

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Burnout, General Health and Coping Strategies among Employees in Private Health and Fitness Centers

Yannis S. Georgiou

Doctoral Student, National & Kapodistrian University of Athens,
School of Physical Education and Sport Science, Athens, Greece

Nikolaos Patsantaras

Alternate Professor, Department of Sociology of Sports, National & Kapodistrian University of
Athens, School of Physical Education and Sport Science, Athens, Greece

Athanasios Koustelios

Professor, University of Thessaly,
School of Physical Education and Sport Science, Trikala, Greece

Alexandros - Stamatios Antoniou

Assistant Professor, Faculty of Primary Education, School of Education,
National and Kapodistrian University, Athens, Greece

Abstract:

Abstract. — The aim of the present study was to investigate the relationships among burnout, coping strategies and general health among part-time and full-time employees in private health and fitness centers. Using a stratified random sampling method, a sample of 205 employees (51.2% full time and 48.8% part-time) completed Maslach Burnout Inventory-General Survey (MBI-GS), Ways of Coping Survey and General Health Questionnaire (GHQ-12). Statistical analysis showed that part time work was related to higher level of negative feelings of accomplishment. Passive coping was associated with higher levels of depersonalization and lack of accomplishment while active coping has negative impact on the development of burnout. People with general health problems are more vulnerable to job burnout.

Keywords: Burnout, coping strategies, general health, social well-being

1. Introduction

Burnout characterized by emotional exhaustion, depersonalization and reduced efficacy (Maslach, Schaufeli & Leiter, 2001) has been mainly associated with social services workers (Grunfeld et al., 2000). However, as Maslach & Schaufeli (1993) pointed out, burnout is not necessarily restricted to the human service professions and might be found in other types of occupations. Recently, the concept of burnout has also begun to appear frequently in the sports world. Research on burnout in sports mainly focuses on physical education teachers, coaches and athletic directors (Koustelios, A., Zounatzi, E., & Karabatzaki, D., 2012; Tsigilis, N., Zounatzi, E., & Koustelios, A., 2011; Koustelios, A., 2010; Koustelios & Tsigilis, 2005; Koustelios, 2001; Caccese & Mayerberg, 1984; Kelley, Eklund, Ritter, & Taylor, 1999; Martin, Kelley, & Dias, 1999).

Burnout theory (Maslach & Leiter, 2008; Schaufeli & Bakker, 2004) provides a framework for understanding the dynamics between an employee and his/her work environment. Work status can be detrimental to employees' health and burnout. For example, work flexibility that involves non-standard forms of work such as part time or short-term work is often described as precarious work that is related to specific risks for health (Armaou & Antoniou, 2011). Part-time or short time position to full time job is associated with insecurity in the workplace, increased levels of psychological distress, somatization, depression, anxiety and hostility (Crozier & Davidson, 2009; Probst, 2011). Furthermore, part time employees can experience less commitment to the organization and engage in work withdrawal behaviors such as absenteeism, tardiness and work task avoidance (Probst, 2011). General health is a complex state which consists on physical, mental and social factors that influence an individual's quality of life (Lazarou & Patsantaras 2013, Kamberidou & Patsadaras, 2007). Although there is no universal agreement on the meaning of social health, specifically how to measure it, there is a complex link between psychopathology and physical and social health (Larson 1993).

Characteristics of work environment seem to present stressors that contribute to burnout. In addition to job insecurity, part time employees can experience social isolation, little autonomy over their work, stigmatization by others that they have low skill level and lack of appropriate support from co-workers and management (Crozier & Davidson, 2009). For example, social isolation among others causes a chain reaction of emotions that leads to a symptomatic behavior which is associated with depression and a higher rate of negative self-rating of health (Larson 1993). Experiences such as these can contribute significantly to the levels of stress experienced by part time employees, which may be tied to burnout. However, the stress experienced by individuals in their

organizational context and the extent to which is related to burnout is dependent on the effectiveness of the coping strategy adopted by individuals (Pines, 2009). Lazarus (2001) differentiates between coping strategies that are problem focused, in which the individual tries to confront or alter a stressful situation, and those strategies that are emotion-focused, in which the individual attempts to accept and live with a particular stressor by reducing the emotional distress. Active coping approach includes problem solving, while emotion-focused coping strategies include discharging painful emotions, as well as avoidant approaches, and wishful thinking to reduce stress (Lazarus, 2007). The two dimensions of coping, active versus inactive emerged from the discussion of coping with burnout during workshops with a range of human service professions (Pines, 2009).

Many researchers found a reciprocal relationship between burnout and depression (Ahola & Hakanen, 2007) that leads to reduced work performance. Some researchers indicated that ill-health is a critical outcome of burnout (e.g., Schaufeli & Buunk, 2002). According to Hobfoll & Shirom (2000) early stages of job burnout may co-occur with anxiety, whereas later stages, when active coping becomes ineffective, job burnout may be associated with depressive symptoms. Therefore, depression can be viewed as a result of unsuccessful coping with job burnout. However, other researchers argued that ill health may influence employees' perceived and objective workload and lower their productivity, all of which were found to trigger job burnout (e.g., Pines, 2000). Another theory refers to bi-directional relationship between job burnout and ill health, in the manner of a 'vicious cycle' or a 'downward spiral', where job burnout increases ill health, which, in turn, increases job burnout, which then again increases ill health (Huibers, Leone, van Amelsvoort, Kant & Knottnerus, 2007). It seems that the relationship between the job burnout and ill health remains unsolved (Peterson, et al., 2008; Sonnenschein, Sorbi, van Doornen, Schaufeli & Maas, 2007).

Based on the previous discussion, it was expected that (1) part time job would be associated with burnout, low scores on active coping and low scores on general health, (2) burnout will be correlated with low scores on active coping and high scores on passive coping; and (3) burnout is the response to low scores on general health.

2. Method

2.1. Subjects

A total of 104 males (50.7%) and 101 females (49.3%) employees of private health and fitness centers participated in this study. A high percentage of participants (82.9%, 81 males and 89 females) were between 18 and 37 years of age and 17.1% (23 males and 12 females) were between 38 and 67 years of age. Full time employees represented 51.2% (60 males and 45 females) of the sample. Regarding work-status, 51.2% (60 men and 45 women) had full time work contract and 48.8% (44 men and 56 women) were part-time employees.

2.2. Instruments

Three instruments were used in this study. The first was *Maslach Burnout Inventory- General Survey (MBI-GS)*: Schaufeli, Leiter, Maslach, & Jackson, 1996) consisting of 16 items for assessing three burnout dimensions: emotional exhaustion (5 items), depersonalization (5 items) and lack of feeling of accomplishment (6 items). Items are scored on a 7-point scale ranging from never (0) to daily (6). The alpha coefficients in this study were $\alpha = .83$ for emotional exhaustion, $\alpha = .71$ for depersonalization and $\alpha = .81$ for the lack of feeling of accomplishment. We incorporated items from *Ways of Coping* (Folkman & Lazarus, 1985), to assess the degree to which an individual relied upon specific cognitive-behavioral strategies, such as: (a) Confrontive coping (8 items), $\alpha = .74$, (b) Discharging painful emotions (5 items), $\alpha = .60$, (c) Escape-avoidance (8 items), $\alpha = .64$, (d) Wishful thinking (4 items), $\alpha = .60$. Each statement was rated on a four-point scale ("Not used" to "Used a great deal"). The *General Health Questionnaire (GHQ-12)* (Goldberg & Williams, 1988) consists of 12 items, each assessing the severity of a mental problem over the past few weeks using a 4-point scale (from 0 to 3). The scale points are described as follow: "less than usual", "no more than usual", "rather more than usual", "much more than usual". The alpha coefficient in this study was $\alpha = .77$. The score was used to generate a total score ranging from 0 to 36, with higher scores indicating worse conditions of general health. *Demographic variables* consisted of questions, including gender, age, marital status, and work contract.

3. Procedure

The method chosen to measure burnout was that of self-completed questionnaires. Researchers informed all subjects that their participation was completely voluntary and the individual responses would be held in confidence. Quantitative data were analyzed using the Statistical Package for the Social Sciences. Two-way ANOVAs and regression analysis were chosen as the most appropriate statistical procedures for purposes of this study.

4. Results

4.1. Work status and Gender Differences in Participants' Valuing of Burnout, Ways of Coping and General Health

Two-way separate MANOVAs were performed on measures of responses to burnout and ways of coping using as independent variables work status (full time – part time) and gender (male vs female). Two-way ANOVA was chosen for comparison of general health as a function of work status and gender.

There were significant differences between work status for lack of feelings of accomplishment $F(1, 204) = 3.53, p = .05, \eta^2 = .02$. Participants with part time employment status tended to show less feeling of personal accomplishment than they co-workers. Furthermore, part time employees reported higher level of wishful thinking compared to full time employee's $F(1, 204) = 3.76, p <$

.05, $\eta^2 = .018$. Female employees used lower levels of discharging painful emotions $F(1, 204) = 3.86, p < .05, \eta^2 = .019$ and higher levels of wishful thinking $F(1, 204) = 3.56, p = .05, \eta^2 = .017$ than male employees. Part time employees tended to show more health problems than they co-workers $F(1, 201) = 3.53, p = .05, \eta^2 = .017$ (Table 1).

	Work status-Contract				Gender			
	FULL TIME	PART TIME			MALE	FEMALE		
	M	M	F	η^2	M	M	F	η^2
Burnout								
Emotional exhaustion	2.74	2.90	0.75	0.004	2.78	2.86	0.12	0.001
Depersonalization	2.07	2.10	0.04	0.000	2.09	2.07	0.02	0.000
Lack of Personal accomplishment	0.70	0.92	3.53*	0.02	0.85	0.77	0.77	0.004
Ways of coping								
Confrontive	2.00	1.92	1.09	0.005	1.98	1.94	0.012	0.001
Dis/ging Painful emotions	0.92	1.00	1.89	0.009	1.03	0.89	3.86*	0.019
Avoidance	1.02	1.14	2.81	0.014	1.05	1.11	0.39	0.002
Wishful thinking	1.11	1.29	3.76*	0.018	1.11	1.28	3.56*	0.017
General health-total								
General health	0.70	0.92	3.53*	0.017	0.85	0.92	0.77	0.004

Note: * $p < 0.05$.

Table 1: Means of burnout, ways of coping and general health as a function of work status and gender Inter correlation among Burnout, Ways of Coping and General Health

Results of intercorrelation among variables in this study indicated that emotional exhaustion and depersonalization were related positively to discharging painful emotions, escape/avoidance, wishful thinking and general health. Lack of accomplishment was related negatively to confrontive coping and positively to discharging painful emotions, escape/avoidance and wishful thinking (Table 2).

Coping and general health	Burnout		
	Emotional Exhaustion	Depersonalization	Lack of accomplishment
1. Confrontive	-0.01	-0.08	-0.19**
2. Discharging painful emotions	0.26**	0.31**	0.24**
3. Avoidance	0.17*	0.25**	0.19**
4. Wishful thinking	0.24**	0.22**	0.14**
5. General health	0.40**	0.28**	0.04

Note: * $p < .05$, ** $p < .01$

Table 2: Inter correlation among burnout, Ways of Coping and General Health Regression Analyses predicting burnout from ways of coping and general health of participants

According to regression analyses, participants with high level of discharging painful emotions showed higher level of emotional exhaustion $\beta = .19, t = 4.80, p < .05, R^2 = 8.8\%$. Higher level of confrontive way of coping is related to lower level of depersonalization $\beta = -0.14, t = -1.98, p < .05$, while higher level of discharging painful emotions $\beta = .24, t = 3.13, p < .01$ and escape/avoidance are related to higher level of depersonalization $\beta = .17, t = 2.24, p < .05, R^2 = 14\%$. Furthermore, higher level of confrontive coping predicted more feelings of personal accomplishment $\beta = -0.23, t = -3.33, p < .01$, while higher level of discharging painful emotions $\beta = .17, t = 2.22, p < .05$ and avoidance $\beta = .17, t = 2.16, p < .05$ are related to lower feelings of accomplishment $R^2 = 11\%$ (Table 3).

	Emotional Exhaustion	Depersonalization	Lack of accomplishment
	β	β	β
1. Work status	0.02	-0.05	0.08
2. Gender	-0.03	-0.006	0.05
3. Ways of coping			
Confrontive	-0.04	-0.14*	-0.23**
Discharging painful emotions	0.19*	0.24**	0.17*
Avoidance	0.05	0.17*	0.17*
Wishful thinking	0.13	0.05	0.006

Note: * $p < .05$. ** $p < .01$

Table 3: Hierarchical Regressions for the prediction of burnout from ways of coping of participants Regression Analyses predicting burnout from general health of participants

Emotional exhaustion. According to regression analyses, participants with low level of general health had higher level of emotional exhaustion $\beta=0.40$, $t=6.04$, $p<.001$, $R^2=15.4\%$ and depersonalization $\beta=0.28$, $t=4.12$, $p<.001$, $R^2=7.8\%$.

	Emotional Exhaustion	Depersonalization	Lack of accomplishment
	β	β	β
1. Work status	0.03	-0.003	0.13
2. Gender	0.007	0.035	0.06
3. General Health	0.40***	0.28***	0.03

Note: *** $p < .001$

Table 4: Hierarchical Regressions for the prediction of burnout from general health of participants

4. Discussion

The present study was designed to examine whether part time job employees experience different levels of burnout, coping approach of burnout and general health in comparison to full time co-workers in private health and fitness centers in the city of Athens. Our findings suggest that part time employees are more exposed to reduced professional accomplishment in comparison to the full-time employees. Reduced professional accomplishment means the decrease of one's feelings of competence and work achievement (Zhong, You, Gan, Zhang, Lu & Wang, (2009). This can be explained by a number of factors. Factors intrinsic to the job can be a source of low feelings of accomplishment (Crozier & Davidson, 2009). Part time workers often conduct another person's work for a given time, they are often over or under loaded, or they experience lack of support or inadequate training from the organization.

Being subject to part time work is related to low scores on general health. Previous research indicates that part time employment is related to high job insecurity with strong positive relationship with general health (Hellgren & Sverke, 2003). Part time job is characterized by high levels of job insecurity that has been described as "one's expectations about continuity in a job situation", "an overall concern about the future existence of the job", "an employee's perception of a potential threat to continuity in his or her current job", "a discrepancy between the level of security a person experiences and the level she or he might prefer" or "the subjectively experienced anticipation of a fundamental and involuntary event" (Sverke, Hellgren & Näswall, 2006, p.5). Furthermore, according to present study's results, part time employees use wishful thinking more frequently than their colleagues to reduce stress and work demands, which reflects an inactive approach of job stress directed not on the causes of situation, but inwardly (Pines, 2009). Inward-inactive coping according to Pines (2009) includes doing nothing, getting sick, collapsing, taking medication, obsessing, sleep, etc. Despite the work status, female employees use more frequently than male wishful thinking while men more than women use discharging painful emotions.

The second finding refers to the impact of coping strategies on burnout. Coping strategies such as discharging painful emotions has been found to be associated with higher levels of exhaustion, depersonalization and negative feelings of personal accomplishment. Avoidance strategy appeared to contribute to the higher levels of depersonalization and negative feelings of personal accomplishment on behalf of the employees. On the other hand, active approach of coping with stress has been found to be associated with lower levels of depersonalization and positive feelings of accomplishment. This finding is consistent with prior studies conducted within other settings, where avoidance and distancing strategies were found to be associated with higher level of stress, emotional exhaustion, and depersonalization (Bagececi & Hamamci, 2012). It seems that individuals who experience stress and lack of adequate coping strategies may succumb to a state of physical, emotional and mental exhaustion. In this perspective, individuals with such symptoms (e.g. part-time workers) are more handicapped by ill health. Inactive coping strategies reflect the loss of trust in managing the stress, blaming oneself for being responsible for the negative situation and failing to find a solution to the problem (Bagececi & Hamamci, 2012). These findings emphasize the importance of promoting adaptive coping strategies to combat burnout. Results can suggest possible intervention strategies, which are connected to reduce burnout and manage stress in the workplace. Finding adequate strategies for intervention can be important not only for the employees, but also can benefit the organization as a whole. Employees experiencing burnout are not committed to their work and make more errors, have higher rates of absenteeism and low productivity (Maslach & Leiter, 2008; Templeton & Satcher, 2007). Finally, the present study confirmed the relation between general health and burnout. According to our results, the risk of burnout is highest for people with high levels of psychological ill health, anxiety and depression. We need to point out here that people suffering from depression are socially handicapped, to a higher degree, than those suffering from anxiety disorder alone (Larson 1993). The result is consistent with hypothesis that ill health can influence and trigger job burnout (Pines, 2000). Mental health is an important variable that may extend over every life domain and over the work context. Mental illness affects an individual's social health causing bad moods, among other things, which lead to negative performance in his/her social roles (as employees, professionals, parents, etc.) and consequently difficulties in adjusting to his/her social environment. Mental illness—as a persistent and substantial deviation from normal functioning—impairs the execution of social roles and it is associated with emotional suffering (Keyes, 2002).

The findings have important theoretical implications. First of all, job burnout is related to job characteristics and personal variables. Part time employees experience more burnout than their co-workers. In this perspective, part-time employees usually do not perceive society as possessing potential for growth. They experience social alienation, namely they do not feel that they belong to and are accepted by their social environment, nor see themselves contributing to society (????). It is important to examine further job characteristics of part time employees that trigger job burnout. Factors present in the workplace can determine a general picture of what part time work is and what it consists of. Second, coping strategies and mental health play a significant role in explaining the

development of burnout. Employees with defensive, passive coping way rather than confronting coping tend to have higher levels of burnout. In addition, personality characteristics such as anxiety and depression are more vulnerable to job burnout.

The present study had some limitations. The sample was selected only from private health and fitness centers. Part time work is extended within many workplaces. Using only self-report questionnaires, one must be cautious about common methods bias. Furthermore, the variables were measured at only one point in time. Longitudinal design can help in better understanding of the impact of workplace and individual variables related to job burnout among human service professionals.

5. References

- i. Ahola, K., & Hakanen, J. (2007) Job strain, burnout, and depressive symptoms: a prospective study among dentists. *Journal of Affective Disorders*, 104, 103-110.
- ii. Armaou, M., & Antoniou, S-A. &. (2011). The changing world of work and occupational health. In A-S. Antoniou & G. Cooper (Eds.), *New Directions in Organizational Psychology and Behavioral Medicine* (43-61). Gower Applied Research.
- iii. Bagceci, B., & Hamamci, Z. (2012). An Investigation into the Relationship between Burnout and Coping Strategies among Teachers in Turkey. *International Journal of Humanities and Social Science*, 2 (12), 67-72.
- v. Caccese, T., & Mayerberg, C. (1984). Gender differences in perceived burnout of college coaches. *Journal of Sport Psychology*, 6, 279-288.
- vi. Crozier, S. E., & Davidson, M. J. (2009). The challenges facing the temporary workforce: an examination of stressors, well-being outcomes and gender differences. In Antoniou, C. Cooper, G. Chrousos, C. Spielberger, & M. Eysenck. *Handbook of Managerial Behaviour and Occupational Health* (206-217). Northampton, USA: Edward Elgar.
- vii. Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, 48, 150-170.
- viii. Goldberg, D. & Williams, P. (1988). *A user's guide to the General Health Questionnaire*. Slough: NFER Nelson.
- ix. Grunfeld, E., Whelan, T., Zitzelsberger, L., Willan, A., Montesanto, B., & Evans, W. (2000). Cancer care workers in Ontario: Prevalence of burnout, job stress and job satisfaction. *Canadian Medical Association Journal*, 163, 166-169.
- x. Hellgren, J., & Sverke, M. (2003). Does job insecurity lead to impaired well-being or vice versa? Estimation of cross-lagged effects using latent variable modeling. *Journal of Organizational Behavior*, 24, 215-236.
- xi. Hobfoll, S. E., & Shirom, A. (2000). Conservation of resources theory: Applications to stress and management in the workplace. In R.T. Golembiewski (Ed.), *Handbook of organization behavior* (pp. 57-81). New York: Dekker.
- xii. Huijbers, M. J., Leone, S. S., van Amelsvoort, L. G., Kant, I., & Knottnerus, J. A. (2007). Associations of fatigue and depression among fatigued employees over time: A 4- year follow up study. *Journal of Psychosomatic Research*, 63, 137-142.
- xiii. Kamberidou, I., & Patsadaras, N. (2007). A new concept in European sport governance: sport as social capital. *Biology of exercise*, 3, 21-34.
- xiv. Kelley, B., Eklund, R., Ritter, C., & Taylor, M. (1999). Stress and burnout among collegiate tennis coaches. *Journal of Sport and Exercise Psychology*, 21, 113-130.
- xv. Keyes, C. L.M. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Research*, 43:207-222.
- xvi. Koustelios, A. (2001). Burnout among Greek sport centers employees. *Sport Management Review*, 4(2), 151-163.
- xvii. Koustelios, A. (2010). Burnout among football coaches in Greece. *Biology of Exercise*, 6(1), 47-54.
- xviii. Koustelios, A., & Tsiggilis, N. (2005). Relationship between burnout and job satisfaction among physical education teachers: A multivariate approach. *European Physical Education Review*, 11(2), 189-203.
- xix. Koustelios, A., Zounatzi, E., & Karabatzaki, D. (2012). Burnout and autonomy among Physical Education teachers in Greece. *International Journal of Physical Education*, 2.
- xx. Larson, S. J. (1993). The measurement of social well-being. *Social Indicators Research*, 28: 285-296.
- xxi. Lazarou S. & Patsantaras, N. (2013). Sport activities and social well-being. Presentation at the Exercise & Health Conference of the School of Physical Education and Sport Science, National and Kapodistrian University of Athens, Greece, 19-21 April.
- xxii. Lazarus, R. S. (2007). Stress and emotion: A new synthesis. In A. Monat, R. S. Lazarus, & G. Reevy (Eds.), *The Praeger Handbook on Stress and Coping* (pp. 33-51). Westport, CT: Praeger Publishers.
- xxiii. Lazarus, R. S. (2001). Relational meaning and discrete emotions. In K. R. Scherer, A. Schorr, & T. Johnstone (Eds.), *Appraisal Processes in Emotion: Theory, Method, Research*. Series in Affective Science (pp. 37-67). New York, NY: Oxford University Press.
- xxiv. Martin, J., Kelley, B., & Dias, C. (1999). Stress and burnout in female high school athletic directors. *Women in Sport and Physical Activity Journal*, 8, 101-116.
- xxv. Maslach, C., & Jackson, S. E. 1981. The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2: 99-113.
- xxvi. Maslach, C., & Leiter, M. P. (2008). *The truth about burnout: how organizations cause personal stress and what to do about it* (2nd ed.). San Francisco, CA: Jossey-Bass.
- xxvii. Maslach, C., & Schaufeli, W. (1993). Historical and conceptual development of burnout. In W. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 1-16). London: Taylor & Francis.

- xxviii. Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422.
- xxix. Peterson, U., Demerouti, E., Bergström, G., Samuelsson, M., Åsberg, M., & Nygren, Å. (2008). Burnout and physical and mental health among Swedish healthcare workers. *Journal of Advanced Nursing*, 62(1), 84-95.
- xxx. Pines, A. M. (2009). Coping with burnout: a theoretical perspective and a corresponding measure. In Antoniou, C. Cooper, G. Chrousos, Ch. Spielberger, & M. Eysenck. *Handbook of Managerial Behaviour and Occupational Health (252-263)*. Northampton, USA: Edward Elgar.
- xxxi. Pines, A. M. (2000). Treating career burnout: A psychodynamic existential perspective. *Journal of Clinical Psychology*, 56, 633-642.
- xxxii. Probst, T. M. (2011). Job insecurity. In A-S. Antoniou & G. Cooper (Eds.), *New Directions in Organizational Psychology and Behavioral Medicine (314-328)*. Gower Applied Research.
- xxxiii. Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, 25, 293-315.
- xxxiv. Schaufeli, W. B., & Buunk, B. P. (2003). Burnout: An overview of 25 years of research and theorizing. In M. J. Schabracq, J. A. M. Winnubst & C. C. Cooper (Eds.), *The handbook of work and health psychology (2nd ed., pp. 383-429)*. West Sussex, U.K.: Wiley.
- xxxv. Schaufeli, W. B., Leiter, M. P., Maslach, C., & Jackson, S. E. (1996). Maslach Burnout Inventory–General Survey. In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *The Maslach Burnout Inventory: Test manual (3rd ed., pp. 22–26)*. Palo Alto, CA: Consulting Psychologists Press.
- xxxvi. Sonnenschein, M., Sorbi, M. J., van Doornen, L. J. P., Schaufeli, W. B., & Maas, C.J. M. (2007). Evidence that impaired sleep recovery may complicate burnout improvement independently of depressive mood. *Journal of Psychosomatic Research*, 62(4), 487-494.
- xxxvii. Sverke, M., Hellgren, J., Näswall, K. (2006). Job insecurity: A literature review, Report No 1, Lars Magnusson, National Institute for Working Life, Stockholm, Sweden.
- xxxviii. Templeton, M. C., & Satcher, J. (2007). Job burnout among public rehabilitation counselors. *Journal of Applied Rehabilitation Counseling*, 38(1), 39-45.
- xxxix. Tsigilis, N., Zournatzi, E., & Koustelios, A. (2011). Burnout among Physical Education Teachers in Primary and Secondary Schools. *International Journal of Humanities and Social Science*, 7(1), 53-58.
- xl. Zhong, J., You, J., Gan, Y., Zhang, Y., Lu, C., & Wang, H. (2009). Job stress, burnout, depression symptoms, and physical health among Chinese university teachers. *Psychological Reports*, 105 (3), 1-7.