Mendel University in Brno Faculty of Regional Development and International Studies



Burn Out Syndrome

Diploma Thesis

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couragement.

Declaration:

I declare that the diploma thesis is entirely my own composition, with the introduction of quotations specified in the addendum. I wrote the thesis independently, and only with the cited sources, literature and other professional sources.

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Abstract:

Soukupová, Z. Burnout Syndrome -comparison of employees and self-employed / entrepreneurs. Diploma Thesis. Brno: Mendel University in Brno. Faculty of regional development and international studies, 2016. Thesis supervisor: Mgr. Bc. Jiří Čeněk.

This work is focused on Burnout Syndrome among employees and self-employed / entrepreneurs in public and private sector. There is a comparison of obtained data via online survey which was established based on Maslach Burnout Inventory. The goal is to examine the differences between employees and self-employed / entrepreneurs working in both public and private sector. The work consists of analysis, interpretation of results and discussion together with suggestions.

Keywords

Burnout syndrome, MBI, Maslach Burnout Inventory, Emotional Exhaustion, Personal Achievement, Depersonalization, Prevention of Burnout Syndrome, Phases of Burnout Syndrome

Abstrakt:

Abstrakt Soukupová, Z. Syndrom vyhoření - komparace zaměstnanců s OSVČ / podnikateli. Diplomová práce. Brno: Mendelova Univerzita v Brně. Fakulta regionálního rozvoje a mezinárodních studií, 2016. Vedoucí práce: Mgr. Bc. Jiří Čeněk.

Tato práce je zaměřena na Syndrom vyhoření a porovnání získaných dat z on-line dotazníku, který byl sestaven podle MaslachBurnoutInventory. Porovnávají se dvě skupiny pracujících: zaměstnanci s OSVČ / podnikatelé, pracující, jak v soukromém tak veřejném sektoru. Práce obsahuje analýzu a interpretaci výsledků spolu s diskuzí a doporučením.

Klíčová slova:

Syndrom vyhoření, MBI, Maslach Burnout Inventory, Emoční vyčerpání, Osobní úspěch, Depersonalizace, Prevence syndromu vyhoření, Fáze syndromu vyhoření

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1 Introduction

1.1. Introduction

The diploma thesis focuses on burnout syndrome and its symptoms, phases, possible causes and prevention. At the beginning there will be short view into the past- which methods were used and which are used today, if there is actually any difference or people still use the groovy steps. Empirical part will value collected data from the questionnaires from self-employed and employed people from private and government sector. The goal of the study is to specify hazard rate of burnout by asked respondents - either self-employed / entrepreneurs and employees.

The burnout syndrome is a spread word nowadays. We can come across it where it comes in a long term periodic contact of people while solving any personal, health and professional problems. Mostly the burnout syndrome is tied to the job performance. People who get in contact and communicate with other humans are endangered the most.

The burnout syndrome is not a new word. It was first discussed in these terms, in themed - 1970s (Freudenberger,1974; Maslach 1976 as cited in Maslach and Goldberg, 1998) and the portrait of burnout that was painted than has not changed much in the intervening years. (Maslach and Goldberg, 1998). Herbert J. Freudenberg published in his article in "Journal of Social Issues "(Freudenberg, 1974 as cited in Stock, 2010). In the USA the burnout was used in connection with drug addicts in chronic state, later in connection with working people who showed desperation and ineffectiveness. In the psychological level strongly burning fire represents high motivation, activity, deployment, priority (Stock, 2010).

1.2. Goal of the study and methodology

The goal of my work is to examine the differences in job burnout among organizationally employed individuals and self-employed / entrepreneurs in Brno and surroundings in terms of its three dimensions (emotional exhaustion, depersonalization and personal achievement). Why some groups (jobs, women/men etc.) are burned more than others? What is the difference - what is missing in particular jobs?

I will undertake a quantitative research using a questionnaire as the core of my study. The questionnaire will be sent on-line to the employees and self-employed people in Brno and surroundings. The answers will be sent back electronically. I will collect and analyze the primary data which can then be considered an immediate demonstration, or a reality registration. The greatest advantage of primary data is its direct connection to cognition purposes and goals of the research (Surynek, Komárková, Kašparovská, 2001).

2 Theoretical Part

In the first chapter I will be talking about burnout syndrome in general what it is, where it came from. We will also look to the history. I would like to also mention some famous initiators in the area of burnout syndrome. Then I would like to describe some research studies which I consider important for the theoretical part of my thesis as well as for the practical part which results from it. There are many articles and literature on this topic because it starts to be very controversial topic which is connected with the life style of the whole society.

Currently, burnout is a well-established academic subject on which thousands of publications have appeared, and about which numerous congresses and symposia are held (Schaufeli, Leiter and Maslach, 2008).

The concept of burnout has stimulated research on job stress, particularly in areas like the helping professions, which had not been the focus of attention before. It also stimulated theorizing, particularly in the area of emotional labor, symptom contagion, and social exchange. In the occupational medical setting of some European countries with elaborated social security systems - notably Sweden and The Netherlands - burnout is an established medical diagnosis. This means that it is included in handbooks, and that physicians and other health professionals are trained in assessing and treating burnout (Van Emmerik, 2004 as cited in Schaufeli, Leiter and Maslach 2008).

2. 1. What is the Burnout Syndrome

There are many definitions of burnout syndrome but they have a lot in common. According to Maslach, Schaufeli and Leiter: "Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficient" (2001). The use of the term burnout of this phenomenon began to appear with some regularity in the 1970s in the United

States, especially among people working in the human services (Maslach, Schaufeli and Leiter, 2001).

Myron D. Rush (2003) defined the burnout syndrome as a kind of stress and emotional tidiness, frustration, exhaustion occurring due to the fact that the summary of certain events concerning relationships, mission, lifestyle or employment of the individual concerned will not bring the expected results.

Below you can read some statements / definitions of burnout syndrome which were stated by experts in the field of burnout syndrome.

H. J. Freudenberger:

"Burnout is a state of being plundered of all energy resources formerly intensively working person (i.e. People who are trying to help others in their difficulties and help them to feel better. At the end they feel overpowered by their own problems). Burnout is the final stage of a process by which people who are deeply emotionally involved in something, they lose their initial enthusiasm (their enthusiasm) and their motivation." (Their own motive power; Křivohlavý, 1998).

V. Kebza, I. Šolcová:

"Burnout syndrome is characterized as a prolonged response to chronic inter -personal stressors at work, or situational induced stress reaction, or also as the last phase of the stress response, thus exhaustion." (Kebza, Šolcová, 2003).

A. Pines, E. Aronson:

"Burnout is formally defined and subjectively experienced as a state of physical, emotional and mental exhaustion caused by long-term preoccupation with situations that are emotionally challenging. These emotional requirements are most often caused by a combination of two things high expectations and chronic situational stress." (Křivohlavý, 1998).

Carol J. Alexanderova:

"Burnout is a state of total alienation, both to work and to other people and also yourself." (Křivohlavý, 2008).

In 1980, Edelwich and Brodsky characterized Burnout as progressive loose of idealism, motivation and energy (Hawkins, Shonet, 2004).

According to Christina Maslach, burnout represents emotional exhaustion, depreciation efficiency and depersonalization by individuals who work with other people (Minirth et. al., 2011). More specifically, burnout is defined as a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Goldberg, 1998).

2.1.1. Emotional exhaustion

Emotional exhaustion refers to feelings of being emotionally overextended and depleted of one's emotional resources. The major sources of this exhaustion are work overload and personal conflict at work. People feel drained and used up, without any source of replenishment. They lack enough energy to face another day or another person in need. The emotional-exhaustion component represents the basic stress dimension of burnout (Maslach and Goldberg, 1998).

2.1.2. Depersonalization

Depersonalization refers to a negative, callous, or excessively detached response to other people, which often includes a loss of idealism. It usually develops in response to the overload of emotional exhaustion, and is self-protective at first - an emotional buffer of "detached concern." But the risk is that the detachment can turn into dehu-

manization. The depersonalization component represents the interpersonal dimension of burnout (Maslach and Goldberg, 1998).

2.1.3. Personal accomplishment

Reduced personal accomplishment refers to a decline in feelings of competence and productivity at work. This lowered sense of self-efficacy has been linked to depression and an inability to cope with the demands of the job, and it can be exacerbated by a lack of social support and of opportunities to develop professionally. Staff members experience a growing sense of inadequacy about their ability to help clients, and this may result in a self-imposed verdict of failure. The personal-accomplishment component represents the self-evaluation dimension of burnout (Maslach and Goldberg, 1998).

2.1.4. Urgent Burnout vs. Chronic Burnout Syndrome

Urgent Burnout Syndrome

Burnout syndrome may occur as an acute reaction to the excessive workload also at the beginning of individual's career. Such acute burnout may occur over several months. Possible remedy is higher than in chronic burnout, more usually sufficient rest, relaxation, extended vacation (Stibalová, 2010).

Chronic Burnout Syndrome

Chronic burnout is a larger problem that comes after a long period of work in the helping professions where work has already worn off. People affected by chronic burnout ask about the meaning of their work, compare the results of their efforts with the award, which they receive. They feel hopelessness and frustration (Stibalová, 2010).

2.2. History of the Burn out Syndrome

Burnout has been documented for many decades. The emphasis of much of the earlier research has been on individual characteristics of the workers. Too often individual personality traits are singled out for treatment (Arches, 1991).

The research Job Burnout (Maslach, Schaufeli and Leiter, 2001) has gone through distinct phases of development:

2.2.1. Pioneering Phase

The initial articles appeared in the mid - 1970s in the United States and their primary contribution was to describe the basic phenomenon, give it a name and show that it was not an uncommon response. This early writing was based on the experience of people working in human services and health care - occupations in which the goal is to provide aid and service to people in need, and which can therefore be characterized by emotional and interpersonal stressors (Maslach, Schaufeli and Leiter, 2001).

The initials articles were written by Freudenberger (1975 as cited inMaslach and Goldberg, 1998), a psychiatrist working in an alternative health care agency, and by Maslach (1976 as cited in Maslach and Goldberg, 1998), a social psychologist who was studying emotions in the workplace. Freudenberger provided direct accounts of the process by which he and others experienced emotional depletion and a loss of motivation and commitment, and he labeled it with a term being used colloquially to refer to the effects of chronic drug abuse: burnout. Maslach interviewed a wide range of human services workers about the emotional stress and discovered that the coping strategies had important implications for people's professional identity and job behavior (Maslach, Schaufeli and Leiter, 2001).

The clinical and social psychological perspectives of the initial articles influenced the nature of the first phase of burnout research. On the clinical side the focus was on

symptoms of burnout and on issues of mental health. On the social side the focus was on the relationship between provider and recipient and on the situational context of service occupations (Maslach, Schaufeli and Leiter, 2001).

In addition, this first phase was characterized by a strong applied orientation, which reflected the particular set of social, economic, historical, and cultural factors of the 1970s. These factors influenced the professionalization of the human services in the United States and had made it more difficult for people to find fulfillment and satisfaction in these careers (Cherniss 1980; Farber 1983 as cited in Maslach, Schaufeli and Leiter, 2001).

2.2.2. Empirical Phase

In the 1980s the work on burnout shifted to more systematic empirical research. The shift to greater empiricism was accompanied by theoretical and methodological contributions from the field of industrial-organizational psychology. Burnout was viewed as a form of job stress, with links to such concepts as job satisfaction, organizational commitment and turnover. In 1990s this empirical phase continued but with several new directions. First, the concept of burnout was extended to occupations beyond the human service and education (e.g. clerical, computer technology, military, managers). Second, burnout research was enhanced by more sophisticated methodology and statistical tools. Third, a few longitudinal studies began to assess the links between the work environment at one time and the individual's thoughts and feelings at a later time(Maslach, Schaufeli and Leiter, 2001).

2.2.3. Burnout in the twenty-firstcentury

Burnout was originally viewed as a specific hazard for naive, idealistic, young service professionals who became exhausted, cynical, and discouraged through their experiences in cold bureaucratic systems serving entitled, unresponsive clients with intractable problems. But that was long ago. The young idealists entering the workforce in the

1960s are at the time of this writing heading toward retirement. Young professionals in the early twenty-first century have fewer opportunities for naivety. People have few illusions about the working world. But they are nevertheless vulnerable to burnout (Cho et al., 2006; Gellert and Kuipers, 2008 as cited in Schaufeli, Leiter and Maslach, 2008). Two distinct contributors to the experience of work life explain burnout's persistence as an experience, a matter of social importance, and a focus of scientific inquiry. The first contributor is a persistent imbalance of demands over resources (Aiken et al., 2001, Bakker and Demerouti, 2007 as cited in Schaufeli, Leiter and Maslach, 2008). When demands increase -, e.g. more service recipients with more intense requirements - resources fail to keep pace. There are insufficient personnel, equipment, supplies, or space to meet the demand (Aiken e al., 2002as cited in Schaufeli, Leiter and Maslach, 2008). The second contributor concerns motives rather than energy. Employees in the twenty-first century view organizational missions, visions, and values with skepticism(Hemingway and Maclagan, 2004 as cited in Schaufeli, Leiter and Maslach, 2008). Employees may hold personal values that differ from the organizations. The potential for value conflicts is increased as organizations and employees reduce their commitment to one another (Martin and Siehl, 1983 as cited in Schaufeli, Leiter and Maslach, 2008).

Another form of conflict occurs between the organization's stated values and its values in action (Argyirs, 1982 as cited in Schaufeli, Leiter and Maslach, 2008). Employees exercise severe judgment when they witness a gap between organizational intentions and reality. Rather than attributing the shortfall to market conditions or bad luck, they often attribute the problem to corporate hypocrisy. This attribution may apply to the entire executive level or it may pertain to distinct individuals who are abusing positions of authority to exploit the company for their personal gain. In these scenarios, employees accept the organizations 'espoused values. They experienceconflict with the

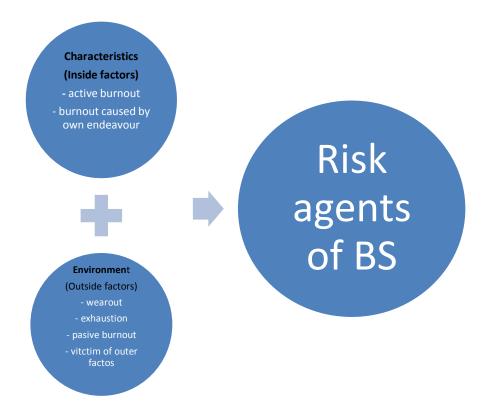
values they attribute to the organizations 'shortcomings (Schaufeli, Leiter and Maslach, 2008).

Public sector organizations in twenty-first century often state ideals that far exceed their resources (Potter e al., 2007 as cited in Schaufeli, Leiter and Maslach, 2008). The systematic imbalance of demands to resources promotes exhaustion and reduces professional efficacy while alienation from corporate values reduces providers' involvement in their work or their service recipients (Schaufeli, 2006; Schaufeli and Baker, 2004 as cited in Schaufeli, Leiter and Maslach, 2008).

2.3.Risk Agents

Intensive contact among professionals and clients or patients was primary cause of development of burnout syndrome. Nowadays the origin of the burnout comes from the increasing requirements of job performance, decreasing rest time (Čeledová et al., 2010). Origin of the burnout syndrome is by the individual's character and external conditions. We can divide them into internal factors (character) and external factors which are stated by the environment. Both of these groups of factors must be applied. We call individuals with domination of temperament as workaholics. They bring the burnout themselves by their active efforts, to a large extent. The opposite case are individuals who under pressure in order of external conditions and their environment i.e. wear out (Burisch as cited in Stock, 2010).

Fig. 1Inside and out side factors of Burnout Syndrome



(Source: Author's formation)

Among the most common risk agents of burnout syndrome we can include according to Kebza and Šolcová (2003):

- life in this busy world;
- jobs working with other people;
- time pressure, chronic stress;
- high performance requirements;
- high degree of enthusiasm;
- missing assertiveness in behavior;
- perfectionism, pedant, responsibility;
- inability of relaxation;

- low or instable self-concept and self-esteem;
- chronic beliefs about the inadequate recognition of social and economic assessment carried out by the profession;
- constantly experiencing anger (such as emotional state), hostility (as a personality trait) and aggression.

It appears a hypothesis made by Schaufeli about infectivity of burnout syndrome. It would mean that origin and development of burnout in the social environment would facilitate and support its spreading in the close social environment or company (Ponížilová, Urbanovská, 2013).

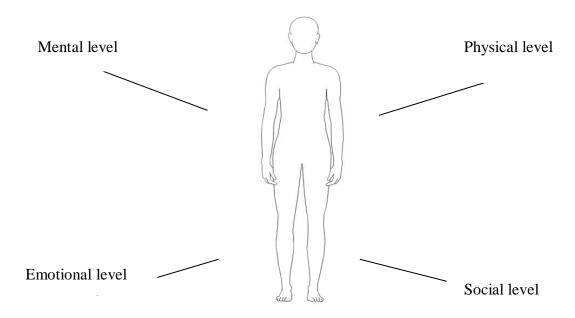
2.4. Signs and symptoms of burnout

Any sickness does not develop from anything and everything has a reason, cause which could be hardly discovered. Burnout syndrome is represented by lose of spirit, life happiness, loss of energy and enthusiasm which is needed. Men are frustrated and reaction to it is nerves nous, depression, apathy, cynicism and total exhaustion.

2.4.1. Levels of Burnout Syndrome Symptoms

Burnout Syndrome is cumulative, dynamic process which runs very slow. The person who sustains the BS could not even register. The recognition is very hard but they already disturb individual's sources (Maroon, 2012). According to Weber and Jaekelreinhard (2000) the symptoms of burnout are multidimensional and it case psychical, somatic and social commotions. The symptoms can be divided in 4 levels in which could be observe:

Fig. 2 Levels of symptoms of burnout syndrome



(Source: Author's formation)

Mental level

Man doubts his own abilities and is frustrated and uptight. Man takes negative position on colleague, clients or work environment. His interest in professional topic decreases. Problems with focusing appear. Individual escapes to the fantasy world (Bártová, 2011). Man can also have false feeling of fault (Minirth et. al. 2011).

Emotional level

Among the main emotional symptoms are advised: feeling of helplessness, depression, self-pity, nervousness, irritability, feeling a lack of recognition (Bártová, 2011). Afflicted individual feels emotional exhausted. Man is controlled only by the feelings of helplessness and hopelessness from which there is no escape. In extreme cases, this may cause mental illness or suicide (Jeklová, Reitmayerová, 2006).

Physical level

The individual is weakened prone to diseases, fast tiredness, vegetative problems (heart problems, difficulty with breathing etc.). Other symptoms are headache, sleeping disorder, muscle tension, increase blood pressure (Bártová, 2011). In the study "Burnout and risk of cardiovascular disease" by Malamed, Shiron, Taker, Berliner, Shapiro (2006) from Tel-Aviv University shows that burnout syndrome and the related idea of exhaustion are associated with an increased risk of cardiovascular disease.

Social level

In this level it comes to the limit of contact with others - clients, friends and colleagues. Declining social involvement of individual. The affected person is in the conflict with his family or at the work place. Prevailing the negative feelings - futility, vanity work, enthusiasm alternates cynicism (Bártová, 2011).

Also it comes to reluctance of job performance, decrease exposure, conflicts in private life, loss of empathy, social apathy and sedation sociability (Kebza, Šolcová, 2003; Hennig, Keller, 1996).

Other division of symptoms could be subjective and objective as stated by Křivohlavý (1998):

Objective symptoms

Objective symptoms include decrease in individual performance during several months, which may notice even colleagues.

Subjective symptoms

Subjective symptoms are caused by strong tiredness, decreased self-esteem which comes from decreased feeling of professional competency. Also it includes diffi-

culty with concentrating, irritability, negativism, symptoms typical of stress, which do not originate in organic disease.

Feudenberger points out (1980 as cited in Maroon, 2012) 10 typical characters which are typical for individual who is affected by burnout syndrome:

- impression of extraordinary abilities
- distrust
- paranoia
- loss of self-discipline
- psychosomatic phenomena
- exhaustion
- isolation
- emptiness and cynicism
- impulsiveness and impatience
- depression with many aspects

The disorders develop individually to different extents. Not all the symptoms of the burnout syndrome occur by every individuals who is affected by the syndrome (Hagemann, 2012).

2.5. Groups of risk

Jobs with a risk of burnout include workers whose work requires daily contact with people from whom is required constant attention of others and responsibility for others. High degree of risk are jobs where you encounter with death, there is a huge risk of burnout.Based on published studies with the issue of burnout we can put together a list of main job groups in which under certain circumstances wecan expect origin and development of burnout (Kebza, Šolcová, 2003). Among the most vulnerable groups belong people practicing so-called: "Helping professions". Representatives of

the helping professions are inserted into their work much more than the knowledge or skills, they put part of their personality.

Working with people and their misery is more difficult than working with non-living material. These people provide a great deal of empathy, which allows them to tune into the same wavelength, share their story and emotions (Honzák, 2015).

This groups includes:

- physicians, nurses and other medical staff (especially workers in the fields of oncology, surgery, LDN, intensive care, psychiatry, pediatrics, gynecology and emergency services etc.).
- nurses, personal assistants
- Psychologists and psychotherapists
- Social workers in all fields
- Spiritual priests, pastors, preachers, nuns
- teachers, educators
- policemen on duty, prison workers, firefighters
- dispatchers of emergency services, transport or air traffic controllers etc., pilots, lawyers

Another risk group are people whose work is based on frequent communication with other people. This group consists of consultants, postal workers, lawyers, managers, bank officers, politicians, journalists, personnel executives, instructors, salesmen, waiters, service employees (Kebza, Šolcová, 2003).

Burnout syndrome can also occur by people who do stereotyped work. We include drivers of public transport, employees of factories, dressmaker and many other professions (Křivohlavý, 2012).

Burnout is also higher for people who have little participation in decision making. Similarly, a lack of autonomy is correlated with burnout, although the strength of the relationship is weaker (Maslach, Schaufeli, Leiter, 2001).

2.6. Phases of Burn out syndrome

It is a long term process where people go through all the phases from the euphoria to the total burnout. Sometimes we do not notice the changes on ourselves but our surroundings would notice it. There are different models and each model have different phases but they go through the same and are end up by the same. In some there is less phases and in some more phase. I would start with the simpler ones and go the more difficult ones.

One of the theory with just only 3 phases is theory by Austrian Alfried Längle which describes Křivohlavý (1998):

The first phase is characterized by enthusiasm, a man has a specific target, work is an instrument to achieve this objective - at this moment it is a life meaningful and fulfilling activity.

In the second stage, the person is working for a profit of side product, usually money. Individual performs the activity because it leads to something but not because of the sense what it brings him -i.e. so-called. Utilitarian interest. The original motivation is not satisfied, meaningful goals change. The life changes according to certain social fashion or social status.

The third phase is the phase of "life in the ashes". Man loses respect for others and goals. These originally recognized values turn into things, material. Started insensitive behavior, disrespect, individuals do not appreciate other people. It is also changing relationship to himself - a man loses self-esteem, feeling and compassion with himself.

By contrast to other authors Christina Maslach (2001) divided her model of burnout into 4 phases:

- 1. Idealistic enthusiasm and hazing
- 2. Emotional and physical exhaustion due to overload
- 3. Dehumanization of others as a defense against burnout
- 4. End stage building against all odds;

Burnout will appear in full force, leads to burnout all energy sources.

Burn out syndrome is a long term process which is connected with frustration of some needs. It is not a sudden problem. According to some statistics and theories we can divide it to phases. According to Edelwich and Brodskyin their book *Burnout*: Stages of Disillusionment in the Helping Professions (Brodsky and Edelwich, 1980) as following:

- **1. Enthusiasm** initial phaseof something new (job, relationship, activity etc.) It is full of enthusiasm, large positive (and unrealistic) expectations, promises from the side of employers. It is time of ideas, plans, willingness and fast activity. Own needs are moved to the secrecy (Brodsky and Edelwich, 1980).
- **2. Stagnation** -the initial enthusiasm is fading. There is not much new in work and we are able to manage everything easily. Slowly we lose our enthusiasm and activity. First negatives are showing up. Individuals are aware of their own private needs (private and family) (Brodsky and Edelwich, 1980).
- **3. Frustration** phase where problems connected to work as well as private life. Worker getting interest are increasing. Conflicts with clients and colleagues and managementare multiply. Questions of efficiency and sense of own work occur. There can oc-

cur disputes with superiors and the beginning of emotional and physical problems (Brodsky and Edelwich, 1980).

- **4. Apathy** Stadium apathy comes after frustration. Individuals come to work in order to get financial assets. Initial motivation, vision, enthusiasm and willingness is gone. Employee does only what is needed to do, and rejects any news, interviews with collaborators and requests for overtime (Brodsky and Edelwich, 1980).
- **5**. **Burnout** the final phase of the syndrome. Sense of job dribbles out, often also the sense of own life and own importance. The last period comes to the emotional exhaustion, depersonalization and negativity. There is necessity of earning money on one hand and allergy to the job on the other hand. The individual is in an unsolvable circle. The only solution if possible is the change of the job (Brodsky and Edelwich, 1980).

Individual phases merge into another so smoothly and imperceptibly that it happens. One realizes only when it is all over (Žídková, 2013).

Fig. 3 Phases of Burnout Syndrome



Source: Author's formation according to on-line source: www.vitangostress.com/burnout-syndrome/5-stages-of-burnout/ Herbert J. Freudenberger developed more extensive model of Burnout Syndrome which has 12 phase:

Phase 12: Total exhaustion from burnout

Phase 11: Depresion

Phase 2: Intensive setting

Phase 3: Neglecting of own needs

Phase 4: Suppresion of needs

Phase 9: Depersonalization

Phase 9: Depersonalization

Phase 6: Negation of problems

Fig. 4 Cycle of Burnout according to Freudenberger

(Source: Author's formation according to Poschkamp, 2013)

John W. James described the identical model in 1982 which was described in Křivohlavý (1998).

2.7. Outcomes

Most of the outcomes of the significance of burnout that have been studied have been ones related to job performance. There has also been some attention paid to health outcomes, given that burnout is considered a stress phenomenon (Maslach, Schaufeli, Leiter, 2001).

Job performance

Burnout has been associated with various forms of job withdrawal - absenteeism, intention to leave the job, and actual turnover. However, for people who stay on the job, burnout leads to lower productivity and effectiveness at work. Consequently, it is associated with decreased job satisfaction and a reduced commitment to the job or the organization. People who are experiencing burnout can have a negative impact on their colleagues, both y causing greater personal conflict and by disrupting job tasks. Thus, burnout can be "contagious" and perpetuate itself through informal interactions on the job. There is also some evidence that burnout has a negative "spillover" effect on people's home life (Burke &Greenglass, 2001 as cited in Maslach, Schaufeli, Leiter, 2001).

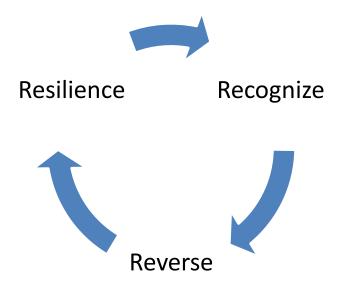
Health

In terms of mental health, the link with burnout is more complex. As mentioned earlier, burnout has been linked to the personality dimension of neuroticism and the psychiatric profile of job-related neurasthenia. Such data might support the argument that burnout is itself a form of mental illness. However, a more common assumptions has been that burnout causes mental dysfunction - that is, it precipitates negative effects in terms of mental health, such as anxiety, depression, drops in self-esteem, and so forth. An alternative argument is that people who are mentally healthy are better able to cope with chronic stressors and thus less likely to experience burnout. The results showed that people who were psychologically healthier in adolescence and early adulthood were more likely to enter, and remain in, such jobs, and they showed greater involvement and satisfaction with their work (Jenkins & Maslach, 1994 as cited in Maslach, Schaufeli, Leiter, 2001).

2.8. Dealing with burnout: The "Three R" approach

- Recognize Watch for the warning signs of burnout
- Reverse Undo the damage by managing stress and seeking support
- Resilience Build your resilience to stress by taking care of your physical and emotional health

Fig. 5 Dealing with burnout



(Source: Author's formation)

2.9. Case studies

2.9.1. Employees vs. Self-employed in Canada and Pakistan - case study

When I was looking for studies on selected topic of burnout, I have found an interesting study on it which is similar to the one I chose. There was discussed full-time self-employed and organizationally employed individuals in Canada and Pakistan in terms of overall burnout and its three dimensions according to Maslach Inventory Burnout

(Jamal, 2007). Burnout was assessed with the 22 item Maslach Burnout Inventory (Maslach& Jackson, 1981 as cited in Jamal, 2007). Approximately 16 percent of the full time labor force in North America and other industrialized is self - employed (Cohen, 1996; Parslow et.al, 2014; Wiatrovski, 1994 as cited in Jamal, 2007). The results of the present study derived from fulltime employees in Canada and Pakistan indicated that self-employed individuals experienced higher overall burnout, emotional exhaustion and lack of accomplishment than those organizationally employed. The self-employed put 30 per cent more time at work in an average workweek in Canada and 40 per cent more time at work in an average workweek in Pakistan as compared with the organizationally employed. (Jamal & Badawi, 1995 as cited in Jamal, 2007). Eden (1975as cited in Jamal, 2007) also found that the self-employed spent around 20 per cent more time at work per week than the organizationally employed people in a sample of nationally collected data regarding working conditions in the United States.

2.9.2. The process of burnout in white-collar and blue-collar jobs - case study

This study does not examine the differences between employees and self-employed workers but tests two occupational subgroups: white-collar and blue-collar workers of the Finnish company (Toppinen-Tanner, Kalimo and Mutanen, 2002 as cited in Toppinen-Tanner et al.). The jobs differ in that some jobs entail more resources than others, while some jobs entail more demands and stressors than others. White-collar jobs include more autonomy and more challenging tasks than blue-collar jobs (Pelfrene et al., 2001 as cited in Toppinen-Tanner et al.). In the study it was found out that there were no differences between the two occupational groups in the process of burnout. Also the work-related antecedents of burnout (job stressors) were very similar in both groups (Toppinen-Tanner, Kalimo and Mutanen, as cited in Toppinen-Tanner et al.).

2.10. The difference between stress and burnout

Burnout may be the result of unrelenting stress, but it isn't the same as too much stress. Stress, by and large, involves too much: too many pressures that demand too much of you physically and psychologically. Stressed people can still imagine, though, that if they can just get everything under control, they will feel better.

Burnout, on the other hand, is about not enough. Being burned out means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout often don't see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is being all dried up. While you're usually aware of being under a lot of stress, you don't always notice burnout when it happens.

Stress vs. Burnout				
Stress	Burnout			
Characterized by over engagement	Characterized by disengagement			
Emotions are over reactive	Emotions are blunted			
Produces urgency and hyperactivity	Produces helplessness and hopelessness			
Loss of energy	Loss of motivation, ideals, and hope			
Leads to anxiety disorders	Leads to detachment and depression			
Primary damage is physical	Primary damage is emotional			
May kill you prematurely	May make life seem not worth living			
Source: Stress and Burnout in Ministry (online source)				

2.10.1. The difference between depression and burnout

Depression can be treat by medicine but by burnout it has not been possible yet. By burnout syndrome is the therapy searching for the sense of life and it is completely different form of therapy. The relationship between burnout and depression are very close (Kebza and Šolcová, 2003).

2.10.2. The difference between tiredness and burnout

Generally we can say that tiredness has a narrow relationship to the physical load than by burnout. Tiredness by burnout is something negative, stressful, burdensome (Křivohlavý, 1998).

2.11. Mental hygiene

It is important to make a gap from the clients / patients etc. Professionals help themselves via different techniques, for example semantic depersonalization where the client is just a "case" or intellectualism when professional talks about the patient without emotions and very rationally or isolation where we have professional attitude to the patient compare to other people. It is important not to suppress our feeling but talk about them. We can talk about it with our colleagues or supervisors during a meeting etc. During the working time it is important to take breaks and use them for regeneration, relaxation or meditation. We need to separate working and private life (Kebza and Šolcová, 2003).

2.12. Prevention of Burnout Syndrome

There are few principles to prevent the burnout syndrome. The most important are friendship and good relationships. The burnout syndrome can be prevented by the

often contact with friends. Another good way of prevention is a conscious employer, who is aware of the danger of the burnout syndrome and arranges various types of seminars (which are dealing with this topic) for the employees. To have hobbies and interests, which the employee can realize after work is also a big advantage. For example leaving for a weekend to the countryside, sports or any other activity, which is relaxing and taking mind of the everyday work. When leaving the work, the person should close the door and leave all the working problems there. The most important factor considering the prevention is to live a meaningful life. It is good to sort out our priorities in life - to determine what is important for us, what can wait or what is better to let go. Creating balance in life to satisfy our needs and set a realistic goal. Taking into account also needs of our loved ones is an important part while defining our life goal. The second factor is to find balance between "stressors" (these is a life burden) and "salutors" (these are giving us strength). We do not have to take care of the stress and stressors – life gives us these constantly, but we need to case about the salutors—these we need to deserve and endeavor (Křivohlavý, Pečenková, 2004).

Lower the exaggerated requirements in our self, not accepting the role of the assistant (assistant syndrome), learn to say NO, create a working plan, which can save half of the time, take breaks while working and keep calm during crisis — these are good tools to prevent the burnout syndrome. (Jira, 2009). According to Bartošíková one of the most important factors to prevent the burnout syndrome are: "To find a meaningful job, to achieve professional autonomy and support. Building the natural relationship to the specific job and other activities in life. Together with the recognition of the benefits which the work brings to the person and which the person is bringing to the work. (Bartošíková, 2006). Schmidbauer: "The burnout syndrome is one of the many signs of the assistant syndrome. Faster burnout process can be seen when the person is not able to distinguish between perfectionism and realistic demands on the assistant work. What is the most frustrating factor of the helpless assistant is the failure of the person-

al values of the assistant and the incompetency to take care of himself/herself." Further Schmidbauer says that professions which deal with these kind of diseases they might suffer the most (Schmidbauer, 2008).

2.12.1 Individual prevention

Prevention on the individual level includes mainly taking care of own physically active life without the assistant role. It is necessary to find the balance between benefits and losses, to determine the balance of own situation and decide what is missing. Change life-style, set realistic demands on ourselves and others, rest more often. Managing time pressure connected with stress at work is crucial to prevent the burnout syndrome. In these situations it is critical to use all our energy and then get a quality rest. If the stress and time pressure is chronically it is necessary to bring in more people, organize work more effectively or rethink the competences. The control of the tasks is essential because when there is no feedback it is possible to feel desperate. Stress situations can be proceeded passively or the actions to avoid these situation can be undertaken. If the reward for the work is not sufficient it often leads to frustration. Together with the lack of recognition and the insufficient reward. At this point is it important to consider, if the person accepts the fact that the doctors are underpaid and finds a reason to stay or to leave this field (Bartošíková, 2006).

Good work relations and no rivalry is always better. The relations are created by people and the quality of the relations fully depends on them — the good atmosphere is positively perceived by the patients as well. Communication is fundamental, it is important to talk to others, say all the concerns and also praises. Self-assertiveness is good to have as well on the reasonable level. Setting the boundaries for the regular contact with patients is needed — there is a danger that the assistant develops too close relationship with the patient and is concerned more about the good of the patient that to his/hers loved ones or himself/herself. That is a situation, when the assistant

tant is closing the boundaries, the worker loses the distance and cannot see all the connections. At this point this has a negative effect on the worker and also on the patient, because the worker is not able to fully help. Setting the optimal boundary can help to enjoy the work and not to be exhausted. Stereotypes and routines should be avoided – new procedures can be set, learning from others, trying new procedures, take changes as challenges and not be scare of them. Education helps to bring dynamics to life (Bartošíková, 2006). Most ineffective strategy when dealing with stress is using various addictive substances such as tobacco, coffee, alcohol (there also cause burden for our circulatory system). Medical workers are aware of risks but they have very close using addictive substances. Problems need to be solved, not avoided. Unsolved problems eventually come back anyway. Aggression, such as verbal attracts and blaming others, is ineffective as well. Aggressively weaknesses social sources, which are vital while helping with burnout. If the person chases away everyone, he/she gets lonely (Bartošíková, 2006).

2.12.2 Organizational prevention

Important role of the prevention of the emotional exhaustion play relationship at the workplace especially between subordinates and supervisors and also working conditions. In this process management plays important role. Every manager would like to have competent, efficient and motivated workers who will take part of the good name of the firm (Mikulaštík, 2007). Manager's personality is the key feature in leadership of people. Individual's character is partly inborn and partly influenced by the environment where we live. Leaders should be able to prevent burnout of their subordinates. Here are some suggestions:

- Appreciate efforts of the worker even though the performance was not as we expected.
- Responsibility and competence must be in balance otherwise it comes to increase of overload.
- Development of team work regular meetings (formal or informal) where job matters are discussed, suggestions and news. Everyone should be able to say own feelings and comments.
- Support of education of subordinates or your own education. Education could
 be done in form of conferences, courses or internships. Not to oppose to hire
 new employees, most of the time they bring new ideas and new energy to the
 team.
- Provide adequate information. Too much information burden the workers. Les information brings uncertainty.
- Ensure rotation or a swap for workers with the most overload of work as prevention of burnout.
- Ensure conditions for relaxation of the

International researchers found out by managers with high efficiency, good health even during the overload they do not act as a victim but as an active individual. They take obstacles as challenge. They take life as a change not as stable state. Men go through problems when have around people who can count on (Bartošíková, Jičínský, Jobánková, Kvapilová, 2006).

3 Empirical Part

As I already wrote, in the theoretical part, to achieve the results I decided to uses a quantitative form of research. To collect data correctly completed, on-line forms were used for the survey. The advantage of on-line surveys is the relative low cost and the absence of interruption by interviewers. Among its disadvantages Surynek (Surynek, Komárková, Kašpárková, 2001) mentions: 1. The lower rate of return when compared to personal survey, 2. Being able to consider in depth before answering, which obviates the possibility of unhesitating answers, 3. The lack of assurance that the questionnaire was completed by the person whom it was addressed.

The author created an on-line questionnaire composed of twenty two questions and four of them had demographic character. The on-line questionnaire was assembled according to Maslach Burnout Inventory. From the beginning of the questionnaire respondents are acquainted with the basic information concerning the research. The questionnaire is anonymous and contains only closed questions mostly by means of scale, from zero (=anywise) to seven (=extremely). The scale is focused on the strength of feeling.

3.1. Goal of the study

The purpose of the present study was to examine perceived levels of burnout and job satisfaction of employees and self-employed / entrepreneurs, across public and private sector. Almost one hundred (ninety-seven) participated in the study - there were two groups of people a) employees and b) self-employed / entrepreneurs who were observed and evaluated. The goal is to examine the differences between employees and self-employed / entrepreneurs working in both public and private sector. I compared the results, interpret outcomes, answer the research questions and suggest solutions for selected sample.

3.2. Research questions

The author has created 5 research questions for the study:

- 1. How the type of employment affects the burnout syndrome?
- 2. How the sector of employment/business affects the burnout syndrome?
- 3. How age affects the burnout syndrome?
- 4. How sex affects the burnout syndrome?
- 5. How the length of employment/business affects the burnout syndrome?
- 6. How the type of employment affects the burnout syndrome?

3.3. Subject and object of the study

The object of the study is to obtain as much data and information as possible relating to the burnout syndrome amongst the employees and self-employed / entrepreneurs in both private and state sector.

The employees and self-employed / entrepreneurs in both sectors become the subjects of the study.

3. 4. Methods and questionnaire interpretation

The Maslach Burnout Inventory (MBI) is divided into three "sub-scales," which independently measure levels of burnout. The three dimensions are "emotional exhaustion", "depersonalization" and "personal accomplishment" as I described in the first chapter in more details. The first two are negatively focused and the third one is positively (Žídková,2013). Burnout is a multidimensional construct, therefore the subscales are not combined to reveal one ultimate burnout score. Because burnout is viewed on a continuum, the MBI measures levels of burnout as either high, moderate or low for each of the dimension. For both the emotional exhaustion and depersonalization dimensions, higher mean score correspond to higher degree of perceived burnout. Conversely, lower mean scores on the personal accomplishment dimension, corresponds to higher degree of perceived burnout (Micklevitz, 2001). Originally the feel-

ings are evaluated either by frequency of feelings (how often) or by intensity of feelings. It is better to use one of the indicators not both because the respondents vary both indicators at one time badly (Židková, 2013).

a) Frequency: 0 1 2 3 4 5 6

b) Intensity: from 0 (anywise) to 7 (extremely)

The questionnaire includes three thematic dimensions as I already described at the beginning of theoretical part: **EE** (Emotional Exhaustion), **DP** (Depersonalization) and **PA** (Personal Accomplishment) and plus part when the respondents categorize themselves. Research questions and thematic areas are connected.

- First four questions ask the respondents to categorize themselves according to the sex, age, job occupation and sector of employment (private vs. public)
- The first group of questions (numbers: 1, 2, 3, 6, 8, 13, 14, 16 and 20) focus on Emotional Exhaustion.
- The second group of questions (numbers: 5, 10, 11, 15, 22) evaluate Depersonalization.
- The last but not least group of questions (numbers: 4, 7, 9, 12, 17, 18, 19 and 21) is focused positively, on Personal Accomplishment.

3.4.1. Evaluation of the questionnaire

Burn out syndrome is complicated psychological construct and that is why the sub-scales are combined so to get overview and they do not focus total score. Feelings of burn out are aware of as a continuum, MBI measures on each scale the burn out in three levels - high, medium, low. For emotional burn out and depersonalization correspondent high numbers with high level of burn out otherwise for personal accomplishment correspondent low numbers with the burnout. Evaluation is to add all points in each dimension. See attachment 1 to see the questionnaire.

3.4.2. Characteristics of research sample

As an object of the research I have chosen employees and self-employed / entrepreneurs in Brno and surroundings which work either in private sector or public sector.

Graph 1 Employment (N = 97)

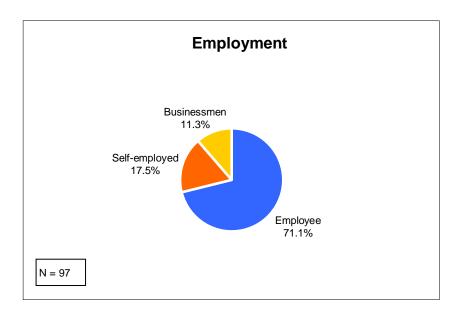


Table 1 Employment (N = 97)

Element	Absolute numbers	Relative numbers (%)			
Employee	69	71,1			
Self-employed	17	17,5			
Entrepreneurs	11	11,3			
Total	97	100,0			

In total 97 respondents took the survey as you can see on the bottom of the Table 1. 71,1 % were employees, 17,5 % self-employed and entrepreneurs were represented by 11,3 % as you can see again in Table 1 and graphically shown in Graph 1. Employees are represented the most then self-employed and the smallest group is represented by entrepreneurs.

Graph 2 Job sector (N = 97)

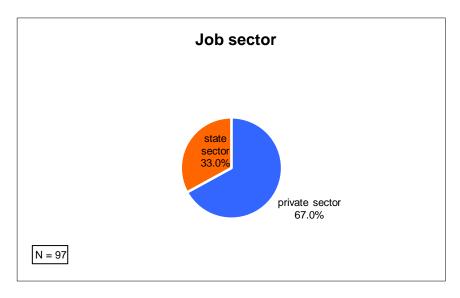


Table 2 Job sector (N = 97)

Element	Absolute numbers	Relative numbers (%)		
Private sector	65	67,0		
State sector	32	33,0		
Total	97	100,0		

As you can see in the Graph 2 as well as in the Table 2,67% respondents work in the private sector compare to 33 % workers in state sector. For comparison employment vs. sector please see the Graph and Table 3 below.

Graph 3 Type of employment x job sector (N = 97)

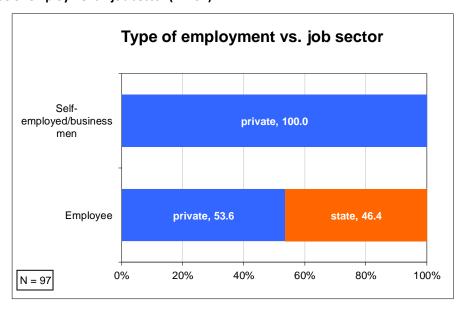


Table 3 Type of employment x job sector (N = 97)

		Employment			
		Employee	Self-employed/businessmen		
Job Sector	private	53,6	100,0		
Job Sector	state	46,4	0,0		
Total		100	100,0		

In the Table 3 you can see that 100 % respondents who are self-employed / entrepreneurs are categorized in the private sector. It doesn't not surprise me. In the group of employees more than half (53,6 %) work in a private sector, 46,4 % are employed in the state sector.

Table 4 Sex (N = 97)

Element	Absolute numbers	Relative numbers (%)		
Female	65	67,0		
Male	32	33,0		
Total	97	100,0		

More females took part in the research (67,0 % females) compare to males (33,0 %) as you see in the Table 4 above. It is almost twice as high females than males.

Graph 4 Age (N = 97)

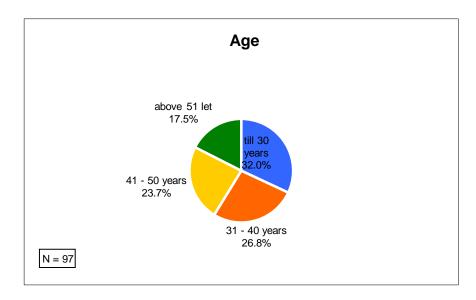


Table 5Age (N = 97)

Element	Absolute numbers	Relative numbers (%)			
till 30 years	31	32,0			
31 - 40 years	26	26,8			
41 - 50 years	23	23,7			
above 51 years	17	17,5			
Total	97	100			

In the Graph and Table 5 you can see all 4 groups which took part in the survey. Age category till 30 years is represented the most. (32,0 %). Second most represented group is between 31 - 40 years, then 41 - 50 years and the least is the group above 51 years. It goes in descending order.

Graph 5 How long are you employed/do you run a business?(N = 97)

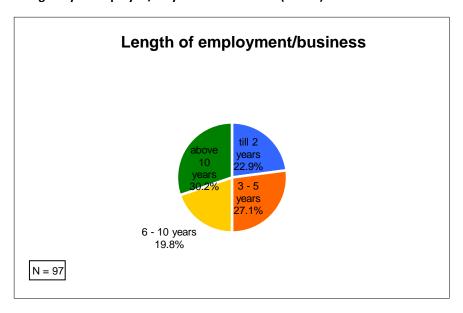


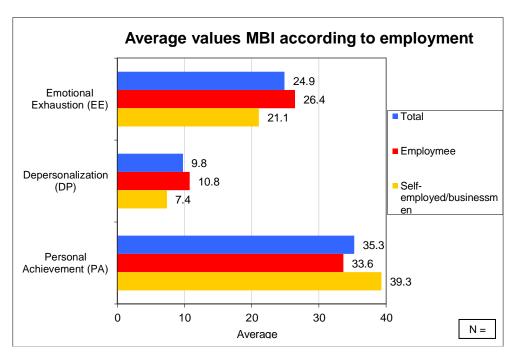
Table 6 How long are you employed/do you run a business?(N = 97)

Element	Absolute numbers	Relative numbers (%)		
till 2 years	22	22,9		
3 - 5 years	26	27,1		
6 - 10 years	19	19,8		
above 10 years	29	30,2		
Total	96	100,0		

30,2 % are employed or run a business more than 10 years it could be related to the age structure. The second most represented group is "3 - 5 years" of employment. The least represented group is "6 - 10 years" of employment / running a business. Respondents are in average 8,4 years in the current employment.

3.4.3. Average numbers of MBI

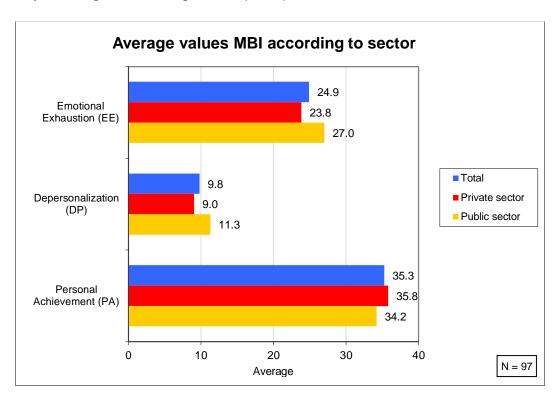
High values with high level of burn out corresponding with emotional exhaustion and depersonalization, conversely low values corresponding with lack of personal achievement.



Graph 6 Average MBI according to employment(N = 97)

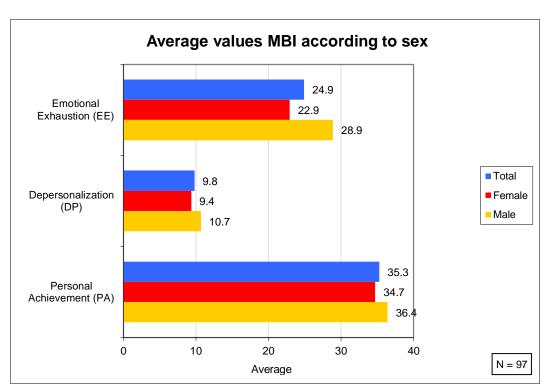
In dimension of an emotional exhaustion (EE) respondents achieved average value 24.9 points (from 63 possible). In depersonalization (DP) it is 9.8 points out of 35. See the blue color in the Graph 7 above. For the emotional burnout and depersonalization correspond high values with a high degree of burnout. With personal achievement (PA) corresponding to the burn out low values, the average by our respondents is 35.3

out of 56 possible points. The average value of emotional exhaustion (EE) and depersonalization (DP) by employees is higher than for the self-employed / entrepreneurs, personal achievement (PA) is among them lower which means that self - employed / entrepreneurs seem to be more satisfied in their jobs.



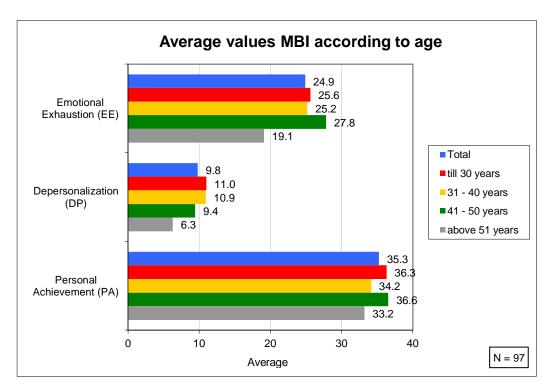
Graph 7 Average MBI according to sector (N = 97)

Similar, although not as significant differences are in the distribution of respondents by sector of job. Respondents working in the public sector have a higher numbers in both areas i.e. Emotional Exhaustion and Depersonalization which means that they are affected by burnout syndrome more than the individuals working in the private sector. They also have a lower number in the area of Personal achievement which leads to the same. By the PA it is the other way round. According to the Graph 8 above we might say that people working in the private sector are affected less by the burnout syndrome than individuals working in the public sector.



Graph 8 Average MBI according to sex (N = 97)

As you can see on the Graph 9 above. Men suffer in the dimensions of Emotional Exhaustion and of Depersonalization at the higher level than females. The difference by Emotional Exhaustion is considerable. We might say that the gender difference at this level is quite high. On the other hand as we can see above they have higher values in the dimension of Personal Achievement as well which means that they can labor with that better than females. It shows that females are not burnout in the dimensions of Emotional Exhaustion and Depersonalization but they have lack of Personal achievement.

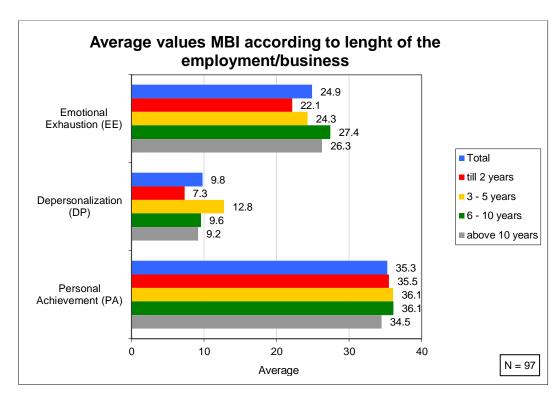


Graph 9 Average MBI according to age (N = 97)

Interesting data we can see in the above Graph 10 where we evaluate data according to age structure. I divided respondents into 4 groups according to decades. The first group is till 30 because respondents might go to the university or start working after high school so it is a wide range. As we can see on the Graph 10 the most burn out group in the dimension"Emotional Exhaustion" is the group between 41 - 50 years.

I would say because the length of working years but on the other they see how many years they still have until they retire. The best results show the group above 51 years and it might be caused by the adoption and that they look forward they retire. The quiet high number is also among the group till 30 years. As I mentioned already in the study "Burnout: 35 years of research and practice by Maslach, Leiter and Schauffeli it might be because of young people put a lot of requirements on themselves and they are too full of energy which leads to the burnout soon which was different by the gen-

erations before. In the dimension of Depersonalization I would say that values are equable except the group above 51 years where the value is 6.3 which compared to other values is lower. Also in the dimension of "Personal Achievement" the age group above 51 years does not miss the lack of "Personal Achievement" and the values are lower than other groups. I would say that age play a big role of the burnout syndrome in each dimension.



Graph10 Average MBI according to length of employment/business(N = 97)

The last table to the average numbers belong the Graph 11 above where you can see each subgroup according to the length of the employment / business. According to the length of the employment the group which work or run a business for 6 - 10 years is the most affected by Emotional Exhaustion. Group working till 2 years has the less value. In the dimension of depersonalization it is the group with length of the working 3 -

5 years with the value of 12, 8. In the Personal achievement dimension the values are almost identical, insignificant difference.

3.4.4. MBI - level of Burn out in each dimension

Graph11 MBI - levelsofburnout(N = 97)

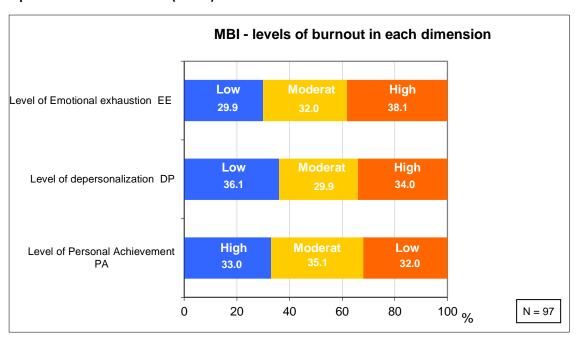
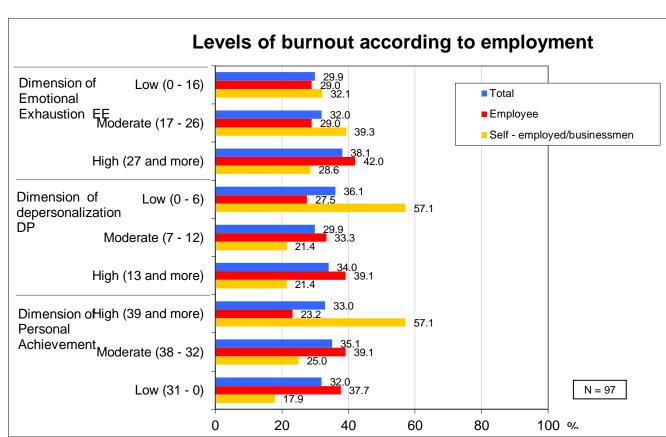


Table 7Respondentsaccording to dimensionsofburnout

		Employment			
	Total	Employee	Self-employed/businessmen		
Withoutsymptons of burnout	40,2	34,8	53,6		
Burnout EE	8,2	7,2	10,7		
Burnout DP	8,2	8,7	7,1		
Burnout PA	11,3	11,6	10,7		
Burnout EE+DP	11,3	11,6	10,7		
Burnout EE+PA	6,2	7,2	3,6		
Burnout DP+PA	2,1	2,9	0,0		
Burnout EE+DP+PA	12,4	15,9	3,6		
Total	100	100	100		

In the Table 7 above you can see percentage representation of the sample in the each dimension separately and then in groups of two dimension together and then in the overall burnout.

Self-employed / entrepreneurs with no signs of burnout (ie. in any area scores respondent does not exceed the critical threshold MBI)is 53.6 %, while for employees it is only 34.8 % who did not exceed the critical point of MBI. 15.9 % of employees showed signs of burnout in all three areas simultaneously - compared to 3.6% of self-employed / entrepreneurs.



Graph12 Levels of burnout according to employment

In the Graph 12 above you can see the overview of all 3 dimensions according to employment. It is divided into Emotional Exhaustion, Depersonalization and Personal

achievement dimensions and then according to level of burnout in the each dimension: low, moderate and high. The high value as you can see above, is 57% in the low category in Depersonalization for the group self- employed / entrepreneurs which means lack of depersonalization and on the other hand motivation.

We can see from the Graph above that employees suffer from the Burnout out syndrome more often than self-employed / entrepreneurs and it is in all three dimensions of MBI. In the critical zone there more represented than self-employed / entrepreneurs.

4 Discussion

Research goals were fulfilled. Goal of the first theoretical part was to describe compacted information about the burnout syndrome starting with the definition, history and then risk agents and risk groups of burnout syndrome. I also comprehend prevention of the burnout syndrome. In the next chapter i.e. empirical part the goal was to compare rates of burnout by two groups of working individuals a) employees and b) self-employed/entrepreneurs. The research was via on-line questionnaire which was created according to MBI (Maslach Burnout Inventory) by Christine Maslach. There were 20 questions. The questions are divide into 3 dimensions: EE (=Exhaustion), DP (= Depersonalization) and PA (= Personal Accomplishment). You value each group separately to get rate for each group, you do not do the total score of burnout syndrome. The questionnaires were anonymous. The results which I present in the work are considered as interesting. People who take part in the research are interested in reading them especially the self-employed/entrepreneurs.

4.1. Research questions

I would like to answer the 5 research questions which were stated at the beginning of the empirical part and the answers are below. I would like to discuss and compare the results between the two groups of workers i.e. employees and self-employed / entrepreneurs:

1. How the type of employment affects the burnout syndrome?

The average value of emotional exhaustion (EE) and depersonalization (DP) by employees is higher than for the self-employed / entrepreneurs, personal achievement (PA) is among them lower which means that self - employed / entrepreneurs seem to be more satisfied in their jobs.

Self-employed / entrepreneurs are with no signs of burnout (i.e. in any area score of respondents do not exceed the critical threshold MBI) is 53.6 %, while for employees it is only 34.8 % who did not exceed the critical point of MBI. 15.9 % of employees showed signs of burnout in all three areas simultaneously - compared to 3.6% of self-employed / entrepreneurs. I would say that working individuals are most satisfied when they have more freedom / autonomy, are not limited. It means that self - employed / entrepreneurs are more satisfied because they are their own boss.

2. How the sector of employment/business affects the burnout syndrome?

In question of sector of employment. There are no significant differences. Respondents working in the public sector have a higher numbers in both dimensions i.e. Emotional Exhaustion and Depersonalization which means that they are affected by burnout syndrome more than the individuals working in the private sector. They also have a lower number in the area of Personal achievement which leads to the same. Again it might be connected with the lack of power or autonomy because in the public sector many things are done and you cannot change them. There is either a law or a public notice. Mostly it is controlled by state so there is not a lot of creativity and might lead to faster burnout.

3. How age affects the burnout syndrome?

Interesting data we got in the Graph 10 which showed age structure. Respondents were divided in four groups. The most burnout group in the dimensionof Emotional Exhaustion was the group between 41 - 50 years. It might be caused by length of working years but on the other they see how many years they still have until they retire so called midlife crisis. They ask themselves if they chose the right life path. The best results show the group above 51 years and it mightbe caused by the adoption and that they look forward they retire. The quiet high number is also

among the group till 30 years. As I mentioned already in the study "Burnout: 35 years of research and practice by Maslach, Leiter and Schauffeli it might be because of young people put a lot of requirements on themselves and they are too full of energy which leads to the burnout soon which was different by the generations before. In the dimension of Depersonalization I would say that values are equable except the group above 51 years where the value is 6.3 which compare to other values lower. Also in the dimension of Personal Achievement the age group above 51 years does not miss the lack of Personal Achievement and the values are lower than other groups. I would say that age play a big role of the burnout syndrome in each dimension. Young people put a lot of pressure on themselves and set huge goals, then it comes to the midlife crises and searching for a sense of life and then after 50 years you are so well-balanced.

4. How sex affects the burnout syndrome?

According to the results in the Empirical part we can say that men suffer in the dimensions of Emotional Exhaustion and of Depersonalization at the higher level than females. The difference by Emotional Exhaustion is considerable. We might say that the gender difference at this level is quiet high. On the other hand as we can see above they have higher values in the dimension of Personal Achievement as well which means that they can labor with that better than females. It shows that females are not burnout in the dimensions of Emotional Exhaustion and Depersonalization but they have lack of Personal achievement. The age plays also role in the burnout syndrome. It might be cause also that a females give birth and raise children and nowadays also work all together may lead to higher immunity of burnout syndrome.

5. How the length of employment/business affects the burnout out syndrome?

The last table to the average numbers belong the Graph 11 above where you can see each subgroup according to the length of the employment / business. According to the length of the employment the group which work or run a business for 6 - 10 years is the most affected by Emotional Exhaustion. Group working till 2 years has the less value. In the dimension of depersonalization it is the group with length of the working 3 - 5 years with the value of 12, 8. In the Personal achievement dimension the values are almost identical, insignificant difference.

4.2. *Limits*

I wouldsay that I should described more in details each graph and look at more in details. Also it would be better if I had more responders which would give me a broader overview about the chosen topic. The whole work could be focused only on one sector and I could be more specific. I think the work has some limits but the main purpose was accomplished i.e. description of the chosen topic and comparison of the two selected groups.

5 Suggestion

Based on the obtained data from the research and the processed analysis of the questionnaire, I put forward following suggestions how to avoid to some extent burnout out syndrome. Even it is not possible in every phase. It is important to be aware of the problem and then you can work with it and work on yourself to avoid it.

Important is to realize that you might suffer from the burnout syndrome. Most of the time the surroundings especially partner, family members and friends are the closest one to you and the first ones who sense that the burnout might happing to you. It can be still soon enough to avoid it.

When we realize it might me late already. As I wrote in the chapter of prevention. It is very important to relax, take time for yourself, do not avoid your activities in your leisure time, do not loose contact with your friends. Big mistake is to state unrealistic goals because when it does not go the way we want it might be lead to the fatal consequences. I would suggest state realistic goals which are under estimated but still motivate us to work hard. Also it is important to delegate part of your amount of the job because it leads to the emotional and physical exhaustion.

The term burnout out as I already mentioned many times discussable topic and we need to know how avoid it and what is the prevention against it. I think it should be also taught as a subject at high schools and university, because people just do not know how to prevent the burnout syndrome. No one told them that. They connect relaxation with meditation or yoga positions but it is not the same. I already mention the mental hygiene which should be not only for medical workers but also for other business areas. At the end I would like to say that we should slow down as a society and take to relax. Rested individuals are more productive and more positive.

6 Conclusion

Burnout syndrome is very discussable topic nowadays. Of course the problem was here already many decades ago but there wasn't that many researches based on this topic as these days. I dare say it is due to the life style the society lives. There are many requirements on people as in the private life also in the working environment. Individuals lay high requirement to themselves, parents to their children and also managers/owners or bosses to their employee. The pressure is high and it leads to stress, depression and last but not least to the burnout syndrome.

It is important even though we love what we do, to relax, take time to rest because at the beginning of every new story (job/business/relationship) we are full of energy and enthusiasm but it is not for every and sooner we realize that the better to work with it or even better to avoid the burnout syndrome.

The theoretical part was focused on burnout out syndrome in general. There was bring together the history of the burnout out, when and how it started. There was briefly described each phases of the burnout syndrome. Also there is how to prevent the burnout syndrome. Also there is described the difference among burnout out, depression, stress and tidiness.

In the second empirical part I compared two groups of workers a) employee b) self-employed/entrepreneurs. The research was due to Maslach Burnout Inventory (MBI) where you do not look at the number in total but you study three dimensions of burnout syndrome: a) EE =Emotional exhaustion, DP = Depersonalization and c) PA = Personal accomplishment. 2 first group the higher the score is the higher is the level of burnout. The 3rd group is other way round the lower the number is the higher level of burnout. The results are how I expected i.e. self-employed/entrepreneurs have high personal accomplishment because they are working on their own think, they building

their dreams but other hand their number of EE and DP are higher than by employers. On the other hand employees have higher score in the PA area it means that the satisfaction is lower. The score of EE and DP is lower than among entrepreneurs, it might be due not so many responsibilities i.e. look for orders, payments, investment etc. But there can be also different.

At the end I would like to say when I chose this topic I did not expect it teaches me as much as it did but when I was studying it I actually found out which phases I already went through and how I should work with it and what I should do to prevent the burnout syndrome. Also other thing I got to know that I cannot look on the burnout syndrome as a whole but at each level.

7 Bibliography

Printed sources

- BARTOŠÍKOVÁ, I. O SYNDROMU VYHOŘENÍ PRO ZDRAVOTNÍ SESTRY. BRNO: NÁRODNÍ CENTRUM OŠETŘOVATELSTVÍ A NELÉKAŘSKÝCH ZDRAVOTNICKÝCH OBORŮ,.2006. 86 S. ISBN 807013-439-9
- BARTOŠÍKOVÁ, I. JIČÍNSKÝ, V., JOBÁNKOVÁ, M., KVAPILOVÁ, J. KAPITOLY Z PSYCHOLOGIE PRO ZDRAVOTNICKÉ PRACOVNÍKY. BRNO: NÁRODNÍ CENTRUM OŠETŘOVATELSTVÍ A NELÉKAŘSKÝCH ZDRAVOTNICKÝ CHOBORŮ. 2006. 203 s. ISBN 80-7013-288-4.
- BÁRTOVÁ, Z. JAK VLÁDNOUT STRES ZA KATEDROU. VYD. 1. [KRALICE NA HANÉ]: COMPUTER MEDIA, 2011. 96 s. ISBN 978-80-7402-110-7.
- BRODSKY, A., EDELWICH, J. Burn-Out: Stages of Disillusionment in the Helping Professions. Michiganská univerzita: Human Sciences Press, 1980. ISBN 0877055076.
- HAGEMANN, W. SYNDROM VYHOŘENÍ U UČITELŮ: PŘÍČINY, POMOC, TERAPIE. V ÚSTÍ NAD LABEM: UNIVERZITA J.E. PURKYNĚ, 2012. 119 S. ISBN 978-80-7414-364-9.
- HAWKINS, P., SHOHET, R. Supervize v pomáhajícíchprofesích. Vyd. 1. Praha: Portál, 2004. 202 s. ISBN 80-7178-715-9.
- HENNIG,C., KELLER, G. *Antistresový program pro učitele*. Praha: Portál, 1996. ISBN 80-7178-093-6.
- HONZÁK, R. Jak žít a vyhnout se syndromu vyhoření. Vyd. 2. V Praze: Vyšehrad, 2015. 229 s. ISBN 978-80-7429-552-2
- JEKLOVÁ, M., REITMAYEROVÁ, E. SYNDROM VYHOŘENÍ. PRAHA: VZDĚLÁVAC ÍINSTITUT OCHRANY DĚTÍ, 2006. 32 S. ISBN 80-86991-74-1.
- KEBZA, V., ŠOLCOVÁ, I. SYNDROM VYHOŘENÍ. PRAHA: STÁTNÍ ZDRAVOTNÍ ÚSTAV, 2003. ISBN 80-7071-231-7.
- KEBZA, V., ŠOLCOVÁ, I. SYNDROM VYHOŘENÍ: (INFORMACE PRO LÉKAŘE, PSYCHOLOGY A DALŠÍZÁJEM-CE O TEORETICKÉZDROJE, DIAGNOSTICKÉ A INTERVENČNÍ MOŽNOSTI TOHOTO SYNDROMU). 2., ROZŠ. A DOPL. VYD. PRAHA: STÁTNÍ ZDRAVOTNÍ ÚSTAV, 2003. 23 s. ISBN 80-7071-231-7

- KŘIVOHLAVÝ, J. JAK NEZTRATIT NADŠENÍ. VYD. 1. PRAHA: GRADA PUBLISHING, 1998. 131 s. PSYCHOLOGIE PRO KAŽDÉHO. ISBN 80-7169-551-3.
- KŘIVOHLAVÝ, JARO. PEČENKOVÁ, JAROSLAVA. DUŠEVNÍHYGIENAZDRAVOTNÍSESTRY. PRAHA: GRADA PUBLISHING. A.S., 2004. 80 S. ISBN 80-247-0784-5
- KŘIVOHLAVÝ, J. PSYCHOLOGIE ZDRAVÍ. 3. VYDÁNÍ. PRAHA: PORTÁL. 2009. 280 S. ISBN 80-7178-551-2.
- KŘIVOHLAVÝ, J. HOŘET, ALE NEVYHOŘET. 2., PŘEPRAC. VYD., V KNA 1. KOSTELNÍ VYDŘÍ: KARMELITÁNSKÉ NAKLADATELSTVÍ, 2012. 175 s. ORIENTACE; SV. 42. ISBN 978-80-7195-573-3.
- MAROON, I.. SYNDROM VYHOŘENÍ U SOCIÁLNÍCH PRACOVNÍKŮ: TEORIE, PRAXE, KAZUISTIKY. VYD. 1. PRAHA: PORTÁL, 2012. 151 s. ISBN 978-80-262-0180-9.
- MELAMED, S., ET AL. BURNOUT AND RISK OF CARDIOVASCULAR DISEASE: EVIDENCE, POSSIBLE CAUSAL PATHS, AND PROMISING RESEARCH DIRECTIONS. PSYCHOLOGICAL BULLETIN, 2006, 132.3: 327.
- MIKULAŠTÍK, M. Manažerská psychologie. Praha: Grada Publishing. 2007. 384 s. ISBN 978-80-247-1349-6.
- MINIRTH, .F. B. et al. Jak překonat vyhoření: naučte se rozpoznávat, chápat a zvládat stres. 1. vyd. Praha: Návrat domů, 2011. 138 s. ISBN 978-80-7255-252-8.
- MYRON, D. R. Syndrom vyhoření. Praha: Návrat domů, 2003. 129 s. ISBN 80-7255-074-8.
- POSCHKAMP, T. Vyhoření: rozpoznání, léčba, prevence. 1. vyd. Brno: Edika, 2013. 104 s. Rádce pro pedagogy. ISBN 978-80-266-0161-6.
- STIBALOVA, K. Co je to Burnout syndrom in Sociálníslužby. Asociace poskytovatelů sociálních sluţeb Českérepubliky, 10/2010, Tábor. ISSN 1803-7348
- SURYNEK, A., KOMÁRKOVÁ, R., KAŠPÁRKOVÁ, E. Základy sociologického výzkumu. 1. vyd. Praha: Management Press, 2001, 160 s. ISBN: 80-7261-038-4"
- SCHMIDBAUER. WOLFGANG. SYNDROM POMOCNÍKA. PRAHA: PORTÁL. 2008. 240 s. ISBN 978-80-7367-369-7. 12

STOCK, CH. Syndrom vyhoření a jak jej zvládnout. Praha : Grada, 2010. 112 s. ISBN 978-80-247-3553-5.

Periodicals

ARCHES, J. Social Structure, Burnout, and Job Satisfaction, Social Work, 1991, 36, 3, p. 204 - 206

JAMAL, M., Short Communication: Burnout and self-employment: a cross-cultural empirical study, Stress and Health, 2007, 23, p. 249 - 256

JIRA, F. Syndrom vyhoření v práci radiologického asistenta. Praktická radiologie. 2009. č. 2. s. 19. ISSN 1211 – 5053.

MASLACH, CH., SCHAUFELI, W.B., LEITER, M. P. Job Burnout. Annual Review of Psychology, 2001, 52, p. 397 - 422.

MASLACH CH., GOLDBERG, J., Prevention of burnout: New perspectives, Applied & Preventive Psychology, 1998, 7, p. 63 - 74

SCHAUFELI W.B., LEITER, M.P., MASLACH, CH. Burnout: 35 years of research and practice, Career Development International, 2008, vol. 14, No. 3, p. 204 - 220

TSIGILIS, N., ZACHOPOULOU, E., GRAMMATIKOPOULOS V., Job satisfaction and burnout among Greek early educators: A comparison between public and private sector employees, Educational Research and Review, 2006, Vol. 1 (8), pp. 256-261

WEBER A., JAEKEL-REINHARD A., Burnout syndrome: a disease of modern societies?, 2000, Occup. Med. Vol. 50, No. 7, pp. 512-517

TOPPINEN-TANNER, S., KALIMO, R., MUTANEN, P., The process of burnout in white-collar and blue-collar jobs: eight-year prospective study of exhaustion, Journal of Organizational Behavior, 2002, 23, p. 555 - 570

On-line sources

ČELEDOVÁ L., PTÁČEK R., ČEVELA R., ŽUKOV I., KUŽELOVÁ H.. SYNDROM VYHOŘENÍ U LÉKAŘŮ LÉKAŘSKÉ POSUDKOVÉ SLUŽBY. Česká a slovenskápsychiatrie [online].[cit. 2016-17-05]. Dostupné z: http://www.cspsychiatr.cz/detail.php?stat=65

MICKLEVITZ, S. Professional Burnout. Illinois Periodicals [online]. 2001, 2001(4), 1 [cit. 2016-05-04]. Dostupné z: http://www.lib.niu.edu/2001/ip010725.html

PONÍŽILOVÁ, T., URBANOVSKÁ, E., Výzkum protektivních faktorů ve vztahu k syndromu vyhoření v České republice a v zahraničí [online]. Olomouc, 2013 [cit. 2016-05-20]. Dostupné z:

https://digilib.phil.muni.cz/bitstream/handle/11222.digilib/129903/1_KlinickaPsy chologie_02-2013-2_3.pdf?sequence=1. Studie. Pedagogická fakulta Univerzity Palackého v Olomouci.

Vintango: 5 stages of burnout [online]. [cit. 2016-05-20]. Dostupné z: http://www.vitango-stress.com/burnout-syndrome/5-stages-of-burnout/

Židková Zdeňka PSVZ. Zdenka-zidkova-psvz [online]. [cit. 2016-05-04]. Dostupné z: http://zdenka-zidkova-psvz.webnode.cz/

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11 Attachments

Attachment 1

Level of Emotional exhaustion EE

Low0 - 16

Middle 17 - 26

High 27 and more= burned out!

Level of Depersonalization DP

Low 0 - 6 Middle 7 - 12

High13 and more= burned out!

Level of Personal Accomplishment PA

High 39 and more

Middle38 - 32

Low31 - 0= burned out!

Attachment 2 Questionnaire

Text stručné odpovědi

Syndrom vyhoření - zaměstanec vs. OSVČ/podnikatel

OSVC/podnikatel					
Vážená paní, vážený pane,					
jmenuji se Zuzana Soukupová a dovolte mi, abych Vás požádala o vyplnění následujícího dotazníku, který je zaměřen na problematiku Syndromu vyhoření a jeho výskyt u lidí v zaměstnaneckém poměru a lidí na OSVČ a podnikajících osob.					
Cílem mé práce je, se dozvědět a popsat možné problémy a příčiny sydromu vyhoření. Veškeré údaje, které v dotazníku uvedete, budou zcela anonymní a budou použity pouze ke zpracování mé diplomové práce. Pokud u otázky není uvedeno jinak, zaškrtněte jednu z odpovědí.					
Vyplnění dotazníku Vám zabere maximálně 15 minut. Velice Vám děkuji za ochotu a čas, který věnujete tomuto dotazníku.					
Zuzana Soukupová					
Pozn. k MBI dotazníku Síla pocitů: Vůbec 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 Velmi silně					
Zaměstnání:					
Zaměstnanec					
○ osvċ					
O Podnikající					
Sektor působení:					
O soukromý sektor					
Státní sektor					
Pohlaví					
○ žena					
O muž					
Věk					
O do 30 let					
O 31 - 40 let					
○ 41 - 50 let					
O nad 51 let					
Jak dlouho jste již v aktuálním zaměstanenckém poměru/podnikáte?					

Pozn.									
V otázkách níže, prosím, doplňte do vyznačených políček u každého tvrzení čísla, označující podle níže uvedeného klíče sílu pocitů, které obvykle prožíváte.									
Práce mne citově vysává:									
	0	1	2	3	4	5	6	7	
Vůbec	0	0	0	0	0	0	0	0	Velmi silně
2. Na konci	praco	vního c	lne se	cítím b	ýt na di	ně sil:			
	0	1	2	3	4	5	6	7	
Vůbec	0	0	0	0	0	0	0	0	Velmi silně
 Když ráno vstávám a pomyslím na pracovní problémy, cítím se unaven/a: 									
	0	1	2	3	4	5	6	7	
Vůbec	0	0	0	0	0	0	0	0	Velmi silně

4. Velmi do	bře roz	zumím	pocitů	m svýc	h klien	tů:				
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
5. Mám po	cit, že r	někdy s	klient	y jedná	m jako	s neos	obním	i věcmi	:	
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
6. Celodeni	nı prac	e s lidn	nı je pı	o mne	skutec	ne nan	nahava	:		
	0	1	2	3	4	5	6	7		
Vübec	0	0	0	0	0	0	0	0	Velmi silně	
7			, v v	v v.	L12		- I- I-I!			
7. Jsem schopen velmi účinně vyřešit problémy svých klientů:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	

8. Cítím "vyhoření", vyčerpání ze své práce										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
9. Mám pocit, že lidi při své práci pozitivně ovlivňují a nalaďuji:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
10. Od té doby, co vykonávám svou profesi, stal jsem se méně citlivým k lidem:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
11. Mám strach, že výkon mé práce mne činí citově tvrdým:										
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	

12. Mám stále hodně energie:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
13. Moje práce mi přináší pocity marnosti, neuspokojení:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
14. Mám p	ocit, že	plním	své úk	oly tak	usilovr	ně, že n	nne to	vyčerpá	vá:	
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
15. Už mne dnes moc nezajímá, co se děje s mými klienty:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	

16. Práce s lidmi mi přináší silný stres:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
47 David		- L.I		-1-4	-1- ¥		- 6			
17. Dovedu u svých klientů vyvolat uvolněnou atmosféru:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
18. Cítím se svěží a povzbuzený, když pracuji se svými klienty:										
16. CIUITI S	e svezi	a povz	buzen	y, Kuyz	pracuji	se svy	IIII KIIE	nty.		
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
19. Za roky své práce jsem byl úspěšný a udělal/a hodně dobrého:										
	0	1	2	3	4	5	6	7		
Vůbec	0	\circ	0	0	0	\circ	0	0	Velmi silně	

20. Mám pocit, že jsem na konci svých sil:										
	,	,		,						
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
21. Citové problémy v práci řeším velmi klidně – vyrovnaně:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	
22. Cítím, že klienti mi přičítají některé své problémy:										
	0	1	2	3	4	5	6	7		
Vůbec	0	0	0	0	0	0	0	0	Velmi silně	