendix D, which lists every client problem mentioned by respondents. In addition, participants were categorized as working with predominantly involuntary clients or not. Involuntary was determined by whether clients were thought by participants to be under some kind of coercion from others or authorities or who were under mandatory orders to undergo interventions.

Given that psychologists often do not work solely within the above categories all of the time, a cut off of 60% of the time had to be applied in order to achieve participants' assignment into a category. Hence the term, "predominantly" and not necessarily always, when describing participants work details. For example, if a participant revealed that they typically worked 20% of the time with grief and loss, 20% of the time with substance abuse, 10% of the time with depression and 60% of the time with sexual offending, then they would be categorised as working predominantly with problematic behaviours.

As outlined previously in Chapter 5, a major focus of the study is to measure the relationship between burnout (as measured by the MBI) and a number of indicator variables. Multiple regression is the analysis adopted for this purpose. Such techniques require that the indicator or predictor variables must be continuous or binary. All variables within the present study are continuous (age and hours in direct client service) or binary, including gender (male or female), problem type (behaviour or not), work setting (prison or not) and referral type (involuntary or not).

7.0   RESULTS

7.1   LEVELS OF BURNOUT AND COMPARISON TO THE NORM

The present sample's MBI scores ranged between 2 and 46 for emotional exhaustion (out of a possible scoring range of 0-54), between 0 and 15 (out of a possible scoring range of 0-30) for depersonalization and between 24 and 48 (out of a possible scoring range of 0-48) for personal accomplishment. Table 1 shows the mean scores for this sample on each burnout dimension and the results of single sample t tests on each dimension compared to the norms cited in the MBI manual (Maslach et al., 1996). Table 1 indicates that the present sample reports a significantly higher level of emotional exhaustion and personal accomplishment than the US sample, and significantly less depersonalization. The MBI test authors provide cut off scores for assisting in the classification of high, moderate and low burnout (Maslach et al,1996). They do specify, however, that the ranges provided are only guidelines through which, clinical diagnosis is not recommended. If these ranges of scores cited in the manual are considered, the present sample overall has a 'moderate' level of emotional exhaustion, a 'low' level of depersonalization and a 'low' level of burnout attributable to personal accomplishment (ie., a higher personal accomplishment score). In comparison, the US sample is 'low', 'low' and 'moderate', respectively.

Table 1

Comparison of the Current Sample to American Norms

	Mean Scores				t(89)	P
	Present Sample	SD	* US Norms	SD		
Emotional Exhaustion	19.46	10.30	16.89	8.90	2.36	p=.020
Depersonalization	4.57	3.74	5.72	4.62	-2.93	p=.004
Personal Accomplishment	40	5.30	30.87	6.37	16.33	p=.0001

* These are the mean subscale scores cited in Maslach et al (1996) for their Mental Health Workers sample.

In further classifying the present sample in terms of their burnout levels on emotional exhaustion, 43% scored low, 34% scored moderately and 22% scored within the high cut off guidelines suggested within the MBI manual. On depersonalization, 84% scored low, 11 % scored moderately and 4% scored high. On personal accomplishment, 82% scored low, 12%

scored moderately and 6% scored high. Table 2 (a & b) shows the frequency of scores within the high, moderate and low cut off points provided within the MBI manual. This reveals that many participants report higher levels of emotional exhaustion, yet minimally depersonalize clients and report a great sense of personal accomplishment within their work.

Table 2

Frequency of Sample Scores Falling Within MBI High, Moderate and Low Cut-Off Points

(a)   Depersonalization

		H 14+	M 9-13	L 0-8	Total
EE	H 27+	4	2	14	20
	M 17-26	0	7	24	31
	L 0-16	0	1	38	39
	Total	4	10	76	90

Note: EE = Emotional Exhaustion, H = High, M = Moderate, L = Low

(b)

Low Personal Accomplishment

		H 0-30	M 31-36	L 37+	Total
EE	H 27+	3	4	14	21
	M 17-26	1	4	25	30
	L 0-16	1	3	35	39
	Total	5	11	74	90

Note: EE = Emotional Exhaustion, H= High, M= Moderate, L= Low

Table 2 (a & b) also provides some support for the developmental model of burnout, whereby emotional exhaustion emerges first, followed by the second and third burnout components. It appears somewhat unusual for participants to report high burnout on depersonalization and low personal accomplishment if they have not reported high emotional exhaustion.

7.2   CONTRIBUTION OF THE PREDICTOR VARIABLES

The overall impact of the predictor variables on each burnout subscale was assessed by applying a standard multiple linear regression analysis to each subscale. The regression summary is

shown in Table 3. It is apparent from Table 3 that as a set, the predictors are able to account for a small, but significant proportion (an adjusted 12.6%) of the variance of both emotional exhaustion and personal accomplishment, but virtually none (less than 1%, adjusted) of depersonalization.

Table 3

Multiple Regression Summary Table

	R	R2	Adjusted R2	F(6,81)	P
Emotional Exhaustion	.431	.186	.126	3.081	.009
Depersonalization	.266	.071	.002	1.031	.411
Personal Accomplishment	.432	.187	.127	3.106	.009

In order to clarify the importance of individual predictor variables within the multiple correlation summarised in Table 3, the regression coefficients for emotional exhaustion and personal accomplishment are displayed in Table 4. This indicates that for emotional exhaustion, gender and the client problem type appear to be making a significant unique contribution. Table 4 also indicates that the number of hours spent in direct client service appears to be making a significant unique contribution in predicting personal accomplishment.

Table 4

Regression Coefficients

		unstandardised coefficients		standardized		
		B	SE	Beta	t	P
	constant	16.440	6.076		2.706	.008
	age	-.144	.119	-.141	-1.207	.231
Emotional	gender	6.102	2.266	.279	2.693	.009
Exhaustion	hours	.132	.108	.131	1.225	.224
	problem	7.273	2.936	.339	2.477	.015
	setting	-2.252	3.464	-.090	-.650	.518
	referral	-3.334	3.385	-.145	-.985	.328
	constant	34.8838	3.128		11.137	.000
	age	5.801E-02	.061	.110	.944	.348
Personal	gender	.622	1.166	.055	.533	.595
Accomplishment	hours	.134	.056	.257	2.413	.018
	problem	-2.103	1.511	-.190	-1.392	.168
	setting	2.756	1.784	.214	1.1545	.126
	referral	-2.050	1.743	-.173	-1.177	.243

Although limitations exist in light of the 4 binary variables, the following procedures were carried out in order to satisfy assumptions required for multiple regression analysis. Firstly, the study allowed for 15 cases per variable. Potential outliers were sought through the creation of scatter and residual scatterplots (Appendices F to I). Cases with unusual values on variables explored were not apparent. Standardized residual scatterplots for dependent and independent variables, also indicate that assumptions of normality, linearity and collinearity are adequately met (Appendices G to I). Further, multicollinearity and singularity are not apparent in Table 5. Adequate independence of error terms are shown by the Durbin-Watson statistic for emotional exhaustion ($\underline{d}$=1.8), depersonalization ($\underline{d}$=1.6) and personal accomplishment ($\underline{d}$=2.1). As mentioned previously, limitations exist in thoroughly exploring assumptions. Therefore, interpretation of the analysis must be done with caution.

7.3   INTERRELATIONSHIPS BETWEEN VARIABLES

To clarify interrelationships between and within subsets of independent and dependent variables, Table 5 shows correlations between the 2 significant subscales on the dependent variable (emotional exhaustion and personal accomplishment) and each predictor, as well as the correlations between the predictors. This reveals that in addition to gender and problem type, age is also correlated with emotional exhaustion. It is also apparent that in addition to client hours, client problem type and referral type are also correlated with personal accomplishment Despite the absence of significance on age for emotional exhaustion and on both problem and referral type for personal accomplishment in Table 4, their significant correlations in Table 5 suggests their potential values in understanding burnout. It appears from Table 5 that these 3 variables are all significantly intercorrelated with a number of the predictor variables, which could partially account for their individual lack of contribution in the multiple regression analysis.

Table 5

Pearson Correlations for Emotional exhaustion (EE), Personal Accomplishment (PA) and Predictor Variables

EE	EE						
PA	-	PA					
age	-.194*	,105	age				
gender	.322**	.008	-.212*	gender			
hours	.009	.326**	.056	-.093	hours		
problem	.238*	-.297**	-.249*	.099	-.260**	problem	
setting	.068	-.005	-.481***	.093	.052	.424***	setting
referral	.049	-.206*	-.276**	.003	-.039	.628***	.596***

Note: * p=<.05, ** p=<.01, *** p=<.001

For the purpose of exploring the high intercorrelations identified in Table 5, Table 6 reveals crosstabulations for all dichotomous predictor variables. It appears, not surprisingly, that psychologists working within a prison setting are more likely to report working with involuntary clients and problem behaviours, and that working with involuntary clients is associated with working with problem behaviours. However, gender appears to have no relationship with problem, setting or referral type, thereby suggesting that the higher emotional exhaustion scores reported by female psychologists is not due to their over-representation in prison settings or because they work more with behavioural problems or involuntary clients.

Table 6

Crosstabulations

		Problem		Referral		Setting	
		emotion	behaviour	voluntary	involuntary	other	
Gender	male	20	7	20	7	23	4
	female	41	22	46	16	49	14
Setting	other	56	16	62	9		
	prison	5	13	4	14		
Referral	voluntary	56	10				
	involuntary	4	19				

The correlations in Table 5 indicate that three variables have significant correlations with emotional exhaustion; gender, problem type and age. Although the regression summary in Table 4 shows that of these, only gender and problem type make a significant predictive contribution to emotional exhaustion. To indicate the ways in which these correlations are reflected in actual emotional exhaustion scores, Table 7 (a) shows the mean (and SD) emotional exhaustion scores for respondents categorised by gender, problem type predominantly worked with and age (segmented at the mean). Similarly, Table 5 indicates that three variables have significant correlations with personal accomplishment (client hours, problem type and referral) despite Table 4 showing that only client hours make a significant predictive contribution to personal accomplishment. Again, in order to further understand these correlations, Table 7 (b) shows personal accomplishment scores for respondents categorised by problem type predominantly worked with, predominant referral type and number of weekly client contact hours (segmented at the mean).

Table 7

Sample Scores for Correlated Variables on:

(a)   Emotional Exhaustion

		Cases	M	SD
Gender	Male	27	14.56	6.92
	Female	63	21.32	10.76
Problem	Emotional	61	17.53	9.98
	Behaviour	29	22.86	9.87
Age	Below mean	48	20.67	9.97
(M=38.4)	Above mean	42	18.07	10.61

(b) Personal Accomplishment

		Cases	M	SD
Problem	Emotional	61	41.20	4.70
	Behavioural	29	37.90	5.55
Referral	Voluntary	66	40.76	5.12
	Involuntary	23	38.30	5.11
Client Hours	Below mean	40	37.92	5.95
(M=24.36)	Above mean	49	41.65	4.12

Data within Table 7 demonstrates larger differences in emotional exhaustion for gender (6.76) and problem type (5.33) than for age (2.6). Similarly a larger difference is evident within client hours (3.73) than for problem type (3.3) and referral type (2.46) for personal accomplishment. These values provide an illustration of the insignificant impact of age on emotional exhaustion, and of problem and referral type on personal accomplishment in the main regression analysis.

7.3   SUMMARY

The majority of the sample scored between moderate and high burnout levels on emotional exhaustion, yet indicated low burnout levels of both depersonalization and personal accomplishment. All scores appear to differ significantly from MBI norms for mental health workers, in that the sample experienced greater emotional exhaustion and lower depersonalization. The sample also indicated feeling a greater sense of personal accomplishment within their somewhat emotionally taxing work.

A standard multiple regression revealed that a significant amount of the variance was explained by the predictors on both emotional exhaustion and personal accomplishment. The independent variables, however, did not explain a significant amount of variance on depersonalization. The regression analysis indicated that gender and client problem made a significant unique contribution on emotional exhaustion. In addition, the number of weekly client hours appeared to be making a significant unique contribution on personal accomplishment. The extent of unique contributions is somewhat difficult to assess given the extent of intercorrelations among predictors. Pearsons correlations, however, suggest that age may also impact upon emotional exhaustion and that problem and referral type may also impact upon personal accomplishment.

8.0   DISCUSSION

8.1   COMPARISON TO THE NORM

Comparing the current sample's scores to the American norms cited in the MBI manual for mental health workers revealed significant differences on all components of burnout. The current sample report significantly greater emotional exhaustion, but significantly less depersonalization and especially less burnout attributable to low personal accomplishment than the normative sample. This may be a real effect, in that Australian psychologists experience greater emotional exhaustion than their American counterparts. The following sections, however, consider two groups of potentially confounding factors.

8.1.1   Differences Between the Present Sample and American Normative Sample

Although statements in regard to causation cannot be made, the current sample may differ from the norms for a number of reasons. The difference in scores may be a real effect or an artefact and due to other differences between this sample and those who comprised the normative sample. Unknown cultural factors may be impacting upon the differences found. For example, the findings could reflect differences due to reading, interpreting or perceiving the MBI items differently.

Differences in scores between the same occupational group were similarly found by Schaufeli and Janczur (1994). They reported findings of 200 Polish nurses who scored 20 on emotional exhaustion, 8.70 on depersonalization and 27.30 on personal accomplishment, against 183 Dutch nurses scoring, 16.20, 5.40 and 32.70 respectively. In considering the above study, Maslach et al (1996), indicate that establishing international norms may be warranted. However, despite the need to perhaps establish international norms, research has not been sufficiently systematic to allow for their development (Maslach et al.,1996). In regards to the findings in this study, the differences found would, therefore cast some doubt upon the appropriateness of using US norms for Australian research.

In addition, the norms provided in the MBI manual include psychiatrists, mental hospital staff, counsellors, psychotherapists and psychologists. Given that the current sample is small and consists of one occupational group, differences in the composition of the samples may, therefore be having an effect.

Although only a limited number of sample characteristics were known and even fewer outlined in this study, it may be possible that the sample differs to those in the normative sample on a number of variables. Those characteristics unique to the American sample are not known, however, it is known that this sample consisted of predominantly organisational based psychologists as opposed to those in private practice (77:13). Farber (1985) has indicated that those in private practice are less prone to burnout because of more autonomy, an absence of administrative red tape and reduced likelihood of having caseloads dominated by chronic, resistant and coerced clients. This was supported by Ackerly et al (1988) in their sample of psychologists. It is also known that all participants in this study were working in the field with clients and their problems, as opposed to teaching, lecturing or studying as in previous studies (eg., Kahill, 1986). It is also the case that this study intentionally included a number of those working with predominantly problematic behaviours (n=29) and within institutional organisations (prisons and hospitals, n=49), which have also been identified as potential contributors to burnout (Ackerly et al,1988; Farber,1985; Farber & Heifetz, 1982). Finally, this sample was incidently dominated by females. In light of the major findings of this study, outlined in the following sections, this is perhaps determining the differences revealed in the emotional exhaustion scores.

8.1.2   Dated Norms

The differences found may also be indicating dated norms. The norms for the original MBI (Maslach & Jackson,1981) were establishing during the latter 1970's, yet it is perhaps worth considering potential differences existing in the 1990's as time, people and societies have progressed. For example, Mackay (1993) argues that people are currently living in the "Angst of the 1990's". Within this, he argues that changes in recent times, which have redefined the way of life, have perhaps produced widespread feelings of anxiety and insecurity. He outlines these changes as involving: a redefinition of gender roles and uncertainty of how to respond, a redefinition of the institution of marriage and of families with rising divorce rates, a redefinition of cultural identity in the name of multiculturalism, a shrinking middle class, rising cynicism about the political system, rising levels of unemployment, widespread organisational downsizing and fewer opportunities for stable jobs and career paths. Overall, Mackay (1993) argues that aspects of societal change may be significantly impacting upon the increasing stress experienced within an individual's relationship with the community, significant others and their work. As such, changes over time, may be accompanied with changing attitudes and coping. It would, therefore be interesting to consider whether the existing normative scores for burnout are currently applicable in light of widespread societal change over time.

8.2   LEVEL OF BURNOUT

If all scales are considered together when looking at the extent of burnout reported among this sample of registered psychologists, relatively low levels appear to be experienced. This seems consistent with prior studies (eg., Farber,1985; Hellman et al.,1987; Kahill, 1986; Raquepaw & Miller,1989). Lower levels of burnout were particularly evident in the depersonalization and personal accomplishment components. However, the study revealed that 22% were experiencing high levels of emotional exhaustion and over half of the sample (56%) were experiencing moderate to high levels. Therefore a large percentage of the sample were feeling that their emotional resources were depleted. When this level of emotional exhaustion is compared to other studies, it seems reasonably consistent with the Ackerly et al (1988) study. They found that 39.9% of their sample reported high emotional exhaustion. In comparison to the current sample's burnout attributable to emotional exhaustion, only 4% of the sample reported high levels of depersonalization. Therefore, few reported holding callous or cynical attitudes toward their clients. This contrasts to Ackerly et al (1988), whose results revealed that 34.3% were experiencing burnout attributable to depersonalization. The spread of scores throughout the current sample appear consistently low on this subscale. Similarly, only 6% of the current sample reported to be experiencing low personal accomplishment. In fact, 82% reported feeling happy and satisfied with themselves in regards to their work with clients. This appears consistent with the Ackerly et al (1988) study, which revealed only 0.9% of the sample were experiencing burnout attributable to low personal accomplishment.

It appears that despite feeling exhausted emotionally, the majority of the sample are achieving great satisfaction in their work. This seems consistent with Pines' (1993) existential view that workers are able to thrive in physically and emotionally demanding jobs, provided that they sense and maintain perceived meaning in their efforts with others. Such a view would imply less grounds for concern with the current sample, in terms of the apparent absence of negative attitudes toward clients and absence of negative self evaluation of their competency and impact on clients.

The present data may also have relevance to the proposal that burnout is a developmental process, where significant levels of burnout may not be indicated consistently across all 3 subscales at one time (Leiter,1993). A developmental perspective would imply greater cause for concern among the current sample. Leiter (1993) proposes that a temporal sequence among the 3 components of burnout may exist, whereby one arises with significant levels first. It has been suggested that emotional exhaustion is not only the central aspect of burnout (Maslach et al.,1996), but that it has been found to arise first, followed by the remaining 2 components

(Leiter & Maslach,1988). Process or developmental models to date are, however, far from adequately tested or supported in terms of demonstrating or understanding differences or correlations between the the 3 components (eg., Golembiewski & Munzenrider,1988; Leiter,1990, 1993; Leiter & Maslach,1988). Nonetheless, it is considered important to acknowlegde that the process model would have implications for this sample, in terms of a potential risk existing for greater levels of burnout to develop across the second and third components.

A developmental model implies that high scorers on depersonalization and low personal accomplishment would have reached high emotional exhaustion first. Further, as people move through emotional exhaustion before demonstrating depersonalization or low personal accomplishment, emotional exhaustion scores should be as high or higher than scores on the remaining components. Among the current sample, this is demonstrated in Table 2 (a & b). This reveals the frequencies of sample scores falling within the low, moderate and high cut-off ranges. All participants reporting high depersonalization (n=4) have high emotional exhaustion and 3 out of 5 participants who report low personal accomplishment similarly have high emotional exhaustion. It appears extremely unlikely that one would report low personal accomplishment and high depersonalization, without also reporting high emotional exhaustion. Some support for a developmental model is, therefore evident within the current sample. 14 cases still report high emotional exhaustion yet low depersonalization, which may indicate those at high risk of developing low personal accomplishment and depersonalization.. Appendix E reveals correlations between the 3 subscales. Although there is a moderate correlation between the sample's emotional exhaustion and depersonalization scores, there is no significance between depersonalization and personal accomplishment. Perusal of individual scores and intercorrelations between the subscales cannot conclusively support a developmental or process model. Overall, caution must be taken in interpreting the current data in relation to the proposed developmental process. The impact on the worker's mood attributable to emotional exhaustion may, nonetheless, hinder the capacity to indefinately maintain a healthy and therapeutic relationship with the client and the work (Maslach et al,1996). Longitudinal research, in which ongoing patterns in the development of all three components of burnout could be tracked, is essential in order to provide more conclusive data regarding this issue.

Alternatively, cognitive dissonance theory (Festinger,1957) may be a useful concept in exploring the high emotional exhaustion experienced, yet significantly low burnout scores on the remaining subscales for many within the sample. This theory proposes that behaviours are congruent with attitudes. More specifically, if two cognitions are inconsistent with one another, discomfort is experienced, which motivates an individual to remove the inconsistency to bring

the cognitions into harmony. In relation to the current findings, if exerting personal resources into work done with clients is associated with negative attitudes toward both clients and one's own sense of accomplishment, the theory proposes that this would create pressure to change such attitudes to be consistent with the behaviour. Although not explored within the literature, this could permit and maintain functioning in a similar emotionally exhausted manner if the client and the meaning of the work was regarded positively. Farber (1990), has proposed that therapists expect their work to be difficult and even stressful, but that they also expect their efforts to "pay off". The particularly high personal accomplishment scores among this sample indicates that they perhaps feel compensated with a sense of success and meaning in the work. Others have simply suggested that psychologists are prone to denial (eg., Laliotis & Grayson,1985) regarding their own potential for impairment and that sustaining a committed and dedicated professional and self-image through "exhaustive self denial systems" (Freudenberger,1990) overrides awareness, identification, intervention or prevention of any form of potential impairment in psychologists. It would perhaps be interesting to consider whether the findings reflect a general acceptance in acknowledging that mental and physical fatigue can and does occur, yet a reluctance to accept or acknowledge that a carer could hold derogatory cognitions regarding recipients and the utility of their efforts.

In further considering the possible implications of high emotional exhaustion for 22% of the current sample, research has suggested that self diagnosis of burnout is made largely in terms of emotional exhaustion and that high levels are associated with leaving the profession (Pick & Leiter,1991). In addition, Maslach et al (1996) report that survey research has identified a strong relationship existing between emotional exhaustion and somatic symptoms such as headaches and sleep disturbances (eg., Kahill,1986; Leiter, Clark & Durup,1994). Repetti (1993), found that emotional exhaustion corresponded with symptoms on a day to day basis. Although such symptoms were not considered in the current study, these findings could have serious implications for the significant proportion of respondents reporting high emotional exhaustion.

8.3   FACTORS PREDICTING BURNOUT IN THE CURRENT SAMPLE

The study explored correlates or potential predictors of psychologists burnout for 6 variables. These included gender, age, weekly hours worked in direct client service, work setting, the type of client problem predominantly worked with and the voluntary status of referred clients. Although this set of variables appeared to explain a significant amount of variance on emotional exhaustion and personal accomplishment, this was not the case for the depersonalization component. Despite the significance on the two components of burnout, on the whole, this set

of variables held relatively low predictive value. This would appear consistent with the variety of factors (few of which were currently considered), which have been reported to be associated with burnout in the literature. For example, factors relating to one's home or private life (eg., Hoeksma et al.,1993), personality characteristics (eg., Burke,1984) or a range of work and organisational factors (eg., Pines,1993), have all been found to affect burnout, but were not considered in this study. In exploring the contribution of variables included, the findings revealed both consistency and inconsistency with previous studies and suggestions made in the literature.

Although relatively small, the negative correlation between age and emotional exhaustion appears to be consistent with the research (eg., Ackerly et al.,1988; Deutsch,1984; Farber,1990; Farber & Heifetz,1981; Hellman et al.,1987; Hoeksma et al.,1993). It appears therefore, that difficulty within the work perhaps becomes less stressful for workers over time. In attempting to further understand this consistent finding, Farber (1983) proposed that the therapist perhaps becomes more self-aware and self-assured over time. In addition, in his survey interview data, Farber (1985) found that younger, inexperienced therapists reported that they continued to concern themselves after sessions and were more likely to take leftover frustration, anger and bewilderment home with them. Through whatever means, however, it does appear that therapists learn through time or experience to cope with the work so as to conserve emotional resources.

When exploring the effects of gender on burnout, it appears that for this sample, being a female is predictive of higher levels of burnout over and above all other variables on the emotional exhaustion component. Although this finding seems consistent with various suggestions made within the literature (eg., Bepko & Krestan,1990; Erickson,1993), it is not consistent with the majority of studies to have considered gender. Although not specifically addressing burnout, Farber and Heifetz (1981), concluded that women were more likely to experience personal depletion. Similarly, Hoeksma et al (1993) suggested that men experience less emotional exhaustion and more personal accomplishment, but the apparent effect was not significant. Similarly, Deutsch's (1984) study on self reported sources of stress in psychotherapists, revealed that women disclose experiencing greater stress than men. In contrast, however, Dupree and Day (1995) found that males reported higher burnout on depersonalization and personal accomplishment. Overall, however, the general findings reveal no consistency or no significant differences within gender (eg., Ackerly et al.,1988; Finley,1989; Taylor, Madhill & Macnab, 1990). Despite the majority of research indicating gender as not affecting a tendency toward burnout (Farber,1990), it appears to be having the strongest effect across all variables considered among the current sample of psychologists. As such, it shall be discussed in greater detail in section 8.5.

The current study was interested to explore whether increased number of working hours in direct client service was predictive of increased burnout. This was prompted by concerns expressed by Courage and Williams (1987) and Adler and Shapiro (1973), in regards to repeated contact with clients regarded as stressful for the therapist. Incidently, within the current sample, client hours and problem type are correlated, in that those working with predominantly behavioural problems work fewer hours with clients than do those working with emotional issues. Prior research has revealed that heavy or light caseloads are a significant source of stress for the therapist (eg., Farber & Heifetz,1981, 1982; Hellman et al.,1987). Contrary to the expected finding, there is no effect for increased client hours on emotional exhaustion, but it appears that increased number of hours spent with clients is predictive of increased personal accomplishment. Therefore, increased hours spent with clients seems to be reducing the likelihood of this sample experiencing burnout attributable to low personal accomplishment. Despite prior findings in relation to increased stress, the current finding appears in agreement with Ackerly et al (1988), who also found that working many hours in direct service (increased caseload) was related to personal accomplishment. In considering possible explanations for this finding, Farber (1990) comments that;

" For most therapists, the greatest satisfaction lies in helping people change. Coupled with a sense of what might be called "intimate involvement" - of being privy to personal, profound thoughts and feelings of another - therapists are often in a unique position of helpful intimacy. " (p.39).

In a sense, therefore spending time engaging in client contact and working toward the goals that largely motivates the decision for workers to enter such helping professions (Maslach,1978) is increasingly possible through increased contact. As such, it would make sense that greater time dedicated to the client would provide increased satisfaction and meaning for the worker. Given that the majority of this sample worked within organisations, it would be interesting to explore whether the organisational "barriers" referred to by Pines (1993) would be more predictive of burnout. A comparison of total hours worked versus hours spent with clients on burnout or the proportion of client to total hours could perhaps provide useful insights on this matter.

Working within prison settings compared to other work settings has not been a primary focus of prior research on psychologists burnout. The literature, predominantly based upon clinical observation and suggestion however, indicates that factors unique to working within a prison setting could be stressful (eg., Bell,1989; Farrenkopf,1992). Contrary to these suggestions, psychologists within the current sample who predominantly work in prisons, do not report experiencing greater levels of burnout than those working in other settings. Given that issues

pertinent to the forensic psychologist is a primary focus of this study, this shall be discussed further in the following section.

The impact of dealing with predominantly involuntary or mandated clients has not been specifically explored or identified as a correlate of psychologist's burnout in previous research. This factor was explored within this study following suggestions made within the literature, that working predominantly with coerced, resistant and involuntary clients is perhaps more likely to be stressful for the worker and subsequently impact on therapist burnout (eg., Bell,1989; Farber,1990; Farrenkopf,1992; Steenson,1987). In addition, within the general burnout literature, client motivation and cooperation has been commented upon as assisting the worker in service provision (eg., Cherniss,1980; Courage & Williams,1987). Although "referral type" was not significantly predictive of low personal accomplishment, it was significantly correlated with it, and highly related to working in prisons and with problem behaviours. Given that this variable was of particular interest in relation to forensic psychologists, it shall be discussed in greater detail in the following section.

As expected on the basis of findings by Farber and Heifetz (1981,1982), Hellman et al (1987) and Ackerly et al (1988), psychologists who reported predominantly working with clients in relation to problematic or negative behaviours also reported increased burnout attributable to emotional exhaustion. Although not evident in the main regression, working with problem behaviours was also negatively correlated with personal accomplishment. It is possible that this variable does not appear to hold predictive value on this subscale due to its correlation with the number of hours spent in direct client service. Further, exploration does reveal that on average, those working with behavioural problems still report achieving moderate levels of personal accomplishment, but those working with non-behavioural issues are achieving high levels on average. The latter appears in line with the Ackerly et al (1988) study, who report their sample of psychologists as able to feel satisfaction in the level of progress made with clients regarded as stressful.

8.4   FORENSIC PSYCHOLOGISTS AND BURNOUT

This study was particularly interested in exploring whether issues pertinent to forensic psychologists were associated with increased levels of burnout. This followed suggestions that particular stressors perhaps existed for those working within this speciality (eg., Bell,1989; Farrenkopf,1992). In order to examine this assumption, the study considered whether working in prisons compared to other settings; working most of the time with clients presenting with

behavioural issues and whether working with predominantly involuntary and mandatory compared to voluntary clients were associated with increased burnout. As expected, these three variables were highly correlated. Although not exclusively, working predominantly in prisons was associated with dealing with predominantly involuntary clients and behavioural problems.

8.4.1 Working in a Prison Setting

The findings challenge the assumption that working in a prison setting would more likely increase the risk of developing burnout. This factor neither revealed significance within the main regression or the correlation matrix. Given the 'institutional' quality of the prison setting, this finding may seem surprising. However, the variety of work settings in relation to the remaining psychologists in the study included hospitals and clinics, which could also be regarded as having an institutional quality. Despite the suggestions that prisons can be stressful work environments, prior research has consistently found that institutional settings and organisational settings in general, have been associated with increased stress and potential for burnout (eg., Ackerly et al.,1988; Farber,1990; Farber & Heifetz,1981,1982; Winnubst,1993). Although this study did not consider this in the analysis and therefore cannot support it, the lack of significance could be explained through the current comparison of one type of institutional setting with other institutional and organisational settings, rather than comparing institutional with non-institutional psychologists. It should be noted that in an absolute sense, these findings do not conclude that working in prisons is not stressful or related to burnout. In fact, over half of the present sample scored at least moderately on emotional exhaustion. In regards to exploring the above, greater numbers of private practitioners compared to those in other settings could have perhaps provided useful insights.

8.4.2 Working with Involuntary Clients

Similarly, in regards to working with predominantly involuntary clients, the findings do not strongly support the assumption that this would place the forensic psychologist at greater risk for burnout. Although prior research has suggested that therapists regard resistance and the involuntary nature of treatment a source of stress (eg., Farber & Heifetz,1981; Steenson,1987), this is not greatly reflected in the current sample's burnout scores. Results do indicate, however that a negative correlation exists between working with involuntary clients and achieving personal accomplishment in their work. Although significant, this effect was small. Further exploration of this revealed that those working predominantly with involuntary clients scored slightly less on average, for achieving personal accomplishment than those working with predominantly voluntary clients. This would appear consistent with the notion that achieving perceived success or meaning in the work with clients would be reduced if they are unwilling

and uncooperative in engaging in the process of change (Courage & Williams,1987). It would perhaps make sense that one would more likely feel inconsequential in relation to work done with resistant clients, given that the very reason that clients present for treatment is for change (Roundy & Horton,1990). It should be stressed, however, that the correlation is small and that those working with involuntary clients are on average, still achieving at least moderate levels of personal accomplishment. It also appears that referral type is significantly correlated with the type of client problem, in that involuntary clients are more likely to present with issues in relation to problematic or negative behaviours. This therefore could be reducing the effect of referral type within the analysis.

8.4.3   Working with Behavioural Problems

It appears that working with predominantly behavioural issues with clients, does perhaps hold some predictive value in regards to burnout. The findings indicate that this would be more likely in relation to emotional exhaustion, but its significance within the main regression is relatively small. Closer examination revealed that for emotional exhaustion, there was a 5.33 difference in the mean scores between those working with behavioural compared to other types of problems. Although working with negative behaviours does not show as a significant factor for burnout attributable to low personal accomplishment within the main regression, a significant correlation between the two was evident. As previously mentioned, problem type and client hours were correlated, in that those working with behavioural issues on average, worked 4.22 weekly hours less in direct client contact than those working predominantly with non-behavioural issues. As such, this could perhaps be reducing the predictive value of this variable on this component of burnout. Nonetheless, the correlations of this variable with higher emotional exhaustion and lower personal accomplishment, appears to support the suggestion that working with an entire caseload dominated by clients regarded as stressful, may hold predictive value in relation to the risk of developing burnout. As such, this appears in agreement with previous findings and suggestions on dealing with negative behaviours (eg., Ackerly et al.,1988; Farber & Heifetz,1982), particularly with a larger caseload of similar client types (eg., Courage & Williams,1987).

Despite the apparent significance of the problem type variable, the findings do challenge the broad based assumptions that psychologists working within the forensic arena are at higher risk for experiencing burnout. Although working with predominantly behavioural problems appears more likely for those within a prison setting, working with predominantly behavioural problems is associated with a slightly higher level of burnout regardless of setting. Despite this, the vast majority of the sample still appear to feel at least moderately satisfied in their work with clients and with their own sense of accomplishment.

8.5   GENDER AND BURNOUT

Although not a primary focus of the study, gender appears to be showing the strongest effect on burnout in relation to emotional exhaustion and, therefore warrants further consideration. It has been stated that emotional exhaustion is regarded as the most central or dominant indicator of burnout (Maslach,1982,1993). This could have significant implications for female psychologists, whose responses in this study suggest an increased tendency to feel overwhelmed by the emotional demands of their work. Further, Maslach (1982) reports that emotional exhaustion may be accompanied by physical exhaustion, feeling run down, tense and susceptible to illness. Closer examination of the data reveals that when using the cut off scores provided by the MBI author's (Maslach et al.,1996), 19 of the females compared to 1 male in the sample indicated that they were experiencing high levels of emotional exhaustion.

When reviewing the analytical data for other variables showing significance, it appears that regardless of whether psychologists work with problematic behavioural issues, gender appears to be determining burnout independently of these factors. However, one observation of interest, was the apparent correlation between gender and age. Further exploration revealed that the mean age of the males was higher by 4.46 years, than for females in the sample. Given that being younger was also correlated with emotional exhaustion, this could have strengthened the gender effect. Although significant, this correlation was small. Overall, there appears to be more support for the effect of gender being independent of the additional variables considered.

Although the current finding has not been consistently supported within the literature on psychologists burnout, it appears in agreement with the demographic norms documented within the general human services research (Maslach et al.,1996). Although relatively small, this data indicates that female workers score slightly higher on emotional exhaustion than males (1.13), whereas differences on depersonalization and personal accomplishment are negligible. Although not explored in this study, the following provides a consideration of factors that could direct future research, in providing insights and understanding of the apparent gender difference.

8.5.1   Gender Bias in the Workplace

Mackay (1993) quotes that between 1980 and 1990, the proportion of women who work rose from 50% to 67%. As such a significant proportion of both men and women would more likely be exposed to the same workplace stressors. Those unique to women are of particular interest within this discussion. It is interesting to note that the extremely high proportion of females to males that responded in the study has not been noted in previous research on psychologists

burnout (eg., Ackerly et al.,1988; Hellman,1987; Kahill,1986). It is uncertain as to whether this perhaps reflects a response bias or an actual imbalance of females to males in the psychological field. Dunnahoo et al (1998), comment that despite the increasing number of women in the general workplace,

"Management typically portrays the workplace as gender neutral, but there is ample evidence that gender bias exists on both overt and more subtle levels." (p.187).

Within this, the 'glass ceiling effect' is believed to still exist, whereby management remains male dominated (Powell,1988) and there remains limited opportunity for women in higher organisational ranks (Kim,1994). In addition, womens earnings are typically lower than mens (Kim,1994), plus lack of childcare assistance and minimal initiatives exist overall for family responsibilities (Cowan,1989). The incidence of females in higher ranking positions or exposure to the stress related factors outlined above are unknown among the current sample, as are coping styles in response to such factors. However, it is known that the majority of the current sample work within organisations and would, therefore be exposed to any additional workplace factors or stressors that either favour or disadvantage gender.

8.5.2   Role Conflict

Mackay (1993) has commented that in the 1970's, Australian women were still largely considered second class citizens within a male dominated society. However, since this time, women have liberated themselves in seeking more fulfilling lives than limiting themselves to the traditional homemaker (Mackay,1993). He contends that the "symbolic behaviour", which women chose as an expression of their new found definition of gender was work. Therefore, the opportunity to combine motherhood with a place in the workforce was acknowledged and by 1990, 60% of mothers with dependents were in work (Mackay,1993). Home and family values were not abandoned, but "needless to say, this created enormous complications and difficulties for the women involved." (Mackay,1993, p.27). In support of this, in relation to burnout, findings in the Hoeksma et al (1993) study of psychotherapists burnout suggest that having younger children (0 to 5 years) may be more personally and professionally demanding. However, those with children in this age range, would perhaps be younger themselves and, therefore more susceptible to burnout.

Although it is acknowledged that work and a life beyond the home can provide stimulation and great personal satisfaction, Mackay (1993) contends that fatigue is a likely outcome. This has been supported in the general work stress literature, which suggests that working women, more so than men, experience the strains of competing work and family demands (eg., Barnett & Baruch,1987; Beutell & Greenhaus,1986). Within the burnout literature, difficulties in

managing the boundary between work and family has also been identified as potentially contributing to emotional exhaustion and depersonalization (eg., Burke & Greenglass; Leiter & Durup,1996). In addition, Mackay (1993) proposes that guilt and anxiety is also a likely outcome for women, regarding the perceived quality of mothering. This idea is also supported by Pines et al (1981), but does not appear to have been explored or tested for in relation to burnout. The potential impact of variables in relation to family members and responsibilities for the current sample were not considered, but could have perhaps provided useful insights in to understanding the gender effect. As such, it is unknown whether differences in burnout exists between gender due to family related factors or differences between gender in coping with work and family demands.

It has been suggested that difficulties may be experienced by the working woman due to being in a relationship with uncooperative, unsympathetic partners, or those who are slow to respond in sharing the traditionally female dominated domestic responsibilities (Mackay,1993). Some have found that improved mental health for working women is associated with having supportive partners in relation to dividing household labour (eg., Kessler & McRae,1982; Ross, Mirowsky & Huber,1983). Yet others have found that such assistance is related to women reporting greater tedium and work related stress (eg., Baruch & Barnett,1986; Hochchild & Machung, 1989). Geller and Hobfell (1994) dared not to suggest that this research was conducted by men for men who fudged the data, but rather suggested that such findings could be possible for those receiving "high hassle support". Alternatively, Dunahoo et al (1998) suggest that women perhaps perceive such duties as their responsibility and if not fulfilled by them, could induce guilt and greater strain. Within the burnout literature, Maslach (1982,1993) contends that having a significant other is likely to have a buffering effect on burnout. This factor, however, has been suggested as unrelated to burnout in psychologists (eg., Ackerly et al.,1988). The status, dynamics and perceived quality of relationships was, however, not considered within the current sample. Overall, by comparing women and men working as psychologists in similar workplaces with similar home lives and demographic characteristics, a greater understanding of coping styles, work experiences and indicators of burnout between gender may be achievable.

8.5.3   Gender Socialization

In further exploring why women appear to be increasingly emotionally exhausted, it could perhaps be argued that despite the gender revolution described by Mackay (1993), traditional qualities and expectations between and within genders exist. Erickson (1993) argues that due to socialization processes, women are more likely to possess highly developed sensors that are adjusted to relationships and tuning into the wants and needs of others. This perhaps relates to the apparently increasing numbers of women entering the helping professions (Erickson,1993).

Erickson (1993) further argues that in being emotionally skilled, women perhaps have an "ingrained tendency" to be too responsible, in feeling accountable for others' success in achieving pleasure, comfort and happiness. Such a view is in line with that described by Brooks (1998), which considers men and women as very different types of therapists as a consequence of this nurturing factor. This argument proposed that female therapists, like women in the larger culture, are more likely to nurture, tend more to accept responsibility for the welfare of their clients and tend more to feel guilty when therapy goes poorly. This proposed tendency for women to exert themselves and feel over responsibility for others would seem consistent with the over-involvement factor identified in the emotionally exhausted therapist's profile (eg., Ackerly et al.,1988; Farber,1990).

Despite the apparent risk to female therapists' emotional or psychological well being, it has been noted that women rarely engage in therapy with a presenting problem around work (Stiver,1991). Exploring the incidence of those engaged in therapy or the reason for engaging was not considered in the current study. A reluctance to engage, however, could have serious implications for the increasing number of females entering the psychological profession (Fowler,1990).

In further considering the apparent gender difference, it could also be argued that the findings do not actually reflect differences in the extent of burnout, but rather differences in coping with similar stressors. Again, in considering socialization processes, John Gray (1992), claims that unlike men, women are not ashamed of experiencing problems and that their egos are not largely dependent upon looking competent. Further, women are more readily able to openly share feeling overwhelmed, confused or helpless, whereas men are more likely to withdraw into their "cave". This allows men to maintain a competent persona in resolving their difficulties out of sight and alone (Gray,1992).

The view outlined above perhaps indicates a male preference to overtly deny experiencing difficulties. This would be consistent with Deutsch's (1984) suggestion in an attempt to explain her findings in relation to gender. It was suggested that women psychotherapists do not experience greater stress, but are more likely to reveal its presence. Similarly, Thoreson et al (1989), found female psychologists to be increasingly depressed and distressed. However, they warned that it would be premature to conclude that females are more distressed. In conclusion, the apparent gender effect could simply be reflecting a cultural phenomena, whereby women feel more comfortable to, more accepted for and expected to disclose difficulties overtly.

8.6   LIMITATIONS OF THE STUDY

The study was correlational and, therefore statements in regard to causation cannot be made. As such, the manner in which the significant findings are related to the subject matter remain undetermined. Further, in relation to issues outlined within the discussion, it should be emphasized that the burnout phenomena has been associated with a wide range of diverse variables. Many variables previously identified as correlates of burnout, could not be explored within this study and, therefore the findings could be related to a whole host of additional factors. For example, it was unknown as to whether the respondents took regular leave, had recently resumed work following a period of leave or were having an unusually stressful or stress-free period within their personal or professional lives. This study was somewhat limited in the variables included due to the small sample size. As such, understanding possible reasons as to why this sample scored in the manner revealed is also limited.

Interpreting and generalising the results of this study should be done cautiously, due to a number of factors. As mentioned previously, addressing the assumptions of multiple regression was restricted due to the number of binary variables included. The sample size was limited and involved one professional population, along with those predominantly working within organisations from within the Perth metropolitan areas. It has been noted that demographic factors in particular, have been inconsistently associated with burnout and appear to be specific to the particular sample population considered (Kahill,1986). In addition, mail surveys are open to the potential bias of selective responding and, therefore there is no indication as to whether those not responding differed significantly from those who did. For example, the most burned out workers may have had no inclination to respond to the questions, which required respondents to entertain thoughts regarding potential difficulties in their work. Further, despite the mail survey promising anonymity, there may have been a general reluctance for respondents or potential respondents to self disclose information regarding their coping with work, particularly to a known or unknown work colleague. Revealing less than adequate coping with their work may be considered taboo. Although no mention of "burnout" was made by the researcher, the nature of questions within the MBI does require respondents to consider whether they experience stresses and frustrations within their work and one item within the emotional exhaustion subscale specifically asks respondents if they feel burned out. This in turn could provoke a defensive response style. The potential for denial of problems for psychologists has been noted. Laliotis and Grayson (1985) allude to the possibility that problems among psychologists may be underreported due to the belief that as professional therapists, they should be models of mental health and emotional stability.

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APPENDIX A

Respondent Information Letter

EDITH COWAN UNIVERSITY
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Western Australia 6027
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Dear Participant,

JOB ATTITUDES AND COPING IN WESTERN AUSTRALIAN PSYCHOLOGISTS

My name is Claire Lynn and I am conducting a study as a part of my Master of Psychology degree at Edith Cowan University. The purpose of the study is to generate some preliminary data on job attitudes and coping in Western Australian psychologists. The information that you can offer would be useful in terms of identifying and targeting sufficient and appropriate supports or interventions for practicing psychologists. Your assistance would be greatly appreciated.

As a participant in this study, I would like you to complete the enclosed questionnaires. The questionnaires included are:

1.) Demographic and work information sheet, and

2.) Maslach Human Service Survey.

Pilot testing suggests that completion of the questionnaires will take around 15 to 30 minutes.

If you agree to participate you are free to withdraw that participation or to decline to complete any part of the material at any stage of the research.

The information obtained from you will be treated in the strictest confidence and will remain anonymous. There is no need for you to record your name or any other information that could identify you on the questionnaires. No information will be made available to any other parties. Data will be presented in the form of group averages, as opposed to individual raw scores. You will, therefore not be identifiable in the final report.

You will not be required to complete a consent form because consent will be presumed by your act of completing and returning the questionnaires.

If you decide to participate in this study, please complete the questionnaires and return them to the address provided. Similarly, if you choose not to participate, it would be greatly appreciated if you would return the questionnaires to the address provided. For your convenience I have enclosed a stamped addressed envelope for the return of completed and non-completed questionnaires..

You are welcome to write to me requesting a summary, should you wish to find out the results of the study. The data produced from this study is also intended for publication.

Should you have any queries regarding this project, please feel free to contact me or my supervisor at the address provided below.

Yours sincerely

Claire Lynn
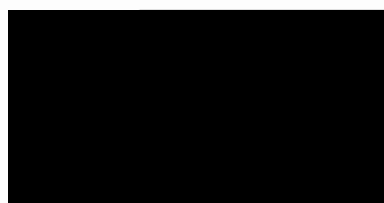
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APPENDIX B

Demographic and Work Information Sheet

1)   I am   male   female   (please circle).

2)   I am   _____ years of age.

3)   My Qualifications are _____

4)   My marital / relationship status is _____

5)   I have worked   _____ years / months (please circle) as a psychologist.

6)   My current position(s) is (are)_____

7)   I work   _____ hours per week as a psychologist.

8)   My current work setting is :

<u>setting</u>	<u>for x hours per week</u> <u>(approximate)</u>
_____	_____
_____	_____
_____	_____
_____	_____
<u>(e.g., Health Department Clinic</u>	<u>10 hours per week</u>
<u>Private practice</u>	<u>10 hours per week</u>
<u>Community corrections centre</u>	<u>4 hours per week</u>
<u>Minimum security prison</u>	<u>14 hours per week</u>

9)   I have worked in this / these settings for   _____ years / months.

10)   I currently work in direct client service for approximately   _____ hours per week.

11)   I would estimate that my average weekly case load currently consists of _____individual consultations with clients, _____ group (s) (averaging _____ participants), and _____other (Please specify, e.g. 3 couples)_____

12)   I would estimate that

(a) for _____% of the time, I work with problems that directly relate to clients' criminal convictions;

(b) for _____% of the time, I work with problems that could result in a criminal conviction;

(c) for _____% of the time, I work with problems that have no relation to criminal law

13)   I would estimate that around _____% of my clients are children (0-12), _____% are adolescent (13 - 18), _____ % are adult (19 - 65) and _____% are older adults (65+)

14)   The client problem (type) I currently work with is

client problem type   % of working hours spent with

_____   _____

_____   _____

_____   _____

(e.g.,   victim trauma   _____ 20% of my time
          anxiety/depression   _____ 10% of my time
          sex offenders   _____ 20% of my time
          substance abuse   _____ 10% of my time

15)   I would estimate that around _____% of my clients are voluntary, _____% are involuntary (e.g.,under some coercion from significant others or authorities), and _____% are mandatory (e.g., result of a formal court order or parole board requirements)

16)   My sources for personal and professional support include :

_____

_____

_____

_____

(e.g., professional supervision, spouse, colleagues, debriefing, personal counselling) .

17)   The 3 best things about my current work are :

_____

_____

_____

18)   The 3 worst things about my work are

_____

_____

_____

19)   Identify any other factors that you believe may impact on your own current job attitudes and coping

(+ve) _____

_____

_____

(-ve) _____

_____

_____

APPENDIX C

The Maslach Burnout Inventory

MBI Human Services Survey

The purpose of this survey is to discover how various persons in the human services or helping professions view their jobs and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following page there are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way *about your job*. If you have *never* had this feeling, write a "0" (zero) before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

HOW OFTEN
0 - 6   Statement

_____   I feel depressed at work.

If you *never* feel depressed at work, you would write the number "0" (zero) under the heading "HOW OFTEN." If you *rarely* feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week, but not daily) you would write a "5."

3463

MBI Human Services Survey

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

HOW OFTEN
   0 - 6   Statements:

1. _____   I feel emotionally drained from my work.

2. _____   I feel used up at the end of the workday.

3. _____   I feel fatigued when I get up in the morning and have to face another day on the job.

4. _____   I can easily understand how my recipients feel about things.

5. _____   I feel I treat some recipients as if they were impersonal objects.

6. _____   Working with people all day is really a strain for me.

7. _____   I deal very effectively with the problems of my recipients.

8. _____   I feel burned out from my work.

9. _____   I feel I'm positively influencing other people's lives through my work.

10. _____   I've become more callous toward people since I took this job.

11. _____   I worry that this job is hardening me emotionally.

12. _____   I feel very energetic.

13. _____   I feel frustrated by my job.

14. _____   I feel I'm working too hard on my job.

15. _____   I don't really care what happens to some recipients.

16. _____   Working with people directly puts too much stress on me.

17. _____   I can easily create a relaxed atmosphere with my recipients.

18. _____   I feel exhilarated after working closely with my recipients.

19. _____   I have accomplished many worthwhile things in this job.

20. _____   I feel like I'm at the end of my rope.

21. _____   In my work, I deal with emotional problems very calmly.

22. _____   I feel recipients blame me for some of their problems.

(Administrative use only)   cat   cat   cat

           EE: _____   _____   DP: _____   _____   PA _____   _____

APPENDIX D

Participant Responses Comprising The "Client Problem" Variable

Types of Participant Responses Assigned to **"Behaviour"** Category:

Violent offending	Offending issues
Anger management and aggression issues	Substance abuse
Sex offending	Suicidal gestures
High risk behaviours	Self harm
Behavioural problems	Severe non-compliance
Challenging behaviours	ADHD
Conduct issues	Domestic abuse

Types of Participant Responses Assigned to the **"Not Behaviour"** category:

Coping skills	Relationship problems
Marital problems	Family issues
Anxiety disorders	Depression
Grief and loss	Adjustment issues
Trauma victim issues	PTSD
(emotional, physical, sexual, childhood abuse)	Eating disorders
Psychosomatic	Learning problems
Social-emotional problems	Pain
Developmental delay	Disability
Neonatal problems	Schizophrenia
Low self esteem	Phobias
Sexual dysfunction	Stress
Autism	Sleeping problems
Dementia	Mood disorder
Psychiatric disorders	Unemployment
Communication issues	Health issues
Parenting problems	Other

APPENDIX E

Intercorrelations Between MBI Subscales

Pearsons Correlations

	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Emotional Exhaustion		.366**	-.332**
Depersonalization	.366**		-.180
Personal Accomplishment	-.332**	-.180	

APPENDIX F

Scatterplots For Dependent and Independent Variables

Graph

emotion-exhaust

Graph

Graph

Graph

CLIEHOUR
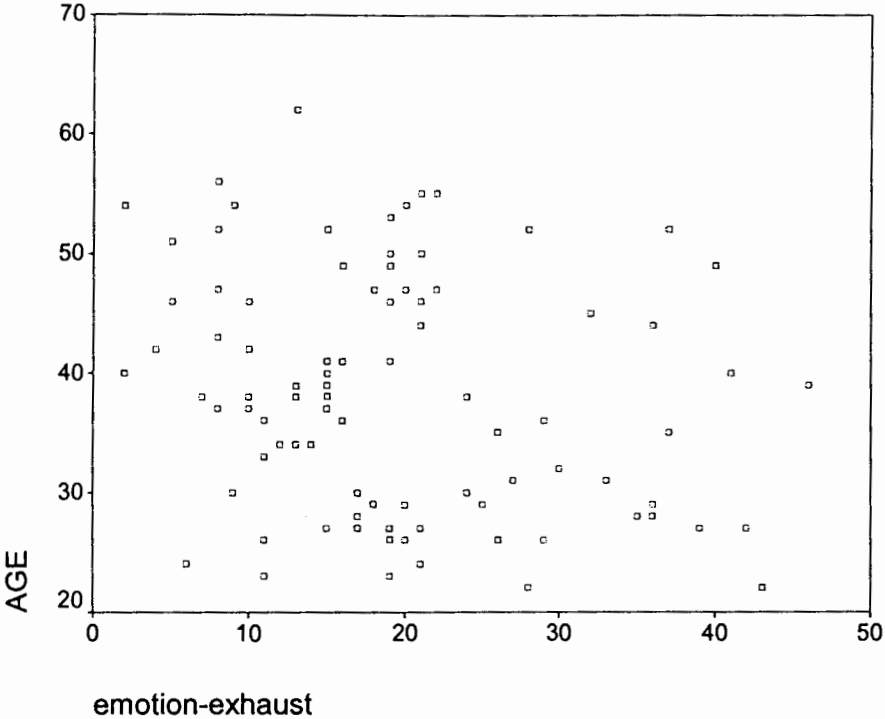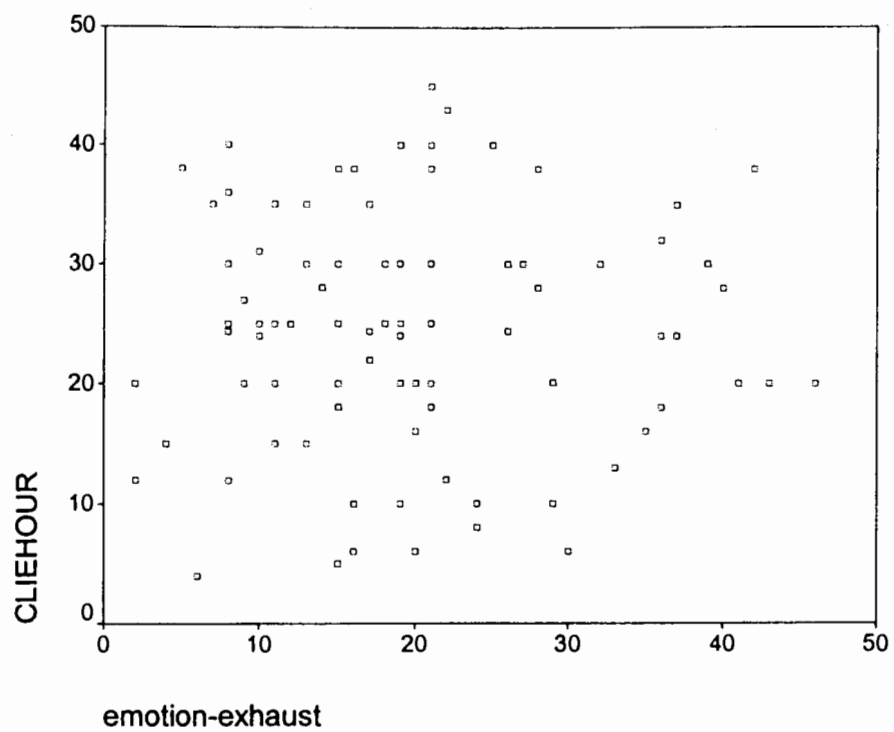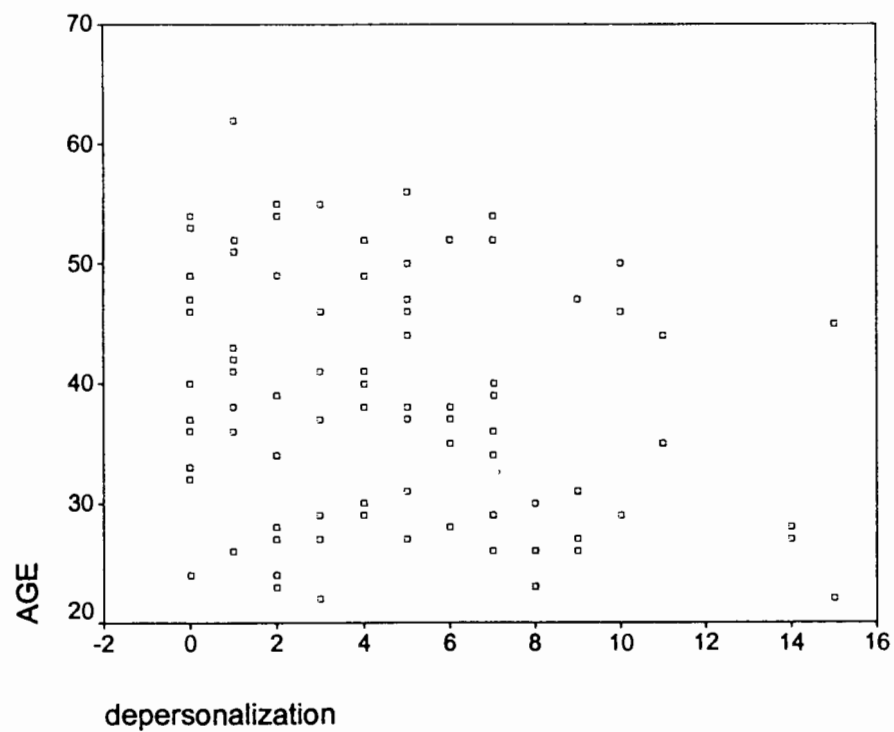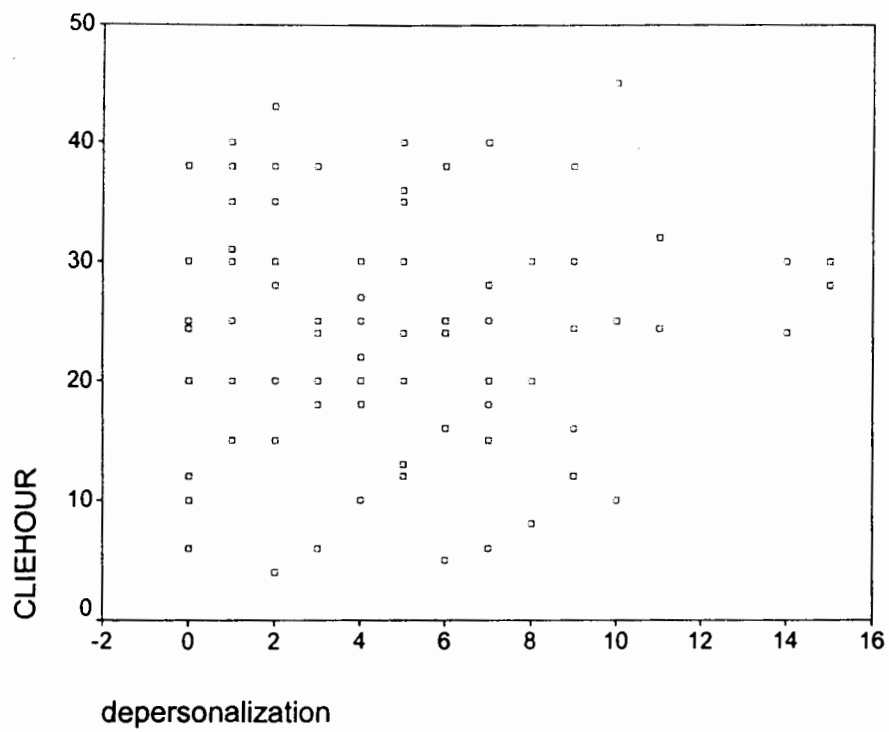
personal accomplish
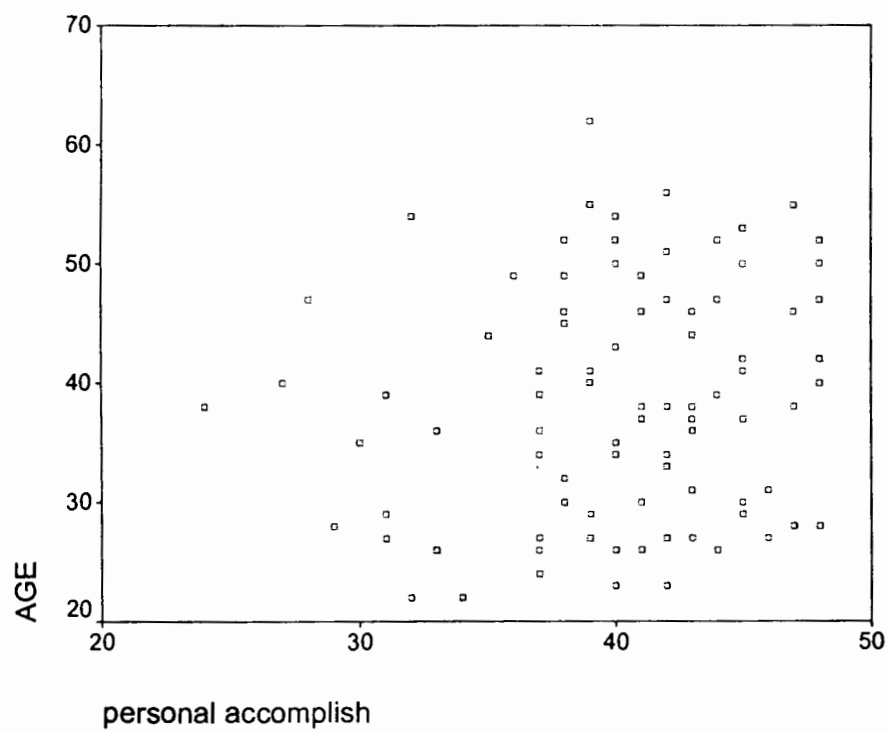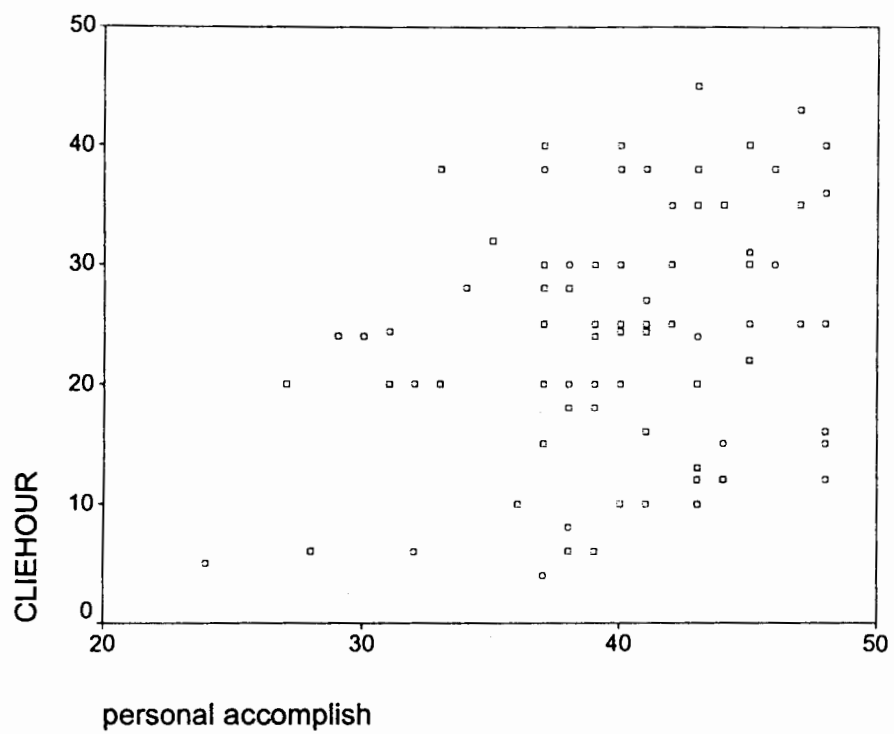
APPENDIX G

Residual Scatterplots For Emotional Exhaustion And Against
Independent Variables

## Scatterplot

Dependent Variable: emotion-exhaust

Regression Standardized Residual
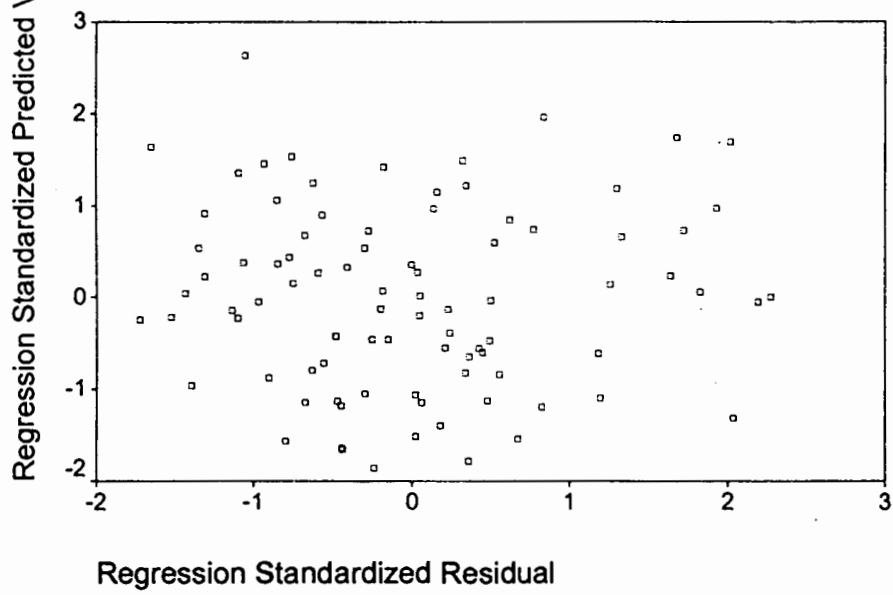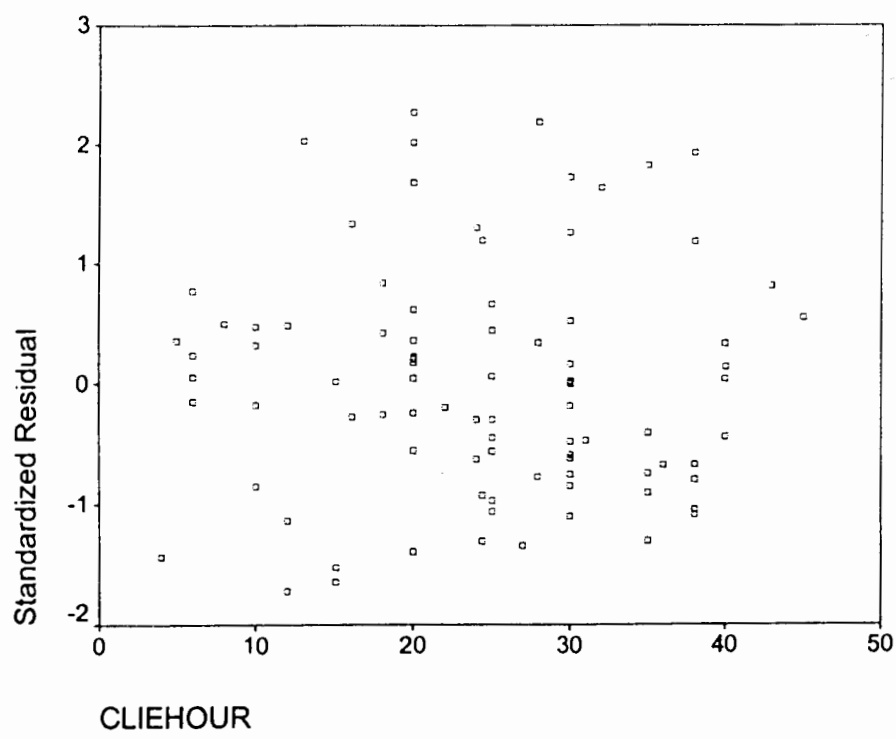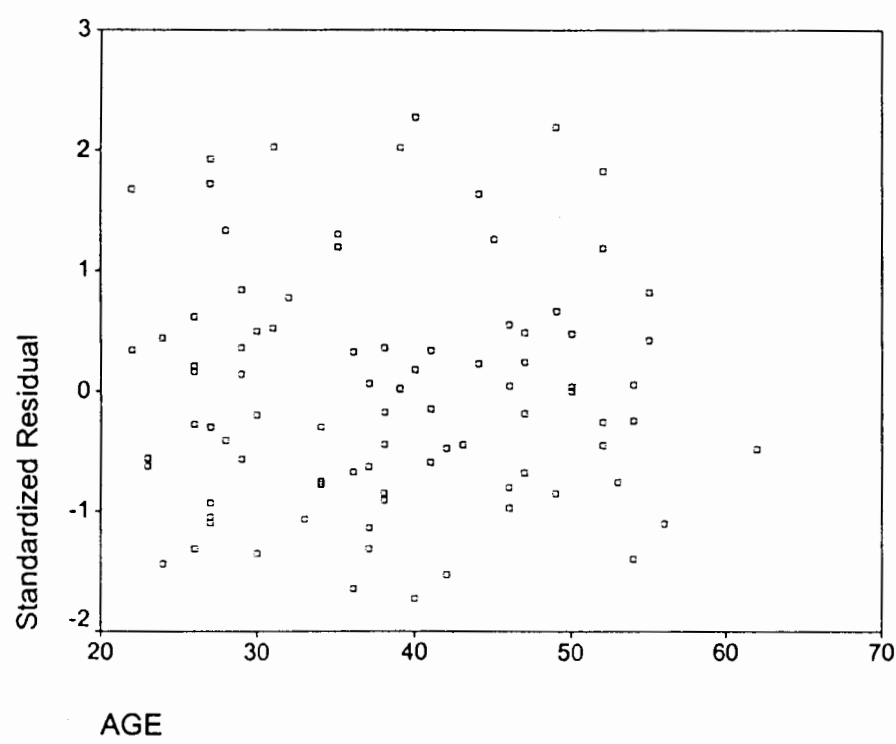
Graph

Graph

APPENDIX H

Residual Scatterplots For Emotional Exhaustion And Against
Independent Variables

Scatterplot

Dependent Variable: depersonalization

Regression Standardized Residual
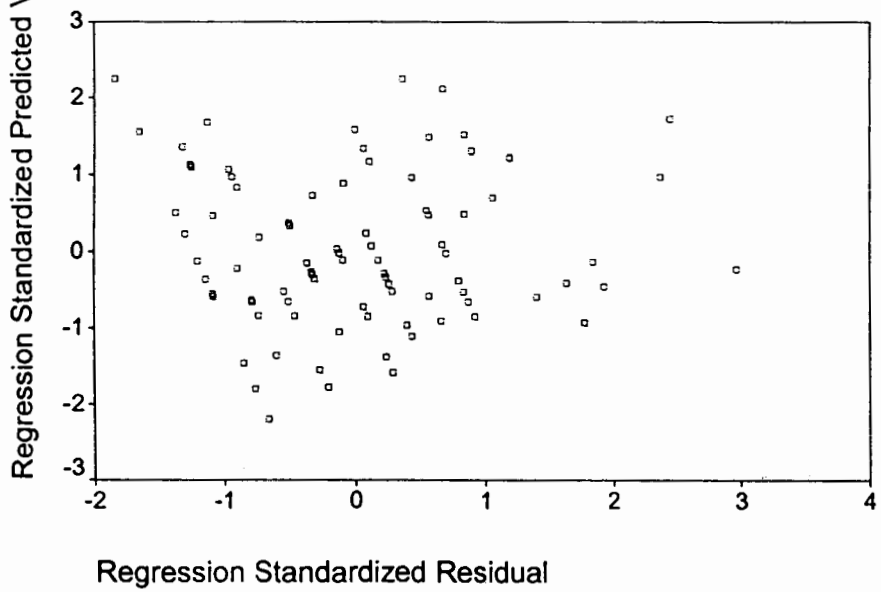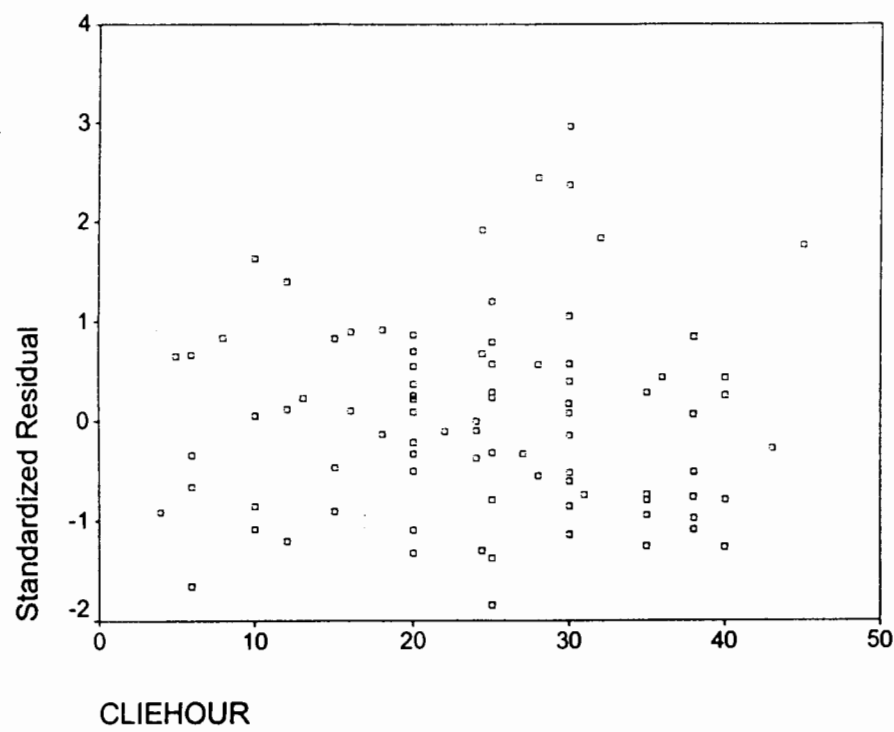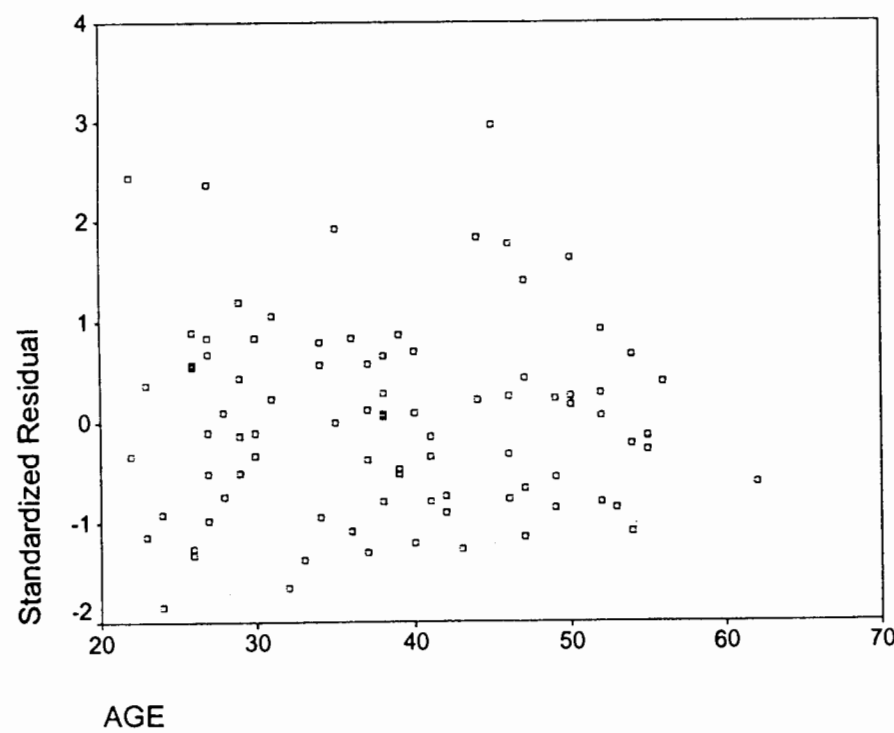
Graph

Graph

APPENDIX I

Residual Scatterplots For Depersonalization And Against
Independent Variables

Scatterplot

## Dependent Variable: personal accomplish

Graph

CLIEHOUR

Graph

AGE