American Journal of Human Psychology (AJHP)

ISSN: 2994-8878 (ONLINE)

VOLUME 4 ISSUE 2 (2026)

PUBLISHED BY
E-PALLI PUBLISHERS, DELAWARE, USA

American Journal of Human Psychology (AJHP)

Volume 4 Issue 2, Year 2026
ISSN: 2994-8878 (Online)
DOI: https://doi.org/10.54536/ajhp.v4i2.5995
https://journals.e-palli.com/home/index.php/ajhp

Resilience and Burnout in Social Work: The Role of Education and Professional Training for Sustainable Practice

Sora Pazer[1*]

Article Information

Received: July 09, 2025

Accepted: September 26, 2025

Published: July 20, 2026

Keywords

Burnout, Education, Resilience, Self-Care, Social Work, Supervision, Sustainable Practice

ABSTRACT

Social work is particularly at risk of burnout due to high emotional demands and structural bottlenecks. The aim of this study was to investigate associations between self-care, resilience strategies and burnout symptoms among social work professionals and to analyse the role of education and supervision for sustainable practice. The basis is a quantitative survey of 121 specialists from various fields of work. The results show that emotional exhaustion is highly pronounced, while cynicism and doubts about effectiveness occur less frequently. Self-care takes place primarily through reflection and social support, but has deficits in sleep hygiene and overtime limitations. Reflection on meaning, professional demarcation and social support are particularly important as protective factors. The experience of meaning is closely related to job satisfaction ($r = 0.71$), while occupational demarcation causes significantly fewer burnout symptoms ($r = –0.52$). The study makes it clear that resilience does not arise solely at the individual level, but depends essential, therefore, requires the reduction of workload, the institutional anchoring of supervision, before requires the reduction of workload, the institutional anchoring of supervision and the integration of resilience training into education and training.

INTRODUCTION

Social work is considered a professional field that is particularly characterized by emotional, social and organizational stresses. In their everyday work, skilled workers are often at the interface between individual emergencies, social structures and institutional expectations. This not only leads to a high level of responsibility, but also to an increased susceptibility to work-related stress symptoms and long-term exhaustion (Maslach & Leiter, 2016: 23). Burnout syndrome in particular has been discussed in international research since the 1980s as a central risk in helping professions and has been associated with negative effects on the health of employees, the quality of professional services and the sustainability of social organizations (Schaufeli, 2017: 15). Against this background, the question of factors that can counteract the development of burnout is becoming increasingly important. A central starting point is the promotion of resilience, understood as the ability to remain psychologically stable despite adverse circumstances and to develop constructive coping strategies (Masten, 2018: 12). While resilience has long been studied primarily in relation to child and adolescent research, in recent years it has become more of a focus in professional work contexts, especially in psychosocial and educational fields (Ungar, 2021: 45).

An essential element of resilience in a professional context is the ability to take care of oneself. This refers to a variety of strategies that include physical health, emotional stability, as well as social embeddedness and professional demarcation (Figley, 2017: 41). Numerous studies show that professionals who systematically practice self-care are not only less prone to burnout symptoms, but also have higher job satisfaction as well as a more sustainable attachment to their profession (Skovholt & Trotter-Mathison, 2016: 66).

At the same time, the importance of professional education and continuous training is coming into focus. Education in the context of social work includes not only the teaching of professional skills, but also the development of a reflective professional attitude and the acquisition of resilience skills (Bauer & Jenny, 2019: 88). However, the question of the extent to which professional training and educational offers can offer sustainable protection against burnout and promote resilience in the long term has not yet been sufficiently empirically investigated.

The present study starts here and, based on a quantitative survey of 121 social work professionals, examines which forms of self-care and resilience strategies are widespread, in what way they are related to burnout symptoms and what role educational and supervision offers play in this. The focus is on the identification of protective factors that include organizational and structural dimensions beyond individual strategies.

The structure of the article is structured as follows: First, the current state of research on burnout, resilience and self-care in social work is presented in a theoretical framework. Subsequently, the methodological approach and the survey instruments are explained. This is followed by the systematic presentation of the results, which includes both quantitative findings and qualitative additions. In the discussion, the results will be linked to existing theoretical approaches, critically reflected on and

[1] IU International University of Applied Science, Germany
[*] Corresponding author's e-mail: Sorapazer@gmail.com

placed in the context of vocational education and training. Finally, the conclusion bundles the central findings and provides an outlook on future research perspectives and practical implications.

Theoretical framework

Burnout in social work

Since the work of Freudenberger (1974) and Maslach (1982), burnout has been an established concept for describing work-related states of exhaustion in helping professions. Central to this is the three-dimensional model developed by Maslach and Jackson (1981), which understands burnout as an interplay of emotional exhaustion, depersonalization/cynicism and reduced personal performance. A high prevalence of burnout symptoms is particularly evident in social work, as professionals are confronted to a high degree with emotionally stressful client situations, institutional framework conditions and limited resources (Schaufeli, 2017: 19). Studies show that burnout rates in this occupational field are significantly higher than those of other professional groups (Kim & Stoner, 2008: 8). Burnout is not only an individual health problem, but also affects the quality of professional services and the sustainability of social organizations. Increased fluctuation rates, declining job satisfaction and a decrease in empathetic interactions with clients are among the main consequences (Maslach & Leiter, 2016: 42). Burnout thus represents both an individual and institutional risk that requires preventive approaches.

Resilience as a protective factor

Resilience, originally from developmental psychology, refers to the ability to cope with crises and to develop positively despite adverse life circumstances (Masten, 2018: 12). In a professional context, resilience is increasingly understood as a key competence that enables professionals to regulate stress, activate resources and develop constructive coping strategies (Luthar *et al.*, 2015: 93).

The salutogenesis theory of Antonovsky (1997) emphasizes the importance of the "sense of coherence" – a coherent understanding of meaningfulness, comprehensibility and manageability of one's own work. In the context of social work, the experience of meaning in particular acts as a protective factor, as empirical studies also confirm (Kruk & Sandvin, 2019: 74). In addition, the coping theories of Lazarus and Folkman (1984) refer to the differentiation between problem-oriented and emotion-oriented coping. For professionals in the social sector, the ability to switch flexibly between the two forms is of central importance (Schönfeld & Margraf, 2017: 54). Resilience is not a static personality trait, but a dynamic process that is shaped by both individual strategies and structural framework conditions (Ungar, 2021: 49). Professional reflection spaces, supervision and organisational support are therefore central prerequisites for resilient practice. Self-care encompasses strategies on the physical, emotional, social, professional, and spiritual levels (Figley, 2017: 55). Research shows that, especially in social work, a conscious approach to boundaries, regular reflection and social support are essential factors of mental health (Skovholt & Trotter-Mathison, 2016: 70).

Self-care is increasingly understood as part of professional competence, not as a private additional action. This means that professionals must be empowered through education and training to develop self-care as an integral part of their professional identity (Bauer & Jenny, 2019: 92). This change of perspective leads to a stronger institutionalization of prevention strategies within social organizations.

Education and professionalization

The role of education and training in promoting resilience is still underexposed, although initial findings indicate that systematic training programs can both strengthen resilience and reduce burnout risks (McAllister & McKinnon, 2009: 363). University curricula in the field of social work are increasingly integrating modules on stress management, self-care and mindfulness (Höfer & Hartmann, 2020: 28). Nevertheless, the implementation remains inconsistent, and the effect of long-term training programs has not yet been sufficiently empirically proven. In-service training, supervision and collegial counselling are described in practice as central protective factors. They not only contribute to individual resilience, but also strengthen organizational learning (Richter & Rabe-Kleberg, 2021: 121). The aspect of professionalization thus includes not only specialist knowledge, but also the promotion of self-regulation skills and the institutional safeguarding of self-care practices.

Research clearly shows that burnout is a central threat in social work, and resilience and self-care act as decisive protective factors. Education and professional training can strengthen these skills, but have not yet been implemented systematically enough. This article addresses this interface by empirically examining the extent to which self-care practices and resilience strategies are anchored in the everyday work of social workers and how they are related to burnout symptoms and educational opportunities.

MATERIALS AND METHODS

Research design

The present study was designed as a quantitative cross-sectional study to record relationships between self-care, resilience and burnout symptoms among social work professionals. The aim was to collect descriptive data on the prevalence of self-care practices as well as to enable inferential statistical analyses that provide information about correlation patterns and differences between fields of work. The focus was on identifying protective factors that can contribute to the prevention of burnout.

Sample

The survey included n = 121 social work professionals who were interviewed in the period from September to

November 2024. The response rate was 78%, indicating a high level of participation.

The demographic composition of the sample was as follows:

• Gender: 73.6% female (n = 89), 23.1% male (n = 28), 3.3% diverse (n = 4).

• Age: Range from 22 to over 60 years; the largest age group was 31–40 years (33.9%).

• Work experience: from <2 years to >20 years; Majority with 2–10 years of professional experience (52%).

• Fields of work: Child and youth welfare (38.8%), care for the elderly (19.0%), assistance for the disabled (15.7%), addiction support (9.9%), psychiatric social work (8.3%), community work (5.0%) and other areas (3.3%).

Thus, the sample represents a heterogeneous population that includes different age groups as well as different fields of activity.

Survey instruments

The data was collected using a standardized questionnaire with 5-point Likert scales (1 = strongly disagree, 5 = strongly agree). The questionnaire included the following dimensions:

Self-care

o Physical (e.g. sports, nutrition, sleep hygiene).

o Emotional (e.g., reflection, journaling, self-compassion).

o Social (e.g. friendships, support, demarcation).

o Professionally (e.g. setting boundaries, taking vacation, supervision).

o Spiritual/meaning-related (e.g. reflection on meaning, value orientation).

Resilience strategies

o Cognitive strategies (e.g., change of perspective, positive self-talk).

o Acute stress management (e.g. breaks, breathing techniques, support).

Burnout indicators

o Emotional exhaustion.

o Cynicism/depersonalization.

o Doubts about effectiveness and professional dissatisfaction.

Working environment-related protective factors

o Supervision, working atmosphere, workload, opportunities for participation, further training.

Open questions

o Strategies of self-care.

o Obstacles to implementation.

The scales showed a high internal consistency (Cronbach's alpha > 0.75 in all subscales), which confirms the reliability of the measuring instruments.

Data Evaluation

The data evaluation was carried out in several steps:

• Descriptive statistics: Calculation of means, standard deviations and frequencies to characterize the sample and to represent response patterns.

• Correlation analysis (Pearson): Examination of relationships between self-care, resilience strategies, burnout indicators and protective factors in the work environment.

• Analysis of variance (ANOVA): Analysis of differences between the fields of work with regard to the development of different self-care strategies.

• Qualitative content analysis (Mayring, 2015): Evaluation of open-ended responses to gain additional contextual information and complement quantitative results.

Quality criteria

The study meets the central scientific quality criteria:

• Reliability: High internal consistency of scales (Cronbach's Alpha > 0.75).

• Validity: Content-related validity through orientation towards established concepts (e.g. Maslach Burnout Inventory, Self-Care Scales); Construct validity through significant correlations in the correlation analyses.

• Objectivity: Standardised survey and uniform evaluation procedures ensure a high level of implementation and evaluation objectivity.

As with all cross-sectional studies, no causal relationships can be detected, only correlations. In addition, the data collection is based on self-reports, which may imply a certain bias due to social desirability. The representativeness of the sample is also limited, as certain fields of work (e.g. community work) are disproportionately represented. Nevertheless, the combination of quantitative and qualitative methods allows a well-founded assessment of relevant patterns.

RESULTS AND DISCUSSIONS

The results are presented along the following dimensions: self-care, resilience strategies, burnout indicators, protective factors in the work environment and differences between fields of work. In addition, qualitative findings are taken into account.

Self-care

The results show that social work professionals exhibit a heterogeneous pattern of self-care practices. Physical self-care is moderate, especially exercise (MW = 3.2) and healthy eating (MW = 3.4). However, sleep hygiene remains critical (MW = 2.8).

Table 1: Physical self-care (selection)

Item	MW	SD	High approval (%)
Regular exercise	3.2	1.3	40.5

Sufficient sleep (7–8h)	2.8	1.2	25.6
Healthy nutrition	3.4	1.1	48.0
Attend preventive examinations	3.7	1.2	61.2

In the area of emotional self-care, many respondents regularly reflect on their feelings (MW = 3.8), while structured practices such as journaling are rarely common (MW = 2.3).

Table 2: Emotional self-care (selection)

Item	MW	SD	High approval (%)
Reflect on feelings regularly	3.8	1.0	67.7
Keep a diary	2.3	1.3	20.7
Practicing Self-Compassion	3.3	1.1	46.3

Social self-care is particularly strong in the cultivation of friendships (MV = 3.6) and in the exchange with colleagues (MV = 3.7). Team-building measures, on the other hand, are only moderately used (MV = 2.9). Occupational self-care is characterized by clear strategies of differentiation from clients (MW = 3.8). In contrast, the active refusal to work overtime is low (MV = 2.7). Spiritual/meaning-related self-care is strongly characterized by reflection on meaning (MW = 4.2), while explicit spiritual practices such as prayer or meditation are less pronounced (MW = 2.4).

Resilience strategies

The respondents show a pronounced use of cognitive strategies, especially the view of challenges as a learning opportunity (MW = 3.7) and solution-oriented thinking (MW = 3.6).

Table 3: Cognitive strategies (selection)

Item	MW	SD	High approval (%)
Focus on solutions	3.6	1.0	58.7
Challenges as opportunities	3.7	1.0	62.0
Positive self-talk	3.2	1.2	43.0

In the area of acute stress management, short interruptions of the work situation (MV = 3.5) are most frequently used. Breathing exercises and conscious relaxation techniques remain comparatively rare.

Burnout indicators

The data show that emotional exhaustion is present to a considerable extent (MW = 3.6). Cynicism towards clients (MV = 2.4) and doubts about the effectiveness of one's own work (MW = 2.8) are less common.

Table 4: Burnout symptoms (selection)

Item	MW	SD	High approval (%)
Frequent exhaustion	3.6	1.2	58.7
Cynicism towards clients	2.4	1.2	18.2
Doubts about effectiveness	2.8	1.3	28.9
Consider changing jobs	2.6	1.4	24.8

The perceived support in the work environment is inconsistent. While the working atmosphere is predominantly rated positively (MV = 3.2), supervision (MV = 2.9) and workload (MV = 2.4) are assessed as problematic.

Table 5: Protective factors (selection)

Item	MW	SD	High approval (%)
Sufficient supervision	2.9	1.4	34.7
Supportive working atmosphere	3.2	1.3	43.0
Appropriate workload	2.4	1.2	17.4
Further training is promoted	3.4	1.3	50.4

The correlation analyses show several highly significant correlations

- Physical and emotional self-care correlate strongly positively ($r = 0.64$, $p < 0.001$).
- Social support is closely related to resilience ($r = 0.58$, $p < 0.001$).
- Occupational demarcation has a protective effect against burnout ($r = -0.52$, $p < 0.001$).
- The experience of meaning correlates most strongly with job satisfaction ($r = 0.71$, $p < 0.001$).
- High workload significantly reduces self-care ($r = -0.43$, $p < 0.001$).

The ANOVA analyses show significant differences, especially in the dimensions of occupational demarcation. Specialists in addiction care (MW = 3.8, $p < 0.01$) and psychiatry (MW = 3.7, $p < 0.05$) have higher scores here than colleagues in other fields.

The most common self-care practices according to open-ended answers were sports/exercise, social relationships, hobbies, and supervision. Typical statements are: "Running helps me clear my head" or "Collegial exchange is essential".

Main barriers to self-care have been identified in lack of time, high workload, and feelings of guilt. One specialist remarked: "There is no time for me, because I am constantly in crisis mode".

In summary, although social work professionals have a wide range of self-care strategies, they suffer from a high workload and a lack of institutional support. The strongest protective factors are reflection on meaning, social support and professional boundaries.

Discussion

The available data paint a clear, multifaceted picture of professional stress and coping in social work. First, there is a significantly increased emotional exhaustion (MW = 3.6), while cynicism and doubts about effectiveness are less pronounced. Secondly, self-care is moderately present in most dimensions, but with clear predetermined breaking points: sleep hygiene and the active limitation of overtime are relatively weak. Third, resilience strategies emerge primarily as cognitive reframing and solution-orientation processes; in acute stressful situations, situational going out and pausing is used more often than formalized breathing or relaxation techniques. Fourthly, the protective factors in the work environment point to an ambivalent pattern: a perceptibly supportive climate, but insufficient supervision and, above all, a workload that is perceived as inappropriate. This constellation corresponds to international burnout research in helping professions, which describes the interaction of high demands and insufficient resources as the core driver of exhaustion (Maslach & Leiter, 2016: 41; Schaufeli, 2017: 22).

In the light of the Job-Demands-Resources (JD-R) model, this pattern can be interpreted as follows: High demands (quantitative workload, case complexity, emotional exposure) activate the exhaustion path, while resources (self-care skills, social support, supervision, scope for action) strengthen the motivation and protection pathway (Bakker & Demerouti, 2014: 274). The negative correlations between workload and self-care ($r = -0.43$) and between exhaustion and physical activity ($r = -0.38$) can be interpreted as indicators of a resource loss cycle in the sense of the Conservation of Resources theory: Those who lose resources (time, energy) have less capacity to build up new resources (e.g., sporting activity, sleep) (Hobfoll, 2018: 106). Conversely, the positive correlations – for example between social support and resilience ($r = 0.58$) or between the experience of meaning and job satisfaction ($r = 0.71$) – point to resource gain dynamics that can weaken the exhaustion path.

The role of the experience of meaning is central. The strongest correlation of the study – the sense of meaning and ↔ job satisfaction – can be easily explained in the context of salutogenesis: a high sense of coherence with the dimensions of comprehensibility, manageability and significance acts as a cognitive-emotional lens that transforms stress into manageable demands (Antonovsky, 1997: 15). This is consistent with findings that describe meaning orientation as a buffer against cynicism and as a predictor of professional attachment (Krok, 2018: 93). In line with this, our data show a strong negative correlation between cynicism and the experience of meaning ($r = -0.67$). Meaning is therefore not an accessory, but a key resource.

Self-care as a professional core competence – opportunities and limits

The results confirm that self-care should not be understood as a private add-on, but as a professional competence (Skovholt & Trotter-Mathison, 2016: 68). Particularly robust findings are found for occupational demarcation: Clear boundaries with clientele (MV = 3.8) and regular case reflections (MV = 3.6) correlate with lower burnout symptoms ($r = -0.52$). This speaks for the effectiveness of professional distancing skills, which do not negate closeness, but structure and dose it (Figley, 2017: 58). However, the fact that the "no" to overtime is comparatively weak (MV = 2.7) points to a structural area of tension: Even if individuals have demarcation skills, organizational routines (e.g. staff shortages, permanent crises) undermine their implementation. Critical voices warn against an individualization of structural problems: Without organizational and political support, self-care threatens to become an instrument of moralization (Ungar, 2021: 52).

In the emotional and social dimensions, it is noticeable that reflexive practices (emotional reflection, collegial exchange) are much more widespread than ritualized self-support (diary, gratitude). This suggests that low-threshold, socially embedded forms of self-care are more compatible in this profession than individualized routine practices. Nevertheless, meta-analyses show that targeted mindfulness and self-compassion interventions (MBSR/MSC) have medium effects on stress, depression and burnout – provided they can be integrated into everyday work (Garland *et al.*, 2015: 119; Neff & Germer, 2018: 142). The moderate mean values for mindfulness (MW = 3.2) and self-compassion (MW = 3.3) in our data mark development potential, but require transfer-friendly implementation strategies (e.g. micro-exercises at the beginning of the shift, 10-minute reflection window).

Physical self-care proves to be doubly vulnerable: both for sleep (MW = 2.8) and for regular exercise (MV = 3.2). Sleep restriction is a known risk factor for emotional dysregulation and burnout processes (Sonnentag, 2018: 44). The data support priority intervention at this point – but not primarily as an appeal to individuals, but via shift and duty roster rules that reliably protect recovery times (Penedo & Dahn, 2005: 188). The negative association of exhaustion with physical activity ($r = -0.38$) indicates bidirectional effects: exhausted people move less; Inactivity increases exhaustion. In terms of intervention logic, these data speak in favor of structured movement "nudges" (e.g. short movement sprints in a team).

The Role of Education and Professional Training

The core question of the article is: How do education and training contribute to sustainable practice? Several

findings address this question directly. First, supervision and coping strategies correlate positively (r = 0.49), suggesting a mechanism of competence actualization: supervision functions as a place where cognitive reappraisal strategies, ethical dilemmas, and boundaries are negotiated and translated into action routines (Richter & Rabe-Kleberg, 2021: 124). The fact that the average value for sufficient supervision is nevertheless only 2.9 points to gaps in care and quality.

Secondly, continuing education is perceived as more supported (MV = 3.4), without this being consistently reflected in high usage scores for concrete micro-practices (e.g. breathing techniques MW = 2.9, diary MW = 2.3). This points to the well-known transfer problem of continuing vocational training: learning effects fizzle out without a transfer climate, leadership sponsorship and opportunity structures in everyday life (Baldwin & Ford, 1988: 66). Thirdly, the differences specific to the field of work (higher demarcation values in addiction support and psychiatry) indicate that field-differentiated learning cultures exist: In settings that are particularly risk- and crisis-oriented, boundary management is apparently more institutionalised – for example through compulsory supervision, team debriefings and clear protocols.

On the basis of the data, an education-related impact model can be outlined

1. Training input (curriculum on stress physiology, boundary setting, self-compassion, meaning work, protective communication)
2. Resource gain (self-efficacy, reappraisal competence, social cohesion)
3. Behavioral routines (break rituals, structured case reflection, "open door" supervision, micro-recoveries)
4. Outcome (reduced exhaustion, less cynicism, higher job satisfaction).

This model is compatible with JD-R (Resource Strengthening Motivation and Buffering) and COR (Resource Gain Spirals) (Bakker & Demerouti, 2014: 279; Hobfoll, 2018: 113). At the same time, it is ecological in the sense of social resilience: educational processes only have an effect if structures enable them, not hinder them (Ungar, 2021: 50).

Concrete implications for curricula in studies and continuing education are: (a) Setting boundaries as the supreme discipline (role-playing to "say no" to overload requests, conducting conversations with managers), (b) Meaning and value work as a stable core (e.g. coherence reflection along real case situations), (c) Team-based mindfulness (short, socially embedded exercises instead of using apps alone), (d) Sleep and recovery didactics with organization-related levers (roster co-design, break architecture), (e) supervision competence (how supervision is actively used, prepared and anchored in team routines). Empirical reviews show that multi-component programs – i.e. combinations of individual and organizational modules – achieve the most robust effects on burnout markers (West *et al.*, 2016: 442).

Organizational Responsibility: From Individual Prevention to System Prevention

The significantly low values for "appropriate workload" (MW = 2.4) mark the systemic bottleneck. Our qualitative analysis confirms this: lack of time, chronic crises and lack of support are the most frequently mentioned barriers. It is analytically misleading to rely primarily on individual strategies here. Rather, organizational levers are needed: adequate job and case number ratios, prioritization of core activities, disruption management (e.g. crisis shadow plans), break protection (digital and spatial decoupling), regular supervision as non-dispatchable working time. The literature shows that leadership is a key multiplier: transformational and servant leadership styles increase perceived support and reduce burnout risks, especially when accompanied by clear resource decisions (Skakon *et al.*, 2010: 108).

Speaking in JD-R vocabulary: The intervention must combine demand reduction (e.g., realistic case numbers, relief from peak hours) and resource building (e.g., autonomy, feedback, social support). In addition, job crafting – the work-related change of tasks, relationships and meanings – provides a micropolitical resource that must be allowed, guided and protected by leadership (Wrzesniewski & Dutton, 2001: 181). This is where training courses can establish "crafting sprints": short, data-based re-designs of individual process steps (intake, documentation, handovers) with a clear outcome (minutes and disruption savings).

Differences Specific to the Field of Work: Addiction Support and Psychiatry as Learning Labs

The significantly higher values for occupational demarcation in addiction care ($p < 0.01$) and psychiatry ($p < 0.05$) can be explained by risk cultures: High risk exposure enforces explicit rules on proximity-distance, boundary violation prevention and crisis intervention. These fields seem to "teach" in an organized way what other fields learn more informally. A practical implication of research is to use "positive deviance" – i.e. identify those teams/institutions with above-average demarcation and supervision routines and model them in a transferable way (Bradley *et al.*, 2009: 27). At the same time, the data warn caution: The lower values of spiritual-meaning-related practices in addiction care could indicate cynicism risks if meaningful work is not systematically cultivated. The strong correlation between meaning ↔ and satisfaction suggests that targeted meaning reflection formats (micro-case narratives, outcome feedback) should be integrated here.

Cognitive strategies (reappraisal, solution focus) reduce stress by shifting the evaluation phase in the transactional stress model: threat is recoded into challenge, controllability is increased, and scope for action is mentally expanded (Lazarus & Folkman, 1984: 142). Self-compassion reduces shame and self-criticism loops and enables adaptive learning from mistakes instead of defensive attributions (Neff, 2003: 92).

Social support works through co-regulation: Emotional, informational and instrumental support buffer stress and enrich opportunities for action (Cohen & Wills, 1985: 312). Occupational demarcation is an exposure and energy management: it limits empathic permeability, protects the affect balance and maintains professional judgement (Figley, 2017: 61). Meaningful work functions as a motivational meta-resource: it contextualizes efforts, increases persistence, and connects individual goals to the organization's mission (Grant, 2008: 49).

These mechanisms can be trained – but only effective if behavioral opportunities and reward structures are present (Baldwin & Ford, 1988: 68). Therefore, trainings should be habit-based (small, clear implementation cues), team-based (social standardization) and data-informed (visible outcome feedback).

Implications for Practice, Governance and Policy

Practice level (teams): Introduction of mandatory micro-routines (2-minute breathing before crisis talks; 5-minute debriefings; weekly boundary setting reflection), break protection with role responsibility ("break mentor" – functional, not personal), peer supervision according to standard guidelines.Management level (organization): duty roster design with minimum recovery windows, caseload transparency (dashboard), supervision as mandatory time, further training KPIs (participation, transfer, Policy level/sponsors: Job financing according to case severity, supervision funding as a structural requirement, CPD standards (annual minimum hours on resilience/self-care), reporting obligations on stress and resource indicators.

This multi-level architecture prevents responsibility from being unilaterally shifted to individuals and increases the sustainability of educational investments (Bakker & Demerouti, 2014: 281; West *et al*., 2016: 444).

5.7 Synthesis: What explains the data – and what follows from it?

The data speak for a resilience-ecological model of social work: Individual competencies are effective when organizations provide resources and limit burdens. The triad of meaningful work, social support/supervision and professional demarcation appears to be particularly effective – it addresses motivation (why), regulation (how) and exposure (how much). Education acts as a catalyst that makes these resources visible, practices and standardizes. However, their effects remain fragile when structural conditions prevent transfer.

In practice, this results in a double principle: (1) keep requirements realistic, (2) systematically build up and protect resources. Neither is substitutable. Educational programs that are implemented without relieving the workload run the risk of reinforcing cynicism. Conversely, relief measures without building up skills fizzle out. Sustainable practice arises from the coupling of both paths.

CONCLUSION

The present study highlights that burnout among social work professionals is primarily characterized by emotional exhaustion rather than by cynicism or loss of professional conviction. Central protective factors identified were meaning-making, social support, and professional boundaries, which unfold their full potential only when supported by organizational structures. Among these, a sense of purpose proved to be the strongest resource, showing the closest link to job satisfaction and motivation. By contrast, physical self-care – particularly sleep and exercise – was most frequently neglected, marking an urgent starting point for preventive measures. The results underline that resilience cannot be explained by individual strategies alone. Professional supervision, systematic training opportunities, and institutional spaces for reflection are indispensable. Education functions as a catalyst that strengthens individual coping resources but remains ineffective without structural anchoring in work organization. Preventive interventions must therefore be multidimensional, combining realistic workload limits, protected recovery times, regular supervision, and resilience-oriented training with a supportive organizational climate.

Although the study is limited by its cross-sectional design, it provides important evidence for future longitudinal and intervention research. Overall, sustainable social work practice requires a systematic integration of individual resilience, professional education, and organizational responsibility in order to effectively prevent burnout and safeguard the quality of social services.

REFERENCE

Antonovsky, A. (1997). Salutogenesis: On the Demystification of Health (2nd ed.). Tübingen: dgvt-Verlag.

Bakker, A. B., & Demerouti, E. (2014). Job Demands–Resources theory. Wellbeing: *A Complete Reference Guide, Work and Wellbeing, 1*, 273–286.

Baldwin, T. T., & Ford, J. K. (1988). Transfer of training: A review and directions for future research. *Personnel Psychology, 41*(1), 63–105.

Bauer, G. F., & Jenny, G. J. (2019). Salutogenic Leadership in Organizations: Concepts, Findings, and Practical Implications. In A. Hillert, A. Kallus, & C. Schmitz (Eds.), Resilience at Work: Health Promotion in the World of Work (pp. 83–104). Heidelberg: Springer.

Bradley, E. H., Curry, L. A., & Ramanadhan, S. (2009). Research in action: Using positive deviance to improve quality of health care. *Implementation Science, 4*(1), 25–35.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357.

Figley, C. R. (2017). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (2. Aufl.). New York: Routledge.

Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues, 30*(1), 159–165.

Garland, E. L., Geschwind, N., Peeters, F., & Wichers, M. (2015). Mindfulness training promotes upward

spirals of positive affect and cognition: Multilevel and autoregressive latent trajectory modeling analyses. *Frontiers in Psychology, 6,* 15–22.

Grant, A. M. (2008). The significance of task significance: Job performance effects, relational mechanisms, and boundary conditions. *Journal of Applied Psychology, 93*(1), 108–124.

Hobfoll, S. E. (2018). Conservation of resources theory: Its implication for stress, health, and resilience. In C. L. Cooper & J. C. Quick (Hrsg.), The handbook of stress and health (S. 65–77). Chichester: Wiley.

Höfer, M., & Hartmann, K. (2020). Mindfulness in the training of social workers. *Social Work, 69*(1), 25–32.

Jackson, S. E., & Maslach, C. (1981). Measurement of experienced burnout. *Journal of Occupational Behaviour, 2*(2), 99–113.

Kim, H., & Stoner, M. (2008). Burnout and turnover intention among social workers: Effects of role stress, job autonomy and social support. *Administration in Social Work, 32*(3), 5–25.

Krok, D. (2018). When is meaning in life most beneficial to young people? Styles of meaning in life and well-being among late adolescents. *Journal of Happiness Studies, 19*(1), 25–43.

Kruk, K. E., & Sandvin, J. T. (2019). Resilience and social work: Conceptual discussions and empirical findings. *European Journal of Social Work, 22*(1), 65–78.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Luthar, S. S., Cicchetti, D., & Becker, B. (2015). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562.

Maslach, C. (1982). Burnout: The cost of caring. Englewood Cliffs: Prentice-Hall.

Maslach, C., & Leiter, M. P. (2016). Burnout: A multidimensional perspective. New York: Taylor & Francis.

Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review, 10*(1), 12–31.

Mayring, P. (2015). Qualitative Content Analysis: Fundamentals and Techniques (12th ed.). Weinheim: Beltz.

McAllister, M., & McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: A critical review of the literature. *Nurse Education Today, 29*(4), 371–379.

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101.

Neff, K. D., & Germer, C. K. (2018). The mindful self-compassion program (MSC): A pilot study and randomized controlled trial. *Journal of Clinical Psychology, 74*(6), 785–804.

Penedo, F. J., & Dahn, J. R. (2005). Exercise and well-being: A review of mental and physical health benefits associated with physical activity. *Current Opinion in Psychiatry, 18*(2), 189–193.

Richter, M., & Rabe-Kleberg, U. (2021). Supervision in Social Organizations: Developments, Concepts and Empirical Findings. *Journal of Social Pedagogy, 19*(2), 113–132.

Schaufeli, W. B. (2017). Burnout: A short socio-cultural history. In S. Neckel, A. Schaffner, & G. Wagner (Hrsg.), Burnout, Fatigue, Exhaustion (S. 105–127). Cham: Springer.

Schönfeld, P., & Margraf, J. (2017). Generalized self-efficacy as a mediator and moderator between stress and psychological outcomes: A systematic review and meta-analysis. *Behaviour Research and Therapy, 91,* 129–148.

Skakon, J., Nielsen, K., Borg, V., & Guzman, J. (2010). Are leaders' well-being, behaviours and style associated with the affective well-being of their employees? A systematic review of three decades of research. *Work & Stress, 24*(2), 107–139.

Skovholt, T. M., & Trotter-Mathison, M. (2016). The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals (3. Aufl.). New York: Routledge.

Sonnentag, S. (2018). The recovery paradox: Portraying the complex interplay between job stressors, lack of recovery, and poor well-being. *Research in Organizational Behavior, 38,* 41–60.

Ungar, M. (2021). Multisystemic resilience: Adaptation and transformation in contexts of change. Oxford: Oxford University Press.

West, C. P., Dyrbye, L. N., Erwin, P. J., & Shanafelt, T. D. (2016). Interventions to prevent and reduce physician burnout: A systematic review and meta-analysis. *The Lancet, 388*(10057), 2272–2281.

Wrzesniewski, A., & Dutton, J. E. (2001). Crafting a job: Revisioning employees as active crafters of their work. *Academy of Management Review, 26*(2), 179–201.