

Well-being at work factors perceived by social work professionals during COVID-19: reflections for the generation of Healthy Organisations

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Abstract

The Covid-19 crisis brought with it many questions and highlighted the shortcomings of the different social protection systems, including the Social Services, with the consequent impact on their professionals in the form of stress, burnout, fatigue, etc., which do not emerge as a result of the pandemic, but are exacerbated by the fact that they are already present. For this article, 22 semi-structured interviews were carried out with social workers (as a reference professional in Social Services) in Spain, with the aim of finding out their perceptions and experiences derived from the changes in work organisation during the Covid-19 pandemic, in order to extract strategies and good practices specifically identified by social workers, and for their specific professional field, that lead to an improvement in the quality of working life and well-being in their organisations. The results made it possible to identify some specific practices that could be incorporated into the praxis of these professionals for the construction of Healthy Organisations that could have a positive impact on their working conditions, which could also mean an improvement in the services provided by these professionals to the public.

Keywords

Social work; Occupational health; Healthy organisations; Covid-19; Social Services

1. Introduction

Covid-19 has brought about an enormous transformation in the processes and ways of acting of social organisations, conditioning not only their present but also their future development. Social services (declared essential in March 2020 in Spain) were basic to the maintenance of social protection and welfare for citizens. The group of professionals in the system, for which we take Social Workers as a reference in this article, had to face emergency measures, key adaptations in order to continue offering services and attending to the population while at the same time dealing with security measures to contain the spread of the disease (home confinement, safety distance...) that

tremendously altered the professional day-to-day life as it was being carried out until March 2020. This situation highlighted the shortcomings and weakening of the system, and despite this, there was no commitment on the part of the public authorities to structurally strengthen the social services system, which would imply more professionals and resources as well as improved working conditions. More than three years later, the socio-economic and psychosocial consequences of Covid-19 are still being faced, and we cannot forget that the professionals who make up the system have also been affected. This is the case of some authors who have shown that the pandemic has caused stress and other negative psychosocial consequences for these professionals (Berg-Weger and Morley, 2020; Abdullah et al., 2020, García-Grané and Cantera, 2021; Altungy et al., 2022).

In the present and future debate on the modernisation and change of model in Spanish social services, this paper aims to provide an analysis that will be useful when undertaking the necessary changes to improve the occupational health of social workers and the path towards healthy organisations, based on their discourses after the Covid-19 pandemic. It is difficult to think of a new model that would serve to improve the care provided to citizens, without also undertaking the necessary changes to guarantee the highest possible level of well-being among the social workers in charge of supporting this model, the same ones who, in the midst of the global crisis, were recognised as essential. The well-worn phrase "putting people at the centre" when it comes to social intervention is rendered meaningless if we forget those other people who are responsible for carrying out this intervention. This article therefore addresses these issues from the professionals' own point of view, focusing on the elements that have been used or are considered valuable as coping strategies and solutions to the realities of crisis, discomfort and difficulties experienced by Covid-19, but which can be extrapolated to the reality of pressure, stress or exhaustion experienced by social work professionals in their organisations.

1.1. Background to the quality of professional life in the social field

The crisis of Covid-19 takes place in a social welfare framework led by neoliberalism that condemns social policies and services to the mere management of social programmes and benefits (Girela, 2017). In this context, the crisis resulting from the pandemic highlighted the inadequacy of this approach. As Ovejero (2018) points out, one of the main and most dramatic effects of the current neoliberal hegemony and its

social and labour policies is the worsening of workers' health, both physical, psychological and psychosocial.

Based on the level of employment (National Statistical Institute, 2023), there has been an increase of half a million jobs in Spain compared to the pre-Covid figures (although employment among the under 30s is very low, at 14%). There are 3 million people unemployed, which is less than at the beginning of 2010, but still very high. Moreover, the Spanish temporary employment rate is very high (26%), where changes are taking place in temporary employment in private companies, not so much in the public sphere, but we are still above the European average.

Regarding the latter, the data collected by the General Council of Social Work (2022) surveying 40.226 people points out elements to highlight such as a significant decrease in the number of civil servants, having gone from 37% in 2018 to 28% in 2022. Practically one out of every two people (43%) has an interim contract, which could be a sign of the growing weakness and instability in the public sector.

Also highlighted in this report (Ibid.) is the perception by professionals of problems in their organisations such as poor organisation, planning and coordination, being subjected to hostile working environments, political pressure to achieve objectives, and 42% point to overload and overwork. Almost 1 in 4 social workers experience some degree of burnout and points out that, nowadays, to cope with the discomforts of the profession, the teleological and self-fulfilment components are key, but job characteristics are fundamental. In this line, the satisfaction of social workers is related both to working conditions (greater stability, better salaries, etc.) and to the circumstances present in the professional performance (stress, lack of resources, etc.), highlighting that the degree of satisfaction is higher among social workers who state that they find a high degree of adequacy between the tasks they carry out and those they consider to be typical of social work. In this sense, 29% of professionals do not consider that the functions they are carrying out are entirely adequate to the functions that correspond to them as social workers.

The excessive workload of social workers, according to the European Anti-Poverty Network (2021), responds to the increase in the development of regulations, to the detriment of citizens, while at the same time requiring an overexertion of institutional coordination. The temporary nature of hiring or delays in hiring staff due to work saturation generates, among local administration technicians, the feeling of "mistreatment" and the poor quality of care is an issue derived from the overload of work

and the lack of human resources. Gómez-García et al. (2021) point to work overload, low perception of institutional support, uncertain job expectations and lack of control as risk factors. These elements are not only relevant for professional well-being, but also have an impact, through their professional intervention, on the lives of clients (Peinado and Anderson, 2020). According to the First Global Study on the Impact of Covid-19 on Workers' Health (Infocop, 2020) 40% of the participating social workers had required some occupational health measure (Peinado and Anderson, 2020). In Spain, studies such as those by Marquina-Márquez et al. (2022) have shown this type of problem, as well as the results of the National Institute of Public Administration [INAP] (Calzada et al., 2020) which indicate work overload and a lack of institutional support, which, together with uncertainty about the work role, are related to low quality of professional life and elements of stress and burnout (Gómez-García et al., 2021).

1.2. Promoting Healthy Organisations in Social Services

How can organisations employing social workers be healthy organisations? Given this context it seems interesting and necessary to explore mechanisms and strategies to protect the health of social workers and promote their well-being at work.

The Spanish legal perspective has been assuming an approach centred on the avoidance of harm, on the obligation not to cause injury to the worker's health. Thus, the Spanish Law on Prevention of Occupational Risks includes, among its preventive principles, the avoidance of risks at work, and only risks that are not avoided are assessed, and it is therefore the obligation of organisations, whatever their activity, to identify and analyse the dangers that may generate psychosocial risks and, if they exist, to assess them (Labour and Social Security Inspectorate - ITSS, 2012).

Taking a holistic approach to health promotion, we take Salanova and Schaufeli's definition of Healthy Organisations (Salanova, 2009) as "those that make systematic, planned and proactive efforts to improve the health of employees by developing good practices related to improving tasks, the social environment and the organisation" (p.19). In such organisations it ensures the adaptation of all employees, benefiting employers, service beneficiaries and society at large (Wilson et al., 2004). The model of Salanova et al. (2014) consists of three major interrelated components:

- a. Healthy organisational resources and practices: establishing strategies to structure and organise work taking into account the values and culture of the organisation, its objectives, as well as the human, technical and economic resources.
- b. Healthy employees and groups enjoying high psychosocial wellbeing.
- c. Healthy organisational results in relation to the level of excellence with the product/service and good relations with the environment and the community.

As we can see, working to build Healthy Organisations involves going beyond the organisation itself, since the social and material conditions in which work is carried out can have a negative effect on people's well-being. Along these lines, Parra (2003) distinguishes between material and social risk factors, in which individual aspects of people are considered, and risk dependent on the organisation of work.

Specifically in social workers, Barrera et al. (2015) distinguish between personal factors (socio-demographics, skills...), organisational factors (management, support, role adjustment, group cohesion...) or factors dependent on society (political orientations, resources allocated...) that are explanatory and related to burnout at work.

Focusing on the organisational part, the concept of psychosocial factors is taken as a reference to advance in the construction of these healthy organisations. We take as a reference the concept of psychosocial factors understood as the "conditions present in a work situation and which are directly related to the organisation, the content of the work and the performance of the task, and which have the capacity to affect both the well-being or health (physical, psychological or social) of the worker and the performance of the work" (NTP 443: Psychosocial factors: assessment methodology, in Martín and Pérez, 1997, p. 1).

The Figure 1 presents a synthesis of the different factors mentioned and which build the scenario of complexity in which the promotion of Healthy Organisations is addressed:

Figure 1

For public and private organisations and entities that make up the social sphere, making an effort to build themselves as Healthy Organisations could mean an important advance in health and wellbeing for both workers and beneficiaries. However, little research is being done on this issue in Spain. As mentioned by Marquina-Márquez et al. (2022), there are hardly any qualitative studies that address this issue after the impact of

Covid-19 on social services professionals, pointing only to the study by Redondo-Sama et al. (2020).

Given this lack of qualitative approaches, it is considered relevant for this article to know the perception of professionals, derived from their professional experiences and, specifically, from the learning derived from the changes in work organisation during the Covid-19 pandemic, in order to extract strategies and good practices specifically identified by social workers, and for their specific professional field, that lead to an improvement in the quality of working life and well-being in their organisations.

2. Method

2.1. Participants

A total of 22 semi-structured interviews were carried out with social workers in Spain. For the selection of the sample, which was carried out through direct contact and the snowball technique based on the researchers' professional network, it was ensured that most of the Autonomous Regions in Spain were represented, as well as different age groups, sex and areas of professional activity (Table 1). The fact of closing the fieldwork responds to the saturation criterion (Ventura-León and Barboza-Palomino, 2017).

Table 1. Sample characteristics

	Category	Frequency		Category	Frequency
Sex	Woman	16	Region	Andalucía	9
	Men	6		Aragón	1
Age	Up to 30	6		Asturias	2
	31-40	10		Castilla_Mancha	4
	41-50	3		Castilla_León	1
	51 and over	2		Cataluña	1
Area	Rural	9		Islas_Canarias	2
	Urban	13		Madrid	1
				C_Valenciana	1

Source: own elaboration

2.2. Instrument, fieldwork and strategy of analysis

A semi-structured interview was used and was conducted between May and July 2021. Participants were required to have been in the same job for more than a year to have sufficient knowledge of the organisation and the impact of the pandemic on it. The questions (Table 2) refer to elements of personal and professional assessment of the Covid-19 situation, how it affects them, ways of coping at work, and good practices or strategies to improve well-being at work, the latter (q5) being the one that mainly responds to the research objective of this article.

Table 2. Interview questions.

q1	Could you give me the context of your job: organisation, characteristics of the job, functions, territory, scope of action, coordination with other services, or any other element that you consider of interest?
q2	Could you describe in depth the impact and adaptation in your organisation to the Covid-19 pandemic?
q3	How have you experienced this situation, in terms of personal, emotional, psychological, family, etc., and what strategies or tools have helped you to cope with it?
q4	Could you give an assessment of the experience of teleworking in your organisation, and in your own experience if you have had the opportunity to telework?
q5	What changes, strategies or elements of improvement do you think would need to be addressed to improve the occupational health of social work professionals?

Source: own elaboration

A qualitative analysis has been carried out using Atlas.ti 23 software with analysis of quotations, codes and networks based on the Grounded Theory methodological procedure (Glasser and Strauss, 1969), with Bottom-Up approach based on the identification of codes. The coding of these interviews was carried out at three levels: a. Open coding (coding the data into concepts and categories), b. Axial or network coding (relationships between codes) and, c. Selective or family coding.

For the calculation of centrality measures, the Ucinet software has been used and for the graphical representation of the networks, Ghephi including the calculation of the modularity of the network. Density and rootedness are considered. According to Méndez (2021), rootedness is the comprehensiveness of a concept, indicating the relevance and importance, validity, solidity and extension of a category. It refers to the number of

citations, the number of times this code appears in the discourse. Density is the semantic depth of the concept, it indicates the multiplicity of relations and theoretical links between categories, it allows the understanding of the code in a network context. It refers to the number of connections or links between the different codes.

The measures used for the analysis of centrality in this article are: a) Rank: the number of direct links of a code, i.e. how many other nodes it is directly connected to. It indicates the relationships most present in the discourse; b) degree of intermediation: indicates the frequency with which a node appears in the shortest (or geodesic) section connecting two other nodes. It shows when a code is an intermediary between two unrelated codes. This analysis helps to establish intervention strategies; and c) degree of proximity: indicates the closeness of a node to the rest of the network. It represents the capacity of a node to reach the rest of the network with the shortest route. It allows to know which elements are more effective and key.

For the representation of the network an organic design has been chosen, based on the force-directed design paradigm. This style positions the codes in such a way as to minimise the sum of the forces emitted by the codes and their extremes. It reveals symmetrical or clustered graphic structures, with balanced code distribution and few intersection points (Ibid.).

3. RESULTS

The analysis provided a total of 51 codes and 2543 citations which, as shown in Table 3.

Table 3. Rootedness and density of the codes

		Rooted -ness	Density			Rooted -ness	Density
1	Activities to keep busy	15	3	26	Physiotherapy	6	2
2	Professional updating	18	6	27	Flexible timetable	9	5
3	Affectation by closure municipalities	9	3	28	Training during working	26	9
4	Emotional support for clients	12	5	29	Time management	12	8
5	Informal support and peer support	47	11	30	Talking to people outside work	24	3
6	Peer psychological support	6	4	31	Alternative tools	11	8

7	Psychological care	23	4	32	Instability	25	4
8	Professional self-care	22	6	33	Information	32	12
9	Self-esteem of clients and professionals	3	1	34	Emotional intensity / Coping with difficult situations	25	4
10	Self-reflection	11	3	35	More time to evaluate/reflect on work	1	2
11	Good working environment	29	9	36	Measures that make the professional feel valued	21	14
12	Good planning	9	3	37	Meditation	4	1
13	Personality of the professional	2	2	38	Mindfulness	4	2
14	Work-life balance	22	9	39	Not feeling heard	15	2
15	Coordination with other services/entities	50	22	40	Walking	9	4
16	Sport	13	4	41	Reducing self-demand	9	2
17	Disconnect outside of work	13	4	42	Security in other areas	4	3
18	Mistrust of workers	8	7	43	Feeling useful	17	3
19	High demand/workload	62	12	44	Support/assistance service	2	2
20	Interdisciplinary team	23	11	45	Low salary	9	5
21	Professional exchange spaces	19	9	46	Organisational supervision	11	5
22	Natural areas	5	4	47	Taking more account of the opinion of professionals	5	3
23	Avoid the Covid issue	5	2	48	Working on the emotional component of professionals	24	10
24	Lack of training	24	9	49	Working on breathing/relaxation	14	2
25	Lack of recognition	28	8	50	Use of technological means	57	20
				51	Yoga	3	2

Source: own elaboration

This network map (Figure 2) shows the different types of relationship between the different codes and the direction of the codes with the selected organic design representation, where "=" indicates the existence of an association between the codes, "< >" indicates that the codes contradict each other in the discourse and "esuna" designates that one code is part of another or is a property of another.

Figure 2.

3.1. Centrality measures

Basic centrality measures have been calculated for the network as a whole to know the rank, betweenness and closeness of the codes (network nodes). The ten codes with the highest values in these measures are shown.

As for the rank (rank centrality) it highlights the nodes with the most directly connected nodes reflecting what is most present in the discourse (Table 4). Informal peer support, training and professional self-care are highlighted. Issues related to the use of technological means, the strategy of favouring the emotional component and having a good climate in the workplace are also mentioned. Other measures such as disconnection and having contact with natural areas are relevant for the interviewees.

Table 4. Rank Centrality-range.

	Degree	ndegree
5 Informal support and peer support	30.000	0.060
28 Training during working hours	29.000	0.058
8 Professional self-care	28.000	0.056
49 Working on breathing/relaxation	28.000	0.056
50 Use of technological means	27.000	0.054
48 Working on the emotional component of professionals	24.000	0.048
11 Good working environment	23.000	0.046
17 Disconnect outside of work	20.000	0.040
22 Natural areas	20.000	0.040
36 Measures that make the professional feel valued	17.000	0.034

Source: own elaboration

In terms of intermediation, the codes with the highest level of intermediation are shown in the Table 5, highlighting those key nodes that connect others and are relevant in the conformation of the network, because they make it possible to reach other nodes that would not be connected to the global set.

Table 5. Intermediation

		Betweenness	nBetweenness
8	Professional self-care	184.533	15.064
48	Working on the emotional component	149.482	12.203
50	Use of technological means	145.444	11.873
5	Informal support and peer support	119.438	9.75
49	Working on breathing/relaxation	115.588	9.43
19	High demand/workload	94.757	7.735
28	Training during working hours	79.465	6.487
36	Measures that make the professional feel valued	73.986	6.040
17	Disconnect outside of work	60.398	4.930
21	Spaces for professional exchange	58.695	4.791

Source: own elaboration

In intermediation, many codes that have already been highlighted in the rank measure stand out, giving them even more weight or relevance due to the connections they enable. The codes of self-care and working on the emotional component stand out and, looking at the network (Figure 2), it can be seen how they connect a large part of the alternative or more personal strategies to an external part of the network. The codes for the use of technological media and informal peer support also have a high level of intermediation. Training, disconnection outside working hours and measures that make people feel professionally valued, which were already weighted in the range, are also codes with intermediary weight.

As a final measure of centrality, proximity is shown (Table 6), understood as the capacity to reach the rest of the network with less travel, and which makes it possible to identify key elements of the network. The codes of working on the emotional component, the use of technological means and self-care stand out in this sense. Informal support and a good climate are also relevant elements. In addition, codes are added that have not been highlighted so far in the previous measures, such as good planning and spaces for professional exchange.

Table 6. Closeness

		Free	ValCL	Recip
48	Working on the emotional component of professionals	0,505	0,804	0,620
50	Use of technological means	0,490	0,792	0,610
8	Professional self-care	0,485	0,788	0,608
28	Training during working hours	0,481	0,784	0,597
5	Informal support and peer support	0,472	0,776	0,583
49	Working on breathing/relaxation	0,459	0,764	0,568
11	Good working environment	0,450	0,756	0,540
12	Good planning	0,446	0,752	0,517
19	High demand/workload	0,435	0,740	0,533
21	Spaces for professional exchange	0,431	0,736	0,518

Source: own elaboration

The set of calculated measures shows a high degree of coincidence in the codes with the highest levels of rank, intermediation and proximity.

Finally, the analysis of the modularity of the network has been carried out, obtaining a not very high index (this may be due to the number of nodes and relations) of 0.4, with a total of five groups (Force atlas method) distributed as shown in Table 7, and which are grouped according to the distribution indicated. A conceptual value has been assigned for their interpretation, considering the elements that designate the codes.

Table 7. Modularity analysis.

Groups (%)	Nodes			
0 (12,5%) Personal actions outside work	1	Activities to keep busy	49	Working on breathing/relaxation
	17	Disconnect outside of work	30	Talking to people outside work (partner, family, friends...)
	22	Natural areas	16	Sport
	40	Walking		
1 (14,6%) Work-life balance and coordination	14	Work-life balance	15	Coordination with other services/entities
	7	Psychological care	32	Instability
	20	Interdisciplinary team	42	Security in other areas
	26	Physiotherapy		
2 (29,2%)	6	Peer psychological support	29	Time managementdel

Work support and self-care	8	Professional self-care	36	Measures that make the professional feel valued
	9	Self-esteem of clients and professionals	37	Meditation
	10	Self-reflection	38	Mindfulness
	16	Sport	41	Reducing self-demand
	27	Flexible timetable	43	Feeling useful
	28	Training during working hours	44	Support/assistance service
3 (12,5%) Professional and personal level	2	Professional updating	31	Alternative tools
	18	Mistrust of workers	50	Use of technological means
	24	Lack of training	51	Yoga
4 (31,2%) Work-emotional factors	4	Emotional support for users	33	Information
	5	Informal support and peer support	34	Emotional intensity / Coping with difficult situations
	11	Good working environment	39	Not feeling listened to
	12	Good planning	45	Low salary
	13	Personality of the professional	46	Organisational supervision
	19	High demand/workload	47	Taking more account of the opinion of professionals
	21	Spaces for professional exchange	48	Working on the emotional component professionals
	25	Lack of recognition		

Source: own elaboration

The clusters with the greatest weight are those referring to work-emotional factor codes, together with those grouped under work support and self-care, which include important support nodes of various types, elements of coordination and relationships, as well as more organisational aspects that have to do with time planning factors, spaces, supervision and with other more difficult elements mentioned such as "low salary", "high demand", "emotional intensity in complicated situations", etc. All this with an emotional component that is also indicated in codes such as "working on the emotional component", "emotional support", "good climate", "self-care", among others.

The network showing the relationships with this modularity is presented in Figure 3. In this network of relationships, the groups set out in the table above can be differentiated by colour:

- 0. Personal actions outside work (orange).
- 1. Work-life balance and coordination (yellow).

- 2.Work support and self-care (blue).
- 3.Professional and personal level (green).
- 4.Work-emotional factors (pink).

Figure 3

This figure represents the relationships between the work training (28), professional self-care (8) and professional appraisal measures (36) in group 2 (work support and self-care). In turn, this self-care (8) is linked to work on the emotional component (node 48 of group 4 of work-emotional factors) and to relaxation (49 of group 0 of personal actions). On the other hand, the use of technological means (50), is associated with job training (28) and lack of training in turn (24), and with professional updating (2). The relaxation node (49 of cluster 0) is mainly linked to other elements of the same self-care group (disconnection, natural spaces, or walking), but also to emotional and work-related nodes such as informal peer support (5 of cluster 4).

The nodes that make up cluster 4 are related to each other, as well as to the nodes in cluster 1 (relationship) and others in the support and self-care (cluster 2). Or there is no direct connection whatsoever between cluster 3 of the professional and personal class with the larger cluster 4 on work-emotional factors.

The work-life balance and coordination cluster (cluster 1), stands out in the nodes of these same themes (14 and 15) which are related to elements of the same cluster, except for some connection with flexible working hours (27) or professional appraisal measures (36).

4. Discussion and conclusions

Observing the set of results, both in measures of centrality and in the modularity aspects of the network, similarities are evident in the nodes that stand out. Such is the case of the code for the use of technological media and job training, which, while standing out in the network, are also key in the range and closeness of the network. It is relevant that the code alluding to professional self-care plays an important role in intermediation by connecting parts of the high-level network, being also crucial in the range and closeness, and occupying a relevant role in the connections observed in the network (belonging to the group alluding to work support and self-care factors).

Special mention should also be made of the role of working on the emotional component, as it is also a key node in connecting parts of the network (intermediation) such as codes of self-esteem, emotional support, self-reflection, character and the emotional intensity of the work. It is also noteworthy in terms of closeness and also occupies an important place in the discourse of the professionals, as well as being positioned in the network with many connections to their own group (the fourth group mentioning work-emotional factors). Support (mainly informal) and a good working climate were also prominent nodes. Lee and Miller (2013) point out in this regard as a professional self-care guideline to provide professional support (seek supervision on a regular basis).

Alongside these codes, there is the code of measures that allow people to feel valued at work and questions of conciliation and coordination, where other nodes are related, such as flexibility, insecurity, feeling useful, mistrust, low pay, lack of recognition, etc. These codes give unique access to a part of the network that has a lot to do with alternative tools (sport, natural spaces, physiotherapy). In this sense, García-Grané and Cantera (2021) have identified the following as coping strategies in Social Services professionals: maintaining routines, positive reassessment, maintaining personal space, work planning, following health guidelines, maintaining a positive attitude, Disconnecting, maintaining contact with family and friends, caring for others, empathising and being well informed.

The measures obtained have given, from the professionals' own discourse, high relevance to emotional and relational aspects, as well as to self-care, informal support and awareness of key work elements such as training, coordination and the use of technological means. In this sense, some data offered by Hays (2023) can be taken up again, where for workers, in addition to salary, issues such as work-life balance, professional development and the working environment are relevant, and where the hybrid model is the one that is most highly valued and supported by both professionals and companies.

These findings make a lot of sense in scenarios where burnout is very present, given that 61% of Spanish workers say they feel demotivated by their work and 45% have burnout syndrome (Hays, 2023). It has been shown to be an important source of stress that social service professionals feel that they are performing tasks that they do not consider to be part of their job (Balloch et al., 1995, in Santa-Fernández, 2004; Manteca and Durán, 2012).

With the results obtained, we intend to be able to provide certain elements that allow us to move towards organisations and social institutions where social workers carry out their professional work in a "healthy" way. There are no magic recipes, but rather the basic knowledge of the citizens with whom we work, the immediate context, the reality of the organisation itself and undoubtedly the human capital of the workers. For this, it is necessary to take everything that is already advanced in psychosociology and to go further towards models that contemplate coping strategies and resilience or strength factors, in line with the framework of generating healthy organisations. This is also in line with the current concept of "job crafting", which we approach in an innovative way in the field of social services, transferring its concept, which is based on adapting the daily work dynamics to the particularities of each professional, and which involves personal efforts, but undoubtedly organisational, both in elements related to the tasks and to the relational and knowledge or cognitive dimensions necessary for the work performance of social work. Tims et al. (2022) point out how this concept relates to the active design of systems and strategies for organising the tangible elements of work, which may involve managing behaviour or the physical environment. These authors point out the need for research that jointly analyses the individual and the contextual-organisational level in this perspective of "crafting", with a multilevel and multifactorial approach, in the same line that Fong (2022).

This implies moving from the individualistic burden and responsibility of the worker to organisations committed to and involved in these issues, incorporating key issues of coordination, supervision and improvement of work-life balance.

The entire emotional component should not be attributed to the individual alone, but rather spaces for care, reflection and "emotional discharge" can (and should) be implemented, contemplating factors that are not related to the economic salary (without undermining it), but rather strengthening other types of factors that can contribute to increasing satisfaction and ensuring permanence in the organisation (Rocco, 2009, p.23), which is why these are intangibles that reinforce belonging and permanence, given that their objective is to keep workers motivated and highly productive. Other work-emotional elements have also been identified in the modularity of the network that have been highlighted in various studies and that allow burnout to be reduced, such as continuous training (Parlalis and Christodoulou, 2018) or supervision (Puig-Cruells, 2020), understood as practices that, when applied to professional work, improve resilience. In turn, experiences of analysis of what Covid-19 meant for professionals have shown higher

levels of coordination developed, as well as an increase in adaptation and work flexibility (Aughterson et al., 2021; Vindrola-Padros et al., 2020).

Finally, mention should be made of the technological component, elements of teleworking and digitalisation. Studies such as that of Hays (2023) show that when comparing people who telework with those who do not, satisfaction with work-life balance is higher among the former (74% compared to 50%), and it is the hybrid model (combination of on-site and teleworking) that is most highly valued and supported by both professionals and companies. Specifically in Social Services, following Covid-19 this hybrid model of work is also positively valued by professionals as a practice whose generalisation could be beneficial for the well-being of workers (Anon).

According to Belluomini (2021, in Barrera-Algarín et al., 2022), this digitalisation and use of technologies can be proactive in nature, applied to social intervention in various spheres; a reactive or critical approach; and a third approach, a manifest rejection. We are talking about Social Telework, e-Social Work for the sake of a process of change and which should be associated with transformations to improve the intervention and well-being of people and communities (and territories). In social work is crucial to care for the individual, but to understand the responsibility that as a service and organisational system must exist to ensure "healthy" professional practice and development frameworks.

Reflecting on the elements presented in this study is key to guide those organisations that want to undertake an active process of development as healthy organisations in a context of professional burnout, burnout, stress, and precariousness. Obviously, this will only be possible if organisations are committed to it, seeing efforts in this area as an "investment" that could lead to a better working environment, greater efficiency or lower absenteeism, for example. In short, it is a question of investing in people, while at the same time continuing to demand improvements in terms of salaries, resources and stability.

It is possible to adopt immobilist positions and to deal in this context of growing discomfort with sick leave, high turnover in the workplace and workers looking to private psychologists for individual solutions to mental health problems derived from work (stress, burnout), but far from alluding only to an ethical or humanising component of work, moving towards healthy organisations is presented as a profitable option for organisations, which with some adjustments could obtain significant improvements in the quality of life of their workers and therefore in the good functioning of the organisation.

Limitations and future lines

This article deals with part of the discourse of the social workers interviewed, but there is a part of the interviews that is not included in this article and in the network analyses and which is a limitation. However, at the same time, it is contemplated as a future line of work to be extended to other codes and families of codes that address issues of discomfort derived from Covid-19, elements of frustration or work and personal difficulties, which would also connect with these personal-professional as well as organisational strategies that have been pointed out.

As a future line of action, it is also proposed to explore the relationship between digitalisation and new innovations and their possible impact on the quality of working life of social service workers in the framework of healthy organisations.

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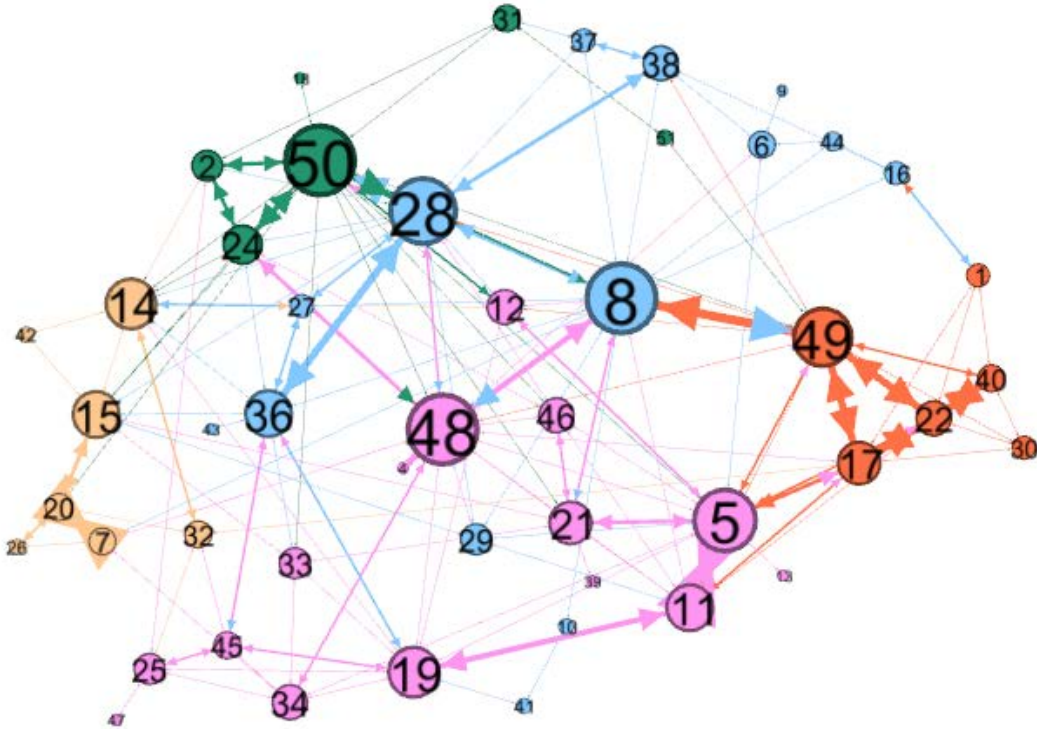
Figure 1. Complexity scenario for building Healthy Organisations



Source: own elaboration based on Parra, 2003; Salanova and Schaufeli, 2009; Barrera et al., 2015; Instituto Nacional de Seguridad e Higiene en el Trabajo, 2012.

Figure 2. Network Map of codes extracted from the interviews

Figure 3. Network of relationships based on modularity analysis



Source: own elaboration