Work conditions and burnout: an exploratory study among Hungarian workers in family and child welfare, child protection and pedagogical professional services

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Munkakörülmények és kiégés: egy feltáró vizsgálat eredményei a család- és gyermekjólét, a gyermekvédelem és a pedagógiai szakszolgálat szakemberei körében

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ABSTRACT

The study focuses on the relationship between professional working conditions and burnout among Hungarian social and pedagogical professionals. The novelty of our research is that in addition to the role of mainstream work and organisational factors studies, it points out the roles of conflicts of interaction and cooperation with clients, management of cultural distance and differences, and challenges of fieldwork in the occurrence of burnout measured by an individualised scale. Two hundred and sixty-one professionals participated in our cross-sectional questionnaire survey; the data were analysed by factor analysis and multinomial logistic regression. Adjusted for work field and age, the results showed that the challenges related to clients and fieldwork, as well as job and task fitting problems played a significant role in emotional exhaustion and depersonalisation of social and pedagogical workers. In addition to that, the deficiencies related to work-motivation are positively associated with the reduced personal accomplishment of professionals. The empirical results suggest that in order to prevent the burnout of professionals, it is essential not only to create organisational motivating conditions for work, but also to prepare them for the substantive parts of work, real life situations, the associated expectations for their role and conflicts management, and provide on-going professional support.

ÖSSZEFOGLALÓ

A tanulmány a szakmai munkakörülmények és a kiégés összefüggését vizsgálja a magyar szociális és fejlesztő szakemberek körében. Kutatásunk újdonságát az adja, hogy a korábbi kiégés-vizsgálatok által feltárt munka- és szervezeti tényezők hatásán túl rámutat a kliensekkel való érintkezés, együttműködés konfliktusai, a kulturális távolság és különbözőségek kezelésének és a terepmunkával kapcsolatos nehézségek kiégés-tünetek előfordulásában játszott szerepére. Keresztmetszeti, kérdőíves vizsgálatunkban 261 szociális területen dolgozó szakember vett részt. Vizsgálatunk regressziós elemzéssel feltárt legfontosabb eredményei a

következők. A kliensekkel és a terepmunkával kapcsolatos nehézségek, továbbá a munkakör és feladatilleszkedés problémái szignifikánsan növelik a szociális szakemberek érzelmi kimerülését, valamint a kliensekkel és kollégákkal szembeni személytelen bánásmód megjelenését. A munkavégzés-motivációhoz kapcsolódó deficitek pedig a csökkent személyes hatékonyság kialakulásában játszanak szerepet. Eredményeink ara utalnak, hogy szociális szakemberek kiégésének megelőzéséhez nemcsak a munkavégzés szervezeti, szervezési motiváló körülményeinek megteremtésére van szükség, hanem elengedhetetlen a munka tartalmi elemeinek, a való élethelyzetek és az ezzel járó szerepelvárások és konfliktusok kezelésére való felkészítés, valamint a folyamatos szakmai támogatás.

Introduction

The notion that social work profession is in crisis has been prevailing as an aggravating issue in both international and domestic discourse (Asquith et al., 2005; Kozma, 2020). As early as a decade and a half ago, an American report on the Difficulties of the Social Worker Profession pointed out that increasing administrative burdens, excessive 'paperwork', high number of clients, and issues with clients in difficult life situations pose a major source of conflict in social care worldwide (Center for Workforce Studies, 2006). In addition, often changing and/or unclear legislation exacerbates the crisis situation in the social profession (Bransford, 2005).

These circumstances play a significant role in the career changes of those working in the social field: international and Hungarian research experiences indicate high fluctuations and a significant shortage of professionals (Kopasz, 2017; Mor Barak et al., 2001). High fluctuations in the human services sector have a number of negative consequences, including the deterioration in the quality of the care system, increasing client distrust, and the development of anxiety in old and new employees who have taken up vacancies (De Croon et al., 2004; Geurts et al., 1998).

The original creed of social worker profession is the role of facilitator: to help those in need to play as much a role as possible in managing their lives (Johnson & Yanca, 2004). Most social workers enter the field with this intention, i.e. the 'desire to help' (Arches, 1991). Whether this commitment and passion for help can be maintained is shaped by a number of factors throughout the career: as a result of dealing with the problems of clients, the difficulties of the care system, work environment and organisational problems the earlier motivation can easily change and (might) lead to fatigue and mental-physical strain.

Despite the extensive knowledge available on the factors affecting emotional-physical-mental strain on social workers (e.g. Aiello & Tesi, 2017; Dillon, 1990; Gómez-García et al., 2020; Jiang et al., 2019; Lloyd et al., 2011; Sánchez-Moreno et al., 2015; Söderfeldt & Söderfeldt, 1995; Su et al., 2020), quantitative research on the impact of the specific features of social work in the development of burnout syndrome is rare. The aim of the research is to examine the role of workplace and work organisation characteristics in the development of burnout; to explore how the specific working conditions of respondents, such as conflicts of interaction and cooperation with clients, challenges of dealing with cultural distance and differences, and fieldwork difficulties are related to the severity of each burnout symptom; and finally, to present how the extent of burnout is influenced by additional factors affecting work, such as the field of work and the experience gained in the field.

Literature review

The relevant literature unanimously points out the emotionally threatening effects of intensive work dealing with people's problems: social workers working with vulnerable, disadvantaged target groups and families often become 'injured' themselves (Cohen & Collens, 2013; Skovholt et al.,

2001). And emotional – and other work-related – strain involves the risk of burnout when otherwise motivated individuals are saturated with the – almost completely overwhelming – multitude of problems they encounter on a daily basis (Lambie, 2006). Mental-physical exertion and lack of coping with it can cause health problems, but it has also been shown to play a role in career changes and high labour turnover (Demerouti et al., 2001; Harrington et al., 2005; Huang et al., 2003; Kim & Stoner, 2008; Maslach et al., 2001).

Burnout syndrome is defined in the literature as 'A state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward and that ultimately leads to a reduction in commitment and effectiveness at work' (Freudenberger & Richelson, 1980, p. 13). Maslach and Jackson (1981) distinguish three defining dimensions of burnout: the segments of emotional exhaustion, depersonalisation, and reduced personal accomplishment. Emotional exhaustion is the intrapersonal dimension of burnout, which can be described as the state of emotional and physical exhaustion. Depersonalisation is the interpersonal aspect of burnout and refers to a state characterised by negative attitudes toward clients, colleagues, and work itself, such as indifference and insensitivity, while personal accomplishment is a dimension of burnout related to self-esteem, which is characterised by low productivity and decreased sense of competence. The authors argue that the three dimensions may be present independently of one another (Maslach et al., 2001). Cherniss (1980) presents the temporal process of the development of burnout as three consecutive steps in his model: perception of stress; later stress leads to physical fatigue and emotional exhaustion; finally, changes in attitudes and traits occur as a result of stress: cynicism towards clients, withdrawal, and emotional separation appear.

Research on the relationship between strenuous mental work and burnout shows the same result in all countries: emotionally stressful occupations alone predict the risk of burnout and the occurrence of some of the burnout components (Bozionelos & Kiamou, 2008; Martínez-Iñigo et al., 2007; Zapf et al., 2001). It has also been shown that social workers working in the field are particularly at risk in this respect: compared to other groups of social professionals, they are more likely to feel physically and mentally exhausted in their personal and professional lives (Thompson et al., 1996).

Of the predictors of burnout, in addition to individual/personal characteristics (such as predisposing factors at the level of personality traits) the international literature points out the specifics of work/work environment as well as social environment. Research conducted by Maslach and Jackson (1981) and Maslach et al. (2001) among health care workers has consistently confirmed that work/work environment factors play a more important role in explaining the development of burnout than personal characteristics (emphasising that personal characteristics are also important). In the Maslach model, burnout is induced by mismatch in at least one of the following work-related areas: *workload* (excessive requirements, unreasonable/many hours/ working hours, inadequate work), *control* (e.g. lack of control over tasks or work schedules), *rewards* (inadequate remuneration/moral esteem), *work community* (poor collegial relationships, lack of social support), *fairness* (unfair workload, pay), and *consistency of common values* (e.g. when corporate values conflict with the individual's order of values).

The burnout studies of the past 40 years have drawn the attention to the importance of the resources inherent in organisational processes with regard to the impact of work-related and job-related factors and highlight the crucial role of job satisfaction. An extensive meta-analysis by Lee et al. (2013) revealed that emotional exhaustion, which is the first phase of the burnout process, is most influenced by satisfaction with certain factors of work performance: they include autonomy, the ability to participate in decision-making, the amount of workload and the evolution of the number of working hours. According to other authors, burnout is more likely to occur if there is no promotion opportunity; income is low, and cooperation with departments within the institution and/or other institutions is poor (Shanafelt et al., 2014).

The analysis of the effect of role tension and role uncertainty appears in several burnout models. The study of role conflict among those working in the social field is particularly justified as it is inherent in practical social work (Dillon, 1990; Gilbar, 1998; Ravalier et al., 2021). Helping

professionals have to meet a number of legitimate but conflicting expectations: for example, clients expect empathy and identification with their problems, the 'office' or supervisory bodies require accurate administration, full compliance with the rules, and perhaps a kind of 'authority' role, which can lead to conflicts with the clients. Empirical research among social professionals working primarily in health care generally finds that difficulties in reconciling roles significantly increase emotional exhaustion and the emergence of impersonal attitudes (Jones, 1993; Konstantinou et al., 2018). A number of researchers point out work-family conflict problems as another important burnout indicator (Roberts et al., 2014). However, the 'spread' and negative effects of workplace stress on family life are also a well-known phenomenon in the literature (Greenglass et al., 2001). Social workers characterised by high burnout indicators are more dissatisfied with their family relationships (reported more family conflicts) than their colleagues belonging to the lower zone of burnout (Jayaratne et al., 1986). A survey by Nissly et al.'s (2005) involving those working in the field of child welfare highlights the fact that the negative impact of work-family conflict on burnout, which means the emergence of intention to quit, can be offset or prevented by supportive work relationships, especially support from a superior. Workplace management support can mitigate the negative effects of burnout more strongly than social support by colleagues; in the latter case, the statistical correlation shown is weaker.

In addition to the factors mentioned above, among those working in the human sector, the problems of interaction with clients also play an important role in explaining the development of burnout. A remarkable result of the research by Leake et al. (2017) conducted among those working in the field of childcare is that direct contact with the recipients of care and/or the emotional or other reactions of family members cause serious frustration for professionals, which eventually leads to burnout. However, their results also reveal that work-related factors have a stronger effect on burnout than the difficulties of interacting with clients.

Methodology

Analysis design and research issues

The main question of our research is how the assessment of work and organisational factors – the opinions and attitudes of the interviewees – is related to the assessment of social and pedagogical professionals regarding their own emotional-mental-physical load. The novelty of our study lies in the fact that it does not only reviews the effect of workplace characteristics that most burnout research covers, but extends the range of explanatory variables and takes into account the special circumstances of work as well, such as factors related to the behaviour, special situation/culture of the recipients of care. Our analysis reveals, in addition to the basic characteristics of the workplace and work organisation how certain burnout symptoms are influenced by the specific features of the professional work of the respondents. We also present how the extent of burnout is influenced by additional factors affecting work, such as the field of work and the experience gained in the field. We sought answers to the following specific questions:

- Do the peculiarities and special difficulties of professional work explain the extent of the symptoms of burnout more profoundly than the work-organisation and workplace factors? (RQ1)
- Can any difference be identified in the extent of burnout symptoms according to the field of professional work: are family and child welfare or child protection or pedagogical service workers more severely affected than other professionals? (RQ2)
- Is work experience in the professional field concerned a protective factor and is burnout more of a risk at the beginning of a career? (RQ3)

While answering the research questions, we address all three dimensions of burnout (emotional exhaustion, depersonalisation, reduced personal accomplishment).

Sampling and procedures

Our study is based on a secondary analysis of the data of a face-to-face paper-and-pencil questionnaire survey conducted among social and pedagogical professionals working in Hungary Baranya County, NUTS 3. Data collection took place in the spring of 2019. The sample used for the empirical analysis contains data on professionals working with mainly disadvantaged clients in the field of family and child welfare, child protection and pedagogical specialist services ($N = 261$). All professionals working at county centres of each of the three areas were invited by the conductors of the survey to participate in the research. Though the respondents work in different sectors, there are several overlaps between them in terms of qualifications of professionals and socioeconomic background of their clients.

The total population of professionals working in the areas reviewed by the research consisted of 466 people in Baranya County in 2018, i.e. the response rate was 43%, which can be described as adequate (Kim & Stoner, 2008). In accordance with international trends, following data collection – in order to match the sample as accurately as possible – we adjusted the survey data by weighting them according to service area and age group. The county-level population data were taken from the available data reported by the Hungarian Central Statistical Office. The resulting values of weight variable fell between 0.73 and 1.21, in fact, 94% of them was between 0.82 and 1.16. Such a small deviation of the weights shows that even the raw database provided a really good approximation of some characteristics of the initial population.

The survey was conducted in line with the research ethics policy of the European Commission (2018). The respondents had been informed about data protection, features, and ethical considerations of the research. The analysis was performed with anonymised data.

The primary aim of the data collection was to review the possibilities of compensating for disadvantages in the field of education from the perspective of the professionals (see Perpék, 2020). In addition, the questionnaire also concerned the conditions of professional work, which, due to the original exploratory nature of the project, was used to collect less detailed background information. In this study, we highlight information related to workplace factors.

Measurements

Burnout

To *measure burnout*, a 22-item version of the official Hungarian Maslach Burnout Inventory (Human Service Survey, MBI–HSS) specialised for human workers was used with the consent of the copyright owner: Mind Garden, Inc. (Maslach & Jackson, 1986). The questionnaire measures burnout in the dimensions of emotional exhaustion, impersonal treatment (depersonalisation), and personal sense of effectiveness. The dimension of emotional exhaustion refers to the depletion of personal emotional resources (e.g. 'I feel I am really drained by the end of the workday'), depersonalisation to the appearance of an impersonal attitude toward clients and colleagues (e.g. 'I feel my work makes me harder emotionally'), while a decrease in personal accomplishment measures if an individual's performance differs from what he or she expects from himself or herself (e.g. 'I feel I have recharged my batteries by the end of the workday'). The latter statements measuring the burnout dimension are inverse items. The authors of the questionnaire describe burnout as a continuous variable with values ranging from low to high: higher values on the subscales of emotional exhaustion and depersonalisation, and lower values on the subscale of personal accomplishment suggest burnout. Respondents could indicate on a seven-point Likert-type scale how often they perceive some specific feelings about their work. In our study, we used the Cronbach α index to test the internal consistency of the three burnout dimensions, based on a minimum value of 0.7 defined by Nunnally (1978): values above 0.8 on the three subscales are considered reliable (the indicators of confirmatory factor analysis (CFA) also meet the requirements: χ^2/degree of freedom = 2.25; p < .001; CFI = 0.94; TLI = 0.93; RMSEA = 0.052). In the case where the respondent did not respond to

more than half of the items that make up each scale, the scale value was treated as missing data (Pejtersen et al., 2010).

As the three burnout dimensions may be present independently, the scales cannot be added to one another (Maslach et al., 2001). In our study (based on Maslach & Jackson, 1986), we formed three groups within each segment by dividing the total score into three parts (cut-off points): creating low, medium, and high burn-out exposure categories. Our analysis includes these category variables.

Characteristics of the social profession in terms of working-conditions

We decided to use a measuring tool (series of questions) developed by the authors to measure *work and organisational factors* that may be related to the development of burnout syndrome. As the target group of our research consists of professionals providing family and child welfare, child protection and pedagogical specialist services in Baranya County, Hungary, our aim was to explore the workplace characteristics that are specific to them, keeping in mind that these work-environment factors may be characteristic of the circumstances of other human care or may result from the institutional and organisational characteristics of a service concerned. In developing our own measuring tool, we relied on measurement tools well-known and proven in the international literature, which were developed to examine the relationship between workplace factors as stressors and burnout including the requirement-control-social support model (Karasek & Theorell, 1990), effort-reward inequality model (Siegrist, 1996) and the requirements-resources model (Demerouti et al., 2001). Furthermore, we have taken into account less studied indicators such as difficulties in interacting with clients and shortcomings of cooperating with them, problems of dealing with cultural distance and differences, and challenges in working in the field. The measuring tool we have developed contains 36 simple but graphic descriptive statements about the difficulties related to professional work and the work environment, the accumulation of which may appear as a stressor among the professionals interviewed. The statements listed, on the one hand, aimed at exploring the *work-environment and job factors* that have been highlighted in previous empirical analyses, on the other hand, indicators that have been less studied so far, and which relate specifically to the *difficulties of professional work*.

The questions of the part exploring the **work environment** were aiming at the *conditions of work* (physical, infrastructural), *promotion within the organisation*, *professional development* (career opportunity, learning new things, in-service training opportunities, effectiveness of supervision), *remuneration for work* (material/moral esteem: recognition, praise in private or public, certificate, award; benefits), *job stability* and *overall job satisfaction*, besides they reviewed attitudes towards the *manager/management* (quality of leadership, recognition and support from supervisors, involvement in professional decisions, effectiveness of cooperation with the manager) and *colleagues*, *the work community* (help and support received from colleagues, work atmosphere, efficiency of cooperation and communication with colleagues).

The questions related to the exploration of **job-related factors** include *workplace tasks* (many new job tasks, many tasks in which they are not competent, non-core tasks), *the regulatory/controlling background* (frequent changes in rules, unclear rules/regulations) and *role conflicts*, *as well as work-family conflict* (conflicting role expectations, filling in supporting and authority roles simultaneously, conflicting perceptions of clients' interests, workplace occupations vs. family activities, family vs. workplace activities).

The questions in the **professional work factors** section (RQ1) focused on problems *with clients* (their ability to cooperate/behaviour, specific culture, social situation) and *fieldwork* (too much travel, unsafe environment, travel to hard-to-reach places) and the *emotional/mental strain* perceived at work (only temporary assistance to those in need, emotional involvement in the work, lack of time due to too many administrative tasks and too many clients).

Respondents could rate on a four-point Likert scale the extent to which the statements were characteristic of them (1 – not at all; 4 – absolutely characteristic). In order to avoid taking a unilateral approach, statements with both positive and negative evaluations were included in the items offered. In the course of the analysis, we reversed the direction of the statements with the opposite

value content, so that the high value of each variable expresses the negative attitude related to the statement concerned, i.e. they should express a content of a hindering factor.

The internal factor structure of the questionnaire was examined by confirmatory factor analysis (CFA). Since the three-factor structure showed a weak model fit (χ^2/degree of freedom = 1.84; p < .001; CFI = 0.87; TLI = 0.84; RMSEA = 0.07), we tried to establish the appropriate structure by exploratory factor analysis (EFA). During the EFA, four factors were identified by Principal Axis Factoring (PAF) analysis. In the analysis, we took into account that a statement should have a charge of more than 0.32 for only one factor and not have a cross charge of more than 0.32 (Tabachnik & Fidell, 2001). Next, by omitting the inadequate items, we searched for a four-factor structure with the appropriate model fit by CFA analysis. The final model contains 26 items and its fit indices are in the appropriate range (χ^2/degree of freedom = 1.86; p < .001; CFI = 0.96; TLI = 0.93; RMSEA = 0.04). The eigenvalues of the four factors are bigger than one, and together they retain 61.8% of the information mass of the original variables (for detailed results of the factor analysis, see Table A1 in Appendix).

The *first factor* (10 items, Cronbach *a* 0.88) include attitudes related to organisational progress, professional development opportunities, financial/moral appreciation, support from the supervisor (positive feedback, involvement in professional decisions), job stability, working conditions as well as work atmosphere and collegiality, therefore we coined it 'work performance-motivational factor'. Indicators belonging to the *second factor* (nine items, Cronbach *a* 0.89) include problems related to job tasks (many new tasks, performance of tasks not included in the basic tasks), frequent changes in rules and role conflicts, as well as work-family conflict. Thus, adapting to the nature of the items, we named it 'job and task-fit factor'. The *third*, 'client factor' (five items, Cronbach *a* 0.78) include challenges/difficulties posed by the recipients of care: the clients' willingness to cooperate, their specific culture and social situation, the only temporary assistance to those in need, and of the items related to fieldwork, the often unsafe environment. Finally, the *fourth*, the 'fieldwork factor' (two items, Cronbach *a* 0.72) is made up of too much travel and visiting clients in hard-to-reach places. The main explanatory variables of our analysis include these – high measurement level – professional working conditions factors.

Other variables

The regression estimates also include additional control variables that may affect the development of burnout symptoms: the area of professional work (three binary variables: child protection, family and child welfare, pedagogical professional service), professional experience (measured as time spent in the profession, included as a continuous variable), age (continuous variable), gender, marital status (dichotomous variable: whether married) of the respondents; their number of children (continuous variable) and perceived financial situation (dichotomous variable: whether living in material deprivation).

Estimation procedure

The aim of our research is to examine whether work and organisational factors as well as specific features of professional work influence the occurrence of different symptoms of burnout. To answer this question, we examined multivariate regression models. Each manifestation of burnout symptoms is described separately, i.e. by three models.

The *dependent variables* in our regression models are categorical variables measuring involvement in different dimensions of burnout: (1) emotional exhaustion, (2) depersonalisation, and (3) reduced personal accomplishment. *Independent variables* include factors expressing different constellations of work and organisational conditions, i.e. work-motivation factor, job and task-fit factor, client factor, and fieldwork factor, as well as variables in professional work area and professional experience. During the analysis, we established correlations by keeping the socio-demographic variables (gender, age, marital status, number of children, subjective financial situation) under control. The association of burnout symptoms and their correlates was examined by

multinomial logistic regression. Descriptive statistics for the variables used in the analysis are presented in Table 1.

Results

Description of the sample

The sample is made up of 261 professionals. Eighty-five per cent of them is female. Respondents have been working in the field for an average of 9.5 years, and spent an average of 6 years in their current job. Two-fifths (38.3%, $N = 100$) work in child protection centres and specialist services, one-third (35.2%, $N = 92$) in family and child welfare centres, and a quarter (26.4%, $N = 69$) in pedagogical specialist services. The average age of those working in family and child welfare care is 40.4 years (the lowest average age [36.9 years], while the mean age of those working in child protection [42.7 years] is slightly above the sample average). Disadvantage compensation and catching up typically appear among their job responsibilities: for almost two-fifths (37.4%, $N = 98$), this is a mandatory task, for another 56.4% ($N = 147$) it depends on the needs of the target group, and for only 6% ($N = 16$) it is a voluntary task.

Estimations

The estimation results are shown in Table 2. In the multinomial regression analysis, we used the group of low-impacted recipients from the categories of dependent variables for each burnout dimension as a reference category. The odds ratios presented in Table 2 thus express the chances of someone falling into the moderately (medium level) or highly (high level) impacted group

Table 1. Descriptive statistics of variables used in the regression analysis.

Variable	Sample size	%	Mean	SD	Min	Max
Emotional exhaustion						
Low zone	245	20			0	1
Medium zone	245	44			0	1
High zone	245	36			0	1
Depersonalisation						
Low zone	245	40			0	1
Medium zone	245	36			0	1
High zone	245	24			0	1
Reduced accomplishment						
Low zone	245	60			0	1
Medium zone	245	32			0	1
High zone	245	08			0	1
Professional working conditions factors						
Work – motivational factor	166		0.00	0.956	−2.223	3.118
Job and task fit factor	166		0.00	0.962	−2.209	2.566
Client factor	166		0.00	0.905	−2.343	2.538
Fieldwork factor	166		0.00	0.918	−2.349	3.376
Professional field						
Family and child welfare	261	37			0	1
Child protection	261	40			0	1
Pedagogical professional service	261	23			0	1
Professional experience in the relevant field						
Up to 5 years of professional experience	261	47			0	1
6–15 years of professional experience	261	29			0	1
More than 15 years of professional experience	261	22			0	1
Sociodemographic variables						
Gender (women)	261	85			0	1
Age	239		40.4	9.723	22	66
Marital status (married)	242	85			0	1
Number of children	242		0.89	1.319	0	12
Material deprivation perceived	235	34			0	1

Table 2. Analysis of individual dimensions of burnout with multinomial logistic regression (parameter estimates).

	Model 1 Emotional exhaustion		Model 2 Depersonalisation		Model 3 Reduced personal accomplishment	
	Medium level	High level	Medium level	High level	Medium level	High level
Working and organisational conditions						
Work – motivational factor	0.871	1.615	1.088	1.342	0.402	2.349**
	(0.339)	(0.369)	(0.251)	(0.296)	(0.296)	(0.445)
Job and task fit factor	2.549***	2.770**	1.610	4.149***	1.120	1.837
	(0.377)	(0.410)	(0.284)	(0.360)	(0.276)	(0.378)
Client factor	2.215**	5.564***	1.354	3.121***	2.105	0.475
	(0.368)	(0.412)	(0.266)	(0.349)	(0.289)	(0.406)
Fieldwork factor	1.013	1.905***	1.792*	1.931**	1.216	0.988
	(0.315)	(0.339)	(0.239)	(0.285)	(0.225)	(0.350)
Professional field (reference: pedagogical professional service)						
Family and child welfare	0.845	0.160**	3.243**	4.272**	0.480	0.626
	(0.744)	(0.895)	(0.575)	(0.864)	(0.610)	(0.986)
Child protection	2.247	3.241***	2.620**	7.112***	0.682	1.415
	(0.843)	(0.909)	(0.650)	(0.857)	(0.675)	(0.932)
Professional experience (reference: more than 15 years of professional experience)						
Up to 5 years	1.119	2.195*	0.708	2.358*	7.805**	0.356
	(0.836)	(0.922)	(0.685)	(0.931)	(0.852)	(0.855)
Between 6 and 15 years	0.425	0.518	0.491	2.971*	1.843	0.577
	(0.742)	(0.843)	(0.648)	(0.902)	(0.758)	(0.934)
Control variables	Yes		Yes		Yes	
N	146		146		146	
Pseudo R^2	0.492		0.468		0.429	

Notes: The reference categories of the dependent variables are: low incidence of emotional exhaustion, low incidence of depersonalisation, low incidence of reduced personal accomplishment. Not all variables included are contained in the table: gender, age, marital status, number of children and financial situation perceived were controlled. Explanation: ***$p < .001$; **$p < .01$; *$p < .05$; Standard errors in brackets.

compared to the mildly low impacted (low level) group in terms of emotional exhaustion, depersonalisation, and reduced personal accomplishment.

All three of our regression models are significant and their explanatory power is very similar. The variables involved explain 46–49% of the variance of the dependent variable: most in the case of emotional exhaustion. The estimation results (in the following, only the significant correlations are highlighted) show that *entering the higher zone of emotional exhaustion* (Model 1) is mainly influenced by the *problem of job and task fit, difficulties related to clients and fieldwork* (RQ1), *as well as work area* (RQ2) *and professional experience* (RQ3). Job and task fit factor and client factor show a positive correlation with moderate to high incidence of emotional exhaustion, while fieldwork factor, work area, and professional experience show a positive correlation with high incidence of emotional symptoms. All of this means that the chances of moving from a mildly-impacted group to a moderately or highly impacted group increased by the tension between the job and the tasks to be performed, as well as the difficulties associated with clients and fieldwork. It can also be established that of the factors of work and organisational conditions, *difficulties related to clients* (RQ1) have the strongest effect on emotional exhaustion. In terms of the role of the work area (RQ2), professionals working in *the field of child protection* have a more than three times higher chance of high emotional exhaustion than those working in the pedagogical professional service, while those working in the field of family and child welfare have a significantly lower chance to perceive the same condition. Based on the number of years of *work experience* (RQ3), it can be concluded that for professionals working in the field for a shorter time (up to 5 years) it is more than twice as likely to experience high levels of emotional exhaustion compared to those with at least a decade and a half of experience.

The *model of depersonalisation* (Model 2) is related to the occurrence of the set of symptoms of burnout, which – as explained earlier – is *an interpersonal phenomenon*, indicating a negative

attitude, indifference and insensitivity to clients, colleagues, ourselves and work itself. The chances of getting into a high zone are increased, similar to the effects seen in the explanatory model of emotional exhaustion, by the *problem of job and task fit* and *difficulties related to clients and fieldwork*, the latter variable has a significant effect on moderate depersonalisation, too. At the same time, it is also evident that job and task fit conflicts play the most significant role in depersonalisation, while difficulties with clients and fieldwork (RQ1) do a more moderate one. The *variable of work field*, confirming the results of previous cross-tabulation analyses, reflects that professionals working in the *field of child protection and family and child well-being* are more likely to get into the medium and high zone of depersonalisation compared to staff of pedagogical professional services (RQ2). The role of *professional experience* (RQ3) is also significant: a feeling of depersonalisation is more likely to evolve among professionals who have worked in the field for a shorter period of time compared to those having at least a decade and a half of experience.

Only *work motivation factor* and *professional experience* have a significant effect on reduced personal accomplishment (Model 3). That is, inappropriate work, work organisation factors, as well as lack of motivation significantly increases the feeling of decreased personal effectiveness, but other workplace factors reviewed are not significantly related to the dimension of reduced personal accomplishment. A significant effect is seen with regard to the variable of *experience in the field* (RQ3), too: people with up to five years of professional experience – compared to those with at least a decade and a half experience in the field concerned – are almost eight times more likely to fall into medium burnout zone.

Based on the results of the analysis, the general conclusion is that working and organisational conditions, *job and task fit factor*, *client-related difficulties factor and fieldwork factor* (RQ1) *predict emotional exhaustion and reduced personal accomplishment*: i.e. job difficulties and conflicts as well as increased amount of problems related to clients, and fieldwork lead to higher emotional exhaustion and more depersonalisation symptoms. *Work-motivation factor*, on the other hand, is related to reduced personal accomplishment: the sense of efficiency of social and pedagogical professionals will decrease in the work they do if they perceive inadequate work and work organisation conditions. It can also be established that *professionals working in the field of child protection are more emotionally exhausted and depersonalised, and family and child welfare staff show more depersonalisation symptoms* compared to their colleagues working for the pedagogical professional service (RQ2). Compared to those with more than 15 years of professional experience, *those having worked for less than five years* are more likely to be emotionally burnt out and suffer from more depersonalisation symptoms (RQ3). Furthermore, they are most likely – albeit only moderately – frustrated by experiencing reduced personal accomplishment.

Discussion

Our study investigated the professional working conditions of social and pedagogical professionals in the context of burnout. Our analysis is related to the traditions of burnout syndrome literature in the 1980s, and used the then classical three-dimensional model (emotional exhaustion, depersonalisation and reduced personal accomplishment) (Maslach & Jackson, 1981). The research is innovative at the same time because in addition to the mainstream work and organisational factors researched since the 2000s (Bovier et al., 2009; Gilbar, 1998; Shanafelt et al., 2014), it examined the substantive elements of professional work, such as conflicts of interaction and cooperation with clients, management of cultural distance and differences, and challenges of fieldwork as contributing factors in the occurrence of burnout. Another strength of the research is that it was conducted in heterogeneous groups in terms of the professions and sectors involved.

Based on our results, it can be established that the mental (i.e. psychological) phenomena and various symptom-constellations of burnout are significantly affected by sociological (social-environmental, work performance, work-organisational) indicators. However, the extent of their impact is different. The biggest one is work and organisational circumstances and factors, particularly the

role of deficiencies in *job and task fit* playing in burnout as well as keeping contact with problematic clients. *Fieldwork* (visiting families) induced emotional burnout and depersonalisation. *Work environment* problems (no opportunity to get promoted, low salary, lack of decent remuneration or moral esteem, limited development opportunities in the profession, unpleasant work atmosphere) lead to reduced personal accomplishment. On personal level, the loss of motivation in work can also be related to reduced personal accomplishment.

Our findings on the role of organisational, workplace factors, and role conflicts in the onset of burnout symptoms are consistent with previous research experience (Konstantinou et al., 2018; Lee et al., 2013; Nissly et al., 2005; Shanafelt et al., 2014). At the same time, it is an important result that the *substantive elements* of the helping profession; its special difficulties such as conflicts inherent in *interactions and cooperation with clients*, difficulties in dealing with *cultural distance* and differences together with *fieldwork* pose serious risk factors for high levels of emotional exhaustion and depersonalisation.

Another characteristic of the research is that the representatives of professions interviewed carry out their work in distinctly different professional fields. Some of them are involved in child protection and family problems and have to visit families of endangered children in their homes, who need financial or other social support. Besides, respondents include some, primarily pedagogical professionals who deal with special education and helping children to catch up or are involved in institutional support of children or receive the ones in need in support centres.

In accordance with the heterogeneous character of the target group, we found that there are *profession- and field-specific differences* in the extent of burnout involvement, therefore human services cannot be treated uniformly in this area. In line with previous research findings (Bozionelos & Kiamou, 2008; Martínez-Iñigo et al., 2007), the higher workload of helping professionals was consistently confirmed in the burnout dimensions under study. Compared to the staff of the pedagogical professional service the chance of emotional exhaustion is significantly higher amongst the professionals involved in child protection or working for the family welfare service who show the symptoms of depersonalisation in much higher proportion, too.

Regarding the effect of time spent in the field, it can be concluded that *longer professional experience* can be considered a protective factor in all three dimensions of burnout. Although the literature presents a contradictory picture of the relationship between burnout and work experience, there are several international examples of the tendency that the youngest age group at the beginning of their careers are the most at risk for burnout (Buddeberg-Fischer et al., 2008; Somers, 1996).

Our empirical models clearly identify deficiencies experienced by employees and areas where substantial change is needed to reduce burnout. Most of the factors leading to *emotional exhaustion* as well as *indifference and insensitivity* (deficiencies of interaction and cooperation with clients, difficulties due to cultural distance, and differences) cannot be eliminated all at once. However, it can and should be ensured that professionals face these with receiving strong and on-going support. Similarly, through regulation, preliminary planning and training, it is possible for professionals to perform tasks appropriate to their qualifications and competencies, to devote sufficient time to clients, and for (quasi) authority and support tasks to be separated.

Similarly to the above, reduced personal accomplishment of professionals can be prevented or remedied. Motivating organisational conditions (job fitting qualifications, promotion, opportunity for professional development, good work atmosphere, involvement in decisions, appropriate remuneration and moral esteem) encourage efficiency. All this can make the social profession more attractive when choosing a career and also reduce the shortage of professionals in the sector.

Limitations and recommendations for future study

In the context of our research, we also highlight some limitations. One of the limitations of our study is the use of self-reported measurements. Although burnout symptoms are usually measured by self-reported scales and most of the scales are validated measuring tools, these are not clinical interviews

or (occupational) medical diagnoses, thus they can over- or underestimate the presence of mental and physical issues.

A further limitation, due to the cross-sectional nature of the research, it revealed probable explanations during the examination of the correlations, no causal correlations can be confirmed based on our results; for this further investigations based on longitudinal data are required. A further limitation of our research is that the sample was limited to social and pedagogical professionals in Baranya County, Hungary, therefore our findings are more indicative and designate the direction of future research. Future studies should reconsider our research questions using a more representative sample.

Utilising the experience gained in the county research, the study can be extended to a nationally representative sample and in a comparative manner to additional social services such as e.g. Sure Start Children's Houses or extracurricular after-school clubs, which are part of the services aiming at increasing chances in life. In addition to state-maintained institutions, it is also worthwhile to survey church and civil NGO service providers, as well as additional, disadvantage mitigation and development services. We included pedagogical professional services (i.e. psychological counselling, special education, speech therapy, etc.) in this research project, as a development service outside the social sector.

In future research, it is also worth paying attention to urgent issues such as high turnover, mobility, career change of social professionals, or their intention to quit. It would be useful to examine these problems in the context of burnout, client and fieldwork difficulties, organisational motivating conditions of work, and job and task fit problems. It would be relevant to delve into the issues raised in an international context, as in the case of a pilot project in Croatia with a sample of low number of items (Perpék, 2020). This line of research is definitely worth continuing and expanding.

Disclosure statement

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Notes on contributors

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References

Aiello, A., & Tesi, A. (2017). Psychological well-being and work engagement among Italian social workers: Examining the mediational role of job resources. *SocialWork Research*, *41*(2), 73–84. https://doi.org/10.1093/swr/svx005

Arches, J. (1991). Social structure, burnout, and job satisfaction. *Social Work*, *36*(3), 202–206. https://doi.org/10.1093/sw/36.3.202

Asquith, S., Clark, C., & Waterhouse, L. (2005). *The role of the social worker in the 21st century: A literature review* (Vol. 25). Scottish Executive Education Department.

Bovier, P. A., Arigoni, F., Schneider, M., & Gallacchi, M. B. (2009). Relationships between work satisfaction, emotional exhaustion, and mental health among Swiss primary care physicians. *European Journal of Public Health*, *19*(6), 611–617. https://doi.org/10.1093/eurpub/ckp056

Bozionelos, N., & Kiamou, K. (2008). Emotion work in the Hellenic frontline services environment: How it relates to emotional exhaustion and work attitudes. *International Journal of Human Resource Management*, *19*(6), 1108–1130. https://doi.org/10.1080/09585190802051410

Bransford, C. L. (2005). Conceptions of authority within contemporary social work practice in managed mental health care organizations. *American Journal of Orthopsychiatry*, *75*(3), 409–442. https://doi.org/10.1037/0002-9432.75.3.409

Buddeberg-Fischer, B., Klaghofer, R., Stamm, M., Siegrist, J., & Buddeberg, C. (2008). Work stress and reduced health in young physicians: Prospective evidence from Swiss residents. *International Archives of Occupational and Environmental Health*, *82*(1), 31–38. https://doi.org/10.1007/s00420-008-0303-7

Center for Workforce Studies, NASW. (2006). *Licensed social workers in the U.S., 2004*. http://workforce.socialworkers.org/studies/intro.pdf

Cherniss, C. (1980). *Professional burnout in human service organizations*. Praeger.

Cohen, K., & Collens, P. (2013). The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth. Psychological trauma. *Theory, Research, Practice, and Policy*, *5*(6), 570–280. https://doi.org/10.1037/a0030388

De Croon, E. M., Sluiter, J. K., Blonk, R. W. B., Broersen, J. P. J., & Frings-Dresen, M. H. W. (2004). Stressful work, psychological job strain, and turnover: A two-year prospective cohort study of truck driver. *Journal of Applied Psychology*, *89*(3), 442–454. https://doi.org/10.1037/0021-9010.89.3.442

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, *86*(3), 499–512. https://doi.org/10.1037/0021-9010.86.3.499

Dillon, C. (1990). Managing stress in health social work roles today. *Social Work in Health Care*, *14*(4), 91–108. https://doi.org/10.1300/J010v14n04_08

European Commission. (2018). Ethics and data protection. Retrieved January 3, 2019. https://ec.europa.eu/info/sites/info/files/5._h2020_ethics_and_data_protection_0.pdf

Freudenberger, H. J., & Richelson, G. (1980). *Burn-out: How to beat the high cost of success*. Bantam Books.

Geurts, S., Schaufeli, W., & De Jonge, J. (1998). Burnout and intention to leave among mental health-care professionals: A social psychological approach. *Journal of Social and Clinical Psychology*, *17*(3), 341–362. https://doi.org/10.1521/jscp.1998.17.3.341

Gilbar, O. (1998). Relationship between burnout and sense of coherence in health social workers. *Social Work in Health Care*, *26*(3), 39–49. https://doi.org/10.1300/J010v26n03_03

Gómez-García, R., Alonso-Sangregorio, M., & Llamazares-Sánchez, M. L. (2020). Burnout in social workers and sociodemographic factors. *Journal of Social Work*, *20*(4), 463–482. https://doi.org/10.1177/1468017319837886

Greenglass, E. R., Burke, R. J., & Fiksenbaum, L. (2001). Workload and burnout in nurses. *Journal of Community & Applied Social Psychology*, *11*(3), 211–215. https://doi.org/10.1002/casp.614

Harrington, D., Bean, N., Pintello, D., & Mathews, D. (2005). Job satisfaction and burnout: Predictors of intentions to leave a job in a military setting. *Administration in Social Work*, *25*(3), 1–16. https://doi.org/10.1300/J147v25n03_01

Huang, I., Chuang, C. J., & Lin, H. (2003). The role of burnout in the relationship between perceptions of organizational politics and turnover intentions. *Public Personnel Management*, *32*(4), 519–531. https://doi.org/10.1177/009102600303200404

Jayaratne, S., Chess, W., & Kunkel, D. (1986). Burnout: Its impact on child welfare workers and their spouses. *Social Work*, *31*(1), 53–59. https://doi.org/10.1093/sw/31.1.53

Jiang, H., Wang, Y., Chui, E., & Xu, Y. (2019). Professional identity and turnover intentions of social workers in Beijing, China: The roles of job satisfaction and agency type. *International Social Work*, *62*(1), 146–160. https://doi.org/10.1177/0020872817712564

Johnson, L. C., & Yanca, S. J. (2004). *Social work practice: A generalist approach*. Allyn and Bacon.

Jones, M. (1993). Role conflict: Cause of burnout or energiser? *Social Work*, *38*, 136–141. https://www.jstor.org/stable/23716990

Karasek, R., & Theorell, T. T. (1990). *Healthy work: Stress, productivity and the reconstruction of working life*. Basic Books.

Kim, H., & Stoner, M. (2008). Burnout and turnover intention among social workers: Effects of role stress, job autonomy and social support. *Administration in Social Work*, *32*(3), 5–25. https://doi.org/10.1080/03643100801922357

Konstantinou, A.-K., Bonotis, K., Sokratous, M., Siokas, V., & Dardiotos, E. (2018). Burnout evaluation and potential predictors in a Greek cohort of mental health nurses. *Archives of Psychiatric Nursing*, *32*(3), 449–456. https://doi.org/10.1016/j.apnu.2018.01.002

Kopasz, M. (2017). *A családsegítő és gyermekjóléti szolgáltatás integrációjának és az ellátórendszer kétszintűvé történő átalakításának tapasztalatai* [Experiences of integration of family support and child welfare services and transformation of the care system into a two-level one]. TÁRKI Társadalomkutatási Intézet Zrt. https://www.tarki.hu/hu/news/2017/kitekint/20170425_csaladsegito.pdf

Kozma, J. (2020). A szociális munkások munkahelyi biztonságáról, a kockázatokról és a szakma identitáskríziséről. [On the safety of social workers at work, the risks and the identity crisis of the profession.] *Párbeszéd: Szociális Munka folyóirat*, *7*(1), 1–25. https://doi.org/10.29376/parbeszed.2020.7/1/6

Lambie, G. W. (2006). Burnout prevention: A humanistic perspective and structured group supervision activity. *Journal of Humanistic Counselling, Education and Development*, *45*(1), 32–44. https://doi.org/10.1002/j.2161-1939.2006.tb00003.x

Leake, R., Rienks, S. L., & Obermann, A. (2017). A deeper look at burnout in the child welfare workforce. *Human Service Organizations Management*, *41*(5), 492–502. https://doi.org/10.1080/23303131.2017.1340385

Lee, R. T., Seo, B., Hladkyj, S., Lovel, B. L., & Schwartzmann, L. (2013). Correlates of physician burnout across regions and specialties: A meta-analysis. *Human Resources for Health*, *11*(48), 1–16. https://doi.org/10.1186/1478-4491-11-48

Lloyd, C., King, R., & Chenoweth, L. I. (2011). Social work, stress and burnout: A review. *Journal of Mental Health*, *11*(3), 255–265. https://doi.org/10.1080/09638230020023642

Martínez-Iñigo, D., Totterdell, P., Alcover, C. M., & Holman, D. (2007). Emotional labour and emotional exhaustion: Interpersonal and intrapersonal mechanisms. *Work & Stress*, *21*(1), 30–47. https://doi.org/10.1080/02678370701234274

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*(2), 99–113. https://doi.org/10.1002/job.4030020205

Maslach, C., & Jackson, S. E. (1986). *Maslach burnout inventory manual* (2nd ed.). Consulting Psychologists Press.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*(1), 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis. *Social Service Review*, *75*(4), 625–661. https://doi.org/10.1086/323166

Nissly, J., Mor Barak, M. E., & Levin, A. (2005). Stress, social support, and workers' intentions to leave their jobs in public child welfare. *Administration in Social Work*, *29*(1), 79–100. https://doi.org/10.1300/J147v29n01_06

Nunnally, J. C. (1978). *Psychometric theory*. *1–2*. McGraw-Hill.

Pejtersen, J. H., Kristensen, T. S., Borg, V., & Bjorner, J. B. (2010). The second version of the Copenhagen psychosocial questionnaire. *Scandinavian Journal of Public Health*, *38*(3), 8–24. https://doi.org/10.1177/1403494809349858

Perpék, É. (Ed.). (2020). *Professional cooperation, disadvantage compensation in schools, professional well-being: The results of a Hungarian-Croatian comparative study*. Abaliget.

Ravalier, J. M., McFadden, P., Boichat, C., Clabburn, O., & Moriarty, J. (2021). Social worker well-being: A large mixed-methods study. *The British Journal of Social Work*, *51*(1), 297–317. https://doi.org/10.1093/bjsw/bcaa078

Roberts, D. L., Shanafelt, T. D., Dyrbye, L. N., & West, C. P. (2014). A national comparison of burnout and work-life balance among internal medicine hospitalists and outpatient general internists. *Journal of Hospital Medicine*, *9*(3), 176–181. https://doi.org/10.1002/jhm.2146

Sánchez-Moreno, E., de La Fuente Roldán, I. N., Gallardo-Peralta, L. P., & Barrón López de Roda, A. (2015). Burnout, informal social support and psychological distress among social workers. *British Journal of Social Work*, *45*(8), 2368–2386. https://doi.org/10.1093/bjsw/bcu084

Shanafelt, T. D., Gradishar, W. J., Kosty, M., Satele, D., Chew, H., Horn, L., Clark, B., Hanley, A. E., Chu, Q., Pippen, J., Sloan, J., & Raymond, M. (2014). Burnout and career satisfaction among US oncologists. *Journal of Clinical Oncology*, *32*(7), 678–686. https://doi.org/10.1200/JCO.2013.51.8480

Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology*, *1*(1), 27–41. https://doi.org/10.1037/1076-8998.1.1.27

Skovholt, T., Grier, T., Hanson, M., & Matthew, R. (2001). Career counselling for longevity: Self-care and burnout prevention strategies for counsellor resilience. *Journal of Career Development*, *27*(3), 167–176. https://doi.org/10.1023/A:1007830908587

Somers, M. J. (1996). Modelling employee withdrawal behaviour over time: A study of turnover using survival analysis. *Journal of Occupational and Organizational Psychology*, *69*(4), 315–326. https://doi.org/10.1111/j.2044-8325.1996.tb00618.x

Söderfeldt, M., & Söderfeldt, B. (1995). Burnout in social work. *Social Work*, *40*(5), 638–646.

Su, X., Liang, K., & Wong, V. (2020). The impact of psychosocial resources incorporated with collective psychological ownership on work burnout of social workers in China. *Journal of Social Services Research*, *47*(3), 388–401. https://doi.org/10.1080/01488376.2020.1817229

Tabachnik, B. G., & Fidell, L. S. (2001). *Using multivariate statistics*. *1–4*. Allyn & Bacon.

Thompson, N., Stradling, S., Murphy, M., & O'Neill, P. (1996). Stress and organizational culture. *British Journal of Social Work*, *26*(5), 647–665. https://doi.org/10.1093/oxfordjournals.bjsw.a011139

Zapf, D., Seifert, C., Schmutte, B., Mertini, H., & Holz, M. (2001). Emotion work and job stressors and their effects on burnout. *Psychology & Health*, *16*(5), 527–545. https://doi.org/10.1080/08870440108405525

Appendix

Table A1. Factor structure of work factors related to social and developmental work.

Description of items	Factor 1	Factor 2	Factor 3	Factor 4	Communality
Promotion within the organisation	0.781	0.039	0.086	−0.180	0.651
Professional development and training opportunities	0.772	0.167	−0.072	−0.009	0.629
Reward (appropriate remuneration)	0.764	0.107	0.090	−0.118	0.616
Recognition by superior	0.723	0.178	−0.017	0.008	0.555
Involvement in professional decisions	0.705	0.145	−0.089	−0.004	0.527
Job satisfaction	0.702	0.195	0.104	0.200	0.569
Workplace stability	0.676	0.223	0.230	0.096	0.582
A job matching your abilities	0.602	0.249	0.055	0.164	0.455
Physical work environment	0.558	0.183	−0.030	−0.068	0.351
Work atmosphere	0.483	0.066	−0.124	0.012	0.476
Frequent changes in rules	0.229	0.769	0.205	−0.092	0.695
Performing many tasks in which he is not competent	0.226	0.746	0.168	0.131	0.766
Tasks not included in basic tasks	0.288	0.732	0.147	0.070	0.698
Conflicting judgements of clients' interests	0.124	0.728	0.115	−0.123	0.573
Lots of new tasks in the job concerned	0.202	0.704	0.077	0.072	0.682
Conflicting role expectations	0.110	0.669	0.158	0.014	0.485
Work duties vs. family activities	0.245	0.646	0.117	0.312	0.589
Family vs. workplace activities	0.239	0.586	0.072	0.224	0.585
Time press (not enough time for clients)	0.097	0.540	0.125	−0.006	0.317
Unique culture of clients	−0.053	0.245	0.734	0.007	0.614
Lack of client cooperation	0.040	−0.105	0.670	0.201	0.541
Social status of clients	−0.050	0.173	0.645	−0.227	0.584
Unsafe fieldwork	0.067	0.220	0.634	0.203	0.496
Temporary results only	0.305	0.276	0.634	−0.186	0.605
Travel to hard-to-reach places	−0.169	0.122	0.199	0.493	0.532
Too much travel	−0.151	0.134	0.107	0.725	0.577

Note: Retained variance 61.8%.