

Burnout, engagement, coping and general health of service employees in the hospitality industry

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Received 6 June 2007; accepted 17 January 2008

Abstract

The aim of this study was to determine the relationships between burnout, engagement, coping and general health of employees in the hospitality industry of a South African city. A purposive, convenience sample and a survey design were used. The sample consisted of 150 bar attendants and employees in restaurants in the city of Potchefstroom in the North-West Province. The Maslach Burnout Inventory–Human Services Survey, the Utrecht Work Engagement Scale, the Cybernetic Coping Scale and General Health Questionnaire were administered. The results indicated that health of service staff could be predicted by their feelings of personal accomplishment and dedication, having avoidant coping strategies and favouring the addressing of symptoms in coping. The contribution of the burnout dimensions of emotional exhaustion and personal accomplishment to health were moderated by the coping strategies of symptom reduction and accommodation, respectively.

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Keywords: Burnout; Engagement; Coping; General health; Service employees; Hospitality industry

1. Introduction

The hospitality industry plays an integral role in South Africa and in its tourism industry in particular (Naidoo, 2004). According to the Restaurants Association of South Africa (Naidoo, 2004), service in South African restaurants is not up to scratch when compared with other competitor tourism destinations, and is dragging down the quality of customer service in South Africa in general. In this industry, a waiter or waitress is the frontline staff member and a key element in the success or failure of such a business (Anon, 2005). Constanti and Gibbs (2005, p. 104) attribute a critical role to the perceived attitude and behaviour of front-line staff in service delivery. Indeed, they consider the ‘prescribed form of emotional appearance’ as a commodity with real value.

Front-line service industry employees are confronted with extremely stressful and demanding situations, like putting on a smile while dealing with a demanding and

insulting customer—what is typically referred to as *emotional labour* (Hochschild, 1983). Emotional labour is associated with higher levels of perceived stress, distress and turnover, and lower levels of satisfaction in the service industry (Pizam, 2004). Typical stressors for this occupational group include long and unsociable working hours (i.e. working while everyone else is out for dinner), low and unpredictable wages (Naudé, in Bamford, 2004) and a lack of stability in the employment relationship (Bothma & Thomas, 2001). Shift work is also a common feature in this industry, which further exacerbates a situation of having to work when others are relaxing, and vice versa. Individuals doing shift work often appear to have little time for non-work life commitments such as their own health, their families and friends, household and vehicle maintenance, relaxation and hobbies. Consequently, they may experience increased levels of stress (Sardiwalla, 2003).

Murray-Gibbons and Gibbons (2007) note that a marked increase in occupational stress in the hospitality industry has been perceived over the preceding 15–20 years, compared to other occupations. Service occupations with a high level of face-to-face contact with customers are

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significantly different from other types of work, since they contain emotional demands (in the form of ‘emotional performance for profit’) beyond the scope of traditional conceptualisations of work (Sandiford & Seymour, 2007, p. 213). Within the context of occupational stress, and specifically where work contains elements of an emotional nature, burnout is considered a significant possible negative outcome. Burnout, in essence, is the overall perception that the reciprocal relationship of labour for pay is unfavourably balanced, and that recognition, support and advancement is not what is expected (Grobler, Wörnich, Carrell, Elbert, & Hatfield, 2002). If the burnout of individuals is not addressed, it could imply a loss of productivity or quality in their work, as well as individual reductions in morale, psychological or physical health. For the organisation, such individuals present a serious cost-issue in terms of absenteeism or turnover, productivity losses or healthcare expenses (Gill, Flaschner, & Shachar, 2006; Gillespie, Walsh, Winefield, Dua, & Stough, 2001; Turnipseed, 1994). Burnout was initially well researched in the so-called ‘helping professions’ such as primary care nurses or doctors, but also in teachers, who are in constant interpersonal interaction. However, burnout in the hospitality industry is far less researched and by implication less understood. Due to the fact that individuals in this industry are also in constant interaction with others, and often need to display incongruent emotions (i.e. smile while a customer is complaining), burnout has been noted as a problem (Hochschild, 2003).

Previous research has investigated what is considered a possible mitigating factor in the negative outcomes of burnout, namely individual coping. In general, non-coping or ineffective coping is associated with higher levels of burnout (Rowe, 1997; Van Dick & Wagner, 2001). Callan (1993) defines non-coping as failed efforts to cope which, due to physical and psychosocial disturbances, result in higher stress. Non-coping is also associated with higher levels of depression and anxiety (Carver, Scheier, & Weintraub, 1989). Furthermore, a passive or defensive way of dealing with stressful events contributes to the development of burnout (Maslach, Schaufeli, & Leiter, 2001). Conversely, a confrontational coping strategy (i.e. addressing issues directly) is associated with lower levels of experienced burnout (Schaufeli & Enzmann, 1998).

The issue of burnout in service work has been explored by Krone, Tabacchi, and Faber (1988) and Rowley and Purcell (2001). Rowley and Purcell (2001) highlighted ineffective coping strategies such as increased consumption of foods with high sugar, fat and caffeine content, as well as alcohol and other drug use. Specifically among chefs in the food service industry, burnout was a clear issue. For them, Murray-Gibbons and Gibbons (2007) note poor coping strategies such as a lack of exercise, under- and overeating, drinking, smoking and ignoring of stress. The role of close colleagues in successful coping with emotional demands has been highlighted (Hochschild,

1983; Lewis, 2005). Restaurant workers have to manage debasing treatment in such a way as to not feel debased themselves (Seymour, 2000). As such, burnout might be conceptualised as the result of constant demanding interactions with especially difficult customers, which may be exacerbated by poor coping. Identifying and addressing workforce problems of employees that could possibly impact on the standard of services, for instance emotional labour and burnout, is therefore of great importance (Hochschild, 2003; Kilfedder, Power, & Wells, 2001), since it may also be related to individual health outcomes.

2. Theoretical framework

The working environment described above is one which typically fits the Hochschild (1983, 2003) definition of emotional labour. This idea alludes to the emotional demands, in addition to the normal physical and mental components, of service work. Hochschild’s definition (1983) of emotional labour refers to the fact that specific feelings have to be induced or suppressed in order to display behaviour for the recipient of service to feel safe and cared for, with the implication that this may be at the cost of the individual expressing such feelings. A distinction is drawn between surface and deep acting. The first refers to literally acting the emotion, while the latter refers to actually feeling the required emotions in performing service. Deep acting has been associated with positive organisational and individual outcomes such as increases in job satisfaction and decreases in emotional exhaustion, while surface acting has conversely been associated with increases in emotional exhaustion and decreases in job satisfaction (Chu, 2002).

Work that is emotionally demanding, such as dealing with difficult customers all the time, could lead to high stress levels and could make these workers susceptible to burnout (Hochschild, 2003). Williams (2003) also concludes that emotional labour is rather experienced as a stressor than a source of satisfaction. However, an important critique of Hochschild’s initial ideas on emotional labour has also emerged in the literature. This relates to the idea that emotional labour does not always, or universally, translate into negative individual outcomes, but that it could also be satisfying, enjoyable and rewarding (Ashforth & Humphrey, 1993; Callaghan & Thompson, 2002; Fineman, 1993; Price, 2001).

Burnout is a multi-dimensional phenomenon that includes emotional, physical and cognitive exhaustion (Hock, 1988; Maslach & Jackson, 1984; Pines & Aronson, 1981), depersonalisation, and a lack of personal accomplishment (Hock, 1988; Maslach, 1982). Maslach and colleagues (Maslach, 1982, 1993; Maslach, Jackson, & Leiter, 1996; Maslach et al., 2001) describe burnout as a syndrome consisting of feelings of *emotional exhaustion*, *depersonalisation* and *professional accomplishment*. Emotional exhaustion describes a reduction in the emotional

resources of an individual. Depersonalisation refers to a state where individuals hold negative and cynical attitudes towards others they work with, or toward those individuals to whom they render a service. Finally, individuals who experience a lack of professional accomplishment feel that their work is no longer making any contribution, lacks worth, and that they are personally unable to meet the requirements of the job.

The scope of burnout research has also broadened to include its positive antithesis: work engagement. Engagement can be described as the experience of positive feelings and fulfilment due to work. As such, it is characterised by *vigour*, *dedication* and *absorption* (Schaufeli, Salanova, González-Romá, & Bakker, 2002). Vigour refers to feeling full of energy and mentally resilient in ones work, being eager to invest in work, showing persistence and working tirelessly. An individual who shows dedication feels that their work is significant, and is challenged and inspired by, and enthusiastic about it. The absorbed individual becomes so involved in their work that time passes quickly and they forget everything else—they find it hard to remove themselves from their work. Engagement is also described as a pervasive state, and not momentarily and specifically focussed on any one event, object or individual (Schaufeli, Martinez, Pinto, Salanova, & Bakker, 2002).

Schaufeli and colleagues (Schaufeli, Martinez, et al., 2002, Schaufeli, Salanova, et al., 2002) have presented evidence that burnout and engagement are distinct constructs, although related. Where the core dimension of burnout relates to a draining of energy (Shirom, 1989), engagement relates to high levels of vigour and dedication towards work (Bakker, Van Emmerik, & Euwema, 2006). Consequently, the two constructs should also be assessed separately (Schaufeli & Bakker, 2001). To this end, it is insufficient to suggest that individuals low on burnout are also high in engagement. Recently, Bakker et al. (2006) have indicated that team-level burnout and engagement also contributes to individual engagement and burnout, respectively, even after controlling for characteristics of the job itself. These findings highlight the role that colleagues play in the development of burnout and engagement, and especially the role that burnout at the group (or team) level has on the individual's experience of engagement.

Edwards (1992) described the Cybernetic theory of stress as a means of dealing with inconsistencies in stress research in terms of the focus on preferences and abilities, the inclusion of ill-health symptoms, the differential focus on coping towards the environment or the person, and their lack of feedback links. The Cybernetic theory emphasises that stress involves: (i) a comparison of perceptions and desires (ii) well-being and coping as outcomes of stress, (iii) the suggestion that stress could activate coping directly, (iv) that coping could affect both the environment and the person, and (v) a chain of various feedback loops. Within this framework, coping acts to reduce symptoms,

alter personal characteristics and abet the individual in the reinterpretation of information, devaluation of the importance of stressors, or the diversion of attention away from the stressor in maintaining individual well-being (Edwards, 1992).

Edwards' Cybernetic theory of stress, coping and well-being (Edwards, 1988, 1992; Edwards & Cooper, 1988) describes stress as the result of incongruence between an individual's valued perceived and desired states. The duration of the incongruence and the amount of time it preoccupies the individual's mind are moderating factors in terms of its impact on health. *Coping* are the attempts of individuals to mitigate the effects of this incongruence on their health and well-being. This conceptualisation is consistent with other theories of coping, where it is described as a process of managing internal and external demands appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984), and the efforts of individuals to prevent potential personal harm or stress (Kleinke, 1998). Thus, when a strategy is directed at eliminating an unpleasant experience or reducing the effects thereof, it is referred to as coping. Stress is conceptualised as detrimental to well-being and activating coping, and coping may improve well-being directly or indirectly (Edwards & Baglioni, 2000).

Taken together, the burnout and work engagement constructs present good measures of the psychological well-being of employees within organisations. In combination, they propose a model of well-being at work that distinguishes between two dimensions, namely identification with work (varying from cynicism to dedication) and mobilisation of energy (varying from exhaustion to vigour) (Schaufeli, 2003; Schaufeli & Bakker, 2004). This model also makes it possible to distinguish between the two constructs, and study their effects separately. Although we do not measure emotional labour *per se*, in this paper, we consider burnout and engagement as given negative and positive outcomes of emotional labour, respectively. This is in line with current theory, which seems to suggest that emotional labour could have both positive and negative outcomes. However, our focus is perhaps more towards the next step in what might be considered a logical sequence of events: What happens after burnout and engagement? While burnout may contribute to ill-health, engagement, its theoretical opposite, may be hypothesised to contribute to health or well-being. Also, individual coping may play a major role in the pathways from burnout and engagement to health.

The objective of this research was thus to establish the relationship between burnout and engagement on the one hand, and coping and health on the other, among employees in the hospitality industry in the city of Potchefstroom in the North-West Province of South Africa. Additionally, the possible moderating role that individual coping strategies play in the relation of burnout and engagement to health was also investigated.

3. Method

3.1. Sampling and data collection

A survey design was used to reach the research objectives. The specific design included a purposive sample, where a sample is drawn from a specific population, at a specific time (in this case, waiters, waitresses and bartenders from restaurants and coffee shops). The disadvantage of using purposive sampling is that it is not necessarily reflective of the total population. However, the sample is purposive, since the interest of this paper is specifically the front-line staff in the service industry. All staff at participating restaurants and coffee shops were contacted, informed of the study and asked to participate. Participation was however voluntary and anonymous.

3.2. Measuring instruments

The Maslach Burnout Inventory–Human Services Survey (MBI–HSS; Maslach & Jackson, 1986), the Utrecht Work Engagement Scale (UWES; Schaufeli, Salanova, et al., 2002), the Cybernetic Coping Scale (CSS; Edwards, 1988, 1992; Edwards & Cooper, 1988) and the General Health Questionnaire (GHQ; Goldberg, 1979) were used in this research. The survey instrument also included a brief section regarding biographical details of the participants (gender, level of education, home language, nature of employment (i.e. full- or part-time), living arrangements, marital status and age).

The Maslach Burnout Inventory–Human Services Survey (Maslach & Jackson, 1986) was used to describe participants' experience of burnout. This survey consists of 22 items about personal feelings and attitudes, phrased as statements. These are self-scored on a seven-point frequency scale, ranging from 0 'never' to 6 'every day'. Three subscales are included, namely Emotional exhaustion, Depersonalisation, and Personal accomplishment. High scores on Emotional exhaustion and Depersonalisation and low scores on Personal accomplishment characterise burnout. The factor structure and reliability for this instrument has previously been confirmed in South African research with emergency workers (Naudé & Rothmann, 2004) and pharmacists (Basson & Rothmann, 2002).

The Utrecht Work Engagement Scale (Schaufeli, Salanova, et al., 2002) was used to measure participants' experiences of engagement. The engagement concept comprises three dimensions: Vigour, Dedication and Absorption. Engaged workers are characterised by high levels of vigour and dedication, and they are immersed in their jobs. The UWES is scored on a seven-point frequency rating scale, varying from 0 'never' to 6 'always'. In previous South African research, the Cronbach alpha coefficients for the three subscales varied between 0.68 and 0.91 (Storm & Rothmann, 2003).

The Cybernetic Coping Scale was used to measure participants' coping strategies. The CSS was derived from

Edwards' Cybernetic theory of stress, coping and well-being (Edwards, 1988, 1992; Edwards & Cooper, 1988). This theory conceptualises coping as attempts to reduce or eliminate the negative effects of stress on well-being. Five forms of coping are identified, including attempts to bring the situation into conjunction with desires (i.e. changing the situation), adjusting desires to meet the situation (i.e. accommodation), reducing the importance associated with the discrepancy (i.e. devaluation), directing attention away from the situation (i.e. avoidance), and improving well-being directly (i.e. symptom reduction). Use was made of the 15-item version of this questionnaire (three items per subscale), which has presented with adequate consistency and reliability (Guppy et al., 2004). To our knowledge, only one previous South African study employed this instrument, and reported alpha coefficients of 0.57 (Symptom reduction), 0.66 (Accommodation), 0.68 (Change the situation), 0.68 (Devaluation) and 0.76 (Avoidance) (Fourie, 2005).

The *General Health Questionnaire* (Goldberg, 1979) is a self-administered screening instrument designed to indicate general, mental health of the individual. Cronbach alpha coefficients for the GHQ-12 ranged from 0.82 to 0.90 in four studies (Vieweg & Hedlund, 1983). The GHQ is one of the measures used most widely as indicator of stress, and has previously been used and found reliable in the service industry, amongst a group of Irish chefs (Murray-Gibbons & Gibbons, 2007). A high score is indicative of poor health.

3.3. Statistical analysis

The statistical analysis was carried out with the help of the SPSS-program (SPSS, 2007). Cronbach alpha coefficients were used to assess the reliability of the measuring instruments (Clark & Watson, 1995). Descriptive statistics (e.g. means, standard deviations, range, skewness and kurtosis) and inferential statistics (correlations, regression analyses) were used to analyse the data.

The main and interactive effects of coping were tested using hierarchical multiple regression analysis. Gender was controlled for in the first step. Job burnout, engagement and coping variables were entered in the second step. Interaction terms of job burnout with each of the coping variables were entered in the third step to test for the hypothesised moderating effect of coping on the relation between burnout and engagement on the one hand, and health on the other. We followed procedures described in Aiken and West (1991) in centring the predictor variables. This procedure entails setting the means of the variables to zero, while the standard deviations are kept intact. Where interaction terms prove to be statistically significant predictors, scores on the variables are dichotomised and graphically represented to aid interpretation.

Since burnout and engagement should be considered as separate factors (Schaufeli, Salanova, et al., 2002), separate regression analyses were carried out for these two variables. Firstly, the focus was on the prediction of health

by means of burnout, and secondly on the prediction of health by means of engagement. In both instances, the direct and potential moderating effects of coping were also investigated.

4. Results

Service employees and bar attendants at 16 restaurants and coffee shops ($n = 150$) participated in the study. Participants were mostly female (52.7%) and most of the sample (68.3%) have only a high school qualification (Grades 10–12). Of all participants, 17.3% are in possession of a University degree, 3.3% have a postgraduate degree (Honours (4th year level), Masters or Doctorate), and a further 11.1% have some other tertiary qualification (such as a teaching or technical diploma). Most of the participants (78%) were Afrikaans-speaking, while 11.3% were English-speaking and 8% were Setswana-speaking. Most participants (58.0%) are working as employees or bartenders on a part-time basis, while 42.0% perform this work full-time. Being a full-time waiter or waitress refers to full-time employees with a contract. Part-time employees work casually with no contract, and mostly only for an additional source of income. Most of the restaurants in this research have either no full-time positions, or one or two full-time waiters or waitress and one full-time bartender. The majority of the participants received commission on their sales (64.7%), but 35.3% indicated that they do not receive any commission on sales. A large amount of participants (58%) are single (living alone), while 26% are living with parents. In the total sample, only 0.7% are divorced or separated, and 15.3% are married or living with a partner. The fact that many participants are still single or living with parents could be explained by their relative youth. The mean

age of participants was 23.05 years, with the youngest person being 17 years old, and the oldest 36 years old.

Descriptive statistics and reliability coefficients for the different variables, and correlations between the variables, are given in Table 1.

Table 1 indicates that the scores on all the factors, except for Emotional exhaustion, are normally distributed, as indicated by skewness and kurtosis. The variables of Depersonalisation, Absorption, Devaluation, Symptom reduction, Change the situation and Accommodation presented with somewhat low alpha coefficients (compared to the guideline of $\alpha \geq 0.70$; Nunnally & Bernstein, 1994). Given the exploratory nature of our study, they are however retained for subsequent analyses.

Table 1 also shows the correlations between the burnout, engagement, coping and health constructs. Pearson product–moment correlation coefficients were used to specify the relationship between the variables. For exhaustion, that showed high kurtosis, Spearman correlations were computed. Notably, correlations among measurements of burnout and engagement were in the expected directions. The Emotional exhaustion and Depersonalisation dimensions relate strongly and positively, while both relate somewhat weakly but negatively to the dimension of Personal accomplishment. All of the engagement dimensions relate positively to each other and the burnout dimension of Personal accomplishment, and negatively to the burnout dimensions of Emotional exhaustion and Depersonalisation.

In terms of coping and burnout, Devaluation, Avoidance, Symptom reduction and Change the situation relate positively to Emotional exhaustion and Depersonalisation, while both the latter constructs relate negatively to Accommodation. Personal accomplishment relates negatively to Devaluation

Table 1
Descriptive statistics, alpha coefficients and correlations of the measuring instruments

	Mean	S.D.	Skewness	Kurtosis	α	1	2	3	4	5	6	7	8	9	10	11
Maslach Burnout Inventory																
1. Emotional exhaustion	2.78	1.61	0.05	-1.02 ^a	0.89											
2. Depersonalisation	2.58	1.17	0.25	-0.71	0.58	0.63*										
3. Personal accomplishment	4.93	0.82	-0.80	0.05	0.71	-0.25*	-0.24*									
Utrecht Work Engagement Scale																
4. Vigour	4.15	1.18	-0.52	-0.31	0.74	-0.56*	-0.39*	0.56*								
5. Dedication	4.03	1.30	-0.35	-0.84	0.79	-0.49*	-0.38*	0.67*	0.79*							
6. Absorption	3.50	1.16	0.11	-0.64	0.55	-0.35*	-0.23*	0.42*	0.66*	0.69*						
Cybernetic Coping Scale																
7. Devaluation	2.80	0.98	0.09	-0.65	0.66	0.05	0.16	-0.10	-0.04	-0.04	0.08					
8. Avoidance	2.62	1.16	0.33	-0.85	0.76	0.19*	0.17*	-0.12	-0.13	-0.15	-0.10	0.55*				
9. Symptom reduction	3.88	0.80	-0.44	-0.26	0.52	0.07	0.08	0.18*	-0.02	0.03	0.02	0.37*	0.44*			
10. Change the situation	3.47	0.96	-0.28	-0.28	0.67	0.22*	0.20*	0.14	-0.09	-0.05	-0.02	0.14	0.24*	0.12		
11. Accommodation	3.52	0.89	-0.59	0.11	0.59	-0.06	-0.09	0.32*	0.13	0.26*	0.20*	0.16*	0.26*	0.27*	0.19*	
12. General Health	2.56	0.29	0.00	-0.12	0.76	0.10	-0.04	0.39*	0.02	0.15	0.12	0.02	-0.05	0.31*	0.20*	0.19*
Questionnaire																

* $p \leq 0.05$ —statistically significant.
^aHigh kurtosis.

and Avoidance, but positively to Symptom reduction, Change the situation and Accommodation.

Regarding the coping strategies and engagement, Vigour related negatively to Devaluation, Avoidance, Symptom reduction and Change the situation, and positively to Accommodation. Dedication related positively to Symptom reduction and Accommodation, but negatively to Devaluation, Avoidance and Change the situation. Absorption related positively to Devaluation, Symptom reduction and Accommodation, and negatively to Avoidance and Change the situation.

The coping strategies in turn were all positively related. General health related positively to Emotional exhaustion, Personal accomplishment, Vigour, Dedication and Absorption, and negatively to Depersonalisation. In terms of the coping strategies, General health was negatively related

to Avoidance, but positively related to all other coping strategies.

Table 2 gives the results of the multiple regression with general health as the dependent variable, and the burnout dimensions and different coping strategies as the independent variables.

Table 2 shows that gender had no significant effect in predicting health (Step 1). Step 2 shows that 28% of the variance in health of employees is predicted by burnout and coping, with significant effects for Emotional exhaustion, Personal accomplishment and having a coping strategy of Avoidance or Symptom reduction ($F = 5.99$; $p \leq 0.05$). Step 3 indicates that an additional 8% of the variance could be explained by introduction of the interaction terms to the regression analysis. More specifically, Personal accomplishment, having an avoidant coping

Table 2
Multiple regression analyses with general health as dependent variable and burnout and coping as independent variables

Model	Unstandardised coefficients		Standardised coefficients	<i>t</i>	<i>p</i>	<i>F</i>	<i>R</i>	<i>R</i> ²	ΔR^2																																																																																																																																																																																																																						
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1. (Constant)	0.01	0.07		0.15	0.88	0.35	0.02	0.00	-0.01																																																																																																																																																																																																																						
Gender	-0.01	0.05	-0.02	-0.19	0.85					2. (Constant)	-0.55	0.17		-3.17	0.00	5.99	0.53	0.28	0.28	Gender	-0.02	0.04	-0.03	-0.36	0.72	Emotional exhaustion	0.04	0.02	0.21	2.17	0.03*	Depersonalisation	-0.03	0.02	-0.11	-1.13	0.26	Personal accomplishment	0.11	0.03	0.31	3.64	0.00*	Avoidance	-0.06	0.02	-0.23	-2.45	0.02*	Change the situation	0.04	0.02	0.14	1.77	0.08	Accommodation	0.01	0.03	0.03	0.39	0.70	Devaluation	0.02	0.03	0.05	0.59	0.56	Symptom reduction	0.10	0.03	0.29	3.30	0.00*	3. (Constant)	-0.53	0.19		-2.77	0.01	2.96	0.60	0.36	0.08	Gender	0.01	0.05	0.01	0.11	0.91	Emotional exhaustion	0.03	0.02	0.16	1.49	0.14	Depersonalisation	-0.01	0.03	-0.06	-0.55	0.58	Personal accomplishment	0.10	0.03	0.28	2.92	0.00*	Avoidance	-0.06	0.03	-0.25	-2.49	0.01*	Change the situation	0.04	0.03	0.12	1.42	0.16	Accommodation	0.02	0.03	0.05	0.58	0.56	Devaluation	0.02	0.03	0.08	0.83	0.41	Symptom reduction	0.12	0.03	0.33	3.58	0.00*	Emotional exhaustion × Change the situation	-0.01	0.02	-0.07	-0.58	0.56	Emotional exhaustion × Accommodation	-0.00	0.02	-0.02	-0.14	0.89	Emotional exhaustion × Devaluation	0.02	0.02	0.12	0.86	0.39	Emotional exhaustion × Symptom reduction	0.07	0.03	0.35	2.55	0.01*	Emotional exhaustion × Avoidance	0.00	0.02	0.01	0.10	0.92	Depersonalisation × Change the situation	0.00	0.03	0.00	0.01	1.00	Depersonalisation × Accommodation	0.03	0.03	0.09	0.79	0.43	Depersonalisation × Devaluation	-0.02	0.04	-0.09	-0.63	0.53	Depersonalisation × Symptom reduction	-0.06	0.04	-0.22	-1.58	0.12	Depersonalisation × Avoidance	0.00	0.03	0.01	0.08	0.94	Personal accomplishment × Change the situation	-0.05	0.04	-0.12	-1.24	0.22	Personal accomplishment × Accommodation	0.07	0.03	0.18	2.17	0.03*	Personal accomplishment × Devaluation	0.01	0.04	0.02	0.13	0.90	Personal accomplishment × Symptom reduction	-0.02	0.04	-0.05	-0.54	0.59	Personal accomplishment × Avoidance	0.02
2. (Constant)	-0.55	0.17		-3.17	0.00	5.99	0.53	0.28	0.28																																																																																																																																																																																																																						
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Accommodation	0.01	0.03	0.03	0.39	0.70																																																																																																																																																																																																																										
Devaluation	0.02	0.03	0.05	0.59	0.56																																																																																																																																																																																																																										
Symptom reduction	0.10	0.03	0.29	3.30	0.00*																																																																																																																																																																																																																										
3. (Constant)	-0.53	0.19		-2.77	0.01	2.96	0.60	0.36	0.08																																																																																																																																																																																																																						
Gender	0.01	0.05	0.01	0.11	0.91																																																																																																																																																																																																																										
Emotional exhaustion	0.03	0.02	0.16	1.49	0.14																																																																																																																																																																																																																										
Depersonalisation	-0.01	0.03	-0.06	-0.55	0.58																																																																																																																																																																																																																										
Personal accomplishment	0.10	0.03	0.28	2.92	0.00*																																																																																																																																																																																																																										
Avoidance	-0.06	0.03	-0.25	-2.49	0.01*																																																																																																																																																																																																																										
Change the situation	0.04	0.03	0.12	1.42	0.16																																																																																																																																																																																																																										
Accommodation	0.02	0.03	0.05	0.58	0.56																																																																																																																																																																																																																										
Devaluation	0.02	0.03	0.08	0.83	0.41																																																																																																																																																																																																																										
Symptom reduction	0.12	0.03	0.33	3.58	0.00*																																																																																																																																																																																																																										
Emotional exhaustion × Change the situation	-0.01	0.02	-0.07	-0.58	0.56																																																																																																																																																																																																																										
Emotional exhaustion × Accommodation	-0.00	0.02	-0.02	-0.14	0.89																																																																																																																																																																																																																										
Emotional exhaustion × Devaluation	0.02	0.02	0.12	0.86	0.39																																																																																																																																																																																																																										
Emotional exhaustion × Symptom reduction	0.07	0.03	0.35	2.55	0.01*																																																																																																																																																																																																																										
Emotional exhaustion × Avoidance	0.00	0.02	0.01	0.10	0.92																																																																																																																																																																																																																										
Depersonalisation × Change the situation	0.00	0.03	0.00	0.01	1.00																																																																																																																																																																																																																										
Depersonalisation × Accommodation	0.03	0.03	0.09	0.79	0.43																																																																																																																																																																																																																										
Depersonalisation × Devaluation	-0.02	0.04	-0.09	-0.63	0.53																																																																																																																																																																																																																										
Depersonalisation × Symptom reduction	-0.06	0.04	-0.22	-1.58	0.12																																																																																																																																																																																																																										
Depersonalisation × Avoidance	0.00	0.03	0.01	0.08	0.94																																																																																																																																																																																																																										
Personal accomplishment × Change the situation	-0.05	0.04	-0.12	-1.24	0.22																																																																																																																																																																																																																										
Personal accomplishment × Accommodation	0.07	0.03	0.18	2.17	0.03*																																																																																																																																																																																																																										
Personal accomplishment × Devaluation	0.01	0.04	0.02	0.13	0.90																																																																																																																																																																																																																										
Personal accomplishment × Symptom reduction	-0.02	0.04	-0.05	-0.54	0.59																																																																																																																																																																																																																										
Personal accomplishment × Avoidance	0.02	0.04	0.07	0.60	0.55																																																																																																																																																																																																																										

* $p \leq 0.05$.

strategy or favouring symptom reduction as coping strategy remained statistically significant direct predictors of employees' health. However, it can also be seen that the interactions of emotional exhaustion and the coping strategy of symptom reduction, as well as that of Personal accomplishment and the coping strategy of Accommodation, made significant contributions to explaining the variance in employees' health.

Next, the interaction effect was plotted to illustrate the moderating effect of the coping strategy of symptom reduction in terms of participants' experiences of emotional exhaustion.

Fig. 1 illustrates that when waiters and waitresses are experiencing low levels of emotional exhaustion, those who have a high preference for symptom reduction as coping strategy show lower levels of general health. When these individuals however experience high levels of emotional exhaustion, it can be seen that there is a much larger difference in terms of their general health. Individuals with high levels of symptom reduction score much worse in terms of general health than individuals low in symptom reduction, when emotional exhaustion is high. Also, when comparing both levels of symptom reduction in the low emotional exhaustion condition, those with low symptom reduction show an increase in their general health, while those high in symptom reduction show a decrease in general health when compared to the high emotional exhaustion level.

The next graph illustrates the moderating effect for the coping strategy of accommodation between general health and the burnout dimension of Personal accomplishment.

Fig. 2 illustrates that, in a condition where waiters and waitresses experience low levels of personal accomplishment, those who have a high preference for an accommodative coping strategy show worse general health. Where individuals experience a high level of personal accomplishment, there is little difference in terms of individuals' general health dependent on their preferences of an accommodative coping strategy.

Table 3 gives the results of the multiple regression with general health as the dependent variable, and engagement dimensions and coping strategies as independent variables.

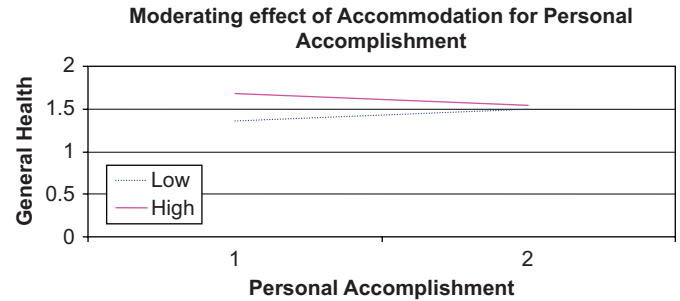


Fig. 2. The moderating effect of accommodation between personal accomplishment and general health.

Table 3 shows that gender had no effect in predicting health (Step 1). Step 2 shows that 21% of the variance in health of employees is predicted by participants' engagement and coping, with significant effects for Vigour ($p \leq 0.10$), and the coping strategies of Avoidance, Change the situation and Symptom reduction ($F = 4.19$; $p \leq 0.05$). Step 3 indicates that an additional 9% of the variance could be explained by introduction of the interaction terms to the regression analysis, yet none of the interaction terms reached the level of statistical significance. More specifically, Dedication ($p \leq 0.05$) (as measured by the UWES), having an avoidant coping strategy or favouring symptom reduction as coping strategy remained statistically significant direct predictors of employees' health.

5. Discussion and implications

The aim of this study was to investigate the relationships among burnout, coping and engagement for bartenders, waiters and waitresses, as front-line service employees in the service industry. The psychometric qualities of the Maslach Burnout Inventory–Human Services Survey (MBI–HSS), the Utrecht Work Engagement Scale (UWES), the Cybernetic Coping Scale (CSS) and the General Health Questionnaire (GHQ) were also investigated. Reliability analysis confirmed sufficient internal consistency of the subscales of burnout and engagement, but with depersonalisation and absorption showing somewhat low alpha coefficients (compared to the guideline of $\alpha \geq 0.70$; Nunnally & Bernstein, 1994). The Depersonalisation scale has previously been shown to have inconsistent reliability (i.e. a low Cronbach alpha value) in both South African and international research (see for example Basson & Rothmann, 2002; Schaufeli, Bakker, Hoogduin, Schaap, & Kladler, 2001; Schaufeli, Enzmann, & Girault, 1993). The coping strategy of reducing symptoms showed a relatively low alpha coefficient. This subscale has previously shown to have less than desirable internal consistency (Guppy et al., 2004), also in South African research (Fourie, 2005). Also, alpha coefficients for the coping strategies of devaluation and changing the situation were somewhat disappointing. Interpretations regarding these variables need to be made with caution; however, they were retained

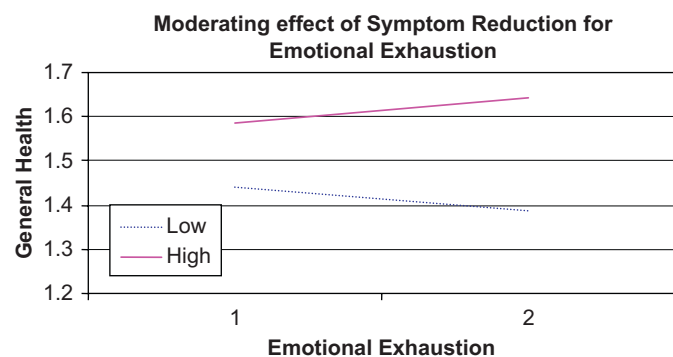


Fig. 1. The moderating effect of symptom reduction between general health and emotional exhaustion.

Table 3
Multiple regression analyses with general health as dependent variable and engagement and coping as independent variables

Model	Unstandardised coefficients		Standardised coefficients	<i>t</i>	<i>p</i>	<i>F</i>	<i>R</i>	<i>R</i> ²	ΔR^2
	B	SE	Beta						
1. (Constant)	0.01	0.07		0.01	0.92	0.01	0.01	0.00	-0.01
Gender	-0.01	0.05	-0.01	-0.11	0.92				
2. (Constant)	-0.01	0.07		-0.11	0.92	4.19	0.46	0.21	0.16
Gender	0.01	0.05	0.01	0.11	0.91				
Vigour	-0.05	0.03	-0.22	-1.71	0.09**				
Dedication	0.05	0.03	0.21	1.53	0.13				
Absorption	0.02	0.03	0.08	0.69	0.49				
Avoidance	-0.06	0.03	-0.25	-2.51	0.01*				
Change the situation	0.06	0.02	0.19	2.36	0.02*				
Accommodation	0.03	0.03	0.08	0.95	0.34				
Devaluation	-0.01	0.03	-0.02	-0.23	0.82				
Symptom reduction	0.13	0.03	0.37	4.22	0.00*				
3. (Constant)	-0.00	0.07		-0.03	0.98	2.27	0.55	0.30	0.09
Gender	0.01	0.05	0.01	0.10	0.92				
Vigour	-0.06	0.03	-0.24	-1.70	0.09				
Dedication	0.07	0.03	0.31	2.05	0.04*				
Absorption	0.01	0.03	0.06	0.46	0.65				
Avoidance	-0.06	0.03	-0.25	-2.25	0.03*				
Change the situation	0.04	0.03	0.13	1.51	0.14				
Accommodation	0.03	0.03	0.09	0.93	0.35				
Devaluation	-0.00	0.03	-0.01	-0.09	0.93				
Symptom reduction	0.13	0.04	0.35	3.54	0.00*				
Vigour × Change the situation	-0.05	0.04	-0.20	-1.36	0.18				
Vigour × Accommodation	0.00	0.05	0.00	0.02	0.99				
Vigour × Devaluation	0.01	0.05	0.04	0.19	0.85				
Vigour × Symptom reduction	-0.03	0.06	-0.11	-0.54	0.59				
Vigour × Avoidance	-0.05	0.04	-0.23	-1.18	0.24				
Dedication × Change the situation	0.00	0.03	0.00	0.01	0.99				
Dedication × Accommodation	0.01	0.04	0.05	0.32	0.75				
Dedication × Devaluation	0.00	0.04	0.00	0.01	0.99				
Dedication × Symptom reduction	-0.02	0.05	-0.06	-0.31	0.75				
Dedication × Avoidance	0.06	0.04	0.29	1.38	0.17				
Absorption × Change the situation	0.04	0.03	0.16	1.34	0.18				
Absorption × Accommodation	-0.01	0.03	-0.04	-0.30	0.76				
Absorption × Devaluation	-0.04	0.03	-0.16	-1.20	0.23				
Absorption × Symptom reduction	0.01	0.05	0.03	0.17	0.87				
Absorption × Avoidance	0.03	0.03	0.13	0.98	0.33				

* $p \leq 0.05$.

in our analyses, as our objective was to get an impression of how these variables may function in this specific population.

Our findings confirm those of previous authors in showing the aspect of professional efficacy of burnout to relate positively to the engagement dimensions (Duran, Extremera, & Rey, 2004). Other findings, such as the positive relation between Emotional exhaustion and Depersonalisation are also in line with previous research (Demirel, Güler, Toktamis, Özdemir, & Sezer, 2005; Dorman, 2003). Also, the so-called 'core dimensions' of burnout and engagement (namely Exhaustion and Depersonalisation, and Vigour and Dedication, respectively), were strongly and negatively correlated, confirming previous international findings (Schaufeli, 2003; Schaufeli & Bakker, 2004).

When it came to predicting the health of waiters and waitresses, gender had no effect in either of the analyses. Our sample was reasonably representative of both genders, and this finding indicates that the same processes may be operant for both genders. In turn, this could simplify intervention. In terms of burnout, it was experiences of personal accomplishment, and the coping strategies of avoidance and reducing symptoms that were predictive of health. In terms of the moderating effect of coping, it was also illustrated that when waiters and waitresses experience low levels of emotional exhaustion, those who have a high preference for symptom reduction as coping strategy show lower levels of general health. It was however seen that at high levels of emotional exhaustion, these individuals differed even further in terms of their general health, with those individuals who focus strongly on their symptoms

experiencing the poorest health. It was also illustrated that at high levels of personal accomplishment, little difference exists between individuals showing a slight or high preference for an accommodative coping strategy. Where individuals however do not have high levels of personal accomplishment, those who prefer an accommodative coping strategy showed better health, when compared to individuals who showed less preference for such a strategy.

Burnout has previously been associated with poor health (Ho, 1997; Ryff & Singer, 1998; Sethi & Schuler, 1990), and these results are expanded on here by showing that focusing on the symptoms of the distress may be detrimental when individuals experience emotional exhaustion, while being too accommodating is a bad strategy to follow where service employees lack feelings of personal accomplishment. This finding is in support of Hochschild's (1979, 2003) contention that coping skills can help service industry employees lower stress and burnout. What we see here is that service employees who focus strongly on managing their reactions to stress, and are too accommodating, show worse health. Based on the findings reported above, the recommendation would be that front-line service employees receive training in identifying the negative effects of stressful interpersonal action, and be taught techniques to manage and ameliorate these effects. As such, teaching individuals with limited coping skills to alter the ways in which they address problems has been demonstrated to be an important deterrent of burnout (Rowe, 1997). Seymour (2000) has also indicated that the use of scripted speech serves as a sort of 'coping mechanism' for employees in the fast food industry, which allows for easier interaction with clientele in ambiguous situations. The mentioned skills could act to protect service employees from the depletion of emotional resources. However, we are also in agreement with Williams (2003), who argues that selection based on coping strategies could result in an over-exposure of these employees to negative consequences, not immediately visible. The findings in terms of the moderating effect of a coping strategy of accommodation seem to suggest that being more assertive makes no difference when individuals experience high feelings of personal accomplishment. However, at the lower end of such feelings, it is those employees who are less accommodating who show better health. This seems to suggest that the motto of 'the customer is always right' does not prevail when individuals have less feelings of personal accomplishment. The implication is that, especially for new employees, some assertiveness training or even information on basic ideas of emotional labour could be helpful in maintaining their general health, while remaining sensitive to customers' needs.

In focusing on the relationship between participants' engagement and health, it was seen that being dedicated, and the coping strategies of avoidance and symptom reduction, were significant predictors of health of waiters, waitresses and bar attendants. Interestingly, coping did not moderate the effects of engagement on health, suggesting

that individual dedication operates separately from coping strategies employed in maintaining health. It further implies that while individuals' coping strategies ameliorate burnout, these strategies do not contribute to the experience of engagement.

Taken together, these results suggest that these individuals may especially benefit from training in (active) coping strategies and stress management. Having a preference for a coping strategy that allows for the management of symptoms proved a significant predictor of health in consideration of both the burnout and engagement variables. Employees within the service industry are often encouraged to suppress their true feelings and detach themselves from abuse and ill treatment (Frenkel, Tam, Korczynski, & Shire, 1998). In an occupation where service to others and interpersonal interaction is however part and parcel of the job requirements, individuals need to understand events that create negative emotions, and especially how to effectively manage and cope with these emotions (Grandey & Brauburger, 2002). Thus, focussing on the negative reactions (symptoms) generated by a stressful working environment may act to harm individuals' well-being, and ultimately contribute to poor service delivery. Somewhat related to this finding is the work of Seymour and Sandiford (2005), who have alluded to surface acting as a control mechanism for hospitality staff confronted with difficult customers. The staff member could feel that they retained some control and the upper hand in interactions with difficult customers, if they 'faked it', and by doing so, protected themselves. Thus, it is here suggested that managing your reactions in the service industry could be a successful coping strategy in maintaining engagement and avoiding burnout at work. Previous research (Botha & Pienaar, 2006) has indicated the differential role that individual perceptions of control, as exemplified by individuals' internal or external locus of control, has to play in the translation of occupational stress in its associated negative outcomes, also in the food services industry (Murray-Gibbons & Gibbons, 2007). Especially stress management techniques focused on addressing symptoms, such as relaxation training, visualisation or meditation could be beneficial.

6. Limitations and recommendations

Some of the measures we applied showed less than desirable reliability coefficients (as indicated by Cronbach alpha coefficient). Regarding our measure of coping strategies, we included the briefest version available. This may have restricted the reliability of our subscales, since only three items per subscale were used. Future studies would do well to include longer versions of this measure, which are available. In terms of the burnout subscale of Depersonalisation, problems with its psychometric properties have been noted in previous research, and were again experienced here. Formulation of additional items may improve the reliability of this scale. Also, bearing in mind

that Cronbach's alpha is influenced by sample size, studies with more participants may produce different results.

Since this was a cross-sectional survey, no causal inferences can be drawn. Studying these variables in longitudinal fashion could shed greater light on the contributions of burnout and engagement to health, and the moderating effect that individual coping may have in these relations.

In reviewing the literature, we did not come about any previous studies of burnout and engagement of front-line service delivery staff, such as waiters, waitresses and barmen. The need for future studies in this population is obvious. It is postulated here that this category of employees is likely to experience burnout, for reasons as outlined in the literature.

The study population was also very homogenous. Future studies should take into consideration the multi-cultural society that is modern-day South Africa. This necessitates the need to study the constructs of burnout and engagement in similar occupational groups for different cultural groups, and to prove the construct equivalence and the absence of item bias for these groups. Future studies should also include larger sample sizes, different provinces and more control variables in the regression analyses.

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