



Comparative Study of Burnout and Self-efficacy among Male and Female Doctors of Himachal Pradesh

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Abstract- The present study was undertaken with the purpose of studying gender differences in burnout among medical doctors. The study has been conducted on a representative sample of doctors in Himachal Pradesh. A purposive sample of a total 90 doctors from government and private hospitals participated in the study. Out of the 90 participants, 45 were male and 45 were female. Only full time working MBBS doctors were taken for the present study. Data was collected in Himachal Pradesh from the districts of Shimla, Mandi and Kullu. Maslach Burnout Inventory (Maslach and Jackson, 1986) was used (also called the MBI) to assess burnout and General Self efficacy Scale developed by Schwarzer and Jerusalem, (1995) was used to measure self-efficacy. Further, t-test was used to check the significance of difference between means of the two groups of males and females on all the variables of burnout and self-efficacy. For each group of male and female doctors, correlation analysis was carried out using Pearson-product moment correlation technique to see the interrelationship between the subscales of burnout i.e. Emotional Exhaustion, Depersonalization, Personal accomplishment and Self-efficacy. The results revealed significant gender differences in burnout indicating that female doctors reported significantly higher emotional exhaustion, lesser depersonalization and lesser lack of personal accomplishment as compared to their male counterparts. Further, female doctors reported lower level of self-efficacy as compared to their male doctors.

Key words: burnout, self-efficacy, gender and medical doctors.

1. INTRODUCTION

The concept of burnout was first introduced by Freudenberger (1974) and Maslach (1976). Freudenberger (1977) defines the concept of "burnout" as a person's state of lacking personal accomplishments, being fragile and exhausted as a result of excessive demand on energy, power and resources. Job burnout emerged as an important concept in the 1970's. When burnout began to be described and discussed in 1970s, it was primarily in reference to work in the human services, such as health care, social work, psychotherapy, legal services and police work but due to fast paced modernization, almost all sectors of today's world face the problem of burnout.

Burnout is a syndrome of emotional exhaustion, depersonalization and diminished personal accomplishment. Emotional exhaustion is believed to be at the core of burnout. Individuals experiencing emotional exhaustion in their jobs report overwhelming feelings of emotional strain as well as feelings of being drained and used up, irritability and frustration. Depersonalization refers to the development of negative, impersonal and cynical attitudes and feelings about recipients in which the employees treats others as objects. Reduced personal accomplishment is the tendency to evaluate oneself

negatively, particularly with regard to one's work with clients.

There are a lot of reasons of burnout. Generally, burnout shoots from work. But anybody who experiences undervalued and overworked is at hazard for burnout- from the meticulous office worker who didn't have a vacation or a raise in two years to the exhausted stay-at home mom struggling with the heavy responsibility of taking care of children, the housework, and her aging father (Aftab et al 2012).

Employees with higher levels of burnout are more likely to report a range of psychological and physical health problems, including anxiety, depression, sleep disturbance, memory impairment and neck pain (Peterson et, al 2008).

In a study among national representative sample of more than 3000 Finnish workers, Ahola (2007) reported an increased prevalence of depression and anxiety disorders and alcohol dependence among burned out employees. Similarly in their three-wave, seven year prospective study of 2000 dentists, Hakaken and Schaufeli (2012) found a positive relationship between burnout on one hand and depressive symptoms and life dissatisfaction on the other. In studies where physical health is concerned, Kim ji and Kao (2011) showed that social workers with higher initial levels of burnout reported more physical health complaints over their course of three-year study, including sleep disturbances, headaches, respiratory infections, gastrointestinal infections.



Higher levels of burnout led to faster deterioration of health.

Burnout syndrome has been found to be an independent risk factor for infections (eg common cold; Mohren et al . (2003) and type 2 diabetes (Melamed,ShiromToker&Shapira 2006). Moreover burnout is a risk factor for cardiovascular diseases (Ahola 2007). A ten year prospective study by Ahola, Vaananen, Koskinen, Kouvonen and Shirom (2010) concluded:”Burnout, especially work – related exhaustion may be a risk for overall survival.

Work – related causes of burnout include, lack of recognition or rewards for good work, unclear or overly demanding job expectations, working in a chaotic or high pressure environment and feeling like one has little or no control over one’s work.

Lifestyle causes of burnout can include working too much without enough time for relaxing, lack of close supportive relationships, taking too many responsibilities, without enough help from others, not getting enough sleep, etc.

Personality traits can also contribute to burnout. People who are more likely to burnout include people with perfectionists’ tendencies- because nothing is ever good enough for them. Several researchers (e.g. Deary et al., 1996; Mills & Huebner, 1998) have found that Neuroticism is positively related to burnout. Pessimism has also been found to be positively related to burnout because pessimists worry more about things going wrong, expect more bad things than good and tend to see the world as more threatening than optimists. Type A personality also contributes to burnout because of its traits of impatience, intense sense of time urgency and intense competitiveness.

Doctors were chosen for studying stress burnout because doctors are exposed to a large number of emotions, including a need to rescue the patient, a sense of failure and frustration when the patient’s illness progresses, feelings of powerlessness against illness and its associated losses, grief, fear of becoming ill oneself or dying, facing uncertainty in clinical practice, or a desire to separate from and avoid patients to escape these feelings.

Earlier, Keel (1993) reported that healthcare workers, particularly physicians, are exposed to high levels of distress at work. Persistent tension can lead to exhaustion, psychological and or physical distress. Moreover, burnout syndrome may increase the risk of medical errors and decrease job satisfaction, which incites early retirement (Maslach et al ; 2001, Dybre et al; 2008, Shanafelt et al; 2010). Burnout begins to cultivate its seeds during the medical school days, continues throughout the residency period and finally matures in the daily life of practicing physicians. The burnout rate seems to be even more pronounced among practicing physicians (Romani 2014).

Burnout among physicians is a serious entity with devastating personal and professional consequences.

According to Maslach (1982) burnout has three interrelated dimensions: emotional exhaustion, depersonalization and reduced personal accomplishment. Prolonged exposure to stress is usually the main cause of emotional exhaustion and it manifests through the loss enthusiasm for work, feeling helpless, trapped and defeated. Depersonalization occurs when physicians treat patients indifferently, objectify them, and develop a negative attitude towards their colleagues and profession. Inefficiency, or lack of a sense of personal achievement, is characterized by the individuals’ withdrawal from responsibilities and detachment from job.

Self- efficacy theory was first proposed by Albert Bandura. Self- efficacy is a belief in one’s capability to organize and conduct the courses of action required to produce given results. Further, few studies have said that exposure to chronic occupational stressors, with low sense of efficacy to manage job demands and to enlist social support in times of difficulty, increases vulnerability to burnout (Leiter, 1992; Schmitz et al; 2000). Psychologist Albert Bandura has defined Self- efficacy as one’s belief in one’s ability to succeed in specific situations or accomplish a task. One’s sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges. The theory of Self-efficacy lies at the center of Bandura’s social cognitive theory which emphasizes the role of observational learning and social experiences in the development of personality. The main concept in social cognitive theory is that an individual’s actions and reactions, including social behaviors and cognitive processes, in almost every situation are influenced by the actions that individual has observed in others. Because Self-efficacy is developed from external experiences and self-perception and is influential in determining the outcome of many events, it is an important aspect of social cognitive theory. Self-efficacy represents the personal perception of external social factors (Bandura et al; 1977).

2. BURNOUT AND SELF-EFFICACY

Burnout and Self-efficacy are very significant construct. Prominently for the area of organizational behavior, a number of research studies recognized a reasonably close association between Self-efficacy and job related performance and the propensity to stay quiet in a stressful condition. Besides this, there is proof that workers with high Self-efficacy tend to conserve and performing a good job exclusive of suffering Burnout or stress. Brouwers, Evers & Tomic (2001) investigated specialized health experts serving in residences for the elderly in the Netherlands. Their investigation confirmed that perceived Self-efficacy positively correlated with the individual achievement factor of Burnout. There is obviously a need of information concerning the association between



Burnout and Self-efficacy in caregivers. Salanova, Perio & Schaufeli (2002) recognized three way relations concerning Self-efficacy. In their information technology employees study, they found that job demand; job control and Self efficacy interrelated as an indicator of Burnout. They investigated the regulating function of Self-efficacy into two categories: general and computer Self-efficacy. They found that the additional precise stage of Self-efficacy regulates the association among job demands, job controls and Burnout levels.

3. HYPOTHESES

1. Female doctors will report significantly higher emotional exhaustion than male doctors.
2. Female doctors will report significantly higher depersonalization than male doctors.
3. Female doctors will report significantly more reduced personal accomplishment than male doctors.
4. Female doctors will report significantly lower Self-efficacy than male doctors.
5. There will be a differential pattern of relationship in terms of nature and magnitude between components of burnout and Self-efficacy.

4. METHOD

4.1 Sample

A purposive sample of a total of 90 doctors from government and private hospitals participated in the study. Out of the 90 participants, 45 were male and 45 were female. Data was collected in Himachal Pradesh from the districts of Shimla, Mandi and Kullu. Following criteria were kept in mind while selecting participants for the study:

1. Minimum qualification was taken as M.B.B.S
2. All participants (doctors) were working full time in their hospitals.
3. The age range of all the doctors was between 35-50 years. All the doctors belong to a middle class socio-economic background.

4.2 Tools Used

Maslach Burnout Inventory (Maslach and Jackson, 1986): The Maslach Burnout Inventory was developed by Maslach & Jackson in the year 1986. The Maslach burnout Inventory is by far the most widely used, accepted, valid and reliable measurement tool of stress and burnout. The 22 total items are broken up into three themes with nine items that relate to emotional exhaustion, five to depersonalization and eight to Personal accomplishment. The emotional exhaustion subscale measures feelings of being emotionally overextended and exhausted by one's

work. Depersonalization subscale measures an unfeeling and impersonal response towards recipients of one's service, care, treatment or instruction. Personal Accomplishment subscale measures feelings of competence and successful achievement in one's work. Each item was rated on a frequency and intensity scale. The frequency ranges from 0 (never) to 4 (very strong). Numerous studies have supported the validity of the burnout scales (Bel Castro, Gold and Hags, 1983; Golembiewski and Munzenrider, 1981; Iwanicki and Schwab, 1981; Maslach and Jackson, 1986). The split half internal reliability coefficients have been reported at .74 for the combined intensity subscales (Maslach and Jackson, 1986).

4.1.1 Procedure

The objective of the study was to identify the gender differences in burnout among doctors of Himachal Pradesh. The study has been conducted on sample of 90 doctors (45 male doctors and 45 female doctors) from government and private hospitals. Maslach Burnout Inventory (Maslach and Jackson, 1986) was used to measure the level of burnout in terms of emotional exhaustion, depersonalization and personal accomplishment. The cover sheet of the scales included the following information about the subjects (i) age (ii) sex (iii) qualification and field specialty. The standard instructions pertaining to each scale were followed by the subjects who responded to test items. Subjects were ensured that the information collected will be kept confidential and would be used for research purpose only. Finally, scores on all sub-variables of Burnout Scale for the two groups of males and female doctors were subjected to t-test to test the significance of difference between means of the two groups on these sub-variables.

4.1.2 Results and Discussion

It is quite evident from table 5.1 that on dimension of emotional exhaustion, female doctors have reported higher emotional exhaustion ($M=12.60$) than male doctors ($M=8.70$). With regard to depersonalization scores of burnout, female doctors were found to be significantly less depersonalized ($M=4.40$) than male doctors ($M=7.30$). On reduced personal accomplishment scores, table 5.1 shows that male and female doctors differed significantly with mean female score on the dimension being lower ($M=6.30$) than that of male scores ($M=10.08$). This highlights the fact that in this study female doctors experience lesser level of reduced personal accomplishment (Table 1).

Table 1 : Job Stress, Burnout and its components (Emotional exhaustion, Depersonalization and Reduced Personal accomplishment) in Male and Female doctors

Burnout	Males	Females	t values
EMOTIONAL EXHAUSTION	MEAN=8.7 SD=5.11	MEAN=12.6 SD= 6.05	3.30**
DEPERSONALIZATION	MEAN=7.3 SD=6.9	MEAN=4.4 SD =2.98	2.61*
REDUCED PERSONAL ACCOMPLISHMENT	MEAN=10.08 SD=6.10	MEAN=6.3 SD= 4.32	3.40**
SELF-EFFICACY	MEAN=32.4 SD=4.09	MEAN=27.5 SD= 8.4	3.52**

*P<.05 **P<.01

In the present study, burnout was assessed on the basis of three components- emotional exhaustions, depersonalization and reduced personal accomplishment. It is evident from the Table 1 that a significant difference exists between male and female doctors in terms of emotional exhaustion (df=88, t=3.30, p<.01). The higher mean score of female doctors (M=12.60) than male doctors (M= 8.70) indicates that female doctors experience more emotional exhaustion than their male counterparts.

Thus keeping in view above the above finding, the hypothesis 1 which stated that female doctors will report significantly higher emotional exhaustion than male doctors is accepted.

This suggests that emotional demands of the work exhaust female doctor's capacity to be involved with, and responsive to the needs of service recipients' more than male doctors. Various studies around the world have proved that females experience more emotional exhaustion than their male counterparts. In a study of gender differences in burnout, Pastore and Judd (1993) examined the perceived level of burnout in coaches of women's teams in 2-year colleges using the Maslach Burnout Inventory (MBI) to measure burnout levels. The findings revealed significant gender differences on the Emotional Exhaustion subscale with female coaches experiencing higher levels of emotional exhaustion.

Luk (2010), in his study among teachers of two schools in Macau found that the teachers experienced relatively average burnout. It was also found that female teachers scored high on emotional exhaustion compared to male teachers; on the other hand, the

female teachers were shown to score low on depersonalization than their male colleagues (2010). Further, John & Ossoff (2009) in a study on physicians found that female physicians suffered more burnout as compared to male physicians.

The reason for higher level of emotional exhaustion among female doctors could be work family conflict as in our Indian society females are expected to look after both the spheres equally which somewhere may make them feel more tired and emotionally drained. Work-family conflict (WFC) has been defined as "a type of inter-role conflict in which the role pressures from work and family are not compatible in some respect" (Greenhaus and Beutell, 1985). In a study among Hungarian physicians, Adam, Gyorffy and Susanszky (2008) tested the hypothesis that compared to men female physicians experience higher work-family conflict (WFC) and consequent burnout. It was found that, female physicians scored significantly higher on the emotional exhaustion subscale of the Maslach Burnout Inventory as compared to male physicians. WFC emerged as a significant predictor of burnout (emotional exhaustion and depersonalization). With an aim to analyze the influence of gender and children on physician stress and burnout and to obtain information on the compromises physicians make between work and family, Töyry, Kalimo, Äärimala, Juntunen, Seuri and Räsänen (2004) did a survey on many Finnish physicians and the results showed that for women commonest reason for stress was work and family and for men it was only work. The female physician- with and without children- were more likely than male physicians to experience severe or moderate exhaustion and less likely than the male physicians to experience cynicism as components of burnout.

Table 1 also shows that there is a significant difference between male and female doctors on the dimension of depersonalization as well (df=88, t=2.61, p<0.05). The higher mean score of male doctors (M=7.30) than female doctors (M=4.40) indicates that male doctors experience more depersonalization than their female counterparts.

Thus the hypothesis 3 that female doctors will report significantly higher depersonalization than male doctors is not accepted in the present study.

In the present study male doctors have comparatively reported less burnout than females suggesting that they may be male doctors start believing that their demands are more manageable when they consider recipients as objects of work rather than empathizing with them. In one more study, Maslach et al. (2001) observed that there is a tendency for women to score higher on emotional exhaustion than men, whereas men tend to score higher on depersonalization than women. This is consistent with gender role theory (Grossman & Wood, 1982), which predicts that women should be more likely to express feelings of emotional and physical fatigue (e.g., emotional



exhaustion) because they learn to display their emotions, whereas men should be more likely to shut off and withdraw under stress (i.e., depersonalization) because they learn to conceal their emotions. However, both the general public and trained professionals alike tend to associate emotion-expressive behaviors with psychological distress, whereas emotion-suppressive behaviors tend to be associated with strength, masculinity and psychological adjustment (Landrine, 1988; Sprock & Yoder, 1997; Widiger & Spitzer, 1991). This suggests that men's burnout at the workplace may go unrecognized. According to Drummond (2014), men deal with burnout using depersonalization and cynicism which serves as a coping mechanism for overwhelming stress. This is a dysfunctional response to the inherent stress of being a doctor and is only a temporary relief. Depersonalization then acts as an ego defense mechanism to reduce stress (Huby et al, 2002).

It is also indicated in table 1 that there is a significant difference between male and female doctors on the dimension of personal accomplishment too ($df=88$, $t=3.40$, $p<0.01$). The higher mean score of male doctors ($M=10.08$) than female doctors ($M=6.30$) indicates that male doctors experience greater reduced personal accomplishment than their female counterparts. Or it can be said that male doctors' sense of effectiveness is more likely to be eroded than female doctors.

The hypothesis 3 that female doctors will report significantly more reduced personal accomplishment than male doctors is not accepted in the present study.

The reason could be that males have generally higher job expectations than their female counterparts depending up on social role expectations and if their duties and responsibilities are not well defined, they are not getting favorable environment to do their job and no importance is given to their ideas and suggestions then this can give them a feeling of reduced personal accomplishment. Whereas females are reporting higher level of sense of personal accomplishment despite higher emotional exhaustion and the reason could be that may be they focus on their roles as homemakers more than on their role as workers and derive additional satisfaction from this sphere (Veroff, Doumon and Kulka, 1981). Examining gender differences in burnout in individual athletes, Heidari (2013) selected track and field, shooting, wushu, karate, and taekwondo athletes. The data were analyzed using MANOVA and one-way ANOVA. It was found that reduced sense of accomplishment was higher than other dimensions of burnout in both men and women. Moreover, burnout in female athletes was significantly higher than male athletes in all its three dimensions, i.e. reduced sense of accomplishment, emotional exhaustion, and depersonalization. The findings also suggested that female athletes are more

prone to burnout and its negative consequences than male athletes.

Studying gender differences in perceived burnout of college coaches, Caccese and Mayerberg (1984) undertook a study to assess the level of perceived burnout in College Athletic coaches, and to determine whether male coaches differed from female coaches in level of burnout. Male and female coaches participated in the study. The sexes differed on both the emotional exhaustion and the personal accomplishment subscales, in terms of both frequencies of response and intensity of response. Female coaches reported significantly higher levels of emotional exhaustion and significantly lower levels of personal accomplishment than male coaches.

We ckwerth and Flynn (2006) examined sex differences in the experience of social support and frequency of burnout among university students in Northern Ontario University. Sex differences were observed for variety of support received, with men scoring significantly lower than females on support indices of reliable alliance, attachment and guidance. Females scored significantly lower than males on the burnout index of depersonalization and also females reported lower levels of personal accomplishment than males.

As indicated in table 1, a significant difference has also been reported with regard to self-efficacy variable between male and female doctors ($df=88$, $t=3.52$, $p<0.01$). The higher mean score of male doctors ($M=32.40$) than female doctors ($M=27.50$) indicates that male doctors have greater sense of Self-efficacy than their female counterparts showing that male doctors have higher belief in their capabilities to organize and execute the courses of action required to manage prospective situations in their work settings. Physicians with high self-efficacy might recognize the requirements of every day work routine as slight intimidating and victorious adjustment to worrying requirements, in sequence, might avoid the appearance of work related Burnout (Skaalvik & Skaalvik, 2007). The other reason for male doctors having higher self-efficacy could be that being a male dominating society, in India people show higher trust in male doctors than female doctors. According to Bandura (1997), individuals with a stronger sense of perceived Self-efficacy experience low stress in threatening or taxing situations, and experience situations as less stressful owing to their belief in their ability to cope.

Thus, keeping in view the above findings, the hypothesis4 which stated that female doctors will report significantly lower Self-efficacy than male doctors is accepted.

5. Relationship between Emotional Exhaustion, Depersonalization, Reduced Personal Accomplishment and Self-efficacy among males

Table 2 Relationship among the variables of Emotional Exhaustion, Depersonalization, Reduced Personal Accomplishment and Self –Efficacy among males

Variables	Self-Efficacy
EMOTIONAL EXHAUSTION	-0.24
DEPERSONALIZATON	0.06
REDUCED PERSONAL ACCOMPLISHMENT	-0.15

**p<.01, p<.05

It is evident from Table 2 that no significant correlation has been found between three variables of burnout and self-efficacy in male doctors. However, male doctors have reported higher level of self-efficacy and lower level of burnout than their female counterparts in the present study. This implies that male doctors have higher level of self-efficacy irrespective of emotional exhaustion, depersonalization and reduced personal accomplishment.

5.1. Relationship among the variables of Emotional Exhaustion, Depersonalization, Reduced Personal Accomplishment and Self-Efficacy among females

Table 3: Relationship among the variables of Emotional Exhaustion, Depersonalization, Reduced Personal Accomplishment and Self-Efficacy among females

Variables	Self-efficacy
Emotional exhaustion	-0.4**
Depersonalization	0.19
Reduced Personal Accomplishment	0.06

*P<.05 **p<0.01

Table 3 reveals a significant and negative relationship between Self-efficacy and emotional exhaustion for female doctors ($r = -0.4$, $p < 0.01$). This reflects that stronger the Self-belief, lesser is the experience of emotional drain out and vice versa. In other words, female doctors who have higher belief in their ability to do their job and can manage to deal with a situation to attain desired results in hospitals are less likely to feel emotionally drained due to stressors at workplace.

In a study on physicians by John & Ossoff (2009) found that increased emotional tiredness was related with low self-efficacy.

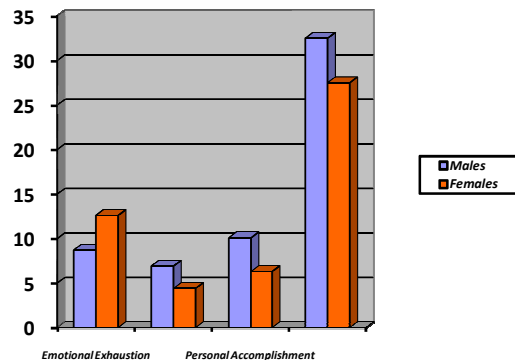


Figure 1.1: A complete profile of the variables of Burnout & its components (Emotional Exhaustion, Depersonalization & Personal Accomplishment) and Self-efficacy of Male and Female doctors

All in all, it can be concluded that health care is one of the most challenging jobs due to the permanent exposure to extreme amount of stress, tiredness, duty on call and indefinite hours of work. Dealing with human life and emotions put this profession among the most stressful jobs. An occupation which can threaten its personnel's physical and mental health can disrupt their social functions, as well as reducing their performance and productivity. Therefore, the prevalence of burnout among doctors is a matter of great concern which affects their patient care negatively, hence, the administration and Government should take effective and desired measures to prevent burnout among these health professionals to ensure better health care facilities to the masses.

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