

Quality of working life among social services professionals in Spain. Analysis of the psychosocial factors determining a good working climate

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Abstract: This article analyzes the characteristics of psychosocial factors that affect social service professionals in their workplaces. Engagement, passion for work, organizational commitment, structural empowerment and burnout are examined, factors that, according to the literature, are closely related to outcomes for social services professionals. These psychosocial variables and their relationships are analyzed using a sample of 501 Spanish professionals through a quantitative research. Information that addressed the study objectives was collected via a questionnaire that was administered individually, voluntarily and anonymously. The data were analyzed using Stata software and by calculating descriptive statistics and performing bivariate correlations, t-tests for independent samples, and ANOVAS. The obtained data allowed us to establish a psychosocial profile of professionals in which medium-high scores were notable for most of the positive psychosocial variables analyzed. In contrast, lower scores for variables related to negative aspects are observed, such as burnout and obsessive passion, which could indicate an opportunity to develop strategies to enhance these positive aspects. For future research, regression analysis could be considered to calculate the predictive value of some psychosocial variables over others as well as their mediating or moderating roles.

Keywords: Spain; Social Services; Psychosocial Aspects; Occupational Health.

Introduction

Dealing with occupational health in social services is a very complex task because there is no homogeneous profile of workers. This sector may include people who are contractually linked to the public sector in a civil service relationship, others with indefinite contracts who have been working for many years in private nonprofit organizations (NGOs, foundations, etc.) and those who find themselves in a situation of greater job instability, combining temporary contracts repeatedly. However, it is also common to find professionals who provide their services through their own companies, for example, in the form of social work and consultancy firms or in relation to social expertise, training, and work with families. Some professionals work only in intensive morning shifts, while others split shifts in the morning and afternoon or work on weekends depending on the characteristics of the service. This sector also includes professionals whose work tasks are more similar to office work (e.g., managing resources, providing services to beneficiaries, making appointments), professionals who spend part of their working day outside the office (e.g., community work in neighborhoods, home visits, on-site services in disadvantaged areas) and professionals who perform a mixture of both. However, there is a notable prevalence of welfare and bureaucratic functions in comparison to other functions such as direct group care, prevention, promotion and social insertion, and there is little involvement in research (Ballesteros et al., 2013).

Professionals can also be found working in both large urban areas and small municipalities, and presumably their working conditions will differ; for example, professionals working in rural areas may be more isolated than those in urban areas (Brownlee et al., 2010; Talebreza-May et al., 2017). In many cases, the territory where the activity is carried out is broad:

professionals who must provide services in different small towns that, because of their small number of inhabitants, do not have their own social services center, must travel a great deal.

Given this complexity, the study of psychosocial factors is considered especially relevant because they are a key element of occupational health and risk prevention, as they are directly related to workers' well-being, performance and productivity and, therefore, to better or worse services to users (Benavides et al., 2014). Thus, it must be ensured, through even greater effort on the part of social services organizations, that any intervention carried out is of the highest possible quality, as such interventions are typically targeted to society's most vulnerable people (e.g., people at risk of poverty and exclusion, those in multiproblem situations).

Ensuring the quality of an intervention involves establishing strategies and mechanisms to achieve the highest degree of worker welfare, enhancing those factors that have a positive impact on workers' professional performance and trying to mitigate the factors that produce situations of stress, burden, and dissatisfaction at work.

As a starting point to address the study of occupational health, this article attempts to specify the characteristics of the position of the social service professional in Spain, especially that of social workers. An exploratory and descriptive study of a series of psychosocial factors considered relevant to social intervention is also presented: engagement, passion for work, organizational commitment and structural empowerment. Burnout or burnout syndrome at work is also explored in addition to the positive psychosocial factors mentioned above, as increasing workers' well-being means not only trying to reduce the factors that cause discomfort but also (and this could be an easier path) promoting those positive factors that can improve professionals' psychosocial health, well-being and satisfaction (Ceballos et al., 2014).

Examining the dimensions of the sector where these professionals primarily carry out their activities in Spain proves difficult, as reliable data are not collected in the Spanish National

Classification of Economic Activities (CNAE). Rather, professionals are diluted within the group labeled "Health and Social Services Activities" in the Economically Active Population Survey; thus, the number of professionals who belong to the branch labeled Social Services cannot be specified on the basis of official government data. However, it is useful for this approximation that in 2018, there were approximately 30,000 active entities within the so-called "third sector of social action" (NGOs, foundations, public utility associations, etc.), involving more than 2 million workers of various kinds (PricewaterhouseCoopers Foundation, [PwC], 2018). To this could be added the public employees who are involved in social services (primary care and specialized) and therefore establish a central role of Social Work¹ for most of them. This approach justifies considering these professionals as a reference for social services in some parts of the text (e.g., Tables 1 and 2), although being aware that there are multiple professions that also involve them to a lesser extent.

The types of work performed by these professionals are numerous, ranging from serving the general population (primary care) to specializing in the care of a multiplicity of groups at risk (e.g., people with disabilities, addictions, migrants). Their functions are also diverse. Thus, social service professionals dedicated to the direct care of users can be found, and also in the management of resources—including social reports—diagnosis, community work, training, and social and labor support, as well as professionals performing administrative tasks, such as managing the income and expenses of an organization, carrying out related tasks, and managing the social networks of their organization. In Spain, according to data collected by the Spanish General Council of Social Work (2019) in a report on social services, 31.8% of professionals

¹ In Spain, social workers are considered the professionals of reference in the context of the interdisciplinary work developed by a team of social services professionals (Law 9/2016, of 27 December, of Social Services of Andalusia. Official State Bulletin (OSB) n. 18, of 21 January 2017).

consider that their professional functions are not clearly defined in their job. It was discovered that 68.9%, even if they were clearly aware of their functions, believed that some of their tasks were not covered in their training. This "multifunctionality" may be linked in part to the "devaluation" that stems from a belief that social service professionals, including social workers, "are good at everything". In addition, multifunctionality has been shown to be a major source of stress when social service professionals feel that they are performing tasks that they do not consider to be part of their job, i.e., duties outside those for which they have been trained and that give them the greatest satisfaction (Manteca & Durán, 2012; Travis et al., 2016). Based on data from the III Report on Social Services in Spain (Spanish General Council of Social Work, 2019), the following table attempts to provide a delimitation of the position of social worker and the conditions in which they these workers perform their professional practice (Table 1):

[t]Table 1 near here[/t].

The delimitation of the characteristics and conditions of these professionals is even more complex when taking into account that the professional profile of these workers is being built—or deconstructed—based on what happens in their practice, what the people they serve through different services determine is or is not done, what the people they serve expect or do not expect from professionals, and, in general, from the image these professionals project that people internalize and use to configure a collective image of the profession (Pastor-Seller, 2013).

In addition to the characteristics of the profession previously mentioned, numerous citations can be found in the literature (Abdallah, 2009; Caravaca et al., 2018; De la Fuente & Sánchez, 2012; Facal-Fondo, 2012; González-Rodríguez et al., 2020; Kim et al., 2011; Newell & MacNeil, 2010; Royo et al., 2016; Soto & González, 2018; Thomas, 2013; Wagaman et al., 2015; Wilson, 2016) indicating that social service professionals are an at-risk group with regard to burnout. Specifically, it is common for professionals to experience burnout in their jobs, and this has been observed in other professional groups, including in the health and teaching sectors.

With regard to burnout, which is characterized by exhaustion and a lack of motivation in the face of work (Schaufeli et al., 2017), identifying elements that could be causing higher levels of this psychosocial variable is of special interest to the objects of this study and when defining this professional profile. Some of these elements are synthesized by Barrera-Algarín et al. (2015), who distinguish among personal, organizational and societal factors (Table 2).

[t]Table 2 near here[/t].

To the organizational factors and societal factors can be added the high level of bureaucratization (Hernández-Echegaray, 2019; Idareta-Goldaracena & Ballestero-Izquierdo, 2013) and demands for accountability (AbouAssi & Trent, 2016; Arshad et al., 2015), which constrain the activity of professionals. This accountability is often the result of broader policies and demands for justification proposed by those with political power. In addition, high bureaucratization was one of the main problems identified by the workers themselves, together with excessive workload and limited resources for professional practice (as reflected in Table 2).

Special attention should also be paid to the gender variable in the study of social service professionals, as this is an occupation that has historically been feminized and continues to be carried out primarily by women. Although the number of men in the field has been progressively increasing, it continues to be a career chosen mainly by women (Rodríguez-Miñón, 2017). Thus, elements such as the reconciliation of work, family and personal life and the so-called "double presence" (Rodríguez, 2009) must be considered, as the total work effort is greater for women than for men because the former continue to perform most of the domestic work.

Thus, once the professional context in which social services professionals focus their activities and the characteristics of their work has been defined—as well as the main elements that influence burnout in professional practice—the series of psychosocial factors that influence the outcomes for this professional group can begin to be examined. This may ultimately allow us to design intervention strategies that have a positive impact on the occupational health of these professionals or minimize the negative psychosocial repercussions, even if all those factors cannot be modified through the intervention.

Psychosocial factors at work are difficult to define because they represent the whole of workers' perceptions and experiences. Thus, they consist of "interactions between work, its environment, job satisfaction and organizational conditions, on the one hand, and on the other,

the worker's capabilities, needs, culture and personal situation outside work, all of which through perceptions and experiences can influence health, performance and job satisfaction"

(International Labour Organization, [ILO], 1986, as cited in Moreno, 2014, p. 5).

The National Institute of Health and Safety in the Workplace defines these psychosocial factors as the conditions that are present in a work situation and that are directly related to the organization, the content of the work, and the performance of the task and that have the capacity to affect both the well-being or health (biopsychosocial) of the worker and the performance of his or her work (National Institute of Health and Safety in the Workplace, [INSHT], 1997, as cited in Rivas, 2014, p. 135).

When speaking about psychosocial factors, it should be borne in mind that these may be favorable or unfavorable to professional practice and the quality of working life and can have both negative and positive repercussions; these are descriptive factors related to organizational structure, working climate, leadership style, and job design. They should not be confused with psychosocial risk factors, which are predictive and refer to organizational conditions that are likely to negatively affect the health and well-being of the worker, such as factors that act as triggers for occupational stress and tension (Moreno-Jiménez, 2011).

There is a different perception among social service professionals regarding the psychosocial risk factors to which they are subjected, especially in relation to the time spent in public care. Thus, direct contact with service beneficiaries is considered a psychosocial risk due to the high psychological demands and emotional involvement this contact entails (Royo et al., 2016). As can be seen, burnout is also frequent among these professionals, with the imbalance between demand and available resources being one of the main factors associated with high levels of this factor. Professionals perceive a high workload and a feeling of inadequacy regarding the resources they have (personal or material), and this perception contributes to

greater stress, frustration and emotional fatigue among these workers (Caravaca-Sánchez et al., 2019).

It has been observed that scientific research on psychosocial factors in different professional fields has focused far more on negative aspects than on positive ones; research has also focused more on psychosocial risk factors that can have negative consequences for health and well-being rather than on psychosocial factors that can contribute positively to workers' personal development (Carrasco et al., 2010; Moreno-Jiménez, 2011).

Moreover, the legal perspective assumes a focus on the avoidance of harm and on the obligation not to cause injury to the health of the worker. In fact, the Spanish Law on the Prevention of Occupational Risks includes among its preventive principles the avoidance of risks in the workplace, and only unavoidable risks are assessed. Therefore, organizations have an obligation, regardless of their purpose, to identify and analyse the dangers that may exist for workers, and in the event that dangers do exist, to conduct an assessment of these risks (Labour and Social Security Inspectorate, [ITSS], 2012).

However, when extending beyond this legal perspective to a more conceptual and organizational one, it seems more appropriate (and perhaps efficient) to address both negative and positive repercussions, as developing a positive perspective on psychosocial factors at work makes it easier for organizations to move from thinking in terms of "expenditure" to thinking in terms of "investment" and the development of occupational safety and health (Gil-Monte, 2009). This would enable progress to be made towards the development of healthy organizations, which are defined by Salanova (2009) as "those that make systematic, planned and proactive efforts to improve the health of employees by developing good practices related to the improvement of tasks, the social environment and the organization" (p. 19).

In this vein, positive occupational psychology gives equal consideration to the negative and positive aspects that affect the functioning of workers at work and outside of work. For example, it is as important to study those aspects that help to prevent work stress in addition to the conditions that favor job satisfaction. Thus, this approach combines the analysis of and intervention in psychosocial risks at work with the promotion of personal well-being and the development of healthy working conditions (Orgambídez-Ramos & Borrego-Alés, 2020).

Therefore, in the present research and with the aim of providing greater understanding of the aspects that influence the quality of the working life of social workers, five psychosocial factors are analyzed. In addition to the already mentioned burnout, positive psychosocial factors such as engagement are included, which refers to the set of factors that help workers develop enthusiasm for their work (Salanova & Schaufeli, 2009); passion for work, which facilitates the consideration of work as an important element in people's lives and therefore requires the investment of time and energy (Vallerand et al., 2003); organizational commitment, which is related to permanence in one's job based on desire, need or obligation (Meyer & Allen, 1991); and structural empowerment, which relates the degree of access that workers have to resources, information, support and opportunities in their jobs (Kanter, 1977, as cited in Hackett et al., 1994).

Finally, the selection of these factors can be highlighted as an element of particular relevance and innovation because, as has been mentioned, the negative psychosocial aspects have been studied more frequently than the positive ones. Specifically, in the area of social intervention, studies about these positive psychosocial factors are very limited, and this article has already demonstrated that studies on burnout are more numerous than studies on engagement (Manteca & Durán, 2012; Ramiro, 2014; Travis et al., 2016; Vecina & Chacón, 2013),

organizational commitment (Carreón-Guillén, 2015), organizational empowerment (Bessaha et al., 2017) and passion for work (Orgambídez-Ramos & Borrego-Alés, 2018).

For the present study, the following research hypotheses are assumed:

H1. Workers who are younger, male, single, childless, on permanent contracts, working in public organizations, with less seniority in their organization or occupying a position of responsibility or management will have higher scores on the study variables are positively associated with working life (engagement, organizational commitment, structural empowerment and harmonious passion) and lower scores in which they are negatively associated (burnout and obsessive passion).

H2. Workers who are older, female, married, who have children, on temporary contracts, working in private organizations, with more seniority in their organizations or not occupying a position of responsibility or management will have higher scores on the study variables are negatively associated with working life and lower scores in which they are positively associated.

Material and methods

Sample

The objective of this study was to evaluate psychosocial variables (engagement, burnout, passion for work, organizational commitment and structural empowerment) and the relationships among them in a sample of social service professionals in Spain. To this end, specific objectives were established: first, to analyze the level of each of these psychosocial variables in the participants who make up the sample; second, to describe the variables analyzed in terms of sociodemographic variables (gender, age, marital status, number of children, length of service in the organization, type of entity, type of contract, type of work and position of responsibility); and

finally, to carry out correlation analyses for each of the psychosocial variables and their dimensions.

The study population consisted of 501 social service professionals, particularly social workers from different sectors who carried out their work in Spain and who met the requirement of having spent at least one year in the same job and in the same organization. Regarding gender, the sample was composed of 14.1% men and 85.9% women. Three participants chose not to indicate their gender. The average age of the subjects surveyed was approximately 40 years (M: 39.97; SD: 9,353), with a minimum age of 21 and a maximum age of 65.

Given that all participants had an undergraduate degree, it was decided not to consider this variable in the analyses. However, regarding the question of how many had completed some postgraduate study, it is found that somewhat more than half the respondents claimed not to have studied beyond a university degree (51.6%), while 48.4% reported having a postgraduate degree (master's, doctorate, etc.).

With regard to the marital status variable, the sample was mainly divided between persons who were married or in a de facto relationship (52.7%) and single persons (39%), and a minority of the participants were divorced or separated (7.8%). The average number of children was close to one child per person (0.92), and a high percentage of the participants (almost half of the sample) did not have any children (47%). Of those who had children, 18.8% had one, 29.7% had two, and 4.5% had three or more.

Average seniority in their organization among the subjects surveyed was 10 years (M: 9.99; SD: 9,024), ranging from a minimum of 1 year to a maximum of 38 years; a large proportion of the sample (28.1%) had been with their organization for more than one year and less than two.

For the type of entity variable, it is found that the sample was nearly equally divided, with 49.8% from public organizations and slightly more, 50.2%, from private organizations. In terms of contract type, the sample was also divided between the two contractual modalities, with 47.6% of the sample with a temporary contract, and 52.4% with a permanent contract.

For the question on type of occupation, item 24 of the Spanish version of the Values Survey Module 1994 (VSM 94) (Hofstede, 1994) was used as a reference, and the categories "manual" and "office" as well as "command" and "director" were grouped into a single category, thereby reducing the number of occupation types from 7 to 4. Of the respondents, 3.3% indicated that they carried out manual and office-type work, 25% identified their work as vocational, 50.8% reported working on tasks related to training but did not manage subordinates, and 20.9% reported working on tasks related to command and management (including overseeing subordinates).

Additionally, 60.8% of the people participating in the study did not hold a position of responsibility within their organization, whereas 39.2% held this type of position. The occupancy of a position of responsibility should not be confused with command or management work (in fact, as can be seen, the percentage of people who claimed to occupy a position of responsibility is higher than the percentage of people who reported having command and management positions), as in organizations, there may be people who do not have subordinates but who occupy a position of responsibility and decision-making (for example, on the board of directors of a private organization).

Instruments

For this study, a survey was developed that included the following instruments: a questionnaire on sociodemographic variables and specific instruments for engagement, burnout, passion at work, structural empowerment and organizational commitment. The Spanish version of all the scales was used, and they were subjected to confirmatory factor analysis.

To evaluate engagement, the Work and Well-Being Survey (UWES) is used (Schaufeli et al., 2006), which is composed of 17 items. For burnout, the Maslach Burnout Inventory (MBI) is used (Maslach & Jackson, 1986), which is composed of 22 items that allowed us to determine the personal feelings or attitudes of the respondents towards the people to whom they provide care or services. For passion for work, the Spanish version of the Passion Scale is used (Vallerand et al., 2003, adapted into Spanish by Orgambidez-Ramos et al., 2014), which is composed of 14 items. With regard to organizational commitment, the scale proposed by Allen and Meyer is used (1990) (as cited in De Frutos et al., 1998), which consists of 21 items through which a person can express agreement or disagreement with a series of statements related to his or her organization. Finally, in relation to structural empowerment, the adaptation to Spanish (Mendoza-Sierra et al., 2014) of the Conditions for Work Effectiveness Questionnaire (CWEQ-II) by Laschinger et al. (2001) was used, which is composed of 12 items.

The following table (Table 3) presents the reliability of the instruments with respect to the study sample as obtained from Cronbach's alpha tests; a level of reliability above the criterion of .70 recommended by Nunnally and Bernstein (1994) is observed for the majority of the instruments used. Factorial analysis by means of the KMO coefficient shows good sample suitability ($0.8 < KMO \leq 0.9$) for most of the variables considered (the closer the value is to 1, the

more suitable it is), and no parameter was found that could be considered unacceptable (Kaiser, 1974).

[t]Table 3 near here[/t].

Procedure

The data collection was performed online, and appropriate strategies were established to ensure that the research purpose was understood (explanatory text and the possibility of contacting the researchers to resolve doubts and obtain clarification). Mechanisms were also established to guarantee anonymity and confidentiality throughout the process.

The field work was carried out from September 2018 to March 2019, and a total of 501 social workers were reached through this study. Stata software was used to analyze the data.

Analyses of variance (ANOVAs), t-tests for independent samples and correlation analyses with Pearson's coefficient were carried out according to the measurement scale of the variables. When statistically significant differences were found in the ANOVAs, Scheffé's post hoc test was applied to identify which pairs of means differed significantly.

Pearson's correlation analyses were also performed to determine if there was a relationship (positive or inverse) between the different psychosocial variables analyzed and the sociodemographic variables that were continuous (e.g., age, seniority in the organization, number of children).

Results and discussion

This section presents and discusses the main results related to the objectives formulated earlier in the current work.

First, an analysis of the descriptive statistics for engagement and burnout (and the dimensions of both), passion for work (harmonious and obsessive), organizational commitment (affective, normative and calculated) and structural empowerment (opportunities, information, support and resources) is presented.

Second, a description is provided of the variables mentioned above and the most statistically relevant sociodemographic variables (gender, age, marital status, number of children, length of service in the organization, type of entity, type of contract, type of work and position of responsibility). Additionally, statistically significant differences for the variable means are indicated based on the results of Scheffé tests, and the correlations between the variable means are presented based on Pearson coefficients.

This section concludes with results for the bivariate correlations between the different psychosocial variables and their dimensions.

Descriptive statistics of the analyzed psychosocial variables

[t]Table 4 near here[/t].

Table 4 shows the different mean scores for each variable. For the purposes of interpretation, for the engagement and burnout variables (whose scales were scored from 0 to 6), low or medium-low values were those below 2, and high or medium-high values were scores above 4. For the passion for work and organizational commitment variables (whose scales were scored from 1 to 7), low or medium-low values were those below 3, and high or medium-high values were scores above 5. Finally, for structural empowerment (whose scales were scored from 1 to 5), low or medium-low values are considered to be 1 and 2, and high or medium-high values are considered to be scores between 4 and 5.

The results show that the mean for engagement was higher than the average for the scale. With respect to the dimensions of engagement, there is the highest average score for vigor and the lowest score for absorption. Although absorption had a score that was higher than the average for the scale, the fact that this dimension had the lowest score of the three dimensions was considered positive, as it has been shown that absorption is present in many cases of workaholism (Castañeda, 2010). An engaged worker should not be confused with someone who has a work addiction: in the first case, there is an intrinsic motivation for work, whereas in the case of addiction, there is an internal stimulus that the individual cannot resist (Castañeda & García de Alba, 2011). As stated, this finding of the lowest score for the absorption dimension could indicate that social services professionals could have a tendency to exhibit absorption without necessarily developing a work addiction.

Regarding the burnout variable, the results reflect an average that was not too high and below the scale's average. The finding that emotional exhaustion had the highest score among the burnout dimensions has been observed in other studies examining the relation between burnout and social service professionals (Caravaca et al., 2018; Facal-Fondo, 2012). On the other hand, it is surprising that the value for ineffectiveness was not high given the evidence of bureaucratization in this area and the high ratio of attention to service beneficiaries. It is also noteworthy that the lowest score was observed for depersonalization, as social service professionals are characterized by their direct treatment of people and their proximity to everyday suffering, which could lead to higher levels of depersonalization, as has been observed for similar professions such as nursing (Gómez & Meléndez, 2017; Rodríguez-López & Méndez-Durán, 2016).

Professional social services workers reported higher values for commitment than for burnout, which indicates greater commitment, satisfaction and loyalty to the organization for which they work and less intention to leave their jobs (Simpson, 2009; Trepanier et al., 2014). It is interesting that the average score for burnout was not high for social services professionals since burnout has traditionally been considered one of the most important and relevant psychosocial risks due to its impact on both organizations and workers (European Agency for Safety and Health at Work, [EU-OSHA], 2014).

With regard to passion for work, there is harmonious passion rather than obsessive passion, and this finding was considered positive with respect to social service professionals because harmonious passion refers to the desire to participate freely in work and is the result of an autonomous internalization of passion in the individual's identity (Marsh et al., 2013; Vallerand et al., 2003). Obsessive passion can be associated with obsessive-compulsive tendencies related to overwork and lack of satisfaction in other areas of life (Aziz et al., 2013).

Thus, it is found that for professional social service workers, their occupation plays a central role in their lives, but this does not mean they experience an excessive reduction in satisfaction with other areas of their lives that are considered important for their well-being.

With regard to organizational commitment, the highest average score was found for the dimension of emotional commitment, which is expected in an occupation where it can be assumed that emotional ties at work (towards service users and/or colleagues) and a strong sense of belonging are frequent, as their work is considered to be valuable and necessary for society. On the other hand, a moderate score is obtained for the calculated commitment, and the lowest score (below the average of the scale) was observed for normative commitment. This could suggest that social service workers are linked to their organizations more through emotional ties than through loyalty or duty.

Finally, above-average scores are found for structural empowerment, which is related to high motivation and the capacity to motivate other partners in the group to which they belong, thereby allowing workers to achieve the organization's goals more effectively (Brown & Kanter, 1982). The four elements of structural empowerment (access to opportunities, information, resources, and support) scored above the average for the scale, with access to opportunities having the highest average.

It is also remarkable that no low score is observed in access to support, since this has been shown to produce a deterioration in quality of care and user satisfaction in the work environment (Flynn et al., 2009, as cited in Aldrete et al., 2015). However, the main psychosocial risks in relation to social services have been identified as time pressure, poor communication or cooperation in the organization and lack of influence by workers on their work pace or the processes that affect their work (Charria et al., 2011). This suggests that social service workers perceive access to resources, support and information to be necessary for the successful

performance of their work; this finding is coupled with high scores for access to opportunities, which are often associated with increased worker motivation (Hackman & Oldham, 1980, as cited in Bakker & Demerouti, 2013).

Description of psychosocial aspects in relation to sociodemographic variables

T-tests for independent samples (assuming equality in variances) indicated statistically significant relationships ($p < .05$) between gender and the following variables: depersonalization ($t = 2.4022$); passion for work, both harmonious passion ($t = 2.2893$) and obsessive passion ($t = 2.0911$); affective commitment ($t = 2.1017$) and normative commitment ($t = 2.1399$); global scale of engagement ($t = 2.2173$) and its dimensions of strength ($t = 2.4530$) and dedication ($t = 2.0889$); and the global scale of structural empowerment ($t = 2.4812$) and the information ($t = 2.5105$) and support ($t = 2.7491$) components. The average was higher for men than for women for all the mentioned variables. Therefore, in relation to the proposed hypotheses (H1 and H2), compared to women, men had higher scores for the variables associated with a better quality of working life as well as for those that negatively affect quality of working life.

Regarding the type of organization in which the respondents worked (public or private), statistically significant ($p < .05$) relationships are found with normative ($t = -3.5461$) and calculated ($t = 3.7375$) commitment; the global scale of burnout ($t = 2.5697$) and its dimensions of emotional exhaustion ($t = 1.8171$) and depersonalization ($t = 2.7983$); the global scale of engagement ($t = -2.8449$) and its dimensions of vigor ($t = -2.9067$), dedication ($t = -2.8703$) and absorption ($t = -2.1661$); and structural empowerment ($t = -6.6977$) and its four components, opportunities ($t = -2.3305$) information ($t = -6.7991$), support ($t = -6.3670$) and resources ($t = -4.4529$). Of the variables mentioned, the averages obtained were higher for respondents from

public organizations with respect to burnout and its dimensions and calculated commitment, and for private organizations, it can be found a greater engagement (vigor, dedication and absorption) and normative commitment and a higher average for structural empowerment and its four components.

Contrary to the hypothesis, workers in public organizations had higher scores for burnout and calculated commitment than those in private organizations; the latter finding is probably related to the difficulty involved in obtaining public positions. On the other hand, it is observed that respondents from private organizations reported greater engagement, normative commitment and structural empowerment.

Regarding type of contract (permanent or temporary), there is a relation only with the global scale of engagement ($t = -2.2715$) and the dimensions of dedication ($t = -2.5641$) and absorption ($t = -2.0753$), with higher averages observed for respondents with a temporary contract than for those with a permanent contract. Thus, it is found that workers with temporary contracts were more engaged, despite the expectation that those with greater stability (H1) would report higher values for this variable.

There are numerous statistically significant relationships with respect to occupying (or not occupying) a position of responsibility within the organization; this variable was related to affective ($t = 4.3406$) and normative ($t = 3.2073$) commitment; the global scale of burnout ($t = -3.1120$) and its three dimensions of emotional exhaustion ($t = -2.0002$), depersonalization ($t = -2.7358$) and ineffectiveness ($t = 2.6055$); the global scale of engagement ($t = 4.0695$) and its three dimensions of vigor ($t = 4.5253$), dedication ($t = 3.4593$) and absorption ($t = 3.2878$); and structural empowerment ($t = 6.1771$) and its four components of opportunities ($t = 2.3533$), information ($t = 7.7538$), support ($t = 4.9636$) and resources ($t = 3.9431$). Compared to those who did not occupy a position of responsibility and decision-making, respondents who occupied

positions of responsibility in their organization scored higher on average for emotional and normative commitment, engagement and its dimensions, structural empowerment and its components, and burnout and its dimensions.

Thus, the hypothesis that occupying positions of responsibility or management provokes greater commitment, organizational commitment and structural empowerment among the workers (H1) was supported. However, it was thought that those in these positions, which involve making decisions and assuming responsibility, would report higher levels of burnout (H2). This hypothesis was not supported because workers without decision-making positions were found to be more burned out than those who held such positions.

On the other hand, the Pearson's coefficients showed significant correlations at the $p < .05$ level and positive correlations between number of children and emotional commitment (0.0943); there was a negative correlation between number of children and the global scale of burnout (-0.0969) and its depersonalization dimension (-0.1008). Despite the hypothesis (H2) that respondents with children would report higher levels of burnout due to the burden associated with caring for children and because many of the individuals in this sector are female—which could have repercussions in the workplace— this expectation was not fulfilled. Instead, it was found that having children was negatively correlated with burnout and positively correlated with emotional commitment

With respect to years of service in the organization, significant correlations are found at the $p < .05$ level, and these were positive for calculated commitment (0.0914). The correlations were negative for the global scale of engagement (-0.1958) and its dimensions of strength (-0.1766), dedication (-0.1880) and absorption (-0.1801) and for structural empowerment (-0.1659) and its components of opportunities (-0.1485), information (-0.1211), support (-0.1492) and resources (-0.1050). As expected (H1), people with less seniority in their organization reported

greater engagement and greater structural empowerment; these scores seemed to decline as respondents' tenure in their organization increased. This finding could be related to a progressive loss of motivation or feeling unable to access higher positions, among other factors. However, the scores for calculated commitment increased as time with the organization increased.

In terms of the participants' ages, there were significant negative correlations with respect to normative commitment (-0.0938); engagement (-0.1303) and its dimensions of vigor (-0.1093), commitment (-0.1204) and absorption (-0.1333); and structural empowerment (-0.1638) and its components of opportunities (-0.1018), information (-0.1269), support (-0.1776) and resources (-0.0972). This trend seemed to be in line with the H1, as older workers were found to score lower on engagement, normative commitment and structural empowerment than younger workers.

ANOVA and Scheffé's post hoc test were used to identify significant differences between mean pairs. Statistically significant differences were found between the age variable categories of 50 years of age or more and 34 years of age or less for the following: the global scale of engagement (Sig. = 0.023; Mean difference = -.365246), the dimensions of commitment (Sig. = 0.040; Mean difference = -.393561), absorption (Sig. = 0.029; Mean difference = -.379493), structural empowerment (Sig. = 0.001; Mean difference = -.409293), access to opportunities (Sig. = 0.011; Mean difference = -.333098), information (Sig. = 0.006; Mean difference = -.483587) and support (Sig. = 0.000; Mean difference = -.62125).

The same tests were carried out for the type of work variable and showed statistically significant differences for the overall scale of engagement between command and management posts and posts without subordinates (Sig. = 0.018; Mean difference = .382113). This difference between command and management positions and those with no subordinates was also observed for the vigor dimension (Sig. = 0.010; Mean difference = .41465), absorption (Sig. = 0.026; Mean

difference = .394093) and access to information (Sig. = 0.006; Mean difference = .491088), with higher means observed for command and management positions than for positions without subordinates.

Correlations between the psychosocial variables under study

Table 5 shows the bivariate correlations between the different psychosocial variables and their dimensions: engagement and its dimensions (vigor, dedication and absorption), burnout and its dimensions (emotional exhaustion, depersonalization and ineffectiveness), passion for work (harmonious and obsessive), organizational commitment (affective, normative and calculated) and structural empowerment (opportunities, information, support and resources). There were significant correlations between most of the variables analyzed and their dimensions, and the table shows the signs of these relationships.

The only variables that did not correlate in a statistically significant way were obsessive passion with either the global burnout scale or its dimensions (emotional exhaustion, depersonalization and ineffectiveness) and calculated commitment with the absorption dimension, ineffectiveness and affective commitment. Finally, there was no relationship between absorption and ineffectiveness or between depersonalization and normative commitment.

[t]Table 5 near here[/t].

Conclusions

The social services professionals who participated in this study reported higher levels of engagement than of burnout, highlighting that burnout scores were not high among workers whose working conditions and characteristics placed them at risk for greater exposure to situations that could cause exhaustion and stress.

Regarding the psychosocial variables analyzed, the highest engagement score was found in the dedication dimension. On the other hand, the burnout dimension with the highest average score was emotional exhaustion. In addition, organizational commitment was mainly of the affective type and regarding passion for work, high scores are found for harmonious passion, while obsessive passion fell below the average for the scale. Finally, medium-high scores for structural empowerment both globally and for all four components of the scale are obtained. Furthermore, significant correlations were found between most of the variables analyzed and their dimensions.

The hypotheses presented in the study were partially fulfilled, although in some cases, the absence of a significant relationship with some of the sociodemographic variables does not allow us to accept or completely refute the hypotheses. For that reason, the results have been discussed in detail.

Limitations of the study and future lines of research

One of this study's limitations is that the evaluation of the variables was conducted via self-report measures. A tendency to "self-evaluate" reality in a "better than it really is" way could partially explain the low scores for the burnout variable and the fact that higher scores were observed for those who presented themselves in a positive way.

Another possible explanation for these medium-low scores for the burnout variable could be found in the moderating role of other positive psychosocial variables such as those proposed in this article, i.e. presenting high levels of engagement, organizational commitment, harmonious passion or structural empowerment could have an effect on these workers in terms of reducing burnout, even though they hold a job that is considered at risk for reporting high values for this variable. Thus, an examination of the moderating role of other positive psychosocial variables on the relationships between the variables in this study is proposed as a direction for future research.

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Disclosure statement

No potential conflicts of interest were reported by the authors.

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Tables

Table 1. Main characteristics of the job of social worker in social services in Spain

<p>Approximately 1 out of every 4 workers (26.3%) carries out their activities in spaces that are not very suitable for themselves or for the people they serve (lack of availability of office space, challenging temperature conditions, and architectural barriers, among others).</p>
<p>1 in 4 (25.8%) finds it difficult to adhere to some ethical and professional principles.</p>
<p>21.8% indicate the deficiencies in or a lack of software supporting the intervention.</p>
<p>More than one-third of the professionals (34.9%) claimed to have suffered verbal aggression in their workplace (1.1% even claimed to have suffered physical aggression).</p>
<p>There is a perception that demands have increased, but the number of professionals hired has not increased in the same way, leading to the perception of a greater workload (63.1% of the professionals reported that their job requirements have increased in the last year, and 53.1% of those surveyed reported that in the last two years, the number of social services professionals had remained stable).</p>
<p>Eight out of ten professionals surveyed (83.0%) perceived work overload in their jobs. The need for an increase in staff was a solution demanded by 62.4% of those surveyed, and this result was far higher than the result for organizational improvements to the institution in which the professionals worked or the services they provided (26.3%).</p>
<p>One in ten professionals (9.1%) provided services to more than 150 people in the last month, whereas 13% served between 100 and 150. This means that 42% of social work professionals maintained a high ratio of service to people, which does not facilitate quality and care in their work. Thus, they cannot focus on support and decision-making in addition to resource management in order to develop an appropriate intervention project.</p>
<p>Only 10% of the professionals claimed to serve a population of the recommended size for services to be considered high quality (between 1,000 and 1,999 inhabitants). The remaining 90% of the professionals surveyed provided services to a larger population.</p>
<p>The main problems identified by the professionals included</p> <ul style="list-style-type: none"> • Excessive workload, stress and saturation (39.9%) • Substantial red tape (16.2%) • Having few resources for their professional practice (14.5%)

Source: Authors based on Spanish General Council of Social Work, 2019.

Table 2. Factors influencing burnout in the job of social worker in social services

PERSONAL FACTORS	Sociodemographic: influenced by length of service or gender.
	Professional training: for example, a lack of practical training or training unrelated to the functions of the social worker.
	Personality: professionals who frequently identify with empathy, awareness, professional dedication, idealism, altruism, and enthusiasm, as well as those who report excessive identification with service beneficiaries and professionals with a very individualistic personality.
ORGANIZATIONAL FACTORS	Role stress: lack of adjustment to the organizational structure, the nature of tasks, uncertainty in the functions to be performed or work overload.
	Management of the organization: influences professional practice to the extent that it provides more or less support (vertical support), includes or excludes workers from decision-making centers, and puts pressure on the work to be done.
	Collective or group stress: group cohesion, group support (horizontal support), possible intergroup and intragroup conflicts.
	Organizational characteristics: may be physical (noise, lighting, temperature, etc.) or related to hiring policies (seasonality, job instability, etc.).
	Relationship with users: proximity to daily suffering, emotional involvement.
	Sense of the profession: role of professional intrusion.
SOCIETAL FACTORS	Interventions that seek to have a long-term impact while being at the mercy of the political desires in a specific moment: greater or lesser access to certain lines of financing that at that time are intended to be promoted (or restricted) by public authorities, cuts in the welfare state that have resulted in fewer workers to meet the demands of a greater number of beneficiaries.

Source: Authors based on Barrera-Algarín et al. (2015)

Table 3. Reliability statistics and factor analysis

	CRONBACH'S ALPHA	<i>KMO</i> <i>COEFFICIENT</i>
ENGAGEMENT	0.9357	0.9534
Vigor	0.8304	0.8543
Dedication	0.9060	0.8827
Absorption	0.8051	0.8135
BURNOUT	0.8695	0.8888
Emotional Exhaustion	0.8727	0.8926
Depersonalization	0.6954	0.7443
Ineffectiveness	0.8113	0.8647
HARMONIOUS PASSION	0.8889	0.8981
OBSESSIVE PASSION	0.9036	0.8873
AFFECTIVE COMMITMENT	0.8797	0.8896
NORMATIVE COMMITMENT	0.8161	0.8040
CALCULATED COMMITMENT	0.7777	0.8133
STRUCTURAL EMPOWERMENT	0.9068	0.8572
S.E. - Opportunities	0.8168	0.7165
S.E. - Information	0.9199	0.7149
S.E. - Support	0.9244	0.7558
S.E. - Resources	0.8234	0.6576

Source: Author's own.

Table 4. Descriptive statistics of the variables: engagement, burnout, passion at work, organizational commitment and structural empowerment

	<i>N</i>	<i>M</i>	<i>SD</i>
Engagement	500	3.94	1.04
Vigor	500	4.03	1.06
Dedication	500	4.21	1.21
Absorption	500	3.64	1.11
Burnout	501	1.79	.84
Emotional Exhaustion	501	2.46	1.29
Depersonalization	501	1.26	1.09
Ineffectiveness	501	1.38	.91
Harmonious Passion	500	5.36	1.08
Obsessive Passion	500	2.84	1.31
Affective Commitment	501	4.53	1.25
Normative Commitment	501	3.55	1.13
Calculated Commitment	501	3.99	1.16
Structural Empowerment	501	3.44	.85
S.E. - Opportunities	501	4.05	.87
S.E. - Information	501	3.42	1.18
S.E. - Support	501	3.10	1.05
S.E. - Resources	501	3.21	1.23

Source: Author's own.

Table 5 can be found attached as supplementary material