Proceeding Paper

Prevention of Burnout Syndrome in Social Workers to Increase Professional Self-Efficacy †

Alida Samusevica and Santa Striguna *

Faculty of Pedagogy and Social Work, Liepaja University, LV-3401 Liepaja, Latvia; alida.samusevica@liepu.lv

* Correspondence: santa.striguna@liepu.lv

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Abstract: The reality of the professional burnout of social workers has never been more topical than in today’s transformitive, dynamic, and anxiety-filled society. Thus, this study aims to stress the necessity and importance of prevention of social workers’ burnout syndrome based on empirical research data on the topicality of the problem and the application of diverse and contradictory solutions.

Although social work is purposefully structured, mentally rewarding, rejuvenating, and inspiring, it is also tedious, demanding, and emotionally draining at times, as it requires inexhaustible intellectual and emotional resources from social work professionals, consistently qualified professional activities, and effective cooperation with the client. The research data obtained from surveying social workers confirm the topicality of the problem and the need for preventive activities for the promotion and preservation of the mental health of professionals. The study result offers theory-based recommendations and suggestions for the reduction of burnout syndrome symptoms and prevention strategies when implementing professional self-efficacy of social workers in the era of constantly pulsating changes and challenges.

Keywords: burnout syndrome; social worker; prevention; professional activity; self-efficacy

1. Introduction

The topicality of the research problem analyzed in this study is the burnout of social workers and the risks related to it [1]. It must be noted that professional burnout and its prevention remain highly topical, especially in the context of the COVID-19 pandemic [2]. The war in Ukraine and the increased number of refugees in several European countries require complex solutions to life contradictions in social work practice that are vital to the existence of those involved in society [3].

The occupational vulnerability of social workers, including the work environment, is a well-founded concern. Research conducted in Latvia [3] on the reduction of stress in the work environment of social workers supported by their employers revealed that almost half of the social work professionals (42%) indicated that the support provided by employers was insufficient and highlighted the need for employers to prioritize stress reduction in workplaces. It is also important to educate employers about burnout risks and their prevention so that timely burnout and appropriate action can be conducted for employees’ professional self-efficacy.

The social and practical significance of the problem was reinforced by the fact that the World Health Organization (2019) classified burnout as a professional disease and included it in the International Classification of Diseases. The survey conducted by APA outlines another important trend, which is that people do not want to talk to management about burnout syndrome. Stereotypes that have come along for years must also be taken into account. People are afraid to go to a psychiatrist to explore their health problems. Only 41% of social workers are willing to talk about the signs of burnout to their employees.
Professionals need to be educated on this matter to be aware that by approaching specialists on time, the problem can be solved without experiencing the worst consequences of burnout syndrome. However, 47% of social workers do not want their employers to know about the signs of burnout because they are afraid of condemnation and termination of their work contracts [4].

Therefore, it is necessary to stress the necessity and importance of prevention of social workers’ burnout syndrome based on the analysis of the literature and relevant research data [4], empirical research data on the problem, and the application of diverse contradictory solutions in everyday practice. Two research questions are put forward while implementing the research goal.

1. What factors contribute to the professional burnout of social workers?
2. What burnout syndrome prevention aspects should be stressed in the professionalization of social workers?

2. Research Methodology

In this study, the content analysis of theoretical sources of the social work literature was implemented (22 units), along with the thematic analysis of empirical research data. The analyses allowed focusing on the content of information to build the knowledge of professionals and the public about the social and psychological reality of social work and promote the understanding of the defined problems. The result was summarized for a productive view of the research questions raised concerning the findings on professional burnout of social workers.

The research methods were selected based on the advantages of theoretical content analysis and thematic analysis of the topic so that the findings obtained as a result of these methods could be transparently structured and easier to perceive for the general public. The causes and consequences of the problem were identified. Combining theory and practice, understanding the theoretical conclusions, and delving into the result of qualitative and quantitative content analysis, we determined the content of data interpretation and the way of expression.

3. Interpretation of Burnout Syndrome

One of the early researchers of burnout syndrome, Herbert, defined burnout syndrome as an individual’s state of fatigue or dissatisfaction in a professional relationship that does not allow the expected result to be achieved [5]. The term “burnout syndrome” describes the symptoms of exhaustion and mental weakness, going into their causes and the signs of behavioral manifestations, including the following: (1) the person’s awareness about the inability to prove him/herself, obsessively demonstrating his/her value, (2) the inability to overcome professional difficulties and to switch to other activities, and (3) the neglect of needs, inadequate sleep, eating disorders, and lack of social interactions. Disadvantageous influences result in the displacement of existing conflicts, rejection of problems, personality feeling threatened, panic and nervousness, the uncertainty of values, and social alienation, which pose a significant threat not only to a person but also to the quality of his/her professional activities. Thus, “burnout syndrome can cause mental and physical collapse and requires complex medical assistance” [5]. Lee and Ashforth [6], referring to the research studies of Maslach [7,8] on burnout syndrome and evaluation criteria related to it, pointed out that burnout syndrome could be described in three dimensions:

- Emotional exhaustion (lack of energy or feeling of emptiness);
- Depersonalization (negative attitude or increased distancing from work);
- Reduced personal achievement and professional effectiveness (characterized by negative assessment of work achievements).

Pines et al. [9] extended the definition of burnout syndrome, stating that it is not only a state of emotional exhaustion but also a state of physical and mental exhaustion in long-lasting, emotionally demanding situations often associated with the work environment [10].
In turn, Maslach, Jackson, and Leiter [10] have noted that it is not the employees’ fault that they experience burnout, and the strong influence of the work environment either contributes to professional burnout or its prevention. According to the basic theoretical principles of burnout, it is considered the main mediator between chronic work stressors and different outcomes of professional activities and attitudes. Among them, the intention of employees to change their place of employment was also proposed in several studies [11] that confirmed the main result of burnout.

4. Burnout Syndrome in the Work Environment

Today’s employment places are characterized by a faster pace of work, increased self-fulfillment expectations, increased reliance on interpersonal coordination to accomplish tasks, and increased changes resulting in job insecurity. Against this background, the impact of psychosocial job conditions on mental health, as well as on cardiovascular and musculoskeletal disorders, was discussed [12]. It was pointed out that anxiety development might be facilitated by a prolonged stress situation caused by overload, as well as by previously experienced alerts. Anxiety can arise from unclear goals and career orientation, low self-esteem, and self-reliance, which are personality components that significantly contribute to or hinder the effectiveness of the professional activity and the self-efficacy of the social worker.

A social worker is a facilitator of change and is largely linked to the goals of individual clients, engaging directly or indirectly in various psychosocial risk situations and promoting changes through direct interaction with a person/client. In the long term, the multifaceted and often unsolvable challenges of diverse social workers’ activity have negative consequences if the professional activity is influenced by various burnout factors. Burnout syndrome impairs both personal and social functioning. Interventions for reducing burnout and promoting involvement can take place at the organizational and personal levels [10], as professional burnout is an unfavorable response to the stress at work, including psychological, psychophysiological, and behavioral components.

Dr. Cirule, an occupational health therapist in Latvia, has indicated, based on the Health Examination Cabinet Regulation No. 219, that several psycho-emotional factors can be identified: night shifts, increased responsibility, frequent making of decisions with a significant impact on human life or health or people’s quality of life, and responsibility for great material values [13]. All of the above-mentioned factors contribute to high psycho-emotional stress at work, including psycho-emotional overload.

Purvin, a noted that, in many ways, burnout could be similar to depression [14]. The doctor states that burnout is a more moderate form of depression, not a categorically different condition. This phenomenon must be regarded as a significant mental health condition and, consequently, as a major obstacle to the ability to carry out one’s work. Purvin pointed out that burnout syndrome and depression had common and distinctive features. The common features include visible weakness, depressiveness, and reduced ability to work, while the distinctive features include isolation, especially from work, and negative thoughts about work.

5. Pre-Requisites for Burnout Syndrome and Intent to Terminate Employment

An in-depth content analysis of the scientific literature reveals the impact of the interaction between stress, work autonomy, and social support on job stress prediction. The Job-Demand-Control model [15] and the extended Job-Demand-Control-Support model [16] predict that workers in conditions of high demand, low control, and low support are at the highest risk of psychological impairments. However, the risk of psychological stress can be reduced by changing job-related factors. The Job Demands-Resources burnout model [17] describes that work autonomy and social support diminish the link between job-related stress and burnout. While several studies emphasized that social support and job autonomy provided a buffer between job-related stress and burnout [18], little attention has been paid to the impact of the interaction of job conditions to predict the intention to change a career. It
is generally recognized that supportive job conditions help employees cope with job-related stress and, thus, cause employees’ attachment to the current organization [19]. Based on this idea, Nissly, Mor, Barak, and Levin [20] suggested that social support cushions the negative impact of job and family conflicts among social workers regarding intentions to change their place of employment. Applying the job stress model and the burnout model, we hypothesize that social workers experience a higher level of burnout and desire to change employment when job stress is high, and job autonomy and social support are limited.

6. Empirical Data in Latvia

To determine the relevance and significance of burnout syndrome issues in Latvian society as a whole, we collected research data from the Burnout of Population: Health Monitoring in 2021 (retingi.lv, 2021). Evidence shows that burnout has been a significant problem recently, and the COVID-19 pandemic has even contributed to the onset of burnout. According to this research, more than half, or 58% of respondents, experienced burnout symptoms (23% often and 35% occasionally). However, according to the results of health monitoring obtained in cooperation with the public opinion research center SKDS, another 28% of respondents faced burnout rarely, 11% never faced burnout, but 3% found it “hard to say”. This survey revealed that women were more likely to experience burnout: 27% of surveyed women experience burnout symptoms often, 37% experience symptoms sometimes, 25% experience symptoms rarely, 6% experience symptoms never, and 4% found it “hard to say”. Meanwhile, 19% of men responded that they encountered burnout often, 32% encountered burnout sometimes, 31% encountered burnout rarely, while 15% encountered burnout ‘never’, but 3% found it “difficult to say”. Regarding age groups, the most affected respondents by burnout were aged 25–34, with 32% experiencing burnout often, 40% experiencing burnout occasionally, 19% experiencing burnout rarely, 7% experiencing burnout never, and 2% finding it “difficult to say”. Meanwhile, seniors aged between 64 and 75 were the least affected by burnout syndrome: 10% reported being affected by burnout often, 34% reported being affected by burnout sometimes, 32% reported being affected by burnout rarely, 18% reported being affected by burnout never, and 6% found “difficult to say”.

In turn, in the research study on professional burnout of social workers, there were 235 participants/social work specialists, among whom six were men, but 226 were women (one person had no data). The average age of participants was 46.4 years old. The differences in terms of gender were not considered further because of the high prevalence of women.

Most of the respondents (95% of the study participants) indicated that they have been doing social work for more than 12 years, so despite the heavy workload and possible psychosocial and psycho-emotional risks, the social workers have carried out their work for a long time; this can be explained by the theory of Dolaard et al. [19], which stated that for employees, their sense of affection and support in stressful situations were also influenced by job conditions.

Survey data showed that 84 respondents sometimes felt depressed and weak, 80 respondents indicated that after work, they sometimes wanted to distance themselves from everyone and be alone for some time, 51 respondents had such feelings often, and 16 respondents felt this way every day. A total of 67 respondents indicated that they sometimes became insensitive towards clients, 60 respondents felt this very rarely, 52 respondents rarely, and 24 respondents never felt this way. A total of 65 respondents often experienced feelings that their work turns them into a cruel person, 59 respondents sometimes felt this, 47 respondents “rarely” felt this way, 11 often felt this way, 7 very often felt this way, and 1 felt this way every day.

A total of 80 respondents stated that they have performed significant things in life often, 57 respondents stated they have performed significant things in life sometimes, but 53 respondents stated they have performed significant things in life very often. A total of 88 respondents said that they often easily dealt with emotional problems, 74 respondents said that they sometimes dealt with emotional problems, 41 said that they very often
dealt with emotional problems, and 3 said that they dealt with emotional problems every day. A total of 71 respondents indicated that indifferent attitudes appeared sometimes, 15 indicated that indifferent attitudes appeared very often, 3 indicated that indifferent attitudes appeared every day, and 25 indicated that indifferent attitudes never appeared. A total of 34 respondents indicated that it was common when work-related duties were delegated to them by their colleagues: 18 said it was very common, 52 said it was often, 5 said it was every day, but 21 said it was never.

Concerning psycho-emotional changes in their daily lives, 124 respondents indicated possible memory impairment, 69 had attention disorders, 53 were angry quickly, 39 were often nervous, 102 had difficulty falling asleep, 72 had health disorders, such as high blood pressure and palpitations, 52 had stomach disorders, and 19 often cried without a reason. In total, 57 had no time at all for their hobbies, and 87 suffered from emotional eating. A total of 18 respondents increased the number of cigarettes, 20 respondents started drinking alcohol more often, 17 respondents experienced other manifestations: anxiety, panic, headache, unclear skin reactions, a feeling of being used, resentment, weakness, tiredness, drowsiness, and thoughts about whether they were in the right place. Sometimes, they felt indifferent to problem-solving and different changes due to aging. To understand the meaning of changes in feelings, thinking, and health and regain persistent attention, looking at everyday activities from a different point of view or trying other approaches are required because attention is attracted by the different, but not by routine and uniformity. Memory also needs to be trained; thus, the need to learn something new or complementary from time to time is also necessary. When dividing attention to several things simultaneously in daily life situations, fatigue quickly appears; thus, switching from one thing to another becomes slower, and irritation arises about the work that has to be left uncompleted.

On the question about the workload, 99 respondents noted that their workload was satisfactory; for one respondent, the workload was too small, but it might be that the respondent did not work a full working day. A total of 61 respondents felt that their workload was too high. For 65 respondents, their high workload caused anxiety. Thus, the employee who has too much work has a feeling of insufficiency and guilt, and motivation to act disappears when attempting to achieve the goals and fulfill the expectations. Consequently, stress arises, and feelings of disappointment that the expectations supposedly placed on him/her are not fulfilled.

7. Conclusions

The analysis of theoretical insights allows for the argument that professional burnout (diagnosis) of social workers is not identifiable only from the psychological stress factors of the personality from the psychosocial point of view. Occupational burnout must be understood as a response to the diverse social, economic, and psychological–pedagogical sources of chronic stress in the work environment. These are formed within the specific relationship between the clients as users of assistance services and social workers. A positive and supportive psychosocial work environment improves the mental and physical well-being of employees. Then, social workers and clients can contribute to the effectiveness of social work. In turn, as psychosocial risks result from the inadequate planning of work, authoritarian organizations, and management, as well as unacceptable social conditions at work, they lead to negative psychological, physical, and social consequences, such as stress, anxiety, burnout syndrome, and depression, which belongs to the second largest group of job-related health problems identified by the population.

Analyzing the research conducted in the world and Latvia on the psychosocial risks of burnout syndrome in the work environment, as well as the consequences of psychological stress in professional activities, it is found that the above factors are significant contributors to depersonalization in the daily professional life of social workers. The professional efficiency of social workers can rapidly and critically decrease, causing them to experience burnout syndrome in the workplace, which is promoted by negative interpersonal relationships and destructive interaction in extreme professional life situations.
To solve the burnout syndrome problem in the field of contemporary social work, preventive education of future social workers in the components of professional mastery during the study process at the university and learning the specific aspects of professional identity becomes the primary issue.

Professional practice in social work can be improved in a targeted and high-quality way by researching the quality and efficiency of social workers’ professional activities. It is essential to carry out timely professional testing and self-reflection of professional activities, report its results, recognize the symptoms of burnout on time, and respond adequately; this develops and implements an organizational strategy/action plan for solving the problems of a particular employee. Qualitatively and purposefully planned prevention in social work by implementing timely identification of burnout syndrome of social workers, development of support strategies and their competent application in the work environment, as well as the regular implementation of supervision, can contribute to the positive well-being of social workers. The development of educational support programs is important for increasing the self-efficacy of personalized professional activities.

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References


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