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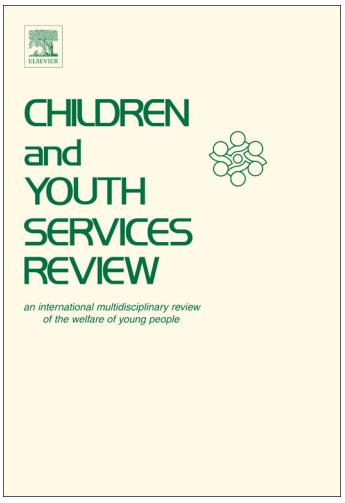

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Burnout and Coping among Professionals in Child and Youth Social Services

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Conflicts of Interest

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Author contributions statement

Ignasi Navarro-Soria: conceptualization; data curation; resources; supervision; writing (original draft).

Jorge Heliz-Llopis: conceptualization; investigation; resources; writing (original draft).

Borja Costa-López: conceptualization; formal analysis; methodology; software; validation.

Andrea Plasencia-Pimentel: conceptualization; writing (review and editing).

Highlights

- Professionals working with children and adolescents at risk report moderate levels of burnout despite high enthusiasm for work and perceived organizational support.
- High cognitive demands coexist with strong perceived organizational support, indicating structurally demanding but socially supportive work environments.
- Problem-focused coping strategies are associated with lower burnout levels, whereas avoidance strategies relate to higher emotional strain.
- Temporary contracts and job instability are linked to lower perceived rewards and greater occupational discomfort.
- Organizational factors such as work–life balance, job stability, supportive supervision, and positive team relationships are key protective elements against burnout.

Abstract:

Professionals working with children at risk are exposed to high emotional and organizational demands that increase their vulnerability to burnout and occupational stress, which may affect service quality and professional well-being. This study examines burnout levels and coping strategies among professionals working in child protection and social intervention services across six Spanish autonomous communities. Using a cross-sectional quantitative design, burnout was assessed through the CESQT (Questionnaire for the Evaluation of Burnout Syndrome at Work), which measures four dimensions: Enthusiasm for Work, Psychic Burnout, Indolence, and Guilt. Psychosocial risk factors and coping strategies were also assessed through validated instruments. The findings indicate that most professionals reported high levels of Enthusiasm for Work and low levels of Guilt and Indolence; however, moderate levels of Psychic Burnout were prevalent, suggesting sustained emotional strain in this occupational context. Problem-focused and active coping strategies were the most frequently reported, whereas avoidance-based coping was associated with higher burnout risk. These results contribute to identifying psychosocial risk factors in child and youth social service professionals and highlight the importance of addressing occupational well-being through individual and organizational strategies that promote adaptive coping and professional support.

Keywords: burnout; coping strategies; youth at-risk; social intervention professionals; occupational well-being

1. Introduction

The research on long-term work stress, burnout and the variables associated with this syndrome has been especially focused on the health and education context. However, recent studies have increasingly extended this focus to other professional groups engaged in psychosocial care (Rodrigues & de Araújo, 2023; Romero et al., 2020).

Burnout is a critical concern among social work professionals worldwide, with an estimated prevalence of approximately 20% (Giménez-Bertomeu et al., 2024). Moreover, pre-pandemic studies carried out in Spain showed burnout prevalence rates ranging from 25.3% to 29.9% among social services professionals (Romero et al., 2020). More recent evidence indicates a burnout prevalence of 11.4% among Spanish social workers using stricter diagnostic criteria, with 57.3% reporting high emotional exhaustion and 62.6% high depersonalization (Ariza-Toledano & Ruiz-Olivares, 2024). These findings underscore burnout as a persistent and significant occupational risk in Spanish social services, with considerable variation across measurement approaches and professional contexts.

Relevant findings across the social intervention area show an overwhelming workload for professionals due to insufficient human resources: social workers who perceived their service as lacking a safe staff-to-service-user ratio reported increased levels of personal, work-related, and client-related burnout. Organizational policies related to caseload management, scheduling, and resource allocation can either mitigate or exacerbate burnout, highlighting the systemic responsibility for ensuring sustainable service delivery (McFadden et al., 2024). This can lead to high levels of stress, exhaustion and frustration (Casillas, 2018; Coffey et al., 2009; Győri & Ádám, 2024; Maddock, 2024), while also undermining administrative performance and responsiveness. Furthermore, these psychosocial risks are particularly pronounced among professionals working with unprotected minors, increasing their vulnerability to burnout and stress, owing to both the inherent complexity if the issues addressed and their direct impact on the child (Romero et al., 2020).

These conditions create work environments with a high risk of burnout (Dima et al., 2025; Heliz et al., 2015). Burnout results from chronic occupational stress and is a major psychosocial risk factor, contributing to deteriorating working conditions, increased absenteeism, and workplace accidents (Jenaro-Río et al., 2006; Stanley et al., 2025).

In this context, psychosocial factors can be defined as workers' subjective evaluations of their experiences in the work environment, serving as critical determinants of both working conditions and organizational climate (Ley Nº 31/1995; Moreno & Báez, 2010; Otero et al., 2014). Positive aspects associated with higher well-being are termed

protective factors, whereas circumstances that generate discomfort are called risk factors, as they can adversely affect professional health and contribute to burnout.

Empirical studies support this framework: work-related burnout, workload, engagement, and perceptions of leadership are among the strongest predictors of intention to quit among child welfare workers (Lushin et al., 2023; Nilsen et al., 2023). In this light, , negative perceptions regarding the portrayal of the child protection social worker role exacerbate stress and burnout, thereby exerting a significant influence on the decision to leave child protection work (Murphy, 2025). Parallel to this, job satisfaction partially mediates the relationship between burnout and turnover intentions, suggesting that policies targeting job satisfaction may help reduce staff attrition (Lushin et al., 2023).

The indicators of psychosocial risk factors are classified into three areas: (1) the job demands (related to the adequate fulfillment of the task), (2) the degree of autonomy in the execution of the task and (3) the social relations at work (related to the level of support, recognition, etc.) (Organización Internacional del Trabajo, 1984).

Chronic occupational stress manifests through a series of detrimental symptoms, significantly affecting workers' mental health and performance. It results from prolonged exposure to work-related risk factors. One of the most notable symptoms is the reduced sense of personal fulfillment, where individuals feel their work lacks meaning or purpose. This is closely linked to a negative self-evaluation, involving self-criticism of one's effectiveness and professional value (Almodóvar et al., 2011; Maslach & Jackson, 1981).

Emotional exhaustion is another pervasive symptom, characterized by a profound depletion of energy and emotional resources, which makes it difficult for workers to meet job demands. Recent studies confirm that emotional exhaustion is a core component of burnout and is often accompanied by a sense of depersonalization or detachment from the people they are meant to help (Demerouti et al., 2014). This distancing can lead to feelings of frustration and cynicism towards work and its beneficiaries, ultimately reducing empathy and compassion (Schaufeli, 2017).

Furthermore, workers facing chronic stress often experience the feeling of being unable to reach their full potential, leading to a sense of inadequacy and frustration over professional stagnation (Maslach & Leiter, 2016). The inability to fully invest oneself in the professional role can become an ingrained problem, leading to depersonalization, characterized by negative attitudes and emotional detachment toward service recipients (Almodóvar et al., 2011). This emotional distancing not only impairs professional relationships but also intensifies the individual's emotional burden, perpetuating a vicious cycle of stress and burnout while affecting the workers' well-being and productivity (Maslach & Leiter, 2016).

Burnout Syndrome comprises three dimensions: (1) Emotional Exhaustion, (2) Depersonalization, and (3) Reduced Personal Accomplishment. Emotional Exhaustion refers to the gradual depletion of energy and feelings of fatigue, leading workers to feel emotionally drained from continuous contact with service recipients (Morales et al., 2024). Depersonalization involves negative attitudes, irritability, and detached, impersonal responses toward users. Reduced Personal Accomplishment reflects a decline in perceived competence and personal achievement (Moreno-Jiménez et al., 2005).

The concept of compassion fatigue is often used interchangeably with burnout, although burnout is considered a symptom or predictor of it. Compassion fatigue is prevalent in various out-of-home care work settings (Benveniste et al., 2025). Barrera-Algarín et al. (2023) report that social workers with lower levels of emotional intelligence were more likely to suffer from compassion fatigue. In a Chilean study, social workers reported moderate levels of compassion fatigue and highlighted a lack of organizational support, including insufficient teamwork, training, and salary, as contributing factors (Reyes-Quilodran et al., 2023). These findings highlight the organizational dimension of burnout and compassion fatigue: workplace policies, team structures, and training opportunities can either buffer or exacerbate the effects of stress, indicating that systemic interventions are necessary alongside individual coping strategies.

A substantial body of research has examined Burnout Syndrome across professional contexts (Garrido et al., 2009; Giménez-Bertomeu et al., 2024; León-Rubio et al., 2011; Lushin et al., 2023; Marsollier, 2011; Muñoz et al., 2017; Schaufeli & Peeters, 2000; Skar et al., 2023). Specifically, many of these authors highlight the presence of this condition in professions that work directly with people at risk of social exclusion (Hernández-Martín et al., 2006; Pedrero et al., 2004; Vargas-Cruz et al., 2017). Burnout Syndrome generally occurs in people-oriented jobs (Caravaca-Sanchez et al., 2019; Durán et al., 2001; Leiter, 1991; Leiter, 1992; Royo et al., 2016). It is caused by work factors such as dissatisfaction with one's job, overload, professional role conflict, job seniority and related occupational factors (Demerouti et al., 2001; Lushin et al., 2023; Morgan et al., 2002; Murphy, 2025; Nilsen et al., 2023; Reyes-Quilodran et al., 2023; Schaufeli et al., 2001). Several studies have found positive relationships between burnout and demographic variables such as gender or age. These studies conclude that females have a higher level of work-related stress than males and that the older the age, the more likely to be burned out by work (Olmedo et al., 2001; Ariza-Toledano & Ruiz-Olivares, 2025). In a recent Spanish study, women experienced significantly greater emotional exhaustion than men, while older age was associated with heightened hostility and longer job tenure with reduced competitiveness (Ariza-Toledano & Ruiz-Olivares, 2025). Positive associations have also been found between worker personality factors—such as internal locus of control and rigidity—and higher levels of stress, particularly as task complexity increases and the probability of success decreases (Brotheridge & Grandey, 2002; Greenglass & Burke, 2001).

The preceding sections have focused on the consequences of occupational risk factors. However, work stress and burnout can be mitigated through coping strategies, which are tools that workers use to address problems, regulate emotions, and manage difficulties in order to minimize their effects (Greenglass & Burke, 2001; Dima et al., 2025). Several studies have investigated the relationship between coping strategies and burnout-related symptoms among social workers (López-Castedo & López-Pérez, 2015; Blanch et al., 2002; Dima et al., 2025). In particular, the mediating role of coping strategies in the relationship between perceived stress and burnout in social workers remains an area requiring further investigation, as inefficient coping strategies have been linked to emotional exhaustion, reduced personal accomplishment, and depersonalization (Dima et al., 2025). Coping strategies can be divided into (1) problem-focused/action and (2) emotion-focused/passive (Hernández et al., 2003).

Previous research has found that problem-focused (action-oriented) coping strategies are associated with lower levels of burnout symptoms (López-Castedo & López-Pérez, 2015; Scheier & Carver, 1988). The same pattern is observed for

environmental factors, such as peer support and support from middle and senior management. Workers with larger and higher-quality support networks experience lower levels of emotional exhaustion and depersonalization. Skar et al. (2023) found that attending personal therapy is associated with lower levels of emotional exhaustion among professionals working with child abuse cases. Case supervision also has a significant moderating effect, potentially protecting employees against developing burnout by mitigating the effect of indirect exposure to child abuse cases (Skar et al., 2023). Similarly, among psychotherapists, personal therapy and clinical supervision emerged as pivotal strategies for mitigating burnout, particularly for professionals in their early career stages (Tragantzopoulou et al., 2024). Murphy and Bedford (2025) emphasize that workplace friendships can help mitigate job stress and burnout.

Beyond individual coping, organizational interventions—including structured supervision, reflective practice groups, workload management policies, and professional development—play a central role in reducing burnout and maintaining service quality. Therefore, it is important to create work environments that encourage close interaction among colleagues, fostering professional relationships and social support, which can help reduce the risk of burnout. Overall, research indicates that using a particular type of coping strategy does not fully prevent emotional exhaustion (López-Castedo & López-Pérez, 2015; Marsollier & Aparicio, 2010). At the same time, other studies highlight that coping strategies remain key variables in managing Burnout Syndrome (Heliz et al., 2015; Stevens & Higgins, 2002; Maslach et al., 2001).

Despite the growing body of research on burnout in social work, significant gaps remain in the Spanish context. Existing studies have focused predominantly on social workers employed in general municipal social services or professional associations in single regions (Ariza-Toledano & Ruiz-Olivares, 2024; Vallejo-Andrada et al., 2025), leaving professionals working specifically in child and youth protection services largely underexplored. Furthermore, no multiregional study to date has examined burnout alongside psychosocial risk factors and coping strategies simultaneously in this specialized population across different autonomous communities in Spain. The present study addresses this gap by examining burnout levels, occupational stressors, and coping strategies among professionals working directly with children and adolescents at risk across six Spanish regions (Asturias, Galicia, Comunidad Valenciana, Comunidad de Madrid, Murcia, and Castilla-La Mancha), representing a diverse range of organizational contexts and territorial realities within the Spanish child protection system.

The overarching research question guiding this study is: What are the levels of burnout and the coping strategies used by professionals working with children and adolescents at risk in Spain, and how do psychosocial risk factors, sociodemographic variables, and coping styles relate to burnout in this specialized population?

Based on the preceding framework, the objectives proposed for this study were to: (a) assess the severity, prevalence, and persistence of Burnout Syndrome among professionals from different administrative sectors who work directly with minors at risk or in distress; (b) identify the main individual, contextual, and organizational stressors associated with the syndrome; and (c) examine the coping strategies most commonly used and their relationship with Burnout Syndrome.

2. Materials and Methods

2.1. Participants

The sample consisted of 206 professionals working in child and youth social services across six Spanish autonomous communities, recruited from three specialized non-governmental organizations (NGOs) providing psychosocial services to children and adolescents at risk. Together, these organizations employed approximately 1,200 professionals across multiple service modalities during the data collection period, although exact figures were difficult to establish due to frequent staff turnover. All participants were specialized in psychosocial intervention with children and adolescents at risk, in situations of distress, or under judicial measures.

A convenience sampling strategy was employed, targeting professionals working directly with minors within the child protection system. Given that the participating organizations operate across a broad range of psychosocial resources, only professionals in direct contact with children, adolescents, or their families were included. Those in purely administrative roles were excluded. The questionnaire battery was distributed through team coordinators to a total of 473 eligible professionals, of whom 206 returned completed responses, yielding a response rate of 43.6%. The relatively modest response rate is consistent with the length of the assessment battery, which required approximately 45 minutes to complete, and is considered acceptable given the demanding working conditions of the target population.

Data collection was coordinated with the psychology teams and management of the participating organizations. Prior to data collection, a training session was conducted for professionals responsible for administering the assessment instruments. The test battery was administered in the workplace under conditions that ensured confidentiality and voluntary participation. Informed consent was obtained from all participants prior to their inclusion in the study. Data coding and analysis were conducted by the research team, and aggregated results were subsequently shared with the participating organizations.

2.2. Instruments

Burnout. Burnout was assessed using the *Questionnaire for the Evaluation of Burnout Syndrome at Work* (CESQT; Gil-Monte, 2011). The instrument consists of 20 items grouped into four dimensions: Enthusiasm for Work (5 items), Psychic Burnout (4 items), Indolence (6 items), and Guilt (5 items). Items are rated on a 5-point Likert-type frequency scale ranging from 0 (*never*) to 4 (*very frequently: every day*).

The CESQT has demonstrated adequate reliability, with Cronbach's alpha coefficients above .70 for all subscales: Enthusiasm for Work ($\alpha = .76$), Psychic Burnout ($\alpha = .82$), Indolence ($\alpha = .73$), and Guilt ($\alpha = .79$) (Gil-Monte, 2011). Given that the CESQT was adopted in its original validated form, reliability indices from the original validation study are reported here to support the psychometric adequacy of the instrument prior to its use in the present sample. Evidence of factorial validity has also been reported in previous studies.

Stress at work. Work-related psychosocial stressors were measured using the *Psychosocial Risk Evaluation Questionnaire* (DECORE; Luceño & Martín, 2008), adopted in its original validated form without modification. The questionnaire includes 44 items grouped into four dimensions: Organizational Support (12 items), Rewards (11

items), Cognitive Demands (12 items), and Control (9 items). Items are rated on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

In addition to dimension scores, the DECORE allows the calculation of two composite indices: Demand–Control Imbalance (DCI) and Demand–Reward Imbalance (DRI), which summarize key aspects of Karasek's Demand–Control model and Siegrist's Effort–Reward Imbalance model (Karasek, 1979; Siegrist, 1996). As with the CESQT, reliability indices are drawn from previous validation studies to support the instrument's psychometric adequacy: Organizational Support (α = .84), Rewards (α = .87), Control (α = .79), and Cognitive Demands (α = .81) (Luceño et al., 2005; Siegrist, 1998).

Coping strategies. Coping strategies were assessed using the *Coping Response Inventory–Adult Form* (CRI-A; Kirchner & Forns, 2010), adopted in its original validated form without modification. The instrument consists of two parts. In the first part, participants describe a stressful situation experienced during the previous 12 months and respond to 10 items assessing primary appraisal of the stressor, rated on a 4-point scale ranging from 1 (*definitely not*) to 4 (*definitely yes*). The second part includes 48 items assessing eight coping strategies of 6 items each: Logical Analysis, Positive Reappraisal, Seeking Guidance and Support, Problem Solving, Cognitive Avoidance, Acceptance or Resignation, Seeking Alternative Rewards, and Emotional Discharge (Table 1). These items are rated on a 4-point scale ranging from 0 (*no, never*) to 3 (*yes, almost always*).

These strategies are classified as approach or avoidance coping and further differentiated into cognitive and behavioral strategies (Table 1). In the present study, the CRI-A showed adequate overall reliability (α = .85). Construct validity of the instrument has been supported in previous validation studies through exploratory factor analysis (KMO = .77; Bartlett's test of sphericity, $p < .001$), with extracted factors explaining 56.1% of the variance (Mikulic & Crespi, 2008).

Table 1

CRI-A dimensions

	Cognitive		Behavioral	
Approach	Logical Analysis	Positive Re-evaluation	Seeking Guidance and Support	Problem Solving
Avoidance	Cognitive Avoidance	Acceptance or Resignation	Search for Alternative Rewards	Emotional Discharge

Sociodemographic and employment-related data were collected using an ad hoc questionnaire consisting of nine items. The questionnaire gathered information on participants' sex, age, region of residence in Spain, educational background, type of contract, and workplace, as well as employment conditions and job satisfaction indicators such as perceived job stability and salary satisfaction. Most items used a closed-response format, either dichotomous or based on forced-choice categories, except for continuous variables such as age and length of employment, which were collected using an open-response format. Descriptive information is presented in Tables 2 and 8.

2.3. Procedure

Prior to data collection, the study was approved by the Ethics Committee of the University of Alicante (Reference: UA-2024-06-14). All procedures were conducted in accordance with the ethical standards of the Declaration of Helsinki and applicable Spanish data protection legislation (Ley Orgánica 3/2018).

The research team held an online briefing session with team coordinators, researchers, and professionals from the participating organizations prior to data collection. This session was designed to communicate the study's objectives, clarify procedural requirements, and equip coordinators to address any questions raised by their colleagues during the data collection phase.

The assessment battery was administered electronically. Team coordinators distributed the questionnaire link to professionals in their respective psychosocial intervention units during the weekly team meeting, using the online group workspace. Participants were provided with dedicated time within their working hours to complete the questionnaire. The first section of the online instrument included a full description of the research objectives and an explanation of how participant data would be processed and protected. Participation was entirely voluntary. Prior to accessing the questionnaire, all participants were presented with an informed consent page detailing the study objectives, data handling procedures, and their right to withdraw at any time. Proceeding with and submitting the questionnaire constituted electronic informed consent to participate in the study.

Data were coded and analyzed by the research team in anonymized form. Aggregated results were subsequently shared with the participating organizations. Individual data cannot be shared publicly due to the administrative, legal, and ethical obligations associated with the confidential nature of child and youth protection services.

2.4. Data analysis

Prior to the main analyses, exploratory data screening was conducted to identify duplicate cases and to recode reverse-scored items. A quantitative analytical approach was adopted. Frequency distributions and descriptive statistics (means and standard deviations) were calculated to describe the sociodemographic characteristics of the sample and the variables assessed using the CESQT, DECORE, and CRI-A instruments and their respective dimensions. In addition, bivariate correlations were computed both within each instrument and across instruments to examine relationships among burnout, psychosocial risk factors, and coping strategies. Finally, percentages and frequency analyses were conducted to examine gender differences in Cognitive Avoidance and

Acceptance/Resignation, age-group differences in the use of Search for Alternative Rewards, and levels of Well-being and Discomfort associated with workplace factors.

3. Results

3.1. Sociodemographic data of the sample.

The total sample was composed of 206 professionals from specialized social services and programs working with people at risk of social exclusion in the communities of Asturias, Comunidad Valenciana, Galicia, Comunidad de Madrid, Murcia, and Castilla-La Mancha. Of the total sample, 27.2% were males and 72.8% were females, showing an age range between 33 to 49 years old (Table 2).

Regarding service provision, most participants were social work technicians involved in family interventions with children at risk of social exclusion or in situations of legal neglect. Specifically, 25.4% worked in family intervention services with unprotected minors and their families, 22.0% in gender-based violence intervention programs, and 13.6% in foster care services. The remaining participants (39.0%) were employed in residential care centers for minors (protection and judicial measures), community intervention programs, and family meeting points, reflecting a broad representation of services within the child and youth social intervention sector.

With respect to employment conditions, temporary contracts (72%) were more prevalent than permanent contracts (28%). Regarding working schedules, fixed shifts combining morning and afternoon hours were the most common (59.3%), followed by fixed morning shifts (15.3%). Weekend shifts and fixed afternoon shifts were less frequently reported.

Table 2

Sociodemographic and employment-related data

Variables		%
Sex	Males	27.2
	Females	72.8
Age	25-35	32.5
	36-45	46.1
	46-65	21.4
Region of Spain	Asturias	10.2

	Valencian Community	28.6
	Galicia	10.8
	Madrid	38.3
	Murcia	12.1
Education area	Psychology	44.1
	Social Education	18.6
	Social Work	27.1
	Other	10.2
Type of contract	Permanent	28.0
	Temporal	72.0
Workplace	Foster Care	13.6
	Enforcement of Juvenile Judicial Measures	3.4
	Judicial Meeting Point	1.7
	Family Meeting Point	6.8
	Child Care	6.8
	Family Intervention Program with Children in a Situation of Lack of Protection	25.4

Gender-Based Violence Intervention Program	22.0
Community Intervention Program	6.8
Enforcement of Judicial Measures in an Open Environment	3.4
Prevention Program in Childhood and Adolescence	6.8
Open Media Protection Programs	3.4

The predominance of female professionals (72.8%) is consistent with the feminization of social work and psychosocial intervention professions in Spain, a pattern widely documented in the literature (Ariza-Toledano & Ruiz-Olivares, 2024). The majority of participants fell within the 36–45 age range (46.1%), suggesting a relatively experienced workforce. Notably, temporary contracts were reported by 72% of participants, indicating a high degree of job instability within this sector — a factor that may itself constitute a significant psychosocial risk. The broad distribution across service types, from family intervention programs to residential care and judicial measures, reflects the diverse professional contexts captured by this multiregional sample.

3.2. Frequencies and descriptive analysis of the applied tests.

Descriptive analyses of the CESQT indicated generally favorable profiles across several dimensions. Most participants reported high or very high levels of Enthusiasm for Work (91%) and low or very low levels of Guilt (90%). In addition, 61% of the sample showed medium–low levels of Psychic Burnout, and 60% reported low or very low levels of Indolence.

Regarding psychosocial risk factors assessed with the DECORE, high or very high levels of Organizational Support were reported by 98% of participants. Most respondents reported low to medium levels of Rewards (98%), high or very high Cognitive Demands (90%), and medium levels of Control (86%).

With respect to coping strategies (CRI-A), Problem Solving was the most frequently used strategy, with 90% of participants reporting medium–high levels. Lower levels were observed for Seeking Guidance and Support (88% medium–low), Cognitive Avoidance (79% medium–low), and Search for Alternative Rewards (76% medium–low). Detailed results are presented in Table 3.

Table 3 presents the distribution of participants across risk levels for each instrument dimension. Risk levels (Very low, Low, Medium, Medium high, High, and Very high) are derived from the normative cut-off scores established in the manuals of each instrument (Gil-Monte, 2011; Luceño & Martín, 2008; Kirchner & Forns, 2010), which are consistent across the three measures. The percentage reported for each dimension

reflects the proportion of participants whose scores fell within the most prevalent risk category for that dimension, indicating the modal risk profile of the sample

Table 3. *Percentages obtained in the dimensions of each test*

Test	Dimension	Percentage	Level
CESQT	Enthusiasm for Work	91%	Medium high
	Psychic Burnout	61%	Medium low
	Indolence	60%	Low/Very low
	Guilt	90%	Low/Very low
DECORE	Organizational Support	98%	High/Very high
	Rewards	98%	Medium low
	Control	86%	Medium
	Cognitive Demands	90%	High/ Very high
CRI-A	Logical Analysis		
	Positive Re-evaluation	45%	Medium low
	Seeking Guidance and Support	88%	Medium low
	Problem Solving	90%	Medium high
	Cognitive Avoidance	79%	Medium low
	Acceptance or Resignation	62%	High/ Very high
	Search for Alternative Rewards	76%	Medium low

	Emotional Discharge	69%	Medium low

Note. CESQT: Questionnaire for the Evaluation of Burnout Syndrome at Work; DECORE: Psychosocial Risk Evaluation Questionnaire; CRI-A: Coping Response Inventory-Adults. Risk levels (Very low, Low, Medium, Medium high, High, Very high) are based on normative cut-off scores from each instrument's manual. Percentages reflect the proportion of participants scoring within the modal risk category for each dimension.

Table 4 presents means and standard deviations for all instrument dimensions, disaggregated by sex. Within the CESQT, Enthusiasm for Work yielded the highest mean score (M = 3.98, SD = 0.60), with slightly higher values among male participants (M = 4.02) than females (M = 3.97). Psychic Burnout scores (M = 2.75, SD = 0.80) were higher among males (M = 2.89) than females (M = 2.70), suggesting that male professionals may experience greater emotional strain despite reporting similar enthusiasm levels. Indolence was also somewhat higher among males (M = 2.33) than females (M = 1.91), which may reflect differential detachment responses to occupational stress.

Regarding psychosocial risk factors, Rewards showed the highest mean score within the DECORE (M = 35.00, SD = 3.94), with males reporting slightly higher perceived rewards (M = 35.80) than females (M = 34.70). Control scores were also higher among males (M = 28.40) than females (M = 26.90), suggesting that female professionals may perceive less autonomy and recognition in their roles.

Among coping strategies, Problem Solving yielded the highest mean score (M = 3.64, SD = 0.89), with females reporting higher values (M = 3.74) than males (M = 3.34), indicating a stronger tendency toward active coping among female professionals. Emotional Discharge showed the lowest mean overall (M = 1.95), and was notably lower among males (M = 1.59) than females (M = 2.09), suggesting sex differences in the use of emotion-focused coping strategies.

Table 4

Means, standard deviations and ranges of each test's dimension

Test	Dimension	M(SD)	Males M (SD)	Females M (SD)
CESQT	Enthusiasm for Work	3.98 (0.598)	4.02 (0.473)	3.97 (0.643)
	Psychic Burnout	2.75 (0.803)	2.89 (0.736)	2.70 (0.830)
	Indolence	2.02 (0.627)	2.33 (0.647)	1.91 (0.586)
	Guilt	1.79 (0.472)	1.91 (0.386)	1.74 (0.496)

	Burnout global index without guilt	2.26 (0.485)	2.40 (0.495)	2.21 (0.477)
DECORE	Organizational Support	34.50 (3.53)	35.80 (3.92)	34.00 (3.29)
	Rewards	35.00 (3.94)	35.80 (3.24)	34.70 (4.17)
	Control	27.30 (2.79)	28.40 (1.82)	26.90 (2.99)
	Cognitive Demands	33.70 (4.18)	33.80 (4.32)	33.60 (4.18)
	Psychosocial risk global index	130.00 (9.45)	134.00 (8.66)	129.00 (9.53)
CRI-A	Logical Analysis	3.25 (0.701)	3.28 (0.557)	3.24 (0.753)
	Positive Re-evaluation	3.24 (0.745)	3.17 (0.537)	3.26 (0.813)
	Seeking Guidance and Support	2.71 (0.799)	2.46 (0.549)	2.80 (0.861)
	Problem Solving	3.64 (0.886)	3.34 (0.676)	3.74 (0.546)
	Cognitive Avoidance	2.53 (0.886)	2.27 (0.807)	2.62 (0.904)
	Acceptance or Resignation	2.20 (0.918)	1.96 (0.671)	2.29 (0.986)
	Search for Alternative Rewards	3.23 (0.911)	2.97 (0.905)	3.32 (0.904)
	Emotional Discharge	1.95 (0.866)	1.59 (0.443)	2.09 (0.948)

Note. CESQT: Questionnaire for the Evaluation of Burnout Syndrome at Work; DECORE: Psychosocial Risk Evaluation Questionnaire; CRI-A: Coping Response Inventory-Adults; M = Mean; SD = Standard deviation.

3.3. Correlations among CESQT dimensions.

Table 5 presents the bivariate correlations among all dimensions of the CESQT, DECORE, and CRI-A instruments, including sociodemographic variables.

Within the CESQT, strong and significant relationships were found between the Psychic Burnout and Guilt dimensions ($r = 0.42$; $p = 0.001$), and moderate significant

correlations between Indolence and Guilt ($r = 0.33$; $p = 0.011$). Within the DECORE, a moderate and significant relationship was observed between Cognitive Demands and Organizational Support ($r = 0.30$; $p = 0.021$). Within the CRI-A, strong and significant relationships emerged between multiple approach-oriented coping strategies: Positive Re-evaluation and Seeking Guidance and Support ($r = 0.60$; $p < 0.001$); Problem Solving and Search for Alternative Rewards ($r = 0.66$; $p < 0.001$); Problem Solving and Seeking Guidance and Support ($r = 0.58$; $p < 0.001$); and Acceptance or Resignation and Seeking Guidance and Support ($r = 0.62$; $p < 0.001$).

Regarding associations across instruments, a negative and significant correlation was found between Enthusiasm for Work and Cognitive Avoidance ($r = -0.37$; $p < 0.01$). Positive and significant correlations were observed between Psychic Burnout and Rewards ($r = 0.35$; $p < 0.01$), Organizational Support and Rewards ($r = 0.54$; $p < 0.001$), and Control and Rewards ($r = 0.42$; $p < 0.01$). Full correlation matrix is presented in Table 5.

Table 5

Correlations among dimensions of CESQT, DECORE and CRI-A

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
1. Enthusiasm for work	-															
2. Psychic Burnout	-0.124	-														
3. Indolence	-0.201	0.446***	-													
4. Guilt	0.065	0.446***	0.405**	-												
5. Organizational Support	0.143	0.109	0.010	-0.133	-											
6. Rewards	0.176	0.346**	0.165	0.161	0.541***	-										
7. Control	0.284	0.295*	0.096	0.099	0.303*	0.415**	-									

8. Cognitive Demands	-0.315*	0.140	-0.029	-0.023	-0.032	0.078	0.185	-					
9. Logical analysis	-0.104	0.030	-0.041	0.140	-0.030	-0.167	-0.102	0.106	-				
10. Positive Re-evaluation	-0.067	-0.099	-0.137	-0.011	0.082	-0.207	-0.087	0.170	0.688***	-			
11. Seeking Guidance and Support	-0.171	0.080	-0.075	0.213	-0.044	-0.088	-0.033	0.198	0.558***	0.602***	-		
12. Problem Solving	0.113	-0.223	-0.249	-0.204	-0.054	-0.252	-0.099	0.062	0.502***	0.709***	0.577***	-	
13. Cognitive Avoidance	-0.370**	0.075	-0.066	0.010	0.061	-0.156	-0.195	0.120	0.446***	0.384**	0.526***	0.302**	-
14. Acceptance or Resignation	-0.228	0.109	-0.080	0.031	0.103	-0.010	-0.117	0.196	0.523***	0.458***	0.619***	0.442***	0.711***

15. Search for Alternative Rewards	0.043	-0.236	-0.168	-0.119	0.031	-0.105	-0.175	-0.056	0.452***	0.462***	0.564***	0.658***	0.416***	0.555***	-0.218
16. Emotional Discharge	-0.127	0.001	-0.046	0.093	0.004	-0.082	-0.058	0.615***	0.431***	0.594***	0.472***	0.573***	0.699***	0.528***	-0.218

Note. *p<0.05; **p<0.01; ***p<0.001

3.4. Percentages of Cognitive Avoidance and Acceptance/Resignation in males and females.

Table 6 presents the distribution of risk levels for Cognitive Avoidance and Acceptance or Resignation across male and female participants. Regarding Cognitive Avoidance, males showed a predominantly medium level (56%), with very few scoring high (2%) or very high (4%). In contrast, females showed a higher proportion scoring at high levels (21%), suggesting a greater tendency toward avoidance-based cognitive coping among women. A similar pattern emerged for Acceptance or Resignation, where the majority of both males (47%) and females (62%) scored at high levels, though females showed a higher proportion at very high levels (8% vs. 0%). These findings indicate that female professionals in this sample tend to rely more heavily on avoidance and resignation-based coping strategies, which have been associated with higher burnout risk in the literature (Dima et al., 2025).

Table 6. *Sex contingency and the Cognitive Avoidance and Acceptance or Resignation dimensions of CRI-A test*

Test	Dimension	Level	Sex (Percentage)	
			Males	Females
CRI-A	Cognitive Avoidance	Very low	13%	0%
		Low	25%	24%
		Medium	56%	48%
		High	2%	21%
		Very high	4%	7%
	Acceptance or Resignation	Very low	20%	0%
		Low	10%	2%
		Medium	23%	28%
		High	47%	62%

					Very high	0% 8%

Note: CRI-A: Coping Response Inventory-Adults.

3.5. Percentages of Search for Alternative Rewards among age groups.

Table 7 presents the distribution of Search for Alternative Rewards scores across age groups. A clear positive gradient was observed, with younger professionals (25–35 years) predominantly scoring at low levels (50%), while older professionals (over 55 years) showed a markedly higher proportion at high (53%) and very high (25%) levels. This pattern suggests that the use of this coping strategy increases with professional experience and age, possibly reflecting greater emotional maturity or the development of more diversified coping repertoires over time. These findings are consistent with previous research indicating that older workers tend to adopt broader coping strategies to manage occupational stress (Ariza-Toledano & Ruiz-Olivares, 2025)..

Table 7

Age contingency the Search for Alternative Rewards dimension of the CRI-A test

Test	Dimension	Level	Age (Percentage)			
			25-35	36-45	46-55	Over 55
CRI-A	Search for Alternative Rewards	Very low	0%	3%	5%	0%
		Low	50%	27%	30%	10%
		Medium	23%	39%	23%	12%
		High	18%	19%	27%	53%
		Very high	9%	12%	15%	25%

Note. CRI-A: Coping Response Inventory-Adults.

3.6. CESQT, DECORE and employment information.

Table 8 presents the distribution of Rewards scores among professionals with permanent contracts. Results indicate that the majority of permanent contract holders reported medium levels of perceived rewards (69.2%), with only 7.7% reporting high levels and 23.1% reporting low levels. These findings are particularly noteworthy given that 72% of the total sample held temporary contracts, who reported significantly lower reward

perceptions. This suggests that job instability is not only a source of economic precariousness but also a key driver of perceived effort-reward imbalance — a well-established predictor of burnout (Siegrist, 1996). The concentration of low reward perceptions among temporary workers may reflect limited access to professional recognition, career development opportunities, and organizational belonging, all of which are associated with higher burnout risk.

Table 8. *Contingency between indefinite contract and the Rewards dimension of the DECORE test*

Test	Dimension	Level	Percentage
DECORE	Rewards	Low	23.1%
		Medium	69.2%
		High	7.7%

Note. DECORE: Psychosocial Risk Evaluation Questionnaire.

The results reveal a striking asymmetry between the factors associated with well-being and those linked to discomfort in the workplace. While well-being was associated with a diverse range of factors — including workday structure (21%), collegial relationships (19%), and job stability (17%) — job dissatisfaction was heavily concentrated around a single factor: job instability (73%). This asymmetry suggests that whereas professional satisfaction is built through multiple positive experiences, dissatisfaction is primarily driven by structural and contractual precariousness. The prominence of collegial relationships as a source of well-being (19%) is consistent with research highlighting the protective role of peer support against burnout in social intervention professions (Murphy & Bedford, 2025). Conversely, the virtual absence of salary as a well-being factor (0%) alongside its notable presence as a source of discomfort (14%) underscores the economic vulnerability of this professional group, particularly relevant in a sector characterized by high rates of temporary employment.

Table 9. *Percentage of well-being and discomfort related to workplace factors*

Variables	Association (Percentage)	
	With well-being	With discomfort
Workday	21%	8%

Relations with colleagues	19%	0%
Job stability	17%	73%
Ease of access to managers	13%	0%
Clarity in the functions of the occupation	8%	0%
High level of demand	7%	0%
Training appropriate to the characteristics	6%	2%
Salary	0%	14%
Other	9%	3%

4. Discussion

The present study examined burnout levels, psychosocial risk factors, and coping strategies among professionals working with children and adolescents at risk across six Spanish autonomous communities. In response to the overarching research question, findings indicate that this professional group shows a complex and nuanced burnout profile: while most participants reported strong vocational enthusiasm and low guilt and indolence, moderate levels of psychic burnout were prevalent, suggesting that emotional strain is an embedded feature of this occupational context rather than an exceptional occurrence. These results align with recent evidence from Spanish social services, where burnout remains a persistent occupational risk despite variation in measurement approaches and professional contexts (Ariza-Toledano & Ruiz-Olivares, 2024; Giménez-Bertomeu et al., 2024).

The analysis of psychosocial risk factors revealed a distinctive pattern: high perceived organizational support (98%) coexisted with elevated cognitive demands (90%) and medium-low reward perceptions (98%). This combination is consistent with Siegrist's Effort-Reward Imbalance model (Siegrist, 1996), whereby sustained high demands coupled with insufficient rewards — whether economic, recognition-based, or career-related — generate chronic stress that over time contributes to burnout. Work with children at risk frequently involves exposure to neglect, different types of violence, family conflict, and judicial intervention, all of which amplify cognitive and emotional load. Even in organizationally supportive environments, these demands can accumulate and increase vulnerability to burnout, as documented in recent studies of child protection workers (Stanley et al., 2025; Orock et al., 2025).

Coping strategies played a significant role in the burnout profiles observed. Problem-solving was the most frequently reported strategy (90% medium-high levels), indicating that approach-oriented coping was predominant across the sample. This is consistent with previous research indicating that active, problem-focused coping is associated with lower burnout levels in social intervention professionals (López-Castedo & López-Pérez, 2015; Dima et al., 2025). However, the persistence of moderate burnout levels despite the predominance of adaptive coping strategies suggests that individual coping resources alone are insufficient to offset the structural and organizational demands of this professional context. This finding reinforces the argument that burnout prevention in child and youth services must extend beyond individual-level interventions to address systemic risk factors (McFadden et al., 2024; Maddock, 2024).

Regarding demographic variables, gender differences emerged across several dimensions. Female professionals reported higher levels of cognitive avoidance and acceptance or resignation, while males showed higher indolence scores and slightly higher psychic burnout means. These patterns may reflect the intersection of occupational stress with gendered role expectations: female professionals in social intervention roles often carry disproportionate emotional labor burdens, which may predispose them toward avoidance-based coping as a self-protective response (Ariza-Toledano & Ruiz-Olivares, 2025).

Complementing these results, employment conditions also emerged as a key contextual factor. Job instability was overwhelmingly identified as the primary source of dissatisfaction (73%), and temporary contract holders reported significantly lower reward perceptions than permanent employees. These findings are consistent with research showing that precarious employment undermines organizational belonging, professional recognition, and access to career development — all factors associated with higher burnout risk (Győri & Ádám, 2024; Siegrist, 1996). The high prevalence of temporary contracts in this sector (72%) thus represents a structural vulnerability that no amount of individual coping can fully compensate for.

5. Study Limitations

The present study has several limitations that should be considered when interpreting the findings.

First, the cross-sectional design does not allow for causal inferences regarding the relationships observed between burnout, psychosocial risk factors, and coping strategies. Longitudinal studies are needed to examine how these variables evolve over time and whether changes in coping strategies or organizational conditions function as causal determinants of changes in burnout levels.

Second, all data were collected through self-report measures, which introduces the risk of common method bias and social desirability effects. Professionals may have under- or over-reported burnout symptoms or coping behaviors, particularly given that questionnaires were distributed through their own organizations. Future research could complement self-report measures with observational data, supervisor ratings, or objective indicators of occupational stress.

Third, although a convenience sampling strategy was employed to target professionals working directly with minors within the child protection system, this

approach limits the generalizability of the findings. The sample was drawn from three specific non-governmental organizations operating across six autonomous communities and may not be fully representative of all professionals working in child and youth social services in Spain, particularly those employed directly by the public administration.

Fourth, the relatively modest response rate (43.6%) may have introduced self-selection bias. Professionals who were more affected by burnout — or conversely, those who were less engaged — may have been less likely to participate, which could influence the burnout profiles observed.

Fifth, the geographic scope of the study, while multiregional, did not include all Spanish autonomous communities. Regions such as Catalonia, the Basque Country, or Andalusia — which have large and organizationally distinct child protection systems — were not represented, limiting the territorial coverage of the findings.

Finally, although the instruments administered are validated and widely used in Spain, their origin in specific professional contexts suggests a need for caution. Future studies should aim to include larger and more heterogeneous samples to allow for more complex analyses. Specifically comparisons across professional roles, type of protection resource, and autonomous community are essential, as variations in organizational context and job demands may significantly influence stress levels and coping strategies.

6. Implications

Implications for professional practice. The results highlight the protective role of active, problem-focused coping strategies in buffering burnout among child and youth social service professionals. Training programs targeting coping skills — particularly those that strengthen logical analysis, positive reappraisal, and structured problem-solving — should be institutionalized within continuing professional development pathways. Given that avoidance-based coping was more prevalent among female professionals and was associated with higher burnout risk, gender-sensitive interventions that address differential coping patterns may be particularly valuable. Personal therapy and clinical supervision have also been identified as effective protective factors (Skar et al., 2023; Tragantzopoulou et al., 2024) and should be promoted as standard components of professional support in this sector.

Implications for organizational management. The interplay between high organizational support,elevated cognitive demands and low reward perceptions points to a critical gap in how organizations manage occupational well-being. It is insufficient for organizations to be perceived as supportive if structural conditions — including workload, recognition, and career development opportunities — remain inadequate. Organizations should implement systematic burnout monitoring protocols, structured supervision models, and workload regulation policies that actively prevent the accumulation of chronic stress. Peer-support networks and team cohesion initiatives are particularly relevant given that collegial relationships emerged as the primary source of well-being in this sample. Furthermore, the high prevalence of temporary contracts (72%) represents a structural risk that organizations and their funders must address, as job instability was overwhelmingly identified as the main driver of professional dissatisfaction.

Implications for public policy. At the systemic level, the findings underscore the need for public administrations to recognize child and youth social services as a high-risk occupational sector requiring targeted preventive frameworks. Policy measures should include the regulation of staff-to-service-user ratios, the expansion of permanent employment in the sector, and the mandatory incorporation of occupational health assessments into service quality standards. The multiregional scope of this study — spanning six autonomous communities with diverse organizational and territorial realities — suggests that burnout prevention strategies should be adapted to regional contexts rather than applied uniformly. Investment in professional well-being is not only an ethical imperative but also an economic one: staff turnover and absenteeism driven by burnout generate significant costs for service systems and, ultimately, compromise the quality of care received by vulnerable children and families (MacLochlainn et al., 2026).

7. Conclusions

Professionals working with children and adolescents at risk operate in demanding psychosocial environments in which burnout represents a significant occupational concern. Safeguarding professional well-being is therefore essential not only for individual health but also for the sustainability and quality of child and youth social services. The findings suggest that lower levels of burnout are associated with favorable organizational conditions, including working schedules that facilitate work–life balance, adequate job stability, positive and collaborative team relationships, and accessible and supportive supervision. Strengthening these organizational factors may help reduce chronic occupational stress and enhance both professional and personal satisfaction. Promoting supportive work environments should thus be considered a strategic priority for ensuring effective and sustainable intervention with vulnerable children and families.

Burnout and Coping among Professionals in Child and Youth Social Services

Glossary of Key Terms

- **Burnout Syndrome**
  A work-related psychological condition resulting from chronic occupational stress, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.

- **Emotional Exhaustion**
  A state of feeling emotionally drained and depleted of energy due to prolonged exposure to demanding work situations.

- **Depersonalization**
  A detached, cynical, or emotionally distant attitude toward service users, often developed as a coping response to chronic stress.

- **Reduced Personal Accomplishment**
  A diminished sense of professional competence, achievement, and effectiveness at work.

- **Compassion Fatigue**
  Emotional and physical exhaustion resulting from continuous exposure to others' suffering, common among helping professionals.

- **Coping Strategies**
  Cognitive and behavioral efforts used to manage internal or external demands perceived as stressful.

- **Social Services**
  Public or private services aimed at promoting social welfare, protecting vulnerable populations, and addressing social needs.

- **Psychosocial Factors**
  Workplace conditions related to organizational structure, job demands, interpersonal relationships, and support that influence psychological well-being.

- **Occupational Stress**
  The physical and emotional response that occurs when job demands exceed an individual's resources or capacity to cope.

- **Child Welfare**
  A system of services designed to protect children from abuse, neglect, and exploitation, and to promote their safety and development.

- **Risk of Social Exclusion**
  A situation in which individuals or groups face limited access to social, economic, and institutional resources, increasing vulnerability and marginalization.

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Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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