

ANALYSIS OF RISK OF BURN OUT AT WORKERS IN THE FIELD OF SOCIAL SERVICES AND HEALTH CARE

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ABSTRACT

Aim. The aim of the research was to analyse the burnout rate of these social workers and nurses, as well as to determine the relationship between burnout syndrome and other important factors, including lifestyle, stress, resistance to stress and other selected demographic indicators.

Methods. The Maslach Burnout Inventory was used to collect burnout data in 2021 during the second wave of the Covid-19 pandemic. The research sample consisted of 623 women aged 35-55 who work in social services facilities for the elderly and nurses working in the geriatrics department at a hospital in the western part of Slovakia.

Results. Research has shown that lifestyle has a significant impact on the development of burnout syndrome in connection with the quality of work and personal relationships, which can help eliminate feelings of frustration, exhaustion and personal failure in the workplace. Burnout affects social workers regardless of age and education, but with older age and length of practice in the same facility, the risk of



manifestations of burnout increases. Significant differences in burnout rates between social workers and nurses in the individual dimensions of exhaustion, depersonalisation and professional attitudes were confirmed. High levels of exhaustion have even shown an increased risk of alcohol consumption among these workers.

Conclusion. The development of chronic stress in health care workers can put them at risk of burnout, which is characterized by emotional exhaustion (EE), depersonalization (DP) in interactions with patients and social clients, and low levels of personal accomplishment (PA) in social work and health care.

Key words: Burn out, Signs of burn out, Social work, Health care

INTRODUCTION

Risk factors leading to burnout are conditioned by the individual's personality, including his relationships (intrapersonal or interpersonal), occupation and employment relationships, which are mainly work organisation, and working environment conditions, the company's attitude in relation to certain groups of employees, including the professions of social worker and nurses.

Individuals with certain personality traits are at risk of burnout, including: type A personality with a very strong focus on performance, excessive competitiveness, focus on performance and status, and addiction to recognition. Furthermore, those personalities of social workers who have high demands on themselves and their clients, have a high need for empathy, sacrifice and idealism are also at risk. Another group are personality temperaments with low self-confidence, inability to relax; trying to solve the problems of others; absence of regeneration of internal forces. Inability to adapt, high commitment, workaholism and perfectionism are risk factors leading to rapid exhaustion. The social worker often encounters failure or slow progress in work with his clients, with their passivity, apathy, aggression, which causes an increased need to prove and be psychologically resistant to work stress and failure in professional life. At the same time, nurses working with geriatricians encounter problems of everyday life, in many cases they do not have the competence to help these patients, which can lead to feelings of frustration. The authors Edward Zygmunt Jarmoch et al. (2022); Aleksander Kobylarek, Martyna Madej, Marie Roubalová et al. (2022) and Libuša Radková et al. (2022) point out that burnout affects not only older people and workers in direct contact with people in problematic situations, but also seniors and young people.

BURN OUT

Burnout is defined in the ICD 11 (WHO, 2023) classification of diseases as the result of chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of general exhaustion or deple-

tion of energy, increased detachment from one's work or feelings of negativity in the performance of one's work, reduced professional usefulness.

Martina Venglářová et al. (2011, p. 25) defines burnout as „the advancing loss of energy and idealism.”

“If our energy balance is negative in the long run (we do not have the sources of joy in life and we are not well grounded in the body) a person gets into a state of burnout” (Kopřiva, 2006, p. 101).

Istifan Maroon (2012) defines burnout syndrome as a mental response to physical and mental exhaustion, associated with feelings of anxiety, distrust or indifferent attitudes towards clients. Burnout syndrome is chronic and manifests itself individually. It is not only associated with employment problems and requirements, but also has a significant impact on family relationships and is often associated with related illnesses.

The best-known questionnaire for the evaluation of burnout syndrome is called the Maslach Burnout Inventory (MBI). The questionnaire evaluates three basic indicators. These are emotional exhaustion and depersonalisation; these two indicators are described as negative. The third, positive indicator, deals with job satisfaction. Respondents record their feelings on a scale and then process the data (Maslach & Jackson, 1981). The Maslach Burnout Inventory consists of nine Emotional Exhaustion (EE) questions, five Depersonalization (DP) questions and eight Personal Accomplishment (PA) questions. Radkin Honzák (2013) describes the individual MBI subscales more precisely. Emotional exhaustion is associated with feelings of hopelessness and general exhaustion. Depersonalisation expresses a decline in hobby activities and ruthlessness. Personal satisfaction is considered job satisfaction and is the opposite of burnout. Christina Maslach and Susan E. Jackson (1981) state that the higher a person scores at the EE and DP subscales, the higher the burnout rate. The opposite is true of the PA subscale. The authors add that the intensity scale ranges from 1 to 7 points. If the respondent gives a value of 0, while ticking a separate box, it is not a complete answer.

The pandemic is also taking its toll on older generations. People in the 40 year old age group have seen a 7% increase in burnout compared to before the pandemic (24%) and today (31%). And more than half of members of Generation X are now burned out (54%), a 14% increase from the 40% who felt this way last year (Kelly, 2021).

There are several researches about burn out (Onder & Basim, 2008) study of Paula McFadden (2015) focused on the respondents (70 %) had more than six years of experience in social services. Respondents worked in various areas of social services, including the protection of children's rights, helping the mentally ill or people with disabilities. Research has confirmed a high level of emotional exhaustion in most respondents (73%) as well as a high degree of depersonalisation (26%), which is associated with emotional instability towards service users.

Almost all respondents (91%) had high personal achievements and no one thought that they would not be able to positively influence social service users.

In the profession in institutions with a higher number of employees, the study showed that family, friends, satisfaction in the relationship and the frequency of contact with children have a positive effect on the social support of the worker. Other authors who used the Maslach Burnout Inventory questionnaire for research are Sue Winstanley and Lisa Hales (2015). The aim of the research was to find out whether aggression and threatening behaviour have an effect on increasing the level of burnout among social workers in the United Kingdom. As part of their research, they found that the research group showed a low level of burnout in the area of emotional exhaustion, 52% of employees, and 18% of respondents suffer from burnout in this area. 68% of respondents correspond to a low rate of burnout and 9% tend to have a high rate of burnout in the area of depersonalisation (Winstanley & Hales, 2015). The research also showed that 18% of respondents suffer from a high degree of burnout in the area of personal satisfaction (Šalkova, 2017) The authors Alexander Kobylarek, Martyna Madej, Jana Birová et al. (2022), Kobylarek, Błaszczycński et al. (2022) demonstrate what consequences numerous abuses and negligence can bring to education and the future. These deficiencies can lead to any form of burnout.

Karel Kopřiva (2006) considers burnout lifestyle as the main prevention, resp. way of life, whether the individual has enough sleep, space to rest, regular physical activities, quality food, but also time for interests, cultural and social life. Relationships between people, partner life, conflict resolution and quality sex life play an important role. Markéta Elichová (2017) claims that reconciling family and work life is needed as prevention. Every worker should find enough time and space for their family. Every employer should strive to harmonise these areas. Every employee must live their personal life, which is a source of energy and pleasure for them (Venglářová, 2011; Tkacová, Králik et al. 2022).

Doug Murray (2021) points out that by 2021, more than half of the world's workforce feels overworked. More than 40% feel exhausted, and more than 57 % of Slovak respondent-workers feel overworked during a typical working day, due to insufficient pay and dissatisfaction with their jobs. For social workers, burnout is associated with fatigue, compassion and secondary traumatic stress. Boundaries need to be set at the onset of burnout. However, this is very difficult in situations where you are working with people in traumatic situations. High workloads increase the risk of burnout for social workers (Ludvigh Cintulová et al. 2022).

METHODS

Data collection was conducted in 2021 using a questionnaire instrument that is a combination of a standardized questionnaire consisting of three dimensions: (a) Emotional exhaustion; (b) Depersonalization; (c) Personal

fulfillment and a loosely structured section focusing on three areas: lifestyle, stress, and differences in the social worker and nursing profession.

We deal with lifestyle as one of the preventive measures of burnout and its relation to burnout, while we do not understand it only as a healthy movement or diet, but has a broader dimension - contact with the environment, leisure, interests and social environment. Lifestyle-related health is tracked through codes of rest, sleep, eating. Object of research

The MBI's own questionnaire contains 22 statements, of which 9 items focus on EE, 5 items relate to DP and 8 items to PA from work. The individual states the strength of feelings on a 7-point scale (0 = not at all 7 = very strong). The second most commonly used is the BM - Burnout Measure questionnaire, formulated by Alaya Pines and Elliot Aronson (1988). It is a self-diagnostic tool comprising 21 items, which are rated on a seven-point scale. Three factors are considered - physical, emotional and mental exhaustion.

RESEARCH BACKGROUND

Workers working in social services and nursing care are considered high-risk workers in terms of the threat of burnout, which is confirmed, for example, by the results and statements of the authors (Venglařova et al., 2011; Judak et al. 2022; Vávrová 2012; Murgař et al., (2022). Burnout is a problem that is constantly evolving and we can classify it as a disease of civilisation. However, people still alleviate the issue of burnout (Prieř, 2015). Many authors e.g. Věra Malik Holasová (2014), Soňa Vávrová (2012) and Maroon (2012), combine different dimensions of burn out with work stress and working conditions in their studies. Other authors such as Thomas Poschkamp (2013) and Kopřiva (2006) report a link between lifestyle and its impact on burnout risk. For this reason, in our research project, we focused on the burnout syndrome itself, specifically among social workers and health professionals in the geriatrics department (See also Maturkanič et al., 2022).

High pressure and demands on employees lead to an increased risk of a decrease in physical and mental strength, an increased incidence of stress and the associated increase in burnout, which can be observed especially in workers in the helping professions. We focused the research group on workers in a specialised facility for people with Alzheimer's disease in old age, also because many researches, e.g. Czech research „Burnout syndrome in employees of homes for the elderly in the Moravian-Silesian Region“, which was attended by 452 employees from 12 homes, showed a 6.5% incidence of burnout syndrome. 28.5% of employees had burnout values (Buřgová & Ivanová, 2009).

RESEARCH AIMS AND SAMPLE

The research focused on aspects of burnout, the main aim of which was to determine the rate of burnout in workers in specialised facilities for people with Alzheimer's disease. The aim is to find out whether there is a relationship between burnout syndrome and other important factors, which include lifestyle, subjective assessment of physical and mental health and other selected demographic indicators such as length of job experience, sex, education or type of social facility.

This is quantitative research, so the research questions are reformulated into hypotheses, null hypotheses have been created. "The null hypothesis assumes that the difference between the examined parameters is zero." In this context, it is a hypothesis that we accept or reject based on the test (Budíková et al., 2010, p. 29).

In the study, we tested the following hypotheses:

- H1: There is significant relationship between the length of job experiences in their working profession and level of burn out.
- H2: There is significant relationship between level of burn out and health dimension.
- H3: There is significant relationship between social workers and nursing workers at the level of depersonalisation.

The research sample consisted of workers in specialised facilities for people with Alzheimer's disease in the Bratislava region. A total of 623 employees were involved. The research group consisted of 272 social workers, 351 nurses.

56% of employees appeared to have a university degree, 28% had a university degree and 16% had a high school diploma. 84% worked in state facilities, the rest had an employment relationship in a private facility. The average length of experience for facility staff was 15 years, with the most frequent respondents working in the same position for an average of 7 years. The average age of workers ranged from 35 to 55 years. We were also interested in the frequency of supervision, which we divided into categories. Most respondents (50.2%) stated that supervision in their social care centre is provided 1-2 times a year, nurses do not have supervision provided. 27.3% of social workers reported the frequency 3-4 times a year. Only 13% said they have supervision more than 5 times a year. 5% said that supervision was not provided at all in their facilities, although it was enshrined in legislation in the quality standards of social services. Compared to health care workers, supervision is not used in health care departments as a tool for the prevention of burnout syndrome in Slovakia.

Some studies have been undertaken to analyse the influence of factors such as age (Gómez-Urquiza et al., 2017), length of employment (Vargas et al., 2014), and shift work and workload (Dickinson & Wright, 2008) and the responsibilities linked with the parenthood (Ayala & Carnero 2013) on

the development of burnout in nurses according the type of work, if it is intensive or primary care.

In Table 1, we find confirmation of a significant relationship between burnout syndrome and length of practice ($p = 0.014$), social care facility capacity ($p = 0.019$), and collective relationships ($p = 0.013$) in the emotional exhaustion dimension.

Table 1

Burn out a demographic indicators / social workers

Dimensions MBI	Emotional exhaustion		Depersonalization		Personal accomplishment	
	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>
Education	.135	.071	.071	.054	.227	.053
Length of job-experience	.014	.128	.098	.044	.118	.045
Number of clients per 1 worker	.019	.013	.107	.101	.161	.071
Working environment	.096	.024	.102	.047	.134	.043
Working relationships	.013	.146	.037	.022	.021	.107

Source. Own research

Table 2 represents the relation between level of burn out syndrome and the nursing care in day-to-day shift and demographic indicators. Nurses with higher level of emotional exhaustion confirmed that due to huge number of patients per day, they feel losing energy ($p = 0.014$). Bad working environment increases risk of personal accomplishment ($p = 0.023$) and length of job experience make impact on the risk of depersonalisation in the link with the unpleasant and unsupportive working relationships.

Table 2

Burn out a demographic indicators / nursing worker

Dimensions MBI	Emotional exhaustion		Depersonalization		Personal accomplishment	
	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>
Education	.245	.071	.311	.054	.427	.063
Length of job-experience	.018	.128	.117	.036	.218	.055
Number of clients per 1 worker	.014	.173	.045	.101	.156	.047
Working environment	.126	.024	.125	.047	.234	.023
Working relationships	.012	.146	.233	.022	.001	.177

Source. Own research

RESULTS

The MBI questionnaire assesses three main components of the burn-out syndrome: Reliability is measured using Cronbach's alpha (Chráska

& Kočvářová, 2015). According to Peter Gavora (as cited in Chráska & Kočvářová, 2015), the Cronbach coefficient is used to evaluate the scales we used in the questionnaire. The reliability of the instrument expressed by the internal consistency coefficient Cronbach's alpha was emotional exhaustion for the subscale, .80 for the subscale and .73 for the subscale for personal satisfaction. The degree of emotional exhaustion is the sum of points obtained in the answers to questions no. 15, 16, 17, 20, 22, 27, 28, 30, 34. The higher the value, the greater the risk of burnout in this area. The degree of depersonalisation is the sum of points obtained in the answers to questions no. 19, 24, 25, 29 and 36. Again, the same is true. The degree of personal satisfaction is the sum of points obtained in the answers to questions no. 18, 21, 23, 26, 31, 32, 33, 35. For this MBI component, on the other hand, the higher the value, the lower the risk of burnout.

The maximum score that could be achieved in the index of emotional exhaustion is 63, for the index of depersonalisation 35 and for personal satisfaction it is 56. We divided the average values into groups of burnout rate according to Honzák (2013), which is presented in Table 3. Average score in the index emotional exhaustion is 28.53 ($SD = 12.4$), which corresponds to a high degree of burnout. For the depersonalisation index, the average score is 14.11 ($SD = 7.6$), at the limit of the high degree of burnout, and for the index of personal satisfaction is equal to 25.22 ($SD = 7.8$), it is a mild degree of burnout.

Table 3

Burn out risk

Dimension MBI	Minimum score MBI	Maximum score MBI	Medium level of burnout	Average score MBI	SD
Emotional exhaustion	9	63	17-26 27 and more	28,53	12,4
Depersonalisation	5	35	7-12 13 and more	14,11	7,6
Personal accomplishment	8	56	32-39 40 and more	25,22	7,8

Source. On research

The research results show a burnout rate at the level of all three MBI indicators. In the area of emotional exhaustion, it reaches 47.20% burnout and 26.5% shows a slight degree of burnout. Burnout in the area of depersonalisation corresponds to 42.6% of people and in 33.6% of people the population reaches a slight degree of burnout. In the dimension of personal satisfaction, it was found that in 18.99% the burnout reaches a high level and 31.01% has a slight degree of burnout in this area.

H2: There is significant relationship between level of burn out and health dimension

Pearson's correlation coefficient was used in the statistical analysis of the data, because our measurement corresponds to the normal distribution, a large part of the values were around the average value. The variables were tested at a significance level of $\alpha < 0.05$ (Chráska, 2016).

Table 4 shows that there is a relationship between burnout and health, with a statistically significant relationship in the dimensions of time management and emotional exhaustion ($p = 0.011$) and internal energy ($p = 0.005$). Furthermore, the association between burnout risk and the depersonalisation dimension in lifestyle as well as in stress resistance was demonstrated ($p < 0.05$).

Table 4

Burn out level and health dimension

Dimension MBI	Emotional exhaustion		Depersonalization		Personal accomplishment	
	Sig p	Correl. r	Sig p	Correl. r	Sig p	Correl. r
Personal management	.011	.014	.114	.044	.036	.070
Physical activity	.172	.041	.142	.029	.171	.044
Internal energy	.005	.043	.231	.048	.023	.052
Resistance to stress	.019	.047	.045	.191	.118	.075
Sleep, relax	.087	.014	.060	.064	.008	.016
Eating and food	.322	.113	.118	.091	.194	.029
Psychical resistance	.031	.106	.163	.045	.132	.016
Free time activities	.406	.122	.128	.106	.246	.127

Source. Own research

H3: There is significant relationship between social workers and nursing workers at the level of depersonalisation.

Table 5 presents results based on the relationship between burnout syndrome and the profession, we compare the rate of depletion in social workers and nurses who work with seniors. Emotional exhaustion is affected by how long the profession is practiced, how long it is practiced, and whether it is provided in sufficient quality to meet the needs of social and health care workers ($p < 0.050$). In the dimension of personal fulfillment, we found significant differences in the risk of burnout syndrome ($p > 0.050$) in social workers who work in social services facilities provided for a long time. Nurses who are not exhausted from caring for patients have a lower sense of personal non-fulfillment compared to those nurses who also serve 12-hour shifts in the geriatric ward. In the dimension of depersonalisation, workers in both professions have been shown to face a high degree of depersonalisation and burnout.

Table 5
Burn out and dimension job position

Dimension MBI	Emotional exhaustion		Depersonalisation		Personal accomplishment	
	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>
Social work in long-term social care centre	.010	.068	.018	.075	.013	.085
Social worker in daily care facility	.012	.107	.034	.114	.092	.091
Nurser at Geriatric Depart.	.143	.022	.029	.026	.084	.082
Nurser at Senior Day-Health Centre	.151	.017	.106	.031	.111	.070

Source. Own research

In the research, we analysed whether there are differences in the symptoms of burnout between nurses and social workers in three areas: physical health, mental health and personal identity (Table 6).

Table 6
Symptoms of burnout syndrome in physical dimension

Physical dimension	Social workers		Nurser	
	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>
Personal identity	.145	.071	.227	.063
Motivation and energy	.003	.135	.018	.105
Health problems	.044	.093	.096	.047
Physical training	.012	.146	.037	.097

Source. Own research

In the dimension of *personal identity*, the respondents classified factors as weakness, low physical energy, low sense of health, total energy loss, where we did not notice statistically significant differences in the manifestations between social workers and nurses.

In the dimension *Motivation and energy* included factors such as loss of motivation, lower performance, aversion to work, apathy, we recorded a high degree of burnout in both professions, social workers were more disturbed ($p = 0.004$).

In the dimension of *Health problems*, to which we included factors such as sleep disorders, anorexia, heart pain, changes in heart rate, digestive problems, breathing problems (problem to breathe enough), headaches, it turned out that social workers suffer the most often from these symptoms. in residential facilities for the elderly ($p = 0.044$) compared to nurses ($p = 0.096$).

In the *Physical training* dimension, this included low physical training, muscle weakness, back pain, social workers most often showed ($p = 0.012$)

and similar nurses also showed similar symptoms ($p = 0.037$), it turned out that their insufficient physical training in addition to the profession causes deterioration of physical condition and physical health.

Table 7

Symptoms of burnout syndrome in psychical dimension

Psychical dimension	Social workers		Health care workers	
	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>
Personal identity	.024	.071	.117	.134
Un/Satisfaction	.036	.128	.009	.151
Disharmony	.084	.173	.023	.117
Psychical problems	.042	.146	.035	.168

Source. Own research

In the dimension of *personal identity*, the most frequent respondents showed manifestations of burnout syndrome: loss of self-esteem, humiliation, low feelings, low self-esteem, lack of self-esteem and work results, which was more pronounced among social workers ($p = 0.024$).

In the *Un/Satisfaction* dimension, we included manifestations such as dissatisfaction with oneself and with life; strong manifestations of life dissatisfaction were confirmed in both professions.

The *Disharmony* dimension includes the inability to reconcile work and family life. We reported these problems in nurses ($p = 0.023$).

The *Psychical problems* dimension includes manifestations such as depression, anxiety, increased nervousness, aggression, which have been reported in both professions, when working with clients exceed these manifestations in communication, cooperation and service delivery.

The negative correlation between burnout syndrome and personality characteristics of self-esteem ($r = -0.43$, $P \leq 0.01$), and sense of integrity ($r = -0.21$, $P \leq 0.01$), confirms the assumption that these factors act protectively in relation to burnout: high self-esteem and a high level of sense of integrity were associated with lower levels of burnout among respondents in the research cohort (Table 7).

The results are consistent with some previous studies, which also showed that a sense of integrity was significantly associated with burnout syndrome in nurses. (Nordang et al., 2010) and social workers (Kalimo et al., 2003; Martin et al., 2022). Both studies were conducted among practitioners, the results of our research study (Table 8) support the consistency of the hypothesis of a link between burnout syndrome and a sense of integrity (Bursová & Budayová, 2017) as the sense of integrity as well as other personality characteristics is relatively stable over time, and therefore it can be assumed that personality characteristics related to the ability to cope with normal workload persist in later professional life and influence the strategies of later workload management in the performance of their profession.

Another possible explanation for our research findings is the fact (Table 8) that people with a high level of sense of integrity are characterised by a high ability to engage, to invest energy in solving life problems, which are perceived as manageable challenges rather than insurmountable obstacles (Škodová & Lajčiaková, 2013). It is the high level of engagement that Christina Maslach (2011) emphasises as the most important preventive factor in relation to the development of burnout.

Table 8

Correlation between burnout syndrome and personality characteristics

Personality characteristics	Social workers		Health care workers	
	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>
Self-confidence	.021	.043	.027	.039
Sense of coherence	.009	.021	.018	.025
Stress management	.024	.163	.036	.137
Engagement	.013	.141	.039	.129

Source. Own research

DISCUSSION

We can conclude that low levels of burnout have been demonstrated in the areas of emotional exhaustion and personal fulfilment, a low rate of burnout was demonstrated, but on the other hand we found an overall tendency to burnout in the dimension of emotional exhaustion, which was confirmed by more than 45% of respondents and burnout in depersonalisation. where the values were comparable. Averages have been achieved in terms of personal satisfaction for 33% of people, and almost 40% suffer from the risk and threat of burnout, which may be reflected in the social services provided to Alzheimer's clients.

Martina Šalková's study (2017) showed that although the work is emotionally exhausting for the respondents, it brings them enough satisfaction, but at the same time enough appreciation, which they do not feel on the part of the work team and facility management, frustrates them. Both studies have shown severe exhaustion and the risk of burnout in employees working with seniors with Alzheimer's disease. For comparison, we use foreign research by McFadden (2015), which showed a high score of burnout syndrome in social workers. The McFadden study (2015) and study of Roman Králik et al., (2022); Marie Roubalova et al., (2022) showed, like our research, the highest rate of burnout in the field of emotional exhaustion. Respondents in the field of personal satisfaction show the lowest burnout rate in both surveys.

Relation Between Burn Out and Lifestyle

In this part of the discussion, we explain the relationship between burnout syndrome and lifestyle. We gained the strongest negative relationship

between the degree of depersonalisation and time management. A negative relationship was found between emotional exhaustion and time management. On the other hand, a positive relationship was found between personal satisfaction and personal team management. In the health category, high values were found in emotional exhaustion, depersonalisation and health. Health has proven to be important for personal fulfillment, and if social workers are at risk of burnout, then workers spend much less time with their family, friends, and the less they focus on their interests, the higher the burnout values. The same is true for health, as long as workers do not have enough rest, live enharmonically and eat unhealthily without leisure activities, the more they are at risk of burnout. The study of Viliam Judák, Amantius Akimjak et al., (2022) points to the importance of social and spiritual well-being at the present time. Conversely, if people adhere to the principles of a healthy lifestyle and contact with the family is sufficient, the value of personal satisfaction increases and the risk of exhaustion decreases. This means that then the job brings satisfaction to the employees, they are motivated to perform and feel needed.

Relation Between Burn Out, Profession and Sense Of Coherence

There is a difference between the manifestations of burnout between social workers and nurses who provide services to elderly patients on a daily basis. However, research has shown that the longer the profession is performed, the less resilient a worker is able to withstand work stress.

Research shows that burnout is associated with a low level of sense of integrity. It is highly likely that workers' personality characteristics related to their ability to cope with the learning load influence later workload coping strategies. Activities aimed at developing coping competencies will be useful in preventing the later development of occupational burnout syndrome. It can be assumed that improving stress coping skills and developing characteristics that have a positive impact on burnout are particularly useful for respondents in terms of preventing the later onset of occupational burnout. Studies by František Murgaš et al., (2022) and Hedviga Tkáčová, et al., (2021), Hedviga Tkáčová, Eva Al- Absiová et al., (2021) point to happiness in life and experiencing quality time, but also to the prevention of social exclusion and isolation.

Relation Between Burn Out and Another Indicators

There has been a significant relationship between burnout syndrome and length of practice, facility capacity, and collective employment relationships in the various dimensions of the MBI. The length of the internship has a significant impact on the burnout syndrome, the longer the worker's experience in the same facility, the more he is at risk of burnout, on the other hand the capacity of the facility has positive values, in a larger facility workers of other facilities. Workplace and peer relationships have achieved high scores as a determinant of the risk of developing a burnout syndrome; with insufficient support from co-workers, this risk increases.

CONCLUSION

Burnout syndrome can affect anyone, regardless of age or regardless of work experience. With a high burnout rate for employees, their relationship with clients changes towards negative poles. Workers may be more nervous, helpless, but most often they lose interest in their profession. Labour relationships may also be disrupted, worsening the working climate in the facility. Due to the fact that the burnout syndrome is a very widespread problem, it is necessary to pay attention to sufficient prevention. If supervision is not allowed to employees at all or only minimally, they do not have the opportunity to talk about their feelings, complications in the workplace or in relation to colleagues or clients. These situations can lead to feelings of helplessness. The means to eliminate these factors can be supervision, which is carried out under professional guidance, regular and effective involvement of all participants.

Lifestyle is often talked about in connection with the burnout syndrome, but less attention is paid to it. Although the public is more interested in health and a healthy lifestyle, most people do not behave in such a normal way of life, living in constant mental tension, stress and physical exhaustion. The reason may be not only the occupancy on the labour market, but also the poor financial situation, lack of free time but also a different preference for living values. Our research has shown that lifestyle has a significant impact on the development of burnout. Workers who feel burned out spend less time with their family and friends, eating unhealthily and living hectic lives.

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