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Research Paper

# Investigating the Relationship Between Workload Distress and Coping Styles among Psychologists

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**ABSTRACT**

The study investigated the relationship between psychologists' coping strategies, workload, and distress levels. Psychologists often experience high levels of stress and emotional challenges in their profession, leading to issues like compassion fatigue, burnout, and vicarious traumatization. The survey was conducted using the Maslach Burnout Inventory, Brief COPE, and other measures to assess psychological distress, coping mechanisms, and burnout. The findings revealed that higher levels of depersonalization (a burnout symptom characterized by cynicism towards others) and lower levels of personal accomplishment were strong predictors of a greater tendency to use avoidant coping strategies. However, no significant correlations were found between coping strategies and occupational exhaustion. The results highlight the complex interplay between specific aspects of burnout and maladaptive coping mechanisms. The study emphasizes the importance of addressing burnout and encouraging adaptive coping strategies to support the overall well-being of psychologists and improve patient care. The implications for interventions and organizational support aimed at reducing burnout risk and promoting resilience in this crucial profession are discussed.

*Keywords: Psychologists, Burnout, Coping Styles, Workload, distress, Well-being*

Psychologists are necessary to support people's mental health and overall welfare on an individual and communal level. However, due to the nature of their work, they could go through a lot of stress and emotional challenges. In the constantly changing field of psychology, experts play a crucial role in managing a variety of mental health concerns and assisting individuals in comprehending the workings of the human mind. Psychologists, like many helping professionals, can experience distress due to the nature of their work. They are exposed to the struggles and traumas of others, which can take an emotional toll. This is known as secondary traumatic stress (Figley, 1982). Underneath the seeming empathy and comprehension lies a career path laden with unique demands. This study examines the intricate relationship between psychologists' coping methods, workload, and distress in order to provide insight on the challenges they face and the coping mechanisms they employ to meet the demands of their line of work. Clinical psychologists may be more vulnerable to issues like compassion fatigue, burnout, vicarious traumatization, and countertransference

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due to the nature of their work, which can have a detrimental effect on their mental health (Bearse, 2013).

Adults who struggle with emotional control and coping mechanisms are more likely to experience dispositional personal suffering. It might also have something to do with how well professionals relate to the people they serve, how frequently practicing professionals make clinical mistakes, and how quickly they catch those mistakes. A number of situational and dispositional factors may influence the nature of empathic responding, such as the empathizer's relationship with the person being observed, their current emotional state, and their preexisting dispositional arousal and regulatory tendencies (Decety & Lamm, 2009).

## DISTRESS

In a typical human experience, distress is defined as a mental or emotional state of tension that is accompanied by feelings of overload, grief, anxiety, or frustration. It can show up as a variety of symptoms, such as behavioral abnormalities, emotional instability, and physical complaints like exhaustion or headaches. There is a spectrum of distress, from little and transient to severe and incapacitating.

Distress comes in a variety of forms, and each has its own unique causes. A particular, time-limited incident, like as losing one's job or being very ill, can cause acute distress. On the other hand, chronic distress is a long-lasting condition that is frequently connected to continuous stressors like relationships or financial issues. Some people can suffer from moral anguish, which is a conflict between their moral principles and their duty as professionals.

Teixeira et al.'s (2020) investigation into the health of medical professionals dealing with the COVID-19 pandemic shed light on the specific coping challenges encountered in emergency situations. It is especially important to comprehend how psychologists handle the high stress and demands of their jobs.

## BURNOUT

The helping professions—which include disciplines like social work, psychology, and medicine—are essential to promoting people's personal and social wellbeing. But the mental health of those who work in these fields can also suffer from them. In recent years, there has been an increasing worry about this problem called burnout. Emotional weariness, cynicism toward one's profession, and a diminished sense of success are characteristics of burnout (Maslach & Leiter, 2016).

This emotional exhaustion might have serious repercussions. Research has connected burnout in helping professions to higher absenteeism, intention to leave, and even health issues (Dyrbye et al., 2008). Moreover, burnout may have a detrimental effect on the standard of treatment given, thereby jeopardizing the results for the clients (West et al., 2018).

The emergence of burnout is influenced by several important aspects. Chronic work stress, which is typified by an overwhelming workload, long hours, and a lack of control over duties, is one of the main causes (Schaufeli & Bakker, 2004). People may find it difficult to handle these responsibilities when there are not enough resources available, which can result in emotional tiredness and a pessimistic attitude about their profession. Emotional labor, or controlling one's emotions and expressions to meet expectations at work, is another

important factor (Maslach & Leiter, 1997). Helping professionals frequently form strong emotional bonds with their clients, which can eventually become taxing, especially if their coworkers or superiors don't provide them with enough emotional support.

## COPING

The term "coping" describes the conscious and unconscious methods we employ to deal with difficult or stressful circumstances. These circumstances may be internal, such as anxiety or bereavement, or external, such as a bad relationship or job loss. When we can cope successfully, we may overcome adversity and preserve our emotional and psychological health (Lazarus & Folkman, 1984).

Coping, in its most basic sense, refers to the methods used to manage stress and emotional distress. These strategies can be either problem- or emotion-focused, with the latter focusing on dealing directly with the stressor and the former attempting to control the feeling itself.

Individuals who have effective coping mechanisms are more capable of overcoming challenges without compromising their well-being. Two examples of effective coping strategies are asking coworkers for social support and practicing relaxation. Unhealthy coping mechanisms, such as substance abuse or social distancing, can exacerbate stress and lead to additional problems.

Understanding the typical coping strategies employed by psychologists and how they relate to workload and stress is crucial. We can help psychologists find appropriate coping mechanisms so they can manage the particular challenges of their work while maintaining their mental health.

Ultimately, promoting a culture of self-care and healthy coping among psychologists may be beneficial to their mental health and the caliber of care they provide to their patients and communities.

When it comes to understanding how psychologists deal with stress and discomfort on the job, it is essential to take into account the individual differences in coping techniques. Some examples of frequent coping strategies are problem-focused coping, emotion-focused coping, and avoidance coping, which involves moving away from the circumstances that cause stress. Acquiring knowledge of psychological coping mechanisms can assist us in gaining a deeper comprehension of the resilience and mental health of psychologists. There is a hypothesis that suggests that psychologists who have larger workloads may experience less discomfort if they adopt more adaptive coping methods, such as problem-focused and social support seeking.

## REVIEW OF LITRATURE

Objective research on student clinical psychologists' mental health found high rates of mental illness, psychological distress, and workplace disclosure concerns. This study conducted by Bailey and Tickle (2023), examined how to disclose and hide psychological distress during training. In a mixed-methods study, 165 trainee or recently certified clinical psychologists completed an online survey, and thirteen were interviewed. We used descriptive statistics and reflexive thematic analysis to assess quantitative and qualitative data. The data showed that participants were mostly distressed. Quantitative evidence supported unfavorable judgment, anxiety, and humiliation. Emotional support and practical responses were distinguished, with disclosure-facilitating improvements suggested.

Mental health services were in demand during the COVID-19 epidemic because of worldwide concern. In 2022, the third year of the pandemic, Kercher et al. (2023) examined 99 registered psychologists in New Zealand. The poll examined psychologists' compassion fatigue, mental symptoms, COVID-19-related stress, and personal and professional conditions during the epidemic. 70% of psychologists reported increased job stress, with 60% handling more cases.

High compassion fatigue and low resilience caused suffering above pre-pandemic levels. More than 90% of respondents were committed to their career, suggesting compassion fulfillment. The epidemic exacerbated compassion fatigue and psychological discomfort in New Zealand psychologists.

Australian school-based psychologists/counselors (SPCs) are under pressure, yet their well-being is neglected, according to research. This research done by Pennell and Juri (2023) examined stress in hired Australian SPCs. Online surveys collected data, including the 10-item Perceived Stress Scale (PSS-10). After measuring 162 participants' mean global stress, stress levels were compared to the general population and a prior Australian SPC cohort. Stress levels were moderate to high, above the overall population and previous reports. No significant associations were found between stress and experience, occupational identity, or education.

However, stress and supervision were adversely associated. This shows that Australian SPCs are stressed and need protection.

Since late 2019, Australian psychologists have grappled with various weather disasters, A study conducted by Macleod and Curll (2023) surveyed 469 certified psychologists regarding the emotional and professional impacts of these catastrophes. Findings revealed that 31.3% of psychologists had personally experienced natural disasters since 2019, while 61.3% had witnessed their effects through close connections. COVID-19 significantly affected most psychologists, with over 60% reporting month-long waitlists or cessations of client intake.

Despite demonstrating increased flexibility and resilience post-tragedies, a significant portion experienced depression and/or anxiety (39.3%), low wellbeing (47.6%), and burnout (26.4%). Nearly half (44.8%) changed jobs post-2019, often citing poor work culture and pressure.

Discussions centered on alleviating pressure on the psychology workforce and enhancing professional development to enhance disaster preparedness. This survey underscores challenges within Australia's psychology workforce, highlighting the urgency for support to recover, stabilize, and strengthen in anticipation of future disasters.

It is essential to comprehend stress and its consequences. H. Selye describes the stages and effects of stress, including stress at work. Kurinna (2022) examined the concepts of occupational stress and stress syndrome, as well as the occupational stress elements identified by recent psychologists. Psychologists include organizational, communicative, and informational pressures along with characteristics that might cause stress to worsen and lead to burnout.

Professional demands and related variables are addressed, along with strategies for managing and regulating stress. Examining the consequences of workplace stress on psychologists, occupational stress among psychologists highlights possible hazards to well-being and professional growth.

Berjot and Boudoukha (2022) examined hospital psychologists' job motivation and stress to understand danger and challenge evaluation. We expected that occupational stress and main cognitive evaluation (e.g., danger or challenge) would motivate. We surveyed 430 French hospital psychologists, to evaluate cognitive appraisal, job motivation, and subjective work stress. Research showed that job stress reduces self-motivation. Threat cognitive assessment directly and negatively affects motivation, while perceived stress indirectly does. On the other hand, seeing work as a cognitive challenge boosts workplace motivation without indirect consequences. Stress, motivation, and fundamental cognitive tests are linked in the job.

A study was conducted by Noorani and Yousaf (2022) where the sample consisted of 103 trainee clinical psychologists, mostly women (94.2%), who completed an online survey that included measures from the Kessler Psychological Distress Scale (K10), Counselor Activity Scale (CAS), and Empathy. Noorani and Yousaf (2022) hypothesized that PD and CSE would significantly influence empathy levels among trainees. Analysis using SPSS software revealed a weak positive correlation between PD and CSE and between PD and empathy.

Shaheen and Sadiq (2022) examined clinical psychologists and psychiatrists' well-being in 2022. Professionals that help mental health patients often confront hurdles. Multiple institutions contributed 150 individuals to the research. Data gathering comprised demographics, psychological distress, and professional quality of life assessments. Results showed 23.3% mild distress, 14.0% moderate distress, and 4.7% severe anguish. Distress correlated with compassion fulfillment, fatigue, and secondary trauma stress.

The researchers examined personality qualities and psychological discomfort in general doctors and clinical psychologists, noting that individual features affect patient treatment. 30 Lucknow experts from various fields were sampled in this study conducted by Singh and Dubey (2019). Sociodemographic questionnaires, the Eysenck Personality Questionnaire Revised (1991), and the Kessler Psychological Distress Scale (1994) were used for purposive and snowball sampling. Spearman's correlation and Kruskal-Wallis showed a 0.05 neuroticism difference between groups. Psychoticism and neuroticism were positively associated with psychological distress in both groups. Clinical psychologists had more psychoticism and extraversion, whereas general doctors had more neuroticism.

Self-care is increasingly recognized as essential for stress prevention and overall well-being among psychologists. This study, done by Rupert et al. (2019) investigated how self-care practices impact burnout reduction and life satisfaction. Assessing self-care in five areas—professional support, development, life balance, cognitive awareness, and daily balance—surveyed 422 psychologists. Results showed that higher self-care scores across all domains correlated with lower stress levels, predicting reduced burnout and increased life satisfaction. Proactive self-care emerged as a significant buffer against stress, improving well-being outcomes. Life balance, cognitive awareness, and daily balance were identified as crucial factors in psychologists' personal and professional functioning.

This study by Bourgault and Dionne (2018) explores how mindfulness affects therapeutic presence in psychologists, mediated by self-compassion and psychological distress. Online questionnaires were administered to 178 French-Canadian psychologists. Mindfulness showed positive correlations with self-compassion and negative correlations with psychological distress. Therapeutic presence also had a positive correlation with mindfulness and a negative correlation with psychological distress. The mediation model revealed significant indirect effects, with self-compassion and psychological distress influencing the relationship between mindfulness and therapeutic presence.

Burnout among psychologists was studied by O'Shea and Herring (2018) because continuous stress harms physical and mental health. Early study concentrated on burnout in "caring professions," but job demands, resources, and personal attributes have not been studied for psychologists. In a systematic analysis of pre-2017 articles, researchers explored applied psychologist burnout prevalence and reasons. After reviewing 29 papers using the Crowe Critical Appraisal Tool, emotional weariness was the most prevalent burnout symptom. Personal qualities like age, experience, and gender were examined alongside job needs like workload and work environment. The study underlines burnout's importance for psychologists and calls for more research.

Simpson et al. (2018). Psychologists endure organizational and personal emotional demands that increase burnout risk. Psychology has neglected early maladaptive schemas (EMS) and maladaptive coping modalities (MCM), despite initial evidence linking them to high burnout. Unrelenting standards and self-sacrifice were prevalent EMS in a 443 psychologist research, with 18.3% reporting strong EE and 29.6% moderate EE. Detached protector and self-soother were common maladaptive coping mechanisms. MCM explained 6% of EE variance beyond demographics and occupational needs, whereas EMS explained 18%. There are ways to reduce psychologist burnout.

A systematic review examined by Simionato and Simpson (2018) evaluates techniques, personal risk factors, and the prevalence of burnout and work-related stress among psychotherapists. Psychotherapists are prone to burnout due to their emotionally taxing jobs, which can have an adverse effect on clients, the profession, and themselves. After searching many databases, the researchers discovered 40 pertinent studies. More than half of psychotherapists reported having moderate to severe degrees of burnout, according to most polls. Younger age, fewer years of professional experience, and over-involvement in customers' problems were important risk factors. The review highlights the high rate of burnout experienced by psychotherapists and highlights the important influence of individual circumstances in this phenomenon.

Since its founding, the Journal of Applied Psychology (JAP) has published stress and well-being research. Edwards et al. (2017) reviewed word frequencies from 606 JAP article abstracts to assess stress research history. Three eras—1917–1966, 1967–1996, and 1997–present—are defined by these abstracts. Each era has different article counts and topic themes. We demonstrate that theoretical breakthroughs drive research subjects and publication numbers. Our research also reveals that publications are increasingly reflecting social events like recessions and workforce changes. In conclusion, we propose stress and well-being research directions.

The K6 was used to assess clinical psychologists' psychological discomfort in Kagawa Prefecture, Japan. Nagatomi et al. (2017) examined 83 clinical psychologists (13 men and 70

women). The K6 instrument assessed psychological distress and clinical variables. Six clinical psychologists had considerable psychological distress. Age had a weak correlation with K6 score. K6 score did not correlate with sex, clinical psychology experience, clinical field, or other certifications. Suicide prevention anxiety correlated with K6 score. The psychological discomfort of clinical psychologists was low. We found no evidence that supervision and case study involvement reduced distress.

The study aims to suggest cluster analysis as a means of assessing burnout risk and to further research on the limits of cut-off scores. Berjot (2017) studied 664 French psychologists were evaluated using the French-Canadian Maslach Burnout Inventory (Dion & Tessier, 1994). Participants were categorized into four burnout risk profiles: "High risk of burnout," "Risk of burnout through high emotional exhaustion," "Risk of burnout through low personal accomplishment," and "No risk of burnout" using Cluster Analysis and literature cut-off values. The presence of certain indicators, such work status, was linked to burnout risk profiles. The practical and research ramifications of these clusters are discussed in the study's conclusion.

To explore thriving, burnout, and coping, we interviewed seven early career psychologists (ECPs) and seven later career psychologists (LCPs) from U.S. university counseling centers. Utilizing Consensual Qualitative Research, Loughran et al. (2016) identified accomplishment recognition and campus/counseling center atmosphere as thriving factors, more crucial for ECPs. Burnout stemmed from duty/responsibility issues and professional relationship challenges. Both groups employed coping methods like cognitive, behavioral, self-care, and interpersonal support, with only ECPs utilizing personal therapy. The study discusses implications for research and counseling centers.

Professionals experience moral discomfort when they cannot act ethically. Lamiani et al. (2016). discusses moral distress publishing trends and associated constructs. A bibliometric analysis showed 239 publications published since 1984, rising after 2011. The majority (71%) studied nursing. 17 empirical studies were systematically examined from 239 articles. Organizational environment (bad ethical climate and teamwork), professional attitudes (low job satisfaction and engagement), and psychological qualities (low psychological empowerment and autonomy) affect moral anguish. Moral anguish hurts clinicians' health and job retention.
P
rotective psychological aspects should be studied to develop preventive strategies.
To determine and evaluate the stressors that affect clinical psychologists, such as low-paying jobs, a heavy workload, a lack of autonomy and recognition, a lot of physical exertion and resources, emotional distress in relationships with patients, managers, and coworkers, organizational shortcomings, and an inability to follow laws, regulations, and professional commitments. Carlotto and Ogliari (2015) discussed in this study, 129 clinical psychologists were surveyed, and the results were examined using a thematic or category analysis approach. Alternatives to prevent and lessen occupational stress in clinical psychologists are reviewed. Changes in occupational stress were observed in this profession.

The high occupational stress psychologists experience has major consequences for themselves, their clients, and the field. Recent research by Finlay-Jones and Rees (2015) reveals that self-compassion can increase psychological well-being and stress resistance, although this occupational group has yet to fully investigate its potential advantages. Despite

rising evidence that self-compassion predicts psychopathology, little is known about how it affects mental health.

A self-compassion and stress emotion regulation model was tested using structural equation modelling (SEM) in psychologists, including postgraduate trainees doing clinical work (n = 198). Stress and emotion control problems were considerably reduced by self-compassion. Our preliminary explanatory model of self-compassion, which shows emotion regulation challenges influencing the self-compassion-stress link, also received support. The final self-compassion model explained 26.2% of stress symptoms.

### *Rationale of the Study*

For the reasons that have been listed, it is of the utmost importance to investigate the connection between the coping methods, workload, and suffering that psychologists experience: In the first place, we can develop targeted treatments to enhance mental health and wellbeing within this field by first gaining an understanding of the factors that contribute to psychological pain.

Through the identification of effective coping strategies, psychologists can gain the skills necessary to manage stress and remain resilient in the face of demanding time constraints. In the end, this research has the potential to improve the quality of life of psychologists as well as the level of care that they provide to their patients and the communities in which they work.

## METHODOLOGY

The purpose of this chapter is to explain how the study was designed, how the data was collected, and how the data was evaluated in order to gain an understanding of the connections between two items. It details the individuals who participated in the research as well as the methodology that was utilized to analyze the data. The primary objective of this study is to investigate the relationship between the volume of work, the level of stress experienced, and the coping styles utilized by psychologists.

### *Aim*

Investigating the Relationship Between Workload, Distress, and Coping Styles Among Psychologists

### *Objective*

To study the relationship between workload distress and coping styles among young adults.

### *Hypothesis*

1. There is no significant correlation between workload distress and coping styles.
2. There is significant correlation between workload distress and coping styles.

**Dependent Variable:**
- Workload Distress

**Independent Variable:**
- Coping

*Sampling Design*

Participants were recruited through convenience sampling. The study population consisted of young adults (25-35 years). A total sample of 100 participants, consisting of 41 males and 65 females.

*Inclusion & Exclusion Criteria*

**Inclusion Criteria:**

- Must be an Indian citizen.
- Must be of the age group 25-35 years.
- Must have had at least one experience of being a practicing psychologist. Must be fluent in English.

**Exclusion Criteria:**

- Must not be a psychiatrist.
- Must not be any younger than 25 or older than 35. Must not be a non-Indian citizen
- Individuals who are unable or unwilling to provide informed consent for participation in the study.

*Research Design*

A correlational research design was the type of research design that was utilized in order to successfully implement the objective. An examination of the relationship between two or more variables that does not involve the manipulation of those variables is the purpose of a research approach known as a correlational study design. The variables of interest are measured, and the researchers examine the degree to which they are associated with one another as well as the direction in which they are associated. When conducting a correlational study, the primary objective is to evaluate the degree and type of the link between variables. This is done in order to provide insights into how changes in one variable correspond to changes in another variable of interest. When exploring associations that cannot be altered in an ethical or practical manner, correlational studies are extremely useful when conducting research.

*Tools*

**Maslach Burnout Inventory (MBI)**

A popular psychological evaluation instrument called the Maslach Burnout Inventory (MBI) was created especially to gauge burnout in occupations that require providing assistance to others. In 1981, Christina Maslach and Susan E. Jackson created it.

**Burnout is evaluated by the MBI as a three-dimensional experience:**

- Emotional Exhaustion: This gauges how emotionally spent and fatigued a person feels from their task.
- Cynicism, or depersonalization: This quality expresses a cold, uncaring attitude toward patients or clients.
- Diminished Personal Accomplishment (Professional Efficacy): This measures an individual's perception of their own efficacy and competency at work.

Self-reported questionnaires are used in the MBI. Participants assess the frequency with which they experience each of the 22 statements, which often reflect different feelings. The degree of burnout experienced in each area is then shown by the scores that are computed for each dimension. A correlational research design was the kind of study design that was

employed to achieve the goal. A correlational study design is a non-manipulative research strategy that looks at the relationship between two or more variables. Researchers measure the relevant variables in this kind of study and examine the strength and direction of their correlation. Assessing the type and intensity of the association between variables is the main objective of a correlational study, which aims to shed light on how changes in one variable relate to changes in another. Studies using correlations are useful when examining interactions that are impractical or unethical to influence.

**The Brief COPE**

Charles S. Carver created the brief COPE, a condensed self-report questionnaire, in 1997. It is a condensed form of the Coping Orientation to Problems Experienced (COPE) Inventory, which is longer.

An individual's preferred coping strategies under stressful conditions are measured by the Brief COPE. It evaluates 14 different coping strategies that are divided into three main categories:

- Problem-Focused Coping: This type of coping involves actions such as making plans, gathering information, and confronting the stressor head-on.
- Emotion-Focused Coping: Using techniques like positive reframing, emotional support seeking, or emotional venting, one can handle the emotional effects of stress.
- Avoidant coping: It refers to techniques used to escape from or lessen the emotional impact of the stressor, such as substance abuse, behavioral disengagement, or denial.

The 28 statements that make up the Brief COPE each correspond to a distinct coping strategy. Each behavior is rated by participants on a 4-point Likert scale, with the options "I haven't been doing this at all" to "I've been doing this a lot."

The Brief COPE generates a profile of the person's primary coping strategies by adding the scores for the statements that relate to each category. Understanding someone's regular stress management style and pinpointing situations in which they could benefit from learning more flexible coping techniques can both be accomplished with the help of this information.

*Procedure Statisical Design:*

The sample was obtained from individuals in the young adult age group. The participants were given a questionnaire, which included a Google form that was circulated. The questionnaire collected demographic information, provided directions for filling it out, and obtained consent for the study. The participants were provided with a guarantee of the ethical principles and considerations of the study, as well as the assurance of maintaining the anonymity of their responses. The participants were engaged in a discussion on the nature and goal of the study. The data analysis was performed using the SPSS software.

## RESULTS
### Descriptive Statistics
*Table 1 Descriptive statistics of study variables*

|   |                       | Mean  | Standard Deviation |
|---|-----------------------|-------|--------------------|
| 1 | Occupation exhaustion | 27.72 | 7.55               |
| 2 | Depersonalization     | 14.68 | 4.52               |
| 3 | Personal achievement  | 25.83 | 6.74               |
| 4 | Problem focused       | 22.18 | 2.64               |

|   |                  | Mean  | Standard Deviation |
|---|------------------|-------|--------------------|
| 5 | Emotion focused  | 30.97 | 3.60               |
| 6 | Avoidant         | 15.25 | 2.82               |
| 7 | Total coping     | 68.41 | 6.16               |

Table 1 represents the descriptive statistics (mean and standard deviation) of all the study variables – Burnout (Occupation exhaustion, Depersonalization, Personal achievement), Coping (Problem focused, Emotion focused, Avoidant, Total coping).

## Correlation analysis
*Table 2 Pearson's correlation between Burnout and Coping*

|   |                      | 1      | 2      | 3      | 4      | 5      | 6      | 7 |
|---|----------------------|--------|--------|--------|--------|--------|--------|---|
| 1 | Occupation exhaustion | -      |        |        |        |        |        |   |
| 2 | Depersonalization    | .67**  | -      |        |        |        |        |   |
| 3 | Personal achievement | .27**  | -.04   | -      |        |        |        |   |
| 4 | Problem focused      | -.03   | -.04   | .05    | -      |        |        |   |
| 5 | Emotion focused      | -.07   | -.02   | -.04   | .43**  | -      |        |   |
| 6 | Avoidant             | .13    | .34**  | -.32** | .02    | .06    | -      |   |
| 7 | Total coping         | .00    | .12    | -.15   | .69**  | .80**  | .50**  | - |

*\*\*Correlation is significant at 0.01 level*

Table two represents the coefficient of correlation between Burnout (Occupation exhaustion, Depersonalization, Personal achievement), and Coping (Problem focused, Emotion focused, Avoidant, Total coping). The correlation between avoidant coping and Depersonalization, was significant and positive. The correlation between avoidant coping and Personal achievement, was significant and negative. There was no significant association between all other psychological aspects.

## Linear Regression Analysis
*Table 3 linear regression table with Depersonalization and Personal achievement as predictor of avoidant coping*

| Predictors            | Criterion: avoidant coping | | | | | | | | |
|-----------------------|------|------|------|--------|-----|-------|----------|-------|---------|
|                       | B    | S.E. | β    | t      | R   | $R^2$ | Adj.$R^2$ | α     | F       |
| Depersonalization     | .20  | .05  | .32  | 3.75** | .46 | .21   | .19      | 15.60 | 13.98** |
| Personal achievement  | -.13 | .03  | -.31 | 3.55** |     |       |          |       |         |

*\*\*significant at 0.01 level (p<0.01)*

Table three represents the linear regression with Depersonalization and Personal achievement as predictors of avoidant coping. Depersonalization and Personal achievement explained about 21% of positive and negative variance on avoidant coping.
There was no significant impact of other burnout aspects observed on other coping style.

## DISCUSSION
Based on the results presented, the following discussion can be formed:
The descriptive statistics table (Table 1) provides an overview of the mean scores and standard deviations for the variables under study: burnout (occupational exhaustion,

depersonalization, and personal achievement) and coping strategies (problem-focused, emotion-focused, avoidant, and total coping).

The correlation analysis (Table 2) reveals several significant relationships. Avoidant coping showed a positive correlation with depersonalization, indicating that individuals who experience higher levels of depersonalization (a burnout component characterized by a detached and cynical attitude towards work and colleagues) tend to employ more avoidant coping strategies.

Conversely, avoidant coping had a negative correlation with personal achievement, suggesting that individuals with a lower sense of personal accomplishment at work are more likely to engage in avoidant coping.

The linear regression analysis (Table 3) further examines the predictive power of depersonalization and personal achievement on avoidant coping. The results indicate that these two burnout components together explain approximately 21% of the variance in avoidant coping strategies. Specifically, higher levels of depersonalization and lower levels of personal achievement predict an increased reliance on avoidant coping mechanisms.

It is important to note that no significant associations were found between the other burnout aspects (occupational exhaustion) and coping strategies (problem-focused and emotion-focused). This suggests that the relationship between burnout and coping may be more complex and influenced by specific facets of burnout and coping rather than a straightforward overall association.

In summary, the findings highlight the interplay between burnout dimensions, particularly depersonalization and diminished personal achievement, and the tendency to adopt avoidant coping strategies. Individuals who experience higher levels of depersonalization and a lower sense of personal accomplishment at work are more likely to engage in avoidant coping, which may involve denial, disengagement, or distraction as a means of dealing with work-related stress and challenges. These insights underscore the importance of addressing burnout and promoting adaptive coping mechanisms in order to support employee well-being and job performance.

*Implications*
Enhancing employee well-being requires organizations to prioritize addressing burnout and promoting adaptive coping mechanisms. Avoidant coping strategies may offer temporary relief but can exacerbate burnout and lead to reduced productivity, increased absenteeism, and mental health issues. Organizations should implement initiatives that foster a supportive work climate, encourage open discussion about job-related stress, and provide resources for coping skills training. Leadership development programs are essential to cultivate constructive work environments and empower employees. Additionally, organizations should ensure accessibility to mental health resources, such as counseling services, to support employees in managing burnout and adopting healthier coping strategies. By recognizing the relationship between burnout and coping methods and implementing proactive measures, organizations can improve employee well-being and organizational performance.

*Limitations*
The study's limited and homogeneous sample size may limit its applicability to different professions or work situations. Cross-sectional designs also prevent causal links between variables. Self-report assessments may be subject to response biases including social desirability or recollection biases, which might affect results. The study may have overlooked organizational variables, personality qualities, and work expectations that might affect burnout and coping techniques. Finally, cultural and contextual characteristics particular to the psychologist sample may restrict the findings' application to other cultures or professions.

## CONCLUSION

The study's findings emphasize the notable correlation between several aspects of burnout and the inclination to utilize obstructive coping mechanisms. More precisely, the study revealed that greater degrees of depersonalization and decreased levels of personal accomplishment were indicative of heightened tendencies towards avoidant coping strategies. This indicates that individuals who have a detached and cynical attitude towards their work and colleagues, along with a reduced sense of personal achievement, are more inclined to use avoidant coping strategies, such as denial, disengagement, or distraction, to deal with work-related stress and difficulties.

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