

The impact of supervision in social work on the burnout syndrome prevention

Milan Schavel

St. Elizabeth University of Health and Social Sciences

Nám. 1. Mája, 810 00 Bratislava

schavelm@mail.telekom.sk

Bohuslav Kuzysin

University of Prešov, Orthodox Theological Faculty

Masarykova 15, 080 01 Prešov

bohuslav.kuzysin@gmail.com

Anna Béresová

Pavol Jozef Šafárik University, Faculty of Medicine

Tr.SNP č.1, 040 66 Košice

anna.beresova@upjs.sk

Stanislava Hunyadiová

St. Elizabeth University of Health and Social Sciences

Nám. 1. Mája, 810 00 Bratislava

hunyadiova@gmail.com

Acknowledgements

This article is one of the results of research by the scientific project VEGA 1/0015/16 'Judging the impact of supervision as a preventative factor of the burnout syndrome at professional subjects of social care'. The authors are very grateful for support. Special thanks go to supervisors and professionals from institutions of social services for participating in this research. The authors also do appreciate the assistance of the editors of the 'Przestrzeń Społeczna (Social Space)' journal who contributed much to the successful editing of this text.

Funding

As truly important is our finding that emphasises importance of supervision in the environment of social care institutions. The respondents of our research who take regular part at supervising sessions at least once a year showed a lower level of the threat by the burnout syndrome. This fact brings to our attention importance of supervision in the environment of social care institutions. Simultaneously it should be a motivating argument for implementation of regular supervision and support by management when presenting the topic of the burnout syndrome at supervising sessions.

Abstract

The impact of supervision in social work on the burnout syndrome prevention

In social practice, use of supervision becomes a natural part of improving the activities of social workers and professional employees. These include some legislative conditions; supervision practice has a sufficient number of accredited supervisors. So far supervision activity was mainly focused on raising the professional competences of employees of social services and to support the work teams in these entities. Experience, however, also point out the necessity to pay increased attention to the burnout of employees in these entities.

The social worker's activity in the discussed area is characterised by the diversity of clients from of view of their personal, social, health problems, as well as their work load and low salary. The problem of burnout syndrome of social workers and professional staff of public policy institutions so far was not paid attention to. No research have not been carried out, which showed this issue. The contribution is focused, in addition of theoretical contexts, to analyse the impact of supervision process at the prevention of burnout among professionals.

The paper is intended to analyse the impact of the supervision process on prevention of the burnout syndrome in helping professions. The results presented have come from the research in which 93 supervisors and 260 professionals from institutions of social services took part. The aim of the research was to identify presence of an analysed theme in the process of supervision and find out what preferred ways of solving them are. A part of the research was diagnosing the burnout syndrome on concerned helping professionals and identifying the impact of supervision on this threat. The quantitative exploratory method was used in the research mentioned. The results have produced some valuable findings: the burnout syndrome is often a primary as well as secondary theme of supervision of helping professionals and supervision is an effective tool of the burnout syndrome prevention.

Key words: burnout syndrome, supervision, helping professions, prevention, threat, social space.

1. Introduction

The European Association of Supervision (EAS) classifies supervision in social work as a counselling method, which safeguards competence and professionalism in social work. It expresses the content of social work and includes the personal qualities of social workers, their abilities, skills, relationships, creativity, as well as teamwork.

Since 1911 supervision incorporated the practice of case work as stipulated by the American Charity Organisation Department of the Russel Sage Foundation. The first scientific discipline that has adopted principles currently used in supervision was psychotherapy.

It is a well-known fact that long ago supervision was considered as something useless, even by Sigmund Freud himself (Schavel et al. 2013). Supervision as a specialised discipline was defined by the vicar Samuel Barnett at the end of the 19th century. Together with his university students he experimented in the deprived parts of London, where he applied various different methods of social work. This may be considered as the beginning of the administrative and educational existence of supervision in social work, since it was established as a discipline aiming to develop methodology in issues of dealing with social work and its application (Lešková 2013).

The first ever text about supervision is the publication entitled *Supervision and education* in Charity from 1904 by Jeffrey R. Brackett. In 1936 there was the pioneering study by Virginia Robinson called *Supervision in social care work* (Lešková 2013). Supervision makes conditions for professional development, education and expertise of employees in assisting professions. It is also a tool of self-knowledge which is vital for success in any profession dealing with people. Today supervision helps to understand the contemporary problems of the human being, deals with social relations and views things in the context of the past, present and future. Supervision heavily relies on professional experience in social work, which in turn offers a foundation for the development of patterns of interest and theoretical analysis. The aims and goals of individuals and groups can be studied only once one realises the needs of individuals and groups in their respective development (Strieženec 1993). Due to the theoretical constructs of supervision one can offer a certain predictability of the needs and patterns involved in social work. Goals are defined on the grounds of research and analysis of an initial state that influences a social problem of the subject concerned. Human values and their development are not subject to straightforward assessments. The respective human values therefore form one focal point of assessment and content of supervision.

It is a supervisor's responsibility, to help a person become a better social worker but not necessarily a better person. The latter depends on self-reflection of the individual and his

or her ability to consider situations in organisations from a professional point of view and realise his or her personal investment into a profession that influences and relates to the processes of an organisation. The focus lies in the professional activity of the individual involved, and his or her relationship with the client. Also the process relates to the private life of the individual, which could influence his or her decision making process.

The goal is not a personality change per se, but of the professional identity of the worker, who thus gains a greater skill in identifying the needs and requirements at hand. Supervision enhances the psychological and social skills of the organisations involved in social work including legal protection. It also focuses, on the inner constitutive qualities brought by an employee and their possible alignment with the overall structures of the organisation in question.

The burnout syndrome is a psychological as well as social concept and exists mainly in assisting professions including social work. Supervision may in general increase the social skills of a supervisor, as it is considered a developmental method and has an educative as well as strengthening character. It may also help to identify particular cases and solve them. It enables an employee to understand, what is, the catalyst of a burnout situation, and helps to overcome it. The burnout syndrome is a central topic of this study. Today the burn-out syndrome is generally perceived as a well-known phenomenon and is labelled by the non-initiated as a simple condition that results from work over exertion. There is no unified definition of the so-called 'burnout syndrome'. The roots of the burnout concept appear to be embedded in the broader social, economic and cultural developments that took place in the world in the last quarter of the last century. This widespread transformation of social space, along with psychological pressure on individuals, can be manifested by a burnout. Burnout is a global phenomenon that arises from human interaction with the environment, in the interaction of a helping worker and his client taking place in a unique social space.

Social work offers services in an environment where public services have a major impact on the lives of individuals. This social area is often characterised by a high degree of uncertainty. Both social workers and professional staff meet with different requirements on the part of institutions, the needs of clients, often dependent on services provided in a specific social area. These two perspectives, both institutional and individual, are often in contradiction, and help workers make increased demands. At the same time, there is a growing need and effort to gain credibility in the efficiency of institutional systems, their services and the work of professional staff themselves.

Authors who have tried to formulate a definition often contradict themselves. Based on an extended recherche from available publications related to the above-mentioned problem we may state, that today there is no unified definition of this serious phenomenon.

The burnout syndrome is a psychological as well as social concept and exists mainly in helping professions amongst which social care workers or employees of social care institutions are listed.

Many authors mention the reason why the definition is determined by helping professions. They state it stems from a big pressure that is typical for their everyday work (Edelwich et al. 1980).

Consequences appear soon and express themselves in suicidal attempts, headaches, alimentary disorders, enhanced consumption of tobacco, problems in family lives, etc. (Maroon 2012). In comparison with other helping professions social workers suffer from feelings of despair, emotional burden and burn-out. Furthermore, there are various levels of burnout in regard of their tasks and types of clients.

As stated by D. Conrad and Y. Keller-Guenther burnout affects mostly young beginners or graduates from the field of social work. According to the authors most of them come to realise their practice filled with enthusiasm, interest and strong motivation to help other people. After only two years of their practice they become disillusioned and appear to be under big pressure. If they do not get professional support at their workplace, they feel burnt-out and leave their profession for good (Conrad et al. 2006).

The term 'burnout' was introduced within scientific circles in 1974 by Herbert Freudenberger as a response to his knowledge acquired in rehabs for drug addicts. He described it as 'feelings of weariness and exhaustion', an inability to get rid of feelings of cold, physical exhaustion, the whole range of bodily burdensomeness, insomnia and depression demonstrative at people working in helping professions (Venglářová 2011).

Later on a definition was proposed of burnout as a condition of a depletion of all energy resources in an originally intensively working person who was emotionally involved in occupying their mind and lost their enthusiasm and motivation (Křivohlavý 2001).

There are countless definitions of the burnout syndrome. Some of them are oriented at the final stage which is the stage of an emotional physical and psychical exhaustion. Such is the definition by A. Pines and E. Aronson who describe it as a state of physical, emotional and spiritual exhaustion caused by long term abidance in situations that are emotionally demanding and this emotional demandingness is caused by a connection between great expectations and chronic situational stress (Křivohlavý 1998).

Similarly B. Baštecká (2005) defines the burnout syndrome as a spiritual state which expresses itself by emotional tiredness (cynicism and mistrust), impassivity, helplessness, despair and a loss of efficiency. It appears as a psychic exhaustion in people who work with other people. K. Kopřiva (1997) points out at an imbalanced energetic balance which when is long-term negative results in the state that may be defined as burn-out. Its main manifestations are depression, callousness, cynicism, reduction of social contacts, loss of self-respect, aggravated sicknesses and physical problems (Kopřiva 1997).

Other definitions focus on burnout as a process that has its own development. As an example we may bring forward the definition by C. Maslach (1976) who expands H. Freudenberg's definition and describes burnout as a continual, systematic process of wavering, growing cynicism and loss of commitment towards clients (Maslach 1976). Later the author refines on her definition as a syndrome of emotional exhaustion, depersonalisation and lowered personal execution that may appear at people whose work subject matter is a contact with others. According to the aforementioned authors burn-out may lead to deterioration of the quality of social care or offered services (McFadden 2015). Likewise, C. Chernis (1990) poses the definition of burnout as a process in the course of which attitudes and behaviour of an employee worsens as a consequence of work load and results in imbalance between their input and output (Chernis 1990). Istifan Marron (2012) in his definition of burn-out rests his judgment on accompanying manifestations. He considers burnout as a psychical state that manifests itself by lack of energy, low illness resistance, increased pessimism and dissatisfaction which causes low work effectiveness and frequent absences (Maroon 2012).

In 2015 M. Preiß offered a different and new view on the problem of causes and consequences of the burnout syndrome. According to her real causes of burn-out are not overload, unsolved emotional crises and exhaustion from work. These are considered by the author as final effects. The main reasons for burnout are mostly our problematic and unresolved relations towards ourselves and people around us. She suggests, that we are not able to lead a dialogue with ourselves and that we have lost contact with what may be marked as our essence. Life becomes a mere area of functionality and activity deprived of content. The real causes of burnout are hidden behind unconscious mechanisms that can lead to formation of an inner conflict. The author points out that at the same time these are mechanisms that lead to healing and recovery. When trying to define the burn-out syndrome she shows her strong conviction which stemmed from her practice and her view offers possible answers to situations when the process of supervision in organisations is set optimally though does

not bring about expected effect to their employees. According to the author it is caused by unwillingness or unacquaintance of ways how to work with our inner selves (Prieß 2015).

Considering the quantity of the so far published papers on the burnout syndrome we may say that it is a concept that has acquired global meaning. At the same time it is important to examine this phenomenon from the point of view of researchers as well as from the point of view of people from practice. The need to better understand mechanisms of its origin and connections leads to reaching an aim which is to find a way how to come to terms with burnout, prevent its development or intervene (Mesárošová et al. 2017).

2. Symptoms of burnout

The burnout syndrome develops gradually and can be interrupted during this development. Its symptoms may be moderate, partial and concurrent depending on a certain phase of the process an affected is found at. Equally there are outer agents and concurrence of the symptoms. Istifan Maroon (2012) states, that it is possible to recognise risk and protective factors of the burnout syndrome according to a level of social field in which social work takes place.

A burned-out social worker is exhausted and frustrated and has a feeling that his work lacks purpose and that he is overloaded working in the environment that is unsupportive. Some individuals react only in a physical way, others in an emotional way, whilst the rest react in both ways.

Even though burnout is often associated with professions that are associated with contact with people it is not limited to these. Richard E. Adams et al. (2006) found out that the degree of burnout is not primarily predicted by a percentage of traumatised clients with whom a helper works. According to J. T. Thomas and M. D. Otis (2010) burnout is intertwined with a weakened ability of a helping worker to emotionally differ between themselves and a client. A helping professional is threatened by burnout if they continuously deal with problems of their clients, bring their work home and focus on traumatic experiences of people they try to help. This way a helping professional does not live in the present but delve in the past marked with difficult destinies of their clients.

Research results show that there is a heightened degree of anxiety and depression in helping professionals (Hegney et al. 2014; Köverová 2016). Negative emotions such as fear, anger, sadness, shame, blame and pain are more commonly felt than positive emotions such as joy, happiness, gratification and freshness. Positive and negative emotions experienced at work (mostly fear, anger and blame) best predicted a level of burn-out in helping profession-

als (Köverová et al. 2017). Burnout is also related to the lack of social support, weak feeling of masterfulness and a heightened scale of secondary traumatic stress (Adams et al. 2006).

A supporting network at a workplace may be a significant protective and preventative factor of a professional burnout of social workers. Only in a working environment where there exist supportive mechanisms a social worker may seek advice and help. If they get it they become less tense and prevent themselves from development of the burnout syndrome. According to A. Pines and C. Maslach (Maroon 2012) social support is more important for social workers than any other aspects of work. Support of colleagues and supervisors significantly help employees react accordingly in stressful situations and not feel under big pressure. Discussions on causes of burn-out prove that supervision plays an important role at protecting from risk factors. Lýdia Leskova (2017) states, that supervision is tool of quality improving which is very needed according to higher demands putted on social workers. It is a basic tool against burnout syndrome which comes as common occurrence in helping professions.

3. Research

3.1. The outline

The attempted research was based on traditional positivist and new positivist traditions. Its cognitive level was qualified as diagnostic (Ondrejškovič 2005) and the paradigm of orientation designed to a level of a quantitative oriented examination. As a primary exploratory method of a quantitative collection of data questionnaires of provenience were used items of which were conceived as combinations of scale and alternative questions that produced nominal as well as interval data. The questionnaire reflecting feedback from supervisors consisted of 18 items that were focused on demographic and social information as well as practice and experience from burnout cases and its solving in the process of supervision along with own views on a researched topic.

To analyse the burnout syndrome at professionals of social care institutions the method developed by the J. Tošner and T. Tošnerová (2002) was used. The questionnaire invented by them called *The Inventory of the Burnout Symptoms* is unique in a way that it maps a cognitive, emotional and social level of the burnout syndrome. It contains 24 questions to which a respondent answers in the scale from never to always. The maximal obtainable value is 96 percent, whilst minimal is 0. The higher the value is the higher the disposition to stress and the burn-out syndrome is. This questionnaire is complemented with master data and questions complementing the whole scale of the research subject.

Collecting of empirical data within the frame of representative research was secured via the electronic tool ProSurvey. In some items of the questionnaire it was possible to express by multiple answers. A reader may recognise them by percentage inconsistency which expresses a level of choice of an individual answer by respondents. Evaluation was realised by a secondary level statistics.

The following tests were applied: chi-squared value test of good accord, chi-squared value test of contingency table. In regard of the level of statistical importance we have recognised 4 categories of odds ratio of mistake where the level α was set in accordance to standards of social sciences at 0.05: $p > 0.05$ (insignificant); $p \leq 0.05$ (significant); $p \leq 0.01$ (highly significant); $p \leq 0.001$ (very highly significant).

According to limited space of this study we are unable to present overall outcomes of the research. To remain consistent with the holistic approach we have chosen an analysis of those items of the questionnaire that produce outcomes in the context of the following aims of the research.

- (1) Determine the presence of the topic 'threat by the burnout syndrome' during the process of supervision.
- (2) Identify courses of action of supervisors at solving the topic 'threat by the burnout syndrome' during the process of supervision.
- (3) Diagnose the threat by the burnout syndrome at employees of social care institutions.
- (4) Compare chosen factors with the presence of threat by the burnout syndrome including a factor of contribution at supervising process.

3.2. Characteristics of the sample

The sample and research compilation of supervisors was composed of 93 respondents out of which 83.70% were women and 16.13% were men. In term of age most supervisors were aged 41-50 and 51-60. Identically it was 36.56%. At the age of 31-40 it was 17.20%. Up to 30 we have observed 3.23% and 61 and more 6.5%.

From the point of professional practice we have been concerned about the data on the licence of administration competency in supervision as presented in the chart shown below.

Table 1. Licence of administration competency in supervision

Age (years)	Respondents (%)
0-2	38.71
3-5	23.66
6-8	24.73
9-10	5.38
11 and above	7.53

Source: Own research (n=93; p<0.01; df=4; $\chi^2=33.90$)

The chosen sample of employees of social care services was composed of 260 respondents 93.08% women and 6.92 men. From the point of the length of practice there dominated helping professionals who are active in the field 11 and more years (45.38%). The more falling years of practice was the smaller percentage of the respondents who took part in our research: 6-10 years (26.92%), 1-5 years (22.69%), up to 1 year (5.00%). A social worker was considered by respondents the most helping professional. The research was attended by other professions as well.

Table 2. Work position

Work position	Respondents (%)
Day care worker	10.77
Nurse	16.92
Ergotherapist	8.85
Social worker	35.77
Sociotherapist	3.46
Asistent of social work	3.46
Sanitary	2.69
Other	18.08

Source: Own research (n=260; p<0.01; df=7; $\chi^2=174.60$)

3.3. Research outcomes aimed at supervisors

The outcomes of the research will be presented in the order in which we set our aims. In the context of the first and second aim of this study we have focused our attention on supervisors and professionals who could safeguard our glimpse into their clinical practice.

In the first case we took an interest in assessment of supervisors considering the presence of the burn-out syndrome during their supervising practice. We may assert that this topic is truly present during supervision. More than 90.00% of respondents claimed that it occurs more than often.

Table 3. Assessment of the presence of the burn-out syndrome at realising supervision

Assessment of the presence	Respondents (%)
Very often	27.96
Often	62.37
Almost never	4.30
Never	0.00
Impossible to say	5.38

Source: Own research (n=93; p<0.01; df=4; $\chi^2=121.8$)

The burnout syndrome has been appearing in supervision also as a secondary topic – the topic that is not a subject of a supervising order. It is usually identifies during the process itself or when a supervisor has noticed its presence.

Table 4. Assessment of the presence of the burn-out syndrome at realising supervision

Assessment of the presence	Respondents (%)
Yes	18.28
Mostly yes	63.44
Mostly no	8.60
No	0.00
Difficult to say or judge	9.68

Source: Own research (n=93; p<0.01; df=4; $\chi^2=113.3$)

There is a question that has arisen along the research data and it is as follows: ‘are helping professionals willing to name their problem or its part as the burnout syndrome?’ In this case we may deduce sufficient self-reflection which they show at supervision. Our respondents claimed it usually happens at about 48.00% and certainly at 19.35% of all cases.

Table 5. Willingness to name the burnout syndrome straight by employees at supervision

Assessment of the presence	Respondents (%)
Yes	19.35
Mostly yes	48.39
Mostly no	26.88
No	3.23
Difficult to say or judge	2.15

Source: Own research (n=93; p<0.01; df=4; $\chi^2=64.2$)

In relation to the first aim of the research defined in this paper it is possible to say that the burnout syndrome is a common topic of supervising meetings. It occurs as a primary as well as secondary topic and in most cases helping professionals do not have any problems to identify their state in examined contexts. It is therefore inevitable for supervisors to be ready to accept the phenomenon and be ready for it from the theoretical, methodological and diognostical side.

Methodological and diognostical fields related to realisation of supervision with helping professionals who are or may be threatened by the burnout syndrome were the subject of analysis of the second defined aim. We were interested in what techniques are used by supervisors and which they consider the most effective.

The most used technique at solving the topic of the burnout syndrome is the so called ventilation. It is followed by discussion and relaxation techniques.

Table 6. Methods used at supervising process for solving the burnout syndrome topic

Methods	Respondents (%)
Questionnaire	20.43
Relaxation techniques	39.78
Discussion	45.16
Balint group	33.33
Various visualisation techniques	18.28
Participant methods	8.60
Experiential games	36.56
Activising games	24.73
Ventilation	51.61
Other	1.08

Source: own research (n=260; p<0.01; df=9; $\chi^2=78.4$)

As the most important techniques for solving the burnout syndrome supervisors designated ventilation, strengthening and feedback. Regarding limited space of supervision we may deduce that it is an effective choice. On the other hand it is necessary to call attention to the process of diagnosing. As is apparent from the previous table we may see that the questionnaire is used only in 20.43% whilst at the same time it is considered one of the most effective methods for analysing the scale of the burnout syndrome.¹

¹ The most spread are standardised worldwide used questionnaires that are aimed at finding out the whole spectrum of the burnout syndrome or findings that are related to chosen characteriscits significant for burnout. The most used is the questionnaire called BM - Burnout Measure by the authors A. Pines and E. Aronson from 1980 that is aimed at data finding of the overall scale of the burnout syn-

3.4. The outcomes of the research aimed at professional employees of social care institutions

In the context of the aims numbered as (3) and (4) we have focused our attention at employees of social care institutions. In general we may say that our intention was to find out the scale of the threat by the burnout syndrome. Accordingly we have analysed a potential of supervision to act in these connections in a prophylactic way. In our research we have marked a good balance at 59.61% of all respondents. 36.15% of the respondents have shown certain alarming signs. The risky aspect and the burnout itself was present at 4.22% of the respondents amongst helping professionals.

Table 7. Presence of the burnout syndrome; evaluation of the questionnaire 'Inventory of the burnout syndrome'

Condition	Respondents (%)
Good balance	59.61
Warning signs	36.15
Risky state	3.07
Burnout	1.15

Source: own research (n=260; p<0.001; df=3; $\chi^2=246.7$)

As mentioned above our used methodology captures levels that the burnout syndrome is occurent in. The minimal score that a respondent could reach is 0, the maximum is 24. The higher the score, the more threatened an individual level is threatened is.

The cognitive level fits the level of feelings of joy from accomplished work, trust in our professional abilities, interest in work and our field of work, etc. In this level the respondents have reached an average score of 5.33. The emotional level comprises feelings of joy from work, feelings of dejection, self-helplessness, discomfort, nervousness, lack of appreciation and fear. The highest reached score was the second highest 6.84 points. The physical level comes up to 7.27 in average and is a reflection of work overload, frustration, recurring illnesses, heart problems, breathing, digestion, sleep problems and headaches. The social level was the least affected. The average examined score was 4.50 points. This level captures manners and motivation of contact and communication with clients and colleagues. It also analyses how employment affects private relationships.

drome. The factors of the burnout syndrome are the focus of attention of the so called MBI questionnaire - Maslach Burnout Inventory invented by C. Maslach a S. Jackson.

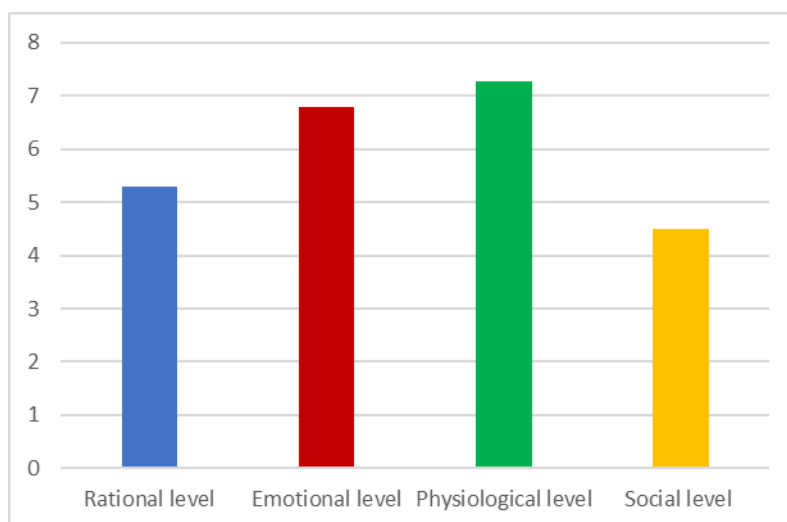


Figure 1. Levels of the burnout syndrome – questionnaire outcome ‘Inventory of the burnout syndrome’ – average respondents score
Source: Own research

At correlation activities we have focused at comparing chosen factors with the level of threat by the burnout syndrome. The impact of gender on the mentioned threat has not yet been proven. At the same time we have not been able to identify dependence related to age of a respondent. Statistical dependence has not been proven even when compared with length of practice.

Table 8. Comparison of the length of practice and presence of the burnout syndrome; questionnaire outcomes

Condition	Up to one year of practice (%)	1-5 years of practice (%)	6-10 years of practice (%)	More than 10 years of practice (%)
Good balance	69.23	69.50	57.14	55.08
Alarming symptoms	23.07	27.11	37.14	41.52
Risky state	7.69	3.38	5.71	0.85
Burnout	0	0	0	2.54

Source: Own research (n=260; p=0.183; df=9; $\chi^2= 12.57$)

Our primary aim was to find out whether supervision has a preventative impact on the burnout syndrome threat. We may deduce that the respondents who have taken part in supervision at least once a year dispose of a lower level of the level of the burnout syndrome threat than those who have never taken an active part in supervision. This dependence has been proven at the level of p=0.0016.

Table 9. Comparison of possibility to take part at supervision with presence of the burnout syndrome; questionnaire outcome 'Inventory of the burnout syndrome'

Condition	Do not participate in supervision (%)	Do not participate in supervision (%)
Good balance	35.13	62.70
Alarming state	51.35	34.59
Risky state	10.81	1.62
Burnout	2.70	1.08

Source: Own research (n= 22; p=0.0016; df=3; $\chi^2=15.205$)

4. Conclusions

Empirical proofs of relations between burnout and helping professions may be found in many so far realised empirical studies. What can serve as an example is the study by Y. Skoryk (2013) who examined burnout at teachers and D. Pagnin et al. (2016) whose focus group were students of medicine. P. F. Griner (2013) aimed at healthcare workers and F. Katsavouni and E. Bebetos (2016) rescue workers.

An extensive study of burnout of social workers was carried out by H. Kim et al. (2011). They claimed that a high risk of burnout in the profession of a social worker had been thoroughly examined yet little known about the impact of burnout on physical health of social workers.

The aforementioned authors examined a relationship between burnout and physical health by carrying out a study at 406 social workers registered in California. The results showed that social workers with the higher initial level of burnout later claimed more physical health problems. Besides that higher levels of burnout led to a faster worsening of physical health within the period of 1 year. The authors remind us of potential consequences at offering social care by examined employees.

In 2015 P. McFadden, published results from the extensive study on spread of the burnout syndrome at 1359 respondents working in the field of social work at various positions. The author states that almost three fourths of the chosen sample (73%) noticed a high score in the category of emotional exhaustion whilst the other 18% noted middle levels of emotional exhaustion.

It means that 91% of the sample shows average or high emotional exhaustion. In the field of depersonalisation the author found out that more than one of four respondents (26%)

noted a high score in this field whilst 35% of respondents showed an average level of burnout.

It means that 61% of respondents have reached the middle or high level of burnout in this field. In the field of individual execution the author describes that 91% of respondents have reached a high score despite the fact that burnout is generally in literature connected with the low level of individual execution and according to the author her findings do not corroborate with burnout of most examined social workers. It means that most of the British social workers in the sample feel competent and successful in their work in spite of the found high level of emotional exhaustion and depersonalisation.

Intergender differences in relation to the burnout syndrome describe the study carried out by E. M. Langaballe et al. (2011). They bring results confirming that women have difficulties to intertwine their working life with professional which is by authors perceived as a potential predictor of the emotional burnout. This aspect could be one of many possible answers to the impact of gender on the level of the emotional exhaustion as well as depersonalisation.

The burnout syndrome is characteristic for its narrow connection with bio-social living of an individual. Today we know that there exist significant differences related to managing stressors at both genders.

Within conditions of Slovakia the burnout syndrome of social workers is examined in a more limited scale than areawide. The collective of authors led by M. Mesárošová et al. (2017) published a useful analysis of data obtained from 745 helping professionals working in institutions of social care in Slovakia. The authors suggest that in general social workers suffer from a low level of the burnout syndrome. At a closer view at individual items these employees show in average only a moderate level of the emotional exhaustion ($M=2,09$; $SD=1,21$), significantly low level of depersonalisation ($M=0,85$; $SD=0,90$) whilst on the contrary a middle level of personal satisfaction ($M=4,36$; $SD=0,95$).

Similarly B. Ráčová (2018) in the group consisting of 110 employees from helping professions examined the level of the burnout syndrome and perceived stress. The sample of helping professionals shows overall only a mild level of the emotional exhaustion, low level of depersonalisation and middle level of personal satisfaction compared with work execution.

At the same time respondents show a moderate level of perceived stress. The results confirmed significant middle strong positive relationships between the emotional exhaustion, depersonalisation, perceived stress and according to the author also negative middle

strong significant relationship between personal satisfaction and work execution and perceived stress. As the author states the gender differences were not shown and confirmed.

Our realised research was focused on two levels. We have tried to find out what the level of the burnout syndrome at social workers in social care institution was and simultaneously aimed at examining methods and techniques that are used by supervisors in their practice at solving the topic of burnout at professionals in social care institutions.

Supervisors have identified based on their own experiences in the field of supervision a high prevalence of the burnout syndrome as a secondary topic during their supervising sessions. The aforementioned fact shows actuality of need to deal with this unfavourable phenomenon.

Based on our findings we assume that management of the subject or even a trustor of a social care institution does not reflect enough a need of preventative action in the field of prevention from the burnout syndrome. The question of psychohygiene of employees is probably minimally preferred and lacks enough saturation. In practice the burnout syndrome becomes a partial field of interest from the point of view of leading managing employees or chairmen of institutions. It would be more than advisable to implement diagnostics of the burnout syndrome at professionals.

A part of the research was our interest to identify the most frequent methods and techniques that supervisors use in their supervision. Ventilation, discussion, participation methods and relaxation techniques we most preferred along with the Baling group technique. On the grounds of current findings it would be convenient to ensure mutual enrichment in methods that a supervisor could use more effectively.

In Slovakia as well as abroad there are not yet professional publications on preference of particular methods that may be applied at supervision.

Research aimed at professionals at social care services – the so called supervised may be in regard of participation of individual positions a subject of further discussion.

The results may have been influenced by the fact that we could not provide about the same number of respondents within the frame of every work positions. We had expected more significant participation of day care workers. It is highly probable that if there was higher participation of day care workers the burnout syndrome would have shown itself on a higher level (We may only assume the aforementioned here not taking it as a fact resourcing only from our own experience from social care institutions). Despite the fact that there were no statistically significant differences in relation to gender and years of practice we find accord with claims of I. Maroon (2012) who refers to the risk of the burnout syndrome at be-

gainers in social services. In such a scenario it would be advisable to consider tutorship of more experienced professionals.

As truly important is our finding that emphasises importance of supervision in the environment of social care institutions. The respondents of our research who take regular part at supervising sessions at least once a year showed a lower level of the threat by the burnout syndrome. This fact brings to our attention importance of supervision in the environment of social care institutions. Simultaneously it should be a motivating argument for implementation of regular supervision and support by management when presenting the topic of the burnout syndrome at supervising sessions.

The realised research pointed out the burnout syndrome at helping professionals and importance of supervision in social care institutions. The topic of the burnout syndrome is often underestimated from the side of management who do not pay enough attention to the problem which leads to a somatic threat at employees. Regularity in supervision and formulation of the order aimed at the burnout syndrome is an effective tool for prevention or lowering the risk of the burnout syndrome presence.

Within the context of raising quality of supervision at the topic of the burnout syndrome we consider necessary to organise further education for supervisors, mostly as workshops in a way that would effectively help minimise the symptom. At the same time it is more than vital to educate trustees, tutors and management as well as legislative environment encouraging regularity of offered supervision in social care institutions.

In general it is possible to deal with work load in two ways. It may be by adaptive stress managing when used strategies show themselves as successful. On the other hand it may be non adaptive managing of stress that manifests itself by non effective course of action that may cause the burnout syndrome where supervision has a preventative character. Both ways may without a professional supervisor mean 'experiment', 'success versus fail' that should not repeat itself.

5. References

- Adams R. E., Bocscirino J. A., Figley C., 2006: *Compassion fatigue and psychological distress among social workers: a validation study*. "American Journal of Orthopsychiatry", 76, 1, 103-108.
- Baštecká B., 2005: *Terénní krizová práce: psychosociální intervenční týmy; t. 1*. Praha: Grada.
- Cherniss C. 1990: *Natural recovery from burnout: results from a 10-year follow-up study*. "Journal of Health and Human Resources Administration", 13, 132-154.

- Conrad D., Keller-Guenther Y., 2006: *Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers*. "Child Abuse and Neglect", 130, 1071-1080.
- Edelwich J., Brodsky A., 1980: *Burnout: Stages of disillusionment in the helping professionals*. New York: Human Science Press.
- Freudenberger H., North G., 1992, *Burn-out bei Frauen. Über das Gefühl des Ausgebranntseins*. Frankfurt am Main: S. Fischer Verlag GmbH.
- Griner P. F., 2013: *Burnout in health care providers*. "Integrative Medicine", 12, 1, 22.
- Hegney D. G., Craigie M., Hemsworth D., Osseiran-Moisson R., 2014: *Compassion satisfaction, compassion fatigue, anxiety, depression and stress in registered nurses in Australia: Study 1 results*. "Journal of Nursing Management", 22, 4, 506-518.
- Hendel, D. D., 2012: *Emergence and growth of professional doctorates in the United States, United Kingdom, Canada and Australia: a comparative analysis*. "Studies in Higher Education", 37, 3, 345-364.
- Katsavouni F., Bebetos E., 2016: *The relationship between burnout, PTSD symptoms and injuries among ambulance personnel*. "Sport Science", 9, 1, 7-13.
- Kim H., Ji J., Kao D., 2011: *Burnout and physical health among social workers: a three-year longitudinal study*. "Social work", 56, 3, 258-268.
- Kopřiva K. 2006: *Lidský vztah jako součást profese; t. 5*. Praha: Portál.
- Köverová M., 2016: *Psychometric properties of the Slovak version of the professional quality of life scale: preliminary results*. "Global Journal of Psychology Research: New Trends and Issues", 6, 2, 88-96.
- Köverová M, Ráczová B., 2017: *Burnout, stress and compassion fatigue among helping professionals*. "INPACT 2017: International psychological applications conference and trends: Book of Proceedings", 58-62.
- Křivohlavý J., 1998: *Jak neztratit nadšení; t. 1*. Praha: Grada.
- Křivohlavý J., 2001; *Psychologie zdraví*. Praha: Portál.
- Langballe E. M., Innstrand S. T., Aasland O. G., Falkum E., 2011: *The predictive value of individual factors, work-related factors, and work-home interaction on burnout in female and male physicians: a longitudinal study*. "Stress and Health", 27, 1, 73-87.
- Lešková L., 2012: *Sociálny kurátor pre deti a sociálna práca*. Prešov: Michal Vaško – Vydavateľstvo.
- Lešková L., 2017: *Supervision – modern method of social work and its application in practical use*. Brno: Tribun EU, s.r.o.
- Maroon I. 2012: *Syndrom vyhoření u sociálních pracovníků*. Praha: Portál.

- Maslach C., Jackson S. E., 1981: *The measurement of experienced burnout*. "Journal of organizational behaviour", 2, 99-113.
- McFadden P., 2015: *Measuring burnout among UK social workers. A community care study*. Belfast: Queen's University.
- Mesárošová M., Köverová M., Ráczová B., Nezksuilová J., Lichner V., Lovaš L., Lovašová S., Hricová M., 2017: *Starostlivosť o seba a dôsledky vykonávania pomáhajúcich profesií*. Košice: Univerzita P. J. Šafárika, Filozofická fakulta.
- Ondrejko P., 2005: *Úvod do metodológie sociálnych vied: základy metodológie kvantitatívneho výskumu*. Bratislava: Regent.
- Pagnin D., De Queiroz V., De Oliveira Filho M. A., Gonzalez N. V., Salgado A. E., Cordeiro e Oliveira B., Lodi C. S., Melo R. M., 2013: *Burnout and career choice motivation in medical students*. "Medical Teacher", 35, 5, 388-394.
- Pavelková J., 2014: *Spoločensko-ekonomický znevýhodnení jedinci. Bezdomovci a žebráci*. Trnava: Univerzita sv. Cyrila a Metoda v Trnave.
- Pines A., Aronson E., 1988: *Career burnout: causes and cures*. New York: Free Press.
- Prieš M., 2015: *Jak zvládnuť syndrom vyhoření: najdte cestu späť k sobě*. Praha: Grada.
- Ráczová B., 2018: *Syndróm vyhorenia a vnímaný stres vo vzťahu k starostlivosti o seba u pomáhajúcich profesionálov*; in: M. Köverová, M. Mesárošová (eds): *Pomáhajúce profesie a starostlivosť o seba z pohľadu psychológie a sociálnej práce*. Košice: Katedra psychológie, Filozofická fakulta, Univerzita Pavla Jozefa Šafárika v Košiciach; 20-28.
- Schavel M., Hunyadiová S., Kuzyšin B., 2013: *Supervízia v sociálnej práci*. Bratislava: Spoločnosť pre rozvoj sociálnej práce.
- Skoryk Y., 2013: *Prevention of teachers' professional burnout as a way to improve the quality of higher education*. "American Journal of Educational Research", 11, 1, 496-504.
- Streženec Š., 2003: *Medzinárodná federácia sociálnych pracovníkov. Definícia sociálnej práce*. "Práca a Sociálna Politika", 9, 3, 23.
- Thomas J. T., Otis M. D., 2010: *Intrapsychic correlates of Professional quality of life: mindfulness, empathy, and emotional separation*. "Journal of the Society for Social Work and Research", 1, 2, 83-98.
- Tošner J., Tošnerová T., 2002: *Burn-out, syndrom vyhoření*. Praha: Hestia.
- Venglářová M., 2011: *Sestry v nouzi: syndrom vyhoření, mobbing, bossing*. Praha: Grada.