

The impact of the Syndrome Burnout of professional Workers in facilities social Services

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Abstract:

This study is focused on the effects of the syndrome burnout in professional workers in helping professions. The study presents the importance of professional workers in helping professions. It describes prerequisites, roles, obstacles, risks and problematic situations closer specified professions. Next solves the theoretical and practical starting points of the syndrome burnout. Aims to the causes syndrome burnout and diagnosis. It characterizes the consequences impacts on professional workers. Next with deals with the research methodology and states the established research questions and the goal research. Describes the time plan, presents the research plan set, sets criteria and lists collection techniques data. The

study presents the overall results of standardized MBI and BM questionnaires and their evaluation. Throughout the creation of qualitative research proceed according to ethical rules and the anonymity of the participants is respected participants. Main goal study is acquisition, analysis and evaluation information at finding out impacts syndrome burnout in professional workers in helping professions in facilities social services.

Introduction

Today's modern times record the development of the syndrome burnout. They contribute to this state increasing with demands on work performance and accelerating with the pace of life. Continuous occurrence of the syndrome burnout is increasing. It is caused the present time, which is characterized by fast life style and everywhere those present by stress. Syndrome burnout is basically a state of chronic stress and is a danger in life for people with a very high workload pace and workload. This condition leads to physical, mental and emotional exhaustion, cynicism, detachment and even feelings of imperfection and inferiority. He discovers with mainly among workers in assisting professions who they don't have to indifferent to his work approach. It has harmful consequences not only for its so-called victims, but also causes a deterioration in the quality of care provided in facilities social services.

When with syndrome burnt out is coming, you are no longer able to effectively function on a personal or professional level. However, burnout does not happen suddenly. You won't wake up se and you will not find out that you have the syndrome burnout. His nature is much more insidious, syndrome burnout with creeps very slowly, which is a lot harder to recognize Syndrome burnout is not just a random feeling of tiredness after working a difficult day. This is a deep chronic state of exhaustion, which is rooted in the psyche man. The dominant characteristic is above all how we are already they mentioned psychological exhaustion, which it mainly manifests in the field of cognition, motivation and emotions. It affects and affects the attitudes, opinions, performance and entire patterns of the professional behavior and actions. Effects of the syndrome burnout with they do not only concern the work sphere. They disrupt personal relationships, leisure activities and the

overall quality of life. People resistant to various stressful situations with they are characterized by having balanced eigenvalues. They focus on yourself, family and friends. If this is not the case, an internal conflict arises, which is emotional burdensome and exhausting. That's why it's important attach a less important role to a permanent partner relationship in life and are satisfied to the family.

In submitted studies we will focus on the effects of the syndrome burnout among professional workers in facilities social services. Studies we focus on professional workers in helping professions. We deal with the characteristics of these professional workers and we describe assumptions, roles, obstacles, risks, conflict situations, problematic behavior, mobbing, bossing and staffing. This is a situation, se by which with these workers are most often at work environment they meet Next with we pay attention to stress and define its burdens. Next with we dedicate syndrome burnout, we will introduce theory domestic and foreign authors who with deal with this issue. We will explain risk factors and describe perspectives on the causes of burnout. We describe the differences of the syndrome burnout from negative psychological.

In the empirical part studies with we deal with research methodology, in which we present the established research questions and objective research. We describe the time schedule for the creation of qualitative strategy and we present the characteristics of research file, in which we set the selection criteria research file. We define collection techniques data by which are ethical research rules, secondary data analysis, semi-structured interviews with open questions and standardized MBI and BM questionnaires. A sample of empirical research brings us closer to our own research investigation, which we carry out at twenty four participants that device social services. We dedicate with analysis and

coding of semi-structured interviews. We all of them directions, we proceed according to ethical rules qualitative research.

In conclusion with we devote to the overall summary of the questionnaire survey and describe the discussion. We deal with answers to one main research question question and amount goals. Subsequently, we define recommendations for practice.

1. Professional workers in facilities social services

Social work is in constant development and is implemented through social services. It is important in order to respond flexibly to social problems which with daily solves and to be solved well, it is needed have enough quality professional workers. In part studies we will focus on professional workers in helping professions, to define the concepts of helping professions, state prerequisites and role of professional workers in helping profession. Next we will describe obstacles and risks of the work of experts in helping professions and workplace conflicts.

Ideal helping the worker is according to Nettles (2006) prosocially oriented mature a personality that is aware your own of life direction. A personality without neurotic and psychopathic traits and with an assumption the art of independent decision-making and action. This is a group of professions whose the aim and content is, as stated Hartl and Hartlová (2010), providing help and support with the principal focusing on the individual needs individuals.

Workers in helping professions they have own specific features. These features distinguish them from others profession. Kopřiva (2013) points out the most essential and that is relationship and trust between client and professional worker in helping profession. In this created relationship with assumes, as stated Nakonečný (2021) above all with a high degree of empathy, helpfulness, understanding and assurance of trust that arises between client and professional worker in helping profession. Between helping profession we rank according to Malíková (2020) doctors, nurses, medical workers, caregivers, psychologists, psychiatrists, therapists, social workers, but also special pedagogues and educators. In a broader view, less often to help by profession pedagogues, physiotherapists and

masseurs also assign. They didn't have to we would forget the individual main components of the Integrated Rescue System, which they include the fire brigade, the medical rescue service and the police.

Carrying out work in this industry it is not easy and it is not suitable for everyone. It is mentally and physically very demanding. To eat could worker in helping profession perform effectively, it should have certain prerequisites. Matoušek (2021) describes that one that basic assumptions which they are for performing work in helping important in professions is intelligence, fitness, ability and will to try with to constantly expand and enrich their knowledge with new theories and practical techniques that could to be more effective at solution theirs working tasks. This work, as Malíková (2020) points out, is based on mainly on the relationship between professional worker and client. In helping professions is necessary and important teamwork and holistic approach of the whole multidisciplinary team. Social work enables people increase the quality of life. The quality of care is in the foreground interest professionals and the public.

1.1 The role of professional workers in helping profession

The tasks of professional workers in helping professions is above all according to Mlýnková (2017) direct client care, medical care, health care, social care, rehabilitation care and care on the part of occupational therapists and activators workers. This care with each other connects. Therefore, the cooperation of the entire team is important workers. Main goal workers is improving the quality of life of clients who are in facilities social services they live.

The role of the doctor in the facility social services

Medical care is provided through contractual doctors in the facility. In case device social services these are external employees and doctors occurs at agreed regular intervals. Very narrowly they cooperate with the head nurse and social workers workers.

Doctors they provide professional medical care care and closely they cooperate with others specialists in the relevant fields. Performs

income of new clients to the facility social services, comprehensively assess the health status of clients in the facility social services. They make entries in the documentation. They recommend next intervention, according to which the multidisciplinary team is progressing. In the team, each member has his own responsibility expertise and at the same time everyone brings your own view of the matter.

The role of the general nurse in the facility social services

The content of the job consists of good knowledge in the field of complex nursing care that is provided mainly for the purpose of support, restoration of health, bio-psycho-social and spiritual satisfaction needs. Malík- Holasová (2014) further states that the general nurse participates in development and preservation existing self-sufficiency clients. Another activity of the general nurse is the diagnostic-therapeutic task, which includes activities related to interventions based on indications doctor with subsequent observation clients. The role of general nurse is needed include the manager activity where the nurse is responsible for the quality of nursing care provided care. However, as expressed by Mačkinová, Masaryk and Musilová (2014, p. 463), “A sedentary way of life and monotonous one -sided work burdens the movement system of an individual.” This health condition is not good it also affects mental health.

The role of the social worker in the facility social services

The basic role of a social worker is the effort to integrate knowledge, values and skills into practice. A social worker should have a general overview and ability mobilize human and material resources in benefit clients as stated Matoušek (2021) and should not specialize only for one method. Thanks methods recognizes and maps the problems of unfavorable ones situations needs and resources of the client. Performs social investigation. It is discussed interested parties social services. He is looking for opportunities to work with his family. Follows ethical principles.

Social worker as advisor ensures social and socially legal consultancy according to the statutory legislation, which it is related to the ap-

plication of the right to financial or material possibilities of support and assistance. It helps clients get insight into their attitudes, feelings and ways negotiations. Handles applications for care allowances and negotiates contributions to medical devices. It solves guardianship matters. He participates meeting at the authorities at processing guardianship, property and inheritance settlement, notary's agenda. Preparing provision contracts social services.

As a methodologist, he creates procedures and fillings work activities for other workers. It evaluates the provided social service. Drafts internal documents of the organization. Processes and updates internal regulations to standards of the quality of care provided. Performs evaluation questionnaires satisfaction and fulfillment goals for clients and employees. Records, solves and evaluates complaints. Updates individual planning. Methodically leads the key workers.

The social worker is the main one participant communications between client and family, client and guardian, organization and guardian or family. Contacts guardians and family members at changes in the client's life, at changes in the services provided. Maintains correspondence with family members. Ensures consent signatures and processes powers of attorney. At terminally ill patients, “social workers try to help clients fulfill 4 kinds of wishes which with I strive solve before death.” (Mačkinová – Okech, 2017, p. 75)

The role of the caregiver in the facility social services

The caregiver's activities are described by Mlýnková (2017), they are focused on the performance of direct service care for clients . These are hygiene care, general baths, changes incontinent aids, care of the bed and personal belongings, dressing, putting on shoes, prevention of pressure ulcers and positioning. Caregivers they are responsible for the distribution and serving of food, for the correct one administration of specified diets. Prudká (2015) characterizes other activities which they are important in the care of clients in facilities social services. Between these activities include practicing simple daily activities, supporting self-sufficiency, creating basic and social contacts and satisfaction psychosocial needs. Each individual has his

own needs. Between the most famous theory needs we can sort Maslow's hierarchy of needs. (Čulenová, Nowak, Mačkinová, 2021)

1.2 Obstacles and risks in helping professions

Professional worker in helping professions with can in professional life encounter obstacles and risks, which over time could lead to a disruption of the balance, as he states Mátel (2019) and negatively affect the quality of his work. The most common problems, with by which professional workers meet, there are conflicts at the workplace, problematic behavior at the workplace, mobbing, bossing, staffing, stressful burden and syndrome burnout.

2. Syndrome burnout

In the second part studies with we devote to theoretical knowledge syndrome burnout. Most often they are hereby phenomenon reached professional workers in helping professions. This phenomenon represents a metaphor characterized by Gazdíková (2017) from the English verb to burn, which means to burn, while in phrase burnout it is an expression to burn out, to burn out, to go out. In individuals who they are disabilities symptoms syndrome burnout, precedes initial fierce burning fire, symbolizing strong motivation, extreme interest, excessive activity with extreme by deploying in a state of burnout, extinction and burning.

Actually in other words, a uniform definition syndrome burnout does not exist to this day. Illustrative metaphorical example syndrome burnout states Rush (2004), which this phenomenon compares to candles. When man it lights both ends of the candle, so to speak acquires more lights, but a candle faster burn out. A brief description is also provided by Stock (2010), according to which is a syndrome burnout explicitly conditional consequences of chronic stress. An idea about the syndrome burnout states Nešpor (2007), who defines it as a state of maximum physical and mental exhaustion. In practice, we could also label this state like emotional exhaustion. In humans there is a massive loss of physical strength, gradual extinction all of them body strength, loss of energy and general loss of desire to exercise any work activity. Röhr (2013) also points out that an insufficient sense of self-

worth significantly complicates the lives of many of us and large I will fall syndrome burnout on a person are frequent depression, anxiety, psychosomatic diseases and in the worst case different forms of addiction. Collective authors Matoušek, Kodymová and Kolářčková (2005) define the term syndrome burnout like a set of typical symptoms which with occur in professional workers.

2.1 View of the causes of the syndrome burnout

They are common features, according to which we can have generalized look at the causes syndrome burnout. It gives a brief description Prieß (2015), which indicates that the real cause syndrome burnout is the occurrence of a health deficit relationship to oneself and the environment. With such a one a person who lives in a stereotyped way develops a dislike for living. The main ones triggers syndrome burnout they are according to Honzák, Cibulka and Pilátová (2019) chronic stress, permanent time pressure and high emotional tension. It's a reaction body and above all mind for long-term mental exhaustion, intense preoccupation with a certain task and everyday stress. We must not forgetting that the professional staff in the facilities social services they very often encounter challenging and critical situations. It depends on their handling Mačkinová and Musilová (2017) suitable to use the development of human personality using the bibliography method.

2.2 Diagnosis of the syndrome burnout

Superhuman performance they are situation, when and how to convince the person who very much well known to visit a specialist and let himself in detail investigate. Why investigate? Because we suspect that he suffers from the syndrome burnout. We have been observing certain characteristics of this phenomenon for a long time. As stated by Kopecká (2011), such an affected person man can to be almost without preview. In his thinking prevails belief that he definitely does not suffer from the syndrome burnout. However, as Mačkinová, Keketiová and Vavrčáková (2014, p. 987) say, "knowledge of personal identity is important for each of us."

As stated Študentová (2016) are most often used questionnaires based on observation

scales. For one of the basic diagnostic methods are considered detailed personal anamnesis, where the subjective one is followed experiencing and perceiving individual symptoms. Another diagnostic method is a somatic examination. Most importantly further objective diagnostic methods is considered series special psychological examinations, which they are directly designed for the diagnosis of the syndrome burn out and are objectively accurate.

Simple method is according to Kurucová (2016) orientation questionnaire, which compiled authors Dno Hawkins, Frank Minirth, Chris Thursman and Paul Maier. This method is based on cognition approaching with the condition of the syndrome burnout. It is suitable for anyone who wants to find out, evaluate and reveal your own relation to the syndrome burnout. The questionnaire is made up of 24 items and participants mark answers to dichotomous questions yes or no. The more positive answers are marked, the more is signaled by the syndrome burnout. On the other hand, negative answers tend towards denial syndrome burnout.

Another one very much acquaintances the questionnaire is a standardized MBI questionnaire (Maslach Burnout Inventory), which serves as stated authors Kebza and Šolcová (2003) to findings degrees syndrome burnout in the emotional area. This questionnaire was for the first time published by the authors Christine Maslach and Susan Jackson in 1981 and later modified in 1986. The questionnaire consists of 22 statements, each of which focuses on one of the three dimensions of the questionnaire. Nine questions is focused on emotional exhaustion. Five questions are focused on depersonalization and the rest eight questions directed to the area personal satisfaction.

Emotional Hřebíčková (2011) considers exhaustion to be the most authoritative indicator syndrome burnout. It describes a person who experiences emotional states exhaustion, loss of zest for life, lack of strength and negative motivation for some activities. In depersonalization there is a loss any respect for other people. Most often with occurring in helping professions. People suffering depersonalization they have feelings of inadequacy reverse bonds, breed becomes cynical, disappears with respect and very much quickly they become bitter (Poschkamp, 2013).

3. Empirical part

Main goal this research studies was acquisition, analysis and evaluation information at finding out impacts syndrome burnout in professional workers helping professions in two selected devices social services. We carried out the research specifically in two devices social services - for study purposes named device social services A a device social services B.

In ours qualitative research we are due to the sensitive topic mainly used individual method collection data, as in semi-structured interviews as well as when filling out standardized MBI and BM questionnaires. Based on main goals research and within implementation qualitative research we set the main research question and the secondary one research questions.

HVO: They have sociodemographic data of participants that device social services influence on the possible effects of the syndrome burnout?

VO1: What is the incidence rate of the syndrome burnout according to standardized MBI questionnaire for professional staff in the facility social services A in comparison with device social services B?

VO2: What is the rate of occurrence of psychological exhaustion according to standardized BM questionnaire for professional staff in the facility social services A in comparison with device social services B?

Collection technique data

For collection data we used the method secondary data analysis, method semi-structured interview with open questions and standardized MBI questionnaires (Maslach Burnout Inventory) and BM (Burnout Measure). Based on we implemented these techniques and created record sheets for twenty-four participants from among professional workers that of the two device social services who provided us with this valuable data. Throughout the creation of qualitative research we followed the ethical rules of research.

3.2 Research file

Participants for qualitative research studies we are they chose method intentional selection. File participants for the research studies formed in total twenty four professional workers in helping professions, ze two device social services. At

intentional selection participants that two device social services we are with they focused on the basic criteria, which were the number of years of experience in the field at the facility social services, education of participants and age category participants.

4. Interpretation of the obtained data

In this one parts studies we are dealt with the results of the collection data from the implemented standardized questionnaire MBI and BM and marked them in the following table no. 1. In the table we are tried to be concise and clear characterize and divide research file participants according to device social services, which these professionals perform my own profession. Next we characterized the age participants, education, number of years of experience in helping profession, standardized results psychological burnout questionnaires (BM), standardized results MBI questionnaires from the areas of emotional exhaustion (EE), personal satisfaction (PA) and depersonalization (DP).

Table 1 Overall results of the BM and MBI questionnaires from device A and device B

Participant (+ mark ZSS)	Age (years)	Education	Practice (Years)	BM	MBI EE	MBI PA	MBI DP
P1 F (A)	43	Trained	16	3.23	43	24	17
P2 M (A)	61	University	21	1.57	33	34	17
P3 F (A)	53	Primary	22	3.81	36	37	24
P4 F (A)	48	University	10	2.80	47	33	19
P5 F (A)	41	Trained	12	4.09	43	30	20
P6 M (A)	50	Trained	8	4.46	36	31	18
P7 F (A)	44	Secondary	6	4.29	40	28	15
P8 F (A)	41	Higher Vocational	3	4.00	46	31	20
P9 F (A)	42	Trained	7	2.78	37	28	20
P10 F (A)	44	University	25	3.23	33	32	19
P11 F (A)	43	Trained	8	3.29	40	27	17
P12 F (A)	52	Trained	7	2.63	41	30	21
P13 F (A)	61	University	18	2.62	49	29	19
P14 F (B)	39	Trained	2	3.33	32	29	18
P15 F (B)	47	Primary	15	3.47	46	33	20
P16 F (B)	51	Higher Vocational	24	2.63	38	37	19
P17 F (B)	43	Primary	4	3.48	43	30	13
P18 F (B)	48	Secondary	6	4.08	37	32	20
P19 F (B)	46	Secondary	20	2.68	42	36	13
P20 F (B)	41	Trained	5	3.88	46	33	20
P21 M (B)	47	Primary	25	3.88	36	33	22
P22 F (B)	41	Trained	9	4.08	44	35	20
P23 F (B)	49	Secondary	15	4.34	37	34	9
P24 F (B)	46	Secondary	13	3.04	36	37	4

Source: own processing

4.1 MBI questionnaire

Standardized Maslach questionnaire Burnout Inventory - MBI belongs between the most frequently used professional methods at research syndrome burnout. We decided with use the Czech version standardized MBI questionnaire. Its individual items are comprehensible and filling it is not time consuming. The MBI questionnaire belongs between the most used methods for expert examination syndrome burn out and find out basically three factors (Žídková, 2013).

The first is the EE factor (emotional exhaustion) - emotional exhaustion. It manifests with loss of zest for life, lack of it strength for any activity, zero motivation for any activity. EE is considered basic and most authoritative symptoms syndrome burnout. For evaluation emotional exhaustion applies, the greater it is the measured value, the higher the degree of measure evaluation. The second is the DP factor (depersonalization) - it manifests with loss of respect for other people as to human beings. This factor is clear in people with a large the need for reciprocity. This means that they need a positive response from people who with dedicate. For evaluation degrees depersonalization applies the same principles as with the previous one. This means that the higher the measured value, the higher the degree of measure burnout. The third is the PA factor (personnel accomplishment) - reduction of performance. With this factor with we will meet mainly in people with a low level of healthy self-esteem and self-confidence. They have lack of energy to coping with stressful situations. The higher the value, the better the result more positive. And the lower the measured value, the higher degree of burnout higher.

There are nine in the MBI questionnaire questions focused on the emotional exhaustion. Five questions are focused on depersonalization. Eight questions is aimed at reducing performance. In this questionnaire, feelings are evaluated on the scale of frequency of occurrence and on the scale of occurrence of intensity and strength. The total score of individual factors is evaluated. In practice it is more suitable use only one of the indicators. Mostly with uses strength feelings.

Table 2 Results of the standardized MBI questionnaire from ZSS A and ZSS B

Professional workers in helping professions	Degrees of burnout of ZSS A			Degrees of burnout of ZSS B				
	MBI	Low	Moderate	Total	MBI	Low	Moderate	Total
Doctor	EE	1			EE	1		
ZSS A:1	DP	1			DP	1		
ZSS B:1	PA		1		PA		1	
Nutritional therapist <small>(She was not present in ZSS A)</small>	EE	-	-	-	EE	1		
ZSS A:0	DP	-	-	-	DP	1		
ZSS B:1	PA	-	-	-	PA	1		
Nurses	EE		1	2	EE	1		3
ZSS A: 3	DP			3	DP	2		2
ZSS B:4	PA		1	2	PA		2	2
Caregiver/Caregiver	EE	2		5	EE			4
ZSS A: 7	DP	1	1	5	DP	1	1	2
ZSS B:4	PA	2		5	PA		3	1
Social worker	EE		1		EE			2
ZSS A: 1	DP	1			DP	2		
ZSS B: 2	PA	1			PA	1	1	
In total		9	5	22		12	8	16

Source: own processing

We are in the table no. 2 with devoted to the description of the results standardized MBI questionnaire according to degrees burnout collectively for items emotional exhaustion (EE), personal satisfaction (PA) and depersonalization (DP).

Of the total number of twelve participants that device social of services A was one doctors, three nurses, seven caregivers and one social worker. According to there are nine of the results of the questionnaire survey participants that all of them three items standardized MBI questionnaire present low degree of the syndrome burnout. At five of participants is present mild degree of the syndrome burnout. Twenty-two participants have a high degree of the syndrome burnout. At the device social there were twelve B services participants, which consisted of one doctor, one nutritional therapist, four nurses, four caregivers - caregivers and two social worker. For 12 participants we noted a low degree of the syndrome burnout, 8 participants moderate degree and 16 high degree of the syndrome burnout.

4.2 Questionnaire BM

Authors standardized BM questionnaire (Burnout Measure) are Dr. Ayala Pines , PhD., and Dr. Elliot Aronson , PhD. The questionnaire was created in 1980. It is a test of psychological burnout. This method looks at the syndrome burnout that three aspects. First aspect is the feeling of physical exhaustion. The second aspect is feeling emotional exhaustion. The third the aspect is the feeling of the mental exhaustio . For its high internal consistency and reliability

is very important popular (Zámková, Rigorous Thesis 2018, In: Melgosa, 2001). We used this standardized questionnaire to findings degree of psychological burnout. Participants filled in the marked boxes for 21 questions with numbers indicating according to the key below strength feelings that they usually experienced.

Strength feelings : 1. never, 2. once in a while, 3. rarely when, 4. sometimes, 5. often, 6. usually, 7. Always.

The questions are deal with by the degree of fatigue, physical and emotional exhaustion, feelings of happiness and energy, feelings of anxiety, fear , worthlessness and hopelessness. After that with according to the given formula calculated the value of BQ which indicates of peace threat syndrome burnout. These BQ values were divided into five groups and a certain rate was assigned to them threat syndrome burnout. The lowest BM values (i.e. BQ = 1.9 and below) indicate a very good result. The individual is not at risk at this time syndrome burnout. If BM = 2 to 2.9, the condition is satisfactory. If the resulting BM value is between 3.0 and 3.9, then with recommends to think over life and work, over style and meaningfulness own life. If the overall result is BM = 4.0 to 4.9, it can be considered presence syndrome of psychological exhaustion beyond the proven . If the result is higher than BM = 5.0 or higher, it is necessary considered as a distress signal. It is present in the individual syndrome burnout with fully developed symptoms. (Zámková, Rigorous Thesis, 2018, In: Venglářová , 2011).

By method of the standardized BM questionnaire were investigating rate of psychological burnout in twenty four participants that two device social services. Equipment we are divided into devices social services A a device social services B. Each device was represented twelve participants. The questions in this standardized questionnaire se deal with by the degree of fatigue, physical and emotional exhaustion, feelings of happiness and energy, feelings of anxiety, fear, worthlessness and hopelessness. After that with according to the given formula calculated the value of BQ which indicates of peace threat syndrome burnout.

Table 3 Overall evaluation of the BM questionnaire by the participants that device A a device B

BM values Range	Frequency of participants from ZSS A	Frequency of participants from ZSS B
2 and less	1	2
2,9	4	4
3.0-3.9	4	4
4.0-4.9	3	1
5, 0 and more		1
In total	12	12

Source: own processing

In this one table we marked the overall results from two devices social services, which we are carried out collection data in the form of standardized BM questionnaires. Of these tables you can compare results between by these devices social services. According to submitted results from the table we are found that larger representation in higher values from the BM questionnaire, participants have ze device social services A. There are three of them participants in which we are they measured moving values with in the range of 4.0 to 4, 9. In tables no. 4 and no. 5 we are described the results that standardized BM burnout questionnaire according to length of professional experience of the participants .

Table 4 Results of the BM questionnaire from device A according to length of professional experience of the participants

Length of professional experience of participants from ZSS A						
Number of years of experience in ZSS A	1-5	6-10	11-20	21-30	30+	in total
BM						
2 and less				1		1
2,9	2	2				4
3.0-3.9	1	1	2			4
4.0-4.9	1		1	1		3
5, 0 and more						
In total	4	3	3	2		12

Source: own processing

After evaluation sums that standardized BM psychological burnout questionnaires we are in the table described the results that device social services A by length of professional experience. According to of the results of the questionnaire we found a result value of BM 2 or less in one participant with professional experience of twenty one to thirty years. At four participants she was measured value up to 2.9. And that for two with professional experience in the range one to five years and two participants with expe-

rience from six to ten years. At these participants this is a very good to satisfactory result. At four participants with the BM values ranged between 3.0 and 3.9. Which is on the border of psychological exhaustion. These participants would already they had think about style to reassess your life and your priorities.

This is one participant with experience in the range one year to five years, another is one with experience in the range six to ten years and two participants with experience in the range eleven to twenty years. We recorded a BM result of 4.0 to 4.9 in a total of three participants. For one with professional experience in the range one year to five years. For one with professional experience in the range eleven to twenty years and one with twenty one to thirty years of experience. At these of participants is according to results of BM syndrome of psychological exhaustion proven . A BM result above the value of 5.0 is not.

Table 5 Results of the BM questionnaire from device B acc length of professional experience of the participants

Length of professional experience of participants from ZSS B						
Number of years of experience in ZSS B	1-5	6-10	11-20	21-30	30+	in total
BM						
2 and less			2			2
2,9	2	3				5
3.0-3.9	1	1	1			3
4.0-4.9		1				1
5, 0 and more			1			1
In total	3	5	4			12

Source: own processing

In submitted table we recorded the results of standardized BM psychological burnout questionnaires in participants that device social services B according to length of professional experience. According to the overall results from the questionnaires we are found in two participants with professional experience in the range eleven to twenty years the resulting value of BM 2 and less. At five participants she was measured value up to 2.9. And that for two with professional experience in the range one to five years and three participants with experience from six to ten years. At these participants this is a very good to satisfactory result. At three participants with ranged BM values between 3.0 and 3.9. Which is on the border of psychological exhaustion. These participants would already they had think about style of his life. This is one participant with experience in the range one year to

five years, another is one with experience in the range six to ten years and one participant with experience in the range eleven to twenty years. We recorded a BM result of 4.0 to 4.9 in a total of one participant with professional experience ranging from six to ten years. The BM result was above 5.0 recorded in one participant who works in the range eleven to twenty years – psychological burnout syndrome.

Discussion

Main the aim of this research was acquisition, analysis and evaluation information at finding out impacts syndrome burnout in professional workers in helping professions in two selected devices social services. For acquisition valid ones information from participants who were the largest source at collection data, three criteria were essential. The first the criterion set by us was the number of years of experience in the facility social services and in the relevant field. The 2. criterion was the highest achieved education participants. The 3. criterion was age.

In the following table no. 6 we are tried according to results from individual levels of EE - emotional exhaustion, PA - personal satisfaction and DP - depersonalization of the standardized MBI questionnaire to allocate the number of participants with the highest measured values.

Table 6 Results of the occurrence of the syndrome burnout with the highest values

Results of occurrence of burnout syndrome in participants with the highest values MBI and BM questionnaires. Levels, criteria and total number of participants with the highest measured values and incidence of burnout syndrome from ZSS A and B					
ZSS A			ZSS B		
EE	Participants	3	EE	Participants	4
Practice	11-20	3	Practice	6-10	4
Education	Learned	3	Education	Medium	3
Age	41-50	4	Age	41-50	4
PA	11-20	3	PA	1-5	1
Practice	Learned	3	Practice	6-10	1
Education	Learned	3	Practice	11-20	1
Age	41-50	4	vs	1	1
DP	11-20	3	Education	Medium	1
Practice	Learned	3	Education	Learned	1
Education	Learned	3	Age	31-40	1
Age	41-50	4	Age	41-50	1
BM	1-5	1	Practice	51-60	1
Practice	11-20	1	vs	2	1
Practice	21-30	1	Education	Medium	1
Practice	Learned	1	Education	Learned	1
Education	Medium	1	Basic	1	1
Education	Learned	1	Age	31-40	2
Age	41-50	2	Age	31-40	1
Age	51-60	1	Age	41-50	1

Source: own processing

Next we are described, in which device social services has the highest incidence of the syndrome burnout. Also we are described the results of the standardized BM questionnaire according to selected criteria, which were essential at qualitative research.

Submitted results of the level (EE) of emotional exhaustion that of the MBI standardized questionnaire proved the highest values overall for seven participants that device A and at three participants with a length of professional experience of eleven to twenty years. Of device B we are found a high degree of EE according to length of professional experience in total for nine participants. From the given table you can summarize that according to four participants with a high degree of EE who they have been working in the field for six to ten years. We are in facility A measured a high degree of EE according to education a total of seven participants. From the given table you can to confirm that according to education high EE values occur in three participants with an apprenticeship. He was in facility B a high degree of EE was found in a total of nine participants. The highest the EE rate was found in three participants with high school education. The highest degree of EE was recorded in four participants that device A in age range of forty- one to fifty years. A was in device B the highest representation in the field of emotional exhaustion in four participants in age range of forty- one to fifty years. From the results we are found that the occurrence of the syndrome emotional burnout depletion is higher in device B.

For results from the level (PA) of personal satisfaction from of the standardized MBI questionnaire in facility A, we recorded a high level in a total of seven participants and three with a length of professional experience of eleven to twenty years. From the given table you can confirm that according to education high EE values occur in three participants with an apprenticeship and in age range of forty- one to fifty years. We are in facility B found a high degree in a total of three participants and one participant with professional experience in the range one year to five years, for one participant in the range six to ten years and more one participant with professional experience in the range eleven to twenty years. According to at most achieved

a high level of education is present in three participants. This high degree was represented by one participant with a higher education, by one participant with high school by education and for one trained participant. There was a high degree of PA evaluated in three participants and that in age range thirty one to forty years for one participant. Furthermore, for one participant in age range forty- one to fifty years and in one participant in age range fifty one to sixty years. From the results we are found that the occurrence of the syndrome burnout in the area of personal satisfaction is higher in facility A.

Overall evaluation results degrees depersonalization (DP) from standardized MBI questionnaire with the highest values in facility A we are found a high degree in eight participants. The biggest representation was found in three participants with eleven to twenty years of professional experience. According to at most achieved a high level of education is present in three participants with an apprenticeship. There was a high degree of DP recorded in four participants and that in age range forty one to fifty years. The measured values showed the overall occurrence of a high degree of DP from the point of view length of professional experience in four participants that device B. This high degree we are found in two participants with professional experience in the range one year to five years. In the table we pointed to the results in the field of education and found out we that the high degree of DP was measured four in total participants. For one participant with a higher vocational school, for one with secondary school, one with an apprenticeship and one with basic education. High degree DP acc age was evaluated a total of four participants. The highest representation in we have a high degree of DP found in two participants and that in age range thirty one to forty years. From the overall results we are found that the occurrence of the syndrome burnout in the area of personal satisfaction is higher in facility A.

After evaluation sums that standardized BM psychological burnout questionnaires according to length of professional experience in facility A we are found results with the highest values of BM 4.0 to 4.9 in total in three participants. For one with professional experience in the range one year to five years. For one with professional experience in the range eleven to

twenty years and one with twenty one to thirty years of experience. After evaluation sums that standardized BM psychological burnout questionnaires according to the highest achieved education in facility A, we recorded results with the highest BM values of 4.0 to 4.9 in total for three participants, one with a university degree, one with a university degree with secondary school and one trained participant. Overall highest result BM 4.0 to 4.9 ze standardized BM psychological burnout questionnaires according to age category we recorded a total of three participants. There were two participants in age category forty- one to fifty years and one participant in age category fifty one to sixty years. In submitted table we recorded the results of standardized BM psychological burnout questionnaires in participants that device B acc length of professional practice. We recorded a BM result of 4.0 to 4.9 in a total of one participant with professional experience ranging from six to ten years. The BM result was above the value of 5.0 recorded for one participant who works in the facility social services in the range eleven to twenty years. BM values of psychological burnout 4.0 to 4.9 according to the highest achieved education we recorded a total of three participants, one with a higher vocational school and two with basic education. The BM result was above the value of 5.0 recorded in one participant se high school education. Of the evaluated sums that standardized BM psychological burnout questionnaires we are they found out result of BM 4.0 to 4.9 in one participant in age category thirty one to forty years. The BM result was above 5.0 recorded in one participant in age category forty one to fifty years. At these of participants is according to results of BM syndrome of psychological exhaustion proven. Out of a total of twenty four participants that two we are devices A and B measured BM values of 2 or less in three participants. Values of 2.0 to 2.9 were measured in eight participants. The results of the BM questionnaire in the range between 3.0 and 3.9 were measured a total of eight participants. We recorded BM values of 4.0 to 4.9 in a total of four participants. The BM result was above the value of 5.0 recorded in one participant. From the overall results we are found that the occurrence of psychological burnout is higher in facility A.

Conclusion

Professional workers in the field of helpers professions what kind they are doctors, general nurses, direct workers care and social workers are those who suffers the most from today's phenomenon, such as the syndrome burnout. The work that carried out, them on one side brings joy and satisfaction, but on the other hand can cause painful suffering on mental and physical health. It's not just that they are able to manage various burdensome situation and stress, but that he tries to put a lot of effort and emotion into his work. To help at all costs, to manage everything at the expense of one's abilities. But theirs the biggest the risk is that these workers who they are used to only giving, they will be in the future deal with the fact that they will care need too. Syndrome burnout can have on workers fatal consequences and leave traces that they won't go simply remove.

Based on the main research question "They have sociodemographic data of participants that device social services A a device social services B influence on the possible effects of the syndrome burnout?" we note the following. From the results standardized MBI, BM questionnaires and outputs from semi-structured ones conversations that we realized at twenty four participants that two device social services, we are determined the occurrence of the syndrome using three criteria burnout and occurrence of psychological burnout. They found out we are that the occurrence of the syndrome burnout it is related to the length of professional experience, education and age participants.

The consequences of work stress have emotional, cognitive and behavioral effects - what finally will cause syndrome burnout. Employers would they had more focus on mental health support. In the first series we would recommended that employers and colleagues at work pay more attention to their own colleagues and perceived warning signals in time. Okay proposed preventive measures they can prevent many complications. First and foremost by interest employers should be a good creation of programs that should have positive influence on the personal development of employees. Next we would recommended teamwork, work consultancy, fitness programs and supervision. Work should not to be monotonous and stereotypical. They should

more organize training and events and seminars on the topic of communication development skills, self-control, exercises for assertiveness and solutions conflicting situations. To give bigger spaces for self-realization. It would be appropriate to acquire information about satisfaction workers in the form of anonymous questionnaires, where they could be revealed in time causes excessive mental and physical loads and stress factors.

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