

COLLEGE OF EDUCATION AND LANGUAGE STUDIES

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JOB BURNOUT AMONG PROFESSIONALS WORKING WITH CHILDREN WITH AUTISM SPECTRUM DISORDER IN ADDIS ABABA: PREVALENCE AND COPING STRATEGIES

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Job Burnout among Professionals Working with Children with Autism Spectrum Disorder in Addis Ababa: Prevalence and Coping strategies

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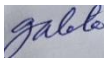
Dr. Galata Sitota **Signature**  **Date 25/01/2026**

DECLARATION

I the under signed, declared that this thesis entitled ―Job Burnout among Professionals Working with Children With Autism Spectrum Disorder: Prevalence, and Coping strategies, in Addis Ababa, Ethiopia‖ ais my original work and has not been presented the award of the degree in any other university and that all sources of materials used for this thesis have been duly acknowledged.

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This is to certify that the thesis entitled ―Job Burnout among Professionals Working with Children With Autism Spectrum Disorder: Prevalence, and Coping strategies, in Addis Ababa, Ethiopia‖ is the original work of Yeabsira Yohanis, done under my close guidance.

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Date: …….

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ABSTRACT

This study examined job burnout and coping strategies among professionals working with children with Autism Spectrum Disorder (ASD) in Addis Ababa, Ethiopia. A cross-sectional design was used, and quantitative data were collected from 35 professionals across two autism centers. Burnout levels were assessed using the Maslach Burnout Inventory, while coping strategies were measured using the Brief COPE scale. Tests of normality indicated that several variables violated the assumption of normality; therefore, non-parametric analyses were applied. Overall, participants reported ***mild emotional exhaustion and depersonalization****, but* ***moderate reductions in personal accomplishment****. Male professionals showed slightly higher emotional exhaustion, while education level and work experience were not significantly associated with burnout dimensions. Emotional exhaustion was positively correlated with depersonalization, whereas personal accomplishment showed no significant associations with other burnout components.*

Regarding coping, participants mainly used ***adaptive strategies****, including problem-focused coping and emotional support, although limited use of avoidant strategies was also observed. The findings suggest that while professionals appear generally resilient, reduced personal accomplishment remains a concern. Based on the modest scope of the study, practical but limited recommendations include strengthening routine supervision, offering brief skill-based trainings, and improving basic staff support within centers to help mitigate burnout and enhance coping capacity.*

Keywords: Autism Spectrum Disorder, Burnout, Emotional Exhaustion, Depersonalization, Personal Accomplishment, Coping Strategies.

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Abbreviations

ASD – Autism Spectrum Disorder

WHO – World Health Organization

JD-R – Job Demands–Resources Model

EE – Emotional Exhaustion

DP – Depersonalization

PA – Personal Accomplishment

MBI – Maslach Burnout Inventory

COPE – Coping Orientation to Problems Experienced (Brief COPE Scale)

FGD – Focus Group Discussion

SPSS – Statistical Package for the Social Sciences

APA – American Psychiatric Association

DSM-5 – Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

OBM – Organizational Behavior Management

RBT – Registered Behavior Technician

ABA – Applied Behavior Analysis

BCBA – Board Certified Behavior Analyst

I.INTRODUCTION

1.1. Background of the study

Occupational burnout has gained global recognition as a serious work-related phenomenon resulting from prolonged exposure to unmanaged workplace stress (World Health Organization [WHO], 2019). It manifests through three core dimensions: **emotional exhaustion**, which refers to feelings of being emotionally overextended and depleted of energy; **depersonalization (or cynicism)**, characterized by a detached or impersonal response toward one's work or recipients of care; and **reduced personal accomplishment**, reflecting a sense of ineffectiveness and lack of achievement at work (Maslach & Leiter, 2016). These components collectively highlight how chronic workplace stress can impair both individual well-being and organizational functioning.

Burnout is especially prevalent among professionals in human-service sectors where emotional labor is high, such as healthcare, education, and caregiving (Schaufeli, Desart, & De Witte, 2020). For professionals working with children with Autism Spectrum Disorder (ASD)—a group requiring consistent individualized attention, behavioral management, and emotional resilience—the risk of burnout is heightened (Jennett, Harris, & Mesibov, 2003).

Empirical studies worldwide reflect this vulnerability. A meta-analysis of burnout correlates found that job demands strongly predict emotional exhaustion, highlighting the strain imposed by high-responsibility roles (Lee & Ashforth, 1996). In addition, research among professionals in autism centers in Saudi Arabia reported high burnout levels: 62% experienced emotional exhaustion, 76.5% reported low personal accomplishment, and a significant proportion also

demonstrated symptoms of depersonalization, reflecting emotional distancing from clients (Alenezi et al., 2022). Similarly, a systematic review revealed that burnout prevalence among mental health providers working with ASD ranges between 21% and 67%, with emotional exhaustion and depersonalization emerging as the most common symptoms (Taylor & Gotham, 2016).

Within Sub-Saharan Africa, emerging evidence shows that burnout among health and education professionals is a growing concern. Studies have reported high levels of emotional exhaustion and depersonalization among teachers and healthcare workers due to heavy workloads, emotional strain, and limited organizational support (Franz et al., 2017; Olowookere et al., 2020; Okwaraji & Aguwa, 2015). Autism services are particularly weak, with professionals facing overwhelming workloads and lacking adequate institutional backing (Schoeman & Mabunda, 2012).

Ethiopian studies have primarily focused on healthcare workers in general hospital environments. In Dire Dawa, a cross-sectional study reported a burnout prevalence of 54.1% among healthcare staff (Ahmed et al., 2022). Similarly, a study conducted among midwives in Eastern Amhara found a burnout prevalence of 51.9% (Amede, Bilchut, & Teferi, 2023). In Northwestern Ethiopia, 60.5% of midwives reported experiencing burnout, with long working hours and insufficient managerial support identified as significant contributing factors (Mengistie et al., 2023). Another study at Gondar University Hospital recorded a comparatively lower overall burnout prevalence of 13.7% (Yenealem et al., 2019). More recently, a multi-center study in

Sidama and Southern Ethiopia found a burnout prevalence of 54.7%, associated with alcohol dependence, sleep disturbances, and poor social support (Getahun et al., 2023).

Although studies in other countries have examined burnout among helping professionals, research that specifically addresses staff working with children with Autism Spectrum Disorder (ASD) in Ethiopia is still lacking. This is particularly true in Addis Ababa, where the number of autism centers has been increasing in recent years. Exploring how different aspects of burnout appear in this setting, as well as the factors that contribute to it and the ways professionals cope, is therefore very important.

One framework that can help explain this issue is the Job Demands–Resources (JD-R) model, which suggests that burnout occurs when the demands of the job outweigh the resources available to handle them (Bakker & Demerouti, 2007).

Considering the high emotional and mental effort required in ASD care, it is reasonable to assume that professionals in Addis Ababa may experience higher levels of burnout. However, little is known about how they actually respond to these pressures, whether through problem-focused strategies such as peer support, or emotion-focused strategies like mindfulness or withdrawal.

By investigating the prevalence, and coping strategies of burnout among ASD care professionals in Addis Ababa, this study addresses a critical local and academic gap. Its findings can guide to improve workforce well-being, and ultimately enhance care outcomes for children with ASD.

1.2. Statement of the problem

Burnout is a recognized occupational hazard in professions requiring sustained emotional engagement. For professionals who work closely with children with ASD—who often present communication and behavioral challenges—burnout poses serious threats to their physical and psychological health, job satisfaction, and care quality (Jennett et al., 2003; Taylor & Gotham, 2016).

While burnout among healthcare workers in Ethiopia has been well documented—with prevalence estimates ranging from 13.7% to over 60%, and associated factors including workload, managerial support, sleep disturbances, and social support (Ahmed et al., 2022; Amede et al., 2023; Mengistie et al., 2023; Yenealem et al., 2019; Getahun et al., 2023)—no study has yet explored burnout specifically among professionals in autism care in Addis Ababa.The JD-R model suggests that an imbalance between high demands (such as job complexity and emotional strain) and limited resources (such as institutional support and professional development) can result in burnout (Bakker & Demerouti, 2007). In Ethiopia, systemic limitations—resource scarcity, training gaps, and cultural stigma—may exacerbate this imbalance in ASD service centers.

Furthermore, globally recognized burnout factors, such as workload, role ambiguity, and personal-level supports, cannot be assumed uniform across contexts; cultural nuance and institutional structure influence how these dynamics play out. Similarly, coping strategies—whether problem-focused or emotion-focused—are essential barriers against burnout, but remain uncharted in this specific context.

In the absence of local empirical evidence on prevalence, contributing factors, and coping strategies, interventions remain generic and may fail to resonate with the lived realities of professionals supporting children with ASD in Addis Ababa. Consequently, the quality of care, staff retention, and well-being are all potentially at risk.

This study seeks to fill that void by conducting a comprehensive, context-specific exploration of job burnout among ASD professionals in Addis Ababa. Beyond informing policy and practice, the study aims to enhance scholarly understanding of burnout within low-resource, culturally diverse contexts, highlight context-driven protective and risk factors, and provide a foundational reference for future research and training programs focused on professional well-being in special-needs education and care settings.

1.3. Objectives of the study

1.3.1. General Objective

To investigate the prevalence, and coping strategies associated with job burnout among professionals working with children with Autism Spectrum Disorder (ASD) in Addis Ababa, Ethiopia.

1.3.2 Specific objectives

1. To identify the prevalence rate of job burnout among professionals working with children with ASD.
2. To explore the coping strategies used by professionals to manage job burnout.

1.4 Significance of the Study

This study makes a timely and significant contribution by addressing a clear empirical and practical gap: the absence of evidence on job burnout among professionals working with children with Autism Spectrum Disorder (ASD) in Addis Ababa. Although burnout has been documented among Ethiopian healthcare workers, no research has examined prevalence, correlates, and coping strategies within autism service settings, where care demands and system constraints may uniquely elevate risk. Establishing locally grounded evidence in this sector is essential to inform context-appropriate workforce support and service quality improvements.

The study advances theory by applying the Job Demands–Resources (JD–R) model to a low-resource, ASD-care context. By operationalizing demands (e.g., workload, emotional labor, role ambiguity) and resources (e.g., managerial support, training, peer networks), it tests the model's assumptions in a setting shaped by infrastructural limitations and cultural factors (Bakker & Demerouti, 2007; Schaufeli & Taris, 2014). Findings will help refine the JD–R framework's explanatory value across diverse organizational environments. Anchoring the analysis in the WHO's tripartite conceptualization of burnout—emotional exhaustion, depersonalization, and reduced personal accomplishment—further enhances conceptual clarity and facilitates comparability across studies (World Health Organization, 2019; Maslach & Leiter, 2016).

The study also has direct practical relevance for service delivery and workforce sustainability. Burnout is associated with diminished job satisfaction, performance, and retention (Leiter & Maslach, 2009; Schaufeli, 2017), which are particularly consequential in ASD care, where continuity of therapeutic relationships and individualized programming are critical to outcomes.

By quantifying the prevalence of the three burnout dimensions and identifying the most salient contributing factors, the study provides decision-makers with actionable levers—such as workload management, structured supervision, continuing professional development, and peer support—to strengthen organizational practices and reduce risk.

In addition, documenting coping strategies currently used by ASD professionals provides a foundation for feasible, culturally congruent interventions. Mapping both problem-focused and emotion-focused coping enables targeted enhancements (e.g., reflective practice groups, mentorship, brief mindfulness-based supports) that align with local norms and resource realities rather than importing ill-fitting models. The results will also support resource mobilization and policy advocacy by offering evidence to justify investment in staff well-being, supervision structures, and training standards within autism centers.

Methodologically, the study establishes a baseline for longitudinal monitoring and quality improvement, supports cross-center bench-marking through widely used constructs, and opens paths for mixed-methods follow-up to deepen understanding of contextual distinctions. Ethically, strengthening protections for a high-burden workforce promotes equity within the health–education–social services interface and has indirect benefits for families and children through more stable, responsive services.

Looking ahead, findings from this study will inform the design of a subsequent phase focused on evaluating context-appropriate interventions, such as structured peer-support mechanisms or stress-management training to assess their effectiveness in reducing burnout over time. This planned follow-up will enable continuous learning and adaptation, ensuring that emerging evidence translates into sustainable workforce support within Ethiopia’s autism service landscape.

In sum, by generating context-specific prevalence estimates, clarifying modifiable contributing factors, and identifying feasible coping supports, this study delivers evidence with theoretical, organizational, and policy utility. Its outputs can guide tailored interventions to improve staff well-being and retention and, ultimately, enhance care outcomes for children with ASD in Addis Ababa.

1.5 Scope of the Study

This study focuses on exploring job burnout and coping strategies among professionals working with children diagnosed with Autism Spectrum Disorder (ASD) within selected autism service centers in Addis Ababa, Ethiopia. The geographic scope is therefore limited to the capital city, recognizing that the findings may not be generalizable to all regions of the country or other institutional settings.

The study's population scope encompasses professionals directly or indirectly engaged in the care, education, and support of children with ASD, including therapists, special educators, behavior technicians, psychologists, and administrative staff. The analysis is confined to insights obtained from participants within these centers and does not extend to parents, caregivers outside the institutions, or policy-level actors.

In terms of temporal scope, the data represent a single period of collection corresponding to the time-frame of the current research. Consequently, the findings reflect the conditions and experiences of that specific period and are not intended to indicate longitudinal trends or causal relationships.

The conceptual scope centers on two primary constructs: (1) job burnout, operationalized through its three dimensions—emotional exhaustion, depersonalization (cynicism), and reduced personal accomplishment—and (2) coping strategies, categorized as problem-focused or emotion-focused. The study further examines associated job demands and resources consistent with the Job Demands–Resources (JD–R) model but does not attempt to test the model exhaustively or include clinical mental health outcomes beyond burnout.

1.6 Operational definitions of terms

- Autism Spectrum Disorder (ASD): A neurodevelopmental condition characterized by persistent deficits in social communication and restricted, repetitive patterns of behavior.
- ASD care professional: Staff member, who have direct or therapeutic relationship whith children with ASD,employed ≥3 months in participating centers, with ≥50% of weekly duties involving direct work with children with ASD.
- **Burnout:** Burnout refers to a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, measured using the Maslach Burnout Inventory–HSS. Each subscale score determines burnout level.
  - Emotional Exhaustion (EE): Low: 0–16, Moderate: 17–26, and High: ≥ 27
  - Depersonalization (DP): Low: 0–6, Moderate: 7–12, and High: ≥ 13
- Personal Accomplishment (PA) *(reverse-scored):* Low burnout (high PA): ≥ 40, Moderate: 34–39 and High burnout (low PA): ≤ 33
- **Prevalence of Burnout** : the percentage of participants who meet the high-burnout cutoff on: EE ≥ 27, or DP ≥ 13, or PA ≤ 33
- Coping strategies are defined as the cognitive and behavioral efforts used by individuals to manage stress. In this study, coping strategies were operationalized using scores derived from the Brief COPE scale

as follows:

- Problem-focused coping: The summed score of items assessing active coping, planning, and instrumental support. Higher scores indicate greater use of problem-focused coping strategies.

- Emotion-focused coping: The summed score of items assessing emotional support, positive reframing, acceptance, religion, and humor. Higher scores indicate greater use of emotion-focused coping strategies.

- Maladaptive coping (if included): The summed score of items assessing denial, substance use, behavioral disengagement, self-blame, and venting. Higher scores indicate greater use of maladaptive coping strategies.

- Job Resources (JD-R framework):Aspects of the job that reduce demands, are functional in achieving work goals, and stimulate growth.

II. REVIEW OF RELATED LITRATURES

2.1 Overview

This literature review examines the phenomenon of burnout among professionals working with children with Autism Spectrum Disorder (ASD), aiming to understand its prevalence, contributing factors, and potential interventions. The review begins by establishing the existing international body of knowledge on this topic. A significant number of studies from various countries like USA, Europe, Asia, Middle East countries, were analyzed to identify common themes, prevalence rates, and identified risk factors for burnout within this specific professional group. This international overview was then supplemented by research conducted within the African context, specifically focusing on studies from South Africa and Nigeria. This inclusion was crucial for understanding the cultural and societal influences on burnout within a similar socio-economic and developing world context. Given the absence of research in Ethiopia on burnout among autism professionals, this review examines studies of burnout among healthcare professionals and university lecturers, whose demanding work environments share similarities with the autism field.

2.2 Meaning and definition of Job burnout and Autism spectrum disorder (ASD)

2.2.1 Autism spectrum disorder (ASD)

The DSM-5 classifies Autism Spectrum Disorder (ASD) as a lifelong neuron-developmental disorder. Core symptoms include persistent deficits in social communication and interaction, and restricted, repetitive behaviors, interests, or activities (DSM-5 (2013)). ASD's severity variesand environmental factors have been implicated, none are definitively causative of ASD (Wu et al., 2020; Zarrei et al., 2019).

2.2.2 Job Burnout

The seminal definition of burnout (Maslach & Jackson, 1981) identifies it as a syndrome with three core dimensions: emotional exhaustion, depersonalization (characterized by cynicism and negative attitudes toward others), and a diminished sense of personal accomplishment. The WHO now includes burnout in the ICD-11 as a syndrome WHO (2018). Burnout is associated with a range of physical symptoms (headaches, fatigue, insomnia), psychological symptoms (feeling overwhelmed, hopelessness), and behavioral symptoms (irritability, substance abuse) Maslach et al (1997).

Burnout is widely recognized as a work-related mental health issue frequently linked to anxiety and depression, negatively impacting both personal well-being and professional effectiveness (Morse et al., 2012). Although some models focus solely on exhaustion, Maslach's three-dimensional model remains the dominant framework in research Schutte et al., (2000). Burnout can be a consequence of prolonged chronic stress, adversely affects both the individual experiencing it and the quality of care they provide to others. The depersonalization aspect is particularly concerning, as it can lead to emotional detachment from clients or patients. This dual impact necessitates further investigation (Maslach and Jackson et al 1981).

2.3 Prevalence of Job Burnout

Burnout rates among mental health professionals are substantial, ranging from 21% to 67% according to recent reviews (Morse et al 2012). While burnout among direct-care therapists has been extensively studied, research specifically on autism spectrum disorder (ASD) professionals is limited This gap is particularly significant for therapists providing intensive behavioral intervention (IBI) for individuals with autism, given the demanding nature of this treatment approach and its potential to contribute to high burnout rates . The relationship between workload demands and well-being among IBI therapists warrants further investigation, especially considering the widespread use of IBI as a standard treatment (Jennett et al. 2003, Gibson et al. 2009).

Working with human professionals exhibiting behavioral or psychological challenges is inherently more stressful than working with those who have physical or intellectual disabilities without co-occurring psychological issues (Hastings & Brown, 2002). This elevated stress level is even more pronounced when working specifically with individuals on the autism spectrum. Studies across various settings—including mainstream and special education classrooms and community mental health centers— consistently show increased psychological distress among professionals working with autistic children. The challenges and frustrations associated with providing these services are major contributing factors to the high prevalence of burnout in this field, a syndrome stemming from the emotional demands inherent in human services work (Symes & Humphrey, 2011; Zarafshan, Mohammadi, Ahmadi, & Arsalani, 2013).

Harvey's (2023) survey expanded upon previous research on burnout among Board Certified Behavior. Analysts (BCBAs) by investigating the experiences of Registered Behavior Technicians (RBTs) and direct-care staff in applied behavior analysis (ABA).

The study revealed a substantial 52.5% burnout rate among respondents. Morse et al. (2012) research indicates high rates of burnout among healthcare providers, with estimates reaching 67%. Poghosyan et al (2009). linked this burnout to a disparity between job demands and available personal resources, manifesting as emotional exhaustion, depersonalization, and reduced personal accomplishment. Healthcare professionals (HCPs) frequently experience burnout symptoms due to factors such as heavy patient loads, shift work, and the need to adapt to challenging working conditions, especially in resource-limited settings. These factors can contribute to significant health problems Chantal and Jane (2015). Studies across various healthcare specialties demonstrate a high prevalence of burnout. For instance, a study of palliative care nurses found a 48% stress rate Johns et al (2017), while a study of general practitioners in Qatar reported a 41.2% burnout rate, particularly among younger practitioners Abdulla et al (2011). Oncology wards also show high burnout rates among physicians, frequently occurring after patient deaths Koh et al (2015). Lack of senior support, hostile work environments, and poor organizational skills are identified as additional contributing factors, especially among younger HCPs (Elsabbagh et al 2022).

A study in a Northwest Ethiopian hospital found a 13.7% burnout rate among healthcare professionals. This Ethiopian study, consistent with other research, found that burnout was more prevalent among male HCPs, younger individuals, and those with less than five years of experience. However, other studies have linked burnout to female sex, heavy workloads, and workplace conflicts. The high burnout rate among younger professionals may be due to the pressure to quickly master their roles and gain experience. High patient loads and shift work were also associated with increased burnout in this study (Bhagavathula et al 2018).

A cross-sectional survey of university teachers in Ethiopia found a high prevalence of burnout, with the majority reporting high levels of emotional exhaustion and depersonalization and low levels of personal accomplishment. Since most participants at Bule Hora University reported having high levels of EE and DP and low levels of PA, there was a high prevalence of burnout among teachers. The results of the current study showed that the majority of teachers at Bule Hora University have high levels of emotional exhaustion (42.73%), depersonalization (45.45%), and low levels of personal accomplishment (56.36%) Alemishet (2024). But there is no research on burnout among professionals working at the autism center, since this literature review was done.

2.4 Contributing Factors for Job Burnout

Several factors contribute to the increased risk of burnout among professionals working with individuals with ASD. These include heavier workloads due to the need for extensive coordination with parents and multidisciplinary teams. Additionally, professionals often perceive available treatment strategies as ineffective and report slow progress as a significant challenge (Brookman-Frazee et al., 2012; Jennett, Harris, & Mesibov, 2003).. The complexity of interventions, stemming from the range of challenging behaviors and co-occurring conditions often present in ASD, further contributes to burnout risk. The potential for perceiving challenging behaviors as intentional, particularly in children with average or above-average

intelligence exacerbates this issue compared to working with children with intellectual disabilities Butrimavicius & Grieve, (2013).

Maslach and Leiter (2005) identified several key sources of burnout: excessive workload and inadequate resources; lack of control and influence; insufficient reward, recognition, and job satisfaction; feelings of isolation, conflict, or disrespect; perceived unfairness; and ethical conflicts or a sense of meaninglessness in the work. Burnout often arises from a mismatch between the individual and the work environment; persistently high job demands, particularly those requiring sustained physical, emotional, or cognitive effort, can lead to chronic fatigue and psychological detachment from the work.

Research on burnout among behavior technicians working with individuals with ASD (Kazemi et al., 2015; Novak & Nixon, 2019) identified similar predictors, encompassing both employee and organizational factors. Employee-related factors included demographics, attitudes toward ASD, self-efficacy, and personality traits, while organizational factors included compensation, hours, benefits, job satisfaction, supervisory support, workload, and training opportunities. Predictors of burnout can be categorized as either workplace or individual factors. Research on individual factors often focuses on self-efficacy and coping mechanisms. Self-efficacy can be the belief in one's ability to succeed, which can significantly impact burnout (Skaalvik & Skaalvik, 2010).. In education settings, teachers who perceive their work with autistic children as a loss or threat experience higher levels of emotional exhaustion and depersonalization (Boujut, et al 2017) . Conversely, viewing the experience as a challenge is associated with reduced depersonalization. Higher levels of general self-efficacy are linked to greater feelings of personal accomplishment among teachers in specialized settings (Skaalvik & Skaalvik, 2010). Workplace factors significantly influence burnout, with social support, supervisory support, and training opportunities emerging as key variables.

Extensive research across human service professions demonstrates that strong social support is a powerful predictor of lower burnout and stress levels, acting as a buffer against the negative effects of work-related stress. Positive relationships with colleagues and a supportive work environment are associated with reduced burnout, less depression, and increased job satisfaction. Furthermore, satisfaction with the social support received is linked to greater feelings of personal accomplishment Boujut et al (2016).

2.4.1 Workplace Factors

Leiter and Maslach's (1999) model posits that burnout stems from a mismatch between individuals and their work environment across six key areas: workload (time and support needed), control (autonomy and authority), rewards (financial, institutional, and social), community (social support), and fairness (equitable distribution of resources), and values (alignment between personal and organizational values). This framework emphasizes the need to assess all six areas to fully understand burnout within organizations.

Work load

Harvey's (2023) study, focusing on registered behavioral technicians (RBTs) and direct care staff in ABA, found a high burnout rate (52.5%), with a similar percentage indicating a job search (with most seeking positions within ABA). A significant portion (86.4%) reported working with clients exhibiting dangerous maladaptive behaviors, and a considerable number (22%) worked exclusively with such clients. Low job satisfaction, particularly regarding pay (61% dissatisfied), coupled with the inherent stress of working with clients exhibiting dangerous behaviors, may contribute to high staff turnover.

The lack of mental health days or paid time off (PTO) for many (76.3% and 20.3%, respectively) further exacerbates this issue. Finally, nearly half of the respondents (45.8%) reported a negative impact of their work environment on job performance, suggesting additional contributing factors beyond compensation and time off. Workload and perceived time pressure consistently emerge as major contributors to burnout, particularly emotional exhaustion. Excessive demands deplete energy resources, but workload isn't solely determined by the objective amount of work. The perceived nature of tasks (e.g., irrelevant administrative duties) and a lack of necessary skills to complete tasks also significantly increase perceived workload and contribute to burnout. Research highlights the importance of perceived workload, as much as the actual workload, in predicting burnout. Factors such as long working hours, high demands coupled with limited autonomy, and an overwhelming caseload all contribute to emotional exhaustion Ben-Zur and Michael (2007).

Addressing this requires strategies to manage workload effectively, aligning it with provider capabilities and expectations. The emotional labor required when managing challenging behaviors in individuals with ASD is particularly draining, as providers may experience strong emotions they feel compelled to suppress. Training on ASD characteristics and the functional basis of challenging behaviors can help providers develop emotional distance, mitigating the negative impact of these behaviors and reducing emotional exhaustion Butrimaviciute & Grieve, (2013).

Reward

While Leiter and Maslach (2003) didn't prioritize rewards as an intervention strategy, Summer et al. (2020) study found that rewards predict personal accomplishment. Organizational Behavior Management (OBM) research emphasizes reinforcement to boost motivation and performance. Although financial incentives may be impractical, increasing social reinforcement (recognition) is a cost-effective intervention.

Research shows positive effects of social reinforcement on morale and performance; however, individual preferences for reinforcement can change over time, necessitating regular reassessment. Furthermore, the specific behaviors reinforced should be carefully considered to avoid unintended consequences. Reinforcing specific positive behaviors, rather than solely focusing on performance outcomes, may be more beneficial. While OBM principles are well-established, their consistent application in ASD treatment settings requires further investigation. Although some literature highlights the importance of positive social reinforcement for supervisees, the extent of its effective implementation in practice remains unclear Wine et al. (2012).

Values

Addressing organizational values is crucial, given their impact on all aspects of burnout. Creating a shared vision—evident in practices and policies, not just mission statements—can align organizational values with employee values (Leiter & Maslach, 2003). Providing prospective employees with a realistic portrayal of the work environment and organizational values during the hiring process can improve the fit between individual and organizational expectations (Leiter & Maslach, 1999).

Training should emphasize the underlying philosophy of the treatment model, rather than focusing solely on specific techniques, to better address burnout (Jennett et al., 2003). This is particularly important in ASD settings, given the documented negative attitudes some potential providers hold toward ABA despite its empirical support (Allen & Bowles, 2014). Ensuring training includes both practical techniques and the theoretical foundations of those techniques may further mitigate burnout related to value misalignment.

Fairness

The link between perceived fairness and emotional exhaustion highlights the importance of addressing fairness as a target for burnout intervention. Fairness, encompassing mutual trust and equitable resource allocation and supervisory decisions, significantly impacts staff acceptance of organizational changes and predicts burnout (Leiter & Maslach, 1999). Given the established relationship between supervisory support, supervisory satisfaction, and burnout (Gibson et al., 2009; Kazemi et al., 2015), interventions focusing on creating supportive and fair work environments for staff are crucial. However, many supervisors lack formal training in effective supervision (DiGennaro Reed & Henley, 2015). The availability of evidence-based supervisor training programs (e.g., Green, Reid, & Parsons, 2010; Reid et al., 2012) underscores the need to incorporate such training to mitigate burnout.

Autonomy

Autonomy plays a significant role in burnout, with private sector employees often experiencing a stronger sense of accomplishment due to a more direct link between their work and their income (Vredenburgh et al., 1999). Studies show that private sector employment, coupled with control over client selection, work hours, and caseload variability, is associated with lower burnout levels compared to non-private sector employment (Ackerley et al., 1988; Vredenburgh et al., 1999; Rosenberg & Pace, 2006).

Training and supervision

The correlation between training and both emotional exhaustion and depersonalization highlights the importance of training experiences in mitigating burnout among ASD professionals. This aligns with previous research indicating that providers often feel underprepared and lack specific training for working with this population (Boujut et al., 2016; Cappe et al., 2017). This study extends this finding to specialized ASD settings, where staff may have varying credentials and training levels. Examining the relationship between training and other workplace factors can illuminate how training influences burnout. Interestingly, a recent study found no association between training and self-efficacy (Corona, Christodulu, & Rinaldi, 2017), suggesting that training's impact may be more indirect, influencing other workplace factors. This study showed a relationship between training and all workplace factors except workload, with a particularly strong link between training and values. This suggests that training can positively influence organizational values, a finding consistent with the theoretical underpinnings of this area. Further research is needed to establish causality. Given the training's potential impact across multiple workplace factors, it warrants further investigation as a potential intervention point for burnout Gibson et al., (2009).

Furthermore, this study revealed a significant lack of mentorship among providers, with those who have mentors often reporting infrequent meetings. Interestingly, trainees were more likely to have mentors than fully-trained providers. More frequent mentoring was associated with lower burnout levels, suggesting its contribution to social support. Given the protective effect of supervisory support against burnout (Gibson et al., 2009), maintaining consistent mentoring, even after training completion, is recommended. Further research is needed to determine the optimal frequency, duration, and content of mentoring sessions to maximize their impact on reducing burnout.

Summer et al.'s findings indicate that workload, fairness, and values are the strongest predictors of emotional exhaustion among workplace predictors. Values and rewards best predict personal accomplishment, while values also predict depersonalization. The positive association between shared professional values and personal accomplishment aligns with the concept of personal accomplishment reflecting feelings of competence and achievement (Maslach et al., 1997). Furthermore, values, along with workload and fairness, show a long-term association with burnout (Leiter & Maslach, 2003). The workload-exhaustion link replicates previous research (Leiter & Maslach, 1999). Unlike workload, the reward-burnout relationship is typically weaker. While reward is often neutral across organizational contexts (Leiter & Maslach, 2003), a mismatch between input and output increases burnout risk (Leiter & Maslach, 1999). This study's finding that reward predicts personal accomplishment suggests that social recognition, rather than monetary compensation, may be the key factor.

2.4.2 Individual Factors

Age and Experience of Psychologists

Age consistently emerges as a significant factor in burnout among applied psychologists, with older psychologists reporting lower levels of burnout than younger colleagues. Ackerley et al. (1988) suggested that older psychologists develop strategies for conserving emotional energy. Subsequent research supports this, showing that age accounts for a notable portion of the variance in emotional exhaustion and depersonalization (Vredenburgh et al., 1999). Older psychologists report lower levels of emotional exhaustion, depersonalization, and overall burnout (D'Souza et al., 2011; Rupert & Morgan, 2005). In one study, age was the sole demographic variable differentiating high and low burnout groups (Hardiman & Simmonds, 2013). Further research indicates that it is life experience, rather than years of practice, that protects against depersonalization (Steel et al., 2015).

Gender differences

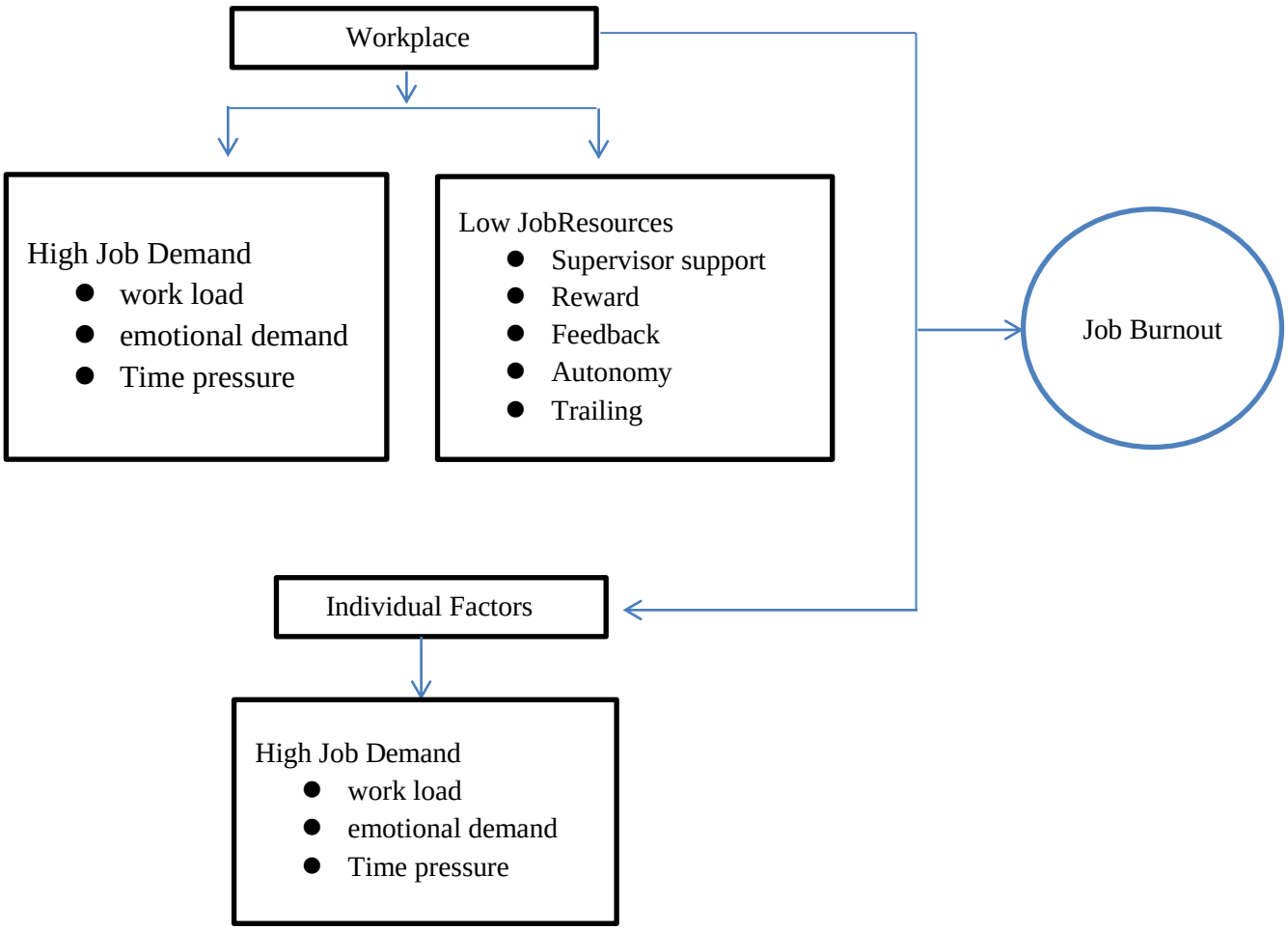
Research on the relationship between sex/gender and burnout among applied psychologists yields mixed results. While sex/gender has been identified as a correlate of burnout (Paris & Hoge, 2010), some studies find no significant difference between men and women (Ackerley et al., 1988). The relationship is complex; for example, men may experience more cynicism while women experience more emotional exhaustion (Maslach et al., 2001). These reviews supports the finding that men report higher depersonalization than women (Vredenburgh et al., 1999; Rosenberg & Pace, 2006; Rupert & Kent, 2007), and are more prone to depersonalizing clients (Rupert et al., 2009). Conversely, emotional exhaustion shows a stronger association with female sex, particularly when considering work setting, personal resources, and therapist beliefs (Emery et al., 2009).

Self-efficacy, Self-esteem, and Optimism

Research strongly links burnout to self-efficacy, self-esteem, and optimism. Lower self-efficacy the belief in one's ability to succeed—is associated with higher burnout (Herman, Hickmon-Rosa, & Reinke, 2018; Savas, Bozgeyik, & Eser, 2014; Shoji et al., 2016). Similarly, higher self- esteem is associated with lower burnout (Pereira, Gonçalves, & Assis, 2021; Khezerlou, 2017), as is higher optimism (Chang & Chan, 2015; Kim et al., 2021). Studies have identified these three factors as individual predictors of burnout (Kim & Burić, 2020; Kupcewicz & Jóźwik, 2020; Chang & Chan, 2015). A study of Bule Hora University teachers in Ethiopia investigated the relationship between burnout and self-efficacy, self-esteem, and optimism. Results indicated that self-efficacy was not significantly related to emotional exhaustion or depersonalization, but it was positively and significantly related to personal accomplishment.

Self-esteem showed no significant relationship with any dimension of burnout (emotional exhaustion, depersonalization, or personal accomplishment). The hypothesis proposing a significant relationship between self-esteem and burnout was therefore rejected. Optimism was negatively and significantly associated with emotional exhaustion and depersonalization and significantly predicted both. However, optimism showed no significant relationship with personal accomplishment Alemishet et al. (2024)

Figure1. ***The conceptual frame work***



2.1 Summary and implication of the review of the present research

In conclusion, this literature review highlights a critical gap in research. While the global prevalence of autism spectrum disorder is increasing, leading to high burnout rates among professionals working in autism centers, there is no research exploring this issue within the Ethiopian context. Despite the substantial body of evidence demonstrating high burnout prevalence among autism professionals internationally, further investigation is urgently needed to understand the specific challenges and contributing factors to burnout experienced by Ethiopian professionals working with autistic individuals.

III. METHODOLOGY

3.1 Introduction

This chapter describes the research design and methods used to investigate the prevalence, contributing factors, and coping strategies associated with job burnout among professionals working with children with Autism Spectrum Disorder (ASD) at Nehmia Autism Center and Ml'ue Foundation in Addis Ababa. The chapter details the study design, population and sample, sampling procedures, instruments and measures, data-collection procedures, data-analysis plan, validity and reliability considerations, ethical procedures, and limitations related to methodology.

3.2 Research design

A mixed-method, cross-sectional convergent design was used. The quantitative component assessed prevalence and associations between burnout dimensions and predictor variables using structured scales (Maslach Burnout Inventory and Brief COPE) and demographic/work-related questionnaires. The qualitative component used focus group discussions (FGDs) to explore participants' lived experiences, perceived contributing factors, and coping strategies in more depth. Data were collec\\\ted concurrently, analyzed separately, and integrated at interpretation to provide complementary insights.

3.3 Study area and period

The study was conducted at two autism service centers in Addis Ababa, Ethiopia: Nehmia Autism Center and Ml'ue Foundation. Data collection occurred during the period specified in the project protocol (dates reported in the final thesis appendices). All analyses and reporting reflect the cross-sectional window of data collection.

3.4 Population of the study

Target population: Professionals employed at the two participating centers who provide direct services to children with ASD (e.g., special educators, therapists, behavior technicians, psychologists, speech and language therapists, and support staff).

Accessible population: All eligible professionals at Nehmia and Ml'ue who met inclusion criteria during the data-collection period.

3.5 Sample size and sampling procedure

Sample size

A total sample of 35 participants was used (25 from Nehmia and 10 from Ml'ue), matching the available and consenting staff during the study period. And from 35 total sample we select 12 for focus group discussion, which was 8 samples from Nehmia and 4 from Ml'ue foundation.

Sampling procedure

A purposive-convenience sampling approach was applied given the small, defined population of professionals at the two centers. Inclusion criteria ensured participants had sufficient exposure to ASD service delivery (see Section 3.6). For the qualitative FGDs, participants were purposively selected from among survey respondents to achieve diversity in role (therapist, teacher, technician), gender, and years of experience; two FGDs of 8 participants from Nehmiya and 4 participants from Ml'ue, each were planned depending on availability.

Inclusion and exclusion criteria

Inclusion criteria

- Employed at Nehmia or Ml'ue for at least three months prior to data collection
- Spends ≥50% of weekly duties in direct work with children with ASD.
- Aged 18 years or older.
- Provided informed consent to participate.

Exclusion criteria

- Temporary visitors, short-term volunteers, or staff on extended leave during data collection.

3.6 Instruments and measures

3.6.1 Maslach Burnout Inventory–Human Services Survey (MBI-HSS)

The assessment of job burnout was conducted using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS), the standardized and widely validated tool for measuring burnout among human-service professionals. The study utilized the 1997 version of the instrument (Maslach, Jackson, & Leiter, 1997), which contains 22 items across three core subscales: Emotional Exhaustion (7 items), Depersonalization (7 items), and Personal Accomplishment (8 items). Items are rated on a 7-point Likert frequency scale ranging from 0 = ―Never‖ to 6 = ―Every day.

‖ Subscale scores were calculated by summing the corresponding items. For reporting burnout prevalence, the study applied the standard categorical cutoff values recommended in the MBI manual, while continuous scores were retained for inferential analyses to maintain analytical accuracy. The instrument has been extensively validated across various human-service fields, showing strong reliability and construct validity (Maslach & Leiter, 2016). In the current study, Cronbach's alpha coefficients were calculated for each subscale to evaluate internal consistency.

3.6.2 Brief COPE Inventory

Coping strategies were measured using the Brief COPE Inventory (Carver, 1997), a concise and internationally recognized instrument that evaluates individuals' cognitive and behavioral responses to stress. The Brief COPE consists of 28 items, each rated on a 4-point Likert scale ranging from 1 = ―I haven't been doing this at all‖ to 4 = ―I've been doing this a lot.‖ The items assess 14 coping strategies (two items per subscale), which are commonly grouped into broader dimensions such as problem-focused coping and emotion-focused coping for analytical purposes. Subscale scores and aggregated indices were computed according to established scoring conventions. Reliability indices, including Cronbach's alpha for the major coping dimensions, were calculated and reported to determine the internal consistency of the instrument within the study sample.

3.6.3 Demographic and Work-Related Questionnaire

A structured demographic and work-related questionnaire was developed by the researcher to gather information on participants' age, gender, educational level, years of experience, and organizational setting. Several items were adapted from previous studies examining determinants of burnout among human-service professionals (e.g., Leiter & Maslach, 1999; Gibson et al., 2009) to ensure relevance and comparability. The original questionnaire was prepared in English and subsequently translated into Amharic to accommodate participants whose primary working language is Amharic. To ensure accuracy, the translated version underwent a back-translation process, followed by a review to resolve discrepancies. The final Amharic version was piloted for clarity, comprehension, and cultural appropriateness, and necessary adjustments were made before data collection.

3.6.4 Focus group discussion guide

A semi-structured FGD guide explored:

- Daily work demands and stressors in ASD care.
- Institutional and interpersonal supports and barriers.
- Lived experiences of burnout sign and symptoms.
- Coping strategies used (examples, perceived helpfulness, and barriers to effective coping).
- Suggestions for organizational improvements.

Questions were open-ended, with probes to elicit examples and context. FGDs were audio-recorded with consent and later transcribed verbatim.

3.7 Instrument adaptation and translation

- **Language:** Instruments were administered in Amharic. Where translation was required, standard forward-backward translation procedures were used to ensure semantic equivalence (Brislin, 1970).
- **Content validity:** Instruments were reviewed by two local experts (psychologist and an education professional) for cultural and contextual appropriateness; items were modified slightly for clarity where necessary.
- **Pilot testing:** A pilot with 5–8 professionals from a different Addis Ababa autism center or allied service was conducted to test comprehension, length, and logistics. Pilot data were not included in the main analysis; reliability statistics from the pilot informed minor revisions.

3.8 Pilot study

3.8.1 Objectives of the pilot study

The primary objectives of this pilot study were to assess:

1. Feasibility of recruitment and data collection.
2. Reliability of the Amharic translation of the burnout and coping instruments.
3. Clarity and comprehension of questionnaire items.
4. Suitability of structured interview administration.
5. Time required for data collection.
6. Identification of potential challenges.

3.8.2 Setting

The pilot was conducted at Sile-Enat Charitable Organization, which operates institutional care programs for children, including children with disabilities. This context was chosen due to similarity of professional roles with the main study population.

3.8.3 Participants

Seven female caregivers (ages 27–46, education ranging from grade 6–12, caregiving experience 3 months–14 years) participated. The pilot sample size was determined using the 10% rule of thumb based on the projected sample for the main study.

3.8.4 Data Collection

Data were collected via structured interviews using two instruments: the Maslach Burnout Inventory (1997 version, 22 items) and the Brief COPE (28 items). Interviews averaged 6 minutes each. Participants reported occasional discomfort with wording of certain depersonalization items; these were carefully reviewed for cultural sensitivity prior to the main study.

3.8.5 Data Analysis

Data analysis was performed using SPSS. Reliability was assessed with Cronbach's alpha: the MBI showed excellent internal consistency (α = .938), while the Brief COPE demonstrated moderate internal consistency (α = .794).

3.8.6 Pilot Study Outcomes

The pilot study produced several important outcomes that guided refinement of the instruments and data collection procedures for the main study. Recruitment and data collection were demonstrated to be feasible, as all selected caregivers consented to Participant feedback highlighted specific challenges with the wording of several depersonalization items, which some participants perceived as uncomfortable or culturally sensitive. These items were reviewed in detail, and minor revisions were made to improve clarity and minimize discomfort. Additionally, because several caregivers demonstrated difficulty reading or understanding some items independently, interviewer administration was adopted for the main study to ensure consistent comprehension across educational levels.

Time analysis showed that each structured interview required approximately six minutes, confirming that the planned data collection procedure would be manageable within the expected timeframe for the full study. No major procedural or logistical issues were encountered. Overall, the pilot confirmed the feasibility, clarity, cultural appropriateness, and reliability of the instruments and the structured interview approach, supporting their use in the main study.

3.8.7 Conclusion

The pilot supported the feasibility and reliability of structured interviews with Amharic translations of the MBI (1997 version) and Brief COPE. Adjustments

participate and completed the interview-based questionnaires without interruption. The Amharic translations of both the MBI-HSS and Brief COPE showed acceptable

internal consistency, supporting their suitability for use with the target population. Reliability coefficients were strong (α = .938 for MBI; α = .794 for Brief COPE), indicating that the translated items functioned consistently across respondents. included interviewer administration to address reading difficulties and minor refinements for clarity.

3.10 Data Collection Procedures

Data collection was conducted through structured interviews rather than self-administered questionnaires. This decision was based on findings from the pilot study at Sile-Enat Charitable Organization, where several staff members demonstrated difficulty reading or comprehending certain questionnaire items independently. To ensure accessibility for all participants regardless of literacy level, and to maintain consistency in understanding the items, the instruments were interviewer-administered during the main study as well. This approach allowed participants to provide accurate responses while maintaining the integrity of the standardized tools.

Recruitment took place through center managers, who distributed study information sheets and consent forms to eligible staff. A total of 35 structured interviews were conducted with individuals who provided written informed consent (100% participation rate). Interviews were carried out face-to-face in a private room within each center to ensure confidentiality and comfort. Each interview lasted approximately 5–7 minutes.

Quantitative data were entered and analyzed using SPSS version 26. Descriptive statistics such as frequencies and percentages were used to summarize demographic characteristics, burnout levels, and coping strategies. Continuous measures from the MBI-HSS and Brief COPE were also used for inferential analysis where appropriate Qualitative data obtained from interviews were analyzed thematically to provide contextual depth and support interpretation of the quantitative findings.

For the qualitative component, two Focus Group Discussions (FGDs) were conducted, each facilitated by the researcher and supported by an administrative assistant who served as a note-taker. In total, 12 participants took part in the FGDs: 8 from Nehemiah Autism Center and 4 from Ml'ue Foundation. Each FGD lasted between 40 and 60 minutes and was audio-recorded with participants' permission.

Data security procedures were rigorously maintained. Completed paper questionnaires and consent forms were stored in locked cabinets accessible only to the researcher. Electronic datasets were stored on password-protected devices, and audio recordings were encrypted and stored securely to ensure confidentiality and compliance with ethical standards.

3.9 Data Management and Analysis

Quantitative Data Analysis

Data entry and cleaning:

All quantitative data were entered into SPSS version 26 and checked twice for accuracy. The dataset was screened for missing values, outliers, and inconsistencies before analysis. Since the sample size was small (N = 35) and sampling was non-random, the study followed a conservative analytical approach.

Descriptive statistics:

Frequencies, percentages, medians, ranges, and interquartile ranges (IQR) were computed to summarize demographic characteristics (age, gender, education level, work experience) and core study variables, including the burnout subscales (Emotional Exhaustion, Depersonalization, Personal Accomplishment) and coping strategies (problem-focused, emotion-focused, avoidant coping).

Normality testing:

The Shapiro-Wilk test was used to assess normality because it is recommended for small samples (N < 50). Several key variables, including depersonalization, avoidant coping, and personal accomplishment, significantly violated normality assumptions.

Given this, **non-parametric tests** were selected as the most appropriate statistical procedures.

Inferential statistics:

Because of non-normal distribution, small sample size, and non-random sampling, the following **non-parametric** tests were used:

- **Mann–Whitney U tests** to assess gender differences in burnout subscales and coping strategies.
- **Kruskal–Wallis H tests** to examine differences across education level and work experience groups.
- **Spearman's rank-order correlation** to explore relationships between continuous variables, including age, years of experience, burnout subscales, and coping strategies.

All tests were two-tailed with a significance level of **α = .05**. Effect sizes and median comparisons were used to aid interpretation.

Qualitative Data Analysis

Transcription and preparation:

Audio recordings from group discussions were transcribed verbatim. Where needed, transcripts were translated into English. All transcripts were reviewed for accuracy against the original recordings.

Thematic analysis:

Qualitative data were analyzed using Braun and Clarke's (2006) six-phase reflexive thematic analysis:

1. Familiarization with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing and refining themes
5. Defining and naming themes

6. Producing the report

A manual coding system was used, consistent with the scale and resources of the study.

Integration of quantitative and qualitative findings:

The qualitative themes were compared with and used to complement quantitative results. This helped clarify statistical patterns, such as emotional exhaustion, coping preferences, and feelings of limited personal accomplishment. The integration strengthened the overall interpretation by explaining not only **what** was found but also **why** these patterns may have emerged.

3.10 Validity and reliability / trustworthiness

Quantitative data reliability

Content validity: Selected instruments (MBI—1997 version; Brief COPE) are widely validated in human service populations. Adaptations were reviewed by local experts.

Reliability: Internal consistency (Cronbach's alpha) for each scale/subscale was calculated; acceptable thresholds ($\alpha \geq .70$) were sought, though small sample size may affect stability.

Statistical conclusion validity: Given the small sample size, the analysis focused primarily on correlation of relationships among variables. Regression analyses were not conducted, as the limited sample size could compromise model stability and increase the risk of over-fitting emphasis was placed on effect sizes and descriptive patterns rather than strong inferential claims.

Qualitative data reliability

Trustworthiness: Credibility (member checking; investigator triangulation), transferability (detailed contextual description), dependability (audit trail of coding decisions), and confirmability (reflexive notes) were employed in line with Lincoln and Guba's criteria.

3.11 Ethical considerations

Ethical approval: Approval was obtained from the relevant institutional review board/ethics committee (include name and approval number in thesis appendices).

Informed consent: Participants provided oral informed consent after hearing a plain-language information script describing the study purpose, procedures, voluntary participation, confidentiality, and the right to withdraw; consent was documented by the researcher.

Confidentiality: Individual identifiers were removed from datasets; pseudonyms/codes were used in reporting qualitative data. Only the research team had access to raw data.

3.12 Limitations of the methodology

Sample size: The small sample (n = 35) limits statistical power, generalizability, and the precision of prevalence estimates; results should be interpreted cautiously and considered exploratory.

Sampling method: Due to the limited population size and the desire to capture a comprehensive understanding of perspectives, this study employed a census sampling approach. Rather than using sampling technique to select a subset of participants all eligible staff members from two designated center were invited to participate.

Cross-sectional design: The design precludes causal inference; relationships are associative.

Mode of administration: Both instruments are typically self-administered; however, due to reading difficulties among some participants, they were administered as structured interviews.

Center-specific context: Findings reflect the practices and cultures of the two centers and may not generalize to other Ethiopian settings. These limitations are acknowledged and considered in the interpretation and recommendations.

IV. Data Analysis and Interpretations

4.1 Introduction

This chapter presents a detailed analysis of the data collected to investigate burnout dimensions and coping strategies among autism professionals. The primary aim is to examine the relationships between these variables and to determine if significant differences exist across key demographic factors, including gender, education level, and work experience. Following the collection of data from 35 participants, a systematic analytical approach was employed. The process began with descriptive statistics to summarize the sample characteristics and the core study variables. This was followed by tests of normality to verify the statistical assumptions required for inferential analysis.

The results of the Shapiro-Wilk tests indicated that the data for several critical variables violated the assumption of normality. Consequently, a suite of non- parametric tests was deemed the most robust method for hypothesis testing. The inferential analyses therefore consisted of Mann-Whitney U tests to examine gender differences, Kruskal-Wallis H tests to assess variations across education levels and work experience groups, and Spearman's rank-order correlations to explore the interrelationships between burnout subscales, coping strategies, age, and experience.

The findings are presented in a logical sequence in the following sections. Each analysis is summarized in its respective table and accompanied by a comprehensive narrative that interprets the results, highlighting their statistical significance and potential practical implications for the well-being of professionals in the autism care field.

4.2 Quantitative statistics

4.2.1 Descriptive Statistics

4.2.1.1 Demographic Characterstics

The study included 35 respondents. The majority were female (n = 30, 85.7%), while 5 participants (14.3%) were male. With regard to educational level, 17 participants (48.6%) held a bachelor's degree, 9 (25.7%) were diploma holders, and 9 (25.7%) had completed high school. In terms of work experience, 12 participants (34.3%) had less than two years of experience, 15 (42.9%) had between two and five years, and 8 (22.9%) had more than six years of work experience. Concerning age, 13 respondents (37.1%) were between 17 and 24 years, while 22 respondents (62.9%) were between
25 and 40 years.

Table 1: Demographic characteristics of the participant

Variable	Categroy	n	%
Gender	Male	5	14.3
	Female	30	85.7
Educational Level	High school	9	25.7
	Diploma	9	25.7
	Bachelor's degree	17	48.6
Work Experience	<2 years	12	34.3
	2-5 years	15	42.9
	>6 years	8	22.9
Age Category	17-24 years	13	37.1
	25-40 years	22	62.9

4.2.1.2 Descriptive statistics: Burnout and Coping by Gender

Descriptive statistics were calculated for all study variables, with medians and ranges reported to align with the non-parametric analytical approach. As shown in Table 2, participants reported moderate levels of emotional exhaustion (Median = 8.00, Range = 0-15) and low levels of depersonalization (Median = 1.00, Range = 0-11). Personal achievement scores were relatively high (Median = 39.00, Range = 32-47), indicating generally positive feelings of professional accomplishment. For coping strategies, problem-focused coping was most frequently employed (Median = 25.00), followed by emotion-focused coping (Median = 21.00), with avoidant coping being used least often (Median = 9.00).

Table 2: Descriptive Statistic for Burnout and coping Variables

Variables	Median	Range	Interquartile Range(IQR)
Emotional Exhaustion	8.00	0-15	5-11
Depersonalization	1.00	0-11	0-3
Personal achievement	39.00	32-47	37-40
Problem-Focused Coping	25.00	18-32	22-28
Emotion-Focused Coping	21.00	11-29	18-24
Avoidant Coping	9.00	8-11	8-9

4.2.2 Preliminary Analysis: Testing of Statistical Assumptions

Prior to conducting primary inferential analyses, the assumption of normality for all continuous variables was assessed using the Shapiro–Wilk test, which is appropriate for small sample sizes (N < 50). The results indicated that several outcome variables deviated significantly from a normal distribution: avoidant-focused coping, $W = .81$, $p < .001$; depersonalization, $W = .46$, $p < .001$; and personal achievement, $W = .74$, $p < .001$. In

contrast, problem-focused coping (W = .97, p = .46) and emotion-focused coping (W = .97, p = .55) met the assumption of normality. Therefore, non-parametric tests (Mann–Whitney *U*, Kruskal–Wallis, and Spearman's rank-order correlation) were used for subsequent inferential analyses to ensure statistical validity.

4.2.3 Group Differences in Burnout and Coping Strategies

4.2.3.1 Gender Differences

Mann–Whitney U tests were conducted to examine gender differences in burnout and coping strategies. Results indicated statistically significant gender differences in emotional exhaustion and avoidant-focused coping. Male professionals reported higher emotional exhaustion than females, U = 20.00, z = −2.62, p = .007 (Mdn = 12.00 vs. 7.00). Males also demonstrated greater use of avoidant-focused coping, U = 32.00, z = −2.19, p = .043. No statistically significant gender differences were found for depersonalization, personal achievement, emotion-focused coping, or problem-focused coping (p > .05). These findings suggest that although coping patterns and most burnout dimensions appear similar across genders, male professionals experience higher emotional exhaustion and rely more on avoidant coping strategies.

Table 3: Gender Differences in Burnout and Coping Strategies

(Mann-Whitney U Tests)

Variable	Male Median(n-5)	Female Median(n30)	U-Value	Z-Value	P-Value
Emotional exhaustion	12.00	7.00	20.00	-2.62	.007
Depersonalization	3.00	0.00	44.00	-1.56	.155
Personal Achievement	40.00	39.00	51.50	-1.12	.277
Avoidant Coping	9.00	9.00	32.00	-2.19	.043
Emotion-focused coping	24.00	21.00	47.50	-1.30	.202
Problem Focused coping	24.00	26.00	99.00	1.14	.277

Note: Mann-Whitney U tests were used for group comparisons.
P<0.05

4.2.3.2 Differences by Education Level

Kruskal–Wallis *H* tests were performed to assess differences in burnout and coping across education levels (High School, Diploma, Bachelor's). A statistically significant difference was found only for problem-focused coping, $\chi^2(2, N = XX) = 7.98$, $p = .018$. Post hoc pairwise comparisons with a Bonferroni correction showed that professionals with a Bachelor's degree (Mdn = 27.00) reported significantly higher use of problem-focused coping than those with a Diploma (Mdn = 21.00), $p = .025$. No other pairwise comparisons reached statistical significance, and no significant differences were observed for emotional exhaustion, depersonalization, personal achievement, emotion-focused coping, or avoidant coping ($p > .05$). These results indicate that education level specifically influences the adoption of proactive, problem-solving coping strategies, with Bachelor's degree holders demonstrating the highest utilization.

Table 4: Education Level Differences in Burnout and Coping Strategies (Kruskal-Wallis Tests)

Variable	High School Median	Diploma Median	Bachelor's Median	χ^2	P	Pairwise Difference
Emotional Exhaustion	5.00	7.00	8.00	0.03	.984	-
Depersonalization	0.00	2.00	3.00	5.00	.082	-
Personal Achievement	40.00	38.00	39.00	2.61	.272	-
Avoidant Coping	9.00	8.00	9.00	1.28	.528	-
Emotion-Focused Coping	19.00	18.00	22.00	3.04	.219	-
Problem-Focused Coping	26.00	21.00	27.00	7.98	.018*	Bachelor's > Diploma*

Note: *P<.05. Only problem-focused coping differed significantly(Bachelor's>Diploma)

4.2.1.3 Differences by Work Experience

Kruskal-Wallis H tests were conducted to evaluate the impact of work experience (<2 years, 2-5 years, >6 years) on the study variables. The results indicated no statistically significant differences across any of the three experience groups for emotional exhaustion ($\chi^2 = 2.80$, *p* = .246), depersonalization ($\chi^2 = 3.42$, *p* = .181), personal achievement ($\chi^2 = 1.04$, *p* = .596), problem-

Focused coping ($\chi^2 = 1.94$, *p* = .380), emotion-focused coping ($\chi^2 = 1.43$, *p* = .490), or avoidant coping ($\chi^2 = 2.81$, *p* = .246). This suggests that, within this sample, years of professional experience were not a significant factor influencing burnout levels or coping strategy preference.

Table 5: Work Experience Differences in Burnout and Coping Strategies (Kruskal-Wallis Tests)

Variable	<2Years Median(n-12)	2-5Years Median(n-15)	6 Median(n-8)	χ^2	P
Emotional Exhaustion	5.50	8.00	8.00	2.80	.246
Depersonalization	0.00	2.00	0.00	3.42	.181
Personal Achievement	40.00	39.00	39.00	1.04	.596
Avoidant Coping	8.00	9.00	9.00	2.81	.246
Emotion-Focused Coping	20.00	22.00	20.00	1.43	.490
Problem-Focused Coping	23.00	27.00	26.50	1.94	.380

Note: No significant differences were found (all P>.05)

4.2.2 Interrelationships among Burnout and Coping Variables

Spearman's rank-order correlations were computed to assess the relationships between age, work experience, burnout dimensions, and coping strategies (see Table 4). A strong, positive correlation was observed between the two adaptive coping strategies, problem-focused and emotion-focused coping ($\rho = .59$, *p* < .001), suggesting that professionals who use one tend to use the other. As expected, a moderate positive correlation was found between the core burnout dimensions of emotional exhaustion and depersonalization ($\rho = .56$, *p* < .001), indicating that these components of burnout co-occur.

Notably, avoidant coping demonstrated several significant relationships. It was positively correlated with emotional exhaustion ($\rho = .36$, *p* = .032) and, unexpectedly, with personal achievement ($\rho = .39$, *p* = .023).

This presents a complex picture where avoidant strategies are associated with higher burnout in one domain yet also with a greater sense of accomplishment. Furthermore, age was positively correlated with both work experience (ρ = .49, *p* = .003) and the use of avoidant coping (ρ = .34, *p* = .048).

Table 6: Spearman's Correlations among Study Variables

Variabe	1	2	3	4	5	6	7	8
1. Age	-							
2. Work experience	.49**	-						
3. Emotional Exhaustion	.20	.12	-					
4. Depersonalization	-.20	.13	-.56**	-				
5. Personal Achivement	.11	-.01	-.27	-.15	-			
6. Problem-Focused Coping	.03	.18	.16	.19	-.14	-		
7. Emotion-Focused Coping	-.02	-.11	.16	.20	-.14	.59**	-	
8. Avoidant Coping	.	.33	.36*	.29	.39	.22	.05	-

Note : *P<.05, *P<.01

4.3 Qualitative Findings

The following section outlines the findings from a group discussion with professionals who work with children on the Autism Spectrum. It examines their experiences with burnout, the key stressors contributing to it, the coping strategies they employ, and the challenges they encounter in maintaining their well-being. Direct quotes from participants are included to highlight their viewpoints.

4.3.1 Theme 1: Emotional and Physical Burnout Experiences

Participants reported feeling emotionally and physically drained, particularly during the initial phase of their work. One participant noted,

"I often felt somewhat tired at the start of the day, my thoughts were occupied with work, and my body felt sluggish. Going to work occasionally felt stressful and uneasy in the mornings."

Many described experiencing periods of disengagement and repetitiveness in their daily tasks. Some physical symptoms, such as mild shortness of breath, shoulder stiffness, and occasional stomach discomfort, were also mentioned. Several participants admitted they initially did not identify these experiences as signs of burnout, instead attributing them to temporary fatigue or lack of motivation.

4.3.2 Theme 2: Work-Related Stressors

High parental expectations emerged as a significant source of stress. Participants conveyed that parents often anticipated quick progress from their children with autism. When these expectations were unmet, participants felt their work lacked meaning. One participant explained,

"Many parents expect unique skills from their children. When the child doesn't progress as they hope, I feel my work is meaningless."

The physical demands of hyperactive or aggressive children further exacerbated burnout. Participants also pointed out challenges related to limited resources, inadequate professional guidance, and uncertainty about the best techniques to use with the children, which added to their frustration and emotional strain.

4.3.3 Theme 3: Coping Mechanisms

Participants utilized a range of coping strategies to manage stress and alleviate burnout. Spiritual practices, such as praying and attending church, were commonly mentioned. Some preferred solitude, rest, or sleep to recharge, while others sought self-improvement through reading or enhancing their professional knowledge. Social support was crucial; participants shared their experiences with family or colleagues, and some sought guidance and supervision when possible. One participant remarked,

"Talking to my family or someone close helps me rebuild. Discussing with colleagues or asking for guidance also makes a difference."

4.3.4 Theme 4: Barriers to Effective Coping

Several obstacles hindered participants' ability to consistently apply coping strategies. Some felt embarrassed to seek repeated support for a single child, fearing judgment or appearing incompetent. Others highlighted the lack of scheduled meetings or structured supervision, resulting in support being available only when actively requested. Limited time, financial constraints, and insufficient opportunities for skill development or training further restricted participants' ability to manage stress effectively. One participant shared,

"We don't have enough time or financial ability to improve our knowledge or researchable skills."

These findings offer a comprehensive understanding of the experiences and challenges of burnout among professionals, which will be further analyzed and discussed in the following section.

V. DISCUSSION

5.1 Introduction

This chapter discusses the quantitative and qualitative results of the present study, which examined burnout dimensions and coping strategies among professionals working with children diagnosed with Autism Spectrum Disorder (ASD) in Addis Ababa. The findings are interpreted in connection with the study objectives and the broader empirical literature. The discussion integrates the statistical outcomes — including Mann–Whitney U tests, Kruskal–Wallis H tests, and Spearman's rank-order correlations — with thematic insights from participant narratives in order to provide a multidimensional interpretation. Collectively, the results suggest that burnout in this context is shaped not only by individual coping responses but also by systemic issues within the Ethiopian autism care landscape.

5.2 Prevalence and Dimensions of Burnout

The findings revealed **moderate emotional exhaustion** (Mdn = 8.00), **low depersonalization** (Mdn = 1.00), and **high personal achievement** (Mdn = 39.00). This profile indicates that professionals experience psychological strain while still maintaining a sense of competence and dedication. This pattern parallels early burnout profiles described by Maslach and Jackson (1981), in which emotional exhaustion often emerges before detachment or reduced accomplishment. Similar findings have been reported in studies from Pakistan (Shaukat et al., 2021), South Africa (Pillay & Hassen, 2019), and Kenya (Munyao, 2020), where emotional exhaustion appears early in the burnout trajectory, particularly in resource-limited environments.

The high personal achievement scores differentiate this population from teachers and social workers in higher-income contexts, where achievement typically declines as exhaustion increases (Purvanova & Muros, 2010). One reason may be that Ethiopian autism

professionals derive a strong sense of purpose from witnessing incremental progress in children, even with systemic constraints. The qualitative data reinforce this, as participants described work as meaningful despite emotional strain: *"I feel tired, but I know why I am here. I want the children to change."* This indicates a coping buffer rooted in purpose, which aligns with resilience research suggesting that meaning decreases burnout risks even under high stress (Gavish & Friedman, 2010).

However, the coexistence of exhaustion and high achievement also raises concern, resembling what Bakker and Demerouti (2017) describe as **"masked burnout"**: professionals remain productive but emotionally depleted. Early identification is essential, as emotional exhaustion strongly predicted depersonalization in this study ($\rho = .56$, $p < .001$), indicating risk of long-term deterioration if unaddressed.

5.3 Gender Differences in Burnout and Coping

The analysis identified two statistically significant gender differences:

- **Emotional exhaustion was higher among males:**

  $U = 20.00, z = -2.62, p = .007$ (Mdn = 12.00 vs. 7.00).

- **Avoidant coping was more frequently used by males:**

  $U = 32.00, z = -2.19, p = .043$.

These findings align with Purvanova and Muros' (2010) conclusion that men may experience burnout more internally and respond with withdrawal or avoidance. In Ethiopian social norms, masculine identity is often associated with independence and emotional privacy (Tigistu, 2019), which may discourage help-seeking and promote avoidance. The qualitative data are consistent with this pattern; several male participants reported coping **"by keeping quiet or isolating themselves"**, reflecting self-protective disengagement rather than active coping.

No significant gender differences were found for depersonalization, personal accomplishment, or adaptive coping strategies ($p > .05$), suggesting that gender differences are not global but domain-specific. This partially contradicts global studies where female staff report higher emotional fatigue (Schaufeli, 2003), implying a culturally unique pattern in Ethiopian autism settings.

5.4 Education Level and Problem-Focused Coping

Education level significantly influenced coping patterns:

- **Problem-focused coping differed across education groups:**

  $\chi^2(2) = 7.98, p = .018$; Bachelor's Mdn = 27.00 vs. Diploma Mdn = 21.00 ($p = .025$).
- Higher education appears to equip professionals with strategies that emphasize planning, skill acquisition, and solution generation. This mirrors findings by Flink et al. (2020), who argue that academic exposure to behavioral theory predicts greater use of proactive coping. In contexts like Ethiopia, where training access is limited, education may function as a protective asset. The qualitative findings also support this trend, as participants with higher qualifications mentioned self-development practices such as *"reading, searching new methods, or asking for supervision."*

However, the absence of educational differences in emotional exhaustion ($p > .05$) suggests that knowledge alone cannot buffer systemic pressure. Even skilled professionals become vulnerable when organizational supports—such as supervision, training budgets, and resource availability—are insufficient.

5.5 Work Experience and Burnout

Work experience did not significantly influence burnout or coping (*all $p > .05$*), contradicting literature suggesting that burnout either escalates with time (Maslach et al., 2018) or

decreases as coping skills develop (Leiter & Maslach, 2016). In this study, emotional exhaustion remained stable across experience groups (<2 years Mdn = 5.50; >6 years Mdn = 8.00), indicating that burnout may stem more from contextual factors than tenure.

Qualitative responses reveal why: professionals reported chronic workload pressure, parental expectations, and lack of structured supervision — factors unrelated to experience. This reflects findings in other LMIC contexts where burnout is predicted by system deficits rather than duration in the field (Atilola, 2020; Mwangi, 2021). Therefore, experience does not neutralize stress in settings where institutional infrastructure is weak.

5.6 Correlations Among Burnout and Coping Variables

Spearman's correlations clarify how coping strategies shape burnout progression:

Key Correlations	Interpretation
$\rho = .56$, $p < .001$ (EE–DP)	Exhaustion drives detachment; early intervention needed.
$\rho = .59$, $p < .001$ (PFC–EFC)	Adaptive strategies are complementary, not separate.
$\rho = .36$, $p = .032$ (Avoidant–EE)	Avoidance increases burnout vulnerability.
$\rho = .39$, $p = .023$ (Avoidant–Achievement)	Avoidance may protect identity short-term.

The finding that avoidant coping correlates positively with both emotional exhaustion and personal achievement is complex. In the short term, avoidance may offer psychological relief — as participants described: *"I avoid for a day to get my energy back."* However, long-term reliance risks escalation of burnout. This dual function of avoidance reflects Lazarus and Folkman's (1984) transactional model, in which coping may be adaptive or maladaptive depending on context and duration.

5.7 Integration of Qualitative Themes With Quantitative Results

The qualitative themes strengthen and contextualize quantitative findings:

- **Emotional and Physical Symptoms → Confirm Exhaustion Scores**

Participants described fatigue, tension, and cognitive overload, aligning with median exhaustion levels and the significant correlation between exhaustion and depersonalization.

- **Work-Related Stressors → Explain Gender and Education Patterns**

High parental expectations and resource scarcity contextualize why males withdraw (higher avoidance) and why education predicts problem-focused coping.

- **Coping Mechanisms → Explain Statistical Correlations**

Narratives of prayer, reflection, and selective isolation reflect quantitative patterns in emotion-focused and avoidant coping.

- **Systemic Barriers → Explain Lack of Experience Differences**

Workload, supervision gaps, and financial limitations hinder coping regardless of tenure.

Together, these results illustrate burnout as a **systemic phenomenon**, not merely an individual emotional state.

5.8 Implications for Policy, Practice, and Training

Organizational Interventions

- Introduce mandatory supervision schedules and reflective case meetings.
- Reduce caseloads for early-career professionals.
- Create burnout screening protocols every 3–6 months.

Professional Training

- Expand ASD specialization tracks in Ethiopian universities.
- Provide accessible CPD and ABA/CBT workshops for diploma-level staff.
- Incorporate emotional regulation and coping skills training.

Gender-Responsive Support

Facilitate alternative coping channels for male professionals.

Normalize help-seeking through supervision culture and peer support.

Policy Recommendations

- National recognition of autism therapy work as high-risk for burnout.
- Allocate funding for resource development in autism centers.
- Integrate mental health support into workplace infrastructure.

5.9 Limitations and Future Research

- The sample size (N = 35) limits generalizability; expansion to regional samples is recommended.
- Cross-sectional design prevents causal inference; longitudinal data is needed.
- Self-report measures are subject to social desirability and recall biases. Incorporating objective measures or triangulation can improve reliability.
- Future research could explore longitudinal changes in burnout and coping, examining the impact of interventions, mentorship, or organizational pokicies.

5.10 Conclusion

This study demonstrates that professionals working with children with ASD in Addis Ababa experience **moderate burnout with preserved professional identity**, shaped by gender, education, and systemic conditions rather than experience alone. The findings show that adaptive coping is present but insufficient without structural support. The integration of quantitative and qualitative results emphasizes that burnout in Ethiopia is not merely a psychological outcome but a **workforce welfare and policy issue**. Strengthening training, supervision, and workplace systems is therefore critical for sustaining the ASD service workforce.

VII. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study investigated the prevalence, patterns, and predictors of burnout, as well as coping strategies among professionals working with children with Autism Spectrum Disorder (ASD) in Addis Ababa. The combined quantitative and qualitative findings indicate that burnout in this professional group is characterized primarily by **moderate emotional exhaustion**, **low depersonalization**, and **high personal accomplishment**. This pattern suggests that while participants experience emotional strain related to workload and environmental demands, they generally maintain empathy, commitment, and a sense of competence in their professional roles. This outcome aligns with international literature noting that emotional exhaustion is often the earliest and most dominant component of burnout among caregivers in developmental disability settings, while depersonalization tends to remain lower in empathetic and relationship-oriented fields (Maslach & Jackson, 1981; Maslach et al., 2001; Shaukat et al., 2021).

Gender differences were observed, with male professionals reporting higher emotional exhaustion and greater use of avoidant coping strategies, whereas female professionals demonstrated relatively balanced coping approaches. Depersonalization and personal accomplishment did not significantly differ by gender, suggesting that emotional strain—not disengagement—is the primary gender-based variation. These findings reflect global patterns showing that social and cultural expectations can influence how male professionals internalize and manage work stress, sometimes resulting in increased withdrawal or emotional suppression (Purvanova & Muros, 2010).

Education level showed a meaningful relationship with coping patterns. Professionals with bachelor's degrees demonstrated greater use of **problem-focused coping**, suggesting that training and academic exposure may strengthen cognitive and skill-based approaches to stress

management. In contrast, work experience did not produce significant differences in burnout or coping, implying that emotional strain is **not merely cumulative over time** but instead shaped by environmental and systemic conditions such as workload, parental expectations, supervision quality, and resource availability.

Correlation analysis showed that emotional exhaustion and depersonalization are positively associated, confirming that these dimensions can co-develop; however, personal accomplishment remained relatively independent, functioning as a protective factor. Adaptive coping strategies (problem-focused and emotion-focused coping) were positively correlated with each other, while avoidant coping was associated with emotional exhaustion, reflecting its temporary and compensatory role rather than a solution-oriented approach. Qualitative findings demonstrated that some avoidant strategies provided short-term relief in high-pressure contexts, yet did not prevent long-term fatigue.

Overall, the findings suggest that burnout among ASD professionals in Addis Ababa is influenced **more by organizational and contextual factors** than by individual limitations. Limited supervision, inconsistent recognition, high parental expectations, and resource shortages contribute more significantly to emotional strain than personal characteristics alone. Despite these challenges, professionals demonstrated resilience, dedication, and meaningful engagement with their work, indicating that even small organizational interventions could substantially improve well-being and retention.

In conclusion, this study highlights a burnout profile shaped by **systemic strain rather than emotional disengagement**, and coping approaches that reflect both resilience and constraint. Addressing burnout therefore requires interventions that strengthen individual coping skills while simultaneously improving the structure, support systems, and professional culture within autism service settings.

6.2 Recommendations

6.2.1 Recommendations for Autism Centers

- **Establish Structured Supervisory Support**

  Provide scheduled supervision, mentoring, and emotional check-ins to address emotional exhaustion, particularly for male professionals and newly employed staff.

- **Promote and Reinforce Adaptive Coping**

  Integrate brief in-service trainings or reflective sessions to encourage problem-focused and emotion-focused coping rather than avoidant patterns.

- **Invest in Skills Training for All Qualification Levels**

  Offer low-cost workshops on problem-solving, classroom behavior strategies, and communication to support staff with lower academic qualifications who may benefit from targeted development.

- **Balance Workload and Expectations**

  Avoid sudden increases in responsibilities and distribute caseloads equitably to reduce cumulative emotional strain across both new and experienced workers.

- **Enhance Resource and Material Support**

  Prioritize basic educational materials, visual tools, and sensory equipment to minimize stress arising from improvisation and resource scarcity.

6.2.2 Recommendations for Staff

- **Strengthen Adaptive Coping Repertoires**

  Utilize problem-solving strategies, emotional regulation, and professional peer dialogue as first-line responses to stress.

- **Limit Avoidant Coping to Short-Term Relief Only**

  Encourage professionals to replace long-term avoidance with solution-focused behaviors, support-seeking, and guided reflection when emotional exhaustion increases.

- **Use Peer Collaboration as a Protective Factor**

  Foster professional relationships, teamwork, and shared problem solving to reduce isolation and increase resilience.

6.2.3 Recommendations for Future Research

- **Conduct Studies with Larger and More Diverse Samples**

  Replicate findings with more participants and include multiple centers to improve external validity.

- **Include Organizational and Environmental Variables**

  Investigate workload, job satisfaction, leadership practices, and supervision models as potential predictors of burnout.

- **Use Longitudinal or Intervention Designs**

  Track burnout and coping over time and assess how mentorship or support systems alter emotional exhaustion and coping trajectories.

- **Expand Mixed-Methods Approaches**

  Continue combining quantitative assessment with narrative or interview-based data to capture the depth and nuance of burnout experiences.

6.3 Closing Statement

The recommendations offered are intentionally aligned with the empirical results and contextual realities of autism service provision in Addis Ababa. Given the sample size and exploratory scope of the study, broader institutional or national policy reform is beyond the study's statistical capacity. However, practical, low-resource interventions focused on supervision, recognition, and skill development can substantially reduce emotional exhaustion and promote sustainable coping. Strengthening both individual competencies and structural support systems will enhance professional well-being and ultimately improve the quality of care provided to children with ASD.

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Annex

Masalach Burnout Inventory (MBI)

Burnout Self-Test
Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout.

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section A:	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section B:	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

SCORING RESULTS – INTERPRETATION

Section A: Burnout
Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization
"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement
The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

***Note**: Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.*

C. Maslach, S.E. Jackson, M.P. Leiter (Eds.), Maslach Burnout Inventory manual (3rd ed.), Consulting Psychologists Press (1996)

Translated form of MBI

የ Maslach Burnout Inventory (MBI) የስሜት መሟመጥን ሠመሠካት በስፋት ጥቅም ሊይ የሚውሌ እራስን በእራስ መገምገሚያ መሳሪያ ነው። የስሜት መሟጠጥ አዯጋ ይኖር እንዯሆነ ሠመሠካት MBI ሶስት ጎራዎችን ይዲስሣሌ እነሱም ዴካም፣ ራስን ማግሠሌ እና የግሌ ስኬት ናቸው። ይህንን መሳሪያ ጥቅም ሊይ ሲውሌ ውጤቱ ምንም ቢሆን እንዯ ሳይንሳዊ መመርመሪያነት በፍጹም መዋሌ አይችሌም። የዚህ መጠይቅ አሊማ ማንም ሰው የስሜት መሟጠጥ አዯጋ ሊይ ሉሆን እንዯሚችሌ ግንዛቤ መስጠት ብቻ ነው።
ሠእያንዲንደ ጥያቄ ከምሊሽዎ ጋር የሚዛመዯውን ነጥብ ያስፍሩ። በእያንዲንደ ክፍሌ ሊይ ያገኙትን ነጥብ በመዯመር ከመጠይቁ ስር ትርጓሜ ጋር ያስተያዩ።

ጥያቄዎች	በፍጹም	በዓመት ውስጥ ሠዯቶች ጊዜያት	በወር አንዴ	በወር ውስጥ ሠዯቶች ጊዜያት	በሳምንት አንዴ	በሳምንት ውስጥ ሠተወሰኑ ጊዜያት	በየቀኑ
ክፍሌ 1	0	1	2	3	4	5	6
በስራዬ የተነሳ ስሜቴ እንዯተሟጠጠ ይሰማኛሌ							
ቀኑን ሙለ ሰዎች ሊይ መስራት ችላቅ አቅም እሚጠይቅ ነው							
ስራዬ ውስጤን እየጎዲ አይነት ስሜት ይሰማኛሌ ው							
በስራዬ ብስጭት ይሰማኛሌ							
በስራዬ ከመጠን በሊይ እየሠፋው እንዲሠ ይሰማኛሌ							
ከሰዎች ጋር በቀጥታ ግንኙነት ያሠው ስራ መስራቴ በጣም ያስጨንቀኛሌ							
የገመዳ /የችግስቴ መጨረሳ ሊይ እንዲሠው ይሰማኛሌ							
የክፍሌ አንዴ ጠቅሊሊ ውጤት							

ጥያቄዎች	በፍጹም	በዓመት ውስጥ ሦስት ጊዜያት	በወር አንዳ	በወር ውስጥ ሦስት ጊዜያት	በሳምንት አንዳ	በሳምንት ውስጥ ሦስት ጊዜያት	በየቀኑ
ክፍሌ 2	0	1	2	3	4	5	6
አንዲንዴ ጭንበኞቼን እንጭቋስ ነውእማያቸው							
ጠዋት ስነሳ እና ላሊ የስራ ቀን ሌዯምር እንጭሆነ ሳስብ ይጭክ መኛሌ							
አንዲንዳጭምበኞቼ ሇራሳቸው ተግር እኔን ተጠያቂ እያጭረጉ እንዲሇ ይሰማኛሌ							
በስራ ማብቂያ ስዓት ሊይ የትግስቴ መጨረሳ ሊይ እሆናሇው							
በጭምበኞቼ ሊይ የጭረሰው ነገር የምርምግዴ አይሰጠኝም							
ይሄን ስራ መስራት ከዯመርኩ በኋሊ ሇሰዎች ስሜት አሌባ ሆኛሇው							
አዘናሇውይሄ ስራ ግዴየሇሽ እያጭረገኝ ነው							
የክፍሌ ሁሇት ጠቅሊሊ ውጤት							

ጥያቄዎች	በፍጹም	በዓመት ውስጥ ሦስት ጊዜያት	በወር አንዳ	በወር ውስጥ ሦስት ጊዜያት	በሳምንት አንዳ	በሳምንት ውስጥ ሦስት ጊዜያት	በየቀኑ
ክፍሌ 3	0	1	2	3	4	5	6
በዚህ ስራ ብዙ ጠቃሚነገር አሳክቻሇው							
ጉሌበቴ ሙለ እንጭሆነ ይሰማኛሌ							
ጭምበኞቼ ምን እንጭሚሰማቸው በቀሊለ እረዲሇው							
የጭንበኞቼን ችግር በሚገባ እከታተሊሇው							
በስራ ቦታ ከስሜት ጋር የሚያያዙ ተግሮችን በእርጋታ እይዛቸዋሇው							
በስራዬ ሰዎተ ሊይ አዎንታዊ ተጽህኖ እያሳረፍኩ እንጭሆነ ይሰማኛሌ							

ከ ጭንበኖቼ ጋር በቀለለ ዘና ያሆን ከባቢ መፍጠር እችሊሆው							
በስራ ቦታ ከ ጭንበኞቼ ጋር ስገናኝ እታዮሳሆው							
የ ክፍሌ ሶስት ጠቅሊሊ ውጤት							

Brief-Cope Questioner

		I never did this	A little bit	A medium amount	I have done this a lot
1	I've been turning to work or other activities to take my mind off things.				
2	I've been concentrating my efforts on doing something about the situation I'm in.				
3	I've been saying to myself —this isn't real‖.				
4	I've been using alcohol or other drugs to make myself feel better				
5	I've been getting emotional support from others.				
6	I've been giving up trying to deal with it				
7	I've been taking action to try to make the situation better.				
8	I've been refusing to believe that it has happened				
9	I've been saying things to let my unpleasant feelings escape.				
10	I've been getting help and advice from other people				
11	I've been using alcohol or other drugs to help me get through it				
12	I've been trying to see it in a different light,				

	to make it seem more positive.				
13	I've been criticizing myself				
14	I've been trying to come up with a strategy about what to do.				
15	I've been getting comfort and understanding from someone.				
16	I've been giving up the attempt to cope				
17	I've been looking for something good in what is happening				
18	I've been making jokes about it.				
19	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.				
20	I've been accepting the reality of the fact that it has happened.				
21	I've been expressing my negative feelings.				
22	I've been trying to find comfort in my religion or spiritual beliefs.				
23	I've been trying to get advice or help from other people about what				
24	I've been learning to live with it				
25	I've been thinking hard about what steps to take.				
26	I've been blaming myself for things that happened				
27	I've been praying or meditating				
28	I've been making fun of the situation.				

Brief-Cope Questioner translated form

መመሪያዎች:

የሚከተሉት ጥያቄዎች በስራ ሕይወትዎ ውስጥ አለታዊ ስሜት ሲያጋጥሞት (ዴካም፡ ራስን ማግሃሌ እና ዝቅተኛ የሆነ የግሌ ስኬት ስሜት) እሱን ሃማሃፍ የሞከሯቸውን መቋቋሚያ መንገዴ ይጠይቃለ። መግሃጫውን አንብበው እያንዲንደን የመቋቋሚያ ዘዳ ሃምን ያህሌ ጊዜ እንዯተጠቀሙበት ያሳዩ።

		ይህን በጭራሽ አሊዯረግኩም	ትንሽ	መካከሇኛ	ይህን በጣም አዯረግኩ
1	አዕምሮዬን ከያዘው አለታዊ ስሜት ሃሳሊቀቅ እራሴን ወዯ ስራ ወይም ወዯ ላልች ጉዲዮች አዘራሃው።				
2	አቅሜን በሙለ የገባሁበት አለታዊ ስሜትን የሆነ ነገር ስሃማዴረግ አተኩራሃው።				
3	ሃራሴ "የ ሚሰማኝ ስሜት እውነት አይዯሃም" ብዬ እየነገርኩት ነው።				
4	የተሳሃ ስሜት እንዱሰማን አሌኮሌ ወይም ሊልተ አነቃቂ እጾችን እየተጠቀምኩ ነው።				
5	ስሜታዊ ዴጋፍ ከላልች እየተቀበሌኩ ነው				

6	የ ሚሰ ማ ኃ ን አ ለ ታ ዊ ስ ሜ ት ሆ መ ጋ ፈ ጥ ያ ሆ ኃ ጥ ረ ት ሊ ይ ተ ስ ፋ ቆ ር ጫ ሆ ው።				
7	የ ሚ ሰ ማ ኃ ን አ ለ ታ ዊ ስ ሜ ት ሆ ማ ሳ ሳ ሌ እ ር ም ዳ ሆ መ ው ሰ ዴ እ የ ሞ ከ ር ኩ ነ ው።				
8	የ ሚ ሰ ማ ኃ ን አ ለ ታ ዊ ስ ሜ ት እ ን ዲ ሌ ተ ከ ሰ ተ አ ዴ ር ጌ እ የ ካ ዴ ኩ ኝ ነ ው።				
9	አ ለ ታ ዊ ስ ሜ ቶ ቼ ን ከ እ ኔ እ ን ዱ ሄ ደ እ ና እ ን ዱ ያ መ ሌ ጡ ሆ ነ ገ ሮ ች እ የ ተ ና ገ ር ኩ ነ ው።				
10	ከ ላ ል ተ ሰ ዎ ተ እ ር ዲ ታ እ ና ም ክ ር እ የ ተ ቀ በ ሌ ኩ ነ ው።				
11	ነ ገ ሮ ተ ን እ ን ዲ ሌ ፍ እ ን ዱ ረ ዲ ኝ አ ሌ ኮ ሌ ወ ይ ም ላ ል ች እ ጾ ች ን እ የ ተ ጠ ቀ ም ኩ ነ ው።				
12	የ ገ ባ ሁ በ ት ን አ ለ ታ ዊ ስ ሜ ት በ ተ ሆ የ ሁ ኔ ታ ሆ ማ የ ት እ ና አ ዎ ን ታ ዊ ሆ ማ ዴ ረ ግ እ የ ሞ ከ ር ኩ ነ ው።				
13	እ ራ ሴ ን እ የ ወ ቀ ስ ኩ ነ ው።				
14	ም ን ማ ዴ ረ ግ እ ን ዲ ሆ ብ ኃ ዘ ዳ ሆ ማ ግ ኘ ት እ የ ሞ ከ ር ኩ ነ ው				
15	መ ጽ ና ና ት እ ና ያ ሆ ሁ በ ት ን ሁ ኔ ታ መ ረ ዲ ት ከ ሰ ው እ ያ ገ ኘ ው ነ ው።				
16	የ ሚ ሰ ማ ኃ ን አ ለ ታ ዊ ስ ሜ ት ሆ መ ሳ ገ ር መ ሞ ከ ሬ ሊ ይ ተ ስ ፋ እ የ ቆ ረ ጥ ኩ ነ ው።				
17	እ የ ተ ከ ሰ ተ ብ ኃ ካ ሆ ው ነ ገ ር ው ስ ጥ በ ጎ ነ ገ ር እ የ ፈ ሆ ግ ኩ ነ ው።				
18	በ ሚ ሰ ማ ኃ አ ለ ታ ዉ ስ ሜ ት ሊ ይ እ የ ቅ ሆ ዴ ኩ በ ት ነ ው።				
19	ብ ዙ ሊ ሆ ማ ሰ ብ ላ ል ተ ነ ገ ሮ ተ ን እ ያ ዮ ረ ኩ ነ ው፤ እ ነ ሱ ም ፊ ሌ ም ሆ ማ የ ት መ ው ጣ ት፣ ቴ ላ ቪ ቸ ን ማ የ ት፣ ማ ን በ ብ፣ የ ህ ሌ ም እ ን ጀ ራ ማ ሆ ም፣ መ ተ ኛ ት፣ ወ ይ ም እ ቃ መ ገ ዛ ዛ ት።				
20	የ ተ ከ ሰ ተ ው ን እ ው ነ ታ እ የ ተ ቀ በ ሌ ኩ ነ ው።				
21	አ ለ ታ ዊ ስ ሜ ቶ ቼ ን ወ ዮ ወ ጪ እ የ ገ ሆ ጽ ኩ ነ ው				
22	በ ሃ ይ ማ ኖ ቴ ወ ይ ም መ ን ፈ ሳ ዊ እ ም ነ ቴ መ ጽ ና ና ት ን ሆ ማ ግ ኘ ት እ የ ሞ ከ ር ኩ ነ ው።				
23	ም ን ማ ዴ ረ ግ እ ን ዲ ሆ ብ ኃ ም ክ ር ወ ይ ም እ ር ዲ ታ ከ ላ ል ች ሰ ዎ ች ሆ ማ ግ ኘ ት እ የ ሞ ከ ር ኩ ነ ው				
24	ከ ሚ ሰ ማ ኃ አ ለ ታ ዊ ስ ሜ ት እ ና ተ ግ ር ጋ ር እ ን ዳ ት እ ን ዮ ሚ ኖ ር እ የ ተ ማ ር ኩ ነ ው።				
25	ም ን ም ን እ ር ም ዳ ዎ ተ ን መ ው ሰ ዴ እ ን ዲ ሆ ብ ኃ በ አ ጽ ኖ ት እ ያ ሰ ብ ኩ ነ ው።				
26	ሆ ተ ከ ሰ ቱ ት ነ ገ ሮ ች ራ ሴ ን እ የ ወ ቀ ስ ኩ ነ ው።				
27	እ የ ጸ ሆ ይ ኩ ወ ይ ም አ ር ም ሞ እ ያ ዮ ረ ኩ ነ ው።				
28	በ ሁ ኔ ታ ው ሊ ይ እ ያ ሾ ፍ ኩ በ ት ነ ው።				