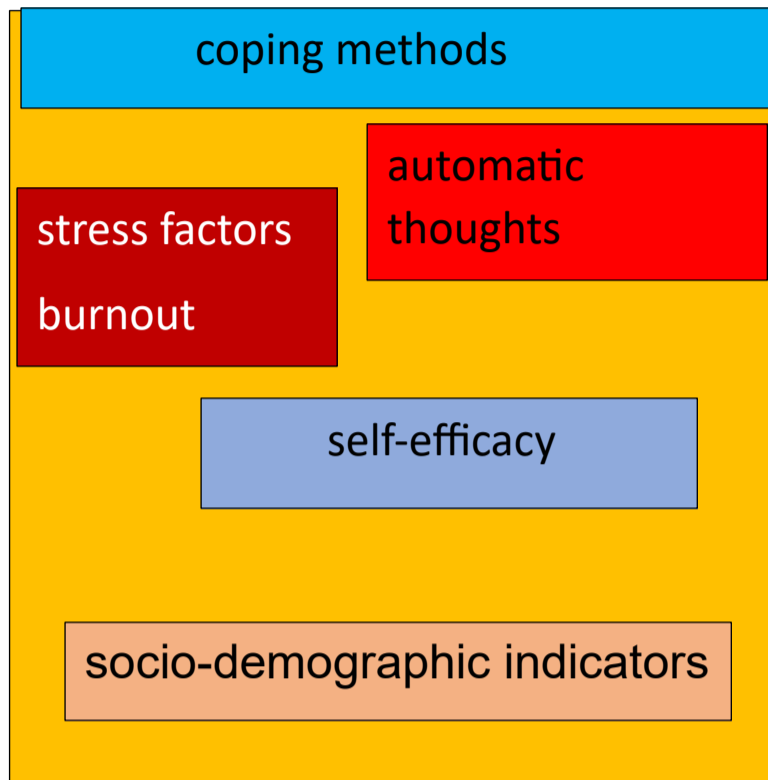


# The association of coping styles with automatic thoughts, burnout and self-efficacy in three high schools

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## Material and Method

### Introduction



in three high schools during periodic medical checkup, through a questionnaire

-age, duration as an employee in the unit, gender, type of residence, level of education

-Brief **COPE** questionnaire  
 Planning, Active coping, Emotional support, Denial  
 Instrumental support, Positive reframing, Humour, Acceptance, Religion, Self-distraction, Substance use, Venting, Behavioral disengagement, Self-blame

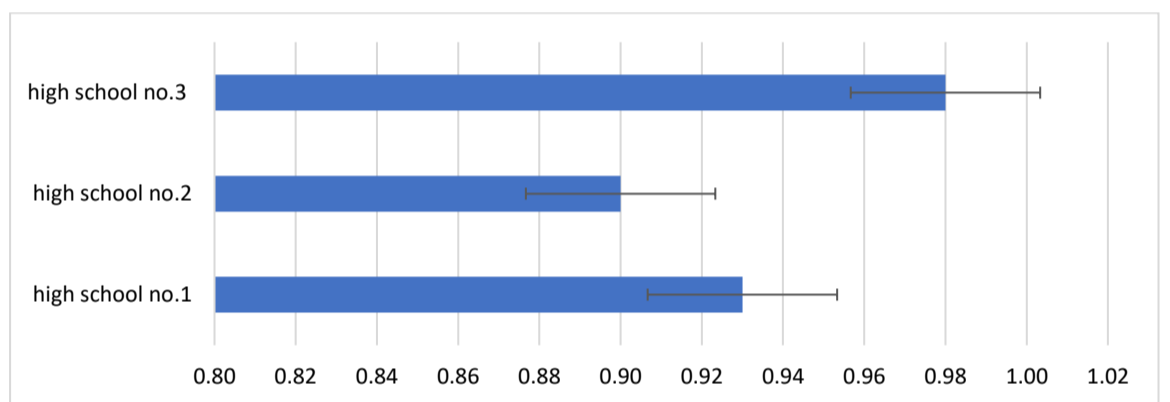
-perceived **self-efficacy** scale

-Oldenburg **Burnout** Inventory

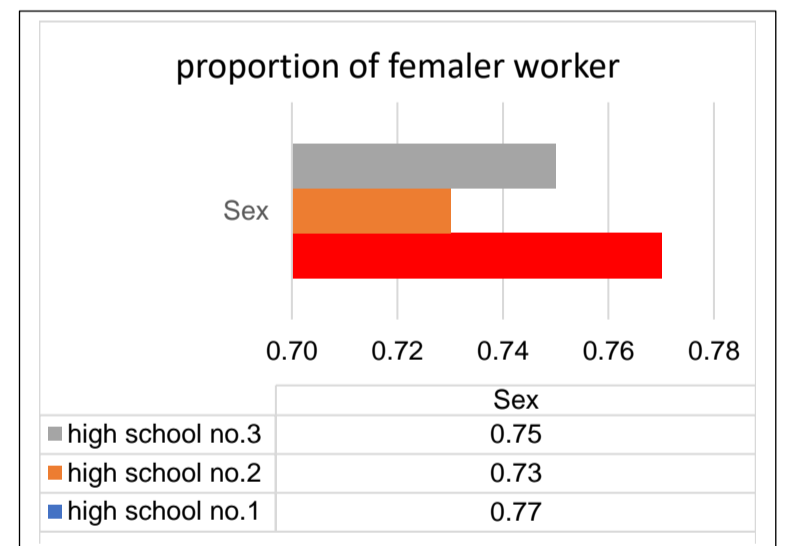
-**Automatic Thoughts** Questionnaire

### Results

	the number of workers	the number of respondents
school no.1	158	94
school no.2	96	74
school no.3	97	57



	Age (years)	duration as an employee (years)	self-efficacy	ATQ	level of education	Burnout	
RESULTS by school	high school no.1	43.01	15.04	33.09	18.55	3.95	40.28
	high school no.2	45.24	13.81	30.95	21.52	3.64	44.43
	high school no.3	42.46	14.83	32.04	19.68	3.94	45.87
	maximum possible value		40	75	4	64	



ALL 3x school

Active coping correlates positively with Positive reframing (p<0.001), Planning (p<0.001)

ATQ corelates, negatively, with self-efficacy (in school no.1 p=0,017; in school no.2 p=0,010; in school no.3 p=0,037) positively, with burnout (in school no.1 p<0,001; in school no.2 p<0,001; in school no.3 p<0,001) with Self-blame (school no.1 p<0,001; school no.2 p=0,015; school no.3 p=0,010).

Burnout corelates negatively with self-efficacy (in high school no.1 p<0,001; in school no.2 p=0,,002; in school no.3 p<0,001) positively, with Behavioral disengagement(school no.1 p=0,017; school no.2 p<0,001; school no.3 p=0,001) Self-blame (school no.1 p=0,001; school no.2 p=0,002; school no.3 p<0,001).

### Conclusions

**Behavioral disengagement** a manifestation of burnout and a way of coping,

**self-blame.** a consequence of automatic thoughts and emotional exhaustion, a way of reacting that leads to maintaining and even amplifying them.

are associated with each other AND not associated with maladaptive cognitive behavioral tendencies ways of coping through:

active coping, Planning and Positive reframing active coping, and Self-distraction

**cognitive behavioral therapy should target self-blame and disengagement as the main maladaptive mechanisms**