

Chapter #6

PERCEIVED STRESS AND BURNOUT IN RELATION TO SELF-CARE ACTIVITIES IN HELPING PROFESSIONALS

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ABSTRACT

The main aim of this study was to explore the level of perceived stress and burnout syndrome among Slovak helping professionals as well as to clarify the relationship between the negative consequences of helping (stress and components of burnout syndrome) and performed activities of self-care. The study included 745 helping professionals in Slovakia in the age range was 20-65 years ($M = 44.04$; $SD = 10.33$ of whom 89% were women. The respondents completed the Slovak adaptation of the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996), Slovak version of the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) and the Performed Self-Care Questionnaire (Lichner, Halachová, & Lovaš, 2018). In general, the results showed a moderate level of perceived stress, slight level of exhaustion, low level of depersonalization and moderate to high level of personal accomplishment in this sample. The results also suggest that Slovak helping professionals perform more psychological than physical self-care activities. In general, the linear regression analyses indicate that performed self-care, especially psychological self-care and self-care at work, are significant predictors of burnout syndrome and perceived stress. The results of this study will contribute to the preparation of preventive programs for Slovak professionals, which is one of the primary objectives of the broader grant project, which the current study is a part of.

Keywords: perceived stress, burnout syndrome, self-care activities, helping professionals.

1. INTRODUCTION

One of the most commonly reported negative consequences involved in the helping profession is burnout syndrome (Lourel & Gueguen, 2007). Those working in professions such as social work, healthcare, nursing, mental health, etc, who are closely involved with their clients/patients are at greater risk of developing burnout syndrome. (Maslach, Schaufeli, & Leiter, 2001; Volpe et al., 2014). The present study is based on one of the most popular approaches to date; Maslach's model of burnout (Maslach & Leiter, 2017). Maslach describes burnout as a three-dimensional construct which consists of emotional exhaustion, depersonalization and a reduced personal level of satisfaction with performance and competence at work. This usually occurs in professionals working with people on a daily basis. The role of helping workers is to take care of others, but to be able to do so, they must keep themselves at a particular level mental and physical well-being (Wisse, Hersh, & Gibson, 2012). Barnett and Cooper, (2009) have highlighted that ethical practice requires helping professionals to monitor their physical and mental state in order to maintain their competence and ability to provide clients with an adequate level of service. Hence performed self-care is considered to be a natural starting point for the prevention and intervention of burnout syndrome or other negative consequences of helping (Jones, 2005).

The present study is mainly focused on the challenges that helping professionals deal with most often: burnout and perceived stress (Barnett & Cooper, 2009). More specifically, the present research deals with the relationship between the negative consequences of helping and performed activities of self-care as well as identifying the most important predictors of perceived stress and burnout syndrome. The findings of the present research are particularly important as a basis for the development of evidence-based prevention and intervention programs for specific groups of helping professionals in Slovakia.

2. BACKGROUND

2.1. Burnout syndrome and perceived stress

The term burnout has been used in scientific literature since the end of the second half of the 20th century to denote the failure at work which is caused by physical and emotional exhaustion (Maslach & Leiter, 2017). However, the original concept of burnout has undergone many changes since its inception. This can be seen in the fact that many different definitions of burnout syndrome exist (Perlman & Hartman, 1982). The present study is based on one of the most popular approaches to date; Maslach's model of burnout (Maslach & Leiter, 2017). Maslach describes burnout as a three-dimensional construct which consists of emotional exhaustion, depersonalization, and a reduced personal level of satisfaction with the performance and competence at work. This usually occurring in the helping profession. Those working in professions such as social work, healthcare, nursing, mental health, who are closely involved with their clients/patients are at greater risk of developing burnout syndrome (Maslach et al., 2001; Volpe et al., 2014).

Burnout was previously conceptualized as the reaction to job stress generated by the various demands and challenges of the helping profession (Barnett & Cooper, 2009; Maslach et al., 1996). Further, Jenkins and Baird (2002) and Köverová and Ráčzová (2017) clarify that burnout is the defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain. Perceived stress becomes one of the significant factors which is related to the development of burnout syndrome. Cohen et al. (1983) have defined perceived stress as experienced levels of stress, i.e. the degree to which situations in one's (work) life are appraised as stressful. Research has shown that prolonged exposure to high levels of work stress and a high workload are correlated with burnout (Köverová & Ráčzová, 2017; Volpe et al., 2014; Maslach et al., 2001)

Helping professionals are often exposed to the traumatic life experiences of their clients and the various challenging emotions and behaviors that follow (Ting, Jacobson, & Sanders, 2011). The working conditions of social work in Slovakia are characterized by low salary, high number of clientele, time pressure, insufficient working conditions (workspace and equipment) and the stigmatic attitudes towards help-seeking (supported by the media) (Lovašová, 2016). These conditions, together with the complexity of a social worker's profession, create a scenario where the stress perception of these workers is high. This has also been indicated in various studies such as Lesage, Berjot and Deschamps (2015) who examined stress in 501 randomly selected health care workers in France. Moreover, Ting et al. (2011) conducted research on 515 mental health workers with suicidal clients.

2.2. Performed self-care

The role of helping workers is to take care of others, but to be able to do so, they must keep themselves in good mental and physical health (Wisse et al., 2012). Barnett and Cooper, (2009) emphasise that ethical practice requires helping professionals to monitor

their physical and mental state in order to maintain their competence and ability to provide clients with an adequate level of service. Hence performed self-care is considered to be a natural starting point for the prevention and intervention of burnout syndrome or other negative consequences of helping (Jones, 2005).

Performed self-care, as a construct, can be defined as a set of intentional steps related to the care of physical, mental and emotional health (Lovaš & Hricová, 2015). The lack of self-care in relation to burnout syndrome as one of the negative consequences of helping has been developed in the studies of Maltzman (2011) and Moore, Bledsoe, Perry, and Robinson (2011). In their studies, the authors emphasize that the primary concern for self-care is, in particular, to reduce stress which causes emotional exhaustion.

Moreover, the preventive effects of self-care activities on the experience of burnout syndrome have been confirmed in many studies (e.g., Carrol, Gilroy, & Murra, 1999; Barnett & Cooper, 2009). Richards, Campenni and Muse-Burke (2010) found that there is a relationship between burnout and these self-care activities as well as indications of a positive influence on the subjective well-being of employees. According to this study (Richards et al., 2010), self-care activities spanned the physical, psychological, spiritual as well as professional spheres. Barnett and Cooper (2009) has added that self-care acts as a buffer, protects against and minimizes the symptoms related to burnout as well as the other negative consequences of helping. The activities which can decrease one's overload are the ability to set priorities, searching for social support, time management of tasks, reappraisal or self-monitoring. Jones (2005) highlights the traditional means of decreasing the risk of burnout by adhering to a healthy lifestyle and mental hygiene (open conversation about problems and feelings; healthy diet; sufficient level of rest and exercise; avoidance of risk behaviour; using relaxation techniques).

3. OBJECTIVES

Research concerning the relationship between burnout (or other negative consequences of helping) and self-care in Slovakia has been scarce. Therefore, the purpose of the present study is to explore the level of perceived stress and burnout among Slovak professionals. It also aims to clarify the relationship between the components of burnout syndrome and the four areas of performed self-care activities (psychological, work, health and physical, Lichner et al., 2018) and concurrently identify the most important predictors of burnout syndrome.

4. METHOD

4.1. Research sample and procedure

The presented research is part of a national Slovak research project investigating the role of self-care in preventing the negative consequences of helping. The project is focused on helping professionals who work in institutions providing social care in Slovakia (i.e. social workers, psychologists, therapists, educators and health professionals). A total number of 745 professionals participated in the study. Participation was voluntary and anonymous.

From the participants, 88% were female and 11% were male. Due to the disproportionate representation of women in the sample, it was not possible to analyse the differences between genders. This ratio reflects the real representation of women and men in the population of Slovak helping workers. The age of participants ranged from 20 to 65 ($M = 44.07$; $SD = 10.34$). The length of work experience in helping professions ranged from 1 to 44 years ($M = 13.1$; $SD = 10.49$); eight participants did not report the length of their work experience.

4.2. Instruments

The Perceived Stress Scale (PSS-10; Cohen et al., 1983). The Slovak translation of this 10-item measure was used to assess the level of perceived stress among helping professionals. Respondents are asked to indicate the frequency of their feelings and thoughts during the last month on a 5-point scale (1 = never; 5 = very often); e.g. "In the last month, how often have you felt nervous and "stressed"?. A higher score indicates a higher level of perceived stress. The Cronbach alpha estimates of perceived stress in the Slovak adaptation of the instrument was 0.78 (Ráčzová, Hricová, & Lovašová, 2018). In this research, the reliability (Cronbach alpha) of the perceived stress scale was .79.

Maslach Burnout Inventory (MBI-HSS; Maslach et al., 1996), Slovak translation consists of 22 items measuring the level of burnout syndrome, i.e. the level of emotional exhaustion (e.g. "I feel emotionally drained from my work."), depersonalization (e.g. "I don't really care what happens to some recipients.") and reduced personal accomplishment (reverse coded, e.g. "I feel I'm positively influencing other people's lives through my work."). Respondents indicate the frequency of experiencing work-related feelings using a 7-point scale (0 = never; 6 = every day). The internal consistency estimates (Cronbach alpha) for emotional exhaustion, depersonalization and personal accomplishment were 0.90, 0.79 and 0.71, respectively (Maslach et al., 1996). The translation agreement number TA-673 was purchased to create and use the Slovak version of the questionnaire. The English version was created by back-translation. For more information about the results of the validation of the Slovak version of the tool refer to the study by Ráčzová, Adamkovič, Köverová, Hricová, (in preparation).

Performed Self-care Questionnaire (Lichner et al., 2018) was used to measure the frequency of engaging in self-care activities, i.e. activities in the area of self-care that an individual performs intentionally and of his/her own accord. Present research was therefore based on the concept of self-care as a comprehensive implementation of these activities (Moore et al., 2011). The Performed Self-care questionnaire consists of 31 items focusing on the following four areas of self-care: psychological (factor F1, e.g. "I suppress a bad mood."), work (factor F2, e.g.: "I use professional education to cope with my workload"), health (activities performed in the event of health problems, factor F3, e.g. "I avoid situations with risk of disease.") and physical well-being (factor F4, e.g. "I do exercise because of keeping fit"). The items of the questionnaire are answered on a 5-point scale (1 = never; 5 = always). A higher score indicates a higher level of self-care activities in each of the four factors. The questionnaire and factors have good internal consistency (Cronbach's alpha 0.76 - 0.93; Lichner et al., 2018). In the current research, the Cronbach alpha estimates were 0.881 for psychological self-care, 0.734 for work self-care, 0.706 for health self-care and 0.737 for physical self-care.

4.3. Data analysis

The data were analysed using IBM SPSS Statistics 21 software. A linear regression analysis (enter method) was used to test if performed self-care significantly predicted burnout and perceived stress. Multiple linear regression analyses (Enter) were run separately for exhaustion, depersonalization and personal accomplishment as factors of burnout syndrome and for perceived stress. The predictor variables were the four domains of performed self-care (psychological self-care, self-care activities at work, health sustaining activities and physical well-being).

5. RESULTS

The results of the descriptive analysis suggest that, in general, Slovak helping professionals experience a moderate level of perceived stress ($M = 2.58$; $SD = 0.49$) and only low levels of burnout syndrome. A closer look at the individual components of MBI-HSS shows that respondents reported only slight emotional exhaustion ($M = 2.09$; $SD = 1.21$), very low levels of depersonalization ($M = 0.85$; $SD = 0.90$) and a medium level of personal accomplishment ($M = 4.36$; $SD = .95$) (Table 1).

Significant differences were only found in emotional exhaustion as one of the three components of burnout syndrome. In particular, the “beginners” (1 to 3 years) significantly differed from their experienced colleagues in emotional exhaustion while the professionals with longer working experience (10-20 or more years) showed higher levels of exhaustion than the starting professionals. For further information, the length of practice in the helping profession on the same research sample has been performed and published in another study (Köveroá & Ráczová, 2017).

Table 1.
Means, standard deviations and internal consistency (α) of used measures ($n = 745$).

Measure subscales	Mean	SD	Min	Max	Scale range	α
Perceived stress	2.58	0.49	2.21	3.44	1-5	0.790
Emotional exhaustion	2.09	1.21	0.00	5.44	0-6	0.878
Depersonalization	0.85	0.90	0.00	4.60	0-6	0.601
Personal accomplishment	4.36	0.95	1.00	6.00	0-6	0.768
Self-care – psychological	4.22	0.52	1.06	5.00	1-5	0.881
Self-care - work	3.45	0.76	1.00	5.00	1-5	0.734
Self-care – health	3.90	0.64	1.43	5.00	1-5	0.706
Self-care - physical	3.11	0.87	1.00	5.00	1-5	0.737

The mean scale scores in the Performed Self-care questionnaire (Table 1) were high to moderate for all four domains of self-care activities ($M = 4.22$; $SD = 0.52$ for psychological self-care; $M = 3.45$; $SD = 0.76$ for the self-care activities at work; $M = 3.90$; $SD = 0.64$ for the health sustaining activities and $M = 3.11$; $SD = 0.87$ for physical self-care). The comparison of the four mean scale scores indicated that the most used self-care activities among helping professionals were the psychological self-care activities whereas the least used were the physical self-care activities. A detailed view of the individual items throughout the questionnaire shows that the highest score respondents reported were in items No. 17 “I create a good atmosphere in relationships with loved ones” ($M = 4.51$; $SD = 0.703$), item No. 8. “I get along with colleagues so that there is a good atmosphere in the workplace” ($M = 4.49$; $SD = 0.728$), item No. 6. “I create a good atmosphere when in contact with clients” ($M = 4.39$; $SD = 0.750$), item No. 19. “I’m positive in contact with co-workers” ($M = 4.31$; $SD = 0.770$) and item No. 20. “In relation to my colleagues, I respect the expected roles” ($M = 4.30$; $SD = 0.746$). All of these items belong to the Psychological self-care factor.

The results of the multiple linear regression analysis for perceived stress are presented in Table 2. The four predictor variables - psychological self-care, self-care activities at work, health sustaining activities and physical self-care activities - explained 11% of the variance of the criterion variable ($R^2 = 0.111$). The significant negative predictors of

perceived stress were two of the four areas of self-care. A higher level of stress was predicted by a lower frequency of performed psychological self-care ($\beta = -.192$; $p < .01$) and lower level of self-care activities in relation to work ($\beta = -.127$; $p < .01$).

Table 2.

Results of the linear regression analysis for perceived stress (PS) and for three components of burnout syndrome - emotional exhaustion (EX), depersonalization (DE) and personal accomplishment (PA) ($n = 745$).

	Predictors	R ²	B	β	t	p
EX	F1 psychological	0.060	-0.119	-0.051	-1.115	< 0.01
	F2 work		-0.178	-0.112	-2.584	0.010
	F3 health		-0.209	-0.111	-2.656	0.008
	F4 physical		-0.076	-0.055	-1.414	0.158
DE	F1 psychological	0.053	-0.422	-0.246	-5.32	< 0.01
	F2 work		0.111	0.154	0.420	0.675
	F3 health		0.053	0.059	0.157	0.875
	F4 physical		0.144	0.163	0.447	0.655
PA	F1 - psychological	0.200	0.498	0.272	6.410	< 0.01
	F2 - work		0.331	0.263	6.584	0.000
	F3 - health		-0.033	-0.022	-0.571	0.568
	F4 - physical		-0.026	-0.024	-0.657	0.511
PS	F1 - psychological	0.111	-0.182	-0.192	-4.279	<.01
	F2 - work		-0.831	-0.127	-3.039	0.002
	F3 - health		-0.042	-0.055	-1.337	0.182
	F4 - physical		-0.031	-0.054	-1.441	0.150

The results of the linear regression analysis for the first component of burnout syndrome - emotional exhaustion - are also presented in Table 2. The four tested predictor variables only explained approximately 6% of the variance of emotional exhaustion ($R^2 = 0.06$). Nevertheless, we can conclude that a lower level of emotional exhaustion was best explained by a higher frequency of performed self-care activities at work ($\beta = 0.112$; $p < 0.01$). The significant negative predictors of emotional exhaustion were also two areas of self-care: health sustaining activities ($\beta = -0.111$; $p < 0.01$) and psychological self-care ($\beta = -0.051$; $p < 0.01$).

Table 2 also presents the results of the linear regression analysis for depersonalization as the second component of burnout syndrome. The four tested predictor variables explained only 5.4% of the variance of depersonalization ($R^2 = 0.053$). The only significant predictor of depersonalization was psychological self-care. A lower level of depersonalization was explained by a higher frequency of performed psychological self-care activities ($\beta = -0.246$; $p < 0.01$).

The results of the linear regression analysis for the third component of burnout syndrome - personal accomplishment - are also in Table 2. In this case, the four predictor variables explained about 20% of the variance of the criterion variable ($R^2 = 0.200$). The significant positive predictors of personal accomplishment were two of the four areas of self-care. A higher level of personal accomplishment was predicted by a higher frequency of performed psychological self-care ($\beta = 0.272$; $p < 0.01$) and self-care activities related to work ($\beta = 0.263$; $p < 0.01$).

6. DISCUSSION

The main aim of the present research was to determine the level of the negative consequences of helping and their intensity (specifically burnout syndrome and perceived stress) and the extent of performed self-care activities in Slovak helping professionals. A further goal was to examine the relationship between those variables and to identify the most important predictors (among four domains of self-care) of stress and three components of burnout syndrome.

Based on the presented results, it can be concluded that, in general, our findings are positive. Indeed, it can be said that Slovak helping professionals experience only a low level of stress and burnout syndrome (specifically, a slight level of exhaustion, low level of depersonalization and moderate to high level of personal accomplishment). Additionally, with the same sample, Köverová and Ráczová (2017), Tuvešson, Eklund, and Wann-Hansson (2011); Śliwiński et al. (2014) reported that a higher level of exhaustion was seen in professionals with longer work experience. These positive findings point to the favourable situation of Slovak helping professionals and their ability to handle high work demands. The results obtained are different from the trends in this area (Kebza & Šolcová, 2008; Siebert, 2007; Schaufeli, Leiter & Maslach, 2009). There are several different explanations. In this and similar types of research, one of the options are socially desirable answers. On the other hand, it may also be a reflection of a real situation where the helping workers have the ability to perform their work efficiently, as the results did not confirm the assumed high level of burnout.

It was also found that the most used self-care activities among Slovak helping professionals were (in order from the most to least frequent) psychological self-care, health sustaining activities and the self-care activities related to work. In particular, the most used self-care activities were those focused on interpersonal relationships at the workplace (to clients and colleagues) while the least used were the physical self-care activities. This corresponds with the findings of previous research (Lawson & Myers, 2011; Bloomquist, Wood, Friedmeyer-Trainor, & Kim, 2015) that the implementation of activities in the psychological and working area reduces the level of burnout syndrome in helping professionals. At the same time, helping workers consider these activities to be the most useful for the efficiency of their profession (Killian, 2008). In addition, the results of Hricová and Vargová (2014) have shown that Slovak psychologists prefer psychological over physical self-care. One reason is the belief that these activities improve their ability to help others professionally.

The present research has evidence to show that self-care is particularly important for decreasing the level of perceived stress. Within performed self-care, both aspects - psychological and working - seemed to be the most important negative predictors of perceived stress. These findings are consistent with the results of a study by Kovach Clark, Murdock, and Koetting, (2009) who also confirmed the relationship between self-care (in the form of social relationships) and stress. Similarly, Shapiro, Brown and Biegel (2007) found that stress-based training led to a reduction in negative thoughts and to an increase in positive thinking and emotions (as an example of the concrete forms of psychological care and self-care at work.)

The results were also similar in the case of burnout. It turns out that performed self-care is a significant predictor of burnout and the most important protective factors are psychological self-care and self-care activities related to work. It should be said that these predictor variables only explain a small amount of the variance in exhaustion and depersonalization (since their interrelationships were significant but weak). However, they

explain a higher level of variance in personal accomplishment. It is possible to conclude that experiencing a higher level of satisfaction with work performance and competencies is a positive consequence of performing self-care, especially in psychological and working areas of self-care. This is in line with a number of previous studies (e.g. Alkema, Linton, & Davies, 2008; Griner, 2013) in which the preventive effect of self-care in experiencing burnout syndrome has been confirmed. In addition, Richards et al. (2010) have confirmed the relationship between burn-out syndrome and self-care activities. They have suggested that these activities also enhance the professional well-being of the professional. Similar results have also been found in the case of compassion fatigue and compassion satisfaction. By performing self-care activities, it was possible to increase the level of satisfaction and reduce the degree of compassion fatigue in Slovak helping professionals (Köverová, in press). In Slovakia, several researchers in social work have studied issues of helping professions (e.g. Šňanská & Kočišová, 2017) and Lovašová (2016) and have emphasized the importance of self-care in the preparation and work of social workers.

The current results and information are the basis for the preparation of preventive programs for helping professionals in Slovakia which is the goal of the broader project in which the presented research was carried out.

7. FUTURE RESEARCH DIRECTIONS

These findings form the basis for the further preparation of evidence-based prevention and intervention programs for helping professionals in Slovakia. These prevention programs should be aimed at the prevention of burnout and stress. The most effective way to prevent burnout seems to be appears to be the improvement of psychological and work self-care activities. The intervention programs should focus on decreasing the negative effects of helping, and thus improving their professional quality of life, helping skills and competence. Further research is also required to test the effectiveness of the prevention and intervention programs for helping professionals in Slovakia.

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KEY TERMS & DEFINITIONS

Burnout: a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach et al., 1996).

Depersonalization: a mechanism by which helping professionals feel an emotional distance from their clients and develop negative emotions and attitudes towards them (Maslach et al., 1996).

Emotional exhaustion: depletion of emotional resources where helpers "feel they are no longer able to give of themselves at a psychological level" (Maslach et al., 1996, p. 192).

Perceived stress: experienced levels of stress, i.e. the degree to which situations in one's (work) life are appraised as stressful (Cohen et al., 1983).

Reduced personal accomplishment: a helper's tendency to view work negatively, to experience a decline in feelings of work competence and success and to feel dissatisfied with his/her work achievements (Maslach et al., 1996).

Self-care: a set of consciously and purposefully executed activities which enable an individual to maintain or return to the state of physical and psychological well-being (Lovaš, Hricová, 2015).

ACKNOWLEDGEMENTS

This research was supported by the Slovak research and development agency under contract no. APVV-14-0921.

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