

# BURNOUT SYNDROME IN HELPING PROFESSIONS

## ABSTRACT

*Burnout syndrome occurs as a consequence of stressful, demanding and responsible professional activities in various industries. The most systematic studies of this problem were carried out by Christina Maslach through an examination of three symptoms – emotional exhaustion, depersonalization and reduced professional efficacy. Based on the results that show that professionals who belong to helping professions are the most exposed to this syndrome, the aim of this paper is to examine their sense of professional efficacy, level of depersonalization and emotional exhaustion, as well as the difference in the presence of burnout syndrome's symptoms with regard to the measured socio-demographic variables. The research was conducted on a convenient sample of 98 respondents who are employed in the social protection system in Serbia, using the MBI-GS questionnaire, which measures the respondent's attitude towards work in the continuum from engagement to burnout. The results showed a relatively high degree of emotional exhaustion, a moderate level of depersonalization and a moderate level of satisfaction with success at work. The results can be significant from the aspect of considering the possibility of applying preventive measures for the preservation and improvement of life quality and professional efficacy of helping profession employees, as*

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*well as from the aspect of planning and developing burnout prevention competencies through their initial education.*

## **INTRODUCTION**

Professional burnout syndrome was first recognized within industrial and organizational psychology, and the first researches were conducted in the 1970s when clinical psychologists Freudenberg and Maslach began to examine the consequences of long-term exposure to job-related stress (Petričković, 2010.). Freudenberger introduced the term »staff burn-out« in 1974 and is »generally considered to be a founding father of the burnout syndrome« (Schaufeli and Buunk, 2003.: 383). He defined burnout syndrome as a consequence of the effect of a specific stressor, that is, the conflict between a person's high expectations and the work environment that defies the fulfillment of those expectations (as cited in Obrenović, 2014.). Christina Maslach later modified and broadened the causes of burnout syndrome, as well as the list of professions that are potentially at risk. Initial research on professional burnout was conducted in the area of helping professions (social workers, medical workers, pedagogues, psychologists, teachers, police officers, etc.) (Kristensen et al., 2005.), and later broadened to other professions, such as the army, experts in the area of information technologies, different managerial positions, etc. The main research problem was the examination of burnout symptoms and the interaction between hired professionals and recipients of services. Therefore, the focus was directed, on the one hand, to the aspect of the burnout syndrome that occurs in professionals on a psychological level, and on the other hand, to the social context, that is, the interaction between the helper and the recipient of help.

Maslach directed the continuation of her research to the development of an instrument that would enable the empirical study of the level of burnout among professionals and which today represents the most widely used assessment instrument for this problem - the Maslach Burnout Inventory (MBI). Over time, the number of respondents and examined factors of the working environment and climate, which can greatly contribute to the occurrence of burnout among professionals, increased (Maslach et al., 2001.).

## **A conceptual approach to the burnout syndrome**

Burnout syndrome is a set of physical and psychological symptoms that arose as a result of chronic stress at work (Petričković, 2010.; Manzano-García and Ayala-Calvo, 2013.; Vidotti et al., 2019.). Observed as a process of living in a sense of urgency, work-

ing in disagreement with adopted values or without experiencing meaning, it results in a clinical picture characterized by psychological and emotional exhaustion, fatigue and depression. Although it affects the functioning of the individual as a whole, there is more emphasis on perceived psychological symptoms and behavioral disorders than on physical symptoms, because the first group of symptoms contributes more directly towards work and reduced achievement (Dedić, 2005.; Olivares-Fong et al., 2021.). In this sense, it is important to highlight three key emerging symptoms that characterize the burnout syndrome (Maslach, Shaufeli and Leiter, 2001.):

1. emotional exhaustion (individual stress dimension)
2. depersonalization / cynicism (interpersonal context dimension) and
3. reduced efficacy (self-evaluation dimension).

Emotional exhaustion is characterized by long-term accumulation of stress, overload with the feeling that the working conditions are too demanding, distancing from work and finally reduced feeling of professional efficacy, loss of sense of meaning and experience of competence. The feeling of emotional exhaustion is a unique, multidimensional, chronic reaction to stress and is considered an individual reaction that arises in the context of complex social relations and the personal concept of experiencing oneself and others (Maslach, Jackson and Leiter, 1996.).

Depersonalization as a response to emotional exhaustion implies the distance that the employee creates in the relationship with the clients, but it can also lead to the distance that the employee creates towards the job as a whole. Specifically, it is a state in which a professional performs work mechanically without empathy, which further leads to withdrawal in social relations, the emergence of a sense of guilt, a negative attitude towards colleagues and a dehumanized approach towards clients. (Langle, 2003.; Leiter and Maslach, 2005.).

Reduced efficacy involves seeing oneself as a professional without being able to perform one's job duties in the way expected or desired, which leads to a drop in self-confidence. As a consequence of depersonalization and exhaustion, idleness and frustration appear, which create an imbalance between the effort and energy invested on the one hand and the achieved results on the other (Maslach, Shaufeli and Leiter, 2001.; Schiffman, 2005.).

Considering the connection between personal characteristics and professional burnout, research on a sample of health workers (Maslach and Jackson, 1985.) showed that gender does not significantly determine professional burnout. Different results regarding gender were obtained on a sample of medical students (Ilic et al., 2021.), indicating a higher risk of burnout syndrome in men compared to women. A study conducted on a sample of university professors (Adekola, 2010.) found no difference in the degree of emotional exhaustion and depersonalization between men and women. However, women reported a higher level of reduced personal

achievement compared to men. Research conducted among nurses employed in medical facilities (Nowacka et al., 2018.) did not observe differences related to the gender of the respondents, but the differences were found in other measured variables. Specifically, higher emotional exhaustion was found in older respondents, those with longer work experience, higher education levels, and those with children. Additionally, a higher degree of depersonalization was observed in respondents who performed more demanding and difficult jobs. Other research (Olivares-Fong et al., 2021.) has shown that administrative duties, as additional obligations, cause a higher degree of burnout, while greater professional experience reduces burnout levels. Judging by the research results, no single variable consistently determines the level of burnout syndrome. This implies the need to focus on the contextual aspects of professional functioning when analyzing the causes of burnout and planning preventative measures.

## **Causes, symptoms and prevention possibilities of professional burnout**

There is a clear consensus among experts regarding the causes, symptoms and consequences of professional burnout (Schaufeli and Greenglas, 2001., Kristensen et al., 2005). It is widely accepted that burnout syndrome is a prolonged response to chronic emotional and interpersonal stressors related to the workplace, which employees cannot adequately manage due to a lack of capacity and mismatched relationships between professionals and their work environment (Cordes and Dougherty, 1993.; Stanetić and Tešanović, 2013.). The main factors that can cause burnout are overwork, failure to meet professional expectations, constant relapse, limited opportunities, low self-esteem and low confidence, little time for rest, poor communication with colleagues at work, inability to advance, as well as many other factors (Yilmaz et al., 2023.). Constant exposure to these factors combined with professional dissatisfaction (which in the absence of adequate coping mechanisms or potential solutions accumulates and leads to daily stress) results in the synthesis of emotional and physical symptoms. The most common emotional symptoms are depression, feelings of futility, emotional emptiness, apathy, lack of motivation to go to work, loss of enthusiasm, feelings of sadness and helplessness, feelings of worthlessness, loss of self-confidence and self-esteem, feelings of job insecurity (West et al., 2012.). Physical symptoms occur through insomnia, chronic fatigue, exhaustion, indigestion, sudden changes in body weight, elevated blood sugar levels, various psychosomatic reactions, vascular diseases, and decreased immunity. Also, a desire for taking sedatives, smoking, drinking etc. can occur (Längle, 2003.).

As part of recent medical research (Maslach and Jackson, 1985.; Nowacka et al., 2018.; Ilic et al., 2021.) stress at the workplace, especially one occurring in helping profession employees, is linked to metabolic syndrome, that is, it can lead to obesity, elevated blood pressure and high cholesterol. Even though it was not emphasized in the initial research on burnout syndrome in helping professions, there are opinions that burnout can result in drastic changes in mood and behavior among so-called helpers (Grubačić and Čabarkapa, 2013.). Having a sense of insufficient personal achievement, the professional starts to lose creativity, performs work routinely and stereotypically (Havrdova and Šolcova, 2012.). Some authors characterize the stages in the development of burnout syndrome as states of the »honeymoon« (initial elation and job satisfaction), which is spoiled by reality (difficult and stressful circumstances), and is followed by disappointment and a state of alert manifested through mental and physical disorders (Petričković, 2010.), which overall weakens the immune system (Längle, 2003.). It is also stated (Dedić, 2005.) that people who initially have high expectations, often unrealistic ones, strive for perfectionism, and evaluate themselves and their work as superior are particularly susceptible to this syndrome. Facing reality often causes a conflict related to the professional role and lowered self-evaluation and self-esteem in these individuals.

From the above stated, it is clear that the prevention of burnout syndrome at work aiming at improving the health of employees and the quality of life at the workplace is beneficial and necessary in every society. This is also recognized by the European Union Regulation on Health and Safety at Work (89/391/EEC) (Publications Office of the European Union, 2008.), the rules and requirements of which can also be applied to the psychosocial characteristics of jobs. In order to prevent the risk of burnout syndrome in the workplace, regulations on the need to harmonize job characteristics, abilities and needs of employees, but also on the need to prevent discrepancies between job requirements and employee capabilities were defined - Resolution A4-0050/99 (Arandžević, Ilić and Jović, 2011.). Some authors (Pejušković et al., 2011.) express great concern due to the increase in the level of burnout syndrome occurrences. In this sense, the initial step in the prevention of this syndrome should be identifying the »risk« factors and retaining their effects at an optimal level. In addition, it is important to consider the consequences that this phenomenon has on productivity in professional activities, but also in everyday functioning. That is why it is particularly important to develop mechanisms for providing support, as well as to find resources that will increase professionals' satisfaction, which will lead to higher quality of their work and ultimately to a better functioning of the organization as a whole. Creating a positive and better-organized work environment, improving interpersonal professional relationships, psychological education training and psychotherapeutic approach to dealing with stressors can contribute to reducing the

consequences of burnout at work and to higher employee productivity (Schiffman, 2005.).

The presence of burnout syndrome, and therefore the need for its prevention, is especially pronounced among experts in the so-called helping professions, such as social workers, pedagogues, doctors, psychologists, teachers, etc. Among the helping professions, the social pedagogical professionals, experts who provide daily support and assistance to the clients, stand out as a particularly risky group (Ajduković and Ajduković, 1996.; Žižak, 2011.). That is why it is important for them to develop self-care skills in order to prevent professional burnout. Accordingly, the research on this phenomenon provides valuable information on how to do that. Bearing that in mind, the following text will present the results of research on the presence of burnout syndrome among experts in the field of helping professions in Serbia.

## METHODOLOGY

### Research objectives

The aim of the research was to determine the level of burnout symptoms among professionals employed in the field of helping professions, as well as the differences in the presence of burnout symptoms in relation to the measured socio-demographic variables. In accordance with the set goal, the following research tasks were defined:

- Examining the prevalence of the measured symptoms of burnout syndrome (emotional exhaustion, depersonalization and professional efficacy)
- Identifying the differences in emotional exhaustion among professionals employed in the field of helping professions in relation to length of service, gender, age and job position.
- Identifying the differences in the level of depersonalization among professionals employed in the field of helping professions in relation to gender, educational profile, age and motive for choosing their profession.
- Identifying the differences in efficacy among professionals employed in the field of helping professions with regard to their gender, current age, job position and motive for choosing their profession.

Starting from the aforementioned theoretical assumptions and the results of previous research (Maslach and Jackson, 1985.; Lešić et al., 2009.; Adekola, 2010.; Nowacka et al., 2018.; Ilic et al., 2021.; Piperac, 2022.), the following general hypothesis can be proposed: It is assumed that the research results will indicate that professionals in helping professions exhibit pronounced symptoms of burnout syndrome and that there are differences in the expression of the measured dimensions of burnout syndrome

in relation to the measured socio-demographic variables. Although research does not highlight socio-demographic variables as fixed factors determining the level of burnout syndrome, with particularly contradictory findings regarding gender (Maslach and Jackson, 1985.; Ilic et al., 2021.; Adekola, 2010.; Nowacka et al., 2018.), the anticipated direction of the results indicate a higher incidents among women, older individuals, those with less experience in helping professions, and individuals performing more complex tasks (Nowacka et al., 2018.; Olivares-Fong et al., 2021.).

## Research sample

The research was conducted on a convenient sample of 98 professionals in helping professions employed in the social protection system of the Republic of Serbia (at the level of the city of Belgrade). The structure of the sample by gender consists of 31.1% men and 69.9% women, while by age the respondents are divided into three categories: 25-29 years (30.6%), 30-39 years (36.7%) and over 40 years old (32.7%). According to the educational profile, the majority of the sample consists of social workers (72.4%), followed by psychologists (14.3%), then pedagogues (7.1%) and special pedagogues (6.1%). When it comes to the job position, the structure of the sample is as follows: case managers (80.6%), supervisors (10.2%) and executives (9.2%). According to the length of service, the respondents were classified into four groups: 1 - 5 years (46.9%), 6 - 10 years (22.4%), 11 - 20 years (15.3%) and over 20 years of service (15.3%). The desire to help others is the most common reason for choosing their profession (55.1%), while the second most frequent reason is the love of the profession (29.6%). The third reason in a row was choosing a profession on the recommendation of parents/friends (11.2%) and finally, 4.1% chose their profession because they perceived it as profitable.

## Research type and instruments

Descriptive and causal research methods were used in the research, while the data were collected using the survey technique.

The **MBI-GS questionnaire** (Maslach, Jackson and Leiter, 1996.) that measures the respondent's attitude towards work on a continuum from engagement (orientation towards achievements and confidence in personal effectiveness) to burnout (a state of exhaustion in which an individual shows negativity in relation to the values of work and doubts in their own abilities), was used. The questionnaire that examines the burnout syndrome at work (MBI-GS) consists of 22 items, where the respondents rate their answers on a seven-point scale from 0 - never to 6 - every

day. Also, the instrument included questions that gathered information about the socio-demographic characteristics of the respondents (gender, age, length of service, educational profile and motives for choosing a profession). The MBI-GS questionnaire is not scored as a single-factor scale, but when calculating the score, the items are grouped into three subscales with seven-point items, and the results are determined for each subscale individually.

1. **Emotional exhaustion subscale** consists of eight items (e.g., »I feel burnt out from work«). The maximum score that the respondent can achieve is 48 points, where a higher number of points means greater exhaustion and the result can be threefold: low level of emotional exhaustion (13 or fewer points); moderate level of emotional exhaustion (from 14 to 26 points); high level of emotional exhaustion (more than 27 points).
2. **Depersonalization subscale** consists of six items (e.g., »I don't really care what happens to some of my clients«). The maximum number of points is 36, where a higher number of points indicates a higher degree of depersonalization. The results can also be divided into three levels: low level of depersonalization (5 or fewer points); moderate level of depersonalization (from 6 to 9 points); high level of depersonalization (10 or more points).
3. **Professional efficacy subscale** consists of eight items (e.g., » I can easily understand what the clients I work with want «). The maximum potential number of points is 48, and the score is calculated inversely in relation to the previous two subscales – a high number of points means satisfaction with the achieved successes, i.e. it means a low level of feelings of inefficacy. The results are measured as follows: high level of satisfaction with professional achievements/low level of feelings of inefficacy (40 points and more); moderate level of satisfaction with professional successes/moderate level of feelings of inefficacy (from 39 to 34 points); low level of satisfaction with professional successes/high level of feelings of inefficacy (33 points and less).

To examine the reliability of the scales we used the Cronbach's Alpha reliability coefficient which showed satisfactory reliability for each subscale (Table 1).

**Table 1.** Scale reliability in MBI-GS questionnaire

	<b>Cronbach's Alpha</b>	<b>No. of items</b>
Emotional exhaustion	0.941	8
Depersonalization	0.809	6
Professional efficacy	0.793	8



## Procedure and data processing

The research was conducted in October 2021 via a Google forms questionnaire. The electronic version of the instrument was sent to 105 email addresses of professionals in helping professions employed in institutions within the social protection system of the Republic of Serbia, including the Republican Institute for Social Protection and Centers for Social Work in the city of Belgrade. The response rate was satisfactory, with 98 respondents returning the completed questionnaire. Participation in the research was voluntary and anonymous. In the introductory section of the instrument, respondents were informed about the data protection and ethical procedures, the purpose of the research, and the instructions on how to complete the questionnaire.

After that, a database was created which was used for statistical processing and analysis of the results in the statistical package SPSS ver. 25.0. (Statistical Package for the Social Sciences). In the analysis of the results, we applied procedures of descriptive statistics, t-test, one-factor analysis of variance (ANOVA) and Chi-square test (probability level was set at  $p \leq 0.05$ ).

## RESULTS

### The level of prevalence of the measured symptoms of burnout syndrome

The results have shown that the highest achieved average score of the respondents is for the item: **I can easily understand what the clients I work with want** ( $M = 5.43$ ;  $SD = 0.9$ ) which is a part of Professional efficacy subscale, while the lowest average score is detected on the item: **I don't really care what happens to some of my clients** ( $M = 0.77$ ;  $SD = 1.41$ ), which is a part of Depersonalization subscale. The results shown in Table 2 show the obtained average scores at the subscale level. The average score of the respondents on the emotional exhaustion subscale is  $M = 26.20$ ;  $SD = 13.05$ , which indicates a relatively high degree of emotional exhaustion in professionals employed in the field of social work and social services. The average score of the sample on the depersonalization subscale is  $M = 8.86$ ;  $SD = 7.10$ , which can be interpreted as a moderate level of depersonalization of the respondents. The third subscale, which has a theoretical range of scores from 0 to 48 points, measured the degree to which the respondent expressed a feeling of professional efficacy. The average sample score on this subtest is  $M = 35.77$ ;  $SD = 7.30$ , which

indicates a moderate level of satisfaction with professional successes/moderate level of feelings of inefficacy.

**Table 2.** Descriptive indicators of MBI-GS subscales

	<b>N</b>	<b>Min</b>	<b>Max</b>	<b>M</b>	<b>SD</b>
Emotional exhaustion	98	0.00	48.00	26.20	13.05
Depersonalization	98	0.00	32.00	8.86	7.10
Professional efficacy	98	15.00	48.00	35.77	7.30

Based on the instructions of the author of the instrument, the achieved results on the MBI-GS questionnaire were categorized into three categories: low level, moderate level and high level. Accordingly, the results shown in Table 3 show that almost half of the respondents have a high level of exhaustion, the majority of respondents also display a high level of depersonalization, while the feeling of professional efficacy is distributed in almost the same percentage in low and high-level categories.

**Table 3.** Percentages of burnout syndrome symptoms levels according to MBI-GS subscales

		<b>Frequency</b>	<b>Percentage (%)</b>
<b>Emotional exhaustion</b>	Low level	20	20.4%
	Moderate level	31	31.6%
	High level	47	48%
	<i>Total (Σ)</i>	98	100%
<b>Depersonalization</b>	Low level	37	37.8%
	Moderate level	22	22.4%
	High level	39	39.8%
	<i>Total (Σ)</i>	98	100%
<b>Professional efficacy</b>	Low level	37	37.8%
	Moderate level	23	23.5%
	High level	38	38.8%
	<i>Total (Σ)</i>	98	100%

## Differences in emotional exhaustion in relation to length of service, gender, age and job position

One factor analysis of variance (*ANOVA*) was used to investigate whether respondents with different lengths of service significantly differ in terms of emotional exhaustion. It was determined that there are no statistically significant differences ( $F = 1.414$ ;  $p > 0.05$ ). However, it was detected that respondents with 6 to 10 years of work experience have higher emotional exhaustion ( $M = 31.13$ ;  $SD = 12.91$ ) compared to other groups. On the other hand, among those who reported a low level of emotional exhaustion, the highest percentage of respondents (60%) have the shortest length of service (1-5 years) (Table 4).

**Table 4.** Emotional exhaustion among respondents with different lengths of service

Length of service (age)	N	M	SD	F	p
1 – 5	46	24.91	13.43	1.414	0.244
6 - 10	22	31.13	12.91		
11 - 20	15	23.73	10.64		
20+	15	25.40	13.61		
Total ( $\Sigma$ )	98	26.20	13.04		

According to the t-test for independent samples, there is no statistically significant difference in emotional exhaustion between men and women ( $t = 0.780$ ;  $p > 0.05$ ). However, looking at the average scores of emotional exhaustion in these groups, it is evident that men have a slightly higher degree of emotional exhaustion ( $M = 32.00$ ;  $SD = 13.00$ ) compared to women ( $M = 26.02$ ;  $SD = 13.07$ ).

Average scores showed that the oldest respondents have the highest degree of emotional exhaustion, followed by the youngest, while those aged 30-39 have the lowest degree of emotional exhaustion. However, these differences are not statistically significant ( $F = 0.770$ ;  $p > 0.05$ ) (Table 5).

**Table 5.** Emotional exhaustion among respondents in different age categories

Age	N	M	SD	F	p
25-29	30	26.00	12.52	0.770	0.466
30-39	36	24.44	13.29		
40-59	32	28.37	13.34		
Total ( $\Sigma$ )	98	26.20	13.04		

The degree of emotional exhaustion is significantly different among respondents in different job positions ( $F = 4.635$ ;  $p < 0.05$ ). Namely, case managers have a much higher degree of emotional exhaustion, compared to supervisors and institution managers (Table 6).

**Table 6.** Emotional exhaustion among respondents in different job positions

Job position	N	M	SD	F	p
Case manager	79	28.10	12.52	4.635	<b>0.012</b>
Supervisor	10	18.60	12.39		
Institution manager	9	18.00	13.41		
<i>Total (<math>\Sigma</math>)</i>	98	26.20	13.05		

There was no statistical significance of the Chi square test ( $\chi^2 = 9.314$ ;  $df = 4$ ;  $p > 0.05$ ), however, the score was at the very limit of statistical significance when comparing two variables: job position and emotional exhaustion (as a categorical variable, with three categories: low level, moderate level, and high level). As many as 91.5% of all respondents who have a high degree of emotional exhaustion are case managers.

## Differences in the level of depersonalization in relation to the gender, educational profile, age and motivation for choosing profession

The results of the t-test for independent samples show that there is no statistically significant difference in the degree of depersonalization between men and women ( $t = 1.011$ ;  $p > 0.05$ ). Pedagogues have the highest degree of depersonalization, followed by social workers, and then psychologists, while special pedagogues have the lowest degree of depersonalization (Table 8). As shown by the ANOVA test ( $F = 2.122$ ;  $p < 0.05$ ), these small differences in the degree of depersonalization between respondents with different educational profiles are not statistically significant.

**Table 8.** The level of depersonalization in relation to the educational profile

<b>Educational profile</b>	<b>N</b>	<b>M</b>	<b>SD</b>	<b>F</b>	<b>p</b>
Social worker	71	8.68	6.60		
Psychologist	14	7.93	7.25		
Pedagogue	7	14.86	11.13	2.122	0.103
Special pedagogue	6	6.17	4.36		
<i>Total (<math>\Sigma</math>)</i>	98	8.86	7.10		

The youngest respondents have the highest degree of depersonalization, followed by respondents aged 30-39, while the oldest respondents report the lowest degree of depersonalization (Table 9). However, these differences are also not statistically significant ( $F = 0.360$ ;  $p > 0.05$ ).

**Table 9.** Degree of depersonalization depending on respondent's age categories

<b>Age</b>	<b>N</b>	<b>M</b>	<b>SD</b>	<b>F</b>	<b>p</b>
25-29	30	9.63	8.59		
30-39	36	8.89	6.67		
40-59	32	8.09	6.09	0.360	0.698
<i>Total (<math>\Sigma</math>)</i>	98	8.86	7.10		

When it comes to the motives for choosing a profession, the obtained average scores show that those who chose the profession because they perceived it as profitable have the highest degree of depersonalization ( $M = 15.00$ ;  $SD = 2.94$ ). The respondents who chose the profession based on a recommendation have a slightly lower score ( $M = 12.36$ ;  $SD = 8.15$ ), while a considerably lower score on the depersonalization subscale is measured among the respondents who chose their profession out of love ( $M = 8.21$ ;  $SD = 7.08$ ) or because of the desire to help others ( $M = 8.04$ ;  $SD = 6.80$ ). However, the results of the ANOVA test ( $F = 2.306$ ;  $p > 0.05$ ) show that these differences are not statistically significant, which leads to the conclusion that respondents who chose their jobs for different reasons have similar levels of depersonalization.

## Differences in professional efficacy with regard to the gender, age, job position and motivation for choosing profession

The analysis using the t-test for independent samples found that men and women do not differ statistically significantly in their degree of work efficiency ( $t = 0.620$ ;  $p > 0.05$ ). The results of the ANOVA test ( $F = 0.295$ ;  $p > 0.05$ ) show no statistically significant differences in the degree of work efficiency across different age categories, although it is most pronounced among respondents in the 30-39 years age category. This is an interesting finding, given that the same age category of respondents showed the lowest score on the emotional exhaustion subscale, though this difference was not statistically significant. Degree of efficacy, i.e. of satisfaction with one's own professional achievements does not differ among respondents in different job positions ( $F = 1.347$ ;  $p > 0.05$ ). The greatest satisfaction is reported by the institution managers ( $M = 39.56$ ;  $SD = 5.64$ ), but this difference is statistically significant compared to other types of employees.

The results of the ANOVA test show that the degree of the respondents' sense of efficacy does not significantly differ depending on their motivation for choosing a profession ( $F = 1.516$ ;  $p > 0.05$ ). In other words, the sense of efficacy is similar regardless of the primary motive for choosing an occupation. However, it is important to note that those who choose their profession out of love have the highest sense of efficiency, while those who choose their profession because they perceive it as profitable have the lowest sense of efficacy (Table 7).

**Table 7.** The respondent's effectiveness depending on different job positions

Job positions	N	M	SD	F	p
Case manager	79	35.38	7.56	1.347	0.265
Supervisor	10	35.40	5.83		
Institution manager	9	39.56	5.64		
Total ( $\Sigma$ )	98	35.77	7.30		

## DISCUSSION

Although the research findings cannot be generalized due to the convenient sample, the obtained results indicate the presence of professional burnout symptoms among respondents working in the field of social protection. More specifically, the results obtained at the level of the measured subscales on our sample indicate

the presence of a relatively high degree of emotional exhaustion, a moderate level of depersonalization, as well as moderate satisfaction with one's own professional achievements. The findings for the second and third subscales indicate a moderate level of burnout, in contrast to the findings for the first subscale, which indicate a high level of burnout. In percentage terms, a significant number of respondents show a high level of emotional exhaustion (48%), a high level of depersonalization (39.8%), and a low level of professional achievement satisfaction (37.8%). These results are in accordance with the results of some earlier research conducted among respondents who are working in the helping professions. Thus, for example, a meta-analysis of the prevalence of burnout syndrome among employees in educational institutions in 36 countries (García-Carmona, Marín and Aguayo, 2019.) shows the presence of emotional exhaustion in 38.29% of respondents, depersonalization in 29.45%, while 68.75% have a feeling of professional inefficacy and unfulfillment. Similar results were obtained in a study conducted in Serbia (Piperac, 2022.), whose sample included pre-school teachers. Particularly, the presence of burnout syndrome was determined in more than a quarter of respondents from this helping profession (27.1%), from which 25.4% related to personal burnout, 27.0% to work-related burnout and 23.4% to burnout related to working with children. Of particular concern is the finding that every twentieth respondent in the aforementioned study showed symptoms of anxiety and depression of varying intensity. Furthermore, some research (Lešić et al., 2009.) found the presence of a high level of burnout syndrome among doctors, affecting up to 70% of respondents. However, this percentage varies depending on whether it is a matter of high emotional exhaustion, high depersonalization, or a feeling of inefficacy and dissatisfaction with professional achievements.

Bearing in mind that the occurrence of burnout syndrome at work depends on individual and contextual factors (Maslach, Shaufeli and Leiter, 2001.), in our research we examined the differences in the presence of all three measured syndromes of burnout in relation to some socio-demographic characteristics of the respondents. The obtained results showed that in terms of emotional exhaustion in relation to years of work, respondents with a length of service of 6 to 10 years have greater emotional exhaustion compared to other groups. Obtained results can indicate that after the beginner's enthusiasm or as some authors (Petričković, 2010.) call it the »honeymoon« period, which potentially leads to a more intensive emotional involvement in work, employees face harsh reality that leads to disappointment and state of alert manifested through emotional exhaustion. Male respondents have a slightly higher score on the emotional exhaustion subscale than female respondents. Emotional exhaustion is significantly different among respondents in different job positions. Specifically, employees holding case management positions have a much higher degree of emotional exhaustion compared to their supervisors or the

managers of the institution. As many as 91.5% of all respondents who have a high degree of emotional exhaustion are case managers. The results of earlier research (Lešić et al., 2009.) also show that the level of burnout is higher among employees with a higher degree of responsibility and job complexity. The level of depersonalization also differs. It was determined that pedagogues have the highest degree of depersonalization, followed by social workers, and then psychologists, while special pedagogues have the lowest degree of depersonalization. The youngest respondents have the highest degree of depersonalization, followed by those aged 30-39, while the oldest respondents are also those with the lowest degree of depersonalization. Also, those respondents who chose their profession because they perceived it as profitable have the highest degree of depersonalization, while the respondents who chose their profession out of love, or because of the desire to help others, show a significantly lower level of depersonalization. On the other hand, the highest level of job satisfaction is reported by institution managers, while supervisors and case managers report an equal level of satisfaction. When it comes to the motive for choosing a profession the results have shown that the feeling of efficacy is similar between respondents with different primary motives for choosing their profession. It is interesting, however, that those who chose their profession out of love have the highest perception of efficacy, while those who chose their profession because they perceived it as profitable have the lowest scores.

In short, the results of the research show that professionals in helping professions exhibit pronounced symptoms of burnout syndrome and that there are differences in the expression of the measured dimensions of burnout syndrome in relation to the measured socio-demographic variables. However, the proposed hypothesis can only be partially accepted, due to the different directions of the socio-demographic variables compared to what was initially hypothesized. Nonetheless, this research highlights the importance of providing adequate support to empower professionals in this field.

## CONCLUSION

A lot of research has been published about burnout syndrome in the last few decades. Also, due to its effects on the mental health of an individual that is experiencing a work-related burnout, the World Health Organization has been dealing with this problem for two decades. Thereupon, research on risk and protective factors related to the development of professional burnout syndrome in the field of helping professions is multiplying. The main goal is planning and developing a preventive approach to protecting professionals, as well as achieving higher quality services



that would be beneficial for their clients. The results of the research presented in this paper can be seen as a contribution to that.

Such knowledge calls for contemplation about the possible effects and negative consequences of burnout syndrome on the helping professionals and through them on the well-being of their clients. This is especially important for professionals from the field of social protection who work with very sensitive groups of users. In such a context, the burnout syndrome cannot be observed through percentages since the damage that a social worker's exhaustion and sense of inefficacy can cause even to a single client is potentially a grave risk and a big loss.

In addition to the indisputable need for a systemic approach in the prevention of burnout syndrome at work in general, findings of this research potentially indicate the need to create support programs that will be aimed at certain categories of professionals employed in the field of social protection, considering their personal and contextual specificities. Also, a significant result of the research is the finding that loving one's profession is, to a significant extent, a protective factor against burnout. This implies that it is valuable to develop an awareness of the importance of intrinsic motivation when choosing a helping profession. Given the scope of the case manager's work, the finding of the presence of emotional exhaustion and dissatisfaction with the work of employees in these positions is not a surprising one. Especially considering that the job that a case manager now does individually was previously conducted by teams of experts. Therefore, it would be necessary to consider the advantages and disadvantages of the current model, with the aim of considering the possible consequences of case managers' inefficacy caused by burnout syndrome. An important resource of support for groups at risk of professional burnout can potentially be colleagues with few(er) symptoms of a burnout syndrome, i.e. those with greater capacities to cope with challenging and difficult situations at work and a greater degree of resilience for working with sensitive social categories of the population. In this sense, the finding that the level of depersonalization differs depending on the educational profile implies the need for a greater representation of content on this topic in certain study programs, as well as a greater presence of professional practice that involves working with different categories of users who need social-pedagogical support. Therefore, the process of initial education must be the foundation for empowering employees in helping professions through learning about the possibilities of preventing burnout syndrome. Such a support framework is significant not only from the aspect of recognizing the burnout syndrome and dealing with it but also from the aspect of work efficacy and achieving the clients' overall welfare (Dimitrijević, Hanak and Milojević, 2011.). In this sense, it is necessary to permanently shed light on the importance of analyzing and researching the mutual relationship between burnout syndrome and the effectiveness of » helpers «,

to develop an awareness of recognizing personal problems and those of colleagues, and to look for ways of collective prevention of burnout syndrome (Diri and Kiral, 2016.; Popović, Minić and Antonijević, 2023.).

Given that the general hypothesis was not fully supported, especially concerning gender, age and work experience, it can be concluded that the level of burnout syndrome is determined by the specificities of each individual contextual framework. Therefore, it would be useful to focus future research in this field on the examination of endogenous and exogenous factors that determine a lower level of burnout syndrome and a higher degree of resilience, as well as on the examination of other factors that improve helping profession employees' efficacy since a lower level of burnout does not necessarily means a higher efficacy at work.

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## **SINDROM SAGORIJEVANJA U POMAŽUĆIM PROFESIJAMA**

### **SAŽETAK**

*Sindrom sagorijevanja nastaje kao posljedica stresnih, zahtjevnih i odgovornih profesionalnih aktivnosti u različitim djelatnostima. Najsustavnije studije ovog problema provela je Christina Maslach kroz ispitivanje tri simptoma – emocionalne iscrpljenosti, depersonalizacije i smanjene profesionalne učinkovitosti. Na temelju rezultata koji pokazuju da su djelatnici u pomažućim profesijama najizloženiji ovom sindromu, cilj ovog rada je ispitati njihov osjećaj profesionalne učinkovitosti, razinu depersonalizacije i emocionalne iscrpljenosti, kao i razliku u prisutnosti simptoma sindroma sagorijevanja s obzirom na izmjerene sociodemografske varijable. Istraživanje je provedeno na prigodnom uzorku od 98 ispitanika koji su zaposleni u sustavu socijalne zaštite u Srbiji, pomoću upitnika MBI-GS kojim se mjeri odnos ispitanika prema poslu u kontinuitetu od zapošljavanja do sagorijevanja. Rezultati su pokazali relativno visok stupanj emocionalne iscrpljenosti, umjerenu razinu depersonalizacije i umjerenu razinu zadovoljstva uspjehom na poslu. Rezultati mogu biti značajni s aspekta razmatranja mogućnosti primjene preventivnih mjera za očuvanje i unaprjeđenje kvalitete života i profesionalne učinkovitosti pomoći djelatnicima pomažućih profesija, kao i s aspekta planiranja i razvoja kompetencija prevencije sagorijevanja kroz njihovu inicijalnu edukaciju.*

**Ključne riječi:** *sindrom sagorijevanja; pomažuce profesije; emocionalna iscrpljenost; depersonalizacija; profesionalna učinkovitost*



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