

Burn out Syndrom in Social Workers in the Czech Republic

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Abstract: Burnout syndrome is a problem of modern times. Helping professions whose performance accompanies high psychological burden are affected by burnout for the very nature of their job content, the current status and perception in society. The situation in the Czech Republic corresponds with the one in Western societies but it is more complicated due to unclear and often conflicting input, output and content of professional aspects of the social work profession and job content which is evident even in the educational area. The survey carried out among social workers showed burnout in at least one area in 51% of them. Most often it was the area of depersonalization which represents the interpersonal dimension. The workers in young adulthood with about 5 year practice are the most threatened by the syndrome. Respondents who prevent stress and its consequences in several ways were threatened significantly less.

Key words: Elderly, responsibility for health, interpersonal relationships, spiritual health, stress management

INTRODUCTION

Burnout (psychological syndrome of emotional exhaustion, cynicism (i.e., depersonalization) and result-reduced efficacy which may occur in human service professions (Maslach, 1982) has become a serious problem in modern times (Blanc *et al.*, 2007; Casey, 1998; Chytil, 2007). Maroon (Chytil, 2007) presents the spreading of this phenomenon in association with important social and sociological processes of Western culture, such as individualization, increasing competition, the demands on performance and social alienation. Chytil (Edelwich and Brodsky, 1980) adds to these processes also the disintegration of the family and traditional social networks within which the overwhelming majority of the problems could be resolved. When writing in the context of social work created as a “working tool” of institutions of secondary sociability whose task is to solve the problems of modern society generated by the process of modernization which deprived people of traditional social pillars. However, in the current second phase of modernity, modernization requires a reduction of institutions of secondary sociability and organization of social work on the principles of market economy, because economy emerges as a paradigm common to all the humanities and social sciences. The theoretical anchor of social work, however, does not go beyond industrial modernity and still remains in the scheme-social problems are rooted in society/individual. Social work, thus, is helpless when facing the fact that the threats and risks in modern postindustrial era are produced socially, while the need to deal with them is strictly individualized. Education

in social work does not reflect the modernizing tendencies either (Edelwich and Brodsky, 1980). Musil (Egan, 1993) also points out there is a wrong approach to the topics such as the identity of the discipline and the role of social work since the training does not pay enough attention to problems in interaction and it does not allow social workers to get social prestige. Therefore the question is whether social workers are adequately prepared to perform in current practice and respond to rapidly changing conditions in society. Here, it is possible to seek a connection with the placement of social work among professions vulnerable to burnout when Moravcova (Farber, 2000), Kebza and Solcova (Fitzpatrick, 2007) state that a risk factor for burnout may be the profession itself. In the list of the so-called risk professions social work takes the 5th place after doctors, nurses, other healthcare professions, psychologists and psychotherapists.

Stress of helping professions: Maroon (Chytil, 2007) in connection with the stress of helping workers presents the conclusions of many authors. He says that work in helping professions has some aspects that make the people in these professions more vulnerable than those in other professions (Gilbar, 1998; Golembiewski *et al.*, 1998) because within their working hours they come into an intensive contact with people (Gottfried and Mowbray, 2006) and therefore they are forced to endure a difficult mental burden on a long-term basis. They engage in the interests of their client and the energy flows only from the one who helps. Therefore, there may come exhaustion, decreased self-esteem and attention to oneself (Libigerová, 1999; Templeton and Satcher, 2007; Casey,

1998; Gilbar, 1998; Halbesleben and Bowler, 2007). Workers in helping professions often complain that the support they provide their clients drains their own energy away and they themselves get very little support (Turton, 2007).

Factors causing or accelerating burnout in social workers in the euro-american area: The vast majority of foreign researchers who deal with stress and burnout syndrome in social workers agree that their work activity is associated with a high level of psychological stress (Um and Harrison, 1998). Some even express an assumption that this high level of psychological stress is directly inherent in this helping profession, others think that the high workload of social workers is determined by the specific attributes of this working group such as sensitivity, vulnerability, idealism, excessive responsibility assuming or effort to handle their own unresolved conflicts within social work (Pines and Aronson, 1988). There are also suggestions that social work, as a high-stress occupation with a low social prestige and power, inevitably leads to many conflicts of roles, status, functions and work activities. Difficulties can be seen as well in the fact that workers in other professions tend to idealize social work and underestimate its difficulty, although the daily work carried out by social workers may be too often focused on how to choose between several poor alternatives (Gilbar, 1998). Based on many research studies (Maslach, 1982; Pines and Aronson, 1988; Skirrow and Hatton, 2007; Acker, 1999; Lloyd *et al.*, 2002; Schaufeli *et al.*, 1993; Miller *et al.*, 1995; Sze and Ivker, 1986) there were defined factors causing or accelerating burnout in work with clients of social work (Chytil, 2007):

- Lack of leadership and positive feedback
- Demanding contact with a client
- Inability to measure the success of treatment
- Work overload

Partially different factors were identified in social workers performing community work that helps people to improve mutual relations and relations to the surroundings in order to reduce the imbalance between the needs and resources of the social system: lack of leadership:

- Bureaucracy
- Absence of theoretical background (Chytil, 2007)

Factors causing or accelerating burnout in social workers in the Czech Republic: The profession of

social workers and their activities in the Czech Republic have been so far specified through unclear and often conflicting input, content and output professiographic aspects (Zapf *et al.*, 2001). The activities of social workers is implemented through a wide range of governmental and non-governmental organizations which achieve their goals through specific division of labour which is subordinated to a normative system of rules and regulations. These organizations require from them so called emotion-based work (emotion work, emotion labour) which can be according to Zapf *et al.* (1999) defined as a work activity which asks the worker to show a high level of positive/negative emotional selfcontrol and high sensitivity to clients, to retain a decisive influence over the control of social interaction and to tolerate a higher degree of emotional dissonance between the felt and expressed emotions. The situation in the Czech Republic is very aptly described by Mroczek *et al.* (2005), one of the recognized Czech experts in social work. "Clients have not just one, but rather several problems they are not able to tackle on their own. In addition, they often expect the workers to do more than they can provide them. The worker who has to help, should resonate with the client, not only show he understanding but show a commitment and participate in solving client's problems. In addition to the burden of client's unrealistic expectations and various handicaps, the worker also has to overcome system obstacles such as the absence or unavailability of services the client would need. Even the role of social worker is not often clearly defined, it is somewhere between the role of evaluator holding a state power and the client's ally who is here to assist him/her even in the fight against the state power." Kebza and Solcova (Fitzpatrick, 2007) highlight the risk factors for the emergence of burnout in general. The following ones are apriori connected to the profession of social work:

- The life itself in the contemporary civilized society with ever-increasing pace of life and the demands on man
- Profession which includes professional work (at least interaction) with people
- Originally a high work enthusiasm, engagement, commitment
- Originally a high empathy, dedication, concern for others
- A chronic conviction of the inadequate social recognition and financial rewards of the performed profession

Ulehla describes factors contributing to the escalation of work stress explicitly in social workers:

- Work commitment (contact with clients and concern with their problems) without verifying clients' interest in this intensity
- Insecurity, anxiety and the effort to succeed
- Long-term work with one client, whereas we still do not achieve a success

Mleak introduced in his work the most elaborated list of stressors related to the work of social workers. The most frequently reported stressor is a high level of work pressure, an inadequate organizational structure and unfavorable institutional climate, objective difficulties in providing services to clients, the ambiguity and conflicting nature of the work role, the lack of understanding, appreciation and support from other staff, the lack of supervisory support, the lack of social satisfaction and low pay. Other stressors, coming from clients social workers interact with include in particular the need for excessive engagement in clients' problems, negative impressions of clients, the possibility of physical danger from the side of clients, too long exposure to various negative phenomena, the length and number of contacts or crisis interventions with clients who exhibit severe psychopathological or somatic symptoms. Among the stressors arising from the personality of social workers there are typically low professional self-esteem, negative attitudes towards the profession, poor job satisfaction, low job autonomy, value conflict and alienation, short practice, initial enthusiasm, sensitivity, excessive responsibility, perfectionism, deeper empathy, tendency to sacrifice oneself for others, inability to relax, low resilience, higher neuroticism, negative affect, depressive, cumulation of living difficulties, time pressure, externality type of locus of control, problems with self-esteem, tendency to aggression, hostility and anger, feelings of helplessness or hopelessness or even tiny stressful events of daily life.

In Czech field workers, Eerna in her further research defines stress situations as follows the lack of motivation to change, the lack of cooperation on the part of clients, difficult working conditions and a wide range of problems, it is also difficult to maintain the boundaries of a professional relationship in the field and separate privacy from work activities. According to the Forum of Field Work it is also the underestimation of this "Cinderella" among other services.

MATERIALS AND METHODS

Research survey: The objectives of the research survey we have implemented in 2014-2015 was to investigate how the workers try to prevent burnout what preventive

measures are provided to them by their employers and mainly to investigate the degree of risk of burnout among field social workers in CR. We used in our research a questionnaire with 10 identification questions and questions about prevention and the most common tool used today for the diagnosis and measurement of burnout Maslach Burnout Inventory-Human Services Survey, MBI containing 22 statements. The test covers 3 factors:

- Emotional exhaustion the moment when individuals feel that the stress they face has reached its limits, or even exceeded them
- Depersonalization: a process in which an individual tends to distance oneself from other persons and starts to regard them as mere objects
- Efficacy, self-realization an individual's conviction he/she does important work well

This tool is only useful for helping professions (Chytil, 2007). Langballe and Vanheule state that the scale was tested for validity in various studies and it was assessed as effective (Chytil, 2007). We searched for all services falling under the category of field services on the website of the social services in the Czech Republic. The questionnaires were e-mailed to the centers (254 in total), the questionnaire itself was located on an Internet portal. The total number of completed questionnaires was 178. The structure of respondents by gender shows a significant predominance of females (147.83%) as equivalent to the entire profession. The most common target group of workers (64) were socially excluded persons or people at risk of social exclusion. Foreigners and people returning from prison were the least represented target group.

RESULTS AND DISCUSSION

First, the respondents characterized stressful aspects of field social work in comparison with other forms of social work. The most respondents belong to those working in the natural environment of clients (97). The respondents in this category pointed primarily to a higher degree of risk (crime, hygiene, etc.), the need to work outdoors even in bad weather, lack of facilities and opportunity to limit the number of users at a time. The 61 respondents perceived their work as challenging due to work with unmotivated clients, 58 due to a lower rate of achieving visible progress in clients. One quarter of respondents stated (39) that their work is undervalued, both financially and in terms of prestige of work in the eyes of society. Other reasons, why workers consider their work more difficult in comparison with other forms of

Table 1: Preventive measures against burnout syndrome taken by individuals^a

Preventive measures	No	Sample responses
Hobbies, interests	70	"I try to find free time for my hobbies (fitness, music, books, film, ...)" (R135); "I take up and pursue hobbies in my private life" (R152); "Reading, watching films, series, handcrafts and creative activities, PC games" (R129)
Rest, relaxation	61	"I use my free time for relaxation" (R140); "I try to relax and shut my mind to the never ending problems of the field social work users" (R132); Relaxation, meditation" (R116); "I try to use my free time for intensive relaxation" (R104); "I enjoy my holiday" (R162)
Sport	52	"I pursue sports after work" (R169); "Sport (swimming, sauna, cycling)" (R16)
Strict division of work and private life	52	"I try not to take my work home and to shut my mind to work matters" (R60); "I never work outside my job I don't take it home, neither in my head nor in my PC" (R119); "I never work overtime" (R143); "In my private life I avoid contacts with my clients" (R145)
Education	40	"Reading professional literature, further education, self-experience training" (R176); "I am interested in things from other areas" (R110); "Trainings and courses in burnout syndrome prevention" (R115); "I study and enhance my qualifications" (R91); "I pursue personal development" (R100)
Delimiting borders I never solve	32	"I maintain the borders in the interaction with client I let the solution in the hands of client, I just manage, his/her problems myself" (R109); "I delimit borders of cooperation and maintain them I never let client's laxity ruin my life" (R54)
Family, partner	24	"I live for my family it is the sense of my life" (R142); "At home I live for my family" (R163)
Sharing experience with colleagues feedback	21	„We often repeat at work that we will help if we can, but when our client is not interested or requires solution beyond our competence, we can just do nothing about it. We praise each other even for small successes at work" (R142); "I shout out my frustrations I give vent to my problems in front of my colleagues, I never keep my problems inside" (R94); "Feedback from my colleagues" (R57)

social work is the difficulty in maintaining the boundaries, a broad range of clients' problems and inadequate or missing feedback.

These obstacles stress the workers whereas most of them stated (163) they have their own methods how to prevent burnout (Table 1). Only 15 respondents said they do nothing for prevention. Many reported several methods of prevention and so we divided them into categories where we present just some samples of the responses. There were 3 most frequent responses: the interests and hobbies (70), rest and relaxation (61), sports (52) and a strict separation of work and personal life (52). The startling fact is that 20 respondents indicated that their way how to prevent burnout is using addictive substances, specifically alcohol, wine and marijuana. To the "other" category we included responses that occurred less than 10 times. The most common preventive measure from the employer's side is a supervision (130). Only 3 respondents indicated that supervision is provided to them at regular intervals. Categories of education (72), intervention and meetings/consultations (47) are quite frequent. Next, there are extra holiday (20) and teambuilding events (20). Eighteen out of 178 respondents said their employer offers no possibilities of burnout prevention. The Table 2 and 3 show that the responding field social workers are most at burnout risk in the field of depersonalization. Only 16% showed a low degree of burnout risk in this category. However, they were least affected in the area of reduced performance where only 12% of respondents reached high levels. Respondents were grouped according to the number of areas where they achieved high levels, according to the components where they showed a high degree of risk. The 4

Table 2: Degree of burnout risk

Degree of burnout risk (area)	Middle		High	
	No	%	No	%
Emotional exhaustion	79	44	46	26
Depersonalization	83	47	66	37
Performance	51	29	21	12

Table 3: Devision of respondents according to affected areas

Area	No.	%
No burnout	86	49
Burnout in 1 area	56	31
Burnout in 2 areas	32	18
Burnout in 3 areas	4	2

respondents in all 3 categories were burnt out. The 92 respondents out of total 178 (i.e., 51 %) achieved high levels in at least one area. After comparison of the results with the characteristics of the sample (age, sex, education, experience) we concluded that neither sex nor education has a statistically significant effect. In contrast, in those who "burnt out" in two components we found a common feature the age of 21-35 (65%) and experience 2-5 years (50%) which corresponds with the records in 4 respondents who have reached high levels in all three areas: the age of 21-35 years (100 %), experience 1 year (50%), 2-5 years (50 %).

Received data on the prevention and burnout risks in field social workers confirmed the above mentioned findings published by Eerna (demanding cooperation in client's natural environment, little motivation to change (client himself does not come), a wide range of difficult life situations of clients and thus a lower rate of achieved progress, the difficulty in maintaining the boundaries of a professional relationship and low prestige of this job). The burnout threat among field workers can be found on

personal, professional, social and organizational levels. The situation in this field of social work has not obviously changed in the past few years. The survey suggests that workers in young adulthood with a shorter practice are more vulnerable. Finding and keeping a job in one of the main tasks of this developmental stage, in the context of a job career this is surely a stressing period. This age is usually a decisive career moment for finding a position on job market and related social status for the rest of man's life. Moreover, in Western societies, the labour market is a dominant principle how to secure financial sources, social status and access to the social amenities. Mleak mentioned short practice as one of the factors contributing to burnout risk in workers. We find here a close connection to the insufficient qualification of social workers who are not prepared by educators for practice (as described above by Chytil and Musil) and for work with themselves in preventing burnout and job stress.

This assumption is confirmed by the content of the Minimum Standard of Education in Social Work Association of Educators in Social Work affecting the accreditation requirements for the study programs of social work which does not address the issues of mental hygiene. Jenaro-Rio states that in Europe 30% of workers in the field of social work are affected by burnout (Chytil, 2007). The research confirmed burnout in at least 5% of workers in one area. However, the area of depersonalization which represents the interpersonal dimension, predominated the central individual stress dimension of emotional exhaustion. The dimension of reduced efficacy, representing the aspect of self-esteem, was the least affected. In practice, as stated by Farber, Freudemberger, Kahn and Maslach, it means that work efficacy of such workers falls down, they lose hope for themselves and for their clients, and thus they harm the institution that employs them and people who are seeking help (Chytil, 2007). These workers thus deny the proper principles, values and goals of social work. Furthermore, we found a correlation between the number of preventive measures and the degree of burnout risk. Those workers who reported more preventive measures had a lower burnout threat. The answers suggest that employees see teambuilding events as a very effective tool for preventing this phenomenon, next they appreciate open communication with their management and the possibility to turn to it anytime. Supervision did not appear in this list for a simple reason, only 3 organizations provide supervision to workers on a regular basis, although according to Tosner and Tosnerova professional supervision carried out at regular intervals is considered one of the best and most effective measures in preventing burnout.

CONCLUSION

The situation in the Czech Republic in terms of burnout danger in social workers corresponds to the situation in Western societies, but it is more complicated due to unclear and often conflicting input, output and content professiographic aspects of the social work profession and job content which is evident even in the educational area. The situation might change with a coming profession law which should strengthen the position of social work profession in the Czech society.

NOMENCLATURE

T	= A set of time periods indexed by t
C_p	= A set of preemptable campaigns indexed by c
F	= A set of frequency groups (1 per 24 h, 2 per 24 h or no restriction) indexed by f
$U_{c,t}$	= The upper bounds of number of allocated
G	= A set of demographics groups defined by combinations of gender, age groups and genres indexed by g
$L_{c,t}$	= The lower bounds of number of allocated
G_c	= A set of demographics groups that is targeted by campaign c defined by combinations of gender, age groups and genres indexed by g
$\phi_{h,f,g,t}$	= Cost per impression from video publisher h in period t for targeted group g , frequency group f
T_c	= A set of time periods of campaign c indexed by t
V_c	= Required volume of campaign c
$y_{h,f,g,t}$	= Number of impressions bought from publisher h in period t for targeted
Π_c	= Frequency capacity (per period) for campaign c
$z_{h,c,f,g,t}$	= Number of impressions bought from publisher h allocated to campaign c in period t for targeted group g , frequency group f
$N_{f,g,t}$	= Number of forecasted users for targeted group g , frequency group f and period t
$R_{c,g}$	= Revenue per impression of targeted group g from campaign c
$x_{c,f,g,t}$	= Number of impressions from targeted group g , frequency group f allocated to campaign c in period t

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