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Maslach Burnout Inventory

Third Edition

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■ Instrument names

Maslach Burnout Inventory*

MBI

MBI—Human Services Survey (MBI-HSS)

MBI—Educators Survey (MBI-ES)

MBI—General Survey (MBI-GS)

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Description and History of the Instrument

*Staff members in human services and educational institutions
are often required to spend considerable time in intense*

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involvement with other people. Frequently, the staff-client interaction is centered around the client's current problems (psychological, social, or physical) and is therefore charged with feelings of anger, embarrassment, fear, or despair. Because solutions for client's problems are not always obvious and easily obtained, the situation becomes more ambiguous and frustrating. For the person who works continuously with people under such circumstances, the chronic stress can be emotionally draining and lead to burnout.

Burnout is a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with other people in some capacity. A key aspect of the burnout syndrome is increased feelings of emotional exhaustion; as emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level. Another aspect of the burnout syndrome is the development of depersonalization (i.e., negative, cynical attitudes and feelings about one's clients). This callous or even dehumanized perception of others can lead staff members to view their clients as somehow deserving of their troubles (Ryan, 1971). The prevalence of this negative attitude toward clients among human service workers has been well documented (Wills, 1978). The development of depersonalization appears to be related to the experience of emotional exhaustion, and so these two aspects of burnout should be correlated. A third aspect of the burnout syndrome, reduced personal accomplishment, refers to the tendency to evaluate oneself negatively, particularly with regard to one's work with clients. Workers may feel unhappy about themselves and dissatisfied with their accomplishments on the job.

The consequences of burnout are potentially very serious for workers, their clients, and the larger institutions in which they interact. Our initial research on this syndrome involved interviews, surveys, and field observations of employees in a wide variety of human services professions, including health care, social services, mental health, criminal justice, and

education (Jackson & Maslach, 1982; Maslach, 1976, 1978, 1979, 1981, 1982a, 1982b; Maslach & Jackson, 1981a, 1981b, 1982, 1984a, 1984b, 1985; Maslach & Pines, 1977; Pines & Maslach, 1978). Our findings suggested that burnout can lead to a deterioration in the quality of care or service provided by the staff. It appears to be a factor in job turnover, absenteeism, and low morale. Furthermore, burnout seems to be correlated with various self-reported indexes of personal dysfunction, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems. The generally consistent pattern of findings that emerged from this research led us to postulate a specific syndrome of burnout and to devise an instrument to assess it. This measure, the Maslach Burnout Inventory (MBI), contains three subscales that assess the different aspects of experienced burnout. It has been found to be reliable, valid, and easy to administer.

Scale Description

The MBI is designed to assess the three components of the burnout syndrome: emotional exhaustion, depersonalization, and reduced personal accomplishment. There are 22 items, which are divided into three subscales. The general term *recipients* is used in the items to refer to the particular people for whom the respondent provides service, care, or treatment. The items are written in the form of statements about personal feelings or attitudes (e.g., "I feel burned out from my work," "I don't really care what happens to some recipients"). The items are answered in terms of the frequency with which the respondent experiences these feelings, on a 7-point, fully anchored scale (ranging from 0, "never" to 6, "every day"). Because such a response format is least similar to the typical format used in other self-report measures of attitudes and feelings, spurious correlations with other measures (due to similarities of response formats)

should be minimized. Furthermore, the explicit anchoring of all 7 points on the frequency dimension creates a more standardized response scale, so that the researcher can be fairly certain about the meanings assumed by respondents for each scale value. In the original version of the MBI (Maslach & Jackson, 1981a), there was also a response scale for intensity of feeling. However, because of the redundancy between the frequency and intensity ratings, the intensity scale was deleted from subsequent editions.

The nine items in the Emotional Exhaustion subscale assess feelings of being emotionally overextended and exhausted by one's work. The five items in the Depersonalization subscale measure an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction. For both the Emotional Exhaustion and Depersonalization subscales, higher mean scores correspond to higher degrees of experienced burnout. Because some of the component items on each subscale had low loadings on the other, exists a moderate correlation between the two subscales, which is in accord with theoretical expectations that these are separate, but related, aspects of burnout. The eight items in the Personal Accomplishment subscale assess feelings of competence and successful achievement in one's work with people. In contrast to the other two subscales, lower mean scores on this subscale correspond to higher degrees of experienced burnout. The Personal Accomplishment subscale is independent of the other subscales, and its component items do not load negatively on them. In other words, Personal Accomplishment cannot be assumed to be the opposite of Emotional Exhaustion or Depersonalization. Indeed, the correlations between the Personal Accomplishment subscale and the other subscales are low.

Each respondent's test form is scored by using a scoring key that contains directions for scoring each subscale. The scores for each subscale are considered separately and are not combined into a single, total score, thus, three scores are computed for each respondent. If desired for individual

feedback, each score can then be coded as low, average, or high by using the numerical cutoff points listed on the scoring key.

Conditions for Use

The MBI takes about 10 to 15 minutes to fill out. It is self-administered. Complete instructions are provided for the respondent. To minimize response biases, the testing sessions should be characterized by the following conditions.

Respondent Privacy

Respondents should complete the MBI privately, without knowing how other respondents are answering. They can be tested individually or in a group session in which privacy is ensured. Although respondents may take the MBI home and fill it out at their leisure, this procedure has drawbacks. First, respondents' answers may be influenced if they talk to other people, such as spouses, friends, or coworkers. Second, the response rate would be less than 100% because some people may not return the completed forms.

Respondent Confidentiality

Because of the sensitive nature of some items, respondents must feel comfortable about expressing their true feelings. Ideally, they should be able to complete the MBI anonymously. If this is not possible because identification is required (e.g., in a longitudinal study), then efforts should be made to use a form of identification that is not personally revealing, such as a code number or a label.

Avoidance of Sensitization to Burnout

People have widely varying beliefs about burnout. To minimize the reactive effect of such personal beliefs or

expectations, respondents must be unaware that the MBI is a burnout measure, and they must not be sensitized to the general issue of burnout. For this reason, the test form is labeled MBI Human Services Survey rather than Maslach Burnout Inventory. The scale should be presented as a survey of job-related attitudes and not be linked to burnout in any way. Of course, once the measure has been administered to all respondents, then a discussion of burnout and the MBI's assessment of it is appropriate.

No special qualifications or procedures are required of the person who is administering the MBI. However, the examiner should not be a supervisor or administrator who has some direct authority over the respondents because this approach could cause respondents to be less candid in their answers. Ideally, the examiner should be seen as a neutral person. However, if the examiner is well known to the respondents, he or she should be someone they trust. The major responsibilities of the examiner are to minimize response bias and to ensure completion of all items.

Scale Development

Items for the MBI were designed to measure hypothetical aspects of the burnout syndrome. The interview and questionnaire data collected during earlier, exploratory research were valuable sources for ideas about the attitudes and feelings that characterize burned-out workers. In addition, numerous established scales were reviewed for useful content material, although no items were borrowed outright.

A preliminary form of the MBI was constructed that consisted of 47 items. This preliminary form was administered to a sample of 605 people (56% male, 44% female) from a variety of health and service occupations that have a high potential for burnout according to previous research (Maslach, 1976, 1982a). In all of these occupations, the worker must deal directly with people about issues that either

are or could be problematic. Consequently, strong emotional feelings are likely to be present in the work setting, and this sort of chronic emotional stress that is believed to induce burnout.

The data from the first sample were subjected to a factor analysis using principal factoring with iteration and an orthogonal (varimax) rotation. Ten factors accounted for over three fourths of the variance. A set of selection criteria was then applied to the items, yielding a reduction in the number of items from 47 to 25. Items were retained that met all of the following criteria: a factor loading greater than .40 on only one of the factors, a large range of subject responses, a relatively low percentage of subjects checking the "never" response, and a high item-total correlation.

To obtain confirmatory data for the pattern of factors, the 25-item form was administered to a new sample of 420 people (31% male, 69% female). The results of the factor analysis on this second set of data were very similar to those of the first, so the two samples were combined ($n=1,025$). The factor analysis of the 25 items, based on the combined samples and using principal factoring with iteration plus an orthogonal rotation, yielded a four-factor solution. Three of these factors had eigenvalues greater than unity and are considered subscales of the MBI. This three-factor structure has been replicated with numerous samples of various human services occupations, in many different countries (for a review, see the *MBI Manual* [Maslach, Jackson, & Leiter, 1996]; also see Enzmann, Schaufeli, & Girault, 1995; Golembiewski, Scherb, & Boudreau, 1993).

Summary of Development Research

Reliability

The reliability coefficients were based on samples that were not used in the item selections to avoid any improper inflation

of the reliability estimates. Internal consistency was estimated by Cronbach's coefficient alpha ($n=1,316$). The reliability coefficients for the subscales were the following: .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. The standard error of measurement for each subscale is as follows: 3.80 for Emotional Exhaustion, 3.16 for Depersonalization, and 3.73 for Personal Accomplishment.

Data on test-retest reliability of the MBI were reported for two samples. For a sample of graduate students in social welfare and administrators in a health agency, the two test sessions were separated by an interval of 2 to 4 weeks. The test-retest reliability coefficients for the subscales were the following: .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment. Although these coefficients range from low to moderately high, all are significant beyond the .001 level. In a sample of 248 teachers, the two test sessions were separated by an interval of 1 year. The test-retest reliabilities for the three subscales were .60 for Emotional Exhaustion, .54 for Depersonalization, and .57 for Personal Accomplishment (Jackson, Schwab, & Schuler, 1986). Subsequent studies have found the MBI subscales to be stable over time, with correlations in the .50 to .82 range on time spans of three months to one year (Leiter & Durup, 1996).

Convergent Validity

Convergent validity was demonstrated in several ways. First, an individual's MBI scores were correlated with behavioral ratings made independently by a person who knew the individual well, such as a spouse or coworker. Second, MBI scores were correlated with the presence of certain job characteristics that were expected to contribute to experienced burnout. Third, MBI scores were correlated with measures of various outcomes that had been hypothesized to be related to burnout. All three sets of correlations provided substantial

evidence for the validity of the MBI and are presented in more detail in the *MBI Manual* (Maslach, Jackson, & Leiter, 1996).

The first type of validating evidence came from outside observers whose independent assessments of an individual's experience corroborate the individual's self-rating. Within the job setting, a knowledgeable observer would be a person's coworker. As predicted, people who were rated by a coworker as being emotionally drained by the job scored higher on Emotional Exhaustion and Depersonalization. Furthermore, people who were rated as appearing physically fatigued also scored higher on Emotional Exhaustion and Depersonalization. Also as predicted, high scores on Depersonalization were correlated with more frequent complaints about clients (as rated by coworkers).

Within the home setting, a knowledgeable observer would be the person's spouse, so spouse evaluations were collected from a study of police officers and their wives (Jackson & Maslach, 1982). Police who scored high on Emotional Exhaustion were rated by their wives as coming home upset and angry, tense or anxious, physically exhausted, and complaining about problems at work. However, police who scored high on Personal Accomplishment were rated by their wives as coming home in a cheerful or happy mood and as doing work that was a source of pride and prestige for the family.

The validity of the MBI was demonstrated further by data that confirmed hypotheses about the relationships between various job characteristics and experienced burnout. It was predicted that higher rates of burnout would occur as the number of recipients (caseload) increased. This pattern of response was found in a nationwide survey of public contact employees: when caseloads were very large, scores were high on Emotional Exhaustion and Depersonalization and low on Personal Accomplishment (Maslach & Jackson, 1984b). Physicians who spent all or most of their working time in direct contact with patients scored high on Emotional Exhaustion, whereas Emotional Exhaustion scores were

lower for those who spent some of their working hours in teaching or administration (Maslach & Jackson, 1982).

To assess the hypothesized relationships between burnout and certain basic job dimensions, social service and health workers completed both the MBI and the Job Diagnostic Survey (JDS; Hackman & Oldham, 1975). As predicted, workers who received direct feedback from the job itself or who had a clear sense of how well they were doing on the job reported less burnout (low scores on Emotional Exhaustion and Depersonalization, high scores on Personal Accomplishment). Those workers who had to work closely with people in carrying out job activities had higher scores on Emotional Exhaustion. As predicted, workers who felt that their job had a substantial impact on other people's lives scored higher on Personal Accomplishment, whereas those who thought that their work was not very meaningful or worthwhile scored higher on Depersonalization and lower on Personal Accomplishment. Also, people scoring higher on Emotional Exhaustion and Depersonalization and lower on Personal Accomplishment were more dissatisfied with opportunities for personal growth and development on the job.

Previous theorizing (Maslach, 1976) suggested that burnout would be related to the desire to leave one's job. Support for this hypothesis was found for several samples, including police officers (Jackson & Maslach, 1982), public contact workers (Maslach & Jackson, 1984b), and teachers (Jackson, Schwab, & Schuler, 1986).

Another proposed outcome of burnout is the impairment of one's relationships with people in general, both on and off the job (Maslach, 1976). In line with this prediction, physicians scoring high on Emotional Exhaustion were more likely to report that they wanted to get away from people. Mental health staff who scored high on Emotional Exhaustion were rated by coworkers as evaluating their clients more negatively over time. With respect to the coworkers themselves, human services staff who scored low on measures of peer and co-

worker satisfaction scored high on Emotional Exhaustion and Depersonalization and low on Personal Accomplishment. Subsequent research found that nurses who had unpleasant contacts with their supervisor scored higher on Emotional Exhaustion, whereas those who had pleasant contacts with co-workers scored higher on Personal Accomplishment (Leiter & Maslach, 1988).

The proposed relationship of burnout to difficulties with family and friends (Maslach, 1976) was tested in the study of police couples (Jackson & Maslach, 1982). A police officer experiencing burnout was more likely to report that he got angry at his wife or his children. If he scored high on Emotional Exhaustion, he was also more likely to report that he wanted to be alone rather than spend time with his family. He perceived his children as being more emotionally distant from him if he was experiencing Depersonalization or feelings of low Personal Accomplishment. The officer scoring high on Depersonalization was also more likely to be absent from family celebrations. Reports of fewer friends were correlated with frequent feelings of Depersonalization, and the officer's wife was also more likely to say that he and she did not share the same friends.

Previous theorizing and research (Maslach, 1976) suggested that burnout would be linked to such stress outcomes as insomnia and increased use of alcohol and drugs. Some supportive evidence is also provided by the study of police couples. As predicted, a police officer scoring high on Emotional Exhaustion was rated by his wife as having more frequent problems with insomnia. The officers themselves were more likely to report having a drink to cope with stress if they had high scores on Emotional Exhaustion, and taking tranquilizers when they scored low on Personal Accomplishment. This use of tranquilizers was corroborated by their wives, who were also more likely to report that their husbands used medications if they scored low on Personal Accomplishment or high on Emotional Exhaustion.

Discriminant Validity

Further evidence of the validity of the MBI was obtained by distinguishing it from measures of other psychological constructs that might be presumed to be confounded with burnout. For example, it is possible that scores on the MBI are subject to distortion by a social desirability response set because some of the items describe feelings that are contrary to professional ideals. To test this idea, graduate students in social welfare were asked to complete both the MBI and the Crowne-Marlowe (1964) Social Desirability (SD) Scale. If reported burnout is not influenced by a social desirability response set, then the scores on the MBI and the SD Scale should be uncorrelated, and the results supported this lack of relationship.

One argument has been that the experience of burnout is nothing more than the experience of dissatisfaction with the job. Although one would expect the experience of burnout to have some relationship to lowered feelings of job satisfaction, it was predicted that they would not be so highly correlated as to suggest that they were actually the same thing. A comparison of workers' scores on the MBI and a measure of general job satisfaction provided support for this reasoning. Job satisfaction had a moderate negative correlation with both Emotional Exhaustion and Depersonalization, as well as a slightly positive correlation with Personal Accomplishment. Relatively moderate correlations between the burnout subscale scores and other measures of job satisfaction have been reported for samples of lawyers (Jackson, Turner, & Brief, 1987), rehabilitation workers (Riggan, Godley, & Hafer, 1984), mental health workers (Leiter, 1988), and public service employees (Zedeck, Maslach, Mosier, & Skitka, 1988).

Another argument has been that burnout is very similar to depression. However, there are important distinctions between these two concepts. Depression is a clinical syndrome, whereas burnout describes a crisis in one's relationship with work, especially the therapeutic relationship with service

recipients. Depression is global, pervading every aspect of a person's life, whereas burnout is more a quality of the social environment of work. As such, these two concepts are clearly different psychologically. An empirical test of this theoretical distinction used a confirmatory factor analysis of scores on the MBI and several measures of depression, finding that the subscales for burnout and for depression loaded on separate second-order factors (Leiter & Durup, 1994). This study confirmed burnout as a complex three-factor syndrome, of which each component was more closely tied to one another than to any aspect of depression.

Underlying Assumptions, Premises, and Objectives

The MBI is designed to measure an enduring state of experienced burnout, an assumption that is borne out by the stability of its scores over time. It was also designed to assess levels and patterns of burnout among groups of workers but not to assess individual distress.

The multidimensional model of burnout on which the MBI is based stands in contrast to unidimensional models that use measures that produce a single score. However, the empirical evidence provides more support for a multifaceted conception of burnout than it does for a single, unitary one. Our multidimensional model is not at odds with the simpler approach; rather, it both incorporates the single dimension (exhaustion) and extends it by adding two other dimensions: response toward others (depersonalization) and response toward self (reduced personal accomplishment). Interestingly, these three components have actually appeared within most of the various definitions of burnout, even if they have not been considered within a multidimensional framework. For example, exhaustion has also been described as wearing out, loss of energy, depletion, debilitation, and fatigue; depersonalization has been described as negative or inappropriate attitudes toward clients, loss of idealism, and irritability;

and reduced personal accomplishment has been described as reduced productivity or capability, low morale, withdrawal, and an inability to cope (for a more extensive analysis of these definitional issues, see Maslach, 1982b).

Of the three burnout components, emotional exhaustion is the closest to an orthodox stress variable. The factors hypothesized to relate to emotional exhaustion are very similar to those in the general literature on stress, and so the similar findings are not unexpected. However, to limit the concept of burnout to just the component of emotional exhaustion is to define it simply as experienced stress and nothing more. Our analysis of burnout, based on the research literature, is that it is an individual stress experience embedded in a context of complex social relationships and that it involves the person's conception of both self and others. To look simply at the stress component of this experience is not enough, because it ignores the two latter components of self-evaluation and relation to others. In our three-component model of burnout, reduced personal accomplishment reflects a dimension of self-evaluation, and depersonalization tries to capture a dimension of interpersonal relations. Both of these components add something beyond the notion of stress; depersonalization, in particular, is a rather novel construct in the traditional job stress literature.

Alternate Forms of the MBI

The original Maslach Burnout Inventory was designed to measure burnout in a variety of human services occupations. However, some alternate versions of the MBI have been developed—one to assess burnout in the teaching profession and one to assess burnout in occupations other than human services. These alternate versions are distinguished by their different subtitles. Thus, the original MBI is now cited in the following way:

Maslach, C., & Jackson, S. E. (1996). *Maslach Burnout*

Inventory—Human Services Survey (MBI-HSS). In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *MBI Manual*. (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

MBI Educators Survey (MBI-ES)

Although the original Maslach Burnout Inventory was designed to measure burnout in a variety of human services occupations, a number of studies have focused specifically on the teaching profession. There are several reasons for this high level of interest in teacher burnout. First, the teaching profession is one of the largest and most visible professions in the United States. Second, the teaching profession has been subject to increased pressure by society to correct social problems (e.g., drug, alcohol, and sexual abuse), educate students in academic and skill areas, provide enrichment activities, meet the individual needs of all students with a wide range of abilities, and encourage moral and ethical development. Third, a number of national reports have illustrated the fact that many teachers are leaving the profession, while fewer are choosing to become teachers. This has resulted in teacher shortages in certain disciplines and predictions of future shortages in all areas. Because of the high level of interest in teacher burnout and the need for more research in this particular area, the MBI-Educators Survey was developed and first published in 1986, in the second edition of the MBI Manual.

Development of MBI-ES. The MBI-Educators Survey (MBI-ES) (Maslach, Jackson, & Schwab, 1996) measures the same three burnout dimensions as the original MBI. As in other helping professions, an initial aspect of educator burnout, emotional exhaustion, is the tired and fatigued feeling that develops as emotional energies are drained. When this feeling becomes chronic, teachers find they can no longer give of themselves to students as they once could. Teachers who no longer have positive feelings about their students are experiencing the second component of teacher burnout,

depersonalization. Among the many ways teachers can display indifferent, negative attitudes toward their students are using derogatory labels (e.g., "They are all animals"); exhibiting cold or distant attitudes, physically distancing themselves from students (e.g., barricading themselves behind their desk), and "tuning out" students through psychological withdrawal. The third aspect, a feeling of low personal accomplishment from the job, is particularly crucial for teachers. Most teachers enter the profession to help students learn and grow. When teachers no longer feel that they are accomplishing this, they can focus on few other areas to receive rewards (e.g., putting in more time to make more money).

The MBI-ES is basically the same as the MBI. However, in some of the items the word *recipient* has been changed to *student*. In the teaching profession, students are the teachers' recipients. This change was made to ensure clarity and consistency in the interpretation of the items. The same procedures should be used to administer the scale, and the same key is used for scoring. Cautions and recommendations regarding the use and interpretation of the MBI also apply to MBI-ES.

Two studies substantiate the validity and reliability of the MBI-ES with these changes. Factor-analytic studies by Iwanicki and Schwab (1981) with 469 Massachusetts teachers and by Gold (1984) with 462 California teachers support the three-factor structure of the MBI-ES. In regard to reliability, Iwanicki and Schwab report Cronbach alpha estimates of .90 for Emotional Exhaustion, .76 for Depersonalization, and .76 for Personal Accomplishment, whereas Gold reports estimates of .88, .74, and .72 respectively. These reliabilities parallel those of the MBI.

Burnout Research with Educators. Studies using the MBI-ES have identified personal, organizational, and role-related conditions that are related to the three MBI scales. These studies have identified some recurring themes and unanswered questions worthy of noting for future research (see the *MBI Manual* for further details).

Studies that have examined the relationships between teacher demographics and burnout have consistently found that certain background factors predict a small but significant amount of variance in burnout subscales. Age has now been shown to be a significant predictor of Emotional Exhaustion, with younger teachers tending to score higher than older teachers. Male teachers tend to score higher than female teachers on the Depersonalization scale. This finding is consistent with research with other helping professions (Maslach & Jackson, 1985). Teachers who work with high school and junior high school students tend to have lower levels of Personal Accomplishment than their elementary school counterparts. High school teachers also have more depersonalized feelings toward students than either elementary or junior high teachers. Researchers may want to examine factors such as student/teacher ratio (client load), entry level expectations (e.g., subject/content versus student-centered orientation) and the age of the student (e.g., younger children versus preadolescents and adolescents) as relating to differences.

Survey research using the MBI-ES and employing multiple regression techniques has identified organizational factors that contribute to teacher burnout. Among the many variables that have been studied in relation to educator burnout are role conflict, role ambiguity, participation in decision making, reward systems, need deficiency, freedom and autonomy, and social support networks.

Research using the MBI-ES with educators has depended upon samples of opportunity, single school districts, or cross-sectional samples. However, many of these studies have used data obtained from individual teachers and have translated the findings to the organizational level. In doing this, researchers have assumed that an individual's assessment of the organization reflects that of others within the organization. Studies that employ such analyses and make such assumptions are subject to the problem of "ecological fallacy." That is, data gathered at one level (teacher) are used to draw inferences about another level (organization). In terms of

burnout research in educational settings, the organizational facts that have been found to be related to burnout may only be teacher-perceived contributors. To correct this problem, data must be aggregated and then analyzed at the school level.

In addition to research, the MBI-ES can be used at the school district level to detect potential problems. It can be administered anonymously to all members of a school district and then analyzed by various populations. If a particular school, department, or grade has significantly higher scores, or if the entire district is significantly higher than the educator norms in the *MBI Manual*, then follow-up organizational analysis may be warranted.

MBI General Survey (MBI-GS)

The MBI was developed to measure burnout as an occupational issue for people providing human services. However, some researchers have used the scale with occupational groups other than human service providers. Not surprisingly, these researchers found that the scores for these groups differed from norms established with human service providers, but they also noticed that the differentiation between the MBI's three factors was not maintained across these occupational groups. In particular, the Depersonalization and Emotional Exhaustion subscales tended to combine into one factor when groups other than human service providers completed the MBI. The proposal to develop an alternative form of the MBI for use in other occupational groups was a suggested area for further research in the second edition of the *MBI Manual* (Maslach & Jackson, 1986).

The apparent need for a scale that measures burnout in other occupational groups prompted the development of the MBI General Survey (MBI-GS). The goal was to adapt the MBI to occupations without direct personal contact with service recipients or with only casual contact with people. Thus, the MBI-GS defines burnout as a crisis in one's rela-

tionship with work, not necessarily as a crisis in one's relationships with people at work.

The MBI-GS measures respondents' relationships with their work on a continuum from engagement to burnout. Engagement is an energetic state in which one is dedicated to excellent performance of work and confident of one's effectiveness. In contrast, burnout is a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform. Burnout as measured by the MBI-GS is thought to share many features with that measured by the MBI, with the major difference being that the MBI-GS does not focus primarily on the service relationship, but on the performance of the work in general.

Subscales. The 16-item MBI-GS has three subscales that parallel those of the MBI: Exhaustion, Cynicism, and Professional Efficacy. In the MBI-GS, the Exhaustion items are generic, without the MBI's emphasis on emotions and without direct reference to service recipients. The Exhaustion items include references to both emotional and physical fatigue but do not make direct reference to people as the source of those feelings. Some of the modifications from the MBI are quite direct: "Working with people all day is really a strain for me" is changed to "Working all day is really a strain for me." All of the items in the Exhaustion subscale are taken from the MBI in modified or unmodified form.

The subscale that differs to the greatest extent from the original MBI is the introduction of Cynicism in place of Depersonalization. Depersonalization is the quality of burnout that was most exclusively associated with human service work. The new Cynicism items reflect indifference or a distant attitude toward work (e.g., "I don't really care if my work is done well or poorly"). The items refer to the work itself, not to interpersonal relationships at work.

The Professional Efficacy factor is similar in many ways to Personal Accomplishment as measured by the MBI. However, in addition to a broader focus, encompassing both social and nonsocial aspects of occupational accomplishments, the

scale focuses more directly than the MBI on expectations (e.g., "At my work, I am confident that I am effective at getting things done"). Although it includes satisfaction with past and present accomplishments, it explicitly assesses an individual's expectations of continued effectiveness at work.

Together the subscales of the MBI-GS provide a three-dimensional perspective on burnout. In a manner similar to the MBI, a high degree of burnout is reflected in high scores on Exhaustion and Cynicism and low scores on Professional Efficacy. The three factor structure of the MBI-GS requires that Cynicism differ qualitatively from Exhaustion. That is, if indifference and a lack of enthusiasm were both direct indicators of Exhaustion, the items would combine as one factor. In parallel with the role of Depersonalization in the MBI, Cynicism represents dysfunctional coping within the MBI-GS. Employees develop indifference and cynicism about their work in order to gain distance from its exhausting demands. This reaction is expected to be dysfunctional in that cynicism reduces the energy available for performing work and for developing creative solutions to the problems work presents. Therefore, Cynicism is expected to be positively correlated with Exhaustion and negatively correlated with Professional Efficacy.

The MBI-GS takes about 5 to 10 minutes to fill out. It is self-administered, as is the MBI. The considerations outlined earlier regarding the administration of the MBI, including the test setting and the examiner's responsibilities, pertain directly to the MBI-GS. Scoring the MBI-GS involves computing the average rating on the 0 to 6 frequency rating across the items within each of the three subscales.

Development of the MBI-GS. The research plan for development of the MBI-GS proceeded from a multicultural base with the scale administered to samples in Canada, Holland, and Finland in their native languages (the Canadian sample received an English version). The factor structure of the MBI-GS was tested with a confirmatory factor analysis using LISREL (Joreskog & Sorbom, 1989) with each of the sam-

ples. Beginning with a 28-item version of the scale, the analyses identified 24 items that met criteria regarding skew and kurtosis (less than |2.00|) and frequency of missing responses (no greater than 3.00%). A series of regression analyses and factor analyses reduced the number of items to 16. This factor structure was confirmed with each national sample (Schaufeli, Leiter, & Kalimo, 1995).

The same factor structure was confirmed with two more Canadian samples of employees of a tertiary care medical hospital ($n = 3,312$) and a mental health facility ($n = 415$). To determine the extent to which the MBI-GS pertained to a variety of disciplines, including service providers and people performing other functions in a tertiary care hospital, a confirmatory factor analysis was repeated with each of the four occupational groups: managers, clerical and maintenance workers, technicians and therapists, and nurses. The three-factor structure of the MBI-GS was confirmed on each of the four groups, indicating that it is applicable to a wide range of occupations (Leiter & Schaufeli, *in press*).

The Dutch sample provided longitudinal data at a 1-year interval. The three subscales had stability coefficients of .65 (Exhaustion), .60 (Cynicism), and .67 (Professional Efficacy). These coefficients are similar to those found for the MBI (Leiter & Durup, 1996).

Validity. The MBI-GS was consistently related to other constructs, as expected. A series of principal component analyses found Exhaustion to be associated with mental and physical strain, work overload, and role conflict at work. Professional Efficacy was related to satisfaction, organizational commitment, and job involvement and lack of resources. Cynicism was primarily related to the same constructs as Exhaustion, but with negative secondary loadings on the attitudinal constructs that are associated with Professional Efficacy (Schaufeli, Leiter, & Kalimo, 1995).

Another perspective on the validity of the scale was provided by examining relationships of the three MBI-GS subscales with participants' written responses. This analysis

examined the 853 participants of the tertiary care hospital sample who made written comments in addition to the questionnaire responses. People who commented on problems in the quality of care at the hospital scored higher on Exhaustion and Cynicism and lower on Professional Efficacy. In contrast, people who made positive comments about management scored higher on Professional Efficacy and lower on Exhaustion and Cynicism. Those criticizing management or their immediate supervisor in their comments scored higher on Exhaustion and Cynicism, as did those commenting on low morale and job insecurity. Participants commenting on harassment or stress at work scored higher on Exhaustion, whereas those commenting on lack of respect in personal relationships at work scored higher on Cynicism. Together, these analyses support the expectation that the MBI-GS measures a state of burnout that is consistent with that measured by the MBI among human service providers, as well as with theoretical considerations regarding the burnout concept (Leiter & Schaufeli, *in press*).

Translations of the MBI

The original version of the MBI has been used in research in many English-speaking countries, including the United States, Canada, Great Britain, Australia, and New Zealand. Other individual researchers have translated the MBI into various languages, including French, German, Dutch, Spanish, Italian, Swedish, Finnish, Polish, Hebrew, and Japanese. As yet, there are no "official" translations of the MBI that are available commercially, as each such translated version will need to be based on extensive psychometric research.

Researchers who wish to translate the MBI into another language must request written permission from Consulting Psychologists Press, which will ask the translator to agree to specific restrictions. Permission will be limited to the translator's use.

Applications

All forms of the MBI provide a distinct perspective on people's relationship to their work. It is usually used to assess a group of staff members in an organization rather than as an individual diagnostic instrument. The MBI scores for a group of respondents are treated as aggregate data. Scores for each subscale are computed for the entire group and can be compared to the normative data in the *MBI Manual*, as well as to any local norms. The MBI scores can be correlated with other information obtained from respondents, such as demographic data, job characteristics, job performance, personality or attitude measures, and health information. The factors that best predict MBI scores, and the outcomes that are best predicted by MBI scores, can be assessed by multiple regression techniques and structural equation modeling.

The multidimensional model underlying the MBI has some important implications for interventions and for basic research. First, it underscores the variety of psychological reactions to a job which different employees can experience. Such differential responses may not be simply a function of individual factors (such as personality) but may reflect the differential impact of situational factors on the three burnout dimensions. For example, certain job characteristics may influence the sources of emotional stress (and thus emotional exhaustion) or the resources available to handle the job successfully (and thus personal accomplishment). Second, this multidimensional approach also implies that interventions to reduce burnout should be planned and designed in terms of the particular component of burnout that needs to be addressed. The intervention best suited to dealing with problems of exhaustion may be quite distinct from what is most appropriate for addressing problems with diminished accomplishment in one's work. Obtaining specific information on these three components permits a greater focus for costly organizational development initiatives, by facilitating the development of strategies suited to the challenge confronting

the organization. It also provides a clearer answer to the evaluation question of whether the intervention had the intended impact. Thus, baseline assessments of MBI scores would determine the employees' place on a continuum from burnout to engagement, which can be compared to occupational norms. Subsequent assessments would be indicators of long-term change in these states, and these would be used in an evaluation of the effectiveness of any intervention.

Benefits and Limitations in Use

The MBI is the most widely used measure in research on burnout and is generally regarded as the measure of choice for any self-reported assessment of this syndrome. More extensive psychometric research has been done on the MBI than on any other burnout measure, and its multidimensional conceptualization of burnout has made it particularly appropriate for theory-driven research. The successful new development of the MBI-GS provides further evidence of the viability of both the measurement approach and the underlying multidimensional model for extending our knowledge about burnout.

The stability of the MBI's subscales over time is consistent with its purpose of measuring an enduring state. However, one consequence of this stability is that the measure is relatively insensitive to minor fluctuations in experienced burnout. It also poses a challenge for researchers who want to determine relationships over time; if the MBI subscales correlate highly with themselves over the study interval, there will be less variance remaining to relate to other predictors.

To date, no clinical research, on either burnout symptomatology or on diagnostic criteria has been done using the MBI. Thus, it cannot be used for individual diagnosis because there is no solid basis on which to identify meaningful cutoff scores or dysfunctional patterns of response. However, the MBI can be used as a self-assessment tool. Individuals can

compare their scores to the norms presented in the *MBI Manual* to see where they stand in relation to other people in their occupational group. This exercise can help people develop an awareness of whether burnout is an issue that they need to address. The awareness that a problem exists can be the first step in alleviating any form of job burnout.

Chapter References

- Enzmann, D., Schaufeli, W. B., & Girault, N. (1995). The validity of the Maslach Burnout Inventory in three national samples. In L. Bennett, D. Miller, & M. Ross (Eds.), *Health workers and AIDS: Research, interventions and current issues in burnout and response*, (pp. 131-150). London: Harwood.
- Gold, Y. (1984). The factorial validity of the Maslach Burnout Inventory in a sample of California elementary and junior high school classroom teachers. *Educational and Psychological Measurement*, 44, 1009-1016.
- Golembiewski, R. T., Scherb, K., & Boudreau, R. A. (1993). Burnout in cross-national settings: Generic and model-specific perspectives. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*, (pp. 217-236). Washington, DC: Taylor & Francis.
- Hackman, J. R., & Oldham, G. R. (1975). Development of the Job Diagnostic Survey. *Journal of Applied Psychology*, 60, 159-170.
- Iwanicki, E. F., & Schwab, R. L. (1981). A cross-validation study of the Maslach Burnout Inventory. *Educational and Psychological Measurement*, 41, 1167-1174.
- Jackson, S. E., & Maslach, C. (1982). After-effects of job-related stress: Families as victims. *Journal of Occupational Behaviour*, 3, 63-77.
- Jackson, S. E., Schwab, R. L., & Schuler, R. S. (1986). Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology*, 71, 630-640.
- Jackson, S. E., Turner, J. A., & Brief, A. P. (1987). Correlates of burnout among public service lawyers. *Journal of Occupational Behaviour*, 8, 339-349.

- Joreskog, K. G., & Sorbom, D. (1989). *LISREL 7 user's reference guide*. Mooresville, IN: Scientific Software.
- Leiter, M. P. (1988). Burnout as a function of communication patterns: A study of a multidisciplinary mental health team. *Group and Organizational Studies*, 13, 111-128.
- Leiter, M. P., & Durup, J. (1994). The discriminant validity of burnout and depression: A confirmatory factor analytic study. *Anxiety, Stress, & Coping*, 7, 357-373.
- Leiter, M. P., & Durup, J. (1996). Work, home, and in-between: A longitudinal study of spillover. *Journal of Applied Behavioral Science*, 32, 29-47.
- Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior*, 9, 297-308.
- Leiter, M. P., & Schaufeli, W. B. (in press). The MBI General Survey: Consistency of the burnout construct across occupations. *Anxiety, Stress, & Coping*.
- Maslach, C. (1976). Burned-out. *Human Behavior*, 5(9): 16-22.
- Maslach, C. (1978). The client role in staff burn-out. *Journal of Social Issues*, 34(4), 111-124.
- Maslach, C. (1979). The burn-out syndrome and patient care. In C. Garfield (Ed.), *Stress and survival: The emotional realities of life-threatening illness*, (pp. 111-120). St. Louis: Mosby.
- Maslach, C. (1981). Burnout: A social psychological analysis. In J. W. Jones (Ed.), *The burnout syndrome*, (pp. 30-53). Park Ridge, IL: London House Press.
- Maslach, C. (1982a). *Burnout: The cost of caring*. Upper Saddle River, NJ: Prentice Hall.
- Maslach, C. (1982b). Understanding burnout: Definitional issues in analyzing a complex phenomenon. In W. S. Paine (Ed.), *Job stress and burnout*, (pp. 29-40). Beverly Hills, CA: Sage.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*, (pp. 19-32). Washington, DC: Taylor & Francis.
- Maslach, C., & Jackson, S. E. (1981a). *Maslach Burnout Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., & Jackson, S. E. (1981b). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2, 99-113.

- Maslach, C., & Jackson, S. E. (1982). Burnout in health professions: A social psychological analysis. In G. Sanders & J. Suls (Eds.), *Social psychology of health and illness*, (pp. 227-251). Hillsdale, NJ: Erlbaum.
- Maslach, C., & Jackson, S. E. (1984a). Burnout in organizational settings. *Applied Social Psychology Annual*, 5, 133-153.
- Maslach, C., & Jackson, S. E. (1984b). Patterns of burnout among a national sample of public contact workers. *Journal of Health and Human Resources Administration*, 7, 189-212.
- Maslach, C., & Jackson, S. E. (1985). The role of sex and family variables in burnout. *Sex Roles*, 12, 837-851.
- Maslach, C., & Jackson, S. E. (1986). *Maslach Burnout Inventory* (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., Jackson, S. E., & Schwab, R.L. (1996). *Maslach Burnout Inventory—Educators Survey (MBI-ES)*. In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *MBI Manual*. (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., & Pines, A. (1977). The burn-out syndrome in the day care setting. *Child Care Quarterly*, 6, 100-113.
- Pines, A., & Maslach, C. (1978). Characteristics of staff burn-out in mental health settings. *Hospital & Community Psychiatry*, 29, 233-237.
- Ryan, W. (1971). *Blaming the victim*. New York: Pantheon.
- Schaufeli, W. B., Leiter, M. P., & Kalimo, R. (1995, September). The General Burnout Inventory (MBI-GS): A self-report questionnaire to assess burnout at the workplace. In M. P. Leiter, *Extending the burnout construct: Reflecting changing career paths*. Symposium, APA/NIOSH conference, Work, Stress, & Health/'95: Creating a Healthier Workplace, Washington, DC.
- Schaufeli, W. B., Leiter, M. P., Maslach, C., & Jackson, S. E. (1996). *Maslach Burnout Inventory—General Survey (MBI-GS)*. In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *MBI Manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Wills, T. A. (1978). Perceptions of clients by professional helpers. *Psychological Bulletin*, 85, 968-1000.
- Zedeck, S., Maslach, C., Mosier, K., & Skitka, L. (1988). Affective response to work and quality of family life: Employee and spouse perspectives. *Journal of Social Behavior and Personality*, 3, 135-157.

Key Reference for Use

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory*. (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

Other References

- Cordes, C. L., & Dougherty, T. W. (1993). A review and integration of research on job burnout. *Academy of Management Review*, 18, 621–656.
- Kleiber, D., & Enzmann, D. (1990). *Burnout: 15 years of research: An international bibliography*. Gottingen: Hogrefe.
- Schaufeli, W. B., Maslach, C., & Marek, T. (Eds.) (1993). *Professional burnout: Recent developments in theory and research*. Washington, DC: Taylor & Francis.