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The Relationship between *burnout* and *coping* to employees in Social Care (Child Protection)

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Abstract. This paper addresses general aspects of burn-out and coping mechanisms in the context of the professional activity of workers in Social care (Child Protection). According to the National Authority for the Rights of Persons with Disabilities, Children and Adoptions (ANDPDCA, 2021), the main responsibilities of Child Protection are the evaluation and monitoring of the special protection measure for children and families. The evaluation and monitoring process involves all the workers in the multidisciplinary team, namely: social workers, psychologists, educators, nurses, etc. and also administrative support staff.

Keywords. Relation, burnout, special care, child protection

I. Stress. conceptual boundaries

Etymologically the term stress comes from English and means: pressure, load. Hans Selye first defines the term stress in its modern biological sense in 1935. Stress is seen as a state of discomfort and distress, a term derived from medieval English meaning difficulty, unpleasant situation, trouble (Zamfir, C., Vlăsceanu, L, 1993).

The term stress includes three situations depending on the meaning given: stress as a physiological response of a being under the action of a stressor; stress in the psychological context described as the inability to cope with certain events in the environment (Baba. A.I and Giurgea. R, 1993). It should be noted that both the term stress and the term distress are used in English, although the terms are similar and have different meanings depending on the context in which they are used. The use of the term stress refers to pressure, tension in a negative sense, sometimes in a positive way as opposed to the term distress which refers to a situation of suffering, anxiety or mental pain, always in a negative sense.

Stress refers to two concomitant events: an external stimulus, called a stressor, and the physical and emotional responses to that stimulus (anxiety, fear, muscle tension, increasing heart rate, and so on). Stress can come from each individual's environment, body or mind.

Workplace stress can be caused by long hours or unrealistic deadlines, noise, safety concerns, etc. Physical stress can be caused by back pain, eye strain, discomfort, etc. Stress can

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also have ositive aspects, stress can lead to increased motivation, work performance, the desire for effective performance (Melgosa, J., 2000).

Stressors can be classified into three broad categories: physical, mental, and social. Another classification of stressors could be events that can have repercussions on both ourselves and those we witness: traumatic events (calamities, plane crashes, shipwrecks, disasters), major life experiences (death, serious illness, divorce, etc.) and experiences in everyday life (insufficient financial sources, social agglomeration, role conflicts, social isolation, counteracting the need for assertion, affection, affiliation, insufficient financial sources).

Classification of stressors according to Tihan and Ghiza (2002):

a) Mental stress is composed of a set of stressors - an example of this may be the state of mental stress in taking an exam.

b) Occupational stress is determined by a number of physical (light, temperature, noise) and chemical factors.

c) Preoperative and postoperative stress is specific to mental stress.

d) The stress of underload it is encountered in the sphere of work by changing the work activities, the person does not understand the meaning, the justification of carrying out a certain monotonous, repetitive activity.

e) Overwork stress occurs in people who have an extended work schedule who are forced to perform more tasks than usual.

f) Situational stress can be determined by the current changes in the way of life of individuals.

The most common stressful situations in everyday life: death of a spouse or close family member, sexual difficulties, divorce, marriage, criminal problems, detention, change of job, loss of job, retirement, change of home, financial hardship and so on

Professional stress is one of the many problems facing modern society, being generated by professional life, work environment, with direct consequences on professional activity, but also on the health of those who perform that work. International management has become one of the fashionable concerns of specialists in organizational cultures (Turc, D., 2007).

2. The exhaustion syndrome - burn-out

The burn out syndrome is defined as an extreme and specific state of tension (stain), which occurs due to long-term occupational stress, with negative manifestations in psychological, psychophysiological and behavioral (Enache, R. & Giurgiu, L., p. 138).

Burn-out is a gradual pattern of physical, psychological, and behavioral intensification, a dysfunction that evolves in response to a continuous flow of stressors. The most common symptoms of exhaustion include the following:

- Increased detachment from colleagues or clients
- Increased delay, absenteeism, cynicism and mood swings
- High disorientation: low forgetfulness or concentration
- Increased personal problems: drug or alcohol abuse, decreased social contact, or marital discord

All individuals experience one or two of these symptoms from time to time. But a person experiencing exhaustion exhibits these behaviors with increasing frequency (Boyes A, 2015).

Stages of Burn-out Syndrome:

a) Expectations too high

b) Hard work, poor results

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c) Increased effort, without result
d) Lack of vision
e) Anger directed at others
f) Mental and physical exhaustion
g) Cynicism
h) Feelings of despair and hopelessness
i) Loss of hope for a better future
j) Collapse

Occupational stress occurs primarily in employees working in the first line, meaning those employees who have direct contact with the public, being responsible for providing quality services to the population, consulting professional relationships based on respect. The possibility of professional wear and tear increases greatly when the tolerance level of the social worker is exceeded by the multitude of accumulated demands. Specialists affected by exhaustion become less objective and less interested in their clients. The emotional balance of the people who work in the first line is tested because the activities carried out by them are generators of stress, of toxic emotions (Baba, A.I., Giurgea, R., 1993).

The most common symptoms of exhaustion include the following:

- Delayed growth, absenteeism, cynicism and mood swings
- ncreased disorientation: forgetfulness or low concentration
- Increased personal problems: drug or alcohol abuse, decreased social contacts, or marital problems.
- Emotional exhaustion: low emotional tone, indifference or emotional oversaturation
- Depersonalization - refers to the degradation of interpersonal relationships, removal from clients, colleagues, friends, family, etc.
- Reduction of personal achievements - low self-esteem, low professional efficiency (Enache, R. & Giurgiu, L., 2017).

3. Coping mechanisms

Coping (coping) is the cognitive and behavioral effort by which a person copes (reduces, masters, or tolerates) external and / or internal demands that exceed his or her personal resources. Thus, coping takes place a transaction between the person, who has his own set of values and resources, and the environment, who has his own requirements and constraints.

The definition of coping given by Lazarus and Folkman refers to "cognitive or behavioral efforts to control everyday demands (threatening or challenging conditions) that are perceived and evaluated as exceeding the person's resources" (Lazarus & Folkman, 1984). According to this definition, all coping efforts of an individual are subordinated to the definition of emotional regulation (N. Garnefsky et. Al. 2001).

Lazarus and Folkman differentiate between two types of coping: problem-solving coping, in which the person acts in a way that can lead directly to removing or solving the problem (e.g., analysis, minimizing the source of stress), and regulation-oriented coping. emotional, in which the person tries to regulate their emotions as a result of the stressful event (for example, through monologues, reinterpretations, various methods of reassurance). Often, the two types of coping occur together.

In 1987, they diversified the structure of coping, identifying 8 factors: confrontation, distancing, self-control, seeking social support, taking responsibility, escape-avoidance, planning to solve the problem, positive reassessment).

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The theory of Lazarus and Folkman shows that stress must be seen as a process of transaction, in which a person makes a cognitive assessment of each stressful action, regarding the intensity, harmfulness, threat or challenge it represents, to overcome it. This process is dependent on the person's current and past experiences and is influenced by the person's characteristics.

The person needs to understand what is happening, what are the factors that led to the situation but also to compare the personal skills with those of others in similar situations. Also, a person needs a way to adapt to the situation, so as to minimize the impact of stress. Lazarus also points out that stress should be seen in a general context and not in isolation because everyday situations bring complications with different levels of stress, which contribute significantly to the onset of disease, compared to major life events.

The sociological approach to stress shows that under certain conditions, such as socio-cultural changes, natural disasters, unemployment, poverty, etc., people's reactions to stress, at individual and group level, depend on their social position.

There are three basic models of coping - the ego-psychological model based on involuntary defense mechanisms (Freud), the model of personality traits or the influence of personality traits on chosen coping strategies in stressful situations (Miller, Carver, etc.) and the model situational, which refers to the fact that coping strategies are influenced by the interaction between the individual and the environment.

The last model is the person's cognitive and behavioral effort to decrease, control, or tolerate internal or external demands that exceed the limits of his or her physical and psychological potential.

Two theories have guided the research into the effectiveness of coping. The first focuses on the results of overcoming a stressful event, and the second proposes that the effectiveness of coping be determined by evaluating the strategies used, in order to match them with the characteristics of the stressor. A number of stress adaptation strategies have been identified, with some authors arguing that strategies based on "direct approaches are most often associated with good results, being called adaptive (to re-evaluate a situation in a positive light)". While avoidance strategies are "trying to forget something that happened or a resigned acceptance, they are called maladaptive strategies".

Adaptation strategy	**Method of action**
Cognitive approach	Logical analysis, the approach of a stress factor analyzing how to solve a problem. Positive analysis - framing aspects in a positive way.
Behavioral approach	Seeking guidance and support - for example, talking about a problem with a close friend. Solving the problem - considering a plan
Cognitive avoidance	Avoidance - consideration, thinking about a stressful element Resignation - accepting things
Behavioral avoidance	Avoidance of stressors

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	Looking for alternatives - engaging in other activities to avoid the problem

4. Research objectives and hypotheses

Objectives:

1. Identification of the burn-out phenomenon among workers in social care.
2. Assess the level of burn-out through specific tools.
3. Identifying the coping mechanisms that workers in social care develop during their activity.

Hypotheses:

1. It is assumed that there is a correlation between the level of burn-out and the coping mechanisms as follows:
   1.1. Burn-out level correlation and social support.
   1.2. Correlation of burn-out level and avoidance-denial mechanisms.
   1.3. Burn-out level correlation and positive attitude.
   1.4. Burn-out level correlation and passive waiting.
   1.5. Burn-out correlation and proactive attitude
2. It is assumed that there are differences between women and men in terms of the level of burnout.
3. It is presumed that there is a correlation between the location of the workers within social care and the level of burnout (the workers within Child Protection Constanța and the workers within Child Protection Tulcea).

5. Lot of subjects

A population is formed of all the members of a specific community and which is characterized by a certain natural law, a certain trait, a particularity. Sampling is the process of selecting a number of people for a survey so that those people represent the largest group (population) from which they were extracted. A sample is a subset, a number of people extracted from the population. For this research, we had a number of 60 participants, of which 30 from Child Protection Constanța and 30 from Child Protection Tulcea.

We used convenience sampling, also called accidental, hazardous, being a non-probabilistic sampling technique that consists in choosing available participants, volunteers or choosing a group because it exists as such. The sample is representative of the population of workers in social care. Thus, we believe that the results obtained can be extended, because although external factors act and are perceived differently by each individual, here all have a defining common feature, namely the development of professional activity within Child Protection. The sample is already formed, but the workers are different both in terms of profession and other aspects related to their particularities, such as age or seniority at work. Thus, we can say that there is variety in research, implicitly and the results will generate various conclusions, which may lead to the discovery of new methods of stress management.

6. Research instruments and methods

Two tools were used to conduct the research, which measured the level of burn-out and investigated the coping mechanisms that workers in social care could develop.

1. Maslach Burnout Inventory - MBI is a psychological assessment tool that includes 25 elements of symptoms related to occupational exhaustion with 5 response options ("very rare",

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"rare", "sometimes", "frequent" and "very common"). ”). The original form of MBI was developed by Christina Maslach and Susan E. Jackson in order to assess a person's burnout experience. The tool takes 10 minutes to complete. It measures three dimensions of exhaustion: emotional exhaustion, depersonalization, and personal fulfillment.

2. *Strategies for managing stress* - This questionnaire is a psychological assessment tool that includes 24 items with 5 answer options (“never”, “rarely”, “sometimes”, “frequently” and “always”). It measures 5 dimensions, namely:

- Social support (to manage the stress felt at work, employees talk to colleagues, families about their professional problems and how they feel about them);
- Avoidance - denial (in order to manage professional stress, employees avoid focusing as much as they can on professional problems through daydreaming, self-deception, involvement in pleasant activities or substance abuse);
- Positive attitude (a factor that combines optimism and positive refocusing as strategies for managing professional stress);
- Passive waiting (employees are waiting to see how the situation evolves)
- Pro-active attitude (employees try to manage their stress by influencing other people or by organizing work more efficiently);

7. Research results

1. It is assumed that there is a correlation between the level of burn-out and the coping mechanisms.

The tool used identified 5 types of coping that employees of social care can develop, so we will correlate the level of burn-out with each of them.

1.1 Correlation between burn-out level and social support:

Tabel 1. Tests of Normality[a,c]

	SUPPORT_SOCIAL	Kolmogorov-Smirnov[b]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
BURNOUT	11	,297	4	.	,884	4	,354
	14	,223	4	.	,956	4	,751
	15	,243	5	,200*	,962	5	,825
	16	,211	7	,200*	,915	7	,434
	17	,188	15	,160	,923	15	,212
	18	,213	10	,200*	,868	10	,095
	19	,162	7	,200*	,957	7	,790
	20	,298	4	.	,849	4	,224
	21	,260	2	.			

*. This is a lower bound of the true significance.

The result of the Kolmogorov-Smirnov test shows that the normality criteria are accomplished, so we use the Pearson correlation coefficient.

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Tabel 2. Correlations

		BURNOUT	SUPPORT SOCIAL
Burnout	Pearson Correlation	1	-,341 **
	Sig. (2 -tailed)		,008
	N	60	60
Support Social	Pearson Correlation	-,341 **	1
	Sig. (2 -tailed)	,008	
	N	60	60

**. Correlation is significant at the 0.01 level (2 -tailed).

Following the use of the Pearson correlation coefficient, we obtained a correlation of "-0.845", at a threshold of p = 0.01, between the level of burn-out and social support, a significant negative correlation, which shows that people with a high level burn-outs have a low level of social support.

1.2. Correlation between burn-out level and avoidance-denial mechanisms:

Tabel 3. Tests of Normality a,b,d

	Avoid - Deny	Kolmogorov -Smirnov c			Shapiro -Wilk		
		Statistic	d1	Sig.	Statistic	d1	Sig.
BURNOUT	14	,260	2	.			
	16	,227	7	,200 *	,922	7	,489
	17	,156	8	,200 *	,961	8	,822
	18	,240	16	,014	,801	16	,003
	19	,321	6	,052	,724	6	,011
	20	,185	10	,200 *	,899	10	,216
	21	,311	6	,072	,862	6	,195
	23	,260	2	.			

*. This is a lower bound of the true significance.

The normal conditions have been met, according to the test results, so we will apply the Pearson correlation coefficient.

Tabel 4. Correlations

		BURNOUT	Avoid - Deny
BURNOUT	Pearson Correlation	1	-,359 **
	Sig. (2 -tailed)		,005
	N	60	60
Avoid - Deny	Pearson Correlation	-,359 **	1
	Sig. (2 -tailed)	,005	
	N	60	60

**. Correlation is significant at the 0.01 level (2 -tailed).

We obtained a significant negative correlation (-359), at a threshold of p = 0.01, between the burn-out level and the avoidance-denial coping mechanism, an aspect that highlights that

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the workers in social care with a high level of burn -out, have a low level of avoidance-denial process.

1.3. Correlation between burn-out and positive attitude:

Tabel 5. Tests of Normality[a,b]

	Positive attitude	Kolmogorov-Smirnov[c]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
BURNOUT	16	,260	2	.			
	17	,259	7	,173	,924	7	,503
	18	,154	7	,200*	,967	7	,873
	19	,250	4	.	,953	4	,734
	20	,283	5	,200*	,847	5	,186
	21	,174	9	,200*	,898	9	,238
	22	,222	13	,078	,788	13	,005
	23	,176	6	,200*	,955	6	,777
	24	,375	3	.	,773	3	,052
	25	,260	2	.			

*. This is a lower bound of the true significance.

The normal conditions were met, according to the test results.

Tabel 6. Correlations

		BURNOUT	ATITUDINE_POZITIVA
BURNOUT	Pearson Correlation	1	-,174
	Sig. (2-tailed)		,185
	N	60	60
ATITUDINE_POZITIVA	Pearson Correlation	-,174	1
	Sig. (2-tailed)	,185	
	N	60	60

The value obtained (-174) shows that there is no correlation between the level of burn-out and the positive attitude of the workers within social care.

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Tabel 8. Correlations

		BURNOUT	Passive waiting
BURNOUT	Pearson Correlation	1	-,127
	Sig. (2-tailed)		,334
	N	60	60
Passive waiting	Pearson Correlation	-,127	1
	Sig. (2-tailed)	,334	
	N	60	60

The value obtained (-127) shows that there is a correlation between the level of burn-out and the coping mechanism passive expectation of workers in social care, but it is not significant.

1.5. Correlation between burn-out and proactive attitude:

Tabel 9. Tests of Normality[c]

	ATTITUDE_PROACTIVE	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
BURNOUT	9	,260	2	.			
	10	,260	2	.			
	11	,201	7	,200*	,911	7	,401
	12	,244	13	,033	,852	13	,031
	13	,231	6	,200*	,857	6	,180
	14	,297	9	,021	,740	9	,004
	15	,224	9	,200*	,834	9	,049
	16	,216	6	,200*	,863	6	,200
	17	,283	5	,200*	,901	5	,418

*. This is a lower bound of the true significance.

The normal conditions were met, according to the test results.

Tabel 10. Correlations

		BURNOUT	ATTITUDE_PROACTIVE
BURNOUT	Pearson Correlation	1	,181
	Sig. (2-tailed)		,166
	N	60	60
ATTITUDE_PROACTIVE	Pearson Correlation	,181	1
	Sig. (2-tailed)	,166	
	N	60	60

The value obtained (-181) shows that there is a correlation between the level of burn-out and the coping mechanism proactive attitude of the workers within social care, but it is not significant.

2. It is assumed that there are differences between women and men in terms of the level of burnout.

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Tabel 11. Tests of Normality

	GENDER	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
BURNOUT	MALE	,211	9	,200*	,831	9	,046
	FEMALE	,128	51	,035	,943	51	,017

*. This is a lower bound of the true significance.

Tabel 12Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
BURNOUT	MALE	9	62,89	23,283	7,761
	FEMALE	51	52,96	15,436	2,162

The average of men respondents (62.89) is higher than the average of women respondents (52.96), in terms of the level of burn-out, so we can say that there are differences between the two genders.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
BURNOUT	Equal variances assumed	4,753	,033	1,640	58	,106	9,928	6,052	-2,186	22,042
	Equal variances not assumed			1,232	9,280	,248	9,928	8,056	-8,213	28,070

We obtained the value of significance less than 0.05, respectively sig. = 0.033 and we will use the information from the second line for interpretation. For significantly different variances, t is 1,232, at a 95% confidence interval, which is significant at 0.248 for the two-tailed level. Thus, the hypothesis is scientifically validated, with men having a higher level of burnout than women in social care.

3. It is presumed that there is a correlation between the location of the workers within social care and the level of burn-out (the workers within Child Protection Constanța and the workers within Child Protection Tulcea).

Tabel 14. Tests of Normality

	CITY	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
BURNOUT	CONSTANTA	,183	30	,012	,919	30	,025
	TULCEA	,116	30	,200*	,947	30	,143

*. This is a lower bound of the true significance.

Normal conditions have been met.

Tabel 14. Group Statistics

	CITY	N	Mean	Std. Deviation	Std. Error Mean
BURNOUT	CONSTANTA	30	60,87	19,038	3,476
	TULCEA	30	48,03	11,778	2,150

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Table 14 shows that the average number of workers in Constanța (60.87) is higher than the average number of workers in Tulcea (48.03), so it can be stated that there are differences between the two municipalities in terms of the level of burn-out.

Table 15

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
BURNOUT	Equal variances assumed	8,610	,005	3,140	58	,003	12,833	4,087	4,652	21,015
	Equal variances not assumed			3,140	48,362	,003	12,833	4,087	4,617	21,050

We obtained the value of significance less than 0.05, respectively sig. = 0.005 and we will use the information from the second line for interpretation. For significantly different variances, t 3,140 at a 95% confidence interval, which is significant at 0.03 for the two-tailed level. Thus, the hypothesis is scientifically validated, the workers from Constanța county presenting a higher level of burn-out than the workers from Tulcea county.

Conclusions

The present research highlights several aspects such as:

First of all, the fact that there are significant differences between the workers of the two institutions: Child Protection Tulcea and Child Protection Constanța regarding the level of burnout. Data were obtained that suggest a significant difference probably due to the workload, the two counties having a separate demographic (Constanța - 684,000 inhabitants, with a density of 89 inhabitants / sqm, occupying the 6th place by population vs Tulcea - 201,000 inhabitants, with a density of 23 places / km2, occupying the 42nd place by population). Also, Tulcea County is the area with the largest area as a territory related to the smallest number of inhabitants, most of this area being difficult to access - the Danube Delta area.

Secondly, the fact that the types of coping that the workers of the special protection system most often resort to are social support and avoidance-denial. The two situations are influenced by the stress situation to which they are exposed, its intensity, but also the stability of the affective-emotional balance of each.

In the study The relationship between coping and burnout strategies for caregivers of young delinquents in placement conducted by Debra Marie Dix, from Walden University, in 2017, we find conclusions similar to our study. The purpose of this correlation research was to examine the relationship between coping strategies, youth psychopathology and burnout. All 82 research participants completed the Burnout Maslach Inventory, also applied in our research, and the Brief Cope Inventory.

Significant positive correlations were identified between emotional exhaustion and emotion-focused coping, depersonalization, and dysfunctional coping. Dysfunctional coping has been a significant predictor of burnout. Coping strategies mediated the relationship between youth psychopathology and burnout. The findings of this study provide insight into the use of problem-based coping strategies to reduce vulnerability to burnout, thus promoting the health, well-being and ability to be more productive of employees in the special protection system.

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Also, the Correlation of Exhaustion Syndrome Study with Coping Strategies, Behaviors, and Specific Spiritual Attitudes Among Interns at Yale University, New Haven, USA by Benjamin Doolitle and Donna Windish in 2015 identifies positive coping strategies such as spiritual manifestation. and beliefs. The questionnaire was used Burnout Maslach (Burnout Maslach Inventory), also applied in our research, and the Brief Cope Inventory.

The study measured the level of burnout in doctors before starting work and after 1 year. They identified significant increases in emotional exhaustion and depersonalization; also trainees who used active acceptance and coping strategies were less likely to experience emotional exhaustion and depersonalization. A third tool used - the Hatch Spiritual Involvement and Beliefs Scale (Hatch Spiritual Involvement and Beliefs Scale) showed a positive correlation between the perception of personal / professional achievement and the meditative / existentialist / spiritual area.

Moreover, the study "The relationship between coping strategies and burnout symptoms: a meta-analysis conducted by the American Psychological Association (APA, 2020)" presents similar conclusions to our study. The research included a meta-analysis with 36 relevant studies, consisting of 9,729 participants, to examine the relationships between different coping strategies and 3 dimensions of burnout symptoms. The results showed that problem-centered coping correlated negatively with 3 dimensions of exhaustion symptoms, while emotion-centered coping correlated positively with the 3 dimensions. While the search for social support, re-evaluation, and religious coping among emotional coping strategies was negatively linked to symptoms of exhaustion, acceptance was positively related to symptoms of exhaustion.

Thirdly, the fact that men experience a higher level of burnout than women, they have more efficient resources in managing situations involving physical strength or strength, while women do better in situations that correspond to the emotional side.

The literature confirms significant differences in the level of exhaustion based on gender. The study Gender differences in burnout: a meta-analysis, conducted by Radostina Purvanova and John Muros, in 2010, confirms the difference based on gender, but in favor of women, who would feel more exhausted than men.

However, in the present study, we presented an institution mainly with female employees, which may have a feature that is the exception to the rule. We also recognize the limitations of the study, as the share of men vs. women is uneven.

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