BURNOUT, COPING AND ENGAGEMENT IN THE HOSPITALITY INDUSTRY

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COMMENTS

The reader is reminded of the following:

- The references as well as the editorial style is prescribed by the *Publication Manual (5th* *edition)* of the American Psychological Association (APA) were followed in this mini-dissertation. This practice is in line with the policy of the Programme in Industrial Psychology of the North-West University to use the APA style in all scientific documents as from January 1999.

- The mini-dissertation is submitted in the form of a research article. The editorial style specified by the South African Journal of Industrial Psychology (which agrees largely with the APA style) is used, while the APA guidelines were followed in constructing tables.

- Each chapter of this mini-dissertation has its own reference list.

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ABSTRACT

Title: Burnout, coping and engagement in the hospitality industry.

Key terms: Burnout, coping, hospitality industry, waiters, waitrons, bartenders, exhaustion, cynicism, professional efficacy, occupational stress.

Extensive research on burnout in different occupational fields has taken place internationally. However, no studies on waitrons in South Africa have been performed, while this is an occupational group seemingly facing high emotional strain in interaction with customers. The aim of this study was to determine the relationships between burnout, coping, engagement and health in the hospitality industry. In doing so the researchers would be able to advise the industry on how they could help in preventing burnout among waitrons as well as enhancing their work engagement.

A random sample using a survey design was used. The sample consisted of 150 waitrons in restaurants and coffee shops in Potchefstroom, Northwest Province. The Maslach Burnout Inventory – Human Services Survey, the Utrecht Work Engagement Scale, the Cybernetic Coping Scale and the General Health Questionnaire were administered. The reliability of the measuring instruments was assessed with the use of Cronbach alpha coefficients. Descriptive statistics were used to analyse the data. Correlations and multiple regression analyses were used to assess the relationship between burnout, coping, engagement and general health. Findings indicate that in terms of burnout, the health of waitrons is predicted by their perceptions of accomplishment, having an avoidant coping strategy or favouring symptom reduction as coping strategy. Also, the interaction of their emotional exhaustion with the coping strategy of symptom reduction, as well as their feelings of accomplishment in interaction with having an accommodative coping strategy, predicted health. Findings indicate that in terms of engagement, experiencing high levels of energy in their work, being dedicated to their work, and not having an avoidant coping strategy or avoiding addressing the symptoms of stress was related to waitrons' health.

Recommendations for future research were made.

OPSOMMING

Titel: Uitbranding, coping-strategieë en werkbegeestering in die gasvryheidsbedryf.

Sleutelterme: Uitbranding, coping-strategieë, gasvryheidsbedryf, kelners, kroeg-personeel, uitputting, sinisme, professionele doeltreffendheid, stres, spanning.

Breedvoerige navorsing oor uitbranding in verskillende beroepsvelde het al op internasionale vlak plaasgevind. Geen studies onder kelners in Suid-Afrika is egter nog uitgevoer nie, hoewel dit 'n beroepsveld is wat blykbaar hoë emosionele uitputting beleef in die interaksie met kliënte. Die doelstelling van hierdie navorsing was om die verhouding tussen uitbranding, coping-strategieë en begeestering in die gasvryheidsindustrie te bepaal. Deur dit te doen, kan navorsers gasvryheidsorganisasies adviseer oor hoe hulle kan help om uitbranding by kelners te voorkom, asook hul werkbegeestering te verbeter.

'n Ewekansige steekproef deur middel van 'n opname-ontwerp is gebruik. Die steekproef het uit 150 kroegpersoneel en kelners bestaan in restourante en koffiewinkels in Potchefstroom, Noordwes Provinsie. Die Maslach Uitbrandingsvraelys – Mensediensteopname, Utrecht Werkbegeesteringskaal, "*Cybernetic* Coping"-skaal en Algemene Gesondheidsvraelys is geadministreer. Die betroubaarheid van die meetinstrumente is gemeet deur die gebruik van Cronbach alfakoëffisiënte. Beskrywende statistieke is gebruik vir ontleding van die data. Korrelasies en veelvuldige regressie-analises is gebruik om die verhouding tussen uitbranding, coping, werkbegeestering en algemene gesondheid te bepaal. Bevindings toon dat wat betref uitbranding, die gesondheid van kelners gekenmerk word deur hul gevoel van totstandbrenging, 'n vermydende coping-strategie of om voorkeur te gee aan simptome-vermindering as coping-strategie. Ook het die interaksie tussen hul emosionele uitputting met die strategie van simptome-vermindering, sowel as hul gevoel van totstandbrenging in interaksie met hul akkommoderende coping-strategie, gelei tot gesondheid. Bevindings het getoon dat wat betref begeestering, die belewing van hoë energievlakke in hul werk, om toegewyd te wees tot hul werk en om nie 'n

vermydende strategie te gebruik of om te vermy om die simptome van stres te bestuur nie, verwant was aan hul gesondheid.

Voorstelle vir verdere navorsing is gedoen.

CHAPTER 1

INTRODUCTION

This mini-dissertation deals with burnout, coping and engagement in the hospitality industry. In this chapter, the problem statement is discussed, whereupon the research objectives are set out. Following this, the research method is discussed and the division of chapters is given.

1.1 PROBLEM STATEMENT

The beginning of the hospitality industry in South Africa as we know it today can be traced back to the early times of Jan van Riebeeck. The first recorded tavern was run by Annetje, the wife of Hendrik Boom, who was employed by the Dutch East India Company as head gardener. On 30 November 1656, Van Riebeeck recorded that he had allowed Jannetje Boodys von Doesburgh to run a tavern. Shortly after, Sergeant Jan van Haarwarden managed to convert a sheep-run into an inn containing a bedroom, dining-room and a dispensary for drinks. In 1661, a German tailor, Heinrich Hendriksen, opened an establishment that could be regarded as the first hotel in South Africa, because it provided separate rooms instead of a central dormitory (Bolsman, 1992).

A waiter/waitress, or waitron, as they are known in their industry, is the frontline staff member of any restaurant or bar and a key element in the success or failure of the business (Anon, 2005). Service in South African restaurants is not at the same level as other competitor tourism destinations and is dragging down the quality of customer service in this country generally, according to the Restaurants Association of South Africa (RASA) (Naidoo, 2004). Nick Nicolau, a spokesperson for RASA, which represents major franchises and more than 200 private restaurants, says the level of competence of waiters is generally poor and not up to standard, affecting customer service in the country, as well as tourism (Naidoo, 2004). It is also stated that although service is improving, levels are still low because of the transient nature of the workforce and the wrong attitude towards the job (Naidoo, 2004). RASA plans to intervene by approaching Government with a proposal to set standards for waiters, similar to those in the United States of America (USA) and Europe. Nicolau (in Naidoo, 2004), stated that if Government were to implement RASA's proposal,

the organisation would pressure the industry to offer a basic salary or hourly rate for waitering, similar to Australia, to make it a more attractive career option (Naidoo, 2004).

Phillipa Wordie (in Peters, 2004), chairman of the Cape Tourist Guides Association, says this association also receives many complaints about waiters with a poor attitude and shockingly slow service. The problem could be that in this country, waiting on tables is not considered a career. Most restaurant owners who spoke to *The Sowetan* were appalled to learn that there are owners who pay their employees as little as fifty cents an hour (Nare, 2005). *The Weekend Argus* recently reported on a precedent-setting case in which the Labour Court ruled that waiters should be regarded as permanent members of staff rather than "independent contractors" with no rights of employment (Bamford, 2004b). A waitress from Yeoville claims that people do not tip. The generous ones would tip R1 or R2, regardless of how much they have spent. On a good day, she takes home not more than R30 (Nare, 2005).

According to Naudé (in Bamford, 2004b), financial concerns are the biggest stressor in waitering. Some waitrons report having hefty deductions taken from their tips to pay for other staff members' salaries, including managers, and money taken for potential "breakages". For decades, waiters and bar staff have had to rely on tipping by customers for most, if not all of their income, and have worked under extremely uncertain conditions with little job security. These individuals also have barely any recourse to the law, but this could be set to change. De Waal (in Bamford, 2004a, p1) a legal consultant, states that waiters are often told: 'If you don't like it, there's the door' and there is no union representing their rights. He adds that most restaurants deduct a percentage from waiters' gratuities for bar staff wages, and deduct money for "breakages", in clear contravention of the Basic Conditions of Employment Act (BCEA, South Africa, 1997, in Bamford, 2004a). De Waal says that at a popular restaurant in the Western Cape, waiters had been "paid" a commission on their sales of 2, 5% minus VAT, effective to about 1, 75%. They also had to pay R15 every shift for "breakages", regardless of whether they broke anything or not. If they did break anything, they were again charged, not even at cost. Gratuities paid by customers on credit cards had 10% deducted for bar staff and between 3% and 5% taken for bank credit card charges. Waiters also complained about paying other staff members' salaries. In addition to this, waiters were required to buy their own uniforms, which were changed at least once a year at a cost of around R300 per person (Bamford, 2004a).

The restaurant industry must be the only industry where business owners not only do not have to pay their staff, but where their waiters land up paying other staff members like the kitchen and bar staff. It happens that when waitrons do not receive a tip, which often happens with foreigners who come from countries where waiters are paid salaries, they still have to pay their percentages. The right platform must be set to enable people to become full-time professional waiters. The industry needs to start giving it a bit more respect, and it should be regarded as a full-time profession (Bamford, 2004a).

Legal consultant Sean de Waal says another common trend in the industry is to fine waiters for things like not clearing an ashtray or dropping something (Bamford, 2004b). He says restaurant owners who contravene the Basic Conditions of Employment Act (South Africa, 1997) and the Labour Relations Act (South Africa, 1995) by making illegal deductions from waiters could find themselves forced to pay back hundreds of thousands of Rands. De Waal (in Bamford, 2004b) says he believes a waiters' union is vital because no one has looked after the rights of waiters before. *The Weekend Argus* has also had a number of calls from disgruntled waiters. One woman complained to the Labour Department about illegal labour practices at a trendy Long Street café in Cape Town. These included receiving no pay slips, deducting R7 a shift for "breakages" and deduction of a percentage of tips for the bar. She said nothing had been done about her complaints for a year (Bamford, 2004b).

In March 2000, the Department of Labour issued its 2000 Programme of Action and Budget (http://www.polity.org.za/html/govdocs/pr/2000/pr0307.html). According to this document, the Department commits itself to the protection of 'vulnerable workers' and states that it would undertake extensive work on sectoral determinations detailing minimum wages and conditions for domestic and farm workers, as well as workers in the retail, hospitality, clothing and civil engineering sectors, as well as for learnerships in the hospitality industry (Bothma & Thomas, 2001). Classified under the hospitality industry are restaurants that employ waiters, often on a casual basis. Many waiters complain about the unpleasant manner in which they have to go about their tasks and how their employers treat them. Long working hours, low and unpredictable wages, and lack of stability are some of the main issues (Bothma & Thomas, 2001).

Shift work is a common phenomenon in industrial and post-industrial economies, not only in the manufacturing sector, but also in service industries such as health care, policing, and of

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course the restaurant industry. 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). 'Bad stress' is common amongst individuals who have demanding jobs such as those of shift workers. These employees have stressors such as long working hours, and multiple stressors in the form of other commitments outside their working environment. These employees soon begin to suffer from what is known as 'burnout syndrome', which is characterised by symptoms of 'fatigue, sleeplessness, headaches, repeated colds, stomach problems, alcohol or drug abuse and interpersonal problems' (Louw, Van Ede, & Louw, 1988, p.534). "Burnout syndrome is also characterised by emotional fatigue, feelings of inefficiency, helplessness and loss of control" (Louw *et al.*, 1988, p.534). Burnout is a stress-induced problem common among members of "helping" professions such as teaching, social work, human resources, nursing, and law enforcement. It does not involve a specific feeling, attitude, or physiological outcome anchored to a specific point in time. Rather, burnout is a condition that occurs over time, and is characterized by emotional exhaustion and a combination of negative attitudes (Kreitner & Kinicki, 2001). Burnout, in essence, is the overall perception that one is giving more than one is receiving – in monetary rewards, recognition, support and/or advancement (Grobler, Wärnich, Carrell, Elbert, & Hatfield, 2002).

Burnout manifests itself in many ways. Those who experience this syndrome typically find that they are tired, drained, and without enthusiasm. They talk of feeling pulled apart by their many projects, most of which seem to have lost their meaning. They feel that what they do have to offer is either not wanted or not well received. They feel unappreciated, unrecognised, and unimportant, and they go about their jobs in a mechanical and routine way. They tend not to see any concrete results from their efforts. Often they feel oppressed by "the system" and by institutional demands that they contend stifle any sense of personal initiative. A real danger is that the burnout syndrome can feed off itself, so that those affected feel more and more isolated (Corey, 2001).

Maslach and Leiter (1997) became interested in 'the opposite' of burnout, and rephrased it as erosion of *engagement* with the job, a state characterised by energy, involvement and efficacy. Schaufeli and his colleagues (Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002) define work engagement as a positive, fulfilling, work-related state of mind that is

characterised by vigour, dedication and absorption. Engagement is defined as an energetic state in which the employee is dedicated to excellent performance at work and is confident of his or her effectiveness (Schutte, Toppinen, Kalimo, & Schaufeli, 2000). Rather than a momentary and specific state, engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual or behaviour. Work engagement consists of the following dimensions:

- **Vigour** is characterised by high levels of energy and mental resilience while working, the willingness to invest effort in one's work, not being easily fatigued, and persistence even in the face of difficulties.
- **Dedication** is characterised by deriving a sense of significance from one's work, by feeling enthusiastic and proud about one's job, and by feeling inspired and challenged by it.
- **Absorption** is characterised by being totally and happily immersed in one's work and having difficulties detaching oneself from it. Time passes quickly and one forgets everything else that is around. Absorption comes close to the concept of "flow", an optimal state of experience where focussed attention, a clear mind, unison of body and mind, effortless concentration, complete control, loss of self-consciousness, time distortion and intrinsic enjoyment is experienced (Csikszentmihalyi, 1990).

The primary obligation of a barman/-lady or waitron to their employer is to make their enterprise profitable and ensure customer satisfaction. Customers may add tension to the work of waitrons by being abusive or by making unreasonable demands. Yet, in the customer service environment, customer satisfaction is very important. An age-old maxim goes that "The customer is always right". Bolsman (1992) disagrees, and states that the customer is not always right, but must never be told this! The employer has taken the risk of investing their money in hiring the waitrons, and they expect a reasonable return on that investment (Miller, Walker, & Drummond, 2002). The hypothesis is put forward that waitrons with higher levels of engagement may be more effective in performing their duties.

According to Hochschild (1979, 2003), service employees are getting paid for emotional control and expressions and are thus engaging in "emotional labour". Service industry employees are often encouraged to suppress their true feelings and detach themselves from

abuse and ill-treatment (Frenkel, Tam, Korczynski, & Shire, 1998). The discrepancy between what employees might feel towards customers and the emotions they are required to display (emotional dissonance), may prove difficult to resolve and may lead to considerable anxiety (Wharton, 1993). Customer service employees constantly regulate their emotions and emotional expressions while interacting with customers (Grandey & Brauburger, 2002). Hochschild (2003) mentions this form of work as having positive outcomes for the organisation, but requiring effort from the employee that is often overlooked. Front-line service workers expend more effort when they have feelings that are incongruent with the friendly displays required of them. Thus, identifying the situations that create this dissonance and methods of coping with these situations may help with developing training modules and reduce stress of front-line employees (Grandey & Brauburger, 2002).

Coping can be defined as the efforts made to manage situations that have been appraised as being potentially harmful or stressful (Kleinke, 1998). Coping is the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person (Kreitner & Kinicki, 2001). Two general forms of coping are identified: problem-focused coping and emotion-focused coping. Problem-focused coping strategies can be outer-directed or inner-directed. Outer-directed coping strategies are oriented towards altering the situation or the behaviours of others. Inner-directed coping strategies include efforts made to reconsider attitudes and needs, and to develop new skills and responses. Emotion-focused coping is oriented toward managing emotional distress. Emotion-focused strategies include physical exercise, meditation, expressing feelings, and seeking support (Lazarus & Folkman, 1984).

The question thus arises, 'How do you get your employees to be the best that they can be?' How does one get the best dishwasher, the best front-desk clerk, the best bartender, the best waitron, the best prep cook and the best housekeeper? Human resources skills have always been important for the hospitality industry (Tanke, 2001). Current directions in the economy and Industrial/Organizational (I/O) psychology research provide a ripe environment to study emotional regulation in customer service settings. As service orientation becomes important for almost any industry to maintain viability, recognition of the difficulties facing service representatives in maintaining the customer's positive impression needs to be recognized. I/O psychology has also begun to embrace emotions and emotional regulation as acceptable topics of study, as shown by recent conference symposia, books, and journal articles

(Grandey & Brauburger, 2002). In settings such as customer service, understanding the events that create negative emotions, and the effective ways in which to cope with these emotions, is crucial for both service performance and employee well-being (Grandey & Brauburger, 2002).

In waitering, another important factor to look at is health. Health, like illness, is a concept grounded in the experiences and concerns of everyday life. While there is not the same urgency to explain health as there is to account for serious illness, thoughts about health easily evoke reflections about the quality of physical, emotional, and social existence. Like illness, it is a category of experience that reveals tacit assumptions about individual and social reality. Talking about health is a way people give expression to our culture's notions of well-being or quality of life. 'Health' provides a means for personal and social evaluation (Crawford, 1993).

Hans Selye may have been the first to use the term eustress in his writings on human stress. Selye postulated that the stress response is non-specific – that is, both positive and negative stimuli produce an undifferentiated physiological response in the body. He described eustress as desirable and associated with positive effects of an antecedent response (Selye, 1976). A recent review of the literature stated that "positive emotional states may promote healthy perceptions, beliefs, and physical well-being itself" (Salovey, Rothman, Detweiler, & Steward, 2000). According to a holistic model of stress, eustressed workers are engaged, meaning that they are enthusiastically involved in and pleasurably occupied by the demands of the work at hand. Workers can be engaged and perceive positive benefits even when confronted with extremely demanding stressors (Nelson & Simmons, 2003).

One of the most widely studied theoretical approaches of job stress is the so-called Job-Demands-Control (JDC) model (Karasek, 1979; Karasek & Theorell, 1990). The basic tenet of the JDC model is that job control or decision latitude is a crucial resource that moderates the potential negative effects of job stress. Hence, increasing employee's control prevents the occurrence of job strain, that is, job stress will not affect employee's physical and/or mental health when sufficient levels of control exist (Rodriguez, Bravo, Peiro, & Schaufeli, 2001). The stress-buffering hypothesis assumes that when resources (i.e. social support of others, effective personal coping strategies) are effectively mobilised to counteract job stress, the negative consequences of job stress are prevented (Gore, 1985).

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In the literature there are strains on waiters that need to be studied. Based on this reasoning and in accordance with the Job-Demands-Control model, it is expected that poor individual coping, combined with high strain conditions (i.e. high demands and low control) will give rise to a decrease in mental health. This study will also consider the moderating effect of coping strategies on strain outcomes.

Although the existence of bars and restaurants are not new in South Africa, there have been relatively few studies of burnout in the hospitality industry within South Africa. Most of the existing studies focus on how to be good bartenders and waitrons, but not how to be prepared for the emotional challenges inherent to the job. From the above-mentioned background, it is evident that there is not only a business side that needs to be taken into consideration, but also the emotional side of the employees in the hospitality industry. The objective of this research is thus to investigate burnout, coping and engagement among bartenders and waitrons in the city of Potchefstroom in the North-West Province. The role that coping plays in dealing with burnout, and facilitating engagement, and its moderating relationship to waitrons' health, will also be investigated.

1.2 RESEARCH OBJECTIVES

The research objectives can be divided into a general objective and specific objectives.

1.2.1 General objectives

The general aim of this research is to critically investigate burnout, engagement, coping and health among bartenders and waitrons in Potchefstroom, North-West Province.

1.2.2 Specific objectives

The specific objectives of the research are to:

- Conceptualise burnout and engagement and possible causes thereof in bartenders and waitrons in the hospitality industry from the literature;

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- determine the relationship between burnout, coping, health and engagement of waitrons in Potchefstroom in the North-West Province;

- determine whether burnout, engagement and coping strategies can be used to predict health in the hospitality industry; and

- make recommendations for the management of waitrons' health by means of managing burnout, fostering engagement and training in coping skills.

1.3 RESEARCH METHOD

The research method consists of a literature review and empirical study.

1.3.1 Literature review

The literature review focuses on burnout, coping and engagement among bartenders and waitrons in the hospitality industry. The following sources have been consulted: EBSCO Host, Sabinet Online BookMark, SA Media, and PsychINFO.

1.3.2 Empirical study

The empirical study consists of the research design, participants, measuring battery and statistical analysis.

1.3.2.1 Research design

This study will be mostly quantitative in design. A survey design will be used. Survey techniques are often used in descriptive or explanatory research. A survey researcher asks people questions in a written questionnaire (mailed or handed to people), or during an interview, then records answers. The researcher manipulates no situation or condition; people simply answer questions. The researcher typically summarises answers to questions in percentages, tables, or graphs. Surveys give the researcher a picture of what people think or report doing (Neuman, 2000).

Each individual will be measured on all constructs by means of completing the different measuring instruments in questionnaire format. Thereafter the relationship between the different variables will be determined. This research design is appropriate, because it will be used to determine the relationship between the various constructs, without planning a specific intervention. The design can also be used to assess interrelationships among variables within a population (Kloppers, 2002).

1.3.2.2 Participants

Participants will be selected randomly from the total population of bartenders and waitrons in the city of Potchefstroom in the Northwest Province of South Africa. Random samples are most likely to yield a sample that truly represents the population (Neuman, 2000).

1.3.2.3 Measuring battery

The Maslach Burnout Inventory – Human Services Survey (MBI-HSS, Maslach & Jackson, 1986), the Utrecht Work Engagement Scale (UWES) (Schaufeli *et al.*, 2002), the Cybernetic Coping Scale (CSS, Edwards, 1988, 1992; Edwards & Cooper, 1988) and the General Health Questionnaire (GHQ, Goldberg, 1972) will be used in this research.

The Maslach Burnout Inventory – Human Services Survey (MBI-HSS) (Maslach & Jackson, 1986) will be used to determine the level of burnout in the participants. The MBI-HSS consists of 22 items phrased as statements about personal feelings and attitudes, which is self-scored on a seven-point frequency scale, ranging from 0 "never" to 6 "every day". Three sub-scales are included, namely Emotional Exhaustion (EE) (nine items; e.g. "I feel emotionally drained from my work"), Depersonalisation (Dep) (five items; e.g. "I feel I treat some recipients as if they were impersonal objects"), and Personal Accomplishment (PA) (eight items; e.g. "I have accomplished many worthwhile things in this job"). High scores on Emotional Exhaustion and Depersonalisation and low scores on Personal Accomplishment will be indicative of burnout. Rothmann and Naudé, (2003) confirmed the 3-factor structure of the MBI-HSS in a sample of 323 emergency workers in Gauteng. In terms of reliability, the MBI-HSS seems to be an internally consistent scale with Cronbach alpha coefficients in various samples constantly exceeding the criterion of 0, 70 proposed by Nunally and

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Bernstein (1994), with the exception of the Depersonalisation scale in some samples (Schaufeli, Bakker, Hoogduin, Schaap & Kladler, 2001; Schaufeli, Enzman & Girault, 1993).

Initial research on the MBI-HSS (N= 1 316) yielded reliability coefficients of 0,90 for Emotional Exhaustion, 0,79 for Depersonalisation and 0,71 for Personal Accomplishment (Maslach & Leiter, 1997). In the South African context, research evidence seems to confirm these findings. Basson and Rothman (2002) found internal consistencies of 0,67 (Depersonalisation); 0,73 (Personal Accomplishment) and 0,89 for Emotional Exhaustion in a pharmacist sample. In their sample of psychiatric nurses, Levert, Lucas and Ortlepp (2000) reported Chronbach alpha's of 0,74 (Depersonalisation); 0,75 (Personal Accomplishment) and 0,78 (Emotional Exhaustion).

The *Utrecht Work Engagement Scale (UWES)* (Schaufeli *et al.*, 2002) will be used to measure the levels of engagement. Although engagement is conceptually seen as the positive antithesis of burnout, it is operationalised in its own right. Work engagement is a concept that includes three dimensions: vigour, dedication and absorption. Engaged workers are characterised by high levels of vigour and dedication, and they are immersed in their jobs. It is an (empirical) question whether engagement and burnout are endpoints of the same continuum or that it is two distinct but related concepts. The UWES is scored on a seven-point frequency rating scale, varying from 0 'never' to 6 'always'. The alpha coefficients for the three sub-scales varied between 0,68 and 0,91. The alpha coefficients could be improved (they vary between 0,78 and 0,89 for the three sub-scales) by eliminating a few items without substantially decreasing the scales' internal consistency.

The *Cybernetic Coping Scale* (CSS) will be 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 views stress as a discrepancy between the individual's perceived state and desired state that is considered important by the individual. The impact of this discrepancy on well-being is moderated by duration, or the amount of time the person spends thinking about the discrepancy. Coping is conceptualised 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. evaluation), adjust 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). Hence, stress and coping are viewed as critical components of a negative feedback loop, in which stress damages well-being and activates coping; coping may improve well-being directly and indirectly, through the perceived and desired states comprising the discrepancy, the level of importance associated with the discrepancy, and the amount of attention directed towards the discrepancy (Edwards & Baglioni, 2000). Guppy *et al.* (2004) found that there was moderate support for the 20-item version of the CSS. However, moderate to strong support was provided for the 15-item version. Overall, item factor loadings for the 15-item version of the CCS were larger than for the 20-item version.

The *General Health Questionnaire (GHQ)* (Goldberg, 1972) is a self-administered screening instrument designed to detect current, diagnosable psychiatric disorders. The method may be used in surveys or clinical settings to identify potential cases, leaving the task of diagnosing actual disorder to a psychiatric interview. The GHQ is designed to identify two main classes of problem: "inability to carry out one's normal 'healthy' functions, and the appearance of new phenomena of a distressing nature". It focuses on breaks in normal functioning rather than on lifelong traits; therefore it only covers personality disorders or patterns of adjustment where these are associated with distress. The main version of the GHQ contains 60 items. However, there are shorter versions for use. These include 30-, 20-, and 12-item abbreviations, and the GHQ-28 or "Scaled GHQ" that contains four scales derived from factor analyses. The 30-, 20-, and 12-item versions are balanced in terms of "agreement sets" – that is, in each version half of the questions are worded to indicate illness if answered "yes", and half indicate illness if answered "no" (McDowell & Newell, 1996). Split-half reliability for the GHQ-12 was 0,83 (Goldberg, 1972). Internal consistency estimates include split-half figures of 0,83 for the GHQ-12. Alpha coefficients for the GHQ-12 ranged from 0,82 to 0,90 in four studies (Vieweg & Hedlund, 1983).

Information will also be collected by means of a *biographical questionnaire.* Informal, exploratory interviews and discussions will be held with managers and waitrons, and a concept questionnaire will be drawn up. This will be tested, codified and finalised. The questionnaire will be divided into three sections. The first section will deal with age, qualifications, previous experience and present status as a waiter (part-time or full-time). This section will be included to describe the general profile of waiters and to ascertain how many wait on tables as an occupation, not merely as a side-line for extra income. The second

section will concern working conditions, such as working hours, rest periods, deductions, particulars and termination of employment. The last section will deal with remuneration, which consists of three parts in the restaurant industry, namely commission on sales, gratuities or tips by customers, and payment in kind (Bothma & Thomas, 2001).

1.3.2.4 Statistical analysis

The statistical analysis will be carried out with the help of the SPSS programme (SPSS, 2005). Cronbach alpha coefficients will be used to assess the reliability and validity of the measuring instruments (Clark & Watson, 1995). Descriptive statistics (e.g. means, standard deviations, range, skewness and kurtosis) and inferential statistics will be used to analyse the data.

The main and interactive effects of coping will be tested by using hierarchical multiple regression analysis. Demographic characteristics will be controlled for in the first step. Job burnout, engagement and coping variables will be entered in the second step. Interaction terms of job burnout with each of the coping variables will be entered in the third step to test for the hypothesised moderating effect of coping on the relation between burnout and health-related behaviours. Following the procedures described by Aiken and West (1991), the predictor variables will be centred, i.e. the means of these variables will be set to zero while the standard deviation are kept intact.

1.4 RESEARCH PROCEDURE

The measuring battery will be compiled. A letter requesting participation and motivating the research will be included. Ethical aspects regarding the research will be discussed with the participants. The test battery will be administered in small groups at the different work places on suitable dates.

1.5 DIVISION OF CHAPTERS

Chapter 1: Research proposal

Chapter2: Research article

Chapter3: Conclusion, limitations and recommendations

1.6 CHAPTER SUMMARY

In this chapter, the problem statement and justification of the present study was set out. The general and specific objections were formulated, and the research method was discussed. A prospective chapter division was also indicated.

Chapter 2 contains the research article.

REFERENCES

Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.

Anon. (2005, July 12). Waitrons the face of leisure industry. *Citizen*, p. 2.

Bamford, H. (2004a, October 23). Waiters win major battle in quest for better treatment. *Saturday Weekend Argus*, p. 1.

Bamford, H. (2004b, November 6). Waiters form union to put an end to 'abuse'. *Saturday Weekend Argus*, p. 7.

Basson, M., & Rothmann, S. (2002, March). *Sense of coherence, coping and burnout of pharmacists*. Poster presented at the 1st South African Burnout Conference, Potchefstroom, South Africa.

Bolsman, E. (1992). *Bartending in South Africa*. Pretoria: Be My Guest Publishers.

Bothma, L. J., & Thomas, K. (2001, June). The enforcement of the BCEA and waiters: Will they gain or lose? *South African Journal of Economic and Management Sciences, 4*(2), 263-273.

Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment, 7*, 309-319.

Corey, G. (2001). *Theory and practice of counselling and psychotherapy* (6th ed.). Wadsworth: Brooks/Cole.

Crawford, R. (1993). A cultural account of 'health': Control, release, and the social body. In A. Beattie, M. Gott, L. Jones, & M. Sidell, *Health and wellbeing: A reader* (pp. 133 – 143). London: MacMillan Press.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper.

Edwards, J. R. (1988). The determinants and consequences of coping with stress. In C. L. Cooper, & R. Payne (Eds.), *Causes, coping, and consequences of stress at work* (pp. 233-263). New York: Wiley.

Edwards, J. R. (1992). A cybernetic theory of stress, coping, and well-being in organizations. *Academy of Management Review, 17*, 238-274.

Edwards, J. R., & Cooper, C. L. (1988). The impacts of positive psychological states on physical health: A review and theoretical framework. *Social Science and Medicine, 27*, 1447-1459.

Edwards, J. R., & Baglioni, A. J., Jr. (2000). Empirical versus theoretical approaches to the measurement of coping: A comparison using the Ways of Coping questionnaire and the Cybernetic Coping scale. In P. Dewe, M. Leiter, & T. Cox, (Eds.), *Coping, health and organizations* (pp. 29-50). London: Taylor and Francis.

Frenkel, S., Tam, M., Korczynski, M., & Shire, K. (1998). Beyond bureaucracy? Work organization in call centres. *International Journal of Human Resource Management, 9,* 957-979.

Goldberg, D. (1972). *The detection of psychiatric illness by questionnaire.* London: Oxford University Press.

Gore, S. (1985). Social support and styles of coping with stress. In S. Cohen, & S. L. Syme (Eds.), *Social support and health* (pp. 263-278). Orlando, FL: Academic Press.

Grandey, A. A., & Brauburger, A. L. (2002). The emotion regulation behind the customer service smile. In R. G. Lord, R. J. Klimoski, & R. Kanfer. (Eds.), *Emotions in the workplace* (pp. 260-294). New York: Jossey-Bass.

Grobler, P. A., Wärnich, S., Carrell, M. R., Elbert, N. F., & Hatfield, R. D. (2002). *Human resource management in South Africa* (2nd ed.). London: Thomson.

Guppy, A., Edwards, J. A., Brough, P., Peters-Bean, K. M., Sale, C., & Short, E. (2004). The psychometric properties of the short version of the Cybernetic Coping Scale: A multigroup confirmatory factor analysis across four samples. *Journal of Occupational and Organizational Psychology, 77,* 39-62.

Hochschild, A. R. (1979). Emotion work, feeling rules, and social structure. *American Journal of Sociology, 85,* 551-575.

Hochschild, A. R. (2003). *The managed heart: Commercialization of human feeling.* Berkerley, CA: University of California Press.

Karasek, R. A. (1979). Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24,* 285-308.

Karasek, R. A., & Theorell, T. (1990). *Healthy work: Stress, productivity and the reconstruction of working life.* New York: Basic Books.

Kleinke, C. L. (1998). *Coping with life challenges* (2nd ed.). San Francisco, CA: Brooks/Cole.

Kloppers, L. (2002). *The relationship between coping and burnout of academic managerial personnel.* Unpublished master's dissertation, Potchefstroom University for Christian Higher Education, Potchefstroom.

Kreitner, R., & Kinicki, A. (2001). *Organizational behavior* (5th ed.). New York: McGraw-Hill.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.

Levert, T., Lucas, M., & Ortlepp, K. (2000). Burnout in psychiatric nurses: Contributions of the work environment and a sense of coherence. *South African Journal of Psychology, 30*, 36-43.

Louw, D. A., van Ede, D. M., & Louw, A. E. (1998). *Human development*. (2nd ed). Pretoria, South Africa: Kagiso Publishers.

Maslach, C., & Jackson, S. E. (1986). *The Maslach Burnout Inventory*. (2nd ed). Palo Alto, CA: Consulting Psychologist Press.

Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco, CA: Van Nostrand.

McDowell, I., & Newell, C. (1996). *Measuring health: A guide to rating scales and questionnaires*. New York: Oxford University Press.

Miller, J. E., Walker, J. R., & Drummond, K. E. (2002). *Supervision in the hospitality industry* (4th ed.). New York: Wiley.

Naidoo, S. (2004, January 19). Waiters blamed for poor service, falling tourism. *Business Day*, p. 2.

Nare, S. (2005, April 12). Disgraceful wages. *Sowetan*, p. 3.

Nelson, D. L., & Simmons, B. L. (2003). Health psychology and work stress: A more positive approach. In J. C. Quick, & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* (pp. 97-119). Washington, DC: United Book Press.

Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative approaches* (4th ed.). London: Allyn and Bacon.

Nunally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.

Peters, M. (2004, June 5). Poor service leaves a bad taste in patrons' mouths. *Saturday Weekend Argus*, p. 21.

Rodriguez, I., Bravo, M. J., Peiro, J. M., & Schaufeli, W. B. (2001). The Demands-Control-Support model, locus of control and job dissatisfaction: A longitudinal study. *Work and Stress, 15*, 97-114.

Rothmann, S., & Naudé, J. L. P. (2003, June 28). *The validation of the Maslach Burnout Inventory – Human Services Survey for emergency workers in Gauteng*. Paper presented at the 6th Annual Conference of the Society for Industrial/Organisational Psychology, Johannesburg.

Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. T. (2000). Emotional states and physical health. *American Psychologist, 55,* 110-121.

Sardiwalla, N. (2003). Balanced lifestyle and work-related stress among shift workers. *Unisa Psychologia,* 29, 81-88.

Schaufeli, W. B., Bakker, A. B., Hoogduin, K., Schaap, C., & Kladler, A. (2001). On the clinical validity of the Maslach Burnout Inventory and the burnout measure. *Psychology and Health, 16,* 565-582.

Schaufeli, W. B., Enzmann, D., & Girault, N. (1993). Measurement of burnout: A review. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 199-215). Washington, DC: Taylor and Francis.

Schaufeli, W. B., Salanova, M., Gonzalez-Roma, V., & Bakker, A. B. (2002). The measure of engagement and burnout: A confirmative analytic approach. *Journal of Happiness Studies, 3,* 71-92.

Schutte, N., Toppinen, S., Kalimo, R., & Schaufeli, W. B. (2000, March). The factorial validity of the Maslach Burnout Inventory-General Survey (MBI-GS) across occupational groups and nations. *Journal of Occupational and Organizational Psychology, 73,* 53-66.

Selye, H. (1976). *Stress in health and disease.* Boston, MA: Butterworths.

SPSS. (2005). *SPSS 14.0* Chicago, IL: SPSS Incorporated.

South Africa. (1995). *Labour Relations Act, number 66 of 1995.* Pretoria: Government Printers.

South Africa. (1997). *Basic Conditions of Employment Act, number 75 of 1997.* Pretoria: Government Printers.

Tanke, M. L. (2001). *Human resources management for the hospitality industry.* Albany, NY: Delmar Thomson.

Vieweg, B. W., & Hedlund, J. L. (1983). The General Health Questionnaire (GHQ): A comprehensive review. *Journal of Operational Psychology, 14,* 74-85.

Wharton, A. S. (1993). The affective consequences of service work. *Work and Occupations, 20,* 205-232.

CHAPTER 2

RESEARCH ARTICLE

BURNOUT, COPING AND ENGAGEMENT IN THE HOSPITALITY INDUSTRY

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ABSTRACT

The aim of this study was to determine the relationships between burnout, coping and engagement in the hospitality industry. A random sample using a survey design was used. The sample consisted of 150 bar attendants and waitrons in restaurants and coffeeshops in Potchefstroom in the Northwest Province. The Maslach Burnout Inventory – Human Services Survey, the Utrecht Work Engagement Scale, Cybernetic Coping Scale and General Health Questionnaire were administered. The results show that burnout, work engagement and coping contribute to waitrons' general health.

OPSOMMING

Die doel van hierdie studie was om die verband tussen uitbranding, coping-strategieë en begeestering in die gasvryheidsindustrie te bepaal. 'n Ewekansige steekproef deur middel van 'n opname-ontwerp is gebruik. Die steekproef het uit 150 kroegpersoneel en kelners bestaan in restourante en koffiewinkels in Potchefstroom in die Noordwes Provinsie. Die Maslach Uitbrandingsvraelys – Mensedienste-opname die Utrecht Werkbegeestering-skaal, "Cybernetic Coping"-skaal en Algemene Gesondheidsvraelys is toegepas. Die resultate het getoon dat uitbranding , werkbegeestering en coping tot die algemene gesondheid van restourantpersoneel bydra.

In order to restructure the South African labour market, Government has passed several laws. One of these, the Basic Conditions of Employment Act (BCEA, South Africa, 1997), specifies certain new working conditions. Domestic workers, as well as farm labourers that are usually low-wage and often part-time workers, have enjoyed very little protection in the past. They are explicitly mentioned in the BCEA, but are not the only vulnerable workers in the South African labour market - included are the hospitality industry. Classified under the hospitality industry are restaurants, which employ waiters, often on a casual basis. The hospitality industry plays an integral role in South Africa and in our tourism in particular (Naidoo, 2004). Identifying and addressing workforce problems of waitrons 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).

According to the Restaurants Association of South Africa (RASA), service in South African restaurants is not on the same standard as other competitor tourism destinations and is dragging down the quality of customer service in the country in general (Naidoo, 2004). Service is very dependent on human beings as the agents of service delivery; agents that are prone to inconsistency and changes over time. When trying to solve service quality problems, businesses are dealing with something far more complex than a relatively simple machine or automated production line. They are dealing with the complexities of the human brain in the form of staff attitude and behaviour, as well as the complexities of consumer perception. A significant phenomenon of the modern age is the relationship that people have with their work and the difficulties that could arise when that relationship goes wrong (Maslach, Schaufeli, & Leiter, 2001).

Many waiters complain about the unpleasant manner in which they have to go about their tasks and how their employers treat them. Long working hours, low and unpredictable wages and lack of stability, are some of the main issues (Bothma & Thomas, 2001). Waitrons themselves are often also confronted with extremely stressful and demanding situations to deal with, like putting on a smile while dealing with a demanding and insulting customer. This, according to Hochshild (2003), is where emotional labour comes in. Emotional labour is defined as the management of feelings to create a publicly observable and acceptable facial and bodily display; emotional labour is sold for a wage and therefore has exchange value. 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).

Burnout is a multi-dimensional phenomenon that includes emotional, physical and cognitive exhaustion (Pines & Aronson, 1981; Maslach & Jackson, 1984; Hock, 1988), depersonalisation, and a lack of personal accomplishment (Maslach, 1982; Hock, 1988; Sarros, 1988). If left unchecked and unmanaged, burnout undermines the productivity, quality, and creativity of employees' work, in addition to their health, well-being and morale. Burnout results in substantial costs to organisations and the community through health-care expenses, compensation payments, absenteeism, lost productivity and turnover (Gillespie, Walsh, Winefield, Dua, & Stough, 2001; Turnipseed, 1994). The impact of burnout, specifically within the hospitality industry, is less well understood than its well-documented effects in the general workforce. Burnout in the service industry, where people have to constantly work with other people, has been shown to be a problem (Hochschild, 2003).

Burnout has been defined as "a persistent, negative, work-related state of mind in 'normal' individuals that is primarily characterised by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviour at work" (Schaufeli & Enzman, 1998). Maslach and colleagues (Maslach, 1982, 1993; Maslach, Jackson, & Leiter, 1996; Maslach, Schaufeli, & Leiter, 2001), describe burnout as a syndrome consisting of three dimensions, namely feelings of emotional exhaustion, depersonalisation and reduced personal accomplishment. Emotional exhaustion describes a reduction in the emotional resources of an individual. The interpersonal context dimension is represented by *depersonalisation*, which entails negative, callous and cynical attitudes or excessively detached responses towards the recipients of service and care, reducing the recipient to an impersonal object. Experiencing a lack of *professional accomplishment* refers to a feeling of being unable to meet clients' needs and the inability to meet essential elements of job performance (Malan, 2005).

Work environments associated with low levels of general burnout are those, in which workers are strongly committed to their work, and co-worker relationships are encouraged and supportive (Golembiewski & Munzenrider, 1988; Levert, Lucas, & Ortlepp, 2000), supervisory relationships are supportive (Leiter, 1993; Maslach et al., 2001; Schaufeli & Buunk, 1996; Turnipseed, 1994) and autonomy is fostered (Leiter, 1993; Schaufeli & Buunk,

1996; Turnipseed, 1994). Work-related aspects associated with higher levels of burnout are those in which job expectations are vague or ambiguous (Levert et al., 2000; Maslach et al., 2001), support, feedback and encouragement of new ideas and procedures is low (Maslach, et al., 2001), role conflict is high (Barber & Iwai, 1996) and work load is heavy (Leiter, 1993; Levert et al., 2000). There have been no published studies of burnout in the hospitality industry in South Africa, nor any study specifically focusing on waitrons, who typically experience heavy workload, health expenses, no compensation payments, burnout and a lack in coping strategies and resources. This study therefore set out to investigate this phenomenon.

In a major review of organisational stress theories, Edwards (1992) has identified five major inconsistencies. First, theories were inconsistent in their focus on preferences and abilities. They were also inconsistent in their inclusion of ill-health symptoms and the relationship between stress and well-being. Theories also varied in the focus of coping towards the environment or the person and were inconsistent in the adoption of feedback links. Thus, Edwards (1992) described the cybernetic theory of stress as a means of dealing with the above inconsistencies. For example, it emphasises that stress involves the comparison of perceptions and desires, includes both well-being and coping as outcomes of stress, suggests that stress could activate coping directly, indicates that coping could affect both the environment and the person, and incorporates a hierarchy of multiple inter-related feedback loops. Coping can act within the model in five particular ways: i) directly on well-being to reduce symptoms, ii) by altering personal characteristics, iii) through cognitive reconstruction or reinterpretation of information, iv) by devaluing the importance of discrepancies between desires and perceptions, and v) by diverting attention away from discrepancies thus reducing their impact on well-being. The above coping paths can be seen as providing the theoretical basis for the dimensions of symptom reduction, changing the situation, accommodation, devaluation and avoidance, respectively (Edwards, 1992).

Edwards' cybernetic theory of stress, coping and well-being (Edwards, 1988, 1992; Edwards & Cooper, 1988) views stress as a discrepancy between the individual's perceived state and desired state that is considered important by the individual. The impact of this discrepancy on well-being is moderated by duration, or the amount of time the person spends thinking about the discrepancy. Coping is conceptualised as attempts to reduce or eliminate the negative effects of stress on well-being. Coping is the process of managing demands (external or

internal) that are appraised as taxing or exceeding the resources of the person (Kreitner & Kinicki, 2001). Coping can be defined as the efforts made to manage situations that have been appraised as being potentially harmful or stressful (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 and coping are viewed as critical components of a negative feedback loop, in which stress damages well-being and activates coping; coping may improve well-being directly and indirectly, through the perceived and desired states comprising the discrepancy, the level of importance associated with the discrepancy, and the amount of attention directed towards the discrepancy (Edwards & Baglioni, 2000).

Engagement is identified as a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption. It is furthermore not a momentary and specific state, but a more persistent and pervasive affective-cognitive state, which is not focused on a particular object, event, individual or behaviour (Schaufeli, Martinez, Pinto, Salanova, & Bakker, 2002). Contrary to those who suffer from burnout, engaged employees have a sense of energetic and effective connection with their work activities and they see themselves as able to deal well with the demands of their job. Burnout and work engagement are two distinct concepts that should be assessed independently (Schaufeli & Bakker, 2001). Engagement can also be distinguished, but not divorced from burnout in terms of its structure and operationalisation. Engagement is theoretically viewed as the opposite end of the continuum from burnout, but cannot be measured effectively by the Maslach Burnout Inventory (MBI) and should be measured by its own instrument, the Utrecht Work Engagement Scale (UWES) (Schaufeli, Salanova, González-Romá, Bakker, De Jonge, 2002). Schaufeli, Salanova et al. (2002) developed the UWES and found acceptable reliability and validity for the scale in a study conducted in Spain.

Burnout, coping and engagement

Herbert Freudenberger (1974) introduced the term "burnout" in the mid-1970s. He used it to describe the symptoms of emotional depletion and a loss of motivation and commitment amongst volunteers with whom he was working in an alternative care setting (Maslach & Schaufeli, 1993). Burnout and work engagement are indicators of the wellness of employees

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within organisations. Therefore, they could be combined in a model of well-being at work (Schaufeli, 2003; Schaufeli & Bakker, 2004) that distinguishes between two dimensions, namely identification with work (varying from cynicism to dedication) and mobilisation of energy (varying from exhaustion to vigour). This model makes it possible to distinguish between work engagement and burnout. In a heterogeneous group of Dutch employees who scored high on the Utrecht Work Engagement Scale (UWES), structured qualitative interviews indicated that engaged employees are active agents, who take initiative at work and generate their own positive feedback (Schaufeli, Taris, et al., 2001). The values of the employees also seem to match those of the organisation, and employees seem to be engaged in other activities outside their work.

According to Alsoofi, Al-Heeti and Alwashli (2000), burnout and coping strategies seem to be significantly related. Withdrawal of coping strategies, alternatively referred to as ineffective coping in the literature, is associated with higher levels of burnout (Rowe, 1997; Van Dick & Wagner, 2001). Non-coping is defined by Callan (1993) as failed efforts to cope, which result in higher stress due to various physical and psychosocial disturbances that accompany these effects. Non-coping also results in higher levels of depression and anxiety (Carver, Scheier, Weintraub, 1989). A passive, defensive way of dealing with stressful events furthermore contributes to the development of burnout in individuals (Maslach et al., 2001).

Research evidence consistently links occupational stress with physical and psychological ill-health. Heart disease, ulcers, some forms of cancer, allergies, migraine, back problems, depression, and an increased frequency of minor ailments, such as colds and flu, have been associated with stress and burnout (Ho, 1997; Ryff & Singer, 1998; Sethi & Schuler, 1990). According to Maslach et al. (2001), perceived stressors lead to emotional reactions, which, in turn, lead to ill-health. Barkhuizen, Rothmann and Tytherleigh (2004) reported that the exhaustion component of burnout was related to health problems.

While burnout may contribute to ill-health, engagement, its theoretical opposite, may be hypothesised to lead to health or well-being. Also, coping may play a major role in the pathway from burnout and engagement to health. Teaching individuals with limited coping skills to alter the way in which they address problems has been demonstrated to be an important deterrent of burnout (Rowe, 1997). A passive, defensive way of dealing with stressful events contributes to the development of burnout in individuals, whereas a lower

level of burnout is experienced by those who use confronting coping strategies (Schaufeli & Enzmann, 1998). The objective of this research was thus to establish the relationship between burnout and engagement on the one hand, and health on the other among waitrons in the hospitality industry in the city of Potchefstroom in the North-West Province. Additionally, the possible moderating role that individual coping strategies play in the relation of burnout and engagement to health was also investigated.

METHOD

Research design

A survey design was used to reach the research objectives. The specific design was a purposive random sample, where a sample is drawn from a specific population, at a specific time (in this case, waitrons and bartenders from the city of Potchefstroom, in the North-West Province). The reason why a random sample was used is because it gives each unit in the population an equal chance of being included in the sample. The advantage of using random sampling is that it will very likely result in a sample that is representative of the population (Du Plooy, 1997).

Participants

The study population consisted of waitrons and bar attendants at sixteen (16) restaurants and coffee shops in Potchefstroom, Northwest Province (n=150). Descriptive information of the sample of employees is given in Table 1.

Table 1

Characteristics of the Waitrons and Bar Attendants in the Sample (n=150)

Item	Category	Frequency	Percentage*
Gender	Male	71	47,3
	Female	79	52,7
Household	Single (Living alone)	87	58
	Married or living with a partner	23	15,3
	Living with parents	39	26
	Divorced or separated	1	0,7
Educational qualification	Grade 10 (Standard 8)	5	2,3
	Grade 11 (Standard 9)	10	6,7
	Grade 12 (Standard 10)	89	59,3
	Technical College diploma	12	8,0
	Technicon Diploma	3	2,0
	University Degree	26	17,3
	Postgraduate (Honours, Masters or Doctorate)	5	3,3
Language	Afrikaans	117	78,0
	English	17	11,3
	Sesotho	1	0,7
	Setswana	12	8,0
	isiZulu	3	2,0
Employment Status	Waiter	128	85,3
	Bartender	22	14,7
Employment	Full-time	63	42,0
	Part-time	87	58,0
Pay Breakages	Yes	91	60,7
	No	59	39,3
Breakages amount	R0	58	38,7
	R1	3	2,0
	R2	8	5,3
	R3	13	8,7
	R5	22	14,7
	R7	4	2,7
	R10	24	16,0
Commission	Yes	97	64,7
	No	53	35,3

* Where percentages do not equal 100, this is due to missing values

The sample consisted of mostly female (52,7%) participants and most have at least completed high school (59,3%). While 17,3% are in possession of a university degree and 3,3% have a postgraduate degree (Honours, Masters or Doctorate), 68,3% of the sample have only a high

school qualification (Grades 10-12). Most of the participants (78%) were Afrikaans-speaking, while 11,3% were English-speaking and 8% were Setswana-speaking.

Most participants (58,0%) are part-time, while 42,0% are full-time. Being a full-time waitron refers to workers that are full-time employees, with a contract. Part-time waitrons refer to workers that work as casuals with no contract, for an extra income. Most of the restaurants in this research have either no full-time positions, or one or two full-time waiters and one full-time bartender. A total of 60,7% of participants were paying breakages and the highest amount paid for breakages was R10 per person (16%). The majority of the participants receive commission on their sales (64,7%), but 35,3% do not receive any commission on sales.

A large number of participants (58%) are single (living alone), while 26% are living with parents. Table 1 shows that 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 old, with the youngest person being 17 and the eldest 36.

Measuring instruments

The Maslach Burnout Inventory – Human Services Survey (MBI-HSS, Maslach & Jackson, 1986), the Utrecht Work Engagement Scale (UWES) (Schaufeli et al., 2002), the Cybernetic coping scale (CSS, Edwards, 1988, 1992; Edwards & Cooper, 1988) and the General Health Questionnaire (GHQ, Goldberg, 1972) will be used in this research.

The Maslach Burnout Inventory – Human Services Survey (MBI-HSS) (Maslach & Jackson, 1986) was used to determine the level of burnout in the participants. The MBI-HSS consists of 22 items phrased as statements about personal feelings and attitudes, which is self-scored on a seven-point frequency scale, ranging from 0 "never" to 6 "every day". Three sub-scales are included, namely Emotional Exhaustion (EE) (nine items; e.g. "I feel emotionally drained from my work"), Depersonalisation (Dep) (five items; e.g. "I feel I treat some recipients as if they were impersonal objects"), and Personal Accomplishment (PA) (eight items; e.g. "I have accomplished many worthwhile things in this job"). High scores on Emotional Exhaustion and Depersonalisation and low scores on Personal Accomplishment will be indicative of

burnout. Rothmann and Naudé, (2003) confirmed the 3-factor structure of the MBI-HSS in a sample of 323 emergency workers in Gauteng. In terms of reliability, the MBI-HSS seems to be an internally consistent scale with Cronbach alpha coefficients in various samples constantly exceeding the proposed criterion of 0,70 proposed by Nunally and Bernstein (1994), with the exception of the depersonalisation scale in some samples (Schaufeli, Bakker, Hoogduin, Schaap, & Kladler, 2001; Schaufeli, Enzman, & Girault, 1993). In the South African context, research evidence seems to confirm these findings. Basson and Rothman (2002) found internal consistencies of 0,67 (Depersonalisation); 0,73 (Personal Accomplishment) and 0,89 for Emotional Exhaustion in a pharmacist sample. In their sample of psychiatric nurses, Levert, et al.,(2000) reported Chronbach alpha coefficients of 0,74 (Depersonalisation); 0,75 (Personal Accomplishment) and 0,78 (Emotional Exhaustion).

The *Utrecht Work Engagement Scale (UWES)* (Schaufeli et al., 2002) was used to measure the levels of engagement. Although engagement is conceptually seen as the positive antithesis of burnout, it is operationalised in its own right. Work engagement is a concept that includes three dimensions: vigour, dedication and absorption. Engaged workers are characterised by high levels of vigour and dedication and are immersed in their jobs. It is an (empirical) question whether engagement and burnout are endpoints of the same continuum or is two distinct but related concepts. The UWES is scored on a 7-point frequency rating scale, varying from 0 'never' to 6 'always'. The alpha coefficients for the three sub-scales varied between 0, 68 and 0, 91. The alpha coefficients could be improved (they vary between 0,78 and 0,89 for the three sub-scales) by eliminating a few items without substantially decreasing the scales' internal consistency.

The *Cybernetic Coping Scale* (CSS) 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 views stress as a discrepancy between the individual's perceived state and desired state that is considered important by the individual. The impact of this discrepancy on well-being is moderated by duration, or the amount of time the person spends thinking about the discrepancy. Coping is conceptualised 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. evaluation), adjust 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). Hence, stress and coping are viewed as critical components of a negative feedback loop, in which stress damages well-being and activates coping; coping may improve well-being directly and indirectly, through the perceived and desired states comprising the discrepancy, the level of importance associated with the discrepancy, and the amount of attention directed towards the discrepancy (Edwards & Baglioni, 2000). Guppy et al. (2004) found that there was moderate support for the 20-item version of the CSS. However, moderate to strong support was provided for the 15-item version. Overall, item factor loadings for the 15-item version of the CCS were larger than for the 20-item version.

The *General Health Questionnaire (GHQ)* (Goldberg, 1972) is a self-administered screening instrument designed to detect current, diagnosable psychiatric disorders. The method may be used in surveys or clinical settings to identify potential cases, leaving the task of diagnosing actual disorder to a psychiatric interview. The main version of the GHQ contains 60 items. However, there are shorter versions for use. These include 30-, 20-, and 12-item abbreviations, and the GHQ-28 or "Scaled GHQ" that contains four scales derived from factor analyses. The 30-, 20-, and 12-item versions are balanced in terms of "agreement sets", that is, in each version half of the questions are worded to indicate illness if answered "yes", and half indicate illness if answered "no" (McDowell & Newell, 1996). Split-half reliability for the GHQ-12 was 0, 83 (Goldberg, 1972). Alpha coefficients for the GHQ-12 ranged from 0,82 to 0,90 in four studies (Vieweg & Hedlund, 1983).

Statistical analysis

The statistical analysis was carried out with the help of the SPSS-programme (SPSS, 2005). Cronbach alpha coefficients were used to assess the reliability and validity of the measuring instruments (Clark & Watson, 1995). Descriptive statistics (e.g. means, standard deviations, range, skewness and kurtosis) and inferential statistics were used to analyse the data.

The main and interactive effects tested by 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 hand. Following the procedures described by Aiken and West (1991), the predictor variables were centred, i.e. the means of these variables were set to zero while the standard deviations were kept intact.

Since burnout and engagement should be considered as separate factors (Schaufeli, Salanova, et al., 2002), separate regression analyses were carried out for these 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.

RESULTS

In this section, the results of the empirical investigation are discussed. Descriptive statistics for the different variables are given in Table 2 below.

Table 2

Descriptive Statistics and Alpha Coefficients of the Measuring Instruments

	Mean	SD	Skewness	Kurtosis	α
Maslach Burnout Inventory					
Emotional Exhaustion	2,78	1,61	0,05	-1,02*	0,89
Depersonalisation	2,58	1,17	0,25	-0,71	0,58
Personal Accomplishment	4,93	0,82	-0,80	0,05	0,71
Utrecht Work Engagement Scale					
Vigour	4,15	1,18	-0,52	-0,31	0,74
Dedication	4,03	1,30	-0,35	-0,84	0,79
Absorption	3,50	1,16	0,11	-0,64	0,55
Cybernetic Coping Scale					
Devaluation	2,80	0,98	0,09	-0,65	0,66
Avoidance	2,62	1,16	0,33	-0,85	0,76
Symptom Reduction	3,88	0,80	-0,44	-0,26	0,52
Change the situation	3,47	0,96	-0,28	-0,28	0,67
Accommodation	3,52	0,89	-0,59	0,11	0,59
General Health Questionnaire	2,56	0,29	0,00	-0,12	0,76

* High kurtosis

Table 2 indicates that the scores on all the factors, except for emotional exhaustion, are normally distributed, as indicated by a normal distribution in terms of skewness and kurtosis.

The Cronbach alpha coefficients of depersonalisation, absorption, devaluation, symptom reduction, change the situation and accommodation are considered somewhat low, compared to the guideline of $\alpha \geq 0,70$ (Nunnally & Bernstein, 1994). Interpretation of these factors may need to be done with caution.

Table 3 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.

Table 3

Correlation Coefficients between Burnout, Coping, Engagement and Health variables

Item	1	2	3	4	5	6	7	8	9	10	11
1. Absorption	-										
2. Dedication	0,69++	-									
3. Vigour	0,66++	0,79++	-								
4. Personal Accomplishment	0,42+	0,67++	0,56++	-							
5. Depersonalisation	-0,23*	-0,38*	-0,39+	-0,24*	-						
6. Symptom Reduction	0,02	0,03	-0,02	0,18*	0,08	-					
7. Devaluation	0,08	-0,04	-0,04	-0,10	0,16	0,37+	-				
8. Accommodation	0,20*	0,26*	0,13	0,32+	-0,09	0,27*	0,16*	-			
9. Change the situation	-0,02	-0,05	-0,09	0,14	0,20*	0,12	0,14	0,19*	-		
10. Avoidance	-0,10	-0,15	-0,13	-0,12	0,17+	0,44+	0,55++	0,26*	0,24*	-	
11. General Health	0,12	0,15	0,02	0,39+	-0,04	0,31+	0,02	0,19*	0,20.	-0,05	-
12. Emotional Exhaustion	-0,35+	-0,49+	-0,56++	-0,25*	0,63++	0,07	0,05	-0,06	0,22*	0,19*	0,10

*p≤0.05 – statistically significant
+r>0.30 – practically significant (Medium effect)
++r>0.50 – practically significant (Large effect)

Inspection of Table 3 indicates that absorption correlates positively with dedication and vigour (practically significant, large effect), Personal accomplishment (practically significant, medium effect), and negatively with emotional exhaustion (practically significant, medium effect). Absorption also correlates statistically significantly with depersonalisation (negative) and accommodation (positive). Dedication correlates positively with vigour and personal accomplishment (statistically significant, large effect), and negatively with emotional exhaustion (practically significant, medium effect). Dedication also correlates statistically significantly with depersonalisation (negative, practically significant, medium effect) and

accommodation (positive). Vigour correlates positively with personal accomplishment (practically significant, large effect) and negatively with emotional exhaustion (practically significant, large effect) and depersonalisation (practically significant, medium effect).

Personal accomplishment correlates positively with accommodation and general health (practically significant, medium effect), symptom reduction (statistically significant), and negatively with depersonalisation and emotional exhaustion (statistically significant). Depersonalisation correlates positively with emotional exhaustion (practically significant, large effect), changing the situation and avoidance (statistically significant). Symptom reduction correlates positively with devaluation, avoidance and general health (practically significant, medium effect) and accommodation (statistically significant). Devaluation correlates positively with avoidance (practically significant, large effect) and accommodation (statistically significant). Accommodation correlates statistically significantly and positively with changing the situation, avoidance and general health. Changing the situation correlates statistically significantly and positively with avoidance, general health and emotional exhaustion. Avoidance correlates statistically significantly with emotional exhaustion.

Table 4 gives the results of the multiple regression with general health as the dependent variable, and burnout and coping as the independent variables.

Table 4

Multiple Regression Analyses with General Health, Burnout and Coping

Model	Unstandar-dized Coefficients		Standar-dized Coef-ficients	t	p	F	R	R^2	ΔR^2
	B	SE	Beta						
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*				
Changing 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*				
Changing 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 x Changing the situation	-0,01	0,02	-0,07	-0,58	0,56				
Emotional exhaustion x Accommodation	-0,00	0,02	-0,02	-0,14	0,89				
Emotional exhaustion x Devaluation	0,02	0,02	0,12	0,86	0,39				
Emotional exhaustion x Symptom reduction	0,07	0,03	0,35	2,55	0,01*				
Emotional Exhaustion x Avoidance	0,00	0,02	0,01	0,10	0,92				
Depersonalisation x Changing the situation	0,00	0,03	0,00	0,01	1,00				
Depersonalisation x Accommodation	0,03	0,03	0,09	0,79	0,43				
Depersonalisation x Devaluation	-0,02	0,04	-0,09	-0,63	0,53				
Depersonalisation x Symptom reduction	-0,06	0,04	-0,22	-1,58	0,12				
Depersonalisation x avoidance	0,00	0,03	0,01	0,08	0,94				

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Table 4 continued

Multiple Regression Analyses with General Health, Burnout and Coping

Model	Unstandardized Coefficients		Standar- dized Coef- ficients	t	p	F	R	R^2	ΔR^2
	B	SE	Beta						
Personal Accomplishment x Changingthe situation	-0,05	0,04	-0,12	-1,24	0,22				
Personal Accomplishment x Accommodation	0,07	0,03	0,18	2,17	0,03*				
Personal Accomplishment x devaluation	0,01	0,04	0,02	0,13	0,90				
Personal accomplishment x Symptom reduction	-0,02	0,04	-0,05	-0,54	0,59				
Personal accomplishment x Avoidance	0,02	0,04	0,07	0,60	0,55				

*$p \leq 0.05$

Table 4 shows that gender had no effect in predicting health (Step 1). There were thus no differences in terms of health for males and females in the sample. Step 2 shows that 28% of the variance in health of waitrons in Potchefstroom, North-West Province is predicted by 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 strategy or favouring symptom reduction as coping strategy, remained statistically significant direct predictors of waitrons' 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 waitrons' health.

Table 5 gives the results of the multiple regression with general health as the dependent variable and engagement and coping as independent variables.

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Table 5

Multiple Regression Analyses with General Health, Engagement and Coping

Model	Unstandar-dized Coefficients		Standar-dized Coef-ficients	t	p	F	R	R^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*				
Changing 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	0,17
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*				
Changing 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 x Changing the situation	-0,05	0,04	-0,20	-1,36	0,18				
Vigour x accommodation	0,00	0,05	0,00	0,02	0,99				
Vigour x devaluation	0,01	0,05	0,04	0,19	0,85				
Vigour x Symptom Reduction	-0,03	0,06	-0,11	-0,54	0,59				
Vigour x avoidance	-0,05	0,04	-0,23	-1,18	0,24				
Dedication x changing the situation	0,00	0,03	0,00	0,01	0,99				
Dedication x accommodation	0,01	0,04	0,05	0,32	0,75				
Dedication x devaluation	0,00	0,04	0,00	0,01	0,99				
Dedication x symptom reduction	-0,02	0,05	-0,06	-0,31	0,75				
Dedication x avoidance	0,06	0,04	0,29	1,38	0,17				
Absorption x changing the situation	0,04	0,03	0,16	1,34	0,18				
Absorption x accommodation	-0,01	0,03	-0,04	-0,30	0,76				

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Table 5 continued

Multiple Regression Analyses with General Health, Engagement and Coping

Model	Unstan-dardized Coefficients		Standar-dized Coef-ficients	t	p	F	R	R^2	ΔR^2
	B	SE	Beta						
Absorption x devaluation	-0,04	0,03	-0,16	-1,20	0,23				
Absorption x symptom reduction	0,01	0,05	0,03	0,17	0,87				
Absorption x avoidance	0,03	0,03	0,13	0,98	0,33				

*$p \leq 0.05$

**$p < 0.10$

Table 5 shows that gender had no effect in predicting health (Step 1). Step 2 shows that 21% of the variance in health of waitrons in Potchefstroom, Northwest Province is predicted by having a coping strategy of vigour ($p \leq 0$, 10), avoidance, changing the situation and the coping strategy of 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, vigour ($p \leq 0,10$) and 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 waitrons' health.

DISCUSSION

The aim of this study was to investigate the relationships among burnout, coping and engagement for waitrons in the North-West Province, Potchefstroom. In this study four main instruments were used, namely 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). The psychometric validity of the MBI-HSS, UWES, CSS and GHQ was tested. 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 local and international research (see for example Basson & Rothman, 2002; Schaufeli, Bakker, Hoogduin, et al.,

2001; Schaufeli, Enzman, & Girault, 1993). The coping strategy of reducing symptoms also showed a relatively low alpha coefficient. This sub-scale has previously been shown to have less than desirable internal consistency (Guppy et al., 2004). Interpretations regarding these variables need to be made with caution.

Waitrons that report feeling absorbed in their work also experience high levels of dedication to their work and experience high levels of energy in their work. These individuals also feel that they are accomplishing something worthwhile. Waitrons that are absorbed in their work are also less likely to become emotionally fatigued from doing their work. Results indicate that those waitrons that are absorbed in their work will also be less likely to start seeing/treating their customers as objects, and they have a more accommodative coping strategy. Waitrons that are dedicated to their jobs are more likely to experience energy for the performance of their duties and feel that they are accomplishing something worthwhile. These waitrons are also less likely to become emotionally fatigued. Waitrons that are dedicated to their jobs are also less likely to start experiencing and treating their customers as if they were objects and show a more accommodative coping strategy. Research findings regarding engagement states that according to the holistic model of stress, eustressed workers are engaged, meaning that they are enthusiastically involved in and pleasurably occupied by the demands of the work at hand. Workers can be engaged and perceive positive benefits even when confronted with extremely demanding stressors (Nelson & Simmons, 2003).

Waitrons that have a high level of energy in their work are likely to feel that they are accomplishing something worthwhile, results shows that they are also less likely to feel emotionally fatigued in their work. These individuals, according to this research, are also less likely to start seeing/treating customers as objects. Engaged workers are characterised by high levels of energy in their work *as well as* high levels of dedication, and they are immersed in their work (Schaufeli, Martinez, Salanova, et al., 2002). Thus, according to the above, less engagement could lead to an increase in waitrons start seeing/treating customers as objects and experiencing emotional fatigue in their work (burnout). Schaufeli, Martinez, et al., (2002), found that low levels of burnout were found to be related to high levels of engagement.

The research shows that waitrons that feel that they are accomplishing something worthwhile are more likely to have a more accommodative coping strategy and better general health.

These individuals try to improve well-being directly as a coping strategy. The study also showed that these waitrons are less likely to see/treat customers as objects and feel less emotionally fatigued in their work. Industrial/Organisational psychology has also begun to embrace emotions and emotional regulation as acceptable topics of study, as shown by recent conference symposia, books, and journal articles (Grandey & Brauburger, 2002). In settings such as customer service, understanding the events that create negative emotions, and the effective ways in which to cope with these emotions, it is crucial for both service performance and employee well-being (Grandey & Brauburger, 2002). According to the studies of Hochschild (1979, 2003), coping skills in "emotional labour" could prevent treating customers as objects.

Waitrons that see/treat their customers as objects are more likely to feel emotionally fatigued in their work and would try to change the situation as a coping strategy. These individuals would direct the attention away from the situation. Waitrons that try to improve well-being directly are more likely to reduce the importance associated with the discrepancy and tend to direct attention away from the situation. They are, however, likely to have good general health and an accommodative coping strategy. According to Hochshild (1979, 2003), service employees are getting paid for emotional control and expressions and thus are engaging in "emotional labour". Service industry employees are often encouraged to suppress their true feelings and detach themselves from abuse and ill treatment (Frenkel, Tam, Korczynski, & Shire, 1998). The discrepancy between what employees might feel towards customers and the emotions they are required to display (emotional dissonance), may prove difficult to resolve and may lead to considerable anxiety (Wharton, 1993). Hochschild (2003) mentions this form of work as having positive outcomes for the organisation, but requiring effort from the employee that is often overlooked. Front-line service workers expend more effort when they have feelings that are incongruent with the friendly displays required of them. Thus, identifying the situations that create this dissonance and methods of coping with these situations may help with developing training modules and reduce stress of front-line employees (Grandey & Brauburger, 2002).

The study shows that waitrons that start seeing their customers as objects are more likely to direct attention away from the situation and have an accommodative coping strategy. Customers may add tension to the work of waitrons by being abusive or by making

unreasonable demands. Service industry employees are often encouraged to suppress their true feelings and detach themselves from abuse and ill treatment (Frenkel, et al., 1998).

Waitrons that have an accommodative coping strategy are also more likely to try and change the situation, or to direct attention away from the situation in order to cope. However, they also show good general health. According to Hochschild (1979, 2003), coping skills could help waitrons to lower the stress and burnout that emotional labour could cause. This could then improve health. The research shows that waitrons that try and change the situation are also more likely to direct attention away from the situation and are in good general health. These individuals experience low levels of emotional fatigue in their work. A recent review of the literature concluded positive emotional states may promote healthy perceptions, beliefs, and physical well-being (Salovey, Rothman, Detweiler, & Steward, 2000). Waitrons that direct attention away from the situation are also less likely to experience emotional fatigue in their work.

The results of multiple regression shows that gender had no effect in predicting health. There were thus no differences in terms of health for males and females in the sample. Findings show that 28% of the variance in health of waitrons in Potchefstroom, North-West Province is predicted by emotional exhaustion, personal accomplishment and having a coping strategy of avoidance or symptom reduction. Thus, waitrons that feel that they are emotionally exhausted, experience little significance or worth in the tasks they accomplish and employ coping strategies that are avoidant or focused on managing the symptoms of their distress, may experience poorer health. An additional 8% of the variance could be explained by introduction of the interaction terms of emotional exhaustion and the coping strategy of symptom reduction, as well as that of personal accomplishment and the coping strategy of accommodation. This indicates that where waitrons' experiences of being emotionally depleted might make a direct contribution to their experiences of (poorer) health, this effect would be compounded if they prefer a coping strategy that focuses on managing the symptoms of their distress. Likewise, waitrons that have a more accommodative coping strategy in combination with finding their work meaningful could be likely to experience better health. Burnout has been associated with poor health (Ho, 1997; Ryff & Singer, 1998; Sethi & Schuler, 1990). According to Maslach et al. (2001), perceived stressors lead to emotional reactions, which, in turn, lead to ill-health. Barkhuizen, Rothmann and Tytherleigh (2004) also reported that exhaustion was related to health problems in their study.

Results shows that 21% of the variance in health of waitrons in Potchefstroom, Northwest Province is predicted by having high levels of energy in their work and employing coping strategies of directing attention away from the situation, trying to change the situation and the direct improvement of well-being. 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, levels of energy related to work and the level of dedication, having an avoidant coping strategy or favouring symptom reduction, remained significant direct predictors of waitrons' health. The results of this study confirm studies by Rowe (1997), in that stressful events could lead to a strain reaction (ill-health). Strain (ill-health) arises when individuals perceive themselves as unable to meet environmental demands through coping strategies (Taris, Schreurs & Van Iersel-Van Silfout, 2001). These findings indicate that waitrons that avoid doing anything about a problem and who do not manage their reaction to it, are more likely to experience ill-health, especially if they do not have high levels of energy in their work.

The present study has certain limitations. The research was a cross-sectional survey design. As a result no causal inferences could be drawn. Furthermore, this study did not focus on differences between demographic groups. Therefore, it is acknowledged that the findings might vary somewhat in different demographic groups.

RECOMMENDATIONS

This study appears to be the first study in South Africa to investigate the psychometric properties of the Maslach Burnout Inventory and Utrecht Work Engagement Scale among waitrons. The need for future studies among waitrons is obvious. It is postulated here that waitrons are likely to experience burnout, for reasons as outlined in the literature.

The study population was also very homogenous. From the final sample of 150 waitrons, only sixteen (16) were not Afrikaans- or English-speaking. Further studies should take into consideration the multi-cultural society that is modern-day South Africa. This necessitates the need to study the construct of burnout and engagement for other waitron populations from 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 and different provinces.

This study also showed that there is a need to investigate the reported discrepancies between waitrons' earnings and working conditions and the Basic Conditions of Employment Act (BCEA, South Africa, 1997). Future research should also investigate the existence of resources such as Human Resources departments where waitrons suffering from burnout could turn to and helping facilities for coping-skill training and stress handling. Alternatively, management should be trained to handle these facilities and get trained in emotional labour so that they could also be able to help the waitron to cope with emotional labour (Hochschild, 1979, 2003). A study to compare possible differences between organisations where waitrons receives wages (salaries) to those that work only for commission and tips is also recommended.

REFERENCES

Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions.* Thousand Oaks, CA, Sage.

Alsoofi, M. A., Al-Heeti, K. N., & Alwashli, A. (2000, July). *Burnout and its relationship with job stress and coping with stress for Yemeni teachers.* Paper presented at the 28th International Congress of Psychology, Stockholm, Sweden.

Basson, M., & Rothmann, S. (2002, March). *Sense of coherence, coping and burnout of pharmacists.* Poster presented at the 1st South African Burnout Conference, Potchefstroom, South Africa.

Barber, C. E., & Iwai, M. (1996). Role conflict and role ambiguity as predictors of burnout among staff caring for elderly dementia patients. *Journal of Gerontological Social Work, 26*(1), 101-116.

Barkhuizen, N., Rothmann, S., & Tytherleigh, M. Y. (2004, April). *Burnout and engagement of academic staff in higher education institutions in South Africa.* Poster presented at the Annual Conference of the British Psychological Society, London, UK.

Bothma, L. J., & Thomas, K. (2001, June). The enforcement of the BCEA and waiters: Will they gain or lose? *South African Journal of Economic and Management Sciences, 4*(2), 263-273.

Callan, V. J. (1993). Individual and organizational strategies for coping with organizational change. *Work and Stress, 7,* 63-75.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56,* 267-283.

Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment, 7,* 309-319.

Du Plooy, G. M. (1997). *Introduction to communication.* Cape Town, South Africa: Rustica Press.

Edwards, J. R. (1988). The determinants and consequences of coping with stress. In C. L. Cooper, & R. Payne (Eds.), *Causes, coping, and consequences of stress at work* (pp. 233-263). New York: Wiley.

Edwards, J. R. (1992). A cybernetic theory of stress, coping, and well-being in organizations. *Academy of Management Review, 17,* 238-274.

Edwards, J. R., & Cooper, C. L. (1988). The impacts of positive psychological states on physical health: A review and theoretical framework. *Social Science and Medicine, 27*, 1447-1459.

Edwards, J. R., & Baglioni, A. J., Jr. (2000). Empirical versus theoretical approaches to the measurement of coping: A comparison using the ways of coping questionnaire and the cybernetic coping scale. In P. Dewe, M. Leiter, & T. Cox, (Eds.), *Coping, health and organizations* (pp. 29-50). London: Taylor and Francis.

Frenkel, S., Tam, M., Korczynski, M., & Shire, K. (1998). Beyond bureaucracy? Work organization in call centres. *International Journal of Human Resource Management, 9*, 957-979.

Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues, 30,* 159-165.

Gillespie, N. A., Walsh, M., Winefield, M., Dua, J., & Stough, C. (2001). Occupational stress in universities: Staff perceptions of the causes, consequences and moderators of stress. *Work and Stress, 15*(1), 53-72.

Goldberg, D. (1972). *The detection of psychiatric illness by questionnaire.* London: Oxford University Press.

Golembiewski, R. T., & Munzenrider, R. F. (1988). *Phases of burnout: Development in concepts and applications.* New York: Praeger.

Grandey, A. A., & Brauburger, A. L. (2002). The emotion regulation behind the customer service smile. In R. G. Lord, R. J. Klimoski, & R. Kanfer. (Eds.), *Emotions in the workplace* (pp. 260-294). New York: Jossey-Bass.

Guppy, A., Edwards, J. A., Brough, P., Peters-Bean, K. M., Sale, C., & Short, E. (2004). The psychometric properties of the short version of the Cybernetic Coping Scale: A multigroup confirmatory factor analysis across four samples. *Journal of Occupational and Organizational Psychology, 77,* 39-62.

Ho, J. T. S. (1997). Corporate wellness programmes in Singapore: Effect on stress, satisfaction and absenteeism. *Journal of Managerial Psychology, 12,* 177-189.

Hochschild, A. R. (1979). Emotion work, feeling rules, and social structure. *American Journal of Sociology, 85,* 551-575.

Hochschild, A. R. (2003). *The managed heart: Commercialization of human feeling.* Berkerley, CA: University of California Press.

Hock, R. R. (1988). Professional burnout among public school teachers. *Public Personnel Management, 17,* 167-189.

Kilfedder, C. J., Power, K. G., & Wells, T. J. (2001). Burnout in psychiatric nursing. *Journal of Advanced Nursing, 34*(3), 383-396.

Kleinke, C. L. (1998). *Coping with life challenges* (2nd ed.). San Francisco, CA: Brooks/Cole.

Kreitner, R., & Kinicki, A. (2001). *Organizational behavior* (5th ed.). New York: McGraw-Hill.

Leiter, M. P. (1993). Burnout as a developmental process: Consideration of models. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 237-250). Washington, DC: Taylor and Francis.

Levert, T., Lucas, M., & Ortlepp, K. (2000). Burnout in psychiatric nurses: Contributions of the work environment and a sense of coherence. *South African Journal of Psychology, 30,* 36-43.

Malan, A. M. (2005). *Occupational stress, coping, burnout and work engagement of hospital pharmacists in South Africa.* Unpublished Master's dissertation, North-West University, Potchefstroom Campus, Potchefstroom, South Africa.

Maslach, C. (1982). *Burnout: The cost of caring.* Englewood Cliffs, NJ: Prentice Hall.

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 and Francis.

Maslach, C., & Jackson, S. E. (1984). Burnout in organizational settings. In O. S. Oskamp (Ed.), *Applied social psychology annual: Volume 5 – Applications in organizational settings* (pp. 133-153). Beverley Hills, CA: Sage.

Maslach, C., & Jackson, S. E. (1986). *The Maslach Burnout Inventory.* (2nd ed). Palo Alto, CA: Consulting Psychologists Press.

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

Maslach, C., & Schaufeli, W. B. (1993). Historical and conceptual development of burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 199-215). Washington, DC: Taylor and Francis.

Maslach, C., Schaufeli, W. B., & Leiter, M. (2001). Job burnout. *Annual Review of Psychology, 52,* 397-422.

McDowell, I., & Newell, C. (1996). *Measuring health: A guide to rating scales and questionnaires.* New York: Oxford University Press.

Naidoo, S. (2004, January 19). Waiters blamed for poor service, falling tourism. *Business Day,* p. 2.

Nelson, D. L., & Simmons, B. L. (2003). Health psychology and work stress: A more positive approach. In J. C. Quick, & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* (pp. 97-119). Washington, DC: American Psychological Association.

Nunally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York: McGraw-Hill.

Pines, A. M., & Aronson, E. (1981). *Burnout.* New York: Free Press.

Rothmann, S., & Naudé, J. L. P. (2003, June 28). *The validation of the Maslach Burnout Inventory – Human Services Survey for emergency workers in Gauteng.* Paper presented at the 6th Annual Conference of the Society for Industrial/Organisational Psychology, Johannesburg.

Rowe, M. (1997). Hardiness, stress, temperament, coping, and burnout in health professionals. *American Journal of Health Behaviour, 21*(3), 163-171.

Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry, 9*(1), 1-28.

Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. T. (2000). Emotional states and physical health. *American Psychologist, 55,* 110-121.

Sarros, J. C. (1988). School administrators write about burnout: Individual and organizational implications. *British Educational Research Journal, 14,* 175-190.

Schaufeli, W. B. (2003). Past performance and future perspectives of burnout research. *South African Journal of Industrial Psychology, 29*(4), 1-15.

Schaufeli, W. B., & Bakker, A. B. (2001). Werk en welbevinden: Naar een positieve benadering in de Arbeids- en Gezondheidspsychologie [*Work and wellbeing: Towards positive occupational health psychology*]. *Gedrag en Organizatie, 14,* 229-253.

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior, 25,* 1-23.

Schaufeli, W. B., Bakker, A. B., Hoogduin, K., Schaap, C., & Kladler, A. (2001). On the clinical validity of the Maslach Burnout Inventory and the Burnout measure. *Psychology and Health, 16,* 565-582.

Schaufeli, W. B., & Buunk, B. P. (1996). Professional burnout. In M. J. Schabracq, J. A. M. Winnubst, & C. L. Cooper (Eds.), *Handbook of work and health psychology* (pp. 40-50). Chichester, UK: Wiley.

Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis.* London: Taylor and Francis.

Schaufeli, W. B., Enzmann, D., & Girault, N. (1993). Measurement of burnout: A review. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 199-215). Washington, DC: Taylor and Francis.

Schaufeli, W. B., Martinez, I., Pinto, A. M., Salanova, M., & Bakker, A. B. (2002). Burnout and engagement in university students: A cross-national study. *Journal of Cross-Cultural Psychology, 33,* 464-481.

Schaufeli, W. B., Salanova, M., González-Romá, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A confirmative analytic approach. *Journal of Happiness Studies, 3,* 71-92.

Schaufeli, W. B., Taris, T., Le Blanc, P., Peeters, M., Bakker, A. B., & De Jonge, J. (2001). *Maakt arbeid gezond? Op zoek naar de bevlogen werknemer.* [Does work cure? In search of the engaged worker.]. Utrecht, The Netherlands: Utrecht University.

Sethi, A. S., & Schuler, R. S. (1990). *Handbook of organizational stress coping strategies.* Cambridge, MA: Ballinger.

SPSS. (2005). *SPSS 14.0* Chicago, IL: SPSS.

South Africa. (1997). *Basic Conditions of Employment Act 75 of 1997.* Pretoria: Government Printers.

Taris, T. W., Schreurs, P. J. G., & Van Iersel-Van Silfhout, I. J. (2001). Job stress, job strain, and psychological withdrawal among Dutch university staff: Towards a dual-process model for the effects of occupational stress. *Work and Stress, 15,* 283-296.

Turnipseed, D. L. (1994). An analysis of the influence of work environment variables and moderators on the burnout syndrome. *Journal of Applied Psychology, 24,* 782-800.

Van Dick, R., & Wagner, U. (2001). Stress and strain in teaching: A structural equation approach. *British Journal of Educational Psychology, 71,* 243-259.

Vieweg, B. W., & Hedlund, J. L. (1983). The General Health Questionnaire (GHQ): A comprehensive review. *Journal of Operational Psychology, 14,* 74-85.

Wharton, A. S. (1993). The affective consequences of service work. *Work and Occupations, 20,* 205-232.

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

In this chapter, the conclusions based on the results of the empirical study of the research article will be presented. Conclusions are drawn with respect to the research objectives. The limitations of the study are discussed. Finally, recommendations for future research are made and recommendations for the organisation presented.

3.1 CONCLUSIONS

The first objective of this research was to conceptualise burnout and engagement and possible causes thereof in waitrons in the hospitality industry from the literature.

Burnout was defined as a persistent, negative, work-related state of mind in 'normal' individuals that is primarily characterised by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviour at work (Schaufeli & Enzman, 1998).

Engagement was defined as a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption (Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002).

It was seen in the literature (Hochschild, 1979, 2003; Salovey, Rothman, Detweiler & Steward, 2000; Grandey & Brauburger, 2002; Schaufeli, Martinez, Pinto, Salanova & Bakker, 2002), that low levels of engagement, poor health and a lack of coping strategies should be considered as causes of burnout. Specifically regarding waitrons, factors such as long hours, low income (including deductions), treatment from customers (emotional labour), application of the Basic Conditions of Employment Act (which is applicable to waitrons, although according to this research, no organisation applied it) and a lack of resources for waitrons should be considered.

The second objective of this research was to determine the relationship between burnout, coping, health and engagement of waitrons in Potchefstroom in the North-West Province.

It was found that waitrons that report feeling absorbed in their work also experience high levels of dedication to their work, and experience high levels of energy in their work. These individuals also feel that they are accomplishing something worthwhile. Waitrons that are absorbed in their work are also less likely to become emotionally fatigued from doing their work. Results indicate that those waitrons that are absorbed in their work will also be less likely to start seeing/treating their customers as objects and have a more accommodative coping strategy. Waitrons that are dedicated to their jobs are more likely to experience energy in the performance of their duties and feel that they are accomplishing something worthwhile. These waitrons are also less likely to become emotionally fatigued. Waitrons that are dedicated to their jobs are also less likely to start experiencing and treating their customers as if they were objects and show a more accommodative coping strategy. Research findings regarding engagement states that according to the holistic model of stress, eustressed workers are engaged, meaning that they enthusiastically involved in and pleasurably occupied by the demands of the work at hand. Workers can be engaged and perceive positive benefits even when confronted with extremely demanding stressors.

Waitrons that have a high level of energy in their work are likely to feel that they are accomplishing something worthwhile, while results show that they are also less likely to feel emotionally fatigued in their work. These individuals, according to this research, are also less likely to start seeing/treating customers as objects. Engaged workers are characterised by high levels of energy in their work as well as high levels of dedication and are immersed in their work.. Thus, according to the above, less engagement could lead to an increase in waitrons start seeing/treating customers as objects and experiencing emotional fatigue in their work.

The research shows that waitrons that feel that they are accomplishing something worthwhile are more likely to have a more accommodative coping strategy and better general health. These individuals try to improve well-being directly as a coping strategy.

The study also showed that these waitrons are less likely to see/treat customers as objects and feel less emotionally fatigued in their work. In settings such as customer service, understanding the events that create negative emotions, and the effective ways of coping with these emotions, are crucial for both service performance and employee well-being.

Waitrons that see/treat their customers as objects are more likely to feel emotionally fatigued in their work and would try to change the situation as a coping strategy. These individuals would direct the attention away from the situation. Waitrons that try to improve well-being directly are more likely to reduce the importance associated with the discrepancy and tend to direct attention away from the situation. They are, however, likely to have good general health and an accommodative coping strategy, service employees are getting paid for emotional control and expressions and thus are engaging in "emotional labour". Service industry employees are often encouraged to suppress their true feelings and detach themselves from abuse and ill treatment. The discrepancy between what employees might feel towards customers and the emotions they are required to display (emotional dissonance) may prove difficult to resolve and may lead to considerable anxiety. Customers may add tension to the work of waitrons by being abusive or by making unreasonable demands. Customer service employees constantly regulate their emotions and emotional expressions while interacting with customers. This form of work has positive outcomes for the organisation but requires effort from the employee that is often overlooked. Front-line service workers expend more effort when they have feelings that are incongruent with the friendly display required of them. Thus, identifying the situations that create this dissonance and methods of coping with these situations may help with developing training modules and reduce stress of front-line employees.

The research shows that waitrons that try and change the situation are more likely to direct attention away from the situation and are in good general health. These individuals experience low levels of emotional fatigue in their work. A recent review of the literature stated that positive emotional states might promote healthy perceptions, beliefs and physical well-being itself. Coping skills could help waitrons to lower stress and

emotional fatigue in their work. Perceived stressors lead to emotional reactions, which, in turn, lead to ill-health. Exhaustion was related to health problems.

Thirdly, the objective of this research was to determine whether burnout, engagement and coping strategies could be used to predict health in the hospitality industry. In terms of burnout, the results of the multiple regression shows that gender had no effect in predicting health. There were thus no differences in terms of health for males and females in the sample. Findings show that 28% of the variance in health of waitrons in Potchefstroom, North-West Province is predicted by emotional exhaustion, personal accomplishment and having a coping strategy of avoidance or symptom reduction. Thus, waitrons feeling that they are emotionally exhausted, experience little significance or worth in the tasks they accomplish. They employ coping strategies that are avoidant or focused on managing the symptoms of their distress and may experience poorer health. An additional, 8% of the variance could be explained by introduction of the interaction terms of emotional exhaustion and the coping strategy of symptom reduction as well as that of personal accomplishment and the coping strategy of accommodation. This indicates that where waitrons' experiences of being emotionally depleted may make a direct contribution to their experiences of (poorer) health, this effect would be compounded if they prefer a coping strategy that focuses on managing the symptoms of their distress. Likewise, waitrons that have a more accommodative coping strategy in combination with finding their work meaningful, would be likely to experience better health.

In terms of engagement, results show that health of waitrons in Potchefstroom, North-West Province is predicted by having a coping strategy of energy in their work, trying to direct attention away from the situation, trying to change the situation and the coping strategy of improving well-being directly. Additional 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, levels of energy related to work and the level of dedication, having an avoidant coping strategy or favouring symptom reduction remained significant direct predictors of waitrons' health.

The final objective of this research was to make recommendations for the management of waitrons' health by means of managing burnout, fostering engagement and training in coping skills. These recommendations are addressed under the next heading, while recommendations are made separately for the organisation(s) and for future research.

3.2 RECOMMENDATIONS

Recommendations for future research and the organisation(s) are made in the following section.

3.2.1 Recommendations for future research

Further studies should take into consideration the multi-cultural society that is modern-day South Africa. This necessitates the need to study the construct of burnout and engagement for other waitron populations from different cultural groups and to prove the construct equivalence and the absence of item bias for these groups. In order to improve the reliability of constructs in the measurement model, future research should make use of larger and more representative samples.

This study also showed that the need to investigate the discrepancies between waitrons' earnings and working conditions and the Basic Conditions of Employment Act. Future research should also investigate the existence of resources such as Human Resources departments where waitrons suffering from burnout could turn to, and helping facilities for coping skill training and stress handling. Alternatively, management should be trained to handle these facilities and get trained in emotional labour themselves to be able to help waitrons cope with emotional labour. A study to compare possible differences between organisations where waitrons receives wages (salaries) to those that work only for commission and tips is also recommended.

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3.2.2 Recommendations for the organisation(s)

Senior management should design and implement strategies to support and develop employees in order to improve coping strategies by means of decreasing the level of burnout and increasing the level of work engagement, and, in turn, improve the organisation's performance. Management, as well as staff at different levels, should make a commitment to the support and development of its employees with a focus on individual growth and advancement of individuals.

Managers should describe specific actions that they have taken and are currently taking to reduce burnout and to support employees in coping as well as intervention. Training in skills such as coping skills and enhancing engagement should be administered. Employees must perceive these efforts implemented by management as a genuine effort to develop them in order for them to advance in their careers and achieve personal excellence. Strategies should include encouraging and rewarding employees for developing themselves and supporting other employees.

3.3 LIMITATIONS

The present study has certain limitations. The research was a cross-sectional survey design. As a result, no causal inferences could be drawn. Furthermore, this study did not focus on differences between demographic groups. Therefore, it is acknowledged that the findings might vary in different demographic groups.

REFERENCES

Grandey, A. A., & Brauburger, A. L. (2002). The emotion regulation behind the customer service smile. In R. G. Lord, R. J. Klimoski, & R. Kanfer. (Eds.), *Emotions in the workplace* (pp. 260-294). New York: Jossey-Bass.

Hochschild, A. R. (1979). Emotion work, feeling rules, and social structure. *American Journal of Sociology, 85,* 551-575.

Hochschild, A. R. (2003). *The managed heart: Commercialization of human feeling.* Berkerley, CA: University of California Press.

Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. T. (2000). Emotional states and physical health. *American Psychologist, 55,* 110-121.

Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis.* London: Taylor and Francis.

Schaufeli, W. B., Martinez, I., Pinto, A. M., Salanova, M., & Bakker, A. B. (2002). Burnout and engagement in university students: A cross-national study. *Journal of Cross-Cultural Psychology, 33,* 464-481.

Schaufeli, W. B., Salanova, M., Gonzalez-Roma, V., & Bakker, A. B. (2002). The measure of engagement and burnout: A confirmative analytic approach. *Journal of Happiness Studies, 3,* 71-92.