

# **BURNOUT SYNDROME IN HELPING PROFESSIONS WORKING WITH PEOPLE WITH VISUAL IMPAIRMENT**

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## **ABSTRACT**

The main aim of the present study was to investigate the prevalence of burnout syndrome in helping professions working with people with visual impairment. The research has a quantitative design, the standardized Maslach Burnout Inventory (MBI) questionnaire was used. 126 respondents representing the helping professions, namely social workers, social work assistants and psychologists who work with people with visual impairment, participated in the survey. The data collected was analysed through the Statistica statistical analysis, which found moderate burnout in form of emotional exhaustion, low levels of depersonalisation, and high levels of job satisfaction. All males in the research sample showed a high degree of emotional exhaustion.

***Keywords:** Burnout Syndrome. Helping professions. Visual impairment. Social work. Prevention*

## **INTRODUCTION**

The issue of burnout syndrome is an increasingly frequent topic in various discussions in our society, which stems from the fact that burnout affects not only health, performance at work, but also has an economic impact on the life of a person affected by burnout. The first to introduce the term burnout syndrome was Freudenberg in his work *Burnout: The Cost of High Achievement* in 1974.

In January 2022, the WHO included burnout syndrome as a diagnosis in the International Classification of Mental Disorders (ICD-11). According to the WHO, the symptoms of burnout syndrome include: exhaustion, lack of energy, distancing from work, negative feelings or even cynicism related to employment, as well as reduced productivity at work [1].

Pioneers of burnout syndrome research have expressed the view that burnout should not be seen as an individual problem but as a societal problem [2].

The causes of burnout are directly related to frustration, our unmet expectations and needs, negative interpersonal relationships, emotional strain, as well as specific workplace conditions, which include excessive level of

responsibility, control, unreasonable demands, unreasonable expectations, as well as problems in communication, with authority, and faulty work organisation [3].

The process of burnout has the following phases [4]:



**Fig. 1.** Phases of the burnout process

Source: Bullová, 2022, the authors

The issue of burnout syndrome is most often associated with the performance of demanding and burdensome professions. Helping professions working with people with visual impairment can clearly be included in this category. Work activities with this group of people is often connected with many burdensome and stressful factors, most often related to responsibility, planning, meeting required goals and daily contact with people with visual impairment.

Social workers draw on a broad range of theories, knowledge, research and skills to ensure comprehensive and holistic analysis of the client's situation. Social workers' assessments range from targeted and brief specific-needs analyses through to comprehensive psychosocial and risk assessments of the full range of social and psychological needs, strengths and stressors. These assessments underpin needs-based interventions that address the social and emotional issues that are impacting on the individual and family members' health and wellbeing.

The scope of practice in health social work includes:

- Therapeutic intervention in relation to a range of chronic health conditions including: mental health, trauma, adjustment to diagnosis and disability.
- Family intervention and support, which includes family therapy and family case conferencing.
- Leadership in case management and in the coordination of services both within and external to the health care service.
- Group work: working with groups and communities to provide health information and education on a wide range of biopsychosocial factors that impact on wellbeing.
- Advocacy in relation to health inequalities to improve health outcomes for individuals, families, groups and populations in relation to social issues that may affect the health outcome.
- Psychoeducation for patients and their families in a range of health care settings.
- Crisis intervention, which can include psychosocial services [5].

- The health care social worker focuses on psychological prevention, diagnosis, therapy, counseling, and issues professional judgments in clinical practice to examine mental life in terms of health and illness. In the Czech Republic, the position of Health and Social Worker is anchored by legislation, in Norway there is the so-called Vernepleier, who focuses on the autonomy and quality of life of the client in his/her everyday environment, the target groups are primarily people with disabilities, psychological disorders, addictions, and in the USA it is the Clinical Social Worker - Clinical Social Worker. In Slovakia, we have been trying for years to legislate for social work in health care in the context of a holistic approach to the patient/client, which would greatly facilitate the situation in health care, without success so far.

The WHO has reported that there are more than 3 billion people with damage to eyesight worldwide, of which 285 million are visually impaired, 39 million of whom are blind. As a result of the population explosion, ever-evolving technology and the associated rapid change in lifestyles, it is predicted that by 2050, one in two people will be visually impaired [1]. Because of their disability, people with visual impairment need ongoing help and support to develop their skills and abilities. Their integration into mainstream society is based on education aimed at developing practical independence. In addition to the family, social services can play an important role, as they have various ways of helping people with visual impairment. The main provider of social services in Slovakia for people with visual impairment is the civic association The Slovak Blind and Partially Sighted Union [6]. Within the framework of specialised social counselling, they help not only the visually impaired, but also their social environment. The Slovak Blind Union worked with up to 5,170 people with visual impairment throughout 2021. Several types of social services were provided to these clients.

*Table 1. Social services provided in 2021*

Type of service	Number of clients	Number of acts	Hours
Basic social counselling	70	70	86
Specialised social counselling	4,810	13,655	13,934
Social rehabilitation	1,744	6,860	11,287
Guide and pre-reading service	44	71	126
Lending of aids	27	40	51
Training in the use of aids	4	73	288
<b>Overall summary</b>	<b>5,170</b>	<b>20,769</b>	<b>25,772</b>

*Source: Union of the Blind and Partially Sighted of Slovakia*

Due to the gradually evolving and long-term nature of the syndrome, a small number of people seek help in the early stages (stagnation, frustration). When treating burnout, it is essential to start as early as possible [4]. The most widespread treatment methods are therapies, but also psychological and psychiatric treatment.

## **METHODS**

The main aim of the research is to determine, through quantitative analysis, the prevalence of burnout syndrome in the helping professions working with people with visual impairment in relation to the length of experience. We set 3 hypotheses (see Results).

### **Sample**

The purposive sample consisted of a total of 126 (100.00%) respondents working in the helping professions with persons with visual impairment, of which 112 (88.89%) were female and 14 (11.11%) were male. There were 88 (69.84%) social workers, 24 (19.05%) social work assistants and 14 (11.11%) psychologists. In terms of length of experience, 66 (52.38%) respondents with less than 9 years of experience participated. 38 (30.16%) respondents had between 10 and 15 years of experience. The remaining 22 (17.46%) respondents had 16 or more years of experience. The average length of experience of the respondents was 10 years.

### **Methods of data collection and analysis**

As the main research tool, we chose the standardized Maslach Burnout Inventory (MBI) questionnaire, which is considered the most widely used diagnostic tool for monitoring burnout syndrome in exposed professions [7]. Symptoms of burnout fall into three areas: Emotional exhaustion, depersonalisation and personal satisfaction.

To evaluate the hypotheses, we used the nonparametric Kruskal-Wallis H-test (at the  $\alpha=0.05$  level), which is used to compare the medians or rank averages of two or more independent groups. It answers the question of whether the difference in rank averages is statistically significant ( $p < 0.05$ ) or merely random ( $p \geq 0.05$ ).

## RESULTS

**Table 2.** Degree of emotional exhaustion of respondents

Degree of emotional exhaustion	Females		Males		Total	
	p.	%	p.	%	p.	%
Low	42	33.33	0	0.00	42	33.33
Moderate	42	33.33	0	0.00	42	33.33
High=burnout	28	22.22	14	11.11	42	33.33
<b>Total</b>	<b>112</b>	<b>88.89</b>	<b>14</b>	<b>11.11</b>	<b>126</b>	<b>100.00</b>

*Source: the authors*

A rather interesting finding was that only female respondents showed low and moderate levels of emotional exhaustion. A high degree of emotional exhaustion (burnout syndrome) was reached by 42 (33.33%) of the respondents, of which all 14 (11.11%) were male respondents. Based on the above, we can say that one third of the respondents suffer from high emotional exhaustion and are thus not resistant to burnout syndrome.

**Table 3.** Degree of depersonalisation of respondents

Degree of depersonalisation	Females		Males		Total	
	p.	%	p.	%	p.	%
Low	80	63.49	0	0.00	80	63.49
Moderate	18	14.29	2	1.59	20	15.87
High=burnout	14	11.11	12	9.52	26	20.63
<b>Total</b>	<b>112</b>	<b>88.89</b>	<b>14</b>	<b>11.11</b>	<b>126</b>	<b>100.00</b>

*Source: the authors*

80 (63.49%) of the respondents scored low in depersonalisation. Again, these were only female respondents. A moderate degree of depersonalisation was achieved by 20 (15.87%) respondents. A high degree of depersonalisation was achieved by 26 (20.63%) respondents. 12 (9.52%) of them were male respondents. On the positive side, we see that more than half of the respondents were found to have low levels of depersonalisation.

**Table 4.** Level of personal job satisfaction of respondents

Degree of personal satisfaction	Females		Males		Total	
	p.	%	p.	%	p.	%
High	70	55.56	2	1.59	72	57.14
Moderate	38	30.16	10	7.94	48	38.10
Low=burnout	4	3.17	2	1.59	6	4.76
<b>Total</b>	<b>112</b>	<b>88.89</b>	<b>14</b>	<b>11.11</b>	<b>126</b>	<b>100.00</b>

*Source: the authors*

Based on the above, we believe that more than half of the respondents worked in a relatively harmonious environment with a greater sense of meaningfulness.

**Statistical evaluation of hypotheses**

*H1: We hypothesize that in the helping professions working with people with visual impairment, there is a statistically significant difference in the emotional exhaustion subscale associated with length of experience, with workers with up to 9 years of experience being at higher risk.*

**Table 5.** Multiple comparison of the results of the non-parametric Kruskal-Wallis H-test for hypothesis 1

Depend: Degree of emotional exhaustion	Multiple Comparisons p values; Degree of emotional exhaustion		
	Independent (grouping) variable: Length of experience		
	Kruskal-Wallis test: H (2, N=126)=8.76254 p=0.0125		
	up to 9 years R: 62.227	10-15 years R: 74.553	16 years or more R: 48.227
up to 9 years		0.253557	0.2303
10-15 years	0.253557		0.0099
16 years or more	0.230349	0.009928	

Source: the authors

Legend: N - number, H - test statistic, p - level of statistical significance.

The results of the non-parametric Kruskal-Wallis H-test showed the existence of significant differences between the groups of workers (H=8.768; p=0.0125 < 0.05). A more detailed analysis based on multiple comparisons of p-values concluded that there are highly significant differences in the level of emotional exhaustion between the group of workers with 10-15 years of experience (M=25.8; corresponding to a moderate degree of emotional exhaustion) and the group of the most senior workers (M=15.7; indicating only a low degree of exhaustion; p=0.0099 < 0.01). Based on the above test and the statistical results found, we can conclude that hypothesis 1 has been only partially confirmed.

*H2: We hypothesise that there is a statistically significant difference in depersonalisation in the helping professions working with people with visual impairment in relation to length of experience, with workers with a length of experience between 10 and 15 years showing higher levels of depersonalisation.*

**Table 6.** Multiple comparison of the results of the nonparametric Kruskal-Wallis H-test for hypothesis 2

Depend: Level of depersonalisation	Multiple Comparisons p values; Level of depersonalisation Independent (grouping) variable: Length of experience Kruskal-Wallis test: H (2, N=126)=13.03679 p=0.0015		
	up to 9 years R: 61.348	10-15 years R: 74.079	16 years or more R: 51.682
up to 9 years		0.303212	0.031851
10-15 years	0.303212		0.000976
16 years or more	0.031851	0.000976	

Source: the authors

Legend: N - number, H - test statistic, p - level of statistical significance.

In the case of depersonalisation as a factor of burnout syndrome, we observed highly significant differences between groups of workers with different lengths of experience ( $H=13.037$ ;  $p=0.0015 < 0.01$ ). Multiple p-value comparison tests showed the existence of the following differences between the group of the most senior workers with at least 16 years of experience and the two remaining groups - workers with at least 16 years of experience vs. workers with 10-15 years of experience  $p=0.000976 < 0.001$ ; workers with at least 16 years of experience vs. workers with up to 9 years of experience  $p=0.03185 < 0.05$ . The depersonalisation rate for the most senior group was relatively low. For the remaining two groups, the result corresponds to a moderate degree of depersonalisation. Based on the above test and the statistical results found, we can conclude that hypothesis 5 has been only partially confirmed.

*H3: We hypothesise that in the helping professions working with people with visual impairments, there is a statistically significant difference in personal satisfaction associated with length of experience, with workers with 16 or more years of experience being more likely to have higher levels of personal satisfaction than colleagues with shorter experience. .*

**Table 7.** Multiple comparisons of the results of the nonparametric Kruskal-Wallis H-test for hypothesis 3

Depend: Degree of personal satisfaction	Multiple Comparisons p values; Degree of personal satisfaction Independent (grouping) variable: Length of experience Kruskal-Wallis test: H (2, N=126)=13.27174 p=0.0013		
	up to 9 years R: 66.409	10-15 years R: 67.763	16 years or more R: 47.409
up to 9 years		1.000000	0.000967
10-15 years	1.000000		0.012860
16 years or more	0.000967	0.012860	

Source: the authors

Legend: N - number, H - test statistic, p - level of statistical significance.

The results of the non-parametric Kruskal-Wallis H-test showed the largest significant differences between the different groups of workers (H=13.272; p=0.0013 < 0.01). Statistically highly significant differences are between the group of the most senior and the most junior workers (p=0.000967 < 0.001). Significant differences were also confirmed between the group of the most senior workers and the group of workers with 10 to 15 years of experience (p=0.01286 < 0.05). Based on the above test and the statistical results found, we can conclude that hypothesis 3 has been confirmed.

## DISCUSSION

Many experts and researchers consider working in the helping professions to be a high-risk occupation in terms of work and emotional stress and burnout syndrome. Within service-oriented professions, workers in helping professions may experience higher levels of stress and burnout than workers in comparable professions. This is due to the fact that workers in the helping professions, including social workers, are expected to have a positive outlook, a high level of empathy and to be constantly helpful, even when faced with difficult situations. Due to the service-oriented nature of social work and mental and physical health care, the needs of workers in helping professions are usually overlooked [8].

Emotional exhaustion in the work environment arises in a system of interconnected employee-client-environment interactions. The main factors indicated are tension, conflict situations in the workplace, high demands on workers, excessive workload, lack of stability and clarity at work, and lack of inter-agency cooperation [9].

The authors found by regression analysis that emotional exhaustion was correlated with high workload and high levels of general stress. Also high



workload and pace were common reasons for workers leaving the helping professions [10].

Our findings confirm that the riskiest area for workers in the helping professions with people with visual impairment is that of emotional exhaustion. Our predictors of burnout syndrome were gender (males were more prone to develop burnout syndrome) and length of experience. The results of a study done by another researcher differ from our results. He found that male workers were up to 31.00% less likely to develop burnout syndrome ( $0.005 < 0.05$ ), indicating that in the given research men were more resilient to developing burnout syndrome [11].

A significant predictor influencing overall burnout was length of experience. Higher levels of emotional exhaustion were reported by workers with 10 to 15 years of experience compared to those with longer experience. The existence of significant differences in depersonalisation was demonstrated between the group of the most senior workers with at least 16 years of experience and the two remaining groups. This means that workers with more than 16 years of experience showed the highest degree of depersonalisation and were most at risk of developing burnout syndrome. Also, the highest level of personal satisfaction was shown for workers with more than 16 years of experience.

According to Takeda et al. [12], novice social workers are more at risk of burnout syndrome than more experienced workers. They cite the shock of reality during the first year of practice and leaving the job after overcoming burnout as the reason.

Further research [10] confirmed a higher risk of burnout syndrome in workers with 15-19 years of experience ( $p < 0.001$ ). Thus, the length of experience of workers appears to be a significant predictor of emotional exhaustion. We believe that the above findings are related to the long-term practice of the helping profession, which may appear stereotypical over time. An equally significant negative factor can be the ever-increasing demands that create increasing pressure on workers. One of these requirements is long working hours, which are directly proportional to the length of experience of the workers. Their research found that a 40-hour work week doubled the likelihood of burnout syndrome in the area of emotional exhaustion. In the case of the 60-hour workweek, the rate of burnout syndrome even tripled [13].

Several studies cite the age of the social worker as a factor influencing the development of burnout syndrome and report higher rates of burnout in younger workers than in more experienced or older workers [14].

The final and strongest predictor found was the helping workers' practice in the area of emotional exhaustion and depersonalisation. The most senior helping workers exhibited higher levels of emotional exhaustion as well as higher levels

of depersonalisation. Practice has also been considered a strong predictor of burnout syndrome by several researchers and practitioners mentioned in our paper.

Prevention should have a prominent place in the field of burnout; however, the opposite is true - it is often underestimated and neglected. Supervision is an effective means of preventing the onset of burnout syndrome, as it is able to recognize the early stages of the disease, thus creating more room for its treatment [15].

Other authors point out that low levels of personal satisfaction lead to reduced performance, which results in job dissatisfaction. Poor self-assessment scores are evident too, which are related to loss of enthusiasm, reduced productivity and lack of adaptability. A decline in personal satisfaction creates a feeling of helplessness and induces a cumbersome performance of work tasks that can lead to burnout syndrome [16].

## **CONCLUSION**

Our study yielded interesting and valuable findings for practice. It pointed out predictors that may significantly influence the rate of burnout syndrome in helping professions working with people with visual impairment. The ever-increasing demands placed on the helping professions can place significant work and physical demands and emotional strain on workers, which over time leads to burnout syndrome, as several studies have confirmed. As a result, helping professions are considered high-risk occupation. It is therefore important to emphasise and not overlook the mental and physical health needs of helping workers. There are a number of preventive measures to avoid burnout, an essential element being raising awareness about burnout and the options to address it. The most effective preventive methods include physical activity, outdoor exercise, music, as well as keeping in touch with friends and colleagues or supervision. In preventing burnout, it is important to respect your needs, to recognise the first signs and to be able to say “enough”. Change is possible if we can change our attitude towards ourselves, set priorities and internal boundaries. We think it is appropriate that attention continues to be paid to the prevention of burnout syndrome.

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