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Organizational wealth as prevention of professional burnout in social-care operators

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Background: This study aimed to evaluate the effects of a professional burnout prevention intervention on a group of social care workers employed in a facility for children with Special Educational Needs (SEN). The primary goal of the intervention was to enhance participants' understanding of stress prevention mechanisms and promote well-being in the workplace.
Methods: The research involved 10 professionals employed in the facility for at least one year. We divided the participants into two homogeneous groups: an experimental group and a control group. We used a pre- and post-test experimental design. The intervention, delivered monthly to the experimental group by a bioenergetic therapist, included relaxation techniques and support related to stress-inducing situations. The Link Burnout Questionnaire (LBQ; Santinello, 2007) assessed the dependent variables based on the four burnout dimensions Maslach et al. (1984): psychophysical exhaustion, depersonalization, professional ineffectiveness, and disillusionment.
Results: The data collected showed improvements in psychophysical exhaustion, professional ineffectiveness, and disillusionment among participants in the experimental group. However, we did not observe any significant changes in the dimension of depersonalization.
Conclusions: The findings suggest that interventions incorporating relaxation and social support techniques may effectively reduce specific dimensions of Burnout among social care workers in SEN settings. Further research is needed to address persistent components such as depersonalization.

Keywords: Burnout, Social care workers, Relaxation techniques, Psychosocial support, Occupational stress, prevention

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Introduction

Maslach and her collaborators first introduced the term burnout. They began by examining the cognitive strategies that workers employ to counteract unpleasant feelings caused by their work, particularly "dehumanization" (Maslach & Schaufeli, 1993).

Maslach and Jackson (1984) defined Burnout as a syndrome characterized by three components: the experience of exhaustion, a widely analyzed dimension that refers to both physical and psychological aspects of stress that influence an operator's performance; depersonalization (or cynicism), referring to an unfriendly attitude towards the customer; and a sense of reduced accomplishment, which involves the tendency to evaluate one's work negatively.

This term also captures persistent social difficulties that individuals may express in various forms (Schaufeli, Leiter & Maslach, 2009). Since several studies have highlighted different physical and psychological consequences of Burnout (Bakker, Demerouti & Verbeke, 2004; Demerouti, Bakker & Schaufeli, 2001; Peterson et al., 2008; Ahola et al., 2013), applied researchers have focused on designing interventions to reduce exhaustion and cynicism (Iancu, Rusu, Maroiu, Pacurar & Maricutoiu, 2018).

Based on the framework defined by Maslach, the authors developed a questionnaire—the Maslach Burnout Inventory (MBI), which many consider one of the most reliable self-report tools for assessing the construct (Maslach & Jackson, 1981; Schaufeli, 2017).

Many scholars initially studied personnel involved in personal services (e.g., health and social care), where relationships with people often increase physical and psychological vulnerability (Maslach & Jackson, 1984). Later, researchers extended similar studies to lawyers, police officers, and nurses (Cordes & Dougherty, 1993). Burnout does not affect only helping professions, even though it appears to be strongly associated with them (Lubbadeh, 2020), but it may also affect workers in any field.

After researchers began recording early professional abandonment by young workers in services for people with disabilities, the literature increasingly explored Burnout in professions related to Special Education (Boe & Cook, 2006; Ingersoll, 2003; Miller, Brownell & Smith, 1999), particularly in school contexts.

Brunsting, Sreckovic, and Lane (2014) reviewed studies from 1979 to 2013 and identified variables influencing Burnout that relate to individual traits and work context. They pointed out that teacher characteristics (age, sex, years of experience) (Gong et al., 2013; Park & Shin, 2020; Williams & Dikes, 2015), student traits (age, disability severity), and school structure

(setting, class size, colleague relationships) all influence distress levels (Brunsting et al., 2014; Coman et al., 2013).

Researchers have revealed that teachers working with students with Special Educational Needs often experience low job satisfaction (Domitrovich et al., 2015), frequent absenteeism (Wolf et al., 2015), anxiety, depression, high blood pressure, or cardiovascular problems (Roeser et al., 2013).

Teachers often suffer from high vulnerability to Burnout, which leads to both physical and psychological health issues (Hall, 2013). Scholars have linked work burnout with severe physical and mental illness (Maslach & Leiter, 2016; Ozturk & Ay, 2018), particularly emotional stress.

For example, Leiter and colleagues (2013) listed headaches, exhaustion, diabetes, and cardiovascular problems—even death—as consequences of Burnout. Grossi et al. (2009) investigated the connection between Burnout and pain experiences in 2300 Swedish women, and they found that high Burnout levels predicted generalized pain, particularly in the back and shoulders. Leiter et al. (2013) also linked Burnout with prolonged fatigue.

Psychologically, Burnout often precedes mental health problems like insomnia, depression, and anxiety (Leiter et al., 2013; Maslach & Leiter, 2016). Wong, Ruble, McGrew, and Yu (2017) investigated how teacher stress and Burnout affect teachers and students. They found that stress reduces teaching quality and student engagement, and stressed teachers are likelier to leave the profession. Teachers reported lower stress levels and higher engagement when schools provided emotional and instructional support.

These studies confirmed findings previously reported in research starting in the 2000s (Bakker et al., 2003; Borritz et al., 2006; Halbesleben & Buckley, 2004; Keijers et al., 1995; Kvande et al., 2018; Maslach, 2006; Maslach & Leiter, 2016; Nichols & Sosnowsky, 2002; Ruble & McGrew, 2013; Wright & Bonett, 1997; Zhou et al., 2014).

Over time, the concept of organizational well-being has gained greater importance, as it is closely related to the broader idea of citizen well-being. For this reason, it was essential to define the term as the set of measures that promote both health improvement and safety (Buoso, 2019).

Sovitriana et al. (2019) proposed a model where social support, job satisfaction, and interpersonal communication reduced Burnout and improved self-esteem. Yirik et al. (2015) found that age and education level influenced organizational stress and Burnout among managers.

Some studies explored interventions to reduce Burnout. These works approached the issue from a psychological angle (e.g., CBT, Mindfulness; Ancona & Mendelson, 2014) and a psycho-educational or social perspective (Unterbrink et al., 2012).

In the 1990s, Maslach and Goldberg (1998) identified strategies such as modifying work methods, developing coping strategies, and creating supportive work environments. More recent literature has examined interventions involving CBT, mindfulness, relaxation, social-emotional skills, psychoeducation, social support, and professional development (Iancu, Maroiu, Rusu & Pacurar, 2018).

Researchers applied these strategies in educational contexts and observed mixed results. Cooley and Yovanoff (1996) implemented stress management workshops and peer collaboration programs, which resulted in a significant reduction in depersonalization and emotional exhaustion.

On the other hand, Ebert et al. (2014) found no short-term differences in their online problem-solving intervention for teachers with depressive symptoms. Still, they observed significant changes at a six-month follow-up.

Reviewers such as Maricuţoiu et al. (2016) and Richardson & Rothstein (2008) found promising results for mindfulness and relaxation. Roeser et al. (2013) suggested that mindfulness helped reduce Burnout and identified three mechanisms behind this effect. They also reported large effect sizes both post-treatment and at follow-up. Flook et al. (2013) tailored a mindfulness course for teachers and found improvements in emotional exhaustion and personal accomplishment.

Spilt et al. (2011) emphasized the importance of teacher-student relationships for teacher wellbeing. Jennings et al. (2013) argued that social-emotional skills improve these relationships and help reduce Burnout.

Emery (2010) promoted psycho-educational programs to raise awareness of stress and Burnout in education. Unterbrink et al. (2012) combined psychoeducation and social support groups, reporting positive effects on emotional exhaustion and personal fulfillment.

They found that teachers who worked in supportive peer groups felt more motivated and emotionally balanced. Cooley and Yovanoff (1996) reported improved personal fulfillment, reduced depersonalization, and less emotional exhaustion.

According to the evidence reporting, this study aimed to combine a psychological and social approach to investigate how a therapist-led intervention using relaxation and social support techniques affected a group of workers in a social care facility supporting children with Special

Educational Needs (SEN). The study aimed to improve their understanding of stress prevention mechanisms.

Method

Participants and Setting

Ten operators who work at a day center for minors in a semi-residential regime and deal with students with SEN between the ages of two and 17 participated in the study. The activities with the students focused on cognitive enhancement, instrumental skill development, behavioral interventions, psycho-educational interventions, tutoring, and homework support.

We selected the participants because they had been working in the facility for over a year and had been hired permanently by the organization. We invited participants to participate in the study voluntarily by sending an internal communication that briefly explained the study's purposes and conditions. In the event of adhesion, we asked participants to complete a unique informed consent form. The data has been collected and encrypted to protect privacy.

At the time of the study, the eight participants were between 24 and 35 years old, while two participants were between 47 and 50 years old. Four participants held a full-time contract (38 hours per week) for at least one year, while the remaining six held a part-time contract (25 hours per week) for the same period. Five participants had a non-health degree (Educational Sciences), and five had a health degree (four in Neuro and Psychomotor Therapy and one in Speech Therapy). The participants were divided into experimental and control groups to create homogeneous groups. We randomly assigned participants to either the experimental group or the control group. For this random assignment, a random number generator is used (a random number generator assigned a unique identification number). Then participants with even numbers were assigned to one group and participants with odd numbers to the other group.

The experimental group consisted of five operators, aged between 25 and 50 years (M = 33.6; SD = 9.93). Three operators had part-time contracts, two had full-time contracts, and two operators held non-health degrees, while three held health degrees. Among the operators, only one was male, while the remaining four were female.

The control group consisted of five operators, aged between 24 and 47 years (M = 30.2; SD = 9.52). Three operators had a part-time contract, two had a full-time contract, and three had a non-health degree, while two had a health degree. The operators were all female.

We conducted the intervention at the Center for minors, which is attended by operators five days a week, with Full-Time hours from 10:00 to 13:00 and from 14:00 to 19:00, or part-time hours from 14:00 to 19:00.

Design

The study employed a pre- and post-test experimental design with an experimental group and a control group (Cooper et al., 2007).

Measures

The dependent variables measured in this study take up the dimensions identified by Maslach et al. (1984) and subsequently integrated by Santinello (2007). The first variable was psychophysical exhaustion, understood as the feeling of tiredness, having little energy available, and the protagonism of the work situation. The second variable was the deterioration of the relationship with the user, defined as a decline in the relationship with the student; this leads the operator to pay little attention to the user's needs and satisfy them with the least effort. The third variable was professional ineffectiveness, defined as the ability to assess one's competence in performing one's job. Finally, the fourth was disillusionment, understood as the deprivation of meaning of one's professional passion. As the author reports (Santinello, 2007), this variable is important because those who carry out an educational or helping profession very often clash with a reality that is too harsh between personal motivation and efforts to change the other, thus leaving a strong sense of disappointment that takes the form of a loss of passion and enthusiasm for the tasks carried out every day. We measured these variables in both the pre-test and post-test phases.

The independent variable consisted of a series of monthly meetings conducted over six months by a psychotherapist with a bioenergetic approach. The sessions, each lasting two hours, aimed to prevent or reduce symptoms related to Burnout, as defined according to the constructs proposed by Santinello (2007), through relaxation techniques and the transmission of coping strategies.

The data collection process involved using a standardized instrument, the LBQ (Link Burnout Questionnaire; Santinello, 2007), to assess Burnout in the experimental and control groups. The tool is a self-report questionnaire designed for professionals, including doctors, nurses, teachers, educators, volunteers, and staff from hospitals and social services. We chose this tool because the author has reworked the three dimensions investigated by the Maslach Burnout Inventory (MBI), adding a new scale of disillusionment.

LBQ consists of four scales, each with three items with positive polarity and three with negative polarity, for a total of 24 items that respond on a six-point Likert scale (1= "never," 6=" every day").

Subscale 1, consisting of six items, assesses the "Psychophysical exhaustion" related to the feeling of having exhausted psychophysical resources. This sense reflects negatively both on the user, who does not receive adequate attention, and on the operator, who is
no longer able to understand the users' needs.
Subscale 2, which comprises six items, evaluates how the operator's attitude of indifference and detachment negatively impacts the relationship with the user, treating them as impersonal objects and exhibiting cynical and hostile behavior.
Subscale 3, consisting of six items, assesses "Professional Ineffectiveness," i.e., the perception, caused by the experience of Burnout, of not being able to achieve the goals in one's work. The operator no longer feels gratified and satisfied by his work.
Subscale 4, consisting of six items, assesses "Disillusionment," which refers to the disappointment that arises from positive expectations regarding professional activity due to excessive idealization of one's role. Disillusionment manifests itself through the loss of passion and enthusiasm for daily activities.
We individually sent each participant a scanned version of the questionnaire, requesting that they return it within one week of receipt. We also used a document created in collaboration with the operators, which outlined behaviors to follow to improve the working climate and promote good practices.

Intervention

The operators belonging to the experimental group were offered an intervention once a month for six months with a psychotherapist with a bioenergetic approach. The meeting, held at the Center, lasted two hours and included two moments of relaxation, at the beginning and end, each lasting 20 minutes, during which breathing exercises and body awareness were practiced. We designed these moments to teach participants how to reduce activation by recognizing stress and its underlying mechanisms. During the central part of the meeting, which lasted about 80 minutes, the participants shared their personal experiences, and the therapist helped them analyze these experiences. The topics addressed by the experimental group primarily focused on stressful situations related to the type of students with whom one works and their families, as well as the relationships with colleagues and the management of one's work-life balance.
The meeting with the therapist allowed for identifying strategies for effectively managing critical situations and planning and managing deadlines through the analysis of practical cases and simulations.

The operators belonging to the control group held a training meeting with the experimenter in which a document was created and shared in which rules of conduct to be followed to make the work context more functional were reported (by way of non-exhaustive example, some items are reported: "When you arrive, place your personal items in the locker"; "Prepare the work material with the students you will be working with"; "10 minutes before the end of the lesson, start arranging the material in its place"; "Return the student five minutes before the end of the hour"; "Fix the classroom in which you worked"; "Before leaving, ask colleagues if they need to do anything else") and some strategies for dealing with stressful situations (by way of non-exhaustive example, some items are reported: "If you feel that a student is causing you unpleasant feelings, talk to your supervisor"; "If a family asks you a question that you don't know how to answer, smile and explain to them that you will report to the student coordinator who will be able to give a full answer"; "If you haven't figured out a program/task, ask a colleague for help").

This tool was created in response to some difficulties the operators had identified in performing their job effectively during operating hours with the students. The experimenter asked the participants to hang the document in their lockers so that they could view it on a daily basis.

Procedure

In the pre-test phase, all participants completed the LBQ questionnaire (Santinello, 2007) concerning their work practice. The responses were filled out anonymously and placed in a designated collection box. Each participant was assigned an identification number to include on both the pre-and post-test questionnaires to ensure data pairing.

Successivamente, il gruppo sperimentale ha portato avanti gli incontri con il terapeuta, mentre il gruppo di controllo ha svolto il training meeting.

We conducted the post-test at the end of the six months, which involved administering the LBQ questionnaire.

Data analysis

We collected data by administering the LBQ questionnaire on paper and pencil. Each item had a Likert scale score from one ("never") to six ("every day"). Each participant in the study marked the score that best represented their condition on the questionnaire administered in the pre-test and post-test phases.

Once all the questionnaires were collected, the investigator analyzed the data, referring to the statistical standards of the standardized instrument. As a standard point, the author of the questionnaire chose to use stenine points (standard nine), a normalized scale ranging from 1 to 9 (M = 5; SD = 2), commonly used in psychological testing to interpret raw scores. These scores can be interpreted as follows: a score between one and two identifies individuals with a substantially positive work situation; a score between three and seven corresponds to an area of increasing concern; A score of eight or nine identifies subjects with high Burnout.

The results can only be scored through the online testing platform. Once we obtained the handwritten materials, the experimenter entered the answers on the corresponding computer grid, verifying that all participants had completed all the questionnaire items.

Results

From the questionnaires collected, the means of the stenine scores for each dependent variable were compared between the experimental and control groups.

Figure 1 illustrates a change in the psychophysical exhaustion variable, particularly for the experimental group, where the experimental group's average stenine score decreased from 6 to 5. In contrast, the control group starts from an average stenine score of 5.8 and reaches an average of 5.6 in the post-test phase.

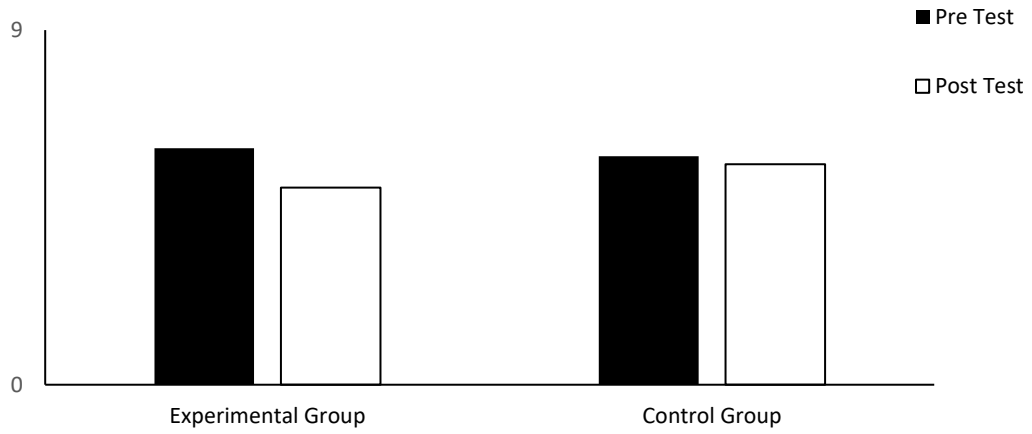

Figure 1. Stenine scores of the construct "Psychophysical Exhaustion" in the pre and post test phase.

On the contrary, Figure 2 shows similar results in the dimension of the deterioration of the relationship concerning the experimental group, which in the pre- and post-test phases has an average stenine score of 4.8. In contrast, an increase in average scores is observed in the control group, which initially has a score of 5. In contrast, it reaches an average of 5.2 in the post-test phase.

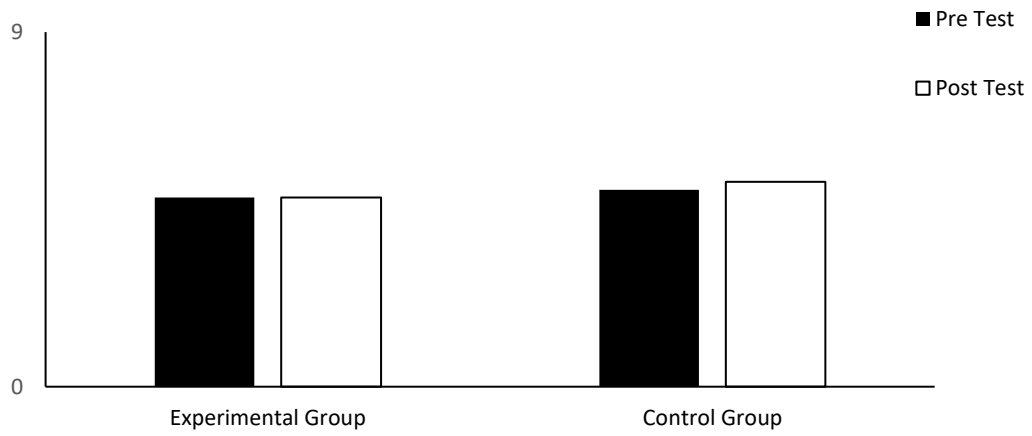

Figure 2. Stenine scores of the construct "Deterioration of the relationship" in the pre- and post-test phase.

Figure 3 demonstrates a slight improvement in the occupational ineffectiveness dimension for both groups, although the difference in scores is only 0.1 points.

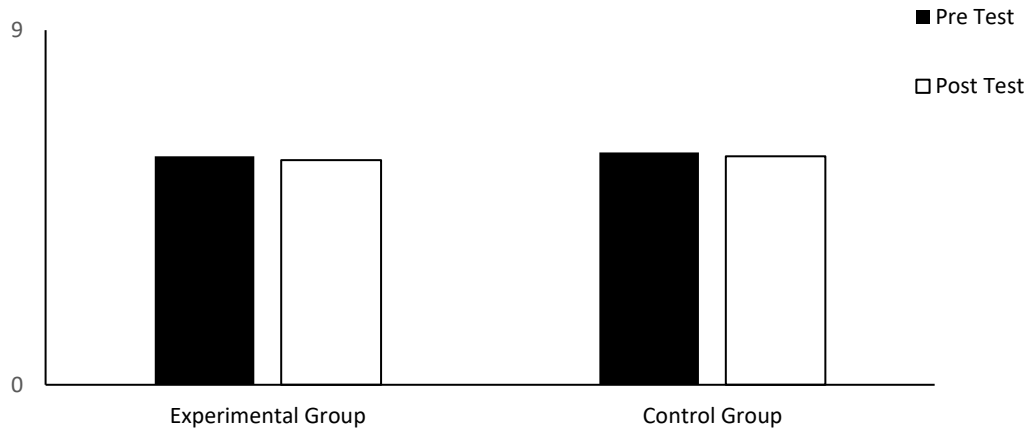

Figure 3. Stenine scores of the "Personal ineffectiveness" construct in the pre- and post-test phase.

Figure 4 shows a more significant improvement in the experimental group than in the control group concerning the dimension of disillusionment: the experimental group reaches an average score in the pre-test phase of 5 and reduces the average score to 3.2 stenine points in the post-test phase; The control group minimizes the average of the Stenine score from 5.4 in the pre-test phase to 4.5 in the post-test phase.

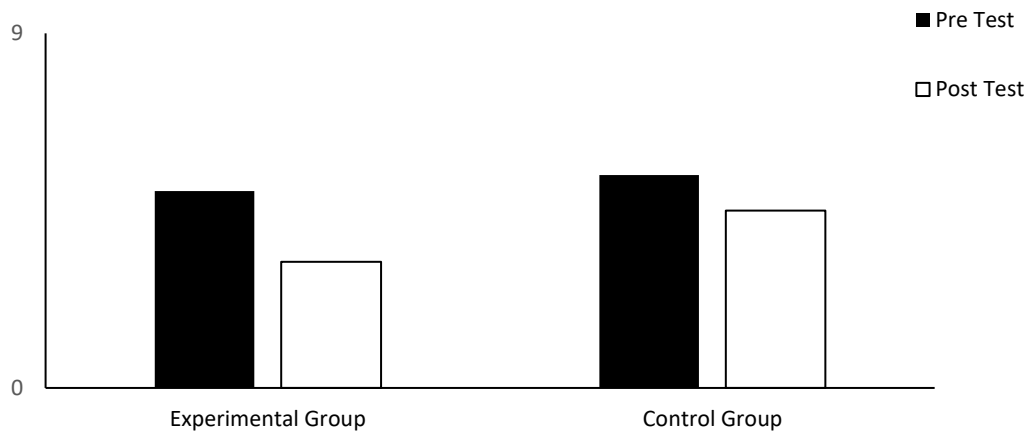

Figure 4. Stenine scores of the "Disillusionment" construct in the pre- and post-test phase.

The participation of the experimental group in the meetings with the therapist made it possible to detect improvements in the variables investigated. These results align with the existing literature, particularly in terms of the dimensions of psychophysical exhaustion and disillusionment.

Discussion

The present study aimed to evaluate the effectiveness of an intervention carried out by a therapist using relaxation and social support techniques on a group of operators of a social care facility that works with children with SEN to improve their knowledge of preventing stress mechanisms.

The data collected are in line with the reference literature, in particular with the studies of Maricuţoiu et al. (2016), Richardson and Rothstein (2008), and Emery (2010), who underlined

how interventions based on relaxation and group support techniques lead to improvement, especially in the dimensions of emotional exhaustion and professional ineffectiveness.

The improvements observed in the experimental group, particularly in the dimension of disillusionment, suggest that psycho-educational and social interventions can have a positive influence on passion and enthusiasm. A similar improvement can be seen in the dimension of psychophysical exhaustion, confirming how perceived social support acts as a mediator.

An important consideration concerns the incidence of the type of intervention carried out with the experimental group, compared to what was carried out by the control group: the improvement of organizational characteristics can influence the psychological well-being of the operators, but a more significant improvement is evident in the experimental group probably because a sharing of problems and the learning of relaxation techniques provide more excellent prevention of the perception of Burnout.

The study provides insights for professional practice. However, further investigation is needed to effectively translate these findings into sustainable and integrated interventions within real-world work settings.

One notable limitation concerns the limited exploration of self-monitoring strategies aimed at improving work behaviors related to organization and planning. Both the sessions with the therapist and the meeting with the experimenter revealed that one of the main concerns expressed by the professionals was the difficulty in organizing materials and structuring activities for students. Future research could address this issue more directly, employing evidence-based strategies to support professionals in these areas.

Another methodological limitation is the imbalance in the number of sessions attended by the two groups. Equalizing the intervention duration across groups would have reduced the fragility of the between-group comparison and strengthened the internal validity of the study.

A further limitation is the absence of inferential statistical analyses to assess the significance of differences between pre-test and post-test scores. We designed this study as a preliminary exploration to generate hypotheses and test methodological feasibility, so we did not include statistical inference at this stage. However, future studies with larger samples and longitudinal designs should incorporate appropriate statistical tests to ensure more robust interpretation of the results. In this study, a descriptive comparison based on standardized scores was deemed sufficient given the small sample and exploratory nature of the intervention.

Future research could also investigate the impact of burnout prevention strategies on service users, emphasizing the importance of ensuring high-quality professional performance to safeguard the well-being of those receiving support. Research has well documented that

professionals who engage in constant interpersonal interaction can experience emotional strain and may reach exhaustion if they lack adequate personal and/or environmental support.
Today, more than in the past, we are confronted with a plurality of complex factors (socio-cultural, organizational, pedagogical-didactic, relational, and affective) that characterize this kind of profession. Added to this is the responsibility of building, maintaining, and directing an educational relationship that increasingly needs training in relationships, affectivity, well-being, and empathic listening. Organizations that provide psychosocial support paths protect operators from professional burnout and promote the improvement of individual well-being among the users they serve.

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Declaration of Interest statement

Declarations of interest: none

Authors' contribution

All authors contributed to and have approved the final manuscript.

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