

# **Feminization and burnout amongst female social workers**

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## **Abstract**

**Summary.** Feminization has been and continues to be a characteristic of social work: it has played a role in the profession's lower status. Despite the similarities between feminism and social work, the profession tends to perpetuate systemic structures of gender inequality. These structural features can increase overload and burnout among female social workers.

Our study applies the gender perspective to an analysis of the social work profession. It seeks to ascertain the level of burnout of female social workers in Aragon (Spain), the possible determinants that generate it and some preventive strategies identified in the discourse of professionals.

We applied a sequential mixed method, combining a quantitative analysis of burnout via the distribution of questionnaires to a sample of 305 active social workers in Aragon (Spain), with the qualitative analysis of the discourse of 42 professionals in interviews and discussion groups. For the analysis, we followed the theoretical approach of communicative methodology.

**Findings.** This study concludes that there is a greater degree of burnout and workload among female professionals, a general underrepresentation of women in managerial positions, and a perception that their interventions are undervalued.

**Applications.** This work seeks to show some of the structural gender differences that still exist in the profession. In addition, from the understanding of the levels of burnout of female social workers as well as the structural and labour elements that can condition its appearance, this article aims to contribute to the approach to professional care in organizations from a gender perspective.

## **Keywords**

Social work, gender, health and social care, women, organizational structure

## **Literature review**

Social work is regarded as a care profession, along with others such as the health professions and teaching (Hugman, 2005). Professionals in these fields are required to exhibit a high degree of social and emotional intelligence in order to meet the needs of users and to manage emotions that arise in the course of interactions (Brotheridge & Grandey, 2002). Although social work is viewed as a profession exposed to a significant risk of burnout (Lloyd et al., 2002), research in this area is still scarce, although interest in the study of health and well-being in the profession is increasing (Beer et al., 2020).

In addition, the social work profession has specific structural characteristics that can increase the risk of burnout. Among these would be the high rates of feminization (Blanco et al., 2022; Office for National Statistics, 2018; Vicente et al., 2019), which, in turn, can lead to inequalities among genders. These elements can also lead to the emergence of burnout among female social workers. Considering that active people can spend around a third of their time in the workplace (WHO, 2021), it is necessary to improve our understanding of burnout levels among female social workers and to assess the role played by structural elements in the development of burnout.

Ever since its inception, the social work profession has mostly been carried out by women (Lorente-Molina, 2018). Although the tendency toward feminization is now levelling out, high rates of feminization are still a structural feature of social work (Blanco et al., 2022). Countries such as the United Kingdom reach a percentage of 82% of women in the profession (Office for National Statistics, 2018); others, such as Spain, reach 89% (Vicente et al., 2019). The discipline is composed of a significant majority of female professionals, users, professors, and students (Agrela & Morales, 2017).

Feminization is directly related to horizontal segregation, understood as the overrepresentation of women in certain economic sectors or professional categories

(Roldán-García et al., 2012). This overrepresentation is sometimes based on prejudices regarding the differing capacities of women and men to carry out tasks (Rodríguez-Miñón, 2017). In Spain, the Gender Inequality Index (Bericat & Sánchez, 2008), indicates that inequality persisted in employment, political power, and social influence, with a comparatively lower level in the educational sphere. Additionally, in 2021, the poverty rate for women surpassed that of men across all age groups (Women's Institute, 2021). The Covid-19 pandemic exacerbated the gender gap, in both the workplace and in mental health (Ruiz-Larrea, 2021).

The fact that social work is generally carried out by women makes it a professional field whose main objective is related to the ethics of care (Fombuena, 2006). Tasks of care, assistance and socialization have traditionally been assigned to women (Báñez, 2012). On the other hand, jobs carried out by women generally tend to be undervalued (Fawcett, 2022), so that the feminization of social work has reinforced its subalternity with regard to other professions (Lorente-Molina, 2018). In both direct intervention and research, the position within the university hierarchy and the value assigned to the scientific literature produced, contribute to the subordinate status of social work (Agrela & Morales, 2017). A general lack of regard for social work has been detected (Maestre & Gómez, 2017). This feature forces professionals to constantly claim their recognition, and they are constantly held to account for their actions (Nebreda, 2019).

Since the 1970s, the concept of feminist social work began to develop within the profession (Kemp & Brandwein, 2010). Feminist social work aims to provide optimal services to women in the present, addressing oppression in both paid and unpaid labour (Dominelli, 2002).

Although feminism and social work share similar values, interests, and modes of action (Eyal-Lubling & Krumer-Nevo, 2016), the profession has not always fully

acknowledged the contributions of feminist theory to the full extent of their potential (Alcázar-Campos, 2014; Agrela & Morales, 2017; Berasaluze, 2009). Studies such as that of Nebreda (2019) point out the paradox of the invisibility of the gender issue in the historical configuration of the discipline. Certain authors consider that gender inequality continues to be a secondary issue in social work (Lauve-Moon et al., 2020).

Surprisingly enough, the social work profession, which is socially constructed, meaning it is the outcome of social, cultural, and historical processes, still tends to reproduce and uphold the status quo of social gender relations (Báñez, 2012). In this sense, “there is still a close connection between what is expected of a woman and what is expected of a social worker” (Rodríguez-Miñón, 2017, p. 34). Thus, the general social phenomenon of gender inequality is perpetuated within the profession itself, thereby generating a cultural and symbolic reproduction of the division of labour (Fernández-Montaño, 2015). What is more, social institutions tend to instruct social workers to ensure that the existing social structure is maintained (Fernández-Montaño, 2015).

By applying the gender perspective to an analysis of the profession, we can examine the reality of social workers based on their gender. Authors such as Alcázar-Campos (2014), Agrela & Morales (2017), or Bravo (2002), emphasize the importance of analysis with a gender perspective in social work, precisely because it is a feminized profession that clearly reflects the vulnerability of women: for example, in terms of overload on the job, in housework, and in family care.

To carry out this analysis of the profession from a gender perspective, we need to examine indicators such as the salary difference. The few existing studies on the subject suggest that male social workers can receive a salary 3.4% higher than their female colleagues (Fawcett, 2022). Salary differences in favour of men can also be noted in the field of academia in social work (Sakamoto et al., 2008; Tower et al., 2019).

A second indicator worth studying is the representation of female social workers in positions of greatest responsibility. Many studies point to the existence of vertical segregation, understood as the underrepresentation of women in the upper echelons of professional scales, determined by factors such as compensation, prestige, professional stability, responsibility, etc. (Rodríguez-Miñón, 2017). The European Union uses the term “hierarchical segregation” as a specific type of vertical segregation that tends to obstruct women’s access to job positions of greater responsibility and authority within a certain profession (European Commission, 2009). Female social workers have traditionally been underrepresented in middle and senior management positions (Berasaluze, 2009; Davey, 2002; Fawcett, 2022; Roldán-García et al., 2012). Similar phenomena can be observed in academia, where male social workers are more likely to reach dean or director positions (Sakamoto et al., 2008). This situation squanders the valuable skills and experience of female professionals.

A third indicator we should analyse is related to the difficulties experienced by female social workers in reconciling family and work life, thereby leading to a double workday, also called "second shift" (Bravo, 2002; Rodríguez-Miñón, 2017). This double workday has persisted with the rise of online work during and after the pandemic, resulting in a blurring of professional and domestic responsibilities and highlighting role divisions within households (Guaglianone & Parisi, 2021). This situation also places obstacles in the course of their professional career (Davey, 2002). In key periods of their working lives, women are often forced to take a work leave or to reduce their work hours, thereby missing out on opportunities for promotion. These hiatuses in their career or the reduction of their working hours because they need to dedicate themselves to family care are often viewed as personal choices; however, such a standpoint commits the mistake of

overlooking the actual systemic inequalities that generate that kind of interruptions (Fawcett, 2022).

These three indicators are not only among the defining elements of gender inequality in the social work profession; they can also act as determinants in the emergence of overload and burnout among female social workers.

We can define burnout as a syndrome, usually appearing in care professions, which is made up of three dimensions: emotional exhaustion, depersonalization (or cynicism) and a sense of low personal fulfilment (Maslach & Jackson, 1986). Originating in organizational environments, burnout is a subjective phenomenon of gradual, psychological erosion that tends toward *chronification* (Maslach, Schaufeli & Leiter, 2001; Söderfeldt et al. 1995). It is thus important to elicit which aspects of life can bear an influence upon its development (Leiter & Maslach, 1999). Often, the triggers for burnout are less related to individual characteristics and more associated with work contexts and the lack of justice in the real world (Reynolds, 2011).

Burnout has recently been included as an occupational phenomenon in the WHO International Statistical Classification of Diseases and Related Health Problems (ICD-11) (2022).

Social work is a helping profession based on direct contact with clients. The emotional intensity generated in these interactions can be one of the main elements that lead to burnout (Campos-Vidal et al., 2017), due, for instance, to the client's possible rejection of the intervention proposed by the professional (He et al., 2018). Social work has thus traditionally been regarded as a profession exposed to the risk of burnout (Lloyd et al., 2002). Certain studies have shown burnout percentages of 25% in social work (De

la Fuente & Sánchez, 2012), and even 30% (Caravaca-Sánchez et al., 2019). However, studies on the subject of burnout in social work are still scarce.

Certain authors have studied the influence of a series of sociodemographic factors on the emergence and development of burnout in social work. Research that relates burnout in social work to the gender variable yields diverse results. Thus, studies carried out in general social work (Caravaca-Sánchez et al., 2019; Vilá et al., 2015), or in prison social work (Caravaca-Sánchez et al., 2018) evidence higher levels of emotional exhaustion and burnout among women professionals. Additionally, Kim et al. (2011), show that the negative effects of stress on physical health develop more frequently among female social workers. However, other studies point to a higher level of depersonalization (Domínguez et al., 2017) and emotional exhaustion (Soto-Rosales & González-Losada, 2018) among male social workers, and still others indicate a greater risk of male burnout (Grau & Suñer, 2008). In academic social work, female faculty members were found to be more likely to experience burnout than male faculty members (Tower et al., 2019). Hendel & Horn (2008) concluded that gender is generally an important predictor of work overload.

The majority of studies on burnout in social work have been based on samples mostly made up of women: 60% (Caravaca-Sánchez et al., 2018; Domínguez et al., 2017), 80% (Caravaca-Sánchez et al., 2019; Soto-Rosales & González-Losada, 2018; Vilá et al., 2015), and even over 90% of the total sample (Gómez et al., 2019), thereby further illustrating the feminization of the profession. Those studies, however, did not tend to focus specifically on the specific problems experienced by female social workers.

To prevent burnout and mitigate its possible effects, it is important to develop care practices for social workers (McGarrigle & Walsh, 2011). Such care practices can be conceived as a multidimensional phenomenon (Lee & Miller, 2013) achieved through a

series of personal (physical, psychological, emotional, social, spiritual) strategies as well as professional strategies.

Self-care could provide professionals with tools for stress management and for greater participation in organizations, while increasingly encouraging them to avoid job abandonment (Lee & Miller, 2013). Generally, social workers do not receive training in self-care skills during their university education, nor afterwards (DeMauro et al., 2019). Furthermore, the care measures developed within organizations are limited and have limitations, as they focus less on the individual needs of professionals (Graham & Graham, 2016). Several studies indicate that social workers use care tools only sparingly (Miller et al., 2018), and that social workers often prioritize others over their own well-being (Jackson, 2014). This lack of self-care can result in a greater risk of burnout, compassion fatigue, and vicarious trauma (Martin et al., 2020).

As mentioned above, the profession's structural characteristics lead to gender-based inequalities within the profession. This can lead to a more frequent occurrence of burnout among female social workers; it is thus important to analyse the profession's general inequalities.

Our study is based on research designed to ascertain the level of burnout among social workers in Aragon (Spain). Differences among burnout levels were detected in association with a series of sociodemographic variables. In addition, specific tendencies associated with the possible causes of burnout were identified in the discourse of female social workers.

This article therefore focuses specifically on the results obtained among female social workers. On the one hand, it quantitatively analyses their burnout levels in comparison to their male peers. On the other hand, it qualitatively collects some of the

possible causes of burnout as perceived by the interviewed social workers themselves, as well as some potential preventive strategies that may help prevent or reduce burnout in social work.

Our study followed the communicative methodology paradigm, which seeks to describe, interpret, and transform reality, emphasizing equality in interactions between researchers and the personal experiences of participants (Flecha et al., 2004). In the field of social work, this approach has been shown to enhance the integration of research and practice (Plaja, 2019).

## **Methods**

### **Sample and procedure**

We based the quantitative portion of this study on a convenience sample of 305 active social workers in Aragon (Spain), out of a total of 785 active social workers who were members at that time of the Professional College of Social Work of Aragon. 87% (232 subjects) were female social workers, and their mean age was 43.08 years (SD 9.73). 79% of the total sample had a stable partner. In addition, 57.7% had children and 28.5% had other dependents. In terms of academic level, 94.7% had a university degree in Social Work. 17% had a further university degree. 55.7% worked in public institutions. In addition, 59.1% had a permanent contract. 14.6% of the total sample held managerial positions, and 33.1% coordinated or supervised other co-workers.

Three questionnaires were distributed with the collaboration of the Professional College of Social Work of Aragon through its electronic bulletin. In addition, paper questionnaires were delivered to non-registered social workers from public and private centres. A question was included for them to indicate their eventual interest in participating in the qualitative section of the research.

42 subjects participated in the qualitative portion of our study. The qualitative sample of the study comprised participants from the quantitative questionnaires who indicated their interest in participating in the qualitative phase of the research, through a checkbox included in the sociodemographic questionnaire. Additionally, the snowball sampling technique was employed, where an initial participant refers the researcher to additional subjects, and this process continues iteratively (Atkinson & Flint, 2001). Table 1 and Table 2 presents the sociodemographic information of the participants in the qualitative part of the study.

**Table 1**

*Sociodemographic information of the interviews*

	Code	Gender	Sector- Field	Years of work experience	Format
1	RC1	Female	Private - Exclusion	5	Online
2	RC2	Male	Public - General social services	20	Telephone
3	RC3	Female	Private- Development cooperation	10	In person
4	RC4	Male	Public - City Hall	31	In person
5	RC5	Female	Private - Neighbourhood association	5	Online
6	RC6	Female	Private - Disability	25	In person
7	RC7	Female	Private- Employment	15	Online
8	RC8	Female	Public - General social services	23	Online
9	RC9	Female	Private- Migrations	3	In person
10	RC10	Male	Private- Socio-education	6	Online
11	RC11	Female	Public - General social services	32	Telephone
12	RC12	Female	Private - Migrations	8	Online
13	RC13	Female	Private – Citizen participation	20	Online
14	RC14	Male	Public - General social services	25	Online
15	RC15	Male	Private - Migrations	30	Online
16	RC16	Female	Public - Gender	30	Online
17	RC17	Female	Private – Mental health	3	Online
18	RC18	Female	Private - Geriatrics	32	Telephone
19	RC19	Female	Private - Health	16	In person
20	RC20	Female	Public - General social services	12	Online

**Table 2**

*Sociodemographic information of the discussion groups*

		Code	Gender	Sector- Field	Format
GROUP GD1 – MINDFULNESS	1	GD1A	Female	Community social services	Online
	2	GD1B	Female	General social services	
	3	GD1C	Female	Mental health	
	4	GD1D	Female	Mental health	
	5	GD1E	Female	Socio-education/ Disability	
GROUP GD2 - PUBLIC SECTOR	6	GD2A	Female	Teaching	Online
	7	GD2B	Female	General social services	
	8	GD2C	Female	Gender	

	9	GD2D	Female	General social services	
GROUP GD3 – PRIVATE SECTOR	10	GD3A	Female	Socio-education/ Disability	Online
	11	GD3B	Female	Independent practice	
	12	GD3C	Female	Disability	
	13	GD3D	Male	Geriatrics	
	14	GD3E	Female	Disability	
GROUP GD4 – VARIOUS FIELDS	15	GD4A	Female	Adult guardianship	Online
	16	GD4B	Female	Health centre	
	17	GD4C	Female	Refugees	
	18	GD4D	Female	Teaching	
	19	GD4E	Female	Intellectual disability	
GROUP GD5 - COORDINATION / SUPERVISION	20	GD5A	Male	Residential exclusion	Online
	21	GD5B	Female	Director of a district service	
	22	GD5C	Female	Director of Social Services	

On the one hand, we conducted 20 interviews with social workers: 25% were in person, 60% online, and 15% by telephone. 75% of the participants were women, with an average job experience of 17.5 years, and 65% were employed in the private sector. Furthermore, 22 professionals participated in a total of 5 discussion groups, all of which took place online. 91% of the participants in the discussion groups were women, of whom 14% performed management or coordination tasks in their job, and 50% were employed in the private sector.

All participants received an information document along with a letter of informed consent and data protection. This research was previously approved by the Research Ethics Committee of Aragon (CEICA).

## Measures

*Demographic questionnaire.* Based on our literature review, we designed a sociodemographic questionnaire that contained sociopersonal, educational, and work variables. Prior to its design, we conducted 5 exploratory interviews with female social workers in order to appropriately specify certain questions in the questionnaire.

*The Areas of Worklife Survey (AWS)* (Leiter & Maslach, 2003) measures the influence of the work environment on burnout levels. In this study we used the Spanish

version of the questionnaire (Gascón et al., 2013). The scale is made up of 45 items, divided into two subscales.

The first subscale has 16 items. Using a 7-point Likert-type scale, (0=never; 6=daily) it assesses the three dimensions generally regarded as opposed to burnout: energy (as opposed to exhaustion), efficacy (as opposed to inefficacy), and involvement (as opposed to depersonalization). This subscale has been shown to have adequate psychometric properties in both Spanish and English (Gascón et al., 2013). The second subscale is made up of 29 items that measure the person's level of congruence in the six areas of working life (workload, control, reward, community, fairness, and values). Responses are rated on a 5-point Likert-type scale (1= strongly disagree; 5= strongly agree). Greater incongruity in work areas may indicate burnout, and vice versa (Gascón et al., 2013). Cronbach's Alpha for this scale lay between 0.71 (values) and 0.89 (workload).

*Communicative stories and discussion groups:* Communicative stories are dialogues between the researcher and the researched “with the aim of reflecting on and interpreting the daily life of the latter” (Gómez, et al., 2006, p. 80). Communicative discussion groups seek to instill an egalitarian dialogue between the investigated group and the researcher. From this dialogue, “a collective interpretation of the subject under study is constructed, which includes the current scientific consensus on it” (Gómez et al., 2006, p. 83). Before applying the two techniques, we devised two scripts containing our study’s key questions.

## **Analysis**

Until now, burnout has usually been investigated with a quantitative approach. In our study, however, we opted for a sequential mixed method, seeking to gain a better

grasp of the two phenomena of burnout and persistent structural gender inequality in the 21st century (Lauve-Moon et al., 2020). In this way, a first quantitative phase was conducted, and after analysing the data, a second qualitative phase was developed, aiming to contrast and better understand some of the results obtained in the quantitative phase. The findings from both phases were integrated into the results. The goal was to achieve a more comprehensive understanding of the analysed phenomenon.

In the quantitative portion of our study, we conducted a descriptive and analytical analysis based on a significance level of  $p < 0.05$ . Prior to analysis, we established the questionnaires' reliability coefficient using Cronbach's Alpha test.

Our analysis took into account the frequency distribution, the mean, and the standard deviation of the Burnout and Areas of Worklife subscales. In addition, we sought to ascertain the influence of sociodemographic and occupational variables on the prevalence of burnout and its relationship with the six areas of working life, for which we developed hypothesis contrast tests: specifically, correlation tests and bivariate parametric tests (ANOVA and T-Student). This analysis allowed us to compare our results with previous studies, and indicated which aspects it would be advisable to address and underscore in the study's subsequent qualitative portion. The entire quantitative analysis process was developed using the statistical package IBM SPSS Statistics v.22.0.

In the qualitative portion of our study, we applied content analysis technique (Berelson, 1952), conducted by a single researcher and developed along the lines of communicative methodology (Flecha et al., 2004). The content of the reports and communicative discussion groups was recorded, transcribed and coded, assigning a reference number to each participant.

Following the guidelines of communicative methodology, for the development of content analysis, first we designed an analysis matrix that organized the variables into two large dimensions: exclusionary aspects (those which can generate burnout in social work) and transformative aspects (those that can prevent or reduce burnout in social work). In addition, we classified the information into three categories: structural/contextual variables, personal and personality variables, and interactions. Each of them contained a series of subcategories. A code was subsequently assigned to each variable. Once the information had been grouped into categories, it was described and interpreted. Therefore, to summarize: basing ourselves on communicative methodology, we developed an analysis by categories, subcategories, exclusionary and transformative dimensions, along with characteristics linked to each one of them in the discourse (Gómez et al., 2006).

## **Results**

### **Quantitative Results**

We begin by presenting and discussing results of the two subscales of the AWS scale: 1) Burnout and 2) Areas of Worklife.

For the burnout subscale, the calculation of Cronbach's Alpha yields an overall reliability of 0.70. However, a reliability of 0.88 is obtained in the Energy dimension (exhaustion), 0.80 in the Implication dimension (depersonalization), and 0.82 in the Efficacy dimension; the scale thus has optimum reliability.

The burnout syndrome (high exhaustion and depersonalization, as well as low efficacy) (Maslach and Jackson, 1986) appears in 2.4% of the sample. As indicated in Table 3, 100% of the social workers with high burnout are women, and no instance of high burnout was recorded in any of the men who make up the sample.

**Table 3***Distribution of burnout according to gender variable*

		Burnout		High level of exhaustion		High level of depersonalization		Low level of efficacy	
		N	%	N	%	N	%	N	%
Gender	Female	7	100.0	25	96.2	10	90.9	9	90.0
	Male			1	3.8	1	9.1	1	10.0

n=305

Female social workers present considerably higher scores in the three dimensions that make up the burnout syndrome (Table 4). They obtain 10% high exhaustion (compared to 2.5%), 4% high depersonalization (compared to 2.5%), and 3.6% experience a sense of low efficacy (compared to 2.5%). On the other hand, 2.8% of the women present high exhaustion, depersonalization and a feeling of low efficacy together: that is, all three dimensions of the syndrome at once.

**Table 4***Distribution of burnout dimensions according to gender variable*

	Women						Men					
	Low		Medium		High		Low		Medium		High	
	N	%	N	%	N	%	N	%	N	%	N	%
Exhaustion	131	52.4	94	37.6	25	10.0	27	67.5	12	30.0	1	2.5
Depersonalization	189	75.9	50	20.1	10	4.0	27	67.5	12	30.0	1	2.5
Efficacy	9	3.6	118	47.4	122	49.0	1	2.5	16	40.0	23	57.5

n=305

However, opposite results were obtained in the area of medium-grade burnout. Our analysis shows that 84.6% of the male social workers suffer burnout to a medium degree, compared to 72.3% of the female social workers.

The Areas of Worklife subscale of the AWS questionnaire presented a Cronbach's Alpha coefficient of 0.89; it was thus considered optimal in terms of reliability.

In the descriptive results of this subscale in relation to the sex variable (Table 5), female social workers present higher percentages of inconsistency in five of the six areas of working life. Inconsistency in the area of Manageable Workload particularly stands out; it reached 55.4%.

Nevertheless, male social workers presented higher percentages of inconsistency in the area of values, reaching 30.8%.

**Table 5**

*Distribution of areas of working life according to gender variable*

	Women				Men			
	Low congruence		High congruence		Low congruence		High congruence	
	N	%	N	%	N	%	N	%
Workload	129	55.4	104	44.6	14	35.9	25	64.1
Control	71	30.3	163	69.7	9	23.1	30	76.9
Reward	58	24.8	176	75.2	5	12.8	34	87.2
Community	38	16.2	196	83.8	5	12.8	34	87.2
Fairness	91	38.9	143	61.1	12	30.8	27	69.2
Values	40	17.1	194	82.9	12	30.8	27	69.2

n=305

In terms of statistically significant relationships between the subscales of the AWS questionnaire and the sociodemographic and occupational variables we measured, significant correlations can be observed between the chronic illness variables and the Fairness area; a further significant relationship can be observed between Community and Fairness; and of marital status with Reward.

The gender variable correlates significantly with the AWS subscale on a whole, as well as specifically for males in the Workload and Fairness areas, as can be seen in Table 6.

**Table 6***Significant relationships between six areas and construct of work life and gender variable*

		Workload			Fairness			AWS		
		N	Mean	SD	N	Mean	SD	N	Mean	SD
Gender	Women	233	2.81**	.78	234	3.04**	.66	232	3.25*	0.48
	Men	39	3.17**	.88	39	3.37**	.91	39	3.44*	0.63

\*p&lt;0.05 \*\*p&lt;0.01 \*\*\*p&lt;0.001

SD = Standard deviation

Regarding management positions, the difference between percentages is significant: 12.83% of all female social workers in our sample perform management tasks, compared to 40% of the men. However, regarding coordination and supervision tasks, results do not show great differences: 37.5% of all male social workers perform such tasks, compared to 32.07% of all women.

### Qualitative Results

We start by presenting the main qualitative results of variables that can be regarded as exclusionary, i.e., which can favour the emergence of burnout.

Exclusionary elements can be detected in association with the professional roles performed by social workers. One of the elements that lead to burnout is the feeling that social work has lower value or status in comparison with other professions: “If you are in contact with other professions in your entourage, you may feel that they have more value, such as psychology” (Female social worker. Mental health. RC17: 20, 6); Or also: “It is a profession that does not have the same status as others, such as nursing or occupational therapy” (Female social worker. Geriatrics. RC18: 37, 6).

The people interviewed point out the feminization of social work as one of the main causes of the profession’s low social value:

It is an issue of inequality, and very much so, because it is a feminized issue. It is a subject for women, in a world more for men, and sometimes even a sports coach is more economically valued than one [of us women] from social services (...) And I've said it well: technician for men and social services for women. (Female social worker. Director of a district service. GD5B: 48, 21)

“Feminization is an element that makes it look like a career, a social function... as if anyone was capable of doing this job” (Male social worker. Migrations. RC15: 70, 21).

However, despite the perceived feminization of the profession, our qualitative results indicate that it is easier for male social workers to apply for management or coordination positions, and there are more opportunities for them to do so: “In a predominantly female profession such as this one, it is very rare to see males at lower basic levels; they immediately ascend. Of course, that gives [them] another status and another vantage point for action, other possibilities” (Female social worker. Gender. RC16: 115, 21).

This difference is perceived by female professionals as a glass ceiling that blocks access to those positions: “Although it is a clearly feminized profession, the majority of management and responsibility positions are more frequently assigned to men. [This] can affect us in our development and our professional growth” (Female social worker. Migrations. RC12: 91, 21). “Why don't we opt for management positions?” (Female social worker. Independent practice. GD3B: 44, 6); “We have a glass ceiling when it comes to accessing management and organizational positions” (Female social worker. Gender. RC16:50, 6).

The results also indicate that female social workers feel less valued by social service clients than their male counterparts. Clients may suppose that male social workers

are in a higher position, thereby addressing them with greater respect or treating their instructions more seriously. This situation is perceived both by female interviewees (“There are patients who when they see [a male social worker] think that the man has a higher position”, Female social worker. Mental health. GD1C: 172, 21) as also by some of the male participants:

I do see that depending on the environment, or at least in this profession, men are treated better, they are more respected. On the part of clients in general, the man is the one they respect the most. They are greeted as: ‘Oh, Doctor...!’ However, clients don’t call the female social worker a doctor. (Female social worker. Geriatrics. RC18: 121, 21)

Or also:

The way clients treat a woman or a man (...), that relationship can also cause stress. I have experienced certain situations where, whether it is myself [a man] or my female colleague, they treat you in a different way, so that can also generate stress. (Male social worker. Socio-education. RC10: 106, 21)

In addition to all of these circumstances, other labour inequalities that affect female social workers are likewise detected, such as the undervalued salary: “In addition to the professional rights of women, the lower appreciation of their work through a lower salary... is something that continues to occur” (Male social worker. Migrations. RC15: 75, 21), or unfair dismissals due to pregnancy: “They forced her [a colleague] to leave work because she was pregnant” (Female social worker. Health. RC19: 85, 21).

Moreover, several interviewees highlight the important role played by extra workloads in the emergence of burnout: additional workloads tend to be associated with family care, which is still mainly assumed by women. However, they find that this is a

common situation for working women in general, not specifically for social workers: “Being a woman, you tend to be a caretaker (...). If you are a caretaker at work and then you come home and have to continue caring [for someone], that is a care overload” (Female social worker. Migrations. RC9: 94, 21):

The double task, with the care of the children... It is a fundamentally feminine profession, and I have many colleagues with a double burden, but more for the fact of being a woman than for the fact of being a woman in social work. (Female social worker. General social services. RC11: 107, 21)

This opinion is also shared by some male professionals we consulted, who point out: "I am convinced that the gender issue has an influence, especially in everything that has to do with extra workloads, and that is obviously more preponderant in women" (Male social worker. City Hall. RC4: 72, 21); and also: “Women in society have heavy workloads outside of the job that can affect the time when you arrive at the workplace; it makes it harder...” (Male social worker. Socio-education RC10: 108, 21).

Our qualitative analysis also gathered transformative elements: e.g., factors that can favour the prevention of burnout and protect against it.

The first transformative element is related to shifts and work hours. In this sense, some of our participants find that the feminization of the profession can work in favour of easing processes of family reconciliation.

A second transformative element we detected, especially in the discourse of women, is the sense that women are generally more capable of sharing their emotions and generating closer ties with their co-workers. This could act as an element of emotional discharge and mutual support to prevent the appearance of burnout symptoms and to deal with them when they arise. In this sense, an interviewee pointed out that such support

mechanisms have been activated or reinforced among female co-workers ever since the onset of the Covid-19 crisis:

At the beginning, when reorganization [due to Covid-19] began, well, among the female colleagues we looked for a meeting space (...), procuring some mutual pampering and support among ourselves. Amongst ourselves, we [women] have talked a lot about care, about caring for children... At that moment of a hiatus from work, we talk about what we are worried about: about how to transmit care to our children... (Female social worker. Mental health. GD1D: 181, 30)

However, she does not find that her male colleagues are generating this type of support:

And I think this also has to do with the fact that we share what is personal, and no man shares it. I mean, the men on the team, at most one day one of them might come and say, 'My father-in-law is positive [to Covid-19]'. They don't share other types of things... they go about their business, and among themselves they haven't created their self-help group either. (Female social worker. Mental health. GD1D: 195, 30)

Our participants identified a third transforming element: a higher participation of women in care initiatives designed by certain companies to alleviate professional burnout: "[The service] is open to all, and there are only ten people: nine women and one man..." (Female social worker. Mental health. GD1D: 330, 9).

Men tend to have greater resistance to assuming their level of burnout: "There are many colleagues who still see it as a last resort when you are already very burned out (...) and I think it is a bit counterproductive, because we [women] should be the ones who are most sensitive to it" (Female social worker. Exclusion. RC1: 72, 9).

## Discussion of results

Regarding high burnout, the quantitative results obtained in our study (2.4%) are lower than those of other studies in the profession, where percentages of 25-30% have been observed (Caravaca-Sánchez et al., 2019; De la Fuente & Sánchez, 2012).

100% of those who presented high burnout were female social workers. In addition, they also presented higher levels on the three burnout subscales. Emotional exhaustion was especially noteworthy (10% compared to 2.5% of men), coinciding with other studies (Caravaca-Sánchez et al., 2018; Caravaca-Sánchez. et al., 2019; Kim et al., 2011; Tower et al., 2019; Vilá et al., 2015). However, these results contrast with other studies that indicate greater emotional exhaustion among male social workers (Soto-Rosales & González-Losada, 2018).

However, with regard to medium-level burnout, our study yielded opposite results: e.g., a higher percentage of medium-level burnout among male social workers. This high percentage of burnout at a medium level in the total sample stands out.

Regarding the areas of working life, female social workers present greater inconsistency in 5 of the 6 areas, especially in the Workload area, in which they reach 55.4%. In addition, there are significant relationships between being a man and the areas of Workload and Fairness, which could result in lower burnout. This finding is in contrast with other studies that suggest the opposite (Grau & Suñer, 2008).

On a qualitative level, we detected a series of exclusionary variables that can favour the emergence of burnout in female social workers.

One of them is the low regard that social workers have for social work compared to other professions, in line with authors such as Bravo (2002) or Maestre & Gómez (2017). That low esteem of the profession is directly associated with its feminization as

one of the reasons for its undervaluation. This result coincides with authors such as Agrela & Morales (2017), Fawcett (2022) and Lorente-Molina (2018).

In this sense, it is important to point out that our sample was largely composed of women, as usually tends to occur in a large portion of research in social work (Caravaca-Sánchez et al., 2018; Caravaca-Sánchez et al., 2019; Domínguez et al., 2017; Gómez et al., 2019; Soto-Rosales and González-Losada, 2018; Vilá et al., 2015). This once again confirms that feminization is a structural feature of the profession (Agrela & Morales, 2017; Blanco et al., 2022; Lorente-Molina, 2018; Vicente et al., 2019), and that women are overrepresented in this professional sector (Roldán-García et al., 2012).

As reflected in our results, the feminization of the profession leads to the existence of a glass ceiling that makes it difficult for women to access positions of responsibility, coinciding with Berasaluze (2009), Davey (2002), Fawcett (2022), Rodríguez-Miñón (2017), and Sakamoto et al. (2008). This also contributes to maintaining a state of hierarchical segregation among men and women (Bericat & Sánchez, 2008; Roldán-García et al., 2012). In this sense, our quantitative results evidence a significantly higher proportion of male social workers who hold management positions. Thus, 1 in 4 men hold such positions (compared to 1 in 7 women in our sample).

In addition, both genders coincide in pointing out the difference in esteem and treatment that female social workers occasionally experience on the part of clients. This low consideration can be an important determinant in the emergence of burnout (He et al., 2018). This finding is in line with Campos-Vidal et al. (2017), who points to interactions with clients as one of the key determinants in the appearance of the syndrome.

We likewise detected other variables that may influence the inequality perceived by female social workers, such as lower salary, coinciding with Fawcett (2022), Tower et

al. (2019), or Sakamoto et al. (2008), as well as possible unfair dismissals due to pregnancy.

As noted in the quantitative portion of our study, a percentage of incongruity of 55.4% was obtained by women in Manageable Workload (compared to 35.9% for men). Indeed, the difficulty of reconciling personal life and work life is revealed as another of the possible reasons for overload that can trigger burnout. Professionals express that they are forced to assume the weight of extra workloads, thereby coinciding with previous studies (Bravo, 2002; Guaglianone & Parisi, 2021; Rodríguez-Minón, 2017). They also express the need at times to reduce their hours, and even to give up their jobs to dedicate themselves to raising children, which, as Davey (2002) already pointed out, can have a negative impact on their career, with a resulting sense of low reward, low fairness, or low value.

All these results tend to show that the general societal division of labour is maintaining itself in the profession, thereby coinciding with Fernández-Montaña (2015), and with the inequality indicators in Spain (Bericat & Sánchez, 2008). This all ultimately leads to a systemic perpetuation of gender inequality in the social work profession, in line with what has been expressed by authors such as Báñez (2012) and Rodríguez-Miñón (2017).

In contrast, in the qualitative portion of our study we detected a series of transformative variables that could act to prevent burnout. Certain participants express that it is easier as a social worker to reconcile family with work than in other professions, precisely because social work is carried out fundamentally by women. Our results also indicate that women are more readily capable of creating support and care spaces within organizations, and more readily tend to participate in the care spaces created by their companies. Thus, despite a general lack of care, especially of emotional care, in social

work (Jackson, 2014; Miller et al., 2018), women could be more aware of the importance of care practices in preventing burnout (Lee & Miller, 2013; McGarrigle & Walsh, 2011). However, these care activities would continue to belong to those traditionally assigned to women (Báñez, 2012).

In such spaces, female social workers would find a platform for expressing their emotions, acting as a relief valve and favouring the prevention of burnout. As noted, lack of care among male social workers could lead to greater compassion fatigue and burnout (Martin et al., 2020; Miller et al., 2018), thereby somewhat perpetuating gender inequality (Rodríguez-Miñón, 2017).

### **Limitations of the Study**

Initially, the intention was to conduct the study among social workers members of a Professional College in Aragon. However, due to difficulties in obtaining a sufficiently large sample, the decision was made to include all social workers, both members and non-members of the Professional College.

The communicative stories and discussion groups could not be carried out in person due to mobility restrictions imposed by Covid-19. Nevertheless, they were conducted online, ensuring the methodological quality of the sessions.

Consistent with most studies in social work, our sample is predominantly composed of women. While this fact reflects the feminization of the profession, it hinders understanding the outcomes among male social workers.

Furthermore, the use of a convenience sampling method affects the representativeness of the obtained results, which are restricted to a specific geographical location.

## Conclusions

In the first place, the sample in our study was made up mainly of women, as is the case in most studies in this area, thereby reflecting the structural feminization of the profession.

Only 2.4% of respondents were suffering from high burnout, a lower percentage than in other studies. However, in our study, medium-level burnout percentages stand out, reaching more than 70% of the total sample, and 72% of the women that comprise it.

In this sense, 100% of our respondents with high burnout were women, reaching elevated percentages in the three dimensions of the syndrome (emotional exhaustion, depersonalization, and cynicism). However, the male social workers presented the highest degree of medium-level burnout, reaching 84.6%.

Women registered the greatest incongruity in five of the six areas of working life, especially in Manageable Workload. The generally lower participation of female social workers in management tasks was also verified in this study.

In the qualitative portion of our study, the perception by social work professionals that their profession is undervalued was detected as a possible determinant of the emergence of burnout, pointing directly to the feminization of the profession as one of its fundamental causes. We conclude that this feminization does not translate into more favourable conditions for female social workers. To the contrary: in their view, the perpetuation of the existence of a glass ceiling makes it difficult for them to access positions of responsibility. The value of their work is thereby less acknowledged than that of their male colleagues. The problematic weight of extra workloads, borne mostly by women, aggravates their difficulties in reconciling personal life and work life. Moreover,

when women intervene professionally, clients tend to underestimate and undervalue their worth and performance when compared to their male colleagues.

However, we also elicited the existence of certain *advantages* of feminization, which may play a certain role in preventing burnout, such as a relative ease in reconciling family life with professional life, exposed by certain participants. Female social workers also tend to participate to a greater extent in care spaces, both in those created by companies, or by themselves, as well as in spaces outside the workplace. Female social workers also have a greater awareness of the importance of professional care. All these aspects, however, do not cease to be framed as *care tasks* traditionally occupied by women. Furthermore, the differences of emotional management, the importance placed on professional care, and awareness of actual burnout in both genders may explain why a significant proportion of male social workers employ self-regulation and exhibit medium levels of burnout. Future lines of research could explore these issues.

In summary, although social work is a profession with a marked gender commitment, we conclude that on a structural level it continues to reproduce the prevailing division of labour and general systemic inequalities among its professionals, and among Spanish women in general. These inequalities often result in burnout, which impedes the delivery of quality interventions, thereby affecting users, predominantly women.

Addressing gender issues with user groups is undoubtedly an essential task. But it is also vitally important to uncover existing structural inequalities within the profession itself, a task for which a knowledge and a perspective of the theories of feminist social work is essential. Feminist theories can aid social work in promoting empowerment, not only for female users but also for professionals. To achieve this, it would be advantageous to consider how gender construction influences the development of the profession for

both female and male social workers, engaging in courageous reflection on how it contributes to perpetuating inequality.

From a gender perspective, this work aims to highlight the importance of structural and systemic factors that can influence the development and prevention from burnout. These factors include work-life balance, more equitable access to positions of authority, and enhanced commitment from universities and workplaces towards the development and promotion of caregiving activities for both genders.

In this sense, self-care that has an impact on the prevention and protection against burnout should be approached not as an option linked to greater or lesser *sensitivity*, but rather as an essential ethical responsibility on the part of social workers and of the institutions in which they carry out their work.

### **Ethical Approval**

Ethical approval for this project was given by Research Ethics Committee of Aragon, CEICA [ref number PI18/296 TA].

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The authors confirm that they have no conflict of interests in respect of the material submitted in this article.

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