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Burnout among Ukraine's Social Workers during the COVID-19 Pandemic: Insights from a Cross-Sectional Study

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ABSTRACT

This study explored burnout among social work staff in Ukraine during the pandemic, focusing on factors contributing to its development. A literature review identified common predictors of burnout in social workers, while a descriptive cross-sectional study (N or respondents = 216) measured burnout levels and analyzed the impact of individual and work-related variables. The findings revealed high levels of burnout in emotional exhaustion and depersonalization, with lower levels of personal accomplishment, as assessed by the Maslach Burnout Inventory (MBI). Significant predictors of burnout across all dimensions included job satisfaction and overtime work, whereas job salary and job position were linked specifically to depersonalization, and work experience and marital status were associated with emotional exhaustion. The study highlights the need for comprehensive interventions to prevent and address burnout. Limitations are noted, with recommendations for future research emphasizing broader investigations and diverse samples.

Keywords: Burnout, Social Workers, Social Services Agencies, Territorial Communities of Ukraine, Covid -19.

Introduction

Launched in 2014, the Decentralization Reform in Ukraine significantly altered the local government landscape by transforming the administrative-territorial system and establishing amalgamated territorial communities (ATCs). This reform transferred substantial powers and funds from state authorities to ATCs, impacting various sectors including politics, education, healthcare, and social services. As a result, ATCs have assumed considerable responsibilities in social services provision, necessitating the development of new service models and optimal staffing solutions [1,2].

The adoption of the Law of Ukraine "On Social Services" in 2019 further redefined the organizational and legal framework for delivering both basic and specialized social services [3]. This law aimed to address and prevent challenging life circumstances and mitigate their adverse effects through qualified social workers within ATCs. Despite these legislative advancements, Ukraine faces a critical shortage of social workers (SWs), which hampers the effective operation of social agencies and impacts service delivery, as well as professional interactions [4].

The onset of the COVID-19 pandemic exacerbated existing issues in the field of social services in Ukraine. The severe quarantine restrictions introduced during the pandemic led to several challenges, including: (1) a lack of disinfectants and disposable masks, (2) an inability to reach work and clients due to temporary traffic stops, (3) an increased workload due to personnel shortages resulting from financial issues, and (4) limited human resources. Additionally, social workers were recommended to provide services to vulnerable populations online or maintain "social distance" [5]. However, this was often impractical due to unstable internet connections, a lack of computers, and insufficient personal hygiene products.

The number of underserved populations—including the poor, elderly, children, and people with disabilities—increased, requiring support from trained social workers. Amid the rising number of COVID-19 cases and numerous requests for help, social workers faced significant challenges at the community level, making their work nearly impossible. The pandemic led

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to an increased demand for social services while the number of available social workers remained insufficient. Communities began to establish or co-finance social service agencies to meet the growing needs of vulnerable populations. However, challenges persisted due to a shortage of qualified staff, low professional competencies, and a lack of multidisciplinary approaches [6,7]. This context has likely intensified burnout among social and health workers, driven by excessive workloads, heightened client demands, and increased complexity of professional roles [8].

Understanding burnout among social workers during this period is crucial for improving the effectiveness of social services and supporting the well-being of practitioners. This study aims to examine the prevalence and contributing factors of burnout among Ukraine's social workers involved in the decentralization process and to assess the impact of the COVID-19 pandemic on their burnout levels.

Social workers and burnout: literature review

Social workers are frequently identified as a professional group at high risk for burnout, a topic that has garnered significant attention in recent research [9-15]. Burnout syndrome is characterized by chronic daily workload and emotional fatigue, resulting from prolonged occupational stress and demanding, emotionally charged interactions with clients [16,17]. It involves emotionally intense relationships between caregivers and their clients [18,19] who first coined the term "burnout", described it as a state of exhaustion and fatigue accompanied by a sense of helplessness. Later, [19, 20] defined burnout as a process of adaptation to job stress, marked by feelings of professional failure, emotional exhaustion, volatility, guilt due to perceived lack of success, emotional detachment, and isolation.

Researchers suggest that burnout acts as a psychological defense mechanism, leading to changes in behavior, emotions, and cognition due to the demands of the profession.[21] highlights three key components: emotional exhaustion (a sense of psychological instability), depersonalization (negative, cynical attitudes toward clients), and reduced personal accomplishment (dissatisfaction and negativity about one's work). Burnout undeniably affects individuals and organizations adversely [13].

The World Health Organization (WHO) aligns with this perspective, defining burnout as a syndrome resulting from unmanaged chronic workplace stress. WHO describes it through three dimensions: (1) energy depletion or exhaustion, (2) increased mental distance from one's job or feelings of cynicism related to one's job, and (3) reduced professional efficacy. Burnout was officially recognized as a distinct disorder in the DSM-5 in 2019 [22,23]. reported that nearly 91% of UK social workers exhibited high or moderate levels of emotional exhaustion, over 26% experienced high levels of depersonalization, and 35% had moderate levels of depersonalization. The majority of the sample (91%) reported high levels of personal accomplishment, with no participants scoring in the low category.

Several studies have identified key factors contributing to burnout among social workers. These factors include lack of autonomy at work, insufficient resources, and inadequate support [24-29]. Adlem (2007), as well as [30]. suggest that poor working conditions, inadequate compensation, and increasing service demands are significant contributors to burnout. Additionally, job dissatisfaction, low professional self-esteem, legal implications, role conflicts, and value conflicts are critical determinants of burnout [10,31-36]. argues that job dissatisfaction is a primary predictor of burnout. The researcher identifies three major job-related stressors: abuse by service users, hindered implementation of professional decisions, and job-related dilemmas. [31] also highlight the importance of relationships with colleagues, supervision quality, and the level of training as contributing factors.

Another relevant concept is "compassion fatigue", which refers to the emotional and behavioral responses of those who help individuals experiencing trauma [36-38]. Social workers, who assist clients in navigating their problems and coping with them, often maintain a one-sided relationship where they must suppress personal emotions and remain detached. This lack of reciprocal care can lead to frustration, sadness, anxiety, and eventually burnout if clients do not show progress.

Researchers have categorized burnout factors into organizational and individual dimensions [39,40] or into professional, personal, and environmental categories [17]. Based on previous investigations, burnout factors, which are summarized in Table 1,.can be classified into three main groups: (1) job conditions, (2) personal and professional self-esteem, and (3) relationships with users and colleagues.

Table 1: Factors that cause burnout among social workers

Researchers	Job conditions	Personal and professional self-esteem	Relation with users and colleagues
Arches (1991); Kim & Lee (2009); Mor Barak et al. (2001); Um & Harrison (1998)	lack of autonomy at work;	lack of social support	
Hombrados-Mendieta & Cosano-Rivas (2013)	lack of workplace support;	work and life dissatisfaction	
Adlem (2007)	poor working conditions; poor compensation for work; lack of resources and support		increased demands for services

Koeske & Koeske (1989); Bakker & Demerouti (2007)	lack of resources		
Jayaratne & Chess (1986); Siefert, Jayaratne, & Chess (1991)	job satisfaction		
LeCroy, & Rank (1987)	role and value conflict, workload, autonomy	low professional self-esteem; ambiguity, discrepancy	
Savaya (2014)	thwarted implementation of professional decisions, and job-related dilemmas		abuse by service users
Cahalane & Sites (2008)	supervision quality	degree of training	relationship with colleagues
Streepy (1981)			intensity of contact with users
Anderson, (2000); Cahalane & Sites (2008)	low payment and legal implications		
Maslach (2003)	cognitive-complex and emotional-rich business communications, the need for constant self- and professional development, adaptation to changing professional situations, high responsibility for activities, self-control and role decisions, monotonous work, bureaucracy, the need for creative search	injustice, chronic experience of loneliness and social insecurity, socio-economic injustice, social and interpersonal isolation, non-constructive behaviors, high motivation of power, workaholism, weak self-concept, low self-esteem and empathy, emotional instability, unrealistic expectations	social comparison and evaluation of others, negative interaction with others, lack of corporate cohesion, low organizational culture, intra-organizational conflicts, role ambiguity, lack of administrative support,
Martin & Schinke (1998); Kulkarni, Bell, & Hartman (2013)	content of work, workloads, working conditions	personal characteristic, self-esteem, education	

There is no consensus among scholars regarding which factors most significantly influence burnout among social workers. Some researchers argue that work-related factors—such as job satisfaction, job conditions, and autonomy—are stronger predictors of burnout compared to personal and professional self-esteem or relationships with users and colleagues [18,41]. In contrast, others suggest that individual and environmental factors are more closely associated with heightened susceptibility to burnout [27,42,43].

Despite differing views on the primary causes, it is generally acknowledged that burnout among social workers tends to decrease with age and increased experience [23,44]. Additionally, female social workers, who are often more emotionally expressive and dedicated, typically experience less depersonalization compared to their male counterparts [23,45]. Conversely, single social workers report higher levels of burnout due to reduced support [23]. Other factors linked to higher burnout levels include low income [46] and extended years in public practice, though this does not necessarily apply to private practice [47].

This literature review offers an in-depth analysis of burnout factors adapted to the Ukrainian context. It establishes a framework for defining research variables, formulating hypotheses, and contextualizing results. Utilizing this information enables a targeted investigation of burnout among Ukrainian social workers, which can ultimately lead to enhanced support systems and informed policy adjustments.

Method

This research employs a descriptive cross-sectional study to measure burnout levels among social workers (SWs) in Ukraine during the COVID-19 pandemic.

Given the conditions under which social workers operated during this time, we hypothesized that (1) job satisfaction, (2) overtime work, (3) job salary, (4) duration of work experience, (5) job position, and (6) opportunities for professional development might be key factors determining burnout. These factors were treated as independent variables, while the three burnout dimensions – emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) – were the dependent variables.

Two types of questionnaires were used in the study:

1) A sociodemographic and work-related tool to obtain background information about the participants.
2) The Maslach Burnout Inventory (Maslach, 2016) to measure self-perceived burnout levels. This inventory includes 22 items measured on a 7-point Likert scale ranging from 0 (never) to 6 (every day), assessing the three components of burnout: EE, DP, and PA.

The measure was translated into Ukrainian, and the test-retest reliability ($p = .018$, $r > .78$) was calculated on a group of 20 people with a 2-week interval (Table 2).

Table 2: The MBI subscales keys

Subscale	Item numbers	Scores	Scoring key
EE	1, 2, 3, 6, 8, 13, 14, 16, 20	0-54	0-16 – low
			17-26 – average
			>27 – high
DP	5, 10, 11, 15, 22	0-30	0-5 – low
			6-12 – average
			>13 – high
PA	4, 7, 9, 12, 17, 18, 19, 21	0-48	>39 – low
			38-32 – average
			<31 – high

A web-based survey was conducted between December 2021 and February 2022. Participants included social workers employed at local (municipal and non-state) social service agencies in the Chernivtsi, Khmelnytsky, Lviv, Ternopil, Rivne, and Volyn regions. Overall, 73 agencies participated, employing approximately 246 professionals. The web-based questionnaire was sent via email to all registered social service providers in these regions. In total, 227 questionnaires were returned, of which 216 were included in the study, while 11 were excluded due to missing data.

Consent was obtained from all participants, and anonymity was ensured throughout the study.

The collected data were coded and processed using the SPSS software package (release 28). One-way analysis of variance (ANOVA) was performed to test whether the dependent variables differed concerning the independent variables. Levene's test was applied to the ANOVA to test the homogeneity of variances. Cronbach's alpha coefficient was calculated to check the reliability of the MBI scales.

Ethical approval for the original studies and secondary data analysis was obtained from the Education Research Ethics Committees of Ternopil Volodymyr Hnatiuk National Pedagogical University and the research governance committees in local authorities.

Results

The findings provide a clear picture of the demographic and professional profile of social workers in Ukraine during the pandemic, laying a foundation for understanding burnout levels and their determinants in this specific context.

The personal and job characteristics of the study sample are presented in Table 3. Analysis of the sociodemographic and work-related information revealed the following:

- **Gender:** Almost all participants were female (96.3%), which, while limiting the generalizability of the results, reflects the higher proportion of females in the profession.
- **Age:** The majority of respondents (77.3%) were adults in the age group of 36-60 years.
- **Work Experience:** 49.1% of participants had been in social work for more than 10 years, while 16.2% had less than 1 year of experience, 23.1% had 1 to 3 years of experience, and 12.5% had 3 to 10 years of experience.
- **Employing Organization:** Most respondents (97.7%) were employed by municipal or state social services centers, with only 2.3% working in NGOs.
- **Job Position:** 44.6% of survey participants were engaged in direct work with service users, while 45.4% held administrative positions.
- **Job Salary:** 49.5% estimated their salary as sufficient, 20.4% as insufficient, 25.0% as low, 3.7% as very low, and only 1.4% as high.
- **Job Satisfaction:** 51.4% of respondents were satisfied, 4.6% were very satisfied, 40.3% were neither satisfied nor dissatisfied, and only 3.7% were dissatisfied with their job.
- **Overtime Work:** 30.1% of the participants worked overtime.
- **Educational Background:** 63.4% of respondents had a diploma in higher education in a field other than social work. Only 9.7% had a Bachelor's or Master's degree in social work, mainly those who had been in the field for less than a year. Additionally, 4.2% had diplomas in Social Pedagogy, and 13.4% in Psychology.
- **Professional Development:** 50.5% had opportunities for professional development in their workplace.

The descriptive statistics of the Maslach Burnout Inventory (MBI) by subscales are presented in Table 3. The mean scores for the Emotional Exhaustion (EE) subscale was 24.47 (SD = 9.15), for the Depersonalization (DP) subscale it was 10.9 (SD = 5.77), and for the Personal Accomplishment (PA) subscale it was 16.32 (SD = 5.71).

Table 3: Means, standard deviations and internal consistency of sub-scales

	N	Mean	Std. Deviation	Cronbach's α
EE	216	24.4769	9.14683	.86
DP	216	10.9074	5.77652	.82
PA*	216	16.3287	5.71154	.33
Valid N (listwise)	216			
* reserved scores				

According to the scoring keys suggested by Maslach (2016), 44.9% of social workers reported high levels of burnout on the Emotional Exhaustion (EE) scale, 39.4% on the Depersonalization (DP) scale, and 0.5% on the Personal Accomplishment (PA) scale. Moderate levels of burnout were experienced by 31.5% of respondents on the EE scale, 38% on the DP scale, and 0.5% on the PA scale. Low levels of burnout were observed in 23.6% of social workers on the EE scale, 22.7% on the DP scale, and 99.1% on the PA scale. The frequencies of responses for each of the three MBI subscales are presented in Table 4.

Table 4: Burnout syndrome score results

		EE (%)	DP (%)	PA (%)
level	low	23.6	22.7	99.1
	moderate	31.5	38	0.5
	high	44.9	39.4	0.5
	Total	100	100	100

These findings indicate a significant presence of burnout among social workers in Ukraine during the pandemic, particularly in terms of emotional exhaustion and depersonalization. The very low percentage of social workers reporting high levels of personal accomplishment suggests that this dimension of burnout is less prevalent. However, the relatively high scores on emotional exhaustion and depersonalization point to critical areas where interventions are necessary to support social workers' well-being.

A one-way analysis of variance (ANOVA) was conducted to examine the relationship between individual, job-related, and career-related variables and the three burnout subscales (EE, DP, and PA). For variables with more than two categories, multiple comparisons were completed using Tukey post hoc tests to achieve statistically significant results. The significance level was set at $p<0.05$.

The ANOVA results showed statistically significant findings on the EE scale for the variables "marital status" [F (1,214) = 12.42, p = .001], "work experience" [F (3,212) = 6.63, p = .001], "job satisfaction" [F (3,212) = 16.26, p = .001], and "overtime work" [F (1,214) = 8.9, p = .003]. On the DP scale, significant effects were found for "job salary" [F (4,212) = 5.62, p = .001], "job satisfaction" [F (3,212) = 6.03, p = .001], "overtime work" [F (1,214) = 7.28, p = .008], and "job position" [F (2,213) = 4.98, p = .008]. On the PA scale, statistically significant results were obtained for "job satisfaction" [F (3,212) = 5.70, p = .001] and "overtime work" [F (1,214) = 4.26, p = .040] (Tables 5-9).

Table 5: The ANOVA results on the effects of marital status on burnout syndrome

		Sum of Squares	df	Mean Square	F	Sig.
EE	Between Groups	7.580	1	7.580	12.419	.001
	Within Groups	130.623	214	0.610		
	Total	138.204	215			
DP	Between Groups	0.020	1	0.020	0.034	.854
	Within Groups	127.980	214	0.598		
	Total	128.000	215			
PA	Between Groups	0.005	1	0.005	0.203	.652
	Within Groups	4.954	214	0.023		
	Total	4.958	215			

Table 6: The ANOVA results on the effects of work experience on burnout syndrome

		Sum of Squares	df	Mean Square	F	Sig.
EE	Between Groups	11.862	3	3.954	6.634	.001
	Within Groups	126.342	212	0.596		
	Total	138.204	215			
DP	Between Groups	3.181	3	1.060	1.801	.148
	Within Groups	124.819	212	0.589		
	Total	128.000	215			
PA	Between Groups	0.130	3	0.043	1.899	.131
	Within Groups	4.829	212	0.023		
	Total	4.958	215			

Table 7: The ANOVA results on the effects job salary on burnout syndrome

		Sum of Squares	df	Mean Square	F	Sig.
EE	Between Groups	5.676	4	1.419	2.259	.064
	Within Groups	132.528	211	0.628		
	Total	138.204	215			
DP	Between Groups	12.324	4	3.081	5.620	.001
	Within Groups	115.676	211	0.548		
	Total	128.000	215			
PA	Between Groups	0.049	4	0.012	0.529	.714
	Within Groups	4.909	211	0.023		
	Total	4.958	215			

Table 8: The ANOVA results on the effects of overtime work on burnout syndrome

		Sum of Squares	df	Mean Square	F	Sig.
EE	Between Groups	5.524	1	5.524	8.909	.003
	Within Groups	13.,680	214	0.620		
	Total	138.204	215			
DP	Between Groups	4.211	1	4.211	7.280	.008
	Within Groups	123.789	214	0.578		
	Total	128.000	215			
PA	Between Groups	0.097	1	0.097	4.261	.040
	Within Groups	4.862	214	0.023		
	Total	4.958	215			

Table 9: The ANOVA results on the effects job satisfaction on burnout syndrome

		Sum of Squares	df	Mean Square	F	Sig.
EE	Between Groups	25.851	3	8.617	16.259	.001
	Within Groups	112.353	212	0.530		
	Total	138.204	215			
DP	Between Groups	18.090	3	6.030	11.631	.001
	Within Groups	109.910	212	0.518		
	Total	128,.000	215			
PA	Between Groups	0.370	3	0.123	5.696	.001
	Within Groups	4.589	212	0.022		
	Total	4.958	215			

A Tukey post hoc test revealed that the mean values of emotional exhaustion were significantly different between groups with less than 1 year of work experience (M = 20.28, SD = 8.44) and those with 1 to 3 years of experience (M = 27.52, SD = 6.72), (p = .001), as well as between the latter group and those with more than 10 years of experience (M = 24.89, SD = 9.93), (p = .014). Additionally, statistically significant differences on this scale were observed between married (M = 25.12, SD = 9.18) and unmarried individuals (M = 21.95, SD = 8.65) (p = .001), as well as between those satisfied (M = 16.80, SD = 8.44) and unsatisfied with their job (M = 34.0, SD = 5.09) (p = .003).

On the depersonalization scale, mean values were significantly different between groups with sufficient (M = 10.16, SD = 5.30) and insufficient salary (M = 14.36, SD = 4.54) (p = .002), managerial (M = 10.29, SD = 4.48) and non-managerial staff (M = 12.27, SD = 4.58) (p = .005), and those satisfied (M = 4.40, SD = 5.01) and unsatisfied with their job (M = 18.12, SD = 2.28) (p = .002).

The results of the Tukey post hoc test also indicated statistically significant differences in personal accomplishment between social workers working and not working overtime (p = .002) and between those satisfied and not satisfied with their job (p = .001)

The detailed results from the Tukey post hoc tests underscore the nuanced relationship between various factors and the three burnout dimensions among social workers during the pandemic in Ukraine. Specifically, significant differences in emotional exhaustion, depersonalization, and personal accomplishment were observed across different categories of work experience, marital status, job satisfaction, salary, and job position.

Discussion

The cross-sectional survey revealed that social workers in Ukraine during the COVID-19 pandemic experienced high levels of burnout, particularly in emotional exhaustion and depersonalization, while demonstrating low levels of personal accomplishment. Our study identified a significant association between work-related factors and burnout among Ukrainian social workers during this period. These findings are consistent with previous research that highlights the impact of similar variables on burnout in social workers during the pandemic [48-50] and the overall negative impact of the COVID-19 pandemic on social agencies' workforce globally [51-53].

Social workers who reported job dissatisfaction and worked overtime experienced burnout across all dimensions: emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA). Previous research has identified job dissatisfaction as a predictor of burnout [10,33,35,36]. Additionally,[23] found that longer employment duration increases the risk of burnout. The pandemic exacerbated these challenges, with social workers facing numerous restrictions, high emotional and physical demands, and inadequate resources, all of which intensified the risk of burnout. The number of social work clients doubled [5], while the workforce remained relatively small [54]. These findings indicate that social workers are highly vulnerable to burnout, a situation that may worsen with ongoing social welfare reforms [54]. The situation is further complicated

by the full-scale Russian invasion of Ukraine, which strains already limited social work resources and increases the risk of burnout [55].

The study also found that social workers with low salaries and lower job positions experience higher levels of depersonalization (DP). Additionally, those with less work experience may be reluctant to assume individual client responsibilities, leading to higher levels of emotional exhaustion (EE). These findings are consistent with Tang and Li (2021), who demonstrated that newly employed social workers lacking adequate workplace support are more prone to emotional exhaustion.

An interesting finding from the research is that married social workers experience higher levels of emotional exhaustion. It is hypothesized that additional responsibilities related to having a partner and children may exacerbate the stress for social workers who are already overloaded with work. This finding contrasts with other studies: while [56] found that having children at home is associated with a lower risk of emotional exhaustion,[57] reported that the presence of young children and increased household chores are positively related to feelings of burnout.

Additionally, no correlation was found between opportunities for professional development at the workplace and burnout among social workers. Similarly, working in non-state versus municipal/state agencies did not emerge as a predictor of burnout in this study.

The study highlights the need for comprehensive interventions aimed at preventing and reducing burnout, particularly focusing on depersonalization (DP). Given that DP relates to the interpersonal dimension of burnout and manifests as negative, insensitive, and detached attitudes towards clients, colleagues, and organizations [18], interventions should encompass various strategies. These may include assessing individual risks, assigning manageable tasks, providing administrative and supervisory support, evaluating and recognizing work performance, and training in effective coping strategies for work-related stress.

The research underscores a heightened need for support for social workers during the COVID-19 pandemic. In light of the pandemic's significance and severity, it is crucial for social agencies to allocate resources for both immediate and ongoing support for their employees' emotional well-being [58].

The limitations of technology during the pandemic, as demonstrated by our study and others [59-61], underscore the necessity for social workers to have access to essential technological resources and training. Effective use of technology is crucial for enhancing service delivery and mitigating related stress.

Detecting early signs of burnout can be challenging, as the condition may develop gradually over weeks or months, with symptoms varying among individuals. Early identification and intervention are essential to prevent burnout [62-64] suggests that taking short breaks, optimizing work-rest schedules, learning relaxation techniques, and developing adaptive behaviors can help social workers manage burnout [65]. emphasizes that a high level of self-care can prevent burnout, while [66] argues that a strong relationship between social workers and their supervisors plays a crucial role in shaping the experience of burnout.

Overall, the study on burnout among social workers in Ukraine during the COVID-19 pandemic, along with other findings, offers several valuable lessons applicable to similar contexts:

1. **Strategic Crisis Management:** The study underscores the necessity of developing comprehensive crisis management strategies that include both immediate response plans and long-term contingency frameworks. Organizations should integrate robust systems for resource allocation, emergency training, and dynamic workload adjustments to ensure resilience in the face of sudden crises.
2. **Customized Burnout Interventions:** Tailoring burnout interventions to specific dimensions, such as depersonalization, enhances their effectiveness. This requires a nuanced understanding of burnout's multifaceted nature and the implementation of targeted strategies that address the unique challenges faced by different worker groups, ensuring more precise and impactful support.
3. **Integrated Job Satisfaction and Workload Management:** Addressing job dissatisfaction and overwork through integrated strategies that encompass job redesign, fair compensation, and workload management is crucial. This involves a holistic approach to improving work conditions, including engaging workers in the redesign process and ensuring equitable distribution of tasks.
4. **Mentorship and Training for New Workers:** The findings highlight the need for structured mentorship and specialized training programs for less experienced social workers. This includes developing targeted onboarding processes, providing continuous professional development, and establishing mentorship programs to support new workers in navigating their roles and managing stress.
5. **Work-Life Balance and Family Support:** Recognizing the impact of family responsibilities on burnout, organizations should develop policies and support systems that facilitate a balance between work and personal life. This includes flexible work arrangements, family support programs, and resources that help social workers manage the dual pressures of their professional and personal responsibilities effectively.

There are some limitations to this study that should be noted. First, the study sample consisted of participants from only Western regions of Ukraine, so it is hard to generalize findings to all SWs in Ukraine. Second, the study population comprised mostly females, which limits the generalizability of the study findings to the male population. Third, burnout is a dynamic and versatile process and results may differ if the assessments are carried out in different time periods or regions. However, despite these limitations, the the findings provide valuable insights for social work administrators to implement preventive measures against burnout.

Conclusions

The social work profession in Ukraine faces significant stress due to complex and evolving work conditions. This study

examined burnout levels among social workers (SWs) during the COVID-19 pandemic, highlighting critical factors such as job dissatisfaction and overtime as strong predictors of burnout. SWs with low salaries and non-management roles are particularly vulnerable to depersonalization, while those with less experience and family responsibilities are at higher risk for emotional exhaustion.

The findings underscore the need for targeted interventions, including regular screening and preventive measures to address burnout. Social work administrators should use these insights to better understand and mitigate burnout risks. Future research should expand to longitudinal studies with diverse samples and additional variables to enhance the well-being of social workers and the effectiveness of social services.

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