BURNOUT AND PURCHASING-RELATED COPING STRATEGIES DURING COVID-19 PANDEMIC : A STUDY OF THAI CONSUMERS

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A THEMATIC PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF MANAGEMENT
COLLEGE OF MANAGEMENT
MAHIDOL UNIVERSITY
2025

Thematic paper
entitled

BURNOUT AND PURCHASING-RELATED COPING STRATEGIES DURING COVID-19 PANDEMIC: A STUDY OF THAI CONSUMERS

was submitted to the College of Management, Mahidol University
for the degree of Master of Management
on
6 August 2025

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ACKNOWLEDGEMENTS

This study is the result of countless hours of dedication, perseverance, and learning. I am profoundly grateful to Assoc. Prof. Randall Shannon, my advisor, whose patience, wisdom, and unwavering guidance have illuminated every step of this journey. His encouragement not only shaped this research but also inspired my personal and academic growth.

My heartfelt appreciation also goes to my mother, my brother, and my friends, who have been my unwavering pillars of strength. Their belief in me, constant support, and words of encouragement gave me the courage to overcome challenges and persist through moments of doubt. This achievement is as much theirs as it is mine.

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ABSTRACT

This study investigates burnout levels and willingness to cope among the Thai population during the COVID-19 pandemic, along with the use and satisfaction with purchasing-related coping strategies. The pandemic has not only posed significant threats to physical health but has also exerted profound psychological stress, contributing to widespread burnout, particularly stemming from chronic workplace demands. Burnout was assessed using Maslach Burnout Inventory-General Survey (MBI-GS), while coping strategies were evaluated based on constructs adapted from prior literature on purchasing-related coping strategies. Data were collected from a total of 140 participants, encompassing diverse demographic backgrounds. The findings reveal a significant positive correlation between Emotional Exhaustion (EE) and overall burnout, with notable differences observed across age, marital status and occupational groups. In terms of coping strategies, functional and problem-focused strategies yielded higher satisfaction scores compared to dysfunctional and emotion-focused strategies. Demographic factors further influenced both the use and perceived effectiveness of specific coping strategies. Overall, the study underscores the multifaceted nature of burnout, highlighting the critical interplay between its psychological dimensions and the behavioral responses employed to mitigate it. The results provide empirical support for targeted interventions and suggest the need for further research, particularly through longitudinal and qualitative designs to better understand long-term coping behaviors and their underlying motivations.

KEY WORDS: Burnout/ Coping Strategies/ Consumer Behavior/ COVID-19

67 pages

CONTENTS

CONTENTS (cont.)

LIST OF TABLES

LIST OF FIGURES

CHAPTER I
INTRODUCTION

1.1 Background

COVID-19 pandemic, which emerged in late 2019, has had a profound impact globally. The virus was first identified in Wuhan, China in December 2019 and spread worldwide in March 2020 as declared by the World Health Organization declaration. By the end of 2023, over 750 million confirmed cases and nearly 7 million deaths had been reported globally (WHO Coronavirus Disease Dashboard, 2023).

COVID-19 is primarily transmitted through respiratory droplets or by touching contaminated surfaces. The symptoms range from mild symptoms (e.g., cough, fatigue, sore throat, loss of smell or taste) to severe and potentially fatal complications, particularly among the elderly or individuals with underlying health conditions. Preventative measures, such as mask-wearing, social distancing, frequent handwashing, and home isolation, were widely implemented to control transmission. In response, vaccines were developed and distributed to mitigate infection risks.

Beyond its physical health implications, COVID-19 has significantly affected global mental health. Government-imposed restrictions, isolation and economic downturns led to increased levels of stress, fear and anxiety among populations. Businesses were forced to downsize, temporarily shut down or adapt operations, resulting in widespread uncertainty. This psychological strain manifested in altered consumer behaviors, evident through panic buying and hoarding (Lins & Aquino, 2020).

Among mental health issues emerging during the pandemic, burnout became increasingly prevalent. Often unnoticed or unacknowledged, burnout is a state of emotional, physical and mental exhaustion, typically resulting from prolonged stress. The phenomenon is frequently associated with anxiety and diminished well-being. Remote work, social isolation and the erosion of work-life boundaries further contributed to this condition. The COVID-19 context brought new urgency to studying burnout and how individuals attempt to manage it.

1.2 Rationale

As the prevalence of burnout increases, individuals seek various coping mechanisms to manage their symptoms. Despite the growing attention to pandemic-related stress, relatively few studies have focused on burnout within the specific context of consumer behavior. In particular, the role of purchasing-related coping strategies as a method of managing burnout has not been extensively explored.

This study seeks to address this gap by examining the relationship between burnout levels and the coping strategies employed, particularly those involving consumer behaviors. Understanding these patterns can help inform businesses, mental health practitioners and policymakers about the evolving nature of consumer needs and psychological resilience in a crisis context.

1.3 Objectives

The primary objectives of this study are to

1. Assess the levels of burnout among Thai consumers during the COVID-19 pandemic and examine participants' willingness to cope with burnout, as measured by the Maslach Burnout Inventory – General Survey.
2. Investigate purchasing-related coping strategies used by participants during COVID-19 pandemic, including their frequency of use and satisfaction levels.

1.4 Research Questions

This study focuses on the following five research questions:

1. To what extent do participants report feelings of burnout and how do these vary across demographic groups? How willing are they to cope, pay or seek support when experiencing burnout?
2. What is the relationship between burnout and participants' self-rated willingness to adopt coping mechanisms?

3. Which components of burnout are most strongly associated with the overall burnout experience? Are there demographic differences in these associations?
4. What categories of burnout coping strategies are most frequently used or avoided by participants?
5. How satisfied are participants with various purchasing-related coping strategies and how do satisfaction levels differ by demographic characteristics?

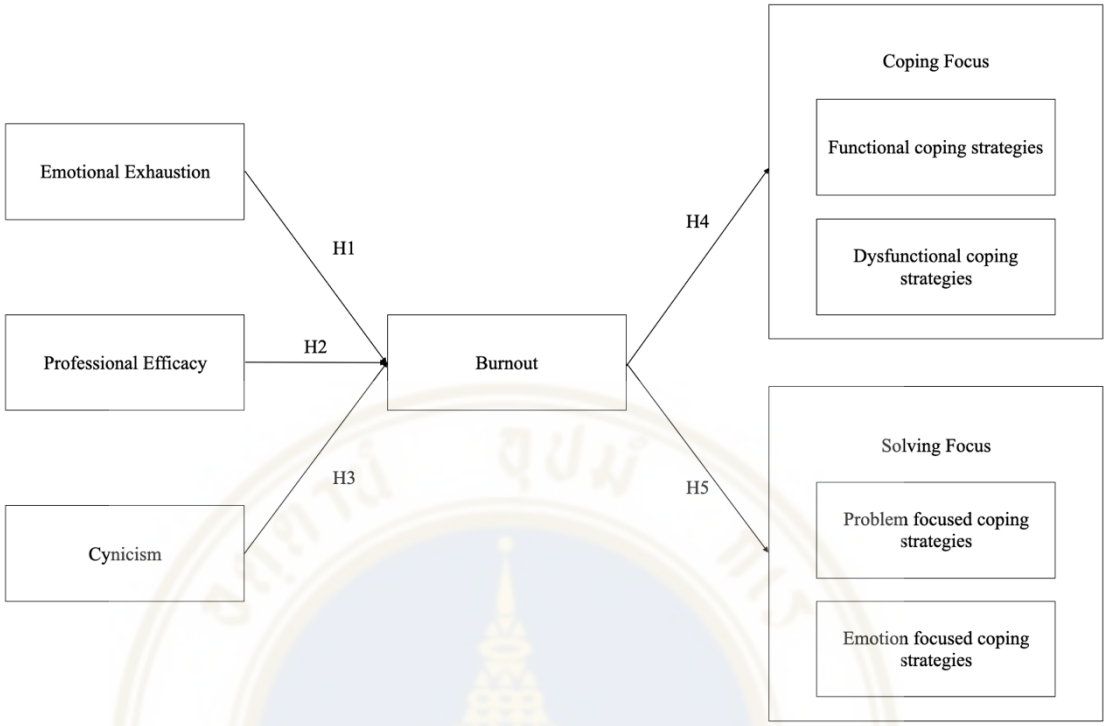
1.5 Hypotheses

As a result of the above discussion, the following hypotheses are proposed

1. H1: Exhaustion is positively associated with burnout.
2. H2: Professional efficacy is negatively associated with burnout.
3. H3: Cynicism is positively associated with burnout.
4. H4: Among coping focus strategies, functional coping strategies have higher satisfaction than dysfunctional coping strategies.
5. H5: Among solving focus strategies, problem-focused coping strategies have higher satisfaction than emotion-focused coping strategies.

The research model is presented in Figure 1. Burnout levels are assessed using Maslach Burnout Inventory – General Survey (MBI-GS), while purchasing-related coping strategies are examined through two key conceptual focuses: Coping Focus and Solving Focus.

Figure 1 Research Model



CHAPTER II
LITERATURE REVIEW

2.1 Impact of the COVID-19 Pandemic on Individuals

The COVID-19 pandemic, which began in December 2019, has significantly impacted countries across the globe in various aspects. Due to its highly contagious nature, the virus quickly spread and was declared a global public health emergency (Xiao et al., 2020). By March 2022, governments worldwide had implemented a variety of response measures including social distancing, lockdowns, quarantine protocols and the development of treatments and vaccines (Lins et al., 2021).

The pandemic has brought about drastic changes in individuals' daily lives, affecting both physical and mental health. Its effects are not only short-term but also deeply embedded at both macro and micro levels. The economic downturn, particularly in industries such as tourism and aviation, forced businesses of all sizes to adapt their operations due to government restrictions (Billore & Anisimova, 2021). Individuals not only experienced loss of income but also incurred additional expenses for protective items such as masks and sanitizers. Several studies have highlighted that the economic impact of the COVID-19 pandemic was associated with deteriorating mental health, including increased anxiety, fear of job loss and role stress (Hayes et al., 2020).

At the individual level, the pandemic triggered long-term physical and psychological consequences. Symptoms of infection ranged from mild symptoms, including cough, sore throat, fatigue and loss of smell/taste to severe illness and death. In parallel, the psychological toll became increasingly evident. Factors such as social distancing, isolation, work-from-home arrangements and increased workloads particularly in essential sectors like healthcare, exacerbated emotional strain. Feelings of burnout, emotional fatigue, anxiety and depression became common, negatively affecting self-confidence and personal efficacy. Additional stressors included fear of infection, familial conflict and challenges associated with remote work or online education (Queen & Harding, 2020). Over time, these mental health challenges

manifested in physical symptoms such as headaches, sleep disturbances and appetite loss.

The pandemic also amplified deeply-rooted negative emotions including stress, anxiety, fear and panic (Lins & Aquino, 2020). As infection and death rates escalated, these emotions intensified (Billore & Anisimova, 2021). Compounding the issue was the overwhelming volume of news and conflicting information, which contributed to public confusion, distress and a sense of losing control (Lins et al., 2021).

Numerous studies have documented a strong link between negative emotions during the pandemic and shifts in consumer behavior, including impulsive and panic buying, stockpiling and even aggression in stores (Xiao et al., 2020; Billore & Anisimova, 2021; Lins et al., 2021). These behaviors were often used as coping mechanisms to regain a sense of control and stability amidst uncertainty. Media coverage of empty shelves, crowded lines and rising case numbers further contributed to public distrust in authorities, exacerbating fear-driven consumer responses (Billore & Anisimova, 2021).

In summary, the COVID-19 pandemic has impacted both physical and psychological well-being. Despite government interventions, feelings of anxiety, isolation and helplessness persisted. Social media and news overload further intensified the sense of instability, which in turn influenced consumer behaviors such as panic buying and excessive purchasing.

2.2 Burnout Among Individuals During COVID-19 Pandemic

As mentioned previously, the pandemic has had a profound impact on mental health, leading to an increase in burnout cases. Burnout, as a psychological syndrome, is defined as a state of physical, emotional and mental exhaustion from prolonged stress. It became particularly salient during the pandemic due to extended lockdowns, remote work and diminished work-life boundaries (Torun & İpcioğlu, 2015).

Burnout is typically characterized by emotional exhaustion, reduced personal efficacy and feelings of cynicism. These symptoms often lead to decreased motivation, performance and engagement in both work and personal life. Burnout is also

linked with other psychological conditions such as anxiety, depression and chronic stress (Martínez et al., 2020). Moreover, burnout may result in serious long-term physical health consequences including weakened immune response, chronic fatigue, gastrointestinal issues and even cardiovascular diseases (Dix, 2017; Martínez et al., 2020). While anyone can experience burnout, certain occupational groups, particularly those in healthcare and customer-facing roles, are at greater risk.

Burnout is a syndrome conceptualized as a result of or response to stress, which research usually links to chronic workplace stress (Shin et al., 2014) that has not been successfully managed. It involves emotional exhaustion, behavioral disengagement and physical fatigue, all of which contribute to reduced job satisfaction and diminished quality of life (Torun & İpcioğlu, 2015). Root causes often include excessive workload, long working hours, low recognition, workplace conflict and client-related stress (Jenaro et al., 2007).

To assess burnout levels, several models have been developed. One of the most well-known tools is Maslach Burnout Inventory (MBI), which focuses on occupational burnout. The model aims to assess an individual's experience of burnout. This paper uses the General Survey (MBI-GS), which is designed for occupational groups outside of human services and education. MBI-GS measures three key dimensions:

1. Emotional Exhaustion (EE): Feelings of being emotionally overextended and fatigued by work.
2. Professional Efficacy (PE): A sense of competence and achievement in work tasks.
3. Cynicism (CY): Detached or indifferent attitudes toward work.

Table 1 Factors of Maslach Burnout Inventory - General Survey (MBI-GS)

	Factor	Dimension
1	Feel emotionally drained	Emotional Exhaustion (EE)
2	Feel used up	Emotional Exhaustion (EE)
3	Feel tired	Emotional Exhaustion (EE)
4	Working is really a strain / Strainful workday	Emotional Exhaustion (EE)
5	Feel burned out	Emotional Exhaustion (EE)
6	Can solve problems / Effectively solves problems	Professional Efficacy (PE)
7	Make effective contribution	Professional Efficacy (PE)
8	I am good at job	Professional Efficacy (PE)
9	Feel exhilarated	Professional Efficacy (PE)
10	Accomplished many worthwhile things	Professional Efficacy (PE)
11	Feel confident	Professional Efficacy (PE)
12	Become less interested in work	Cynicism (CY)
13	Become less enthusiastic	Cynicism (CY)
14	Want to do my job and not be bothered	Cynicism (CY)
15	Cynical about work contributions	Cynicism (CY)
16	Doubt the significance of my work	Cynicism (CY)

In addition to Maslach Burnout Inventory (MBI), other models such as Burnout Clinical Subtype Questionnaire (BCSQ) and Copenhagen Burnout Inventory (CBI) have also been frequently used. Burnout Clinical Subtype Questionnaire (BCSQ) categorizes burnout into three subtypes including frenetic, underchallenged and worn-out to capture variations not addressed by Maslach Burnout Inventory (MBI). Copenhagen Burnout Inventory (CBI) measures personal burnout, work-related burnout, and client-related burnout, with fatigue and exhaustion being the core components of burnout. While each model has its strengths, Maslach Burnout Inventory (MBI) remains the most widely used and validated measure, especially for studies involving diverse occupational groups.

2.3 Coping Strategies for Burnout

Coping strategies refer to the behavioral and cognitive efforts individuals use to manage stress and reduce unpleasant emotions (Dix, 2017). These strategies vary across individuals, influenced by personality, cultural background and life experience. They cannot be strictly categorized as “right” or “wrong”, but rather as methods to navigate stressful circumstances.

Burnout is often accompanied by intense negative emotions and physical symptoms. Thus, individuals commonly seek coping strategies to alleviate emotional distress, regain motivation and reduce the impact of stressors. Effective coping strategies are believed to increase psychological resilience and enhance one’s ability to meet external demands (Jenaro et al., 2007; Shin et al., 2014).

According to Lazarus and Folkman (1984), coping strategies are generally divided into two categories:

1. Problem-focused coping: Aimed at directly addressing and resolving the source of stress in order to reduce or eliminate it.
2. Emotion-focused coping: Aimed at managing negative emotions or emotional responses to stress by redirecting thoughts and feelings, rather than changing the stressor itself. These may include seeking social support, venting emotions, or engaging in distractions. (Dix, 2017; Martínez et al., 2020).

Building on this, several studies (e.g., Dix, 2017; Erschens et al., 2018) further categorize coping strategies into:

1. Functional coping: Strategies likely to reduce burnout (e.g. exercise, healthy routines, social support).
2. Dysfunctional coping: Strategies that may worsen burnout symptoms (e.g. substance use, gambling, avoidance).

Numerous studies have been conducted to explore how individuals use different coping mechanisms to manage burnout. In this study, a particular focus is placed on purchasing-related coping strategies, which can be further categorized based on:

1. Coping focus (problem-focused vs emotion-focused)
2. Solving focus (functional vs dysfunctional)

Table 2 List of Purchasing-related Coping Strategies

	Theme	Strategies	Definition	Coping	Solving
1	Eating / Drinking	Food and Beverage	Purchasing Food and Beverage	Dysfunctional	Emotion
2	Eating / Drinking	Cooking and Baking	Cooking or baking	Functional	Emotion
3	Eating / Drinking	Alcohol	Consuming Alcohol or Liquor	Dysfunctional	Emotion
4	Eating / Drinking	Taking Pills	Taking Antidepressants, tranquilizers or sleeping pills	Dysfunctional	Emotion
5	Eating / Drinking	Cigarettes	Smoking Cigarettes, etc.	Dysfunctional	Emotion
6	Appearance	Appearance	Changing appearance (Hair, Body, etc.)	Dysfunctional	Emotion
7	Appearance	Fashion	Purchasing clothes, accessories, or fashion related	Dysfunctional	Emotion
8	Exercise	Diet	Being on diet / weight control programs	Functional	Problem
9	Exercise	Sport	Doing sports, physical activities, exercise	Functional	Problem
10	Health (Relaxation)	Relaxation	Relaxation activities related (spa, massage)	Functional	Problem
11	Health (Mental)	Counseling	Professional counseling	Functional	Problem
12	Hobby & Recreation	New Hobby	New hobby related (Any hobby that never try before)	Functional	Emotion

Table 2 List of Purchasing-related Coping Strategies (cont.)

	Theme	Strategies	Definition	Coping	Solving
13	Hobby & Recreation	Gardening	Gardening / plants related	Functional	Emotion
14	Hobby & Recreation	Book	Book related	Functional	Problem
15	Hobby & Recreation	Music	Music related (Listen to music, play musical instrument)	Functional	Emotion
16	Internet	TV	TV program or Movie related (Streaming service)	Functional	Emotion
17	Internet	Internet surfing	Internet surfing and social media related	Dysfunctional	Emotion
18	Enjoyment	Game	PC or Mobile games related	Dysfunctional	Emotion
19	Enjoyment	Gambling	Gambling, betting or playing games of chance	Dysfunctional	Emotion
20	Environment	Home Remodeling	Home remodeling or refurnishing related	Functional	Emotion
21	Environment	Vacation	Vacation related	Functional	Emotion
22	Tradition	Cultural Event	Cultural Events related	Functional	Emotion
23	Tradition	Religion	Religion related	Functional	Emotion
24	Other	Impulsive Buying	Unplanned shopping random products / services	Dysfunctional	Emotion

Table 3 Sources of Purchasing-related Coping Strategies

	Strategies	Sources
1	Food and Beverage	Mathur, A., Moschis, G. P., & Lee, E. (1999). Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
2	Cooking and Baking	Mathur, A., Moschis, G. P., & Lee, E. (1999). Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
3	Alcohol	Mathur, A., Moschis, G. P., & Lee, E. (1999). Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989) Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
4	Taking Pills	Mathur, A., Moschis, G. P., & Lee, E. (1999). Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989) Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
5	Cigarettes	Mathur, A., Moschis, G. P., & Lee, E. (1999). Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
6	Appearance	Mathur, A., Moschis, G. P., & Lee, E. (1999).
7	Fashion	Mathur, A., Moschis, G. P., & Lee, E. (1999).
8	Diet	Mathur, A., Moschis, G. P., & Lee, E. (1999).
9	Sport	Mathur, A., Moschis, G. P., & Lee, E. (1999). Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989) Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
10	Relaxation	Mathur, A., Moschis, G. P., & Lee, E. (1999). Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).

Table 3 Sources of Purchasing-related Coping Strategies (cont.)

	Strategies	Sources
11	Counseling	Mathur, A., Moschis, G. P., & Lee, E. (1999). Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989)
12	New Hobby	Mathur, A., Moschis, G. P., & Lee, E. (1999).
13	Gardening	Mathur, A., Moschis, G. P., & Lee, E. (1999).
14	Book	Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
15	Music	Mathur, A., Moschis, G. P., & Lee, E. (1999). Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
16	TV	Mathur, A., Moschis, G. P., & Lee, E. (1999).
17	Internet surfing	Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
18	Game	Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
19	Gambling	Mathur, A., Moschis, G. P., & Lee, E. (1999).
20	Home Remodeling	Mathur, A., Moschis, G. P., & Lee, E. (1999).
21	Vacation	Mathur, A., Moschis, G. P., & Lee, E. (1999).
22	Cultural Event	Mathur, A., Moschis, G. P., & Lee, E. (1999). Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
23	Religion	Mathur, A., Moschis, G. P., & Lee, E. (1999). Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989) Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).
24	Impulsive Buying	Mathur, A., Moschis, G. P., & Lee, E. (1999). Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., ... & Junne, F. (2018).

2.4 Previous Studies

Various studies have demonstrated and explained the relationship between COVID-19, Burnout and Coping strategies from multiple perspectives. These nine studies summarized below reflect recent studies aligned with the theme of this study with each study addressing different gaps and angles.

In summary, these studies indicate that burnout and stress during COVID-19 significantly impact individuals' behaviors and physical well-being, prompting individuals to adopt emotional coping strategies such as impulsive purchasing or panic buying. Some studies also examine other coping strategies, such as alcohol consumption, underscoring the broader purchasing-related coping strategies. Moreover, many studies emphasize that the specific types of coping strategies have a substantial impact on burnout levels. Collectively, these insights support and reinforce the framework and objectives of this study which aims to explore purchasing-related coping strategies as a burnout coping strategy in the context of COVID-19 context.

Table 4 List of previous studies

Title	References	Objectives	Key Findings
Development and initial psychometric properties of a panic buying scale during COVID-19 pandemic	Lins & Aquino, 2020	To develop and validate the Panic Buying Scale (PBS) based on sociodemographic characteristics and psychological constructs during COVID-19 pandemic	Panic buying is positively correlated to fear and anxiety at the significant level. Furthermore, it is also associated to perceived loss of control. With the relationship above, panic buying is used as emotion coping strategies to handle stress during COVID-19.
A diary study of impulsive buying during the COVID-19 pandemic	Xiao et al, 2020	To explore reasons and psychological mechanism and emotional predictors behind impulsive buying during COVID-19 pandemic.	Loneliness and stress significantly increase level of impulsive buying. Hence, impulsive buying is used as short-term emotional support to cope with COVID-19 pandemic.
Relationships Between Coping Strategies and Burnout Symptoms: A Meta-Analytic Approach	Shin et al, 2014	To examine the coping strategies (Problem and Emotion focused) as predictors to burnout levels across range of occupations.	This study is generally applicable to wide range of work sectors and stress contexts. Problem-focused coping strategies have negative correlation with burnout. Meanwhile, emotion-focused coping strategies have positive correlation with burnout.

Table 4 List of previous studies (cont.)

Title	References	Objectives	Key Findings
Behaviour-based functional and dysfunctional strategies of medical students to cope with burnout	Erschens et al, 2018	This study is continuously connected to previous studies which suggested the medical students have high levels of burnout rates. This study specifically explores the contributing factors, their functional and dysfunctional coping behaviors in medical students.	Functional coping strategies (such as exercise) were more common in low-burnout group and they effectively decreased burnout level. Dysfunctional coping strategies (such as, alcohol) are commonly used by the high-burnout group of medical students. However, it results in increasing burnout level.
Burnout Syndrome and alcohol consumption in prison employees	Campos et al, 2016	To study the relationship and correlation between alcohol usage as a coping strategy to burnout via different sociodemographic variable.	Burnout has a significant impact on individuals which lead them to use unhealthy behaviors as emotional responses. 24% of research participants showed high risk of alcohol consumption. Emotional Exhaustion (EE) is positively correlated with alcohol consumption.

Table 4 List of previous studies (cont.)

Title	References	Objectives	Key Findings
Burnout and Coping in Human Service Practitioners	Jenaro et al, 2007	To analyze the work factors that contributed to burnout levels and the impact of coping strategies on burnout, focusing on human service professionals.	In terms of work factors, job satisfaction is partially correlated to burnout. Emotional Exhaustion (EE) is positively correlated with avoidant coping strategies. However, active coping strategies are negatively correlated with burnout.
Burnout, Coping, and Spirituality Among Internal Medicine Resident Physicians	Doolittle et al, 2013	To explore the relationship between burnout level, physician behaviors and emotional and spiritual coping strategies in internal medicine residents.	Avoidant and emotion-focused coping strategies have positive correlation with burnout. High burnout participants tend to use more disengagement and denial coping strategies. Spirituality actually has negative correlation with Emotional Exhaustion (EE).

Table 4 List of previous studies (cont.)

Title	References	Objectives	Key Findings
Examining the Impact of Burnout Syndrome and Demographics on Impulsive Buying Behavior (IBB) in Working Places	Torun & İpcioğlu, 2015	To examine the relationship between Maslach's Burnout theory and Rook and Fisher's Impulsive Buying Behavior theory (IBB).	Depersonalization is positively correlated with impulsive buying. Higher impulsive buying behavior was also found more among married individuals compared to single individuals. Emotional Exhaustion and Personal Accomplishment have not shown any significant correlation with impulsive buying.
Profiles of Burnout, Coping Strategies and Depressive Symptomatology	Martínez et al, 2020	To identify burnout level in different profiles and their coping strategies to each symptom.	With the different characteristics in each profile, the coping strategies that they use also differ which influence on the various consequences of burnout. Emotion focused coping strategies are associated with high levels of emotion exhaustion and cynicism. Problem focused coping strategies are related to better physical and mental health and lower stress levels.

CHAPTER III
METHODOLOGY

3.1 Research Design

This study investigates burnout experienced during the COVID-19 pandemic and purchasing-related coping strategies among the Thai population. This study is conducted through a quantitative approach, using an online survey distributed via Google Forms. Data were collected from 140 participants between April and June 2021 when Thailand was significantly impacted by the COVID-19 pandemic. Participants were diverse, representing a wide range of demographic backgrounds, including variations in gender, age, occupation, marital status and education level.

3.2 Data Collection and Survey Design

The quantitative approach was conducted through a convenience sampling technique, using natural fall-out of the population. With natural fallout, the results represent the natural representation of the target, with no constrained, quotas or restrictions based on demographics or other characteristics. The survey was disseminated through several online platforms including LINE, Facebook, WeChat, Twitter and Instagram to maximize reach.

The survey contained both closed-ended and open-ended questions, categorized into four main sections:

1. Burnout Assessment: General questions regarding participants' perceived levels of burnout, along with sixteen specific items derived from the Maslach Burnout Inventory, General Survey (MBI-GS).
2. Willingness to Cope: Questions assessing participants' willingness to manage burnout, including their willingness to spend money and seek social support.

3. Purchasing-related Coping Strategies: Assessment of twenty-four specific coping strategies involving purchasing behaviors, including usage frequency and satisfaction levels.
4. Demographic Information: Age, gender, marital status, occupation and educational background.

3.3 Data Analysis

Quantitative data were analyzed using IBM SPSS. Statistical analysis techniques employed include:

1. Descriptive Statistics (mean and standard deviation) for summarizing general responses.
2. Pearson's Correlation and Single regression analysis for evaluating relationships among variables.
3. Reliability Testing using Cronbach's Alpha to ensure internal consistency of components.

3.4 Maslach Burnout Inventory – General Survey (MBI-GS)

To assess participants' perceived levels of burnout, Maslach Burnout Inventory - General Survey (MBI-GS) was used. Participants rated their experiences across 16 items using a 7-point Likert scale ranging from 0 (Never) to 6 (Every day). These components measure three core dimensions of burnout:

1. Emotional Exhaustion (EE): The extent to which individuals feel emotionally overextended and fatigued by work.
2. Professional Efficacy (PE): The sense of competence and successful achievement in one's professional roles.
3. Cynicism (CY): The degree of detachment or indifference toward one's job.

Maslach Burnout Inventory - General Survey (MBI-GS) is specifically designed to assess occupational burnout outside of human services and educational sectors. An additional open-ended question asked participants to state the first word that came to mind when thinking of "burnout during the COVID-19 pandemic" to gain qualitative insights into their perceptions and primary concerns.

3.5 Purchasing-related Coping Strategies

This study assessed whether participants had used any of twenty-four purchasing-related coping strategies during the COVID-19 pandemic. Participants were also asked to rate their satisfaction with each strategy on a 5-point Likert scale ranging from 0 (Not at all satisfied) to 4 (Completely satisfied). If a participant had not used a particular strategy, they were asked to indicate whether they might consider using it in the future or not.

Coping strategies were categorized using two theoretical lenses:

1. Coping Focus:
    a. Functional coping strategies: Likely to reduce or alleviate burnout.
    b. Dysfunctional coping strategies: Potentially ineffective or harmful, possibly exacerbating burnout.
2. Solving Focus:
    a. Problem-focused coping: Strategies that directly address the causes of burnout.
    b. Emotion-focused coping: Strategies that aim to reduce the emotional distress associated with burnout.

CHAPTER IV
RESULTS

4.1 Descriptive Statistics and Sample Characteristics

A total of 140 participants were included in this study. Table 5 presents an overview of the participants' demographic characteristics and Tables 6, 7, 8 and 9 present responses to general questions concerning burnout and willingness to cope with burnout during the COVID-19 pandemic. Descriptive statistics are presented as means and standard deviations.

Gender distribution indicated that 39 participants (29.3%) identified as male, 94 (70.7%) as female and 7 (5.0%) preferred not to specify. In terms of age, the largest proportion of participants (45.0%) were aged 18 - 25 years (n = 63), followed by 24.3% aged 26 - 35 years (n = 34), 20.7% aged 46 - 55 years (n = 29) and 10.0% aged 36 - 45 years (n = 14).

Regarding marital status, the majority were single (73.6%, n = 103), while the remaining 26.4% (n = 37) were married. For occupation, 9.3% (n = 13) were employed in the public/government sector, 38.6% (n = 54) in the private sector, 17.1% (n = 24) were professionals or specialists, 28.6% (n = 40) were unemployed (such as students), and 6.4% (n = 9) were self-employed. In terms of educational level, 68.6% (n = 96) held a bachelor's degree or lower, while 31.4% (n = 44) held a master's degree or higher.

Table 5 Descriptive Statistics and Sample Characteristics

	n	%
All	140	100%
Gender		
Male	39	29.3 %
Female	94	70.7 %
Prefer not to specify	7	5.0%
Age		
18 - 25 year	63	45.0 %
26 - 35 year	34	24.3 %
36 - 45 year	14	10.0 %
46 - 55 year	29	20.7 %
Marital status		
Single	103	73.6 %
Married	37	26.4 %
Occupation		
Officer in Public, Gov. Sector	13	9.3 %
Officer in Private Sector	54	38.6 %
Professional / Specialist	24	17.1 %
Unemployed	40	28.6 %
Self-employed	9	6.4 %
Education		
Bachelor and Lower	96	68.6 %
Master and Higher	44	31.4 %

Participants responded to four general questions related to burnout and willingness to cope with burnout during the COVID-19 pandemic. These were rated on a 5-point Likert scale ranging from 1 = Strongly disagree / strongly unwilling to 5 = Strongly agree / strongly willing.

The four questions were as follows:

1. Burnout level: “Which level that you are considering yourself as being burnout during COVID-19 pandemic?”
2. Willingness to cope: “When thinking about burnout, how much are you planning, thinking or considering about coping with being burnout during COVID-19 pandemic?”
3. Willingness to pay: “When thinking about burnout, how much are you willing to pay for coping with being burnout during COVID-19 pandemic?”
4. Willingness to share: “When thinking about burnout, how much are you willing to share, consult or ask for support from your family, friend, colleague or close one when being burnout during COVID-19 pandemic?”

4.2 Descriptive Statistics of Burnout Level and Willingness to Cope

4.2.1 Burnout Level

Participants reported a moderate level of perceived burnout with a mean score of 3.41 and a standard deviation of 1.19 as shown in Table 6. Across demographic groups, minimal differences were observed in terms of gender, education and occupation. However, burnout levels varied notably by age and marital status. The 18 - 25 age group reported the highest average burnout (Mean = 3.70, SD = 1.23), while the 46 - 55 age group reported the lowest (Mean = 2.90, SD = 0.98). Single participants reported a higher level of burnout (Mean = 3.58, SD = 1.21) than married participants (Mean = 2.95, SD = 1.03).

Table 6 Descriptive Statistics of Burnout Level

	n	%	Mean	SD
All	**140**	**100%**	**3.41**	**1.19**
Gender				
Male	39	29.3 %	3.26	1.35
Female	94	70.7 %	3.46	1.11
Prefer not to specify	7	5.0%	3.71	1.38
Age				
18 - 25 years	63	45.0 %	3.70	1.23
26 - 35 years	34	24.3 %	3.38	1.13
36 - 45 years	14	10.0 %	3.29	1.33
46 - 55 years	29	20.7 %	2.90	0.98
Marital				
Single	103	73.6 %	3.58	1.21
Married	37	26.4 %	2.95	1.03
Occupation				
Officer in Public, Gov. Sector	13	9.3 %	3.23	1.30
Officer in Private Sector	54	38.6 %	3.30	1.14
Professional / Specialist	24	17.1 %	3.33	1.27
Unemployed	40	28.6 %	3.63	1.28
Self-employed	9	6.4 %	3.67	0.71
Education				
Bachelor and Lower	96	68.6 %	3.49	1.17
Master and Higher	44	31.4 %	3.25	1.24

4.2.2 Willingness to Cope with Burnout

Participants moderately agreed on their willingness to cope with burnout with a mean score of 3.47 and a standard deviation of 0.89 as shown in Table 7. While demographic differences were generally small, 36 - 45 age group reported the highest willingness to cope (Mean = 3.86, SD = 0.95), indicating greater proactivity in managing burnout symptoms.

Table 7 Descriptive Statistics of Willingness to Cope with Burnout

	n	%	Mean	SD
All	**140**	**100%**	**3.47**	**0.89**
Gender				
Male	39	29.3 %	3.54	0.82
Female	94	70.7 %	3.47	0.89
Prefer not to specify	7	5.0%	3.14	1.35
Age				
18-25 year	63	45.0 %	3.54	0.80
26-35 year	34	24.3 %	3.18	0.94
36-45 year	14	10.0 %	3.86	0.95
46-55 year	29	20.7 %	3.48	0.95
Marital				
Single	103	73.6 %	3.50	0.86
Married	37	26.4 %	3.41	0.99
Occupation				
Officer in Public, Gov. Sector	13	9.3 %	3.31	0.86
Officer in Private Sector	54	38.6 %	3.46	0.88
Professional / Specialist	24	17.1 %	3.71	1.04
Unemployed	40	28.6 %	3.50	0.82
Self-employed	9	6.4 %	3.00	0.87
Education				
Bachelor and Lower	96	68.6 %	3.40	0.84
Master and Higher	44	31.4 %	3.64	0.99

4.2.3 Willingness to Pay for Coping with Burnout

Participants showed a moderate willingness to pay with a mean score of 3.25 and a standard deviation of 1.03 as shown in Table 8, indicating a slightly positive inclination. There were no significant differences across age, education, but a notable gender difference was found. Male participants reported higher willingness to pay (Mean = 3.64, SD = 0.93) compared with female participants (Mean = 3.14, SD = 0.96).

Table 8 Descriptive Statistics of Willingness to Pay for Coping with Burnout

	n	%	Mean	SD
All	140	100%	3.25	1.03
Gender				
Male	39	29.3 %	3.64	0.93
Female	94	70.7 %	3.14	0.96
Prefer not to specify	7	5.0%	2.57	1.72
Age				
18-25 year	63	45.0 %	3.22	1.04
26-35 year	34	24.3 %	3.44	0.93
36-45 year	14	10.0 %	3.07	1.27
46-55 year	29	20.7 %	3.17	1.00
Marital				
Single	103	73.6 %	3.34	1.01
Married	37	26.4 %	3.00	1.05
Occupation				
Officer in Public, Gov. Sector	13	9.3 %	3.38	0.65
Officer in Private Sector	54	38.6 %	3.56	0.90
Professional / Specialist	24	17.1 %	3.04	1.20
Unemployed	40	28.6 %	3.02	1.10
Self-employed	9	6.4 %	2.78	0.97
Education				
Bachelor and Lower	96	68.6 %	3.22	1.07
Master and Higher	44	31.4 %	3.32	0.93

4.2.4 Willingness to Share or Seek Support

Participants showed a moderate to strong willingness to seek support with a mean score of 3.65 and a standard deviation of 1.03 as shown in Table 9. Again, demographic variations were minimal or negligible. However, the 36 - 45 age group reported the highest willingness to share or seek support (Mean = 3.93, SD = 0.92).

Table 9 Descriptive Statistics of Willingness to Share or Seek support

	n	%	SD	Mean
All	140	100%	1.03	3.65
Gender				
Male	39	29.3 %	0.93	3.56
Female	94	70.7 %	0.96	3.70
Prefer not to specify	7	5.0%	1.72	3.43
Age				
18-25 year	63	45.0 %	1.04	3.65
26-35 year	34	24.3 %	0.93	3.76
36-45 year	14	10.0 %	1.27	3.93
46-55 year	29	20.7 %	1.00	3.38
Marital				
Single	103	73.6 %	1.01	3.72
Married	37	26.4 %	1.05	3.46
Occupation				
Officer in Public, Gov. Sector	13	9.3 %	0.65	3.54
Officer in Private Sector	54	38.6 %	0.90	3.74
Professional / Specialist	24	17.1 %	1.20	3.58
Unemployed	40	28.6 %	1.10	3.58
Self-employed	9	6.4 %	0.97	3.78
Education				
Bachelor and Lower	96	68.6 %	1.07	3.68
Master and Higher	44	31.4 %	0.93	3.59

4.3 Correlation between Burnout and Willingness to Cope

Table 10 presents the results of a Pearson's correlation analysis examining the relationships between self-rated levels of burnout and willingness to cope, willingness to pay and willingness to share or seek support during the COVID-19 pandemic. This analysis builds upon the descriptive findings previously reported in Table 5. The results indicate several statistically significant relationships:

4.3.1 Burnout and Willingness to Pay

There is a moderate positive correlation between participants' self-rated burnout level and their willingness to pay for coping strategies with a Pearson correlation coefficient of 0.279 ($p < 0.001$). This finding suggests that individuals experiencing higher levels of burnout are more likely to express a willingness to invest financially in coping mechanisms.

4.3.2 Burnout and Willingness to Share or Seek support

A positive but weaker correlation was also found between burnout level and willingness to share, consult or seek support from others with a Pearson correlation coefficient of 0.189 ($p < 0.05$). This implies that individuals experiencing burnout are somewhat more inclined to seek interpersonal support as a coping strategy.

4.3.3 Willingness to Cope and Willingness to Pay

There is a moderate positive correlation between willingness to cope with burnout and willingness to pay for coping with a Pearson correlation coefficient of 0.240 ($p < 0.01$). This relationship suggests that individuals who express a higher willingness to manage or reduce their burnout are also more open to actively plan or think about coping. This finding may reflect a state of emotional exhaustion or helplessness commonly associated with burnout.

4.3.4 Burnout and Willingness to Cope

A significant negative correlation was found between burnout level and willingness to cope with a Pearson correlation coefficient of -0.191 ($p < 0.05$). This suggests that individuals experiencing higher levels of burnout are paradoxically less likely to actively plan or think about coping. A state reflecting emotional exhaustion or helplessness often linked to burnout.

Table 10 Correlation between Burnout and Willingness to Cope

		Burnout	Willing to Cope	Willing to Pay	Willing to Share
Willing to Cope	Pearson's r	-0.191 *	—		
	df	138	—		
	p-value	0.024	—		
Willing to Pay	Pearson's r	0.279 ***	0.240 **	—	
	df	138	138	—	
	p-value	< .001	0.004	—	
Willing to Share	Pearson's r	0.189 *	-0.030	-0.046	—
	df	138	138	138	—
	p-value	0.025	0.721	0.590	—

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

4.4 Reliability Analysis on Burnout Components

To assess participants' burnout levels, Maslach Burnout Inventory – General Survey (MBI-GS) was used to assess. This instrument consists of sixteen items grouped into three core components: Emotional Exhaustion (EE), Professional Efficacy (PE) and Cynicism (CY). Participants were asked to reflect on their experiences during the COVID-19 pandemic and to indicate the frequency with which they had experienced various burnout-related thoughts and feelings. Each item was rated on a 7-point Likert scale ranging from:

0 = Never
1 = A few times a year or less
2 = Once a month or less
3 = A few times a month
4 = Once a week
5 = A few times a week
6 = Every day

4.4.1 Burnout and Willingness to Cope

To evaluate the internal consistency of the Maslach Burnout Inventory – General Survey (MBI-GS) components, Cronbach's alpha coefficients were calculated. As shown in Table 11, all three subscales demonstrated high reliability: Emotional Exhaustion (EE) with Cronbach's alpha = 0.94, Professional Efficacy (PE) with Cronbach's alpha = 0.96 and Cynicism (CY) with Cronbach's alpha = 0.87.

All coefficients exceed the commonly accepted threshold of 0.80, indicating that the items within each subscale are internally consistent and that the scales are psychometrically reliable for use in this context.

4.4.2 Descriptive Statistics of Burnout Components

The average frequency scores for each burnout component were also analyzed: Emotional Exhaustion (EE) with a mean of 3.21 and a standard deviation of 1.52, Professional Efficacy (PE) with a mean of 2.48 and a standard deviation of 1.44 and Cynicism (CY) with a mean of 3.21 and a standard deviation of 1.47.

These results indicate that participants, on average, experienced moderate levels of emotional exhaustion and cynicism, alongside a somewhat lower sense of professional efficacy.

Table 11 Reliability Analysis on Burnout Components

	No. of Items	Scale	Mean	SD	Cronbach's alpha
Emotional Exhaustion	5	0-6	3.21	1.52	0.94
Professional Efficacy	6	0-6	2.48	1.44	0.96
Cynicism	5	0-6	3.21	1.47	0.87

4.5 Simple Regression Analysis

To further explore the relationships between burnout and its core components, a simple linear regression analysis was conducted using the three dimensions of Maslach Burnout Inventory – General Survey (MBI-GS) including Emotional Exhaustion (EE), Professional Efficacy (PE) and Cynicism (CY). The aim was to assess how each component independently contributes to the overall self-reported burnout score.

As presented in Table 12, the regression model yielded an r^2 value of 0.25 and an Adjusted r^2 of 0.23, indicating that approximately 23-25% of the variance in self-reported burnout can be explained by the three burnout components combined. The model was statistically significant at $p < 0.001$ level.

4.5.1 Interpretation of Regression Coefficients

Emotional Exhaustion (EE) was found to be a significant and positive predictor of burnout (Estimate = 0.34, t = 4.07, $p < 0.001$). This suggests that individuals who report higher levels of emotional exhaustion are significantly more likely to perceive themselves as experiencing burnout.

Professional Efficacy (PE) was a significant negative predictor of burnout (Estimate = -0.21, t = -3.34, p = 0.001). This implies that individuals with a stronger

sense of professional efficacy are less likely to perceive themselves as experiencing burnout.

Cynicism (CY), however, did not emerge as a significant predictor in this model (Estimate = 0.04, t = 0.40, p = 0.688). This indicates that, when controlling for the other two dimensions, cynicism alone did not significantly predict overall burnout in this sample.

Table 12 Simple Regression Analysis

	r^2	Adjusted r^2	F	Estimate	SE	t	p
Intercept	0.25	0.23	15.00	2.94	0.29	10.19	< .001
Emotional Exhaustion				0.34	0.08	4.07	< .001
Professional Efficacy				-0.21	0.06	-3.34	0.001
Cynicism				0.04	0.09	0.40	0.688

Note: * p < .05, ** p < .01, *** p < .001

4.6 Descriptive Statistics of Burnout Level across Demographics

To explore potential differences in burnout experiences across various demographic groups, the mean scores and standard deviations for each of the three Maslach Burnout Inventory – General Survey (MBI-GS): Emotional Exhaustion (EE), Professional Efficacy (PE) and Cynicism (CY) were analyzed in relation to demographic characteristics. These characteristics included gender, age, marital status, occupation and education level. The findings are presented in Table 13.

4.6.1 Age

Results indicated statistically significant differences across age groups for both Exhaustion and Cynicism with p-values < 0.001. Specifically, participants aged 18-25 years reported the highest levels of Exhaustion (Mean = 3.77, SD = 1.48) and Cynicism (Mean = 3.60, SD = 1.32). In contrast, participants aged 46-55 years reported the lowest level of Exhaustion (Mean = 2.23, SD = 1.08), while the lowest Cynicism scores were observed in the 36-45 years age group (Mean = 2.06, SD = 1.71).

These findings suggest that younger individuals, particularly those aged 18-25, may be more vulnerable to emotional and attitudinal dimensions of burnout during the COVID-19 pandemic.

4.6.2 Marital Status

There were also significant differences in Exhaustion and Cynicism across marital status groups ($p < 0.001$). Single participants reported higher levels of both Exhaustion (Mean = 3.50, SD = 1.50) and Cynicism (Mean = 3.39, SD = 1.41).

This trend may indicate that individuals without spousal or family support structures experienced higher psychological strain during the COVID-19 pandemic period.

4.6.3 Occupation

Analysis revealed significant occupational differences in Exhaustion and Cynicism ($p < 0.01$). The highest levels were reported among self-employed, individuals who scored Exhaustion (Mean = 4.04, SD = 1.47) and Cynicism (Mean = 3.53, SD = 1.36)

This may reflect the heightened economic uncertainty and stress associated with self-employment during the COVID-19 pandemic, such as job instability and lack of institutional support.

4.6.4 Gender and Education Level

No statistically significant differences were found across gender or education level for any of the burnout components.

4.6.5 Professional Efficacy

Across all demographic characteristics including age, marital status, gender, occupation and education level, no statistically significant differences were found in Professional Efficacy scores. This suggests that perceptions of personal achievement and competence at work may be relatively stable across different population segments, even during a crisis.

Table 13 Descriptive Statistics of Burnout Level across Demographics

	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F value	P
Gender	Male		Female		Not Specific							
EE	3.02	1.38	3.29	1.55	3.23	2.10					0.48	0.63
PE	3.61	1.38	3.51	1.46	3.07	1.60					0.34	0.72
CY	3.21	1.35	3.10	1.54	2.86	1.32					0.22	0.80
Age	18-25		26-35		36-45		46-55					
EE	3.77	1.48	3.29	1.40	2.56	1.69	2.23	1.08			10.98	<.001***
PE	3.70	1.26	3.60	1.42	2.74	1.70	3.39	1.61			1.42	0.25
CY	3.60	1.32	3.46	1.28	2.06	1.71	2.19	1.23			10.56	<.001***
Marital	Single		Married									
EE	3.50	1.50	2.41	1.30							17.86	<.001***
PE	3.56	1.35	3.39	1.68							0.30	0.54
CY	3.39	1.41	2.38	1.40							13.89	<.001***
Occupation	In Public		In Private		Specialist		Unemployed		Self-employed			
EE	3.62	1.72	2.87	1.40	2.77	1.51	3.62	1.50	4.04	1.47	2.78	0.04*
PE	3.91	1.30	3.43	1.56	3.60	1.53	3.39	1.30	3.83	1.34	0.55	0.70
CY	3.38	1.58	2.76	1.53	2.58	1.19	3.75	1.32	3.53	1.36	4.36	0.01**
Education	Bachalor & lower		Master & higher									
EE	3.26	1.49	3.10	1.60							0.33	0.57
PE	3.61	1.40	3.31	1.51							1.28	0.26
CY	3.21	1.44	2.94	1.54							0.97	0.33

Note: * p < .05, ** p < .01, *** p < .001

4.7 Reliability Analysis on Purchasing-related Coping Strategies

To evaluate participants' use of purchasing-related coping strategies during COVID-19 pandemic, the study utilized twenty-four strategies derived from relevant secondary research. Each strategy was assessed based on two dimensions which are whether the strategy had been used to cope with burnout and participants' satisfaction with the effectiveness of that strategy. Participants were asked to rate their satisfaction for each strategy using a 5-point Likert scale ranging from 0 (Not at all satisfied) to 4 (Completely satisfied).

4.7.1 Reliability Analysis

The twenty-four strategies were analyzed for internal consistency using Cronbach's alpha in Table 14. Strategies were organized into two key conceptual focuses:

1. Coping Focus: Functional Coping Strategies (14 items) had 0.93 for Cronbach's alpha. Meanwhile, Dysfunctional Coping Strategies (10 items) had 0.88 for Cronbach's alpha.

2. Solving Focus: Problem-Focused Coping Strategies (5 items) had 0.85 for Cronbach's alpha. Meanwhile, Emotional-Focused Coping Strategies (19 items) had 0.93 for Cronbach's alpha.

All reliability coefficients were above the commonly accepted threshold of 0.80, indicating high internal consistency and strong reliability for all subgroups of coping strategies.

4.7.2 Satisfaction Results

The mean satisfaction scores for each category of purchasing-related coping strategies are presented in Table 14. The findings can be summarized as follows:

Problem-Focused Coping Strategies received the highest average satisfaction rating with a mean of 3.01 and standard deviation of 1.42, suggesting that participants found these strategies to be the most effective in addressing burnout-related problems.

Functional Coping Strategies had a slightly lower but still favorable mean satisfaction of 2.96 and standard deviation of 1.25.

Emotional-Focused Coping Strategies followed closely with a mean of 2.84 and standard deviation of 1.21, indicating moderate satisfaction with strategies aimed at managing emotional responses.

Dysfunctional Coping Strategies received the lowest mean satisfaction score at 2.78 and standard deviation of 1.31, implying that although these strategies were used, they were perceived as the least satisfying.

These results highlight a clear distinction between more constructive coping methods (e.g. problem-solving and functional strategies) and those deemed less effective or potentially harmful (e.g. dysfunctional strategies).

Table 14 Reliability Analysis on Purchasing-related Coping Strategies

	No. of Items	**Scale**	**Mean**	**SD**	**Cronbach's Alpha**
Coping Focus					
Functional coping	14	0-4	2.96	1.25	0.93
Dysfunctional coping	10	0-4	2.78	1.31	0.88
Solving Focus					
Problem solving	5	0-4	3.01	1.42	0.85
Emotional solving	19	0-4	2.84	1.21	0.93

4.8 Distribution of Purchasing-Related Coping Strategy

To better understand participants' behavioral tendencies, Table 15 presents the distribution of responses on whether each of twenty-four purchasing-related coping strategies had been used and, Table 16 for those who had not used them whether they would consider using them in the future. The data reveal clear patterns in both usage frequency and perceived potential utility of each strategy.

4.8.1 Most Frequently Used Strategies

The coping strategies with the highest reported usage among participants were:

1. Food and Beverage Purchases - 94.3%
2. Internet Surfing or Digital Content Consumption - 94.3%
3. Watching Television or Streaming Services - 92.9%

These strategies suggest a preference for easily accessible and emotionally comforting activities, which are typically low-cost and readily available during lockdowns or socially restrictions.

4.8.2 Least Frequently Used Strategies

On the other hand, the strategies with the lowest reported usage were:

1. Cigarette Consumption - 47.1%
2. Taking Pills or Supplements for Emotional Relief - 44.3%
3. Engaging in Gambling Activities - 41.4%

These behaviors are often categorized as dysfunctional or high-risk coping mechanisms, which may explain their lower usage rates due to health risks, social stigma, or legal and financial concerns.

Table 15 Distribution of each purchasing-related coping strategy

	Burnout Coping Strategies	YES = have used		NO = never used	
		n	%	n	%
1	Food and Beverage	132	94.3%	8	5.7%
2	Cooking and Baking	107	76.4%	33	23.6%
3	Alcohol	105	75.0%	35	25.0%
4	Taking Pills	78	55.7%	62	44.3%
5	Cigarettes	74	52.9%	66	47.1%
6	Appearance	100	71.4%	40	28.6%
7	Fashion	120	85.7%	20	14.3%
8	Diet	105	75.0%	35	25.0%
9	Sport	122	87.1%	18	12.9%
10	Relaxation	110	78.6%	30	21.4%
11	Counseling	90	64.3%	50	35.7%
12	New Hobby	105	75.0%	35	25.0%
13	Gardening	101	72.1%	39	27.9%
14	Book	123	87.9%	17	12.1%
15	Music	129	92.1%	11	7.9%
16	TV	130	92.9%	10	7.1%
17	Internet surfing	132	94.3%	8	5.7%
18	Game	123	87.9%	17	12.1%
19	Gambling	82	58.6%	58	41.4%
20	Home Remodeling	116	82.9%	24	17.1%
21	Vacation	122	87.1%	18	12.9%
22	Cultural Event	111	79.3%	29	20.7%
23	Religion	99	70.7%	41	29.3%
24	Impulsive Buying	112	80.0%	28	20.0%

4.8.3 Future Consideration of Purchasing-Related Coping Strategies

In addition to reported usage, participants who had not previously used certain coping strategies were asked in Table 16 whether they would consider using them in the future. This aimed to assess openness to adopting alternative coping behaviors in the event of future burnout. The strategies most frequently considered for future use among those who had not previously engaged in them were:

1. Counseling (n = 31)
2. Starting a New Hobby (n = 23)
3. Cooking or Baking (n = 21)

These findings indicate a latent interest in more proactive or therapeutic coping methods, especially those that involve personal development, emotional expression, or structured support. Such behaviors are typically categorized as functional coping mechanisms.

Table 16 Distribution of Purchasing-Related Coping Strategy (Never used)

	Burnout Coping Strategies	Not consider for future		Might consider for future	
		n	% of NO	n	% of NO
1	Food and Beverage	2	25.0%	6	75.0%
2	Cooking and Baking	12	36.4%	21	63.6%
3	Alcohol	27	77.1%	8	22.9%
4	Taking Pills	45	72.6%	17	27.4%
5	Cigarettes	57	86.4%	9	13.6%
6	Appearance	21	52.5%	19	47.5%
7	Fashion	8	40.0%	12	60.0%
8	Diet	15	42.9%	20	57.1%
9	Sport	6	33.3%	12	66.7%
10	Relaxation	10	33.3%	20	66.7%
11	Counseling	19	38.0%	31	62.0%
12	New Hobby	12	34.3%	23	65.7%
13	Gardening	19	48.7%	20	51.3%
14	Book	6	35.3%	11	64.7%
15	Music	3	27.3%	8	72.7%
16	TV	6	60.0%	4	40.0%
17	Internet surfing	3	37.5%	5	62.5%
18	Game	9	52.9%	8	47.1%
19	Gambling	47	81.0%	11	19.0%
20	Home Remodelling	7	29.2%	17	70.8%
21	Vacation	6	33.3%	12	66.7%
22	Cultural Event	21	72.4%	8	27.6%
23	Religion	29	70.7%	12	29.3%
24	Impulsive Buying	16	57.1%	12	42.9%

4.9 Satisfaction across Demographics

Tables 17, 19, 21 and 23 present the satisfaction scores (Mean and Standard Deviation) for each purchasing-related coping strategy across all participants by demographic group, whiles Table 18, 20, 22 and 24 examine whether these satisfaction levels differ significantly across specific demographic characteristics.

The highest overall satisfaction scores were reported for:

1. Watching TV (Mean = 2.74, SD = 1.12)
2. Vacation (Mean = 2.73, SD = 1.28)
3. Relaxation (Mean = 2.54, SD = 1.25)

In contrast, the strategies with the lowest satisfaction scores were:

1. Cigarette Use (Mean = 0.92, SD = 1.37)
2. Taking Pills (Mean = 1.08, SD = 1.43)
3. Gambling (Mean = 1.28, SD = 1.41)

These results indicate that participants generally found leisure-based and non-invasive strategies (such as watching TV, taking vacations) more satisfying compared to risky or potentially harmful strategies such as substance use or gambling.

4.9.1 Gender

Table 17 and 18 reveal two statistically significant gender differences in satisfaction. Food and beverage showed significantly higher satisfaction among females (Mean = 2.55, SD = 1.09) than males (Mean = 2.42, SD = 1.16), $p < 0.001$. Meanwhile, alcohol consumption showed significantly higher satisfaction among males (Mean = 2.36, SD = 1.43) than females (Mean = 1.34, SD = 1.27), $p < 0.05$. These differences may reflect gender-based preferences or social norms related to consumption and stress relief behaviors.

Table 17 Satisfaction across Gender

		Mean	SD	F value	P
1	Food and Beverage	2.46	1.11	11.48	< .001***
2	Cooking and Baking	2.12	1.19	0.81	0.48
3	Alcohol	1.65	1.38	5.46	0.02*
4	Taking Pills	1.08	1.43	0.53	0.64
5	Cigarettes	0.92	1.37	4.10	0.16
6	Appearance	1.88	1.30	0.53	0.61
7	Fashion	2.30	1.18	0.59	0.57
8	Diet	1.94	1.28	0.41	0.68
9	Sport	2.45	1.23	0.40	0.68
10	Relaxation	2.54	1.25	1.20	0.34
11	Counseling	1.93	1.37	0.19	0.84
12	New Hobby	2.42	1.20	0.96	0.42
13	Gardening	2.20	1.26	0.24	0.79
14	Book	2.48	1.27	0.12	0.88
15	Music	2.72	1.17	0.59	0.56
16	TV	2.74	1.12	0.03	0.97
17	Internet surfing	2.50	1.18	0.05	0.95
18	Game	2.33	1.29	1.50	0.25
19	Gambling	1.28	1.41	0.21	0.81
20	Home Remodeling	2.21	1.36	0.28	0.76
21	Vacation	2.73	1.28	2.62	0.10
22	Cultural Event	1.97	1.40	0.35	0.71
23	Religion	1.60	1.33	0.10	0.91
24	Impulsive Buying	1.83	1.26	0.56	0.59

Table 18 Differences on Purchasing-Related Coping Strategy across Gender

		n	Mean	SD	F value	P
Food and Beverage	Male	36	2.42	1.16	11.48	< .001***
	Female	89	2.55	1.09		
	Not specify	7	1.43	0.54		
Alcohol	Male	31	2.36	1.43	5.46	0.022*
	Female	68	1.34	1.27		
	Not specify	5	1.60	1.14		

Note: * p < .05, ** p < .01, *** p < .00

4.9.2 Age

Age was significantly associated with three coping strategies: taking pills, gambling and cultural events according to Tables 19 and 20. These three coping strategies showed notable differences across age groups. Participants aged 26-35 years reported significantly higher satisfaction levels in all three categories ($p < 0.05$, $p < 0.001$ and $p < 0.05$, respectively). These findings may indicate a greater openness or inclination among this age group to engage in diverse and at times risk-oriented coping mechanisms.

Table 19 Satisfaction across Age

		YES group		Age	
		Mean	SD	F value	P
1	Food and Beverage	2.46	1.11	0.87	0.46
2	Cooking and Baking	2.12	1.19	0.55	0.65
3	Alcohol	1.65	1.38	2.59	0.07
4	Taking Pills	1.08	1.43	3.66	0.02*
5	Cigarettes	0.92	1.37	0.69	0.56
6	Appearance	1.88	1.30	0.91	0.45
7	Fashion	2.30	1.18	1.19	0.33
8	Diet	1.94	1.28	0.10	0.96
9	Sport	2.45	1.23	0.75	0.53
10	Relaxation	2.54	1.25	0.87	0.47
11	Counseling	1.93	1.37	1.36	0.27
12	New Hobby	2.42	1.20	0.97	0.42
13	Gardening	2.20	1.26	0.44	0.73
14	Book	2.48	1.27	0.58	0.63
15	Music	2.72	1.17	2.02	0.13
16	TV	2.74	1.12	0.21	0.89
17	Internet surfing	2.50	1.18	0.02	1.00
18	Game	2.33	1.29	2.02	0.13
19	Gambling	1.28	1.41	4.74	0.01**
20	Home Remodeling	2.21	1.36	1.57	0.21
21	Vacation	2.73	1.28	1.69	0.19
22	Cultural Event	1.97	1.40	3.68	0.02*
23	Religion	1.60	1.33	0.55	0.65
24	Impulsive Buying	1.83	1.26	2.62	0.07

Table 20 Differences on Purchasing-Related Coping Strategy across Age

		n	Mean	SD	F value	P
Taking Pills	18-25	33	1.21	1.39	3.66	0.024*
	26-35	19	1.58	1.68		
	36-45	9	0.89	1.54		
	46-55	17	0.35	0.86		
Gambling	18-25	35	1.57	1.46	4.74	0.008**
	26-35	20	1.70	1.34		
	36-45	10	0.90	1.29		
	46-55	17	0.41	1.06		
Cultural Event	18-25	48	2.08	1.44	3.68	0.021*
	26-35	26	2.42	1.33		
	36-45	11	1.91	1.70		
	46-55	26	1.35	1.09		

Note: * $p < .05$, ** $p < .01$, *** $p < .00$

4.9.3 Marital Status

Statistically significant differences were observed between single and married participants across five strategies including alcohol ($p < 0.05$), cigarettes ($p < 0.01$), relaxation ($p < 0.05$), music ($p < 0.05$) and cultural events ($p < 0.05$) in Tables 21 and 22. In all five categories, single participants reported higher satisfaction than married ones. These results may reflect differences in lifestyle or social environments that influence the selection and perceived effectiveness of coping strategies.

Table 21 Satisfaction across Marital Status

		YES group		Marital	
		Mean	SD	F value	P
1	Food and Beverage	2.46	1.11	0.92	0.34
2	Cooking and Baking	2.12	1.19	0.08	0.78
3	Alcohol	1.65	1.38	4.07	0.05*
4	Taking Pills	1.08	1.43	0.45	0.51
5	Cigarettes	0.92	1.37	7.74	0.01**
6	Appearance	1.88	1.30	0.43	0.52
7	Fashion	2.30	1.18	0.34	0.56
8	Diet	1.94	1.28	1.35	0.25
9	Sport	2.45	1.23	0.25	0.62
10	Relaxation	2.54	1.25	5.13	0.03*
11	Counseling	1.93	1.37	1.85	0.18
12	New Hobby	2.42	1.20	1.58	0.22
13	Gardening	2.20	1.26	0.03	0.87
14	Book	2.48	1.27	1.57	0.22
15	Music	2.72	1.17	4.81	0.03*
16	TV	2.74	1.12	1.46	0.23
17	Internet surfing	2.50	1.18	0.24	0.63
18	Game	2.33	1.29	3.69	0.06
19	Gambling	1.28	1.41	1.05	0.31
20	Home Remodeling	2.21	1.36	0.01	0.93
21	Vacation	2.73	1.28	2.40	0.13
22	Cultural Event	1.97	1.40	4.31	0.04*
23	Religion	1.60	1.33	0.02	0.90
24	Impulsive Buying	1.83	1.26	2.97	0.09

Table 22 Differences on Purchasing-Related Coping Strategy across Marital Status

		n	Mean	SD	F value	P
Alcohol	Single	79	1.80	1.39	4.07	0.05*
	Married	25	1.20	1.26		
Cigarettes	Single	56	1.11	1.46	7.74	0.008**
	Married	18	0.33	0.84		
Relaxation	Single	81	2.70	1.18	5.13	0.028*
	Married	29	2.07	1.33		
Music	Single	95	2.86	1.11	4.81	0.033*
	Married	34	2.32	1.27		
Cultural Event	Single	80	2.14	1.41	4.31	0.042*
	Married	31	1.55	1.31		

Note: * p < .05, ** p < .01, *** p < .00

4.9.4 Education Level

In Tables 23 and 24, education level was significantly associated with satisfaction regarding two coping strategies: taking pills and vacation. Both show significantly higher means among those with bachelor's degree or lower compared to those with master's degree or higher ($p < 0.05$ for both). These results may imply that individuals with lower educational attainment are more inclined to utilize immediate or readily accessible coping strategies, whereas higher-educated participants may prefer alternative or non-material approaches to managing burnout.

Table 23 Satisfaction across Education Level

		YES group		Education	
		Mean	SD	F value	P
1	Food and Beverage	2.46	1.11	0.80	0.37
2	Cooking and Baking	2.12	1.19	0.20	0.66
3	Alcohol	1.65	1.38	1.52	0.22
4	Taking Pills	1.08	1.43	3.83	0.05*
5	Cigarettes	0.92	1.37	2.47	0.12
6	Appearance	1.88	1.30	1.94	0.17
7	Fashion	2.30	1.18	0.04	0.85
8	Diet	1.94	1.28	0.25	0.62
9	Sport	2.45	1.23	0.60	0.44
10	Relaxation	2.54	1.25	0.13	0.72
11	Counseling	1.93	1.37	0.59	0.44
12	New Hobby	2.42	1.20	0.18	0.68
13	Gardening	2.20	1.26	0.04	0.85
14	Book	2.48	1.27	0.33	0.57
15	Music	2.72	1.17	1.82	0.18
16	TV	2.74	1.12	0.27	0.60
17	Internet surfing	2.50	1.18	0.46	0.50
18	Game	2.33	1.29	2.36	0.13
19	Gambling	1.28	1.41	2.64	0.11
20	Home Remodeling	2.21	1.36	0.36	0.55
21	Vacation	2.73	1.28	4.00	0.05*
22	Cultural Event	1.97	1.40	2.18	0.15
23	Religion	1.60	1.33	0.06	0.99
24	Impulsive Buying	1.83	1.26	0.01	0.99

Table 24 Differences on Purchasing-Related Coping Strategy across Education Level

		n	Mean	SD	F value	P
Taking Pills	Bachelor & lower	48	1.31	1.50	3.83	0.05*
	Master & higher	30	0.70	1.24		
Vacation	Bachelor & lower	87	2.89	1.20	4.00	0.05*
	Master & higher	35	2.34	1.41		

Note: * p < .05, ** p < .01, *** p < .00

4.10 Qualitative Data Analysis

Table 25 presents the top-of-mind responses provided by participants when asked to identify the first word that came to mind upon hearing the term burnout which were categorized into five themes: Current Situation & Symptoms, Desire, Coping Strategies, Concerning Topics, and Others.

The most frequently mentioned words were:

1. Tired / Exhausted / Fatigued / Drained (N = 31, 22.14%)
2. Bored (N = 22, 15.71%)
3. Wanting to quit job (N = 6, 4.29%)

These findings indicate that participants most strongly associate burnout with their immediate lived experiences, particularly emotional and physical fatigue – central characteristics of the Emotional Exhaustion (EE) component in the Maslach Burnout Inventory (MBI). Additionally, some responses reflect a motivational or behavioral shift, such as the intention to quit their job, highlighting burnout's potential to affect both personal aspirations and coping intentions.

Table 25 Top-of-Mind Words Related to Burnout

Themes	Topics	n	%
Current Situation & Symptom	Tired / Exhausted / Fatigued / Drained	31	22.14%
	Bored	22	15.71%
	Lack of motivation / purpose / direction	9	6.43%
	Overwhelmed / Overload	4	2.86%
	Depressed	4	2.86%
	Feeling lazy / Stagnant	4	2.86%
	Stressed	4	2.86%
	"I am done" / "This is enough" / "Forget it"	3	2.14%
	Burnout	2	1.43%
	Feeling empty	2	1.43%
	No passion / inspiration	2	1.43%
	Less enthusiastic	2	1.43%
	Trying to be independent / not a burden	2	1.43%
	Feeling like there is no end	2	1.43%
	Getting used to this	2	1.43%
	Feeling like a failure / loser	1	0.71%
Desire	Wanting to quit job	6	4.29%
	Wishing to go on vacation (e.g., beach, mountains)	5	3.57%
	Desire not to work	2	1.43%
	Wanting to rest	1	0.71%
	Wanting to sit still and do nothing	1	0.71%
	Wanting to sleep	1	0.71%
	Wishing for COVID-19 to end	1	0.71%

Table 25 Top-of-Mind Words Related to Burnout (cont.)

Themes	Topics	n	%
Coping Strategy	**Trying harder at work**	**2**	**1.43%**
	Thinking about how to manage the current situation	1	0.71%
	Comparing oneself to others in worse situations	1	0.71%
	Listening to music	1	0.71%
Concerning Topic	COVID-19 restrictions (e.g., social distancing)	6	4.29%
	Work-related concerns (e.g., job, boss, unemployment, layoffs)	5	3.57%
	Health	3	2.14%
	Financial concerns (e.g., money, debt)	4	2.86%
	Politics	1	0.71%
Others	Others	3	2.14%

CHAPTER V
DISCUSSION

5.1 Relationship between Burnout and Maslach Burnout Inventory

5.1.1 Relationship between Emotional Exhaustion and Burnout

The findings of this study confirm the hypothesis that Emotional Exhaustion is positively associated with burnout. As shown in Table 11, mean score for Emotional Exhaustion was 3.21, with an estimate of 0.34, $t = 4.07$ and p-value < 0.001, as shown in Table 12. These results suggest a strong and statistically significant positive relationship between Emotional Exhaustion and Burnout. In other words, higher levels of Emotional Exhaustion are associated with higher levels of burnout among individuals.

Further analysis revealed statistically significant differences in levels of Emotional Exhaustion across age groups ($p < 0.001$) as shown in Table 13. Individuals aged 18-25 reported the highest mean level of Emotional Exhaustion (Mean = 3.77), while those aged 46-55 reported the lowest (Mean = 2.23). Additionally, Emotional Exhaustion levels varied by marital and occupational status. Single individuals reported higher emotional exhaustion levels (Mean = 3.50) compared to married groups, and self-employed individuals exhibit the highest emotional exhaustion levels across occupational groups (Mean = 4.04).

These findings are consistent with previous research. Erschens et al. (2018) found that university students, particularly those in the early stages of their academic journey, exhibited high levels of Emotional Exhaustion. This is often attributed to academic pressure and psychological stress. Similarly, Jenaro et al. (2007) and Doolittle et al. (2013) demonstrated that individuals experiencing high levels of burnout also reported significantly elevated Emotional Exhaustion scores, further reinforcing the positive correlation between Emotional Exhaustion and burnout.

In summary, the results of this study not only confirm the hypothesized relationship between Emotional Exhaustion and Burnout but also align with existing

literature, indicating that Emotional Exhaustion is a critical predictor of burnout across various demographic and occupational groups.

5.1.2 Relationship between Professional Efficacy and Burnout

The findings of this study support the hypothesis that Professional Efficacy is negatively correlated with burnout. As presented in Table 11, mean score for Professional Efficacy was 2.48, with an estimate of -0.21, t = -3.34 and p-value = 0.001 (Table 12). These results indicate a statistically significant negative relationship. This suggests that individuals with higher levels of Professional Efficacy are likely to experience lower levels of burnout.

No statistically significant differences were found in Professional Efficacy across demographic characteristics such as age, gender, marital status or employment type, suggesting that the inverse relationship between Professional Efficacy and burnout is consistent across groups.

These findings are consistent with prior research. Jenaro et al. (2007) and Doolittle et al. (2013) both observed that individuals with higher levels of burnout tended to report lower levels of Professional Efficacy. This reinforces the notion that Professional Efficacy acts as a protective factor against burnout and its presence may mitigate the emotional and psychological toll associated with prolonged occupational stress.

5.1.3 Relationship between Cynicism and Burnout.

This study aimed to examine the relationship between Cynicism and burnout and found a positive correlation but statistically non-significant association. As indicate in Table 11, the mean score for Cynicism was 3.21. However, Table 12 presented an estimate of 0.04, t = 0.40 and p-value = 0.688. Although the direction of the relationship is positive, the result is not statistically significant, suggesting that Cynicism may not be a strong or consistent predictor of burnout in this sample.

Nonetheless, significant differences in Cynicism levels were observed across demographic groups in Table 13. Specifically, age was a significant factor ($p < 0.001$) with individuals aged 18-25 reporting the highest levels of Cynicism (Mean = 3.60), while those aged 36-45 reported the lowest levels of Cynicism (Mean = 2.06).

Additionally, single individuals (Mean = 3.39) are those who are self-employed (Mean = 3.53) exhibit higher levels of Cynicism compared to other groups.

Although the current findings do not establish a statistically significant association between Cynicism and burnout, previous research has reported otherwise. Jenaro et al. (2007) and Doolittle et al. (2013) found that individuals with high levels of burnout also reported elevated levels of Cynicism, indicating a positive correlation between the two constructs. This discrepancy may be due to sample differences, contextual factors or measurement sensitivity.

In summary, while this study observed a positive but non-significant relationship between Cynicism and burnout, demographic trends and existing literature support the theoretical link between these variables.

5.2 Relationship between Burnout and Coping Strategies

5.2.1 Functional and Dysfunctional coping strategies with Burnout

The findings of this study indicate that participants reported higher satisfaction with Functional coping strategies compared to Dysfunctional coping strategies, as shown in Table 14. Specifically, mean satisfaction score for Functional coping strategies was 2.96, while mean for Dysfunctional coping strategies was slightly lower at 2.78. Among Functional coping strategies, the highest satisfaction levels were reported for TV (Mean = 2.74), Vacation (Mean = 2.73) and Music (Mean = 2.72). For Dysfunctional coping strategies, participants reported the highest satisfaction with Internet Surfing (Mean = 2.50), Food and Beverage (Mean = 2.46) and Gaming (Mean = 2.33).

In terms of usage frequency, Functional coping strategies were also widely adopted. TV (92.9%), Music (92.1%) and Book (87.9%) were the most commonly used. On the other hand, the most frequently used Dysfunctional coping strategies included Food and Beverage (94.3%), Internet Surfing (94.3%) and Gaming (87.9%).

These results are consistent with prior research highlighting the effectiveness of Functional coping strategies in mitigating burnout. For instance, Erschens et al. (2018) reported that medical students who engaged in Functional coping strategies experienced lower levels of burnout. The study also emphasized that

Functional coping strategies were actively sought after by individuals. Conversely, the use of Dysfunctional coping strategies has been found to correlate positively with burnout. Such strategies may offer temporary relief, but are often ineffective in addressing the root causes of stress and may even exacerbate psychological strain over time. Therefore, although both Functional and Dysfunctional coping strategies are commonly used, the evidence suggests the Functional coping mechanisms are more beneficial in reducing burnout levels.

In conclusion, the findings support the notion that individuals derive greater satisfaction and potentially more effective outcomes from Functional coping strategies compared to Dysfunctional ones, thereby reinforcing the importance of promoting adaptive coping behaviors to manage burnout.

5.2.2 Problem and Emotion Focused coping strategies with Burnout

The findings of this study reveal that participants reported greater satisfaction with Problem Focused coping strategies than with Emotion Focused coping strategies, as shown in Table 14. The mean satisfaction score for Problem Focused coping strategies was 3.01, compared to 2.84 for Emotion Focused coping strategies. Among Problem Focused coping strategies, the highest satisfaction was associated with Relaxation (Mean 2.54), Book (Mean = 2.48) and Sport (Mean = 2.45). For Emotion Focused coping strategies, the highest satisfaction was reported for TV (Mean = 2.74), Vacation (Mean = 2.73) and Music (Mean = 2.72).

Regarding frequency of use, the most commonly used Problem Focused coping strategies were Book (87.9%), Sport (87.1%) and Relaxation (78.6%). Emotion Focused coping strategies were also widely utilized with Food and Beverage (94.3%), Internet Surfing (94.3%) and TV (92.9%) being the most prevalent.

These results are consistent with previous research demonstrating the greater effectiveness of Problem Focused coping strategies in mitigating burnout. For example, Shin et al. (2014) found that Problem Focused coping strategies were negatively correlated with burnout, while Emotion Focused coping strategies showed a positive correlation. Their studies also highlighted that Emotional Exhaustion (EE) and Cynicism (CY) tend to be associated with Emotion Focused coping strategies, whereas Professional Efficacy (PE) is more closely linked to Problem Focused coping strategies.

Similarly, Jenaro et al. (2007) observed greater use of Problem Focused coping strategies among individuals experiencing lower levels of burnout. Martínez et al. (2020) further supported this finding, reporting that Problem Focused coping strategies were related to reduced stress levels and improvements in both mental and physical health.

In conclusion, this study reinforces the view that Problem Focused coping strategies are not only more satisfying but also more effective in managing burnout. Encouraging the use of such adaptive strategies may, therefore, serve as a protective factor against the development or worsening of burnout levels.

5.3 Interpretation

5.3.1 To what extent do participants report feelings of burnout and how do these vary across demographic groups? How willing are they to cope, pay or seek support when experiencing burnout?

Based on the data presented in Table 6, participants reported a moderate level of perceived burnout, with an overall mean score of 3.41. Notable demographic differences emerged in the analysis. While no substantial differences were observed across gender, education level or occupation, variations were evident by age and marital status. Participants aged 18-25 reported the highest level of burnout (Mean = 3.70), while those aged 46-55 reported the lowest (Mean = 2.90). Additionally, single participants (Mean = 3.58) perceived themselves as more affected by burnout than their married counterparts (Mean = 2.95).

In terms of willingness to cope with burnout, participants overall slightly agreed with engaging in coping behaviors (Mean = 3.47). Similar to the pattern observed in burnout levels, no substantial differences were found across gender, marital status, education or occupation. However, participants aged 36-45 demonstrated the highest willingness to cope, with a mean score of 3.86, suggesting a greater inclination in this age group to actively manage symptoms of burnout.

Participants also expressed a moderate willingness to pay for coping mechanisms with a mean score of 3.25. Demographic comparisons revealed minimal variation across age, marital status, education or occupation. However, a notable gender

difference was observed. Male participants (Mean = 3.64) reported a significantly higher willingness to pay to address burnout than female participants (Mean = 3.14).

Regarding willingness to share their experiences as a coping strategy, participants showed the highest overall agreement with a mean score of 3.65. No significant differences were observed across gender, marital status, education or occupation. However, 36-45 age group again reported the highest willingness to share (Mean = 3.90), indicating that this group may be more open to social or communal coping methods.

These findings partially align with those reported by Lins and Aquino (2020), who found that female participants generally experienced higher levels of fear related to COVID-19. Their study also reported that males exhibited higher levels of panic buying despite reporting lower fear levels. This suggests that while men may outwardly express less emotional vulnerability, they may still engage in behaviorally expressive coping mechanisms such as purchasing or spending, consistent with the present study's finding that males showed a greater willingness to pay to cope with burnout.

In summary, although burnout levels were relatively moderate across the sample, demographic patterns suggest that younger individuals and single participants perceive higher burnout levels. Furthermore, while females reported slightly higher burnout, males demonstrated a stronger behavioral response, particularly in terms of willingness to pay for coping. These trends may reflect broader gender-based coping differences observed in related literature.

5.3.2 What is the relationship between burnout and participants' self-rated willingness to adopt coping mechanisms?

The results presented in Table 6, 7, 8, 9 and 10 provide important insights into how self-perceived burnout is related to participants' willingness to engage in various coping behaviors.

First, the analysis indicates a statistically significant positive correlation between participants' level of burnout (Q1: Burnout) and their willingness to pay for coping mechanisms (Q3: Willing to pay) with a Pearson's correlation coefficient of 0.279 and a p-value < 0.001. This suggests that individuals who experience higher levels

of burnout are more likely to express a willingness to invest financially in coping strategies.

Additionally, burnout was found to be positively correlated with the willingness to share, consult or seek for support (Q4: Willing to Share), with a Pearson's coefficient of 0.189 and a p-value < 0.05. This indicates that individuals experiencing greater burnout are also more likely to seek interpersonal or social coping strategies.

Furthermore, a positive and statistically significant relationship was observed between willingness to cope with burnout (Q2: Willing to Cope) and willingness to pay for coping (Q3: Willing to Pay) with a Pearson's correlation of 0.240 and a p-value < 0.01. These findings suggest that those who express a higher readiness to act against burnout are also more inclined to allocate financial resources toward coping efforts.

Overall, the results highlight that burnout is not only associated with emotional strain but also influences behavioral intentions regarding coping strategies. Individuals experiencing higher burnout levels tend to show greater motivation both emotional and financial motivation to manage and mitigate its effects. These findings underscore the importance of addressing burnout through both psychological and practical support systems as individuals appear willing to seek, share and invest in coping when experiencing elevated burnout.

5.3.3 Which components of burnout are most strongly associated with the overall burnout experience? Are there demographic differences in these associations?

Burnout in this study was assessed using three core components from Maslach Burnout Inventory – General Survey (MBI-GS) including Emotional Exhaustion (EE), Professional Efficacy (PE) and Cynicism (CY). The internal consistency of these scales was confirmed through Cronbach's Alpha Coefficients, all exceeding 0.8 with Emotional Exhaustion (EE) = 0.94, Professional Efficacy (PE) = 0.96 and Cynicism (CY) = 0.87. These high reliability scores affirm the internal coherence of each construct and the appropriateness of their use in measuring burnout within this sample.

The mean scores for burnout dimensions were 3.21 for Emotional Exhaustion (EE), 2.48 for Professional Efficacy (PE) and 3.21 for Cynicism (CY). These averages indicate that participants experienced moderate levels of Emotional Exhaustion (EE) and Cynicism (CY) and a relatively low sense of Professional Efficacy (PE). This pattern reflects the typical symptom structure of burnout: high fatigue and detachment accompanied by reduced personal accomplishment.

Focusing on associations between burnout components and overall burnout, the results were highlighted in Table 12. Regression analysis results, as shown in Table 12, demonstrated varying contributions of each component to overall burnout. Emotional Exhaustion emerged as a strong positive predictor of burnout (Estimate = 0.34, $t = 4.07$, $p < 0.001$), suggesting that participants who reported higher levels of Emotional Exhaustion (EE) were significantly more likely to report feelings of burnout. Professional Efficacy (PE) was found to be a significant negative predictor (Estimate = -0.21, $t = -3.34$, $p = 0.001$), indicating that individuals with a stronger sense of accomplishment were less likely to feel burned out. Although Cynicism (CY) had a positive estimate (Estimate = 0.04), did not significantly predict burnout in this model ($t = 0.40$, $p = 0.688$). This finding suggests that in the presence of Emotional Exhaustion (EE), attitudinal detachment alone was not a strong indicator of burnout in this sample. The overall model yielded $R^2 = 0.25$ with an adjusted $R^2 = 0.23$ and was statistically significant at $p < 0.001$, indicating a moderate level of explanation for the variance in burnout.

In terms of demographic differences in burnout dimensions, the results were presented in Table 13. Analysis of variance revealed several significant demographic differences, particularly in Emotional Exhaustion (EE) and Cynicism (CY) dimensions. For age group, 18-25 years reported the highest levels of Emotional Exhaustion (EE) (Mean = 3.77) and Cynicism (CY) (Mean = 3.60). 46-55 years reported the lowest Emotional Exhaustion (EE) (Mean = 2.23), while 36-45 years reported the lowest Cynicism (CY) (Mean = 2.06). Both Emotional Exhaustion (EE) and Cynicism (CY) showed significant differences across age group ($p < 0.001$). For marital status, single participants reported higher scores in both Emotional Exhaustion (EE) (Mean = 3.50) and Cynicism (CY) (Mean = 3.39) compared to married individuals. These differences were also statistically significant ($p < 0.001$). For occupation, self-employed individuals

showed the highest levels of Emotional Exhaustion (EE) (Mean = 4.04) and Cynicism (CY) (Mean = 3.53), significantly higher than other occupational groups ($p < 0.01$). For gender and level of education, no significant differences were found in burnout scores across gender or education level. Similarly, Professional Efficacy (PE) did not show significant variation across any demographic characteristics, suggesting that Professional Efficacy (PE) is a more stable and individual-level perception that is less influenced by social or occupational roles.

These findings reinforce the well-established role of Emotional Exhaustion (EE) as the core element of burnout, echoing the conclusions of previous research. For instance, Erschens et al (2018) observed that university students, particularly those in the early stages of their academic journey, exhibited heightened levels of Emotional Exhaustion (EE). This pattern is likely due to academic pressure and emerging life transitions, paralleling the high Emotional Exhaustion (EE) and Cynicism (CY) levels observed among young adults in this study.

Moreover, the inverse relation between Professional Efficacy (PE) and burnout supports the view that a strong sense of competence and accomplishment serves as a protective factor against burnout. The non-significant role of Cynicism (CY) in the regression model suggests that during the COVID-19 pandemic, more emotionally and performance-based factors may have had a greater impact on burnout than attitudinal withdrawal.

5.3.4 What categories of burnout coping strategies are most frequently used or avoided by participants?

Burnout coping strategies reported in this study can be categorized into two overarching frameworks which are Functional and Dysfunctional coping strategies and Problem focused and Emotion focused coping strategies. These categories provide insights into both the nature of coping mechanisms and participants' preferences in managing burnout.

In terms of Functional and Dysfunctional coping strategies, this study confirms that functional coping strategies were both more frequently used and more satisfying to participants compared to dysfunctional strategies. Mean satisfaction scores for functional coping strategies were 2.96, while mean satisfaction scores for

dysfunctional coping strategies were 2.78. The most satisfying functional strategies are TV (Mean = 2.74), vacation (Mean = 2.78) and music (Mean = 2.72). The most frequently used functional coping strategies are TV (92.9%), music (92.1%) and book (87.9%). Meanwhile, the most satisfying dysfunctional coping strategies are Internet surfing (Mean = 2.50), food and beverage (Mean = 2.46) and gaming (Mean = 2.33). The most frequently used dysfunctional coping strategies are food and beverage (94.3%), internet surfing (94.3%) and gaming (87.9%). These findings suggest that while dysfunctional coping strategies are heavily used, functional coping strategies are more satisfying and thus may be more effective long-term in reducing burnout symptoms.

This study also employed Lazarus and Folkman's classification into Problem-focused (aimed at solving the source of stress) and Emotion-focused (aimed at alleviating emotional distress). Mean satisfaction scores for Problem-focused coping strategies was 3.01, while mean satisfaction scores for Emotion-focused coping strategies was 2.84. The most satisfying problem-focused coping strategies are relaxation (Mean = 2.54), book (Mean = 2.48) and sport (Mean = 2.45). The most frequently used Problem-focused strategies are book (87.9%), sport (87.1%) and relaxation (78.6%). Meanwhile, the most satisfying Emotion-focused coping strategies are TV (Mean = 2.74), vacation (Mean = 2.73) and music (Mean = 2.72). The most frequently used Emotion-focused coping strategies are food and beverage (94.3%), internet surfing (94.3%) and TV (92.9%).

The higher satisfaction associated with Problem-focused coping strategies aligns with existing literature suggesting these strategies offer longer-term stress relief by addressing root causes, whereas Emotion-focused coping strategies provide temporary emotional relief.

As burnout often triggers behavior related to consumption or self-soothing through material goods, the study also identified general trends and patterns towards key purchasing-related coping behaviors. The most frequently used purchasing-related coping strategies are food and beverage (94.3%), internet surfing (94.3%) and TV (92.9%). Meanwhile, the least frequently used coping strategies are gambling (41.4%), taking pills (44.3%) and cigarettes (47.1%). These results highlight a preference for low-risk, accessible coping behaviors such as media use and food consumption, while

higher-risk or stigmatized behaviors (such as gambling, substance use) were less commonly reported.

In addition to current behavior, the study also explored participants' openness to adopt new coping methods in the future, particularly among those who had not yet tried them. The most frequently considered future strategies include Counseling (N = 31), Starting a new hobby (N = 23) and Cooking or Baking (N = 21). These results suggest that participants show latent interest in more therapeutic, constructive and creative coping methods. Notably, counseling was highly considered, indicating potential barriers such as stigma, access or uncertainty about its benefits, despite lower actual usage. Similarly, the appeal of hobbies and creative activities reflects a growing recognition of self-care and personal development as important resources for mental well-being and self-regulation.

5.3.5 How satisfied are participants with various purchasing-related coping strategies and how do satisfaction levels differ by demographic characteristics?

In terms of use and satisfaction with purchasing-related burnout coping strategies and their demographic differences, this study provides a detailed analysis of purchasing-related coping strategies used by participants to manage burnout including how satisfaction and usage differ across various demographic characteristics. The strategies examined were further categorized into Functional and Dysfunctional coping strategies and Problem-focused and Emotion-focused coping strategies frameworks for deep interpretation.

For overall satisfaction and usage of coping strategies as shown in Table 14 and 15, the findings confirm that participants reported higher satisfaction with functional than with dysfunctional coping strategies. Mean satisfaction scores for Functional coping strategies was 2.96, while mean satisfaction score for dysfunctional coping strategies were 2.78. Similarly, in terms of coping orientation, Problem-focused coping strategies were more satisfying than Emotion-focused coping strategies. Mean satisfaction scores for Problem-focused coping strategies was 3.01, while mean satisfaction score for Emotion-focused coping strategies was 2.84.

Regarding demographic differences in purchasing-related coping strategies, Tables 17, 19, 21 and 23 reveal significant differences in satisfaction with specific purchasing-related coping strategies across demographic characteristics.

For gender differences, two coping strategies showed statistically significant gender differences in Table 18. Food and Beverage has higher satisfaction levels among females (Female = 2.55, Male = 2.42) with $p < 0.001$. Meanwhile, Alcohol has higher satisfaction among males (Male = 2.36, Female = 1.34) with $p < 0.05$. These findings suggest that males and females may engage with different purchasing behaviors when coping with burnout, possibly reflecting gendered social norms or access patterns related to consumption.

For age differences, three purchasing-related coping strategies showed significant differences by age in Table 20. Taking pills has highest satisfaction among participants aged 26-35 with $p < 0.05$. Gambling also has highest satisfaction among participants aged 26-35 with $p < 0.001$. Cultural event also had the highest satisfaction among participants aged 26-35 with $p < 0.05$. These findings suggest that young adults in this age range may be more experimental or proactive in coping through consumption or experiences.

For marital status differences, significant differences emerged between single and married participants across five strategies which are alcohol, cigarettes, relaxation, music and cultural Event in Table 22. Single individuals reported higher satisfaction than married individuals in all 5 categories with p-value ranging from $p < 0.05$ to $p < 0.01$. These results may reflect greater independence or fewer familial constraints among single individuals, enabling them to engage more frequently in individualistic or socially expressive coping strategies.

For education level differences, two strategies were significantly different across education levels in Table 24. Taking pills has highest satisfaction among participants with Bachelor's degree or lower with $p < 0.05$. Vacation had the highest satisfaction among lower education group with $p < 0.05$. These findings may reflect differences in health literacy, financial resources or access to mental health education, potentially influencing how individuals with varying education levels engage in coping behaviors.

The results highlight that demographics play a key role in shaping individuals' selection and satisfaction with burnout coping strategies. While participants tend to prefer and report higher satisfaction with function and problem-focused approaches, habitual or accessible behaviors such as internet use and food consumption remain the most commonly used regardless of their classification as dysfunctional coping strategies

Moreover, these findings align with prior research by Xiao et al. (2020) which emphasized that information anxiety and uncertainty during COVID-19 led to demographic-specific expressions of impulsive and consumption-based coping. Their findings further support the conclusion that certain coping behaviors, particularly purchasing-related ones, are shaped not only by psychological distress but also by socio-demographic context.

CHAPTER VI
CONCLUSION

6.1 Conclusion

This study provides empirical support for all proposed hypotheses, offering a comprehensive understanding of burnout during the COVID-19 pandemic and its relationship with purchasing-related coping strategies. The findings confirm significant associations between burnout and its three core dimensions including Emotional Exhaustion (EE), Professional Efficacy (PE) and Cynicism (CY), thereby reinforcing established theoretical frameworks such as the Maslach Burnout Inventory (MBI).

Moreover, the study identifies meaningful variations in burnout and coping behaviors across demographic characteristics, including gender, age, marital status, occupation and education levels. These demographic distinctions further contextualize how individuals experience burnout and choose to cope with it, particularly through various purchasing-related strategies.

In examining both usage and satisfaction levels of functional, dysfunctional, problem-focused and emotion-focused coping strategies, the results reveal distinct patterns of preference and effectiveness. Importantly, participants reported greater satisfaction with functional and problem-focused coping strategies, while also frequently utilizing more accessible and sometimes dysfunctional, coping strategies such as food and beverage consumption and internet surfing. These insights contribute to a more nuanced understanding of coping behaviors as both practical and psychological responses to burnout.

The implications are particularly relevant for mental health practitioners, employers and policymakers, who must develop and promote targeted interventions to address burnout at both the individual and organizational levels. These interventions should consider the specific demographic contexts and coping tendencies identified in this study.

Finally, this research is situated within the context of Thai consumers, offering culturally grounded insights that may inform both local strategies and cross-cultural comparisons in future studies. Further research, particularly through longitudinal or qualitative approaches, is recommended to deepen the understanding of burnout trajectories and evolving coping mechanisms over time.

6.2 Limitations

This study has several limitations that should be acknowledged. First, the conceptualization and self-assessment of burnout may vary among participants, as individuals interpret and internalize the symptoms of burnout differently based on their personal experiences and understanding. Similarly, the coping strategies reported by participants may not have been used exclusively to address burnout. Some strategies might have been adopted in response to other negative emotional states such as stress, anxiety or general emotional fatigue, making it difficult to isolate burnout-specific coping behaviors. Additionally, because burnout can be episodic and fluctuate over time, the cross-sectional design of this study may not capture the dynamic nature of coping or burnout progression accurately.

Second, the self-reported nature of the data introduces potential biases, particularly social desirability bias, where participants may underreport stigmatized behaviors or overreport socially accepted responses, Responses may also be influenced by the behaviors or attitudes of people in their social environment, further skewing the accuracy of individual reporting.

6.3 Recommendations

To address the limitations, future research should consider using longitudinal designs to examine changes in burnout and coping behaviors over time. Qualitative approaches such as focus groups or in-depth interviews could provide richer insight into the psychological processes behind coping strategies and help distinguish burnout-specific responses from more general emotional coping mechanisms.

REFERENCES

Aydın, H., & Ünal, S. (2015). Evaluation of the strategies coping with consumers' guilt and shame in impulse buying: A study on university students. *Journal of Global Strategic Management*, *9*(2).

Bakker, A. B., & Demerouti, E. (2008). Towards a model of work engagement. *Career Development International*.

Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2014). Burnout and work engagement: The JD–R approach. *Annual Review of Organizational Psychology and Organizational Behavior*, *1*(1), 389–411.

Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2002). Validation of the Maslach Burnout Inventory–General Survey: An Internet study. *Anxiety, Stress & Coping*, *15*(3), 245–260.

Backus, B. E., Dorscheidt, N., Gerretsen, B. M., & Dobson, P. (2021). Rebuild resilience in emergency physicians to prevent burnout during the COVID-19 pandemic. *European Journal of Emergency Medicine*, *28*(4), 262–263.

Billore, S., & Anisimova, T. (2021). Panic buying research: A systematic literature review and future research agenda. *International Journal of Consumer Studies*, *45*(4), 777–804.

Brigham, T., Barden, C., Dopp, A. L., Hengerer, A., Kaplan, J., Malone, B., … Nora, L. M. (2018). A journey to construct an all-encompassing conceptual model of factors affecting clinician well-being and resilience. *NAM Perspectives*, *8*(1), Article 10-31478.

Brown, B. B., & Prinstein, M. J. (Eds.). (2011). *Encyclopedia of adolescence*. Academic Press.

Campbell, C., & Rothmann, S. (2005). A psychometric assessment of the Maslach Burnout Inventory (General Survey) in a customer-service environment. *Management Dynamics: Journal of the Southern African Institute for Management Scientists*, *14*(2), 16–28.

REFERENCES (cont.)

Campos, J. A. D. B., Schneider, V., Bonafé, F. S. S., Oliveira, R. V., & Maroco, J. (2016). Burnout syndrome and alcohol consumption in prison employees. *Revista Brasileira de Epidemiologia*, *19*, 205–216.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, *56*(2), 267–283.

Chirkowska-Smolak, T., & Kleka, P. (2011). The Maslach Burnout Inventory–General Survey: Validation across different occupational groups in Poland. *Polish Psychological Bulletin*.

Cui, G., Bao, W., & Chan, T. S. (2009). Consumers' adoption of new technology products: The role of coping strategies. *Journal of Consumer Marketing*.

Dix, D. M. (2017). *The relationship between coping strategies and burnout for caregivers of adjudicated youth* (Doctoral dissertation). Walden University.

Doolittle, B. R., Windish, D. M., & Seelig, C. B. (2013). Burnout, coping, and spirituality among internal medicine resident physicians. *Journal of Graduate Medical Education*, *5*(2), 257–261.

Erschens, R., Loda, T., Herrmann-Werner, A., Keifenheim, K. E., Stuber, F., Nikendei, C., … Junne, F. (2018). Behaviour-based functional and dysfunctional strategies of medical students to cope with burnout. *Medical Education Online*, *23*(1), Article 1535738.

Feist, J. B., Feist, J. C., & Cipriano, P. (2020). Stigma compounds the consequences of clinician burnout during COVID-19: A call to action to break the culture of silence. *NAM Perspectives*, Article number/time-period.

Ferreira, M. C. O., Brandão, M. M., & Bizarrias, F. S. (2017). Understanding consumers' responses to negative emotions related to crowding on satisfaction and impulse purchase in retail: The mediating role of coping. *Revista de Administração (São Paulo)*, *52*, 431–442.

REFERENCES (cont.)

Fontes, F. F. (2020). Herbert J. Freudenberger and the making of burnout as a psychopathological syndrome. *Memorandum: Memory and History in Psychology*, *37*, 1676–1669.

Foster, S. (2020). Burnout: A continuing problem. *British Journal of Nursing*, *29*(12), 721. https://doi.org/10.12968/bjon.2020.29.12.721

Fothergill, A., Edwards, D., & Burnard, P. (2004). Stress, burnout, coping and stress management in psychiatrists: Findings from a systematic review. *International Journal of Social Psychiatry*, *50*(1), 54–65.

Friedman, H. S. (Ed.). (2015). *Encyclopedia of mental health*. Academic Press.

Goularte, J. F., Serafim, S. D., Colombo, R., Hogg, B., Caldieraro, M. A., & Rosa, A. R. (2021). COVID-19 and mental health in Brazil: Psychiatric symptoms in the general population. *Journal of Psychiatric Research*, *132*, 32–37.

Hamann, D. L., & Gordon, D. G. (2000). Burnout: An occupational hazard: Many elements of a music teacher's life can contribute to stress and burnout… *Music Educators Journal*, *87*(3), 34–39.

Hayes, S. W., Priestley, J. L., Ishmakhametov, N., & Ray, H. E. (2020). "I'm not working from home, I'm living at work": Perceived stress and work-related burnout before and during COVID-19. [Unpublished manuscript or specify journal].

Hoseinabadi, T. S., Kakhki, S., Teimori, G., & Nayyeri, S. (2020). Burnout and its influencing factors between frontline nurses and nurses from other wards during the outbreak of Coronavirus disease (COVID-19) in Iran. *Investigación y Educación en Enfermería*, *38*(2).

Jackson, S. E., & Schuler, R. S. (1983). Preventing employee burnout. *Personnel*, *60*(2), 58–68.

Jenaro, C., Flores, N., & Arias, B. (2007). Burnout and coping in human service practitioners. *Professional Psychology: Research and Practice*, *38*(1), 80–90.

REFERENCES (cont.)

Joshi, G., & Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Asian Journal of Psychiatry*, *54*, 102300. https://doi.org/10.1016/j.ajp.2020.102300

Johnston, M., French, D. P., Bonetti, D., & Johnston, D. W. (2004). Assessment and measurement in health psychology. *Health Psychology*, 360.

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, *19*(3), 192–207.

Krohne, H. W. (2002). Stress and coping theories. In *International Encyclopedia of the Social & Behavioral Sciences* [cited 2021].

Kuoppala, J., Lamminpää, A., Väänänen-Tomppo, I., & Hinkka, K. (2011). Employee well-being and sick leave, occupational accident, and disability pension: A cohort study of civil servants. *Journal of Occupational and Environmental Medicine*, pages 633–640.

Lawrence, L. M., & Elphinstone, B. (2021). Coping associated with compulsive buying tendency. *Stress and Health*, *37*(2), 263–271.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

Leiter, M. P., & Maslach, C. (2005). A mediation model of job burnout. In *Research companion to organizational health psychology* (p. 544).

Lins, S., & Aquino, S. (2020). Development and initial psychometric properties of a panic buying scale during the COVID-19 pandemic. *Heliyon*, *6*(9), Article e04746.

Lins, S., Koch, R., Aquino, S., Costa, I. M., & de Freitas Melo, C. (2021). Mental health: Would excessive buying be a crisis coping strategy? *Psychiatry Research*, *303*, 114113.

Marais, C., Mostert, K., & Rothmann, S. (2009). The psychometrical properties of translated versions of the Maslach Burnout Inventory–General Survey. *SA Journal of Industrial Psychology*, *35*(1), 1–8.

REFERENCES (cont.)

Martínez, J. P., Méndez, I., Ruiz-Esteban, C., Fernández-Sogorb, A., & García-Fernández, J. M. (2020). Profiles of burnout, coping strategies and depressive symptomatology. *Frontiers in Psychology*, *11*, Article 591.

Maslach, C. (2003). Job burnout: New directions in research and intervention. *Current Directions in Psychological Science*, *12*(5), 189–192.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*(2), 99–113.

Mathur, A., Moschis, G. P., & Lee, E. (1999). Stress and consumer behavior: Coping strategies of older adults. *Journal of Marketing Practice: Applied Marketing Science*.

Mathur, A., Moschis, G. P., & Lee, E. (2008). A longitudinal study of the effects of life status changes on consumer preferences. *Journal of the Academy of Marketing Science*, *36*(2), 234–246.

Matthieu, M. M., & Ivanoff, A. (2006). Using stress, appraisal, and coping theories in clinical practice: Assessments of coping strategies after disasters. *Brief Treatment and Crisis Intervention*, *6*(4), 337–348.

McFadden, P., Campbell, A., & Taylor, B. (2015). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *British Journal of Social Work*, *45*(5), 1546–1563.

Montero-Marín, J., Prado-Abril, J., Piva Demarzo, M. M., Gascón, S., & García-Campayo, J. (2014). Coping with stress and types of burnout: Explanatory power of different coping strategies. *PLOS ONE*, *9*(2), Article e89090.

Nesher Shoshan, H., & Sonnentag, S. (2020). The effects of employee burnout on customers: An experimental approach. *Work & Stress*, *34*(2), 127–147.

Peinado, M., & Anderson, K. N. (2020). Reducing social worker burnout during COVID-19. *International Social Work*, *63*(6), 757–760.

REFERENCES (cont.)

Pidgeon, A. M., Bottomley, L., & Bannatyne, A. (2015). Shop 'til you drop: A coping mechanism for stressed university students? *International Journal of Business, Humanities and Technology*, *5*(3), 28–37.

Pietarinen, J., Pyhältö, K., Soini, T., & Salmela-Aro, K. (2013). Validity and reliability of the Socio-Contextual Teacher Burnout Inventory (STBI). *Psychology*.

Pressley, T. (2021). Factors contributing to teacher burnout during COVID-19. *Educational Researcher*, *50*(5), 325–327.

Queen, D., & Harding, K. (2020). Societal pandemic burnout: A COVID legacy. *International Wound Journal*, *17*(4), 873–874. https://doi.org/10.1111/iwj.13441

Richardsen, A. M., & Martinussen, M. (2005). Factorial validity and consistency of the MBI-GS across occupational groups in Norway. *International Journal of Stress Management*, *12*(3), 289–307.

Rittschof, K. R., & Fortunato, V. J. (2016). The influence of transformational leadership and job burnout on child protective services case managers' commitment and intent to quit. *Journal of Social Service Research*, *42*(3), 372–385.

Ross, J. (2020). The exacerbation of burnout during COVID-19: A major concern for nurse safety. *Journal of PeriAnesthesia Nursing*, *35*(4), 439–440. https://doi.org/10.1016/j.jopan.2020.04.001

Russell, L. M., Cole, B. M., & Jones III, R. J. (2014). High-risk occupations: How leadership, stress, and ability to cope influence burnout in law enforcement. *Journal of Leadership, Accountability and Ethics*, *11*(3).

Shah, K., Chaudhari, G., Kamrai, D., Lail, A., & Patel, R. S. (2020). How essential is it to focus on physicians' health and burnout in the coronavirus (COVID-19) pandemic? *Cureus*, *12*(4).

Shams, H. A., Hussain, S., Feroze, T., Saki, S. A., Shams, M. A., Abbasi, K. A., & Munir, S. (2021). Stressors, stress, and impulsive buying behavior: Moderating role of emotional intelligence. *International Journal of Business and Economic Affairs*, *6*(3), 164–174.

REFERENCES (cont.)

Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., … Oreskovich, M. R. (2012). Burnout and satisfaction with work–life balance among U.S. physicians relative to the general U.S. population. *Archives of Internal Medicine*, *172*(18), 1377–1385.

Shanafelt, T. D., & Noseworthy, J. H. (2017, January). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings*, *92*(1), 129–146.

Shin, H., Park, Y. M., Ying, J. Y., Kim, B., Noh, H., & Lee, S. M. (2014). Relationships between coping strategies and burnout symptoms: A meta-analytic approach. *Professional Psychology: Research and Practice*, *45*(1), 44–58 or appropriate pages.

Sinutpattanasuk, P., & Wijitraphan, T. (2022). ปัจจัยเสี่ยงของภาวะหมดไฟในการทำงานของบุคลากรโรงพยาบาลสันป่าตองจังหวัดเชียงใหม่ [Risk factors for job burnout among healthcare staff in San Pa Tong Hospital, Chiang Mai Province]. *Journal of Health Science-วารสารวิชาการสาธารณสุข*, *31*(1), 154–163.

Spielberger, C. (2004). *Encyclopedia of applied psychology*. Academic Press.

Stern, T. A., Fricchione, G. L., & Rosenbaum, J. F. (2010). *Massachusetts General Hospital Handbook of General Hospital Psychiatry* (e-book). Elsevier Health Sciences.

Sun, G., Han, X., Wang, H., Li, J., & Wang, W. (2021). The influence of face loss on impulse buying: An experimental study. *Frontiers in Psychology*, Article 3080.

Travis, D. J., Lizano, E. L., & Mor Barak, M. E. (2016). "I'm so stressed!": A longitudinal model of stress, burnout and engagement among social workers in child welfare settings. *The British Journal of Social Work*, *46*(4), 1076–1095.

REFERENCES (cont.)

Torun, T., & İpcioğlu, İ. (2015). Examining the impact of burnout syndrome and demographics on impulsive buying behavior (IBB) in working places. *Advances in Economics and Business*, *3*(7), 279–286.

Vischer, J. C. (2007). The effects of the physical environment on job performance: Towards a theoretical model of workspace stress. *Stress and Health*, *23*(3), 175–184.

Winner, J., & Knight, C. (2019). Beyond burnout: Addressing system-induced distress. *Family Practice Management*, *26*(5), 4–7.

Worley, J. A., Vassar, M., Wheeler, D. L., & Barnes, L. L. (2008). Factor structure of scores from the Maslach Burnout Inventory: A review and meta-analysis of 45 exploratory and confirmatory factor-analytic studies. *Educational and Psychological Measurement*, *68*(5), 797–820.

Xiao, H., Zhang, Z., & Zhang, L. (2020). A diary study of impulsive buying during the COVID-19 pandemic. *Current Psychology*, 1–13. https://doi.org/...

Xue, J., Huang, L., & Liang, X. (2019). How should online stores implement coping strategies to fight against deceptive promotions? *Electronic Commerce Research and Applications*, *36*, 100860.

Yıldırım, M., & Solmaz, F. (2022). COVID-19 burnout, COVID-19 stress and resilience: Initial psychometric properties of the COVID-19 Burnout Scale. *Death Studies*, *46*(3), 524–532.

Zia, M. H. (2019). *Impact of consumer stressors on impulsive buying behavior with consumer emotional intelligence as the Moderator of the mediating role of stress: A moderated-mediation model* (Doctoral dissertation). Capital University.

พรรณราย ทรัพยะประภา. (2014). จิตวิทยาในการจัดการกับความเหนื่อยหน่ายและความเครียดในการทำงาน. *Journal of Health and Health Management*, *1*(1), 24–39.