



Personal Factors Affecting Professional Burnout Syndrome Among Social Workers Working with People with Disabilities

N. Sagidolda*¹, A. Seipoldayeva²

^{1,2}Narxoz University, "School of Social Sciences", Zhandosov St., 55, Almaty, Kazakhstan

ABSTRACT: The constant stressful situations that a social worker faces in the process of constantly penetrating into the essence of complex social interactions and social problems with a client lead to burnout syndrome. The article highlights the concept of "burnout syndrome". This indicates the importance and relevance of the research topic in this area. A specific research work was carried out with an emphasis on the analysis of personal factors influencing the development of burnout syndrome in social workers.

Corresponding Author:
N. Sagidolda

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burnout syndrome, stress, exhaustion, social worker, personality factors.

INTRODUCTION

Research indicates that social workers are particularly vulnerable to stress and burnout. As the field is predominantly client-centered, practitioners often engage in intricate social situations that can lead to various conflicts inherent in human service work. Furthermore, the past decade has witnessed significant changes in the nature and practice of social work due to administrative, social, and political transformations. Several authors have observed that existing knowledge regarding stress and burnout in social workers is largely anecdotal, highlighting a significant gap in systematic research on this topic.

This article investigates the phenomenon of stress among social workers, identifying its sources and the resultant effects, notably emotional burnout. The primary objective of this study is to assess the extent to which individual and personal factors contribute to the occurrence of professional burnout among social workers.

LITERATURE REVIEW

The professional activities of social workers frequently involve exposure to stressful situations and emotional strain. These challenges are often associated with clients' issues, including the social worker's personal sensitivity and emotional insecurity, among other factors. Such circumstances can adversely impact their health, personality, and professional performance, potentially leading to the development of burnout syndrome and professional deformations (Shipova & Grinina, 2016). Emotional burnout is evident in both novice social workers who have recently completed their adaptation period and those with extensive experience (over 10-15 years) (Kienko, 2016).

Investigating burnout syndrome among social workers is essential for enhancing the effectiveness of social services, maintaining workforce capability, fostering high motivation among social workers, and developing preventive strategies against burnout in social service organizations (Pyatkina & Shipova, 2018).

The term "burnout" was first introduced by American psychiatrist H.J. Freudenberger(1974) in 1974 to describe the psychological state of otherwise healthy individuals who experience intense and close relationships in an emotionally charged environment while providing professional assistance to clients and patients.

According to Corey (2013) and Naisberg-Fennig (1991), burnout syndrome is characterized by symptoms such as depressive moods, fatigue, feelings of emptiness, diminished energy and motivation, a loss of vision regarding the positive outcomes of one's work, and a negative outlook on both work and life in general.

Since then, most burnout research has been based on Christina Maslach's (1997) conceptualization that burnout has three components:

- emotional exhaustion (overload and exhaustion of emotional and physical resources);
- depersonalization or cynicism - negative or excessive reactions to various aspects of work);
- decline in personal achievement (feeling of incompetence and lack of achievement in work).

Burnout syndrome, which is now considered an occupational disease, affects 13-27% of the active population in many occupational sectors of the modern world (Grigorescu et al., 2020). It was included in the 10th edition of the International

Classification of Diseases (ICD-10) and has recently been revised by the World Health Organization (2021) as an occupational phenomenon rather than a disease under ICD-11: “it is a syndrome that has been formulated as the result of chronic stress that has not been successfully managed in the workplace. It is characterized by three aspects:

(a) a feeling of depleted energy or fatigue;

(b) increased mental distancing from one's work or feelings of work-related negativism or cynicism;

(c) decreased professional effectiveness. Emotional burnout should refer only to phenomena in a professional situation and should not be used to describe experiences in other spheres of life”. There are authors who criticize Maslach's three-dimensional definition of burnout and formulate burnout as a one-dimensional structure of fatigue and exhaustion. This is consistent with the historical development of the concept of emotional burnout, as well as with the author's last final definition: “emotional burnout is a state of physical, emotional and mental exhaustion resulting from prolonged participation in labor conditions requiring emotional strain” (Kristensen et al., 2005).

Emotional burnout is a mental state characterized by the appearance of chronic fatigue and neglect caused by one's own work, and combines emotional burnout, depersonalization and reduction of professional achievements (Vodopyanova & Starchenkova, 2020). Depersonalization, in turn, implies a neglectful attitude towards work and its work objects (Parshina, 2014).

Previous research has established that social workers are among the professions at elevated risk for developing burnout syndrome (Lloyd et al., 2002; Yürür et al., 2012; Marc et al., 2013; Sánchez-Moreno et al., 2014; Salloum et al., 2015; Mák et al., 2020; Hernandez, 2020; Rienks, 2020). Studies consistently indicate that employees in this field who experience emotional stress are often subjected to prolonged job-related stress and demanding work conditions (Craiovan, 2015). Comprehensive literature reviews on emotional burnout reveal a range of stressors contributing to burnout among social workers, including high volumes of client referrals, insufficient supervisory support, and the challenges of working with clients facing difficult social circumstances (Hernandez, 2020, p. 212). Additional factors identified include years of service, a lack of social support from managers and colleagues (Mák et al., 2020, p. 171), insufficient opportunities for rest and recuperation (Raižienė & Bakšytė, 2010), and elevated levels of role-related stress characterized by role conflict, role ambiguity, and role overload (Yürür et al., 2012; Kim & Stoner, 2008). A qualitative investigation into burnout among Romanian social workers identified key risk factors such as excessive workloads, time constraints, the nature of client cases, limitations on social work interventions, a lack of recognition and rewards for their efforts, insufficient support from supervisors and colleagues, and diminished involvement in family life (Marc et al., 2013).

There has been much debate about whether stress at work should be defined from an individual, environmental or bilateral perspective (Hart & Cooper, 2001). Some authors believe that stress is the result of an imbalance between the demands on employees and the resources they can access (Hakanen et al., 2006). Adverse work experiences (i.e., unfavorable characteristics, events, or conditions in the work environment) can lead to personal (e.g., poor job quality, low job satisfaction, burnout, and lack of motivation) and organizational (e.g., increased absenteeism, workers' compensation claims due to stress, low productivity, and high turnover) outcomes usually caused by job stress. Consequently, job stress occurs when job characteristics contribute to poor psychological or physical health, whereas stressors refer to job-related characteristics, events, or situations that cause stress (Hart & Cooper, 2001). Many authors have investigated the problem of stress in social workers and have tried to identify the main stressors that cause and maintain their stress. Thus, factors contributing to social workers' stress included the nature of the social work experience, especially the conflict between philosophy and job demands, the organization of the work environment (Lloyd et al., 2002), and obstacles related to regulations and legislation (Lazăr et al., 2021). Although stress may seem typical of the social work profession, chronic stress in the workplace puts a great deal of pressure on the resources necessary for an individual to struggle in an adaptive and healthy manner. Occupational cleanliness in psychology burnout syndrome reflects the cumulative nature of distress and its negative impact on well-being. In addition, women are more prone to burnout due to additional domestic and family responsibilities, and also the work of social workers is characterized by high emotional tension. A large number of objective and subjective emotional factors are known to negatively affect labor, causing strong emotional tension and stress. It should be noted that this is one of the professions of altruistic type, which is more likely to have mental burnout.

The results of studies of many authors show that the professional activity of employees of social service institutions is associated with the risk of developing the “burnout” syndrome (Dorofeeva et al., 2017; Belozeroва, 2016; Pyatkina & Shipova, 2020; Kryuchkova, 2021; Kortikova, 2016). Certain symptoms of professional stress were revealed in the majority of social service professionals who participated in the study. The occurrence of burnout syndrome is influenced by a whole set of factors, such as working conditions, length of service, basic knowledge, specificity of professional duties, etc. Therefore, all authors emphasize the need to pay special attention to psychological support of social workers and prevention of professional stress.

METHODS

In 2023, a study examining the level of “emotional burnout” among social workers was conducted in Almaty, Kazakhstan. The research involved twenty social workers who provide services to individuals with disabilities. To evaluate the emotional burnout levels of these social workers, the method “Diagnostics of Emotional Burnout Level” developed by V.V. Boyko was specifically

translated into Kazakh and implemented by specialists from complex social service centers (Vodopyanova & Starchenkova, 2020, p. 12).

The study is aimed at identifying individual factors that can affect the formation of burnout syndrome in social workers. In order to determine personal factors influencing social workers' burnout, Cattell's multifactor personality questionnaire (16 PF, Form A) was specially translated into Kazakh and presented to the respondents (Kapustina, 2006).

RESULTS AND DISCUSSION

The study results indicated that 30% of respondents experience “tension” and “resistance” in the formation stage, while “exhaustion” is observed at the formed stage.

Table 1– Level of emotional burnout according to V.V.Boyko's methodology

Component	Formation stage		
	unformed	forming	formed
“Tension”	55%	30%	15%
“Resistance”	35%	30%	35%
“Exhaustion”	55%	15%	30%

Table 2 provides a detailed discussion of the severity of symptoms that contribute to burnout components.

Table 2 – Symptom severity index according to V.V.Boyko's method

Component	Symptom	Symptom severity index			
		unformed	forming	formed	dominant*
“Tension”	Experiencing psychotraumatic circumstances	20%	35%	45%	30%
	Dissatisfaction with oneself	45%	40%	15%	10%
	“Caged”	65%	15%	20%	15%
	Anxiety and depression	40%	20%	40%	20%
“Resistance”	Inadequate response	30%	40%	30%	15%
	Emotional disorientation	20%	45%	35%	25%
	Expansion of the scope of the economy of emotions	30%	35%	35%	25%
	Reduction of professional duties	30%	30%	40%	30%
“Exhaustion”	Emotional deficit	70%	20%	10%	10%
	Emotional detachment	20%	50%	30%	20%
	Personal detachment (depersonalization)	65%	5%	30%	25%
	Psychosomatic disorders	35%	35%	30%	30%

Note: *- dominant symptom for the total number of respondents

From this we can conclude that at present the level of emotional burnout of social workers over 30 years old is at an average level. The majority of respondents are in constant tension, which is confirmed by the fact that 80% of respondents experience psychotraumatic conditions. In addition, 60% of participants had symptoms of anxiety and depression. Most of the symptoms are at the stage of formation, a slightly smaller part are already formed symptoms.

The symptom “emotional disorientation” is forming in 45% of the respondents and formed in 35%. “Emotional detachment” and ‘individual detachment’ are evident in 30% of respondents. And in half of them it is at the level of formation. Also the symptom of “reduction of professional duties” is evident in 70%.

To identify the personality factors that may affect the formation of burnout syndrome of social workers, the respondents were presented with Cattell's multifactor personality questionnaire (16 PF, Form A). After correlation analysis (Table 3) it was found that depending on the factor there is a direct or inverse relationship of different density with the components determining the level of emotional burnout.

The study showed that the weakest connection was with factors A, B, G, I, L, M, Q1. This means that the formation of burnout syndrome in social workers does not depend on isolation or sociability, level of intelligence, normative behavior, sensitivity and cruelty, confidence or suspicion, practicality and “conservative-radicalism”.

A stronger direct correlation is noted with factors N and N; specifically, as a person becomes more diplomatic and open to communication, they are more likely to experience “tension,” “resistance,” and “exhaustion.” The correlation between factors H and N with “exhaustion,” as well as the relationship between factor N and “tension,” is particularly significant.

The results of correlation showed that the level of burnout is most clearly correlated with factors C, E, F, O, Q2, Q3, Q4. In this case, it can be seen that there is an inverse relationship with factors C and F - the higher one indicator is, the lower the other one is. In the indexes, the following trends are evident:

- the greater a person's ability to monitor and control all aspects of their environment, the higher their levels of “tension” and “exhaustion”;
- An increase in anxiety correlates with a heightened risk of developing burnout syndrome;
- Reduced influence from others promotes greater independence; individuals who consistently act autonomously exhibit elevated “tension” and “resistance” levels;
- High self-control enhances one's ability to regulate personal actions and expressions, including emotions. However, excessive emotional self-control may lead to emotional saturation, subsequently resulting in emotional depletion and detachment.;
- Heightened stress corresponds with increased irritability, which perpetuates a cycle of tension, emotional exhaustion, and elevated “resistance” levels.

Factors C and F illustrate a distinct inverse relationship. Factor C represents emotional stability versus instability. A lower index in this factor, indicating emotional instability and lack of self-control, correlates with increased emotional burnout and significantly impacts “exhaustion.” Conversely, emotional instability has minimal influence on levels of tension.

Correlation indicators with factor F showed that excessive restraint in emotions and behavior of a person is manifested by constant tension and leads to emotional exhaustion (tab. 3).

Table 3 – Correlation of the results of V.V.Boyko and R. Cattell methodology

		Connection with the methodology of V.V.Boyko “Diagnostics of the level of emotional burnout”.		
		“Tension”	“Resistance”	“Exhaustion”
Connection to factors in the Cattell’s Multifactor Personality Questionnaire (Form A)	A	– 0,3292	– 0,4567	– 0,3233
	B	– 0,2596	– 0,3521	– 0,2094
	C	– 0,5992	– 0,6416	– 0,8025
	E	0,6396	0,3217	0,7286
	F	– 0,6968	– 0,4333	– 0,7623
	G	– 0,3165	– 0,4163	– 0,3003
	H	0,6649	0,6313	0,6175
	I	0,2392	0,1528	0,2319
	L	0,4269	0,4944	0,3428
	M	0,2056	– 0,2485	0,2056
	N	0,6431	0,3861	0,6532
	O	0,8403	0,7442	0,7391
	Q1	– 0,1945	– 0,3155	– 0,3203
	Q2	0,7612	0,7363	0,6015
	Q3	0,7409	0,6542	0,8964
Q4	0,9422	0,7952	0,8748	

CONCLUSION

Analysis of the respondents' feedback reveals a notable presence of internal tension and stress among social workers who have yet to fully understand the complexities of their field. This unresolved tension can gradually contribute to the onset of burnout syndrome. Therefore, it is crucial to implement strategies aimed at preventing and addressing this issue.

Consequently, it can be concluded that certain personal factors significantly influence the degree of emotional burnout. If organizational leaders and social workers themselves neglect the implementation of psychohygiene and psychoprophylaxis measures, there may be a substantial risk of exacerbating the syndrome. This topic has received insufficient attention, and it is imperative for the management of organizations employing social workers to conduct ongoing monitoring of their emotional well-being. Early identification of emotional burnout syndrome, coupled with preventive measures such as socio-psychological training and exercises, is essential for preserving the mental, social, and physical health of social workers. Such measures ultimately contribute positively to their professional performance.

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