

## RELATIONSHIP OF SELF EFFICACY AND BURNOUT AMONG PHYSICIANS

**Noman Aftab**  
University of Wah, Wah Cantt  
PAKISTAN  
[nomanaftab23@yahoo.com](mailto:nomanaftab23@yahoo.com)

**Dr. Asghar Ali Shah**  
International Islamic University,  
Islamabad, PAKISTAN  
[drasgharali@iiu.edu.pk](mailto:drasgharali@iiu.edu.pk)

**Roqia Mehmood**  
University of Wah, Wah Cantt  
PAKISTAN  
[rukia\\_mehmood@yahoo.com](mailto:rukia_mehmood@yahoo.com)

### ABSTRACT

*The current study investigated the relationship between Burnout and Self efficacy among physicians. Data was collected from physicians N=80 (n=40 males and n=40 females) working in the different hospitals of Wah Cantt, Taxila and Rawalpindi. Their age ranged from 26 to 45 years. The main instruments utilized in the study were the Maslach Burnout Inventory (Maslach & Jackson, 1986) consisting of 22-items and Generalized Self efficacy Scale (Schwarzer, 1992) consisting of 10-items. Alpha coefficient reliability for Maslach Burnout Inventory for the current study was 0.82 and for Self efficacy Scale was 0.75 respectively. Significant negative relationship was found between Burnout and Self efficacy. Another significant negative relationship between Self efficacy and Emotional exhaustion was found. Significant negative relationship was found between Self efficacy and Depersonalization. Another significant positive relationship was found between Self efficacy and Personal accomplishment. Results revealed that female physicians experienced more Burnout than male physicians. On Self efficacy non significant gender difference was found among physicians.*

**Keywords:** Burnout, Self efficacy, Alpha coefficient

### INTRODUCTION

Self efficacy has been called as generalized Self efficacy, perceived Self efficacy. Bandura (1977) defines it as “an individual’s belief that he or she can successfully execute the behaviors required by a particular situation”. Self efficacy is the faith in one’s abilities to arrange and perform the traditions of acts requisite to direct forthcoming circumstances. In other words, efficacy of self is people’s faith in their ability to be successful in a certain condition. How people believe, imagine and act are the faiths which have been described by Bandura (1997).

#### Sources of Self efficacy

Four sources of information have been specified by Bandura (1977) by which anticipations of Self efficacy have been learned and with the help of which they might be amended. These four foundations are:

1. *Accomplishments of Performance*

It’s the understanding of fruitfully executing the actions in questions.

2. *Explicit experiences*

Self efficacy expectancy is influenced by such experiences when we examine the behaviors of others, noticing what they may be able to do, noting the outcomes of their actions and after that using this knowledge to structure anticipations regarding their own actions.

1. *Verbal persuasion*

Approval and support from others.

## 2. *Physiological arousal*

In extraordinary demanding circumstances, individuals usually show symbols of sorrow, shakes, twinge and pains, exhaustion, panic, sickness, etc. Person's Self efficacy is altered by a person's perceptions of these responses.

### **Levels of Self Efficacy**

Two Self efficacy levels have been described by Schwarzer & Schmitz (2005). These two main levels are:

#### **High Level of Self Efficacy**

There are several studies demonstrating that high levels of Self efficacy are attributes of persons with mastery goals. Individuals having elevated Self efficacy prefer to execute extra demanding assignments and are innovative.

#### **Low Level of Self Efficacy**

Low level of Self efficacy is in avoidant oriented individual. Low efficacy of self is linked with nervousness, depression and vulnerability in requisites of sentiments. Persons with reduced Self efficacy may suffer exhaustion.

### **Types of Self Efficacy**

#### *i) Generalized Self efficacy*

Tipton & Worthington (1984) stated: Generalized Self efficacy has been defined "one's keenness and willpower to commence and persistently continue with a responsibility in the face of emotional or physical" or as a hopeful self faith in one's ability to deal with diverse life demands.

#### *ii) Academic Self efficacy*

It is a person's faith that they might effectively accomplish at a selected level on an educational task or achieve a definite educational aim (Bandura, 1997).

#### *iii) Social Self efficacy*

It is "an individual's assurance in his/her capability to engage in the social interaction tasks essential to start and sustain interpersonal relationships." Betz & Smith(2002) measured Social Self efficacy. They developed a Scale to measure it. They illustrated it as a computation of Self efficacy anticipations regarding a variety of behaviors in the social context.

### **Burnout**

Burnout is a covert progression of psychological deterioration resulting from extensive experience to job stress. It has three aspects; the first one is emotional tiredness, feelings of tiredness, lack of emotional resources and loss of vigor. The second aspect is depersonalization, which involves the progress of pessimistic attitudes and feelings towards persons for whom the work is done, to the point where they are held responsible for the subject's own problems. The third aspect is Personal achievement (slight thoughts of proficiency and victorious accomplishment in individual's work).

The health care providers are assumed to be at a high risk to suffer from burn-out syndrome, because of their taking part in intense collaboration with patients and in emotionally stressful situations that could present pains, disabilities, terminal diseases, tetchiness, suicidal thoughts, violent behavior and lack of compliance to treatment or litigation. Burnout should be observed among the physicians, utilizing definite procedures of Self efficacy according to the major responsibilities they perform.

This current investigation was directed by General Model of Burnout of Maslach (2003) in which job pressure and stressors for instance job burden, vagueness, disagreement and resource insufficiency, leads to sense of Burnout that, consecutively, directs to work displeasure and wellbeing troubles (Maslach, 2003).

### **Burnout Precursors and Indications**

Dougherty & Cordes (1993) illustrated the organizational and individual outcomes of be used up. The individual is presented by them as outcomes of signals and indications falling into these categories: sentimental, physical, attitudinal, and behavioral interpersonal. The significance of the difference between organizational and individual outcomes come up as of the truth that the construct of Burnout is calculated in almost every case by single or further groups of these separate symbols or indications and frequently of the associations among them (Boudreau, 2000).

### **Feelings/Attitudes**

In it both optimistic as well as pessimistic labels came out. Optimistic thoughts comprise vigor, confidence, compassion, satisfaction as well as intention. Pessimistic thoughts which formed a lengthy catalog comprise sarcastic, discouraged, tired, insufficient, lonely and anger.

### **Behaviors**

Behavioral signs that have been come out as of the investigation too fall towards optimistic and pessimistic grouping. Behaviors of individual coping have become complicated to categorize and propose behavioral disturbances. The pessimistic classes, interior escaping, relational harm, interpersonal avoidance, overextension, reactions and rigidity once more create the greater part of the behavioral group. The expressive component reactions include behaviors of a pessimistic character that might not be located in the additional components.

### **Main Signs**

Even though the area persists to regulate and focusing the attributes related to Burnout, main attributes have recognized. The effort of Maslach (1981) has been mostly prominent in guiding the path of research of Burnout, like the aspects of sentimental tiredness, individual achievement and depersonalization.

### **Causes of Burnout**

There are a lot of reasons of burnout. In a lot of cases, burnout shoots from the 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.

#### ***Work-related causes of Burnout***

- i. Feeling like you have little or no control over your work
- ii. Lack of recognition or rewards for good work
- iii. Unclear or overly demanding job expectations
- iv. Doing work that's monotonous or unchallenging
- v. Working in a chaotic or high-pressure environment

#### ***Lifestyle causes of Burnout***

- i. Working too much, without enough time for relaxing and socializing

- ii. Being expected to be too many things to too many people
- iii. Taking on too many responsibilities, without enough help from others
- iv. Not getting enough sleep
- v. *Lack of close, supportive relationships*

#### ***Personality traits can contribute to Burnout***

- i. Perfectionistic tendencies; nothing is ever good enough
- ii. Pessimistic view of yourself and the world
- iii. The need to be in control; reluctance to delegate to others
- iv. High-achieving, Type A personality

#### **Physicians and Burnout**

Physicians have an exclusive condition in a way in which they might have exposure of the helping occupation's stressors simultaneously as the stressors faced by them are associated with administration and commercial positions (Gautam, 2000). The experiences and actions of them were also intensely adhered with the standards and the analysis of the medicine occupation and have altered with the requirement of the stage of a knowledgeable community.

#### **Burnout and Gender**

Aligned with Freudenbergar(1977) it is essential to look at the featured of professions and the dweller's reaction to the factors causing stressors. Schaufeli & Enzmann (1998) measured so as to nearly all regularly consider work-related grouping were community personnel (seven percent), teachers (seventeen percent) and nurses (seventeen percent) and likewise. Whereas the causes of strain might differed in such occupations, they were sharing an high susceptibility to be exhausted having specified the requirements put on them by people and a lack of moment to complete the requirements which are the elements of their occupation. All together, a lot of the specialized workers in human service are likely to be females, even though males also are working in numerous types of jobs comprising community employment, education and medicine.

Adekola (2009) examined sex variations in the experience of work Burnout in university employees. The conclusions of the data analysis was inferred that there are no significant difference in the level of sentimental tiredness of both male and female staff. It was also obvious that there are no considerable variation in the level of depersonalization of male and female employees. But, a noteworthy variation in the level of diminished personal achievement of male and female staff was found. It was examined that the female staff scored higher than those of male.

#### **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 and job controls and Burnout levels.

Physicians with high Self efficacy might recognize the requirements of every day work routine as slight intimidating as those physicians do that accommodate person's reservations regarding the specialized performance showed by them. Victorious adjustment to worrying requirements, in sequence, might avoid the appearance of work related Burnout (Greenglass, 1999; Schmitz & Schwarzer, 2002; Caprara et al., 2003; Skaalvik & Skaalvik, 2007). Even though, such hypothetical supposition of arbitration is usually acknowledged by nearly all writers.

## METHOD

### Hypotheses

1. There is a negative relationship between Self efficacy and Burnout.
2. Depersonalization is negatively correlated with Self efficacy.
3. Emotional exhaustion is negatively correlated with Self efficacy.
4. Personal accomplishment is positively correlated with Self efficacy.
5. Female physicians experience more Burnout than male physicians.
6. There is no difference in Self efficacy of male and female physicians.

### Sample

Sample consisted of 80 physicians (n=40 males and n=40 females, N=80) from different hospitals of Wah Cantt, Taxila and Rawalpindi ranging from 26 years age to 45 years. Convenient sampling procedure was used.

### Instruments

#### *General Self efficacy Scale GSES (Schwarzer, 1992)*

Jerusalem and Schwarzer (1992) originally developed the German version of this scale, which has 20 items version and later reduced it to 10 items. The scale was developed to judge a general sense of perceived Self efficacy (Schwarzer, 1992). This scale has been validated in 14 cultures in both adolescent and adult populations. It's a 4 point scale extending from one (not at all true) to four (exactly true). Reliability according to this study was 0.82.

#### *Maslach Burnout Inventory MBI (Maslach, 1986)*

This scale was developed by Maslach and Jackson (1986). This is a 22 item scale. It has 3 subscales which are depersonalization (5 items), emotional tiredness (9 items) as well as reduced personal achievement (8 items). The scale is scored on 7 point Lickert type scale ranging from 0 (never) to 6 (always). The reliability of the Maslach Burnout Inventory on the present sample is 0.82. For the subscales consisting emotional tiredness, depersonalization and reduced personal achievement the reliability estimates are .92, 0.71 and 0.73 respectively.

### Procedure

The subjects were approached individually and their consent was taken for participation in the study. Request was made to the physicians to complete the questionnaires given to them. Brief directions were given prior to the administration of the questionnaires. They were taken into confidence that all the information provided by them will be reserved as confidential and will be utilized just for research purpose.

**RESULTS**

Table 1

*Alpha coefficient reliability of Maslach Burnout Inventory and Alpha coefficient reliability of Self efficacy Scale (N=80)*

Scales	No. of items	Alpha Coefficients Reliability
Burnout	22	0.82
Self efficacy	10	0.75

Table 1 shows the alpha coefficient of *Maslach Burnout Inventory* and *Self efficacy Scale*. The result indicates that both the scales are internally consistent and reliable.

Table 2

*Alpha Reliabilities of Burnout Subscales including Emotional Exhaustion, Depersonalization and Personal accomplishment (N=80)*

Subscales	No. of items	Alpha Coefficients Reliability
Emotional Exhaustion	9	0.92
Depersonalization	5	0.71
Personal Accomplishment	8	0.73

Table 2 shows Alpha coefficient reliabilities of subscales of Maslach Burnout Inventory which are 0.92 for Emotional Exhaustion, 0.71 for Depersonalization and for Personal Accomplishment is 0.73, showing that all are satisfactory.

Table 3

*Correlation between scales of Burnout and Self efficacy and Correlations between the Self efficacy Scale and the Subscales (Emotional Exhaustion, Personal accomplishment and Depersonalization) of Maslach Burnout Inventory*

	Burnout	Emotional exhaustion	Personal accomplishment	Depersonalization
Self efficacy	-0.59**	-0.631**	0.229*	-0.481**

\*\*p<0.01,

\*p<0.05

Table 3 shows Correlation between scales of Burnout and Self efficacy, which is -0.59 and it is significant at p<0.01. It also demonstrates that Self efficacy is significantly negatively correlating with Emotional exhaustion and Depersonalization and is positively correlating with Personal accomplishment.

Table 4

Mean, Standard Deviation and t-value showing Gender differences on Burnout and Self efficacy (N=80)

Scales	Gender				t	p
	Male Physicians		Female Physicians			
	(n=40)		(n=40)			
	M	SD	M	SD		
Burnout	64.82	14.73	74.92	14.76	-3.062	0.003
Self Efficacy	33.82	3.03	33.37	4.08	0.559	0.577

df=78

Table 5 shows that on Burnout male physicians differ significantly than female physicians, that is female physicians experience more Burnout than male physicians. It also shows that there is statistically non significant difference among male and female physicians on Self efficacy.

## DISCUSSION

The current study investigated the relationship between Burnout and Self efficacy among physicians. Also the relationship between Self efficacy and the three Burnout aspects was investigated. Negative relationship was found between Self efficacy and Burnout. Furthermore Self efficacy was negatively correlated with emotional exhaustion and depersonalization while positively correlated with personal accomplishment.

The 1<sup>st</sup> hypothesis “there is a negative relationship between Self efficacy and Burnout” was supported in the present study. The findings are consistent with the past research. Saleh et, al. (2007) examined the occurrence and harshness of Burnout in departmental leaders of academic orthopedic. They observed moderate to high level of emotional tiredness, moderate high score on the scale of depersonalization and an elevated individual achievement. They verified a noteworthy association among the Burnout and Self efficacy score. As Self efficacy improved, Burnout reduced. Friedman (2003) worked on Burnout and Self efficacy in teaching and investigated the association between perceived Self efficacy and Burnout among teachers. A sample of 322 teachers completed a self-report questionnaire. It was found that perceived sense of Self efficacy was inversely correlated with perceived Burnout: the lower the sense of Self efficacy more was perceived Burnout.

Hypothesis number two was that Self efficacy is negatively correlated with Depersonalization and third hypothesis was that Self efficacy is negatively correlated with Emotional exhaustion. Hypothesis number four was that Self efficacy is positively correlated with Personal accomplishment. Our result supports these hypotheses. Evers and Tomic (2002) worked on Self efficacy and Burnout on the beliefs teacher’s when a new educational system was implemented in the Netherlands. It was showed by the regression analyses that the beliefs of Self efficacy had negative relation with the depersonalization and emotional tiredness aspects of Burnout and there was a significant positive relationship between Self efficacy and personal achievement element. Johns & Ossoff (2009) investigated Burnout in the physicians of the scholastic chairs of rhinology and revealed that increased depersonalization and emotional tiredness were associated with low level of Self efficacy, little partner’s assistance, the disagreements with the dean, work burden at weekends and serving at night times and important faculty loss. Chin, H et. al (2010) worked on “The moderating effects of Self efficacy between job demand-control model and Psychological well-being”. It was found that Self

efficacy positively correlated with job satisfaction and affective commitment and negatively related with emotional exhaustion.

Christoph, et. al. (2010) investigated the amount of emotional tiredness in clinicians of German hospitals. In clinicians, the emotional tiredness was related to low Self efficacy and individual perception of little levels of social resources in the hospitals where they were serving. [JOHNS & OSSOFF](#) (2005) worked on "Burnout in academic chairs of otolaryngology: head and neck surgery". Depersonalization and high emotional tiredness was associated with lower level of Self efficacy. Mostly they suffered reasonable Burnout levels. Low Self efficacy and nights/weekends work were the main risk factors for Burnout.

Our fifth hypothesis was that female physicians will experience more Burnout than the male physicians. Our result supports this hypothesis. Reuterwalle, al.(2010) conducted a study on Burnout, working conditions and gender. The occurrence of Burnout was thirteen percent. Females experienced more Burnout than males. In women the level of education, socioeconomic position, work object, and working varying hours were of importance.

In an investigation on physicians of Hungary Szilvia, [Gyorffy](#) & [Susanszky](#) (2008) tested the assumption that female physicians suffered more Burnout and work family conflict as compared to the male physicians. Female physicians suffered more emotional exhaustion as compared to the male physicians.

[Sigalit](#), [Ayala](#), & Ben (2008) investigated Gender differences in engineer's Burnout. Significant differences regarding gender were found relating to Burnout showing that Burnout level was high in female engineers than the male engineers. These differences were deduced as relating to women's larger tendency in using coping which is sentimental centered, greater work family conflict as well as their smaller peer support.

Hypothesis number six was regarding differences in gender of Self efficacy in physicians. Non-significant gender differences were found as far as Self efficacy was concerned. Nuray, Melek, Tulay & Esed (2009) worked on Elementary School Teacher's Self efficacy Beliefs. The study showed that the difference between teacher's Self efficacy score averages on the basis of gender was found to be non significant. Consequently, teacher Self efficacy scores do not significantly differed on gender basis.

It has been concluded from our results of the current research that a negative relationship exists between Burnout and Self efficacy. The reason is that the individuals having low Self efficacy have not much control of their behavior and actions. They are more vulnerable to Burnout. The correlation between Emotional exhaustion and Self efficacy is negative. It means that there is an inverse relationship between Self efficacy and emotional exhaustion. Emotional exhaustion is high or low due to low or high self efficacy. Self efficacy and depersonalization are also negatively correlated with each other. It means if individual have low Self efficacy beliefs, then depersonalization will be more. Personal accomplishment is positively correlated with self efficacy. High Self efficacy leads more personal accomplishment and low Burnout. As far as gender is concerned regarding Burnout; female physicians have a higher level of Burnout than male physicians. The reason may be that some female physicians in our sample were married, and they are more emotionally exhausted because they have to look after their home and children and also manage their job as well. Emotional exhaustion is more in female physicians. The results of the study show that association exists between the Self efficacy and Burnout level of the physicians. The higher the Self efficacy, less Burnout is experienced.

## SUGGESTIONS & LIMITATIONS

Every study has its limitations which are discussed to help in future studies. This study has also some limitations. First of all the sample size was not very large. Many of the research questionnaires were



not returned back by the physicians. This study was conducted in two cities, in future this study may be extended to other cities of the country. The sample of the study was physicians; in future it can include teachers, surgeons, other mental health professions and employees of public and private sector.

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