

The Impact of Job Demands on Burnout Syndrome in Child and Family Centre Workers

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Grant: VEGA 1/0106/23

Název grantu: Labor resources and requirements as predictors of burnout in the teaching profession (validation of a research tool - Burnout Assessment Tool)

Oborové zamčrení: AN - Psychology

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Abstract The aim of this paper is to find out whether there is a statistically significant relationship between burnout syndrome and job demands among workers in Child and Family Centres in Slovakia. The research sample consisted of 105 workers of Child and Family Centres. Burnout assessment tool and Job demand resources questionnaires were used for data collection. By analyzing the research data, we found that workers exhibit moderate levels of burnout and identified correlations between the burnout syndrome dimensions and the job demands dimensions.

Klíčová slova burnout, job demands, social workers, child protection

1. INTRODUCTION

The need to perform gainful activity brings with it both positive and negative phenomena. When performing any type of work and any job position, periods full of success, rewards, peace, a sense of satisfaction from a job well done usually alternate with periods full of stress, falls, failures or the need to solve various problems and crisis situations. It is important for every person to experience a certain level of stress because it represents a catalyst for them, motivating them to act, or also protecting them in threatening situations. If the working environment and working conditions represent a long-term and unmanageable stressor for a person, this can lead to a decrease in work performance, disgust with their own work or profession or even to the so-called burnout syndrome.

1.1 Definition, origin and symptoms of burnout syndrome

The term “burnout” was first used in the 1970s by the American psychologist Herbert Freudenberger. In general, this term is used to describe an unfavorable state of an individual as a response to the inability to cope with the effects of long-term workload (Parker et al., 2022; Morovicsová, 2016; Leiter, Bakker, Maslach, 2014). The World Health Organization (2019) included burnout in the 11th revision of the International Classification of Diseases as an occupational phenomenon characterized by three dimensions:

- feelings of energy depletion or exhaustion,
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job,
- reduced professional efficacy.

The authors Leiter, Bakker and Maslach (2014) state that the presence of the following phenomena most often contributes to the development of burnout syndrome: workload, perceived lack of control, lack of reward and recognition, poor relationships, lack of fairness and value mismatch. Thus, burnout does not occur unexpectedly and randomly, but is triggered and influenced by specific factors in combination with the individual’s ability to face them, deal with them and respond appropriately to them. The whole process of burnout syndrome has several phases. The first is the enthusiasm with which a person comes to a new job. The second phase is stagnation, representing the confrontation of the individual’s expectations and ideals with the presence of negative or demotivating factors and job demands. If the individual fails to successfully accept and adapt to this negative reality, the frustration phase comes next, characterised by experiencing physical and mental exhaustion and dealing with the existential question - what is the meaning of my work? An important aspect at this stage is also reciprocity, i.e. whether the individual feels sufficiently rewarded for his or her work performance. If there is no change in job demands or change in the individual’s attitude, the apathy phase occurs, in which the individual identifies with the premise that there is no point in trying hard at work, being proactive or doing activities beyond the scope of his or her job, which is the final step towards the onset of the last phase, the burnout syndrome itself (Haskovcova, 2007; Rush, 2003). However, we encounter various models of burnout in the literature. Given the differences between the individual models, we will not describe them in more detail, but only offer an overview in the following table:

Table 1: Models of Burnout (compiled by Nuallalong, 2012)

Freudenberger, North (1986)	Girdin et al. (1996)	Milles, Smith (1993)
1. A compulsion to prove oneself	1. Stress arousal	1. The Honeymoon
2. Working harder	2. Energy conservation	2. The Awakening
3. Neglecting their needs	3. Exhaustion	3. Brownout
4. Displacement of conflicts		4. Full Scale Burnout
5. Revision of values		5. The Phoenix Phenomenon
6. Denial of emerging problems		
7. Withdrawal		
8. Obvious behavioral		

changes		
9. Depersonalization		
10. Inner emptiness		
11. Depression		
12. Burnout syndrome		

We also find differences in the perception of burnout syndrome in discussions about categorizing its symptoms (See Table 2). To approach and better understand them, we have chosen the concept of the authors Schaufeli and Enzman (1998), who talk about burnout syndrome being manifested in five levels - physical, affective, cognitive, behavioral, motivational.

Table 2 List of burnout symptoms according to different authors

Schaufeli, Enzman (1998)	Poschkamp (2013)	Freudberger (1981)	Maslach, Jackson (1981)
physical, affective, cognitive, behavioral, motivational	physical, cognitive, emotional, behavioral	feelings of general exhaustion, alienation and isolation, cynicism, emptiness, impatience and irritability, distrust and suspicion, loss of purpose, direction and motivation, various psychosomatic phenomena, depression	emotional exhaustion, depersonalization, feelings of low performance

Physical symptoms of burnout can include, for example, loss of energy, fatigue, insomnia, problems falling asleep, digestive problems or migraines, but also more serious diseases such as diabetes, weakened immunity, high blood pressure and others. (Poschkamp, 2013; Melamed et al., 2006a; Melamed et al., 2006b). Affective symptoms include depressive mood, anxiety, being oversensitive, aggression, decreased emotional control and others (Schaufeli, Enzman, 1998). The category of cognitive problems includes forgetfulness, lack of concentration, insufficient ability to solve problems or more complex tasks, suspiciousness, paranoia, a feeling of being unappreciated, etc. (Poschkamp, 2013; Schaufeli, Enzman, 1998). At the behavioral level, problems such as tendencies towards hyperactivity, procrastination, increased incidence of interpersonal conflicts due to the individual's aggression, frequent absence from the workplace, reduced work performance, excessive alcohol consumption or overeating usually occur (Morovicsová, 2016; Poschkamp, 2013; Schaufeli, Enzman, 1998). The category of motivational symptoms includes problems such as resignation, demoralization, loss of interest, loss of work motivation, or aversion to the job (Nuallalong, 2012).

1.2 Burnout syndrome and helping professions

The American Psychological Association (2022) found in its research that 79% of working American adults have experienced work-related stress in the past month. Many of them report a lack of interest in work, lack of motivation, and a decrease in energy as negative consequences of this work stress. More than 35% of them also reported cognitive fatigue, 32% emotional exhaustion, and 44%

reported physical fatigue. Similar findings were also reported by Gallup (2020), which reports that 76% of employees experience burnout at work at least sometimes and 28% of employees say they are burned out at work very often or always.

Several authors (Fuseini, 2024; Szilagyi, 2021; Stosic, et al., 2021; Skovholt, Trotter-Mathison, 2016 and others) have focused their research on measuring burnout syndrome among helping professionals because their work is specific in that they work with people on a daily basis and help them resolve often very difficult life situations. The authors Köverová and Ráczová (2017), in relation to the performance of the helping profession, report an increased risk of burnout syndrome due to work stress, compassion fatigue and long-term performance of the helping profession. Their research findings confirmed that burnout syndrome is more likely to occur in helping professionals with longer experience. At the same time, the authors Zat'kova and Gažíková (2024) came up with the finding that burnout syndrome is more common in younger helping professionals, specifically in the age group of 22 to 35 years old.

In the existing scientific knowledge, we also encounter the premise that burnout syndrome can be caused or influenced by the work environment and the work demands that are placed on workers. Based on this, it can be argued that phenomena such as workplace bullying (Munn, L. T. et al. 2024; Sochos, Rossiter, 2024), inadequate social support in the workplace, work overload, poor workplace relationships, inadequate resources, etc. (McFadden, Campbell, Taylor, 2014) can be predictors of burnout syndrome.

On the basis of the above mentioned facts, we set the aim of our paper to find out whether there is a statistically significant relationship between burnout syndrome and job demands among Child and Family Centres workers in Slovakia.

2. METHODS

We used the Burnout Assessment Tool (BAT) questionnaire developed by Schaufeli et al. (2020) to collect the research data. This questionnaire maps two symptom domains of burnout syndrome - core symptoms (exhaustion, mental distance, cognitive impairment, emotional impairment) and secondary symptoms (psychological complaints, psychosomatic complaints). We chose the Job Demand Resources (JDR) questionnaire (Bakker and Demerouti, 2017) to investigate the status of job demands placed on staff at Child and Family Centres, which are considered predictors of burnout syndrome. In both sections, respondents rated each variable on a 5-point Likert scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always).

In analyzing data we used Crombach's alpha reliability test and Spearman's correlation test. We used both tests in accordance with the nature of the particular data appearing in it. Statistical analysis was performed using SPSS 22 software.

We sent an electronic questionnaire to 111 Child and Family Centres in the Slovak Republic. We sent emails to the directors of the facilities with a request to distribute them among the professional staff of the facility.

The research sample consisted of 105 respondents (n=100 women, n=5 men) with an average age of 45.03 years, with the youngest respondent being 24 years old and the oldest being 69 years old.. The largest group in the sample in terms of region were respondents from the Košice region, who made up 29.5% of the sample. Conversely, the smallest group were respondents from the Trnava region, who made up 4.8% of the sample. The majority of respondents work in an institution established by the Office of

Labour, Social Affairs and Family (77.1%), a smaller proportion of respondents work in an institution established by an accredited entity (14.3%), and the smallest group were respondents who work in an institution established by a local government (8.6%). In terms of length of experience in the current job, the sample averaged 11.6 years. The shortest experience was less than a year and the longest was 40 years.

3. RESULTS

Before proceeding to test our research question, we calculated the reliability of each dimension of both parts of the questionnaire. Based on the reliability test conducted, we found that all items of the BAT questionnaire in the respective dimensions have very good coherence ($\alpha > 0.8$). In the case of the JDR questionnaire, the coherence is lower ($\alpha < 0.8$). Significantly lower reliability was found for the items "emotional, mental and physical demands" ($\alpha = 0.487$) and "harassment" ($\alpha = 0.335$).

Table 3 Reliability test of dimensions

	Crombach's Alpha (α)	N of items
BAT Dimensions		
Exhaustion	0,882	8
Mental Distance	0,804	5
Cognitive Impairment	0,873	5
Emotional Impairment	0,824	5
Psychological Complaints	0,813	5
Psychosomatic Complaints	0,833	5
JDR Dimensions		
Work overload	0,801	4
Emotional, mental and physical demands	0,487	3
Bureaucracy	0,704	3
Role Conflict	0,768	3
Harassment	0,335	4
Role clarity	0,792	3
Team spirit	0,912	2

Descriptive analysis was conducted to better understand the structure of the data obtained using the BAT and JDR questionnaires. The following table summarizes the basic statistical characteristics for each dimension of both parts of the questionnaire.

Table 4 Descriptive analysis results

	N	M	Md	SD	Sk	Ku	R	Min	Max
BAT Dimensions									
Exhaustion	105	2,6544	2,5714	,65638	,604	1,468	4,0	1,00	5,00
Mental Distance	105	1,6038	1,4000	,61205	1,215	,827	2,4	1,00	3,40
Cognitive Impairment	105	1,7695	1,8000	,56757	,423	-,429	2,2	1,00	3,20
Emotional Impairment	105	1,6629	1,6000	,51315	1,018	1,569	2,4	1,00	3,40
Psychological Complaints	105	2,0114	2,000	,73161	,853	,507	3,2	1,00	4,20
Psychosomatic Complaints	105	1,9638	1,8000	,76449	1,038	1,022	3,8	1,00	4,80
JDR Dimensions									
Work overload	105	3,4929	3,5000	,78481	,053	-,326	3,5	1,50	5,00
Emotional, mental and physical demands	105	3,6095	3,6667	,62610	-,359	,177	3,33	1,67	5,00
Bureaucracy	105	3,3333	3,3333	,90582	-,293	-,587	4,00	1,00	5,00
Role Conflict	105	2,7619	2,6667	,92301	,143	-,776	4,00	1,00	5,00

Personal Conflict	105	1,8000	2,0000	,97468	1,176	,433	3,00	1,00	4,00
Harassment	105	1,1143	1,0000	,19312	1,549	1,385	,75	1,00	1,75
Reciprocity	105	2,8857	3,0000	1,13776	-,251	-,972	4,00	1,00	5,00
Role clarity	105	4,6476	5,0000	,57145	1,859	3,418	2,67	2,33	5,00
Team spirit	105	4,1571	4,5000	,91545	-,890	-,217	3,00	2,00	5,00

(N = number of observations, m = mean, Md = median, SD = standard deviation, Sk = Skewness, Ku = Kurtosis, R = range, Min = minimum, Max = maximum)

The results show that respondents report higher mean score within the BAT questionnaire in the "exhaustion" dimension ($M=2,6544$), in which they expressed their agreement or disagreement with statements such as "At work, I feel mentally exhausted", "When I exert myself at work, I quickly get tired", "At the end of my working day, I feel mentally exhausted and drained" etc. The second variable with a higher mean score is the "psychological complaints" dimension ($M=2,0114$), in which respondents confirmed the presence of stress, worry or panic attacks. Higher scores were also observed in the "psychosomatic complaints" dimension ($M=1,9638$), which includes symptoms such as frequent illness, headache, muscle pain, indigestion, etc.

Within the dimensions mapping the status of job demands, the items "role clarity" ($M=4,6476$) and "team spirit" ($M=4,1571$) reached the highest value, which can be considered as a positive and desirable phenomenon in the workplace. On the contrary, among the negative phenomena, "emotional, mental and physical demands" ($M=3,6095$), "work overload" ($M=3,4929$) and "bureaucracy" ($M=3,3333$) had the highest scores.

As mentioned above, the main objective of our paper is to determine whether there is a statistically significant relationship between the burnout dimensions measured by the BAT questionnaire and the job requirement dimensions measured by the JD-R questionnaire. For further analysis, after taking into account the tests of normality of the data distribution and the nature of the variables, we used the non-parametric Spearman's correlation test, the results of which are presented in the table below.

Table 5 Spearman's rank correlation coefficient

		Exhaustion (BAT)	Mental distance (BAT)	Cognitive impairment (BAT)	Emotional Impairment (BAT)	Psychological complaints (BAT)	Psychosomatic complaints (BAT)
Work overload (JD-R)	Correlation Coefficient	,504	,317	,326	,249	,351	,356
	Sig. (2-tailed)	,000	,001	,001	,011	,000	,000
	N	105	105	105	105	105	105
Emotional, mental and physical demands (JD-R)	Correlation Coefficient	,228	,083	,055	,054	,125	,172
	Sig. (2-tailed)	,019	,402	,578	,588	,202	,079
	N	105	105	105	105	105	105
Bureaucracy (JD-R)	Correlation Coefficient	,251	,284	,122	,282	,119	,131
	Sig. (2-tailed)	,010	,003	,214	,004	,227	,183
	N	105	105	105	105	105	105
Role Conflict (JD-R)	Correlation Coefficient	,286	,312	,153	,194	,138	,098
	Sig. (2-tailed)	,003	,001	,119	,047	,162	,319
	N	105	105	105	105	105	105
Personal conflict (JD-R)	Correlation Coefficient	,248	,325	,243	,300	,149	,141
	Sig. (2-tailed)	,011	,001	,012	,002	,130	,151
	N	105	105	105	105	105	105
Harassment (JD-R)	Correlation Coefficient	,094	,209	,105	,101	,200	,078
	Sig. (2-tailed)	,339	,033	,287	,303	,041	,426
	N	105	105	105	105	105	105
Reciprocity (JD-R)	Correlation Coefficient	-,095	-,112	-,060	-,053	-,088	-,118
	Sig. (2-tailed)	,336	,256	,545	,588	,374	,230
	N	105	105	105	105	105	105
Role clarity (JD-R)	Correlation Coefficient	-,267	-,380	-,351	-,207	-,188	-,165
	Sig. (2-tailed)	,006	,000	,000	,034	,055	,092

	N	105	105	105	105	105	105
Team spirit (JD-R)	Correlation Coefficient	-.254	-.329	-.246	-.349	-.190	-.197
	Sig. (2-tailed)	.009	.001	.011	.000	.052	.044
	N	105	105	105	105	105	105

We interpret the resulting correlation coefficients (ρ) reported in Table 5 in line with Hinkle, Wiersma, and Stephen (2003), with whom we can conclude that there is neither a very strong positive relationship ($\rho = 0.90$ to 1.0), a strong positive relationship ($\rho = 0.7$ to 0.9), a very strong negative relationship ($\rho = -0.9$ to -1.0), nor a strong negative relationship ($\rho = -0.7$ to -0.9) between any of the BAT dimensions and the JDR dimension. The highest value we find in the table is between the dimensions "exhaustion" and "work overload" ($\rho = .504$), expressing a moderately strong positive relationship, which means that the higher the work overload a person experiences, the higher his level of exhaustion. The dimension "work overload" has a weak positive relationship with several dimensions of BAT – „mental distance“ ($\rho = .317$), „cognitive impairment“ ($\rho = .326$), „psychological complaints“ ($\rho = .351$), „psychosomatic complaints“ ($\rho = .356$). A weak positive correlation also exists between the "personal conflict" dimension and the "mental distance" dimension ($\rho = .325$) and „emotional impairment“ ($\rho = .300$). A low negative correlation exists between the dimension "role clarity" and the dimensions "mental distance" ($\rho = -.380$) and "cognitive impairment" ($\rho = -.351$), and also between the dimension "team spirit" with the dimensions "mental distance" ($\rho = -.329$) and "emotional impairment" ($\rho = -.349$).

4. CONCLUSION

The aim of our paper was to find out whether there is a statistically significant relationship between burnout syndrome and the work demands placed on the Child and Family Centres workers in Slovakia. The results of the research show that the prevalence of burnout syndrome among Child and Family Centres workers is at a medium level in the area of exhaustion and psychological complaints and at a lower level in the area of psychosomatic complaints, cognitive impairment, emotional impairment and mental distance. In relation to work demands in the Child and Family Centres workers, the variables role clarity and team spirit were positively assessed. On the contrary, emotional, mental and physical demands, work overload and bureaucracy are considered negative factors. Correlation analysis also identified a moderate positive relationship between exhaustion and work overload, a low positive relationship between work overload and mental distance, cognitive impairment, psychological complaints, psychosomatic complaints, and also between personal conflict and mental distance and emotional impairment. A low negative correlation exists between role clarity and mental distance and cognitive impairment, and also between team spirit and mental distance and emotional impairment. We believe that the results of our research have at least partially contributed to the existing knowledge about the prevalence of burnout syndrome among helping professionals and will contribute to the development and expansion of the system of prevention of this phenomenon.

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