



ORIGINALES

Burnout syndrome in the Health System: The case of social health workers

Síndrome de burnout en el Sistema de Salud: el caso de las trabajadoras sociales sanitarias

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ABSTRACT:

Objective: The general goal of this research is to measure the prevalence of the burnout syndrome in the professional group of social health workers who perform their work in the diverse services and centers of the Public Health Service of Galicia (Spain).

Method: A quantitative-analytical and cross-sectional design was proposed, using as the main instrument the Maslach Burnout Inventory, Human Services Survey version. This inventory measures three dimensions related to burnout: Emotional Exhaustion, Depersonalization, and Personal Fulfillment. Data collection was carried out through a survey among the social workers registered in the Official Association of Social Work of Galicia.

Results: 86.2% of the population under study are women and 13.8% are men; their ages range between 23 and 63 years. The study prevalence data yields high scores, especially in the Emotional Exhaustion dimension, where more than half of the population under study obtained a high score.

Conclusion: Like other professional groups that perform their work in the health system, as is the case of Nursing and Medicine, social health workers present high rates of burnout, with Emotional Exhaustion being the most affected dimension.

Key words: Burnout; Health Systems; Helping Behavior; Social Work; Health Occupations.

RESUMEN:

Objetivo: El objetivo general de esta investigación es medir la prevalencia del síndrome de burnout en el colectivo profesional de trabajadoras sociales sanitarias que ejercen su actividad laboral en los diferentes servicios y centros del Servicio Público de Salud de Galicia (España).

Método: Se ha planteado un diseño de enfoque cuantitativo-analítico y transversal, utilizando como instrumento principal el cuestionario Maslach Burnout Inventory, versión Human Services Survey. Dicho cuestionario mide tres dimensiones relacionadas con el burnout: Agotamiento emocional, Despersonalización y Realización personal. La recogida de datos se realizó a través de una aplicación

de encuestas entre las trabajadoras sociales colegiadas en el Colegio Oficial de Trabajo Social de Galicia.

Resultados: El 86,2% de la población objeto de estudio son mujeres y un 13,8% hombres, y sus edades están comprendidas entre los 23 y los 63 años. Los datos de prevalencia del estudio arrojan unos resultados elevados, especialmente en la dimensión de Agotamiento Emocional donde más de la mitad de la población objeto de estudio presenta una puntuación considerada alta.

Conclusión: Al igual que otros colectivos profesionales que ejercen su actividad laboral en el sistema de salud, como es el caso de Enfermería y Medicina, las trabajadoras sociales sanitarias presentan índices elevados de burnout, siendo el Agotamiento Emocional la dimensión más afectada.

Palabras clave: Burnout; Sistemas de salud; Conducta de ayuda; Trabajo Social; Profesionales en salud.

INTRODUCTION

Burnout, or professional exhaustion, is a new phenomenon widely studied in the professions traditionally considered as "helping professions." These types of professions, habitually and clearly feminized, are usually associated with teaching and the provision of care. Not in vain, the first reference to the syndrome derives from the analysis performed by a mental health nurse, who stated that she had a feeling of low morale and distance from her patients, verbalizing symptoms among which she highlighted exhaustion and demotivation ⁽¹⁾.

We can define burnout as a type of work stress, with recent a specific diagnostic label, whose essential element is the presence of emotional wear, which usually acts on prior or simultaneous job stress ⁽²⁾. It is therefore a result of the chronic stress caused by the job and which causes the professional to become ill ⁽³⁾.

Maslach and Jackson postulated a three-dimensionality of the syndrome, as they considered that it included: 1) emotional exhaustion, or loss of emotional resources to cope with the job; (2) depersonalization, or development of negative attitudes, insensitivity and cynicism towards the recipients of the service provided; and 3) lack of personal fulfillment at work, such as the tendency to evaluate one's work negatively, with low professional self-esteem, which can occur among individuals working with people ⁽⁴⁾.

Social Work was born linked to medical science at the end of the nineteenth century and, to this day, it still maintains a close relationship with the field of health ⁽⁵⁾. The presence of social workers in the health field in Spain dates back to the 1950s and 1960s ⁽⁶⁾. Although most of this professional group works in the social services system, the second niche where it has the most representation in Spain is the health system ⁽⁷⁾. Like other professional health groups such as nurses, social work is also performed by a clearly feminized population. Thus, according to the latest data collected at the state level, women make up 83% of those registered ⁽⁸⁾. It should also be noted that, in Spain, the tradition of informal (non-professionalized) care as the majority option in our society seems to be perpetuated. The latest disability survey by the National Statistical Institute states that 70% of dependent people are attended to only through informal assistance ⁽⁹⁾. This means that caregivers dedicate a large amount of time to the care of dependents, which may mean that the chances of developing overload increase ⁽¹⁰⁾, as well as the onset of physical or psychological problems that deteriorate caregivers' health ⁽¹¹⁾. In the light of these data, it seems appropriate to consider the analysis of these concomitant variables, more linked to the socio-family area but which involve

adding more overload to the already overloaded family care (which is still a job), which often leads to burnout.

Concerning the burnout syndrome, research on the professional collective of social workers is scarce ⁽¹²⁾. In the analysis of our reference framework, the Autonomous Community of Galicia, the research of Facal-Fondo ⁽¹³⁾ stands out, although it only considers professionals of the social services system. Hence, it seems appropriate to study this construct and its associated variables within the framework of social health workers and to compare the data with other health professionals, especially with the collective of nurses.

GOALS

General objective

- To determine the degree of overload in the professional collective of social health workers of the Galician public health system.

Specific goals

- To analyze the main sociodemographic and job variables of the social health workers of the Galician Health Service.
- To determine whether the level of burnout in this group is different from that of other health professionals of other specialties, especially the collective of nurses, using data obtained in other research carried out in professional contexts.

MATERIAL AND METHODS

The study is descriptive, cross-sectional, and analytical and was carried out between March 2018 and January 2019 in the four provinces of the Autonomous Community of Galicia.

Participants

The population under study is made up of social workers who perform their professional activity within the Galician Health Service (SERGAS). As the questionnaire was distributed through their reference collegiate entity, the only inclusion criterion defined (in addition to membership in the organization) was that the professionals were registered. Selection was not limited to the level of care, therefore, participants perform their work both in primary and specialized health care.

The resulting sample comprised 58 participants. Of these Social Work professionals, 50 were women and 8 were men, aged between 23 and 63, working in the Public Health System of the region of Galicia (northwest of Spain).

Instruments

Two self-administered questionnaires were used for data collection. Firstly, a short author-elaborated questionnaire, collecting sociodemographic data and variables about the job and training, was used.

To assess the presence of burnout syndrome, we used the Spanish version of the Maslach Burnout Inventory, Human Services Survey (MBI-HSS), which targets health professionals⁽¹⁴⁾. The instrument contains 22 items written in the form of statements and to be rated on a Likert-type scale. Most of the psychometric analyses of the scale have yielded three factors: 1) Emotional Exhaustion or fatigue (EE), with a maximum score of 54 points; 2) Depersonalization (D), with maximum score of 30 points; and 3) Personal Fulfillment at work (PF) with a maximum score of 48 points.

Procedure

Data collection was carried out through an application of online surveys among the social workers registered in the Official Association of Social Work of Galicia, through which the survey was advertised and distributed. During the entire process of data collection, the voluntariness of participation and the anonymity of the responses were maintained. All the questionnaires collected were identified as complete, and there was no experimental mortality in the course of the investigation.

Data Analysis

Frequency analyses and contingency tables were used to analyze the information, providing quantitative, cross-sectional, and descriptive results. We used SPSS software (version 23) and Microsoft Excel.

Data processing

Before the questionnaire was completed, participants were informed about the anonymity of their responses, and they gave their informed consent. The provisions of the Organic Law of 3/2018, of December 5, on the Protection of Personal Data and guarantee of digital rights were respected⁽¹⁵⁾.

RESULTS

Descriptive characteristics of the sample

The main sociodemographic and professional characteristics of the population under study are presented in Table 1. As can be seen, the resulting final sample comprised 58 Social Work professionals, of whom 50 were women (86.2%) and 8 men (13.8%). This representation exceeds that identified at the state level. Their ages ranged between 23 and 63 years ($M = 43.9$, $SD = 9.4$).

Regarding marital status, more than half of the participants are married or living together as a stable couple (53.4%), compared to 32.8% who are single. Concerning offspring, 62.1% have at least one child in their care.

Taking into account the job variables analyzed, the degree of contractual stability of the participants is surprising. Thus, more than three out of four (77.6%) state they have a permanent contract. This is consistent with the years of antiquity in the profession. Thus, one in three participants (36.2%) has been performing their professional activity for more than 20 years. The data could also indicate the scarce renewal of the workforce in recent years.

Finally, concerning the level of studies, more than half of the participants (56.9%) have only the basic qualification that entitles them to perform their professional activity (Social Assistance degree or diploma in Social Work). However, this can also be analyzed from the opposite direction, that is, 43.1% of the professionals carry out a continuous training process, extending their initial degree with higher studies such as Bachelor's, Master's or Doctorate degrees.

Table 1: Socio-demographic and job characteristics of the sample

Variable	Categories	Frequency	%
Sex	Female	50	86.2
	Male	8	13.8
Marital status	Married/living w partner	31	53.4
	Divorced	6	10.3
	Single	19	32.8
	Widowed	2	3.4
Number of children	None	22	37.9
	One	15	25.9
	Two	19	32.8
	Three	1	1.7
	More than three	1	1.7
Type of contract	Temporary	4	6.9
	Interim	9	15.5
	Permanent	45	77.6
Tenure in the profession	Less than 2 years	4	6.9
	From 2 to 5 years	5	8.6
	From 6 to 10 years	12	20.7
	From 11 to 15 years	6	10.3
	From 16 to 20 years	10	17.2
	More than 20 years	21	36.2
Highest qualification achieved	Social Assistant	5	8.6
	Diploma	28	48.3
	Bachelor's degree	5	8.6
	Degree	8	13.8
	Master's degree	11	19.0
	Doctorate	1	1.7

Source: Research data.

Burnout level of health workers

There is some consensus that burnout is a continuous variable that can manifest at a low degree (low scores in EE and D, but high in PF), moderate (average scores on all three subscales), or high (high scores in EE and D, but low in PF) ⁽¹⁶⁾. Based on these considerations, score ranges can be estimated, derived from different studies and research. The following are usually considered:

Table 2: Estimation of degree of burnout, based on subscale scores

	Emotional Exhaustion (EE)	Depersonalization (D)	Personal Fulfillment (PF)
High	≥ 27	≥ 10	≤ 33
Moderate	19-26	6-9	34-39
Low	≤ 18	≤ 5	≥ 40

Source: Research data.

There are also studies that suggest combining scores to obtain a cut-off point from which to consider the syndrome clinically. Thus, a syndrome of burnout is considered to exist if the evaluated person obtains some of the following scores: more than 18 points on the scale of Emotional Exhaustion; more than 5 points on the scale of Depersonalization; 40 points on the scale of Personal Fulfillment at work ⁽¹⁷⁾. The diagnostic limits correspond to those listed in Table 2, including high and moderate risk.

Table 3 shows the data of the mean, standard deviation, maximum and minimum scores for each of the MBI-HSS theoretical scales for the 58 cases analyzed.

Table 3: Overall Results by Subscales

Scales	<i>M</i>	<i>SD</i>	Min	Max.
Emotional Exhaustion (EE)	27.5	10.9	5	47
Depersonalization (D)	8.3	6.4	0	26
Personal Fulfillment (PF)	34.2	6.5	20	48

Source: Research data.

In the EE dimension, the mean score for the population under study was 27.5. Based on the cut-off point, this global dimension score would be considered high. Dimension D reached an average global score of 8.3, which places this dimension at a moderate degree. The same is true of the PF dimension, which obtained a mean global score of 34.2. In any case, when analyzing the global scores of the three subscales, all three necessary indicators posited by Grajales to consider the presence of burnout are verified ⁽¹⁷⁾.

Table 4: Prevalences in each of the subscales

	Emotional Exhaustion (EE)	Depersonalization (D)	Personal Fulfillment (PF)
High (%)	58.6	41.4	44.8
Moderate (%)	20.7	18.9	36.2
Low (%)	20.7	39.7	19.0
Total	100	100	100

Source: Research data.

The prevalence data reveals high percentages, especially in the EE dimension, where more than half of the population under study obtained high scores. Similarly, the high prevalence in the D and PF dimensions (41.4% and 44.8%, respectively) shows that the studied population is at high risk.

DISCUSSION

As previously noted in this study, not as much research on burnout has been carried out in the professional collective of social workers as in other social and health professions. This is particularly true if we focus explicitly on the discipline of social health work. The results suggest that social workers employed in the Public Health System have high burnout rates, reaching scores considered to be of high risk.

In relation to the territorial framework, the scores of this study are higher than those presented in 2012 by participants in an investigation of the same subject, although the professionals were social workers of the Galician Social Services.

When inspecting the organizational framework, social health workers have high scores in burnout, as do other health system professionals.

Different studies have found high levels of burnout among the medical staff ⁽¹⁸⁻²⁰⁾. The studies reviewed present indicators lower than those of this study. The difference in the EE dimension is especially surprising. Thus, in the reviewed studies of the medical group, high risk scores in this dimension ranged between 30.6% and 43.85%, whereas in our research, it reached 58.6%.

Another professional collective of the Health System where the phenomenon of burnout has been most analyzed is that of nurses. Multiple studies have been conducted in Spain on different types of services, such as mental health, primary care, or hospitalization ⁽²¹⁻²⁴⁾. However, the great heterogeneity in the results is noteworthy. In this regard, within the nurses' collective, it was noted that social support, resilience, and commitment coping strategies, and support (adaptive) are three tools for dealing with burnout ⁽²⁵⁾. Burnout has been linked to high levels of occupational stress and a negative perception of quality of life ⁽²⁶⁾. In addition, other studies show the need for greater concern from hospital service leaders and arousing nurses' awareness, as in most cases, they do not perceive the illness ⁽²⁷⁾.

With regard to social workers, it has been shown that the components of empathy can prevent or reduce burnout and secondary traumatic stress. It is therefore recommended that skills and empathy training be incorporated within their university training ⁽²⁸⁾. Similarly, as social work is a profession that frequently intervenes in traumatic problems, professionals should be trained in the development of self-care practices and strategies in order to avoid burnout ⁽²⁹⁾.

The results of recent research ^(12,30) is a distinguishing feature of the collectives of nurses and social workers, which, in the light of the scores, is also noted in this work. In Social Work, the burnout subscales point in the opposite direction from other professions such as Nursing. In general, in the case of nurses, burnout manifests first as depersonalization, then as emotional exhaustion and, finally, with decreased personal fulfillment. On the contrary, in the case of social workers, emotional exhaustion manifests first, and then reduced personal fulfillment with low depersonalization. As can be seen, in our study the high prevalence in emotional exhaustion is relevant, but the prevalence in the depersonalization subscale, which cannot be considered low, is surprising.

The high scores of our population are also conditioned by the years of working life. Readers are reminded that one out of three participants (36.2%) has been performing her professional activity for more than 20 years. Similarly, it seems crucial that, in a highly feminized group, some conditions are linked to the normative roles of women as the main providers of informal care in their family context. In this sense, 62.1% of the participants have at least one child in their care. This research has not examined this issue, but in future research, it is necessary to obtain information about the ancestors or descendants (elderly or disabled) of the people who provide support and care.

This study presents some limitations, the most significant of which are the following. On the one hand, we had no access to the total population of social workers (both registered and unregistered). Secondly, it would be of interest to conduct comparative analyses of direct scores in burnout in other professional categories that perform their professional activity within the same organization.

Diverse works carried out in many countries show that the continued care of people that requires high levels of emotional involvement causes significant harm to the professionals' physical and mental health ⁽¹⁶⁾. This highlights the need for further research into the working conditions of workers performing their activities within the Health System.

The results found in this research are relevant indicators for implementing improvements within the organization. Such changes should not be made without taking into account the normative roles of care that women traditionally play in our society, especially, in groups as highly feminized as nurses or health workers.

CONCLUSIONS

The Social Work professionals who carry out their professional activity in the Public Health System are mostly women. Also, among the characteristics of their work profile is the number of years of professional tenure and, therefore, the lack of incorporation into this system of recently qualified young population.

With regard to the level of burnout, as in other professional groups of helping relationships, social health workers have high scores in burnout. These data are confirmed in this research, where participants have even higher scores than other professional groups, especially in the emotional exhaustion dimension.

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