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Burnout and mental health among Spanish workers engaged in educational and inclusion practices in the third sector of social action

Burnout *y salud mental en trabajadores españoles que desempeñan labores educativas y de inclusión en el tercer sector de acción social*

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Abstract:

The purpose of this research was to analyse the prevalence and frequency of the syndrome of burnout in professionals engaged in educational and social inclusion activities targeting vulnerable populations in the third sector of social action. The study also examined associations between burnout and various socio-demographic factors, work factors, and mental health factors. The sample consisted of 141 workers (e. g., social educators) of 21 centres of a third-sector social action organization located in different Spanish provinces. To measure *burnout* and mental health, two standardised instruments were used: the CESQT and the Spanish version of the GHQ-12. Though high levels of enthusiasm for work were reported, high rates of mental exhaustion were also reported, the latter being more prevalent and frequent in women than in men. On the other hand, 30.16 % of the participants presented symptoms of psychological morbidity. Applied generalized linear models revealed that enthusiasm for work and mental exhaustion were significant predictors of psychological morbidity in these workers. We propose as a future direction of research the need to evaluate psychosocial conditions in such organizations and implement psycho-educational interventions to promote the socio-emotional skills of workers, to improve management strategies, and to help workers face adverse and stressful situations.

Keywords: burnout, mental health, third sector of social action, mental exhaustion, enthusiasm for work.

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Resumen:

El objetivo de la presente investigación es analizar la prevalencia y la frecuencia del *burnout* en profesionales que llevan a cabo labores educativas y de inclusión dirigidas a poblaciones vulnerables en el tercer sector de acción social. Asimismo, se analizan las asociaciones entre este Yesndrome psicosocial y diferentes factores sociodemográficos, laborales y de salud mental. La muestra está formada por 141 trabajadores (p. ej., educadores sociales) de 21 centros de trabajo de este sector ubicados en diferentes provincias españolas. Para la medición del *burnout* y de la salud mental, se utilizaron dos instrumentos estandarizados: el CESQT y la versión española del GHQ-12. Los resultados evidencian altos niveles de ilusión por el trabajo, pero también elevadas tasas de desgaste pYesquico (más frecuente en mujeres). El 30.16 % de los participantes muestran una potencial sintomatología de morbilidad psicológica. Los modelos lineales generalizados revelan que la ilusión por el trabajo y el desgaste pYesquico son predictores significativos de la salud mental de estos trabajadores. En este contexto, se establece la necesidad de evaluar las condiciones psicosociales de estas organizaciones, aYes como de implementar intervenciones socioeducativas orientadas a promover las competencias socioemocionales de los trabajadores y a mejorar las estrategias de gestión y afrontamiento de situaciones adversas y de estrés.

Palabras clave: *burnout*, salud mental, tercer sector de acción social, agotamiento psicológico, ilusión por el trabajo.

1. Introduction

Over the last two decades, burnout has become a major public health problem. Most of the conceptualizations proposed of this construct define it as a psychosocial syndrome caused by an imbalance between labour demands and the skills of workers, characterized by a set of symptoms that can be grouped into three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1993). More recently, Gil-Monte (2019) conceptualized burnout as a psychological response to chronic work stress of an interpersonal and emotional nature appearing in professionals who work in contact with people and characterized by cognitive deterioration, loss of enthusiasm for work and professional disenchantment, low personal fulfilment, affective deterioration, physical and emotional (or mental) exhaustion, the appearance of negative attitudes and behaviours towards customers, clients and one's employer, with indifference, coldness, distance, negative attitudes (indolence), and, in certain cases, feelings of guilt.

According to various systematic reviews and meta-analyses (Frieiro et al., 2021; García-Carmona et al., 2019; Romero-Martín et al., 2020; Simionato & Simpson, 2018), the prevalence of the syndrome, depending on the professional sector, is between 5 % and 55 % of the working population, though can be higher in health (Budayová et al., 2023; Rotenstein et al., 2022) and educational fields in particular (Alsalhe et al., 2021; Berjot et al., 2017). Regarding the frequency of burnout, very few studies measure it, and, when they do, they tend to treat prevalence and frequency indices indistinctly, without properly considering that frequency only refers to the periodicity with which workers experience the symptoms of the syndrome. A notable study on the frequency of burnout is that carried out by Gajra et al. (2020), which reports that 85.30 % and 86.50 % of oncology medical personnel have felt respectively emotionally exhausted and physically exhausted at some point, while 15 % have felt overwhelmed frequently.

In the field of non-formal education, burnout seems to be especially prevalent in third-sector, social education, voluntary, non-governmental and non-profit organizations (Drüge et al., 2021; Maddock, 2024; McFadden, 2015). These organizations may respond to educational, cultural and social integration needs not covered by the state, with the ultimate goal of protecting and promoting the quality of life and well-being of people in the community (Morse et al., 2011). The agents that generally work in such entities are educators, social workers and psychologists who promote and support the personal and social development of people based on interpersonal contact as the main work tool (Martín & Quiroz, 2006). Direct and continuous contact with people that may be at risk of social exclusion (such as young immigrants, people with disabilities, and people with drug and mental health problems), often coupled with the scarcity of human and material resources typical of the sector, makes these workers especially vulnerable to burnout (Drüge et al., 2021; Maddock, 2024).

However, one of the questions which research has yet to provide a clear and unequivocal answer is the role played by certain socio-demographic and work-related variables in the appearance and development of burnout, since somewhat disparate and contradictory results have come the various studies carried out. For example, several studies suggest that the variables of age, gender, seniority and work experience are significantly associated with burnout (Hoff & Lee, 2021; McCormack et al., 2018), indicating that women, younger workers and those with less work experience have higher levels of this syndrome. Other studies, on the other hand, such as the one by Yeboah et al. (2022), show that men have a higher overall burnout score than women. In any case, the results seem to vary with the different dimensions of burnout, according to gender, with women presenting higher levels of emotional exhaustion, and men presenting higher levels of depersonalization. Yet other investigations found no gender-based differences (El Ghaziri et al., 2019), but observed inconsistent results between burnout and age (Meredith et al., 2021), or between burnout and work experience (Simionato & Simpson, 2018).

In the third sector of social action, research focused on studying the relationship between burnout and psycho-physiological health is particularly scarce. The few studies carried out have shown that educators, social workers and psychologists, as front-line workers (that is, as agents that deal directly with young people and families), are particularly susceptible to suffering from burnout and stress (Drüge et al., 2021; Lemieux-Cumberlege et al., 2023; Maddock, 2024; Pihl-Thingvad et al., 2019).

In Spain, previous research in this field has revealed high levels of burnout in social workers, especially regarding the exhaustion dimension (Caravaca-Sánchez et al., 2019; González-Rodriguez et al., 2020; Verde-Diego et al., 2021). A review of studies dealing with samples of such professionals (Romero-Martín et al., 2020) has reported burnout prevalence rates ranging between 25.30 % and 29.90 %, in line with studies carried out in various different countries (Frieiro et al., 2021; Huang et al., 2021; Tartakovsky & Walsh, 2016; Tu et al., 2022). Likewise, studies focused on the field of social work have indicated that rates of psychiatric disorders related to emotional exhaustion are significantly higher than in other professions (Sánchez-Moreno et al., 2014).

Taking the above-described framework as a reference, the following research questions guided the current study:

- What is the prevalence and frequency of burnout among professionals working in third-sector social action organizations in Spain?
- What is the relationship between burnout and demographic and occupational factors such as gender, age, work role, and seniority among these professionals?
- What proportion of workers present symptoms of mental health problems, and how do these symptoms relate to gender, age, work role, and seniority?

- Are burnout and other occupational factors associated with mental health in these workers?

In this context, this study aims to examine in detail the prevalence and frequency of burnout among professionals working in organizations of the third sector of social action in Spain, as well as to explore the relationships between this syndrome and different socio-demographic factors (such as gender and age), work-related factors (such as role and seniority), and mental health, all with a view to alleviating the scarcity of research in this field.

2. Method

2.1. Sample

The sample of this study consisted of 141 of 169 potential workers (response rate of 83.43 %) of 21 centres of a third-sector social action organization located in different Spanish provinces. This organization is dedicated to developing social integration and work placement inclusion projects for young people, in collaboration with public administrations and businesses. Its initiatives are primarily of a psychoeducational nature, including programs focused on family guidance, social support, and employment training. The convenience sample was made up of 75.89 % women and 24.11 % men, with a median age of 39 years (interquartile range of 34 to 43 years) and four years of seniority in their work role (interquartile range of 2 to 10 years). Regarding the work roles, the majority (63.12 %) were social intervention technicians (e. g., social educator, social integration technician), while 20.57 % were psychologists, 14.18 % were project coordinators, and 2.13 % were administrative staff (see Table 1).

Table 1. Demographic and work-related characteristics of the workers.

	Total sample		**GHQ-12 pathologies (cut-off > 4)**		
	(n)	%	*(n)*	%	
Gender					
Woman	107	75.89	30	32.26	p = .39
Man	34	24.11	8	24.24	DP = 8.02 (-10.86, 23.21)
Age (years)					
Min-Max	23 - 62		27 - 62		
Interquartile range (median)	34-43 (39)		34.50-46 (41.50)		

≤ 39	73	51.77	16	25.81	*p* = .30
> 39	68	48.23	22	34.38	DP = -8.57 (-23.90, 7.40)
Current work role					
Administrative	3	2.13			
Technician	89	63.12	26	31.71	*p* = .85**
Psychologist	29	20.57	6	26.09	
Coordinator	20	14.18	5	27.78	
Seniority in the role (years)					
Min-Max	< 1-27		< 1-27		
Interquartile range (median)	2-10 (4)		2.75-12.25 (8)		
≤ 4	71	50.35	15	25	*p* = .23
> 4	70	49.65	23	34.85	DP = -9.85 (-25.01, 6.19)
Burnout					*p* <.001
Profile 1*	14	10.85	11	78.57	DP = -54.46 (-69.98, -26.90)
Non-profile 1	112	89.15	27	24.11	OR = 11.54 (2.99, 44.43)
Profile 2*	2	1.55	2	100	
GHQ-12 (bimodal scoring)					
Cut-off of 4 or above	38	30.16			

*Reported for descriptive purposes, based on the CESQT scale criteria, are the percentage of workers with critical levels of burnout (profile 1) and critical levels of both burnout and guilt (profile 2). **Due to a low number, administrative roles were removed from the analysis. The difference of percentages is only applied to 2×2 chi-square tables.

Note: *p* = *p*-value; DP = difference of percentages; OR = odds ratio.

2.2. Instruments

To measure burnout, the questionnaire for the assessment of burnout syndrome (CESQT in Spanish, for short) (Gil-Monte, 2019) was used. The instrument consists of 20 items grouped into four dimensions: (1) enthusiasm for work, (2) mental exhaustion, (3) indolence, and (4) guilt. The reliability indices of these dimensions, calculated using the sample of this study, were the following: enthusiasm for work (5 items, Ω = .92), mental exhaustion (4 items, Ω = .89), indolence (6 items, Ω = .78), and guilt (5 items, Ω = .83). The set of 20 items is assessed using a Likert-type frequency scale, with five linguistic quantifiers (from 0 = "Never" to 4 = "Every day or very frequently"), defining the last twelve months as the reference time frame. This instrument has been previously validated with samples from different professional sectors and in different countries. The reliability coefficients reported across the various studies indicated Cronbach's alpha values above .70 for each dimension, as well as in the CESQT total score (Gil-Monte, 2019). This also makes it possible to distinguish between two profiles in the development of this syndrome. Profile 1 (or total score) may be used to consider those who present critical levels of burnout, characterized by lower levels of enthusiasm for work, higher levels of mental exhaustion, and indolence, without considering the guilt dimension. Critical scores (or cases) of profile 1 are then those that exceed the 89th percentile calculated as $\frac{\sum_{i=1}^{5} x_i' + \sum_{i=1}^{4} x_i + \sum_{i=1}^{6} x_i}{15}$. Profile 2 may be used to consider those with critical levels in the total score and critical levels of guilt $\left(\frac{\sum_{i=1}^{5} x_i}{5}\right)$. As outlined in Gil-Monte's manual (2019), the cut-off points used to define critical levels are derived from normative data, based on percentiles, with scores (or cases) above the 89th percentile considered critical.

On the other hand, for the assessment of the mental health of the participants, the Goldberg General Health Questionnaire (GHQ-12) was used, taking as a reference the validation study conducted in Spain by Sánchez-López and Dresch (2008), which reported a Cronbach's alpha coefficient of .76. The GHQ-12 is a self-administered screening questionnaire, which aims to detect psychological morbidity and psychiatric disorders (Goldberg et al., 1997) based on respondents' own assessments of their general well-being and certain emotional states. It also aims to measure certain intellectual and physiological functions, the planning and achievement of goals, and the management of adversities. This instrument is made up of 12 items, using a Likert scale response format with four linguistic quantifiers (from 0 = "Better than usual," or "Not at all," to 3 = "Much less than usual," or "Much more than usual.") The responses can then be transformed into a dichotomous score (0-0-1-1), called the GHQ score. In this investigation, a cut-off value of 4 was established, above which respondents were considered to have potential psychopathologies or psychiatric disorders according to criteria used in other studies in Spain (López-Castedo & Fernández, 2005; Rocha et al., 2011). The GHQ-12 reliability index for the scores obtained from the sample was Ω = .91.

Finally, a series of items were added to collect information on socio-demographic variables, including gender (male/female) and age, and work-related variables, including role (e. g., psychologist, technician) and years of seniority in the role.

2.3. Procedure

A cross-sectional design was used, with a descriptive-relational level of inquiry. Before the data collection, a meeting was scheduled with the workers' committee and workers' representatives to explain the objectives of the study, disclose the questionnaire, and obtain approval. Once participation had been authorized, an informed consent document was drawn up and attached to the questionnaire, together with instructions for its completion.

Each worker received a link to the questionnaire through an email sent by the organization's management to their individual work email address. The workers received various notices spaced throughout the data collection period, encouraging them to complete the questionnaire and therefore increase the percentage of participation.

In conducting this research, the guidelines of the Code of Ethics of the International University of La Rioja were followed. In the instructions, the importance of responding

truthfully, emphasizing that there were no right or wrong answers, was highlighted. Additionally, participants were assured that neither their participation nor their responses would influence their work dynamics, thereby aiming to pre-emptively alleviate any concerns regarding potential workplace repercussions. Throughout the process, anonymity and the confidentiality of respondents' personal data were guaranteed. Furthermore, the research was conducted in a manner that complied rigorously with the moral principles for research studies of autonomy, beneficence, justice and non-maleficence (Beauchamp & Childress, 2019).

2.4. Statistical analysis

The first results section of this research describes the prevalence (that is, the percentage of workers reporting to have experienced a burnout indicator a few times a month or more frequently) and frequency (that is, the number of times the burnout indicator was reported to have been experienced during the indicated time frame) of burnout, disaggregated by the dimensions of enthusiasm for work, exhaustion, indolence and guilt.

All response percentages were expressed as point/mean prevalences, along with their 95 % confidence intervals (95 % CI). The median frequency (MDF) was also calculated as a measure of central tendency. The normality of the data distribution was assessed through multiple methods, such as graphical visualizations (e. g., Q-Q Plots) and various normality tests (e. g., Kolmogorov-Smirnov test), and normality was not assumed in the data. Both the prevalence and frequency of burnout were analysed in terms of gender, age, work role (excluding administrative workers due to the low number of cases), and seniority. Regarding gender prevalence differences, a chi-squared test in 2×2 tables was used to assess the dichotomous data, and the difference of percentages (DP) was reported as an effect size, along with their 95 % confidence intervals.

Frequency differences were analysed using the non-parametric Mann-Whitney U test, with a rank-biserial correlation (rbc; with > .10 as very small; .10 to .29 as small; .30 to .49 as moderate; > .50 as large) as the effect size for two independent groups (i.e. for the gender variable), and the Kruskal-Wallis test for multiple independent groups (i.e. for the work role variable), with the eta-squared value as the effect size (ε^2; with > .01 as very small; .01 to .05 as small; .06 to .13 as moderate; > .14 as large). Associations of burnout with age and seniority were assessed using Kendall's tau coefficient (τ; with > .10 as very small; .10 to .29 as small; .30 to .49 as moderate; > .50 as large). Effect sizes were interpreted following López-Martín and Ardura-Martínez (2023) classification. Psychological morbidity data (GHQ-12 scores) were examined in a similar manner. Frequencies of each indicator were reported as percentages along with their 95 % confidence intervals. The percentage of workers reporting each indicator in terms of the bimodal scaling system (i. e., 0-0-1-1) was also calculated.

Bivariate tests were performed to analyse associations between the frequency of each indicator and gender, age, work role and seniority. Bivariate associations were used in the same terms as for burnout indicators. According to statistical criteria, and for practical reasons, the generalized linear modelling approach was taken to examine the effects of demographic factors (gender and age), work factors (work role and seniority) and burnout factors (frequency in reporting the dimensions of professional disenchantment, mental exhaustion, indolence, and guilt) on the number of GHQ-12 symptoms reported using the bimodal scoring. According to the outcome variable probability distribution, different count-based regression models were tested, including the Poisson regression, the zero-inflated Poisson/negative binomial regression, and the zero-truncated Poisson/negative binomial model. Model fit comparisons were made according to different goodness-of-fit criteria, such as smaller deviance, the Akaike information criterion (AIC) and the Bayesian

information criterion (BIC), on the maximum log-likelihood value, considering the over-dispersion parameter.

The generalized negative binomial model fit the data the best was more parsimonious than the others and violated no assumptions in its application. For ease of interpretation, the coefficients are presented in terms of the adjusted odds ratio (OR) and as a percentage change, along with their confidence intervals (95 % CI). It should be noted that the results were consistent between the different count-based regression models tested. Finally, a complementary binary logistic regression was also performed to identify worker characteristics predicting psychological morbidity (GHQ-12 scores < 4 vs. ≥ 4).

All the statistical analyses were performed using the software R (version R-4.2.2), and a value of $p < .05$ was considered significant.

3. Results

3.1. Burnout prevalence and frequency

The percentage of workers with critical levels of burnout was 10.85 % (95 % CI [6.06, 17.54]), and the percentage of workers with critical levels of both burnout and guilt was 1.55 % (95 % CI [.19, 5.49]).

Table 2 shows the prevalence and frequencies of burnout indicators in detail. In the sample, 97.67 % (95 % CI [93.35, 99.52]) of respondents reported at least one enthusiasm for work indicator a few times a month or more frequently (the same time frame is assumed for all results on prevalence presented from here on). Enthusiasm for work was mainly reported as experienced "frequently (a few times a week)" (47.29 %, 95 % CI [38.44, 56.26]) or "very frequently (every day)" (38.76 %, 95 % CI [30.31, 47.73]). The prevalence of all individual indicators for the enthusiasm for work dimension was above 85 %: from "feeling hopeful about work" (89.15 %, 95 % CI [82.61, 93.42]) to "thinking that work brings positive things" (95.35 %, 95 % CI [90.22, 97.85]), with a high frequency in responses (the median value for all items corresponds to "frequently or a few times a week" category).

In the sample, 91.47 % (95 % CI [85.26, 95.67]) reported some form of mental exhaustion, with frequencies mostly between "sometimes (a few times a month)" (47.29 %, CI 95 % [38.44, 56.26]) and "frequently" (a few times a week) (29.46 %, CI 95 % [21.76, 38.12]). The most prevalent and also more frequent individual mental exhaustion indicator was "feeling overwhelmed by work" (82.95 %, CI 95 % [75.53, 88.46]); indeed, 26.36 % (CI 95 % [19.52, 34.56]) of the workers reported feeling that way "frequently (a few times a week)". In particular, all indicators of exhaustion were above 70 %, with the median frequency value corresponding to "sometimes or a few times a month".

The data indicated that 63.57 % (95 % CI [54.64, 71.86]) of workers reported some form of indolence (or negative attitudes of indifference and cynicism towards service users), with a median frequency in the "sometimes or a few times a month" category. The least prevalent and least frequent individual indolence indicators were the feeling of being treated with indifference (5.43 %, 95 % CI [2.65, 10.78]) and thinking that many service users were unbearable (13.18 %, 95 % CI [8.39, 20.09]). The most prevalent and also most frequent were not wanting to serve some service users (35.66 %, 95 % CI [27.92, 44.23]), believing that users' relatives were annoying (31.78 %, 95 % CI [24.37, 40.25]), and wanting to respond sarcastically to users (30.23 %, 95 % CI [22.97, 38.63]).

Guilt was the least prevalent and least frequent burnout dimension reported by workers, as reflected in individual indicators. The results showed that 27.91 % (95 % CI [20.37, 36.48]) of participants reported feelings of guilt for behaviours and attitudes developed at work. The highest rate for individual items regarding guilt was feeling guilty about some of the attitudes at work (14.73 %, 95 % CI [9.64, 21.86]), while the lowest corresponded to having regrets about some behaviours at work and thinking about apologizing to someone for their behaviour (9.30 %, 95 % CI [5.40, 15.56]).

TABLE 2. Prevalence and frequency of burnout.

	Never or rarely (a few times a year)	Sometimes, frequently, or very frequently	Never	Rarely (a few times a year)	Sometimes (several times a month)	Frequently (several times a week)	Very often (every day)	MDF
CESQT dimensions	*p* (95% CI)	*p* (95% CI)	*p* (95% CI)	*p* (95% CI)	*p* (95% CI)	*p* (95% CI)	*p* (95% CI)	
Enthusiasm for work*	2.33 (.48, 6.65)	97.67 (93.35, 99.52)	0 (0, 2.82)	2.33 (.48, 6.65)	11.63 (6.66, 18.45)	47.29 (38.44, 56.26)	38.76 (30.31, 47.73)	3
Stimulating challenge	5.43 (2.65, 10.78)	94.57 (89.22, 97.35)	0 (0, 2.82)	5.43 (2.65, 10.78)	24.81 (18.15, 32.92)	49.61 (41.12, 58.13)	20.16 (14.14, 27.89)	3
Personal fulfilment	9.30 (5.40, 15.56)	90.70 (84.44, 94.60)	1.55 (.43, 5.48)	7.75 (4.26, 13.68)	23.26 (16.80, 31.25)	48.06 (39.62, 56.61)	19.38 (13.49, 27.05)	3
Positive contribution	4.65 (2.15, 9.78)	95.35 (90.22, 97.85)	0 (0, 2.82)	4.65 (2.15, 9.78)	18.60 (12.83, 26.19)	50.39 (41.87, 58.88)	26.36 (19.52, 34.56)	3
Gratifying	8.53 (4.83, 14.62)	91.47 (85.38, 95.17)	.78 (.14, 4.26)	7.75 (4.26, 13.68)	20.16 (14.14, 27.89)	49.61 (41.12, 58.13)	21.71 (15.47, 29.58)	3
Hopeful	10.85 (6.58, 17.39)	89.15 (82.61, 93.42)	0 (0, 2.82)	10.85 (6.58, 17.39)	24.03 (17.48, 32.09)	50.39 (41.87, 58.88)	14.73 (9.64, 21.86)	3
Mental exhaustion*	8.53 (4.33, 14.74)	91.47 (85.26, 95.67)	.78 (.02, 4.24)	7.75 (3.78, 13.79)	47.29 (38.44, 56.26)	29.46 (21.76, 38.12)	14.73 (9.11, 22.04)	2
Feeling swamped at work	24.03 (17.48, 32.09)	75.97 (67.91, 82.52)	3.10 (1.21, 7.70)	20.93 (14.80, 28.74)	42.64 (34.44, 51.26)	24.81 (18.15, 32.92)	8.53 (4.83, 14.62)	2
Feeling overwhelmed at work	17.05 (11.54, 24.47)	82.95 (75.53, 88.46)	2.33 (.79, 6.61)	14.73 (9.64, 21.86)	48.06 (39.62, 56.61)	26.36 (19.52, 34.56)	8.53 (4.83, 14.62)	2
Physical exhaustion	22.48 (16.13, 30.42)	77.52 (69.58, 83,87)	3.88 (1.67, 8.75)	18.60 (12.83, 26.19)	51.94 (43.39, 60.38)	17.83 (12.18, 25.33)	7.75 (4.26, 13.68)	2
Emotional exhaustion	27.91 (20.89, 36.20)	72.09 (63.80, 79.11)	3.10 (1.21, 7.70)	24.81 (18.15, 32.92)	45.74 (37.39, 54.33)	17.05 (11.54, 24.47)	9.30 (5.40, 15.56)	2

Indolence*	36.43 (28.14, 45.36)	63.57 (54.64, 71.86)	4.65 (1.73, 9.85)	31.78 (23.87, 40.56)	48.84 (39.94, 57.79)	10.85 (6.06, 17.54)	3.88 (1.27, 8.81)	2
No attention	64.34 (55.77, 72.08)	35.66 (27.92, 44.23)	14.73 (9.64, 21.86)	49.61 (41.12, 58.13)	31.78 (24.37, 40.25)	3.10 (1.21, 7.70)	.78 (.14, 4.26)	1
Unbearable users	86.82 (79.91, 91.61)	13.18 (8.39, 20.09)	31.01 (23.67, 39.44)	55.81 (47.20, 64.09)	10.85 (6.58, 17.39)	2.33 (.79, 6.61)		1
Annoying relatives	68.22 (59.75, 75.63)	31.78 (24.37, 40.25)	19.38 (13.49, 27.05)	48.84 (40.37, 57.37)	25.58 (18.83, 33.74)	6.20 (3.18, 11.76)		1
Indifference	94.57 (89.22, 97.35)	5.43 (2.65, 10.78)	65.89 (57.36, 73.51)	28.68 (21.58, 37.01)	4.65 (2.15, 9.78)	.78 (.14, 4.26)		0
Sarcasm	69.77 (61.37, 77.03)	30.23 (22.97, 38.63)	37.21 (29.35, 45.81)	32.56 (25.08, 41.05)	24.81 (18.15, 32.92)	2.33 (.79, 6.61)	3.10 (1.21, 7.70)	1
Label or categorize	75.19 (67.08, 81.85)	24.81 (18.15, 32.92)	23.26 (16.80, 31.25)	51.94 (43.39, 60.38)	20.16 (14.14, 27.89)	4.65 (2.15, 9.78)		1
Guilt*	72.09 (63.52, 79.63)	27.91 (20.37, 36.48)	6.20 (2.72, 11.85)	65.89 (57.03, 74.01)	22.48 (15.60, 30.66)	4.65 (1.73, 9.85)	.78 (.14, 4.26)	1
Treatment of users	88.37 (81.70, 92.83)	11.63 (7.17, 18.30)	30.23 (22.97, 38.63)	58.14 (49.51, 66.30)	8.53 (4.83, 14.62)	3.10 (1.21, 7.70)		1
Guilt about attitude	85.27 (78.14, 90.36)	14.73 (9.64, 21.86)	21.71 (15.47, 29.58)	63.57 (54.98, 71.37)	12.40 (7.78, 19.20)	1.55 (.43, 5.48)	.78 (.14, 4.26)	1
Remorse	90.70 (84.44, 94.60)	9.30 (5.40, 15.56)	34.88 (27.20, 43.44)	55.81 (47.20, 64.09)	9.30 (5.40, 15.56)			1
Apologize for conduct	90.70 (84.44, 94.60)	9.30 (5.40, 15.56)	25.58 (18.83, 33.74)	65.12 (56.56, 72.80)	9.30 (5.40, 15.56)			1
Guilt for something said	88.37 (81.70, 92.83)	11.63 (7.17, 18.30)	20.93 (14.80, 28.74)	67.44 (58.95, 74.92)	10.08 (5.98, 16.48)	1.55 (.43, 5.48)		1

*The overall prevalence of each burnout dimension was computed using the maximum value of the respondent in each of the indicators constituting the dimension.

Note: *p* (95% CI) = observed percentage and 95% confidence interval. In order to assess the prevalence of burnout, responses were dichotomized as "0 = Never" or "1 = Rarely (a few times a year)" and "2 = Sometimes (a few times a month)" up to "4 = Very frequently (every day)".

3.2. Burnout associations with gender, age, work role, and seniority

As shown in Table 3, there were similar rates of burnout in male and female workers. However, there were significant gender differences regarding mental exhaustion as a dimension, and regarding some of their individual items. Overall, women reported higher rates of mental exhaustion (94.97 % for women vs. 81.82 % for men) (the difference of percentages, DP, as the percentage of women minus the percentage of men, = 12.97, 95 % CI [1.45, 29.45], p <.05), of feeling overwhelmed (88.54 % for women vs. 66.67 % for men) (DP = 21.88, 95 % CI [6.16, 39.63], p <.01), and of emotional exhaustion (77.08 % for women vs. 57.58 % for men) (DP = 19.51, 95 % CI [1.67, 37.78], p <.05). Regarding burnout frequency, it was women who also felt mental exhaustion more frequently (p = .03, rbc = .2358), in addition to a feeling of being swamped (p = .05, rbc = .2178) and overwhelmed (p = .01, rbc = .2746) at work.

No statistically significant differences were found regarding the dimensions of enthusiasm for work, indolence, or guilt, nor regarding any of their individual items. The data also indicates that age was inversely related to enthusiasm for work as a dimension (τ = -.23, p <.01), as well as to the item referring to seeing work as a source of personal fulfilment (τ = -.19, p <.05). The rest of the associations did not attain statistical significance. Lastly, role seniority showed inverse associations with the enthusiasm for work dimension (τ = -.25, p <.01), and with all of its indicators (from τ = -.17 to -.21, p <.05), except for considering work as a stimulating challenge (τ = -16, p >.05).

The results also showed that there was a significant direct relationship between seniority and both the emotional exhaustion dimension (τ = .24, p <.01) and all of its individual indicators (from τ = .18 to .23, p <.05). No other significant associations were found with regard to seniority.

3.3. GHQ-12 scores and associations with gender, age, work role and seniority

Table 4 shows GHQ-12 frequency responses and bimodal scoring, as well as bivariate associations with gender, age, work role, and seniority.

According to the GHQ-12 scores, 30.16 % (95 % CI [22.31, 38.97]) of the sample had a total score of 4 or higher, indicating a high risk of psychological morbidity.

According to the bimodal scoring, feeling constantly overwhelmed and tense was the most prevalent individual indicator (39.68 %, 95 % CI [31.08, 48.8]), followed by the feeling that worries had caused a lot of sleep loss (34.13 %, 95 % CI [25.92, 41.1]).

Bivariate analysis revealed that there were no significant associations between the overall GHQ-12 score, gender, age, work role, and seniority (p >.05 in all comparisons) (Table 1). However, the individual indicator referring to feeling able to make decisions was significantly more frequently reported by women (p = .04, rbc = .1906), and showed a positive statistically significant correlation with age (τ = .19, p <.05). Age was also directly related to the frequency of feeling happy considering everything (τ = .19, p <.05).

Differences according to work role only emerged in the indicator regarding the feeling of not being able to overcome one's difficulties (p = .40, ε^2 = .0527). In particular, differences were seen between technicians and psychologists, with the latter reporting the feeling more frequently (p = .02, rbc = .3022).

Lastly, the frequency of the feeling that one is playing a helpful role in life and the feeling of being constantly overwhelmed and tense were positively correlated with seniority (τ = .18 and .20, respectively).

TABLE 3. Bivariate associations between burnout and gender, age, work role, and seniority.

	Women	**Men**	**Effect size**	**Frequency of women vs. Men**	**Effect size**	**Age**	**Work role**		**Effect size**	**Seniority in the role**
CESQT dimensions	%	%	Difference of percentages (95% CI)	*p*-value	rbc	τ	χ^2	*p*-value	ε^2	τ
Enthusiasm for work	97.92	96.97	.0095 (-4.82, 13.33)	.20	.1386	-.23***	2.72	.26	.0217	-.25***
Stimulating challenge	94.79	93.94	.85 (-6.91, 14.72)	.14	.1600	-.17	.78	.68	.0062	-.16
Personal fulfilment	89.58	93.94	-4.36 (-13.22, 9.97)	.19	.1427	-.19**	10.35	.60	.0083	-.19**
Positive contribution	94.79	96.97	-2.18 (-9.06, 10.46)	.80	.0271	-.13	54.65	.07	.0437	-.18**
Gratifying	90.63	93.94	-3.31 (-11.99, 10.92)	.22	.1323	-.14	20.32	.36	.0163	-.21**
Hopeful	87.50	93.94	-6.44 (-15.64, 8.07)	.21	.1364	-.11	15.99	.45	.0128	-.18**
Mental exhaustion	94.97	81.82	12.97 (1.45, 29.45)**	.03*	.2358	-.01	3.45	.18	.0276	.24***
Feeling swamped at work	79.17	66.67	12.50 (-3.89, 30.91)	.05*	.2178	.03	28.64	.24	.0229	.23***
Feeling overwhelmed at work	88.54	66.67	21.88 (6.16, 39.63)***	.01*	.2746	.00	10.47	.59	.0084	.19**
Physical exhaustion	81.25	66.67	14.58 (-1.68, 32.86)	.06	.2045	-.08	32.77	.19	.0262	.18**
Emotional exhaustion	77.08	57.58	19.51 (1.67, 37.78)**	.12	.1730	-.02	32.65	.20	.0261	.18**

Indolence	62.50	66.67	-4.17 (-21.03, 15.13)	.23	.1282	.11	2.38	.30	.0191	.06
No attention	37.50	30.30	7.20 (-12.08, 23.53)	.56	.0578	-.01	17.27	.42	.0138	.06
Unbearable users	11.46	18.18	-6.72 (-23.67, 5.69)	.33	.0669	.05	12.71	.53	.0102	-.04
Annoying relatives	31.25	33.33	-2.08 (-21.10, 14.69)	.85	.0189	.04	.78	.68	.0062	.03
Indifference	5.21	6.06	-.85 (-14.72, 6.91)	.83	.0101	-.03	14.62	.48	.0117	.04
Sarcasm	27.08	39.39	-12.31 (-30.98, 5.28)	.12	.1452	-.03	.52	.77	.0042	-.00
Label or categorize	21.88	33.33	-11.46 (-29.94, 4.98)	.13	.1342	-.04	.50	.78	.0040	-.06
Guilt	27.08	30.30	-3.22 (-21.99, 12.91)	.71	.0344	-.08	3.89	.14	.0311	-.04
Treatment of users	11.46	12.12	-.66 (-16.65, 10.10)	.87	.0110	-.09	27.11	.26	.0217	-.09
Guilt about attitude	13.54	18.18	-4.64 (-21.74, 8)	.51	.0473	-.06	14.43	.49	.0115	-.04
Remorse	7.29	15.15	-7.86 (-24.06, 3.15)	.18	.0786	-.13	24.67	.29	.0197	-.13
Apologize for conduct	7.29	15.15	-7.86 (-24.06, 3.15)	.18	.0786	-.13	.50	.78	.0040	-.06
Guilt for something said	10.42	15.15	-4.73 (-21.18, 6.74)	.50	.0442	-.05	18.67	.39	.0149	-.08

*Women report it more frequently; **p <.05; ***p <.01.

Note: Shapiro-Wilk test for all items (p <.001); 95 % CI = 95 % confidence interval; ε^2 = Eta squared; rbc = rank-biserial correlation effect size for Mann-Whitney's U test; τ = Kendall's τ coefficient; χ^2 Kruskal-Wallis' test; technicians (>) vs. psychologists, and also technicians (>) vs. coordinators.

TABLE 4. GHQ-12 scores.

	Not at all	**Same as usual**	**More than usual**	**Much more than usual**	**GHQ-12 (bimodal sc.)**	**Men vs. women**	**Age**	**Work role**	**Seniority**
	p (95 % CI)	*p* (95 % CI)	*p* (95 % CI)	*p* (95 % CI)	*p* (95 % CI)	*p*-val (rbc)	τ	*p*-val (ε^2)	τ
Concerns about loss of sleep	28.57 (20.88, 37.30)	37.30 (28.85, 46.36)	28.57 (20.88, 37.30)	5.56 (2.26, 11.11)	34.13 (25.92, 41.1)	.50 (.0743)	.05	.79 (.0040)	.12
Constantly overwhelmed and tense	13.49 (8.06, 20.72)	46.83 (37.88, 55.92)	30.16 (22.31, 38.97)	9.52 (5.02, 16.05)	39.68 (31.08, 48.8)	.49 (.0753)	.04	.87 (.0024)	.20*
Can't overcome one's difficulties	39.68 (21.08, 48.78)	42.06 (33.33, 51.18)	14.29 (8.69, 21.64)	3.97 (1.30, 9.02)	18.26 (11.94, 26.1)	.220 (.1339)	.12	.04*** (.0527)	.10
	More (or better) than usual	**Same as usual**	**Less than usual**	**Much less than usual**					
Playing a useful role in life	13.49 (8.06, 20.72)	71.43 (62.70, 79.12)	12.70 (7.44, 19.80)	2.38 (.49, 6.80)	15.08 (9.33, 22.5)	.58 (.0521)	.14	.10 (.0371)	.18*
Enjoying day-to-day activities	3.97 (1.30, 9.02)	68.25 (59.37, 76.26)	23.81 (16.68, 32.21)	3.97 (1.30, 9.02)	27.78 (20.17, 36.5)	.27 (.1059)	.16	.86 (.0024)	.15
Can concentrate well on what one does	7.14 (3.33, 13.13)	54.76 (45.65, 63.64)	33.33 (25.19, 42.28)	4.76 (1.77, 10.08)	38.09 (29.59, 47.2)	.26 (.1183)	.07	.59 (.0088)	.16

	More than usual	Same as usual	Less than usual	Much less than usual					
Sentirse capaz de tomar decisiones	11.90 (6.82, 18.87)	71.43 (62.70, 79.12)	14.29 (8.69, 21.64)	2.38 (.49, 6.80)	16.67 (10.62, 24.3)	.04** (.1906)	.19*	.21 (.0260)	.14
Able to deal with one's problems	8.73 (4.44, 15.08)	76.19 (67.79, 83.32)	11.90 (6.82, 18.87)	3.17 (.87, 7.93)	15.07 (9.33, 22.5)	.91 (.0098)	.12	.31 (.0194)	.08
Feeling happy considering everything	7.94 (3.87, 14.11)	73.81 (65.23, 81.24)	17.46 (11.28, 25.23)	.79 (.02, 4.34)	18.25 (11.94, 26.1)	.59 (.0492)	.19*	.34 (.0178)	.10
	Not at all	**No more than usual**	**More than usual**	**Much more than usual**					
Felt unhappy and depressed	37.30 (28.85, 46.36)	39.68 (21.08, 48.78)	19.84 (13.27, 27.88)	3.17 (.87, 7.93)	23.01 (15.99, 31.4)	.37 (.1000)	.09	.60 (.0085)	.12
Lost confidence in oneself	51.59 (42.52, 60.58)	33.33 (25.19, 42.28)	12.70 (7.44, 19.80)	2.38 (.49, 6.80)	15.08 (9.33, 22.5)	.18 (.1430)	.00	.24 (.0235)	-.11
Feeling of worthlessness	81.75 (73.88, 88.06)	12.70 (7.44, 19.80)	4.76 (1.77, 10.08)	.79 (.02, 4.34)	5.55 (2.26, 11.1)	.93 (.0008)	.10	.78 (.0040)	.08

*p <.05; **Women report more frequently than men feeling more capable of making decisions. ***χ^2 Kruskal-Wallis test; technicians (>) vs. psychologists, and also technicians (>) vs. coordinators.

Note: p (95% CI) = observed percentage and 95% confidence interval; ε^2 = eta squared; rbc = rank-biserial correlation effect size for Mann-Whitney's U test; τ = Kendall's τ coefficient. There are no differences in the percentage of women vs. men reporting each symptom (based on the bimodal scoring).

3.4. Work and burnout predictors of psychological morbidity

Table 5 indicates the results of the negative binomial regression model predicting the GHQ-12 number of symptoms of psychological morbidity. The data reveals a significant global adjustment ($\chi^2(8) = 61.31$; $p < .001$), with an AIC of 480.12, and a BIC of 513.06.

The results show that enthusiasm for work and mental exhaustion were associated with psychological morbidity symptoms ($p = .02$ and $<.001$, respectively). In particular, enthusiasm for work was inversely associated: workers who reported more frequent enthusiasm for work reduced the probability of psychological morbidity symptoms (OR: .67, 95 % CI [.47, .94]).

Mental exhaustion was the strongest predictor with the largest effect in the model, revealing a direct relationship between feeling mental exhaustion and an increased likelihood of developing symptoms of psychological morbidity (OR: 2.41, 95 % CI [1.77, 3.29]). Work role, seniority, indolence and guilt did not predict psychological morbidity symptoms ($p > .05$). Table 5 also shows the results of a complementary binary regression model predicting psychological morbidity (GHQ-12 scores with ≥ 4 vs. < 4, following bimodal score criteria for individual indicators). Consistent with the latter model, enthusiasm for work (OR: .46, 95 % CI [.22, .99], $p = .05$) and mental exhaustion (OR: 4.71, 95 % CI [2.23, 9.95], $p < .001$) independently predicted psychological morbidity, while frequent mental exhaustion feelings were identified as most predictive factor of psychological morbidity, and frequent enthusiasm for work was shown to be protective against it.

Table 5. Binomial and binary logistic negative regression analysis on the GHQ-12 scores.

	B (SE)	*p value*	OR adj [95 % CI]			(OR adj -1) × 100 [95 % CI]			Goodness-of-fit statistics
Work role	.19 (.35) -.323 (.45)	.59 .47	1.21 .72	.61 .30	2.38 1.74	20.50 % -27.60 %	-39 % -70 %	137.90 % 74.40 %	Negative binomial regression predicting number of GHQ-12 symptoms based on the bimodal scoring. % of included cases = 87.2 % χ^{2***}; R-squared = .3798
Seniority in the role	.02 (.02)	.46	1.02	.97	1.07	1.80 %	-2.90 %	6.60 %	Deviance = 105.09
Enthusiasm for work	-.40 (.18)	.02	.67	.47	.94	-33.30 %	-52.70 %	-5.70 %	AIC = 480.12
Mental exhaustion	.88 (.16)	< .001	2.41	1.77	3.29	141.10 %	76.60 %	229.10 %	BIC = 513.06
Indolence	.23 (.17)	.19	1.25	.89	1.76	25.20 %	-10.80 %	75.60 %	Residual DP = 113

Guilt	.15 (.18)	.41	1.16	.82	1.64	15.70%	-18.30%	63.80%	Chi-squared/DP = .96
Work role	-.23 (.71) .24 (.75)	.75 .75	.80 1.27	.20 .29	3.18 5.52	-20.30% 26.60%	-80% -70.90%	217.70% 451.70%	Binary logistic regression predicting psychological morbidity based on a GHQ-12 cut-off > 4 following bimodal scoring. % of included cases = 87.2% χ^{2***}; R-squared = .3490
Seniority in the role	.04 (.05)	.36	1.04	.95	1.15	4.40%	-4.90%	14.70%	Deviance = 97.94
Enthusiasm for work	-.77 (.39)	.05	.46	.22	.99	-53.80%	-78.50%	-0.80%	AIC = 117.94
Mental exhaustion	1.55 (.38)	< .001	4.71	2.23	9.95	371%	123%	894.70%	BIC = 146.07
Indolence	.36 (.36)	.31	1.44	.71	2.90	43.80%	-28.60%	189.50%	Residual DP = 113
Guilt	.73 (.44)	.10	2.08	.88	4.91	107.50%	-12.20%	390.60%	Chi-squared/DP = 1.06

Note: adjusted odds ratio (OR adj); 95% confidence intervals (95% CI); *p* values (p); AIC = Akiake information criterion; BIC = Bayesian information criterion. (OR adj - 1) × 100 indicates the effect of covariables on the GHQ12 scores expressed as a percentage change. The formula (OR adj -1) × 100 [95% CI] provided the percentage change in the GHQ-12 scores for each unit increase in the predictor variable. χ^2 = chi-square value; SE = standard error; ****p* <.001. Effect of predictors were corrected by gender and age.

4. Discussion and conclusions

The results of this study indicated a high prevalence of burnout (10.85% at critical levels) among the professionals engaged in educational and social inclusion activities targeting vulnerable populations within the third sector of social action, which is consistent with the results obtained in similar previous studies (Caravaca-Sánchez et al., 2019; Romero-Martín et al., 2020; Tartakovsky & Walsh, 2016; Tu et al., 2022). In addition, frequency data were provided, making it possible to analyse the periodicity with which respondents experienced the symptoms and dimensions of burnout, an aspect that has to date seen very little research. In particular, knowing both the prevalence and frequency with which certain dimensions of burnout are experienced allows us to evaluate the real magnitude of a complex phenomenon over a specific time frame, and, in turn, to identify its symptoms. Finally, this study highlighted the existence of a series of socio-demographic and work-related variables that influence the different dimensions of the syndrome, suggesting that several of them can be considered predictors of psychological morbidity.

On the one hand, the descriptive results of this study suggest that mental exhaustion is characterized by a high prevalence and frequency, in line with previous research (Caravaca-Sánchez et al., 2019; Gómez et al., 2019; Sánchez-Moreno et al., 2014; Verde-Diego et al., 2021). Indeed, it is notable that 83% of respondents indicated that they had felt overwhelmed several times a month, or even more frequently, during the last year. These results could be due to the influence of various psychosocial risk factors common to this sector, similar to those existing in the health sector, such as high work demands, conflicts with users or patients, excessive

working hours, excessive bureaucracy, oversubscribed services, and job instability (González-Rodríguez et al., 2020; Lizano & Mor-Barak, 2012).

On the other hand, the findings of this study suggest that enthusiasm for work also has a high prevalence, manifesting itself frequently (several times a week) or very frequently (every day), which coincides with the findings of the study by De la Torre & Jenaro (2019). In turn, this study found that the prevalence and frequency of all items of this dimension are high, evidencing a perception on the part of educational workers of the positive aspects of their work (goals, challenges) and of the gratifying feelings and personal fulfilment that their work brings. A possible explanation is that the respondents in this study were relatively young (median age 39), and therefore at a stage in their professional careers in which they maintain high professional aspirations to achieve the objectives that motivate their work (Morilla-Luchena et al., 2019; Navarro et al., 2018).

Both results, high enthusiasm for work and high mental exhaustion, though apparently contradictory, suggest a vocational side to these workers, materializing in the form of greater job satisfaction, and likely to act as a protective factor against the possible negative effects of burnout and emotional exhaustion that these workers develop in their work of caring for and helping the most vulnerable people in society (Caravaca-Sánchez et al., 2019; Maddock, 2024; Martínez-López et al., 2021). At the same time, the indolence dimension is characterized by high prevalence and low frequency, while the guilt dimension is characterized by low prevalence and low frequency, also in line with previous studies in this field (Gil-Monte, 2015; Munsuri, 2018).

The inferential analyses carried out in a disaggregated way highlight the relationship between different socio-demographic and work-related variables and the different dimensions of burnout. For example, regarding seniority, despite the fact that there are previous studies that have indicated that as professional experience increases, psychological discomfort decreases (Gómez et al., 2019; Tartakovsky, 2016), our results suggest that as seniority increases, the frequency of feeling enthusiasm for work decreases, increasing the likelihood of psychological deterioration. In this regard, in line with our results, Lizano and Mor-Barak (2012), in one of the few longitudinal studies carried out in this professional field, indicate that mental exhaustion tends to increase with the passage of time. A possible explanation for this is that, with greater role seniority, commitment, energy and dedication decrease, as has already been suggested by other studies (Budayová et al., 2023; Morilla-Luchena et al., 2019). Conversely, and in line with previous research (De la Fuente & Sánchez-Moreno, 2011; Romero-Martín et al., 2020; Sánchez-Moreno et al., 2014), it can be hypothesized that despite the knowledge that comes from experience, continuous and prolonged contact with service users' problems can lead, over time, to an emotional overload, which increases feelings of anguish and exhaustion over the years of professional practice. The results once again suggest the vulnerability of people who work in this socioeducational sector, who are highly exposed to contact with other people's feelings of pain and crisis (De la Fuente & Sánchez-Moreno, 2011).

Regarding gender, significant differences were seen, though only in the dimension of mental exhaustion. Specifically, women report higher rates of prevalence and frequency, both globally and in two of the items related to the presence of feelings of being overwhelmed and swamped at work. In this regard, Frieiro et al. (2021) have suggested that women suffer greater emotional exhaustion in relation to the mental overload they tend to suffer in caring for others. A potential explanation for the above is the so-called *double presence phenomenon*, which constitutes an important psychosocial risk factor for women. Indeed, though the involvement of men in family and household chores tends to now be higher than in previous decades, women continue to be more responsible for caring for dependent family members, such as children and elderly and disabled relatives, and therefore bearing a greater, double work and family burden (García, et al., 2012; Higgins et al., 2010).

However, in line with the study by Meredith et al. (2021), the existence of significant age or work role differences in burnout dimensions was not found, with the exception of enthusiasm for work, which dropped off with the increasing age of respondents. These results agree with

what was mentioned above: that younger workers often have high expectations and levels of motivation at the beginning of their professional careers, and that these tend to decrease over time.

Regarding the mental health of this study's respondents, a third of the sample (30.16 %) presented potential symptoms of psychological morbidity, reporting high levels of general malaise in the form of anxiety, insomnia and the perception of being constantly in tension (Maddock, 2024). Concordantly, previous research, such as that of Kim and Kao (2011), has revealed a direct relationship between burnout and psychological distress among social intervention workers, with the incidence of mental disorders being higher in this group than in others. Regarding risk factors, authors have pointed to excessive bureaucracy, blurred boundaries between the family and professional sphere, and the over-subscription of services, in addition to high work demands and scarce resources (De la Fuente & Sánchez-Moreno, 2011; Lizano & Mor-Barak, 2012).

The regression analyses carried out in the study suggested two statistically significant predictors of psychological morbidity: enthusiasm for work, negatively correlated; and mental exhaustion, positively correlated. Regarding enthusiasm for work, we suggest that, in addition to boosting job satisfaction, it acts as a protective and cushioning factor, underlining the need to help these professionals to improve their psychological capital and resources, and proactive behaviours and skills in managing adverse situations and coping with stress (Avey et al., 2010; Gandía-Carbonell et al., 2022).

Regarding mental exhaustion, numerous studies have evidenced its predictive capacity for psychological morbidity (e.g. Chen et al., 2022; Huang et al., 2011; Maddock, 2024). This directs our attention to the influence of the organizational characteristics of the third sector of social action, and to various psychosocial risk factors, such as work overload, conflicts with users, excessive working hours and job instability (De la Fuente & Sánchez-Moreno, 2011), which may increase the mental exhaustion suffered by professionals in the sector, particularly those involved in educational and inclusion practices. For this reason, to mitigate the risk of psychological morbidity, psychosocial assessment programmes are needed to evaluate the unfavourable psychosocial dimensions in third-sector organizations.

One of the implications of this study for educational practices and policies is related to one of the issues highlighted in various educational reports (Organisation for Economic Co-operation and Development [OECD], 2019; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2023). In particular, these reports highlight that people working in education who experience a high level of stress at work are more likely to quit their profession in the next five years. In this sense, it is considered essential to reduce the level of burnout to which professionals in this educational field are exposed, while working on their motivation and professional development.

On the other hand, and in line with the different reports prepared by the OECD (2018), the European Strategic Framework on Health and Safety at Work 2021-2027 and the Spanish Strategy for Safety and Health at Work 2023-2027, in which highlight the need to strengthen the protection of workers in situations of greater risk or vulnerability, those studies warrant the need to undertake future research focused on the study, development and implementation of organizational well-being and healthy practices for structuring and managing work processes. Such work should not only focus on dysfunctional aspects, but also attempt to improve the motivation, health and well-being of workers, maximizing together the development of the organization and its employees (Salanova et al., 2016) and improving the attention and educational service they provide to their users. As Gandía-Carbonell et al. (2022) have pointed out, the teaching of socio-emotional skills contributes to improving both the well-being of professionals and the improvement of work quality within organizations.

This study's limitations include its cross-sectional and descriptive nature, which prevents longitudinal relations to be confirmed among the studied variables. Longitudinal studies would allow further examination of the temporal sequence of interrelationships, such as between burnout and psychological morbidity. This study used a convenience sample, allowing us

to obtain a first approximation of burnout in organizations of the third sector of social action. However, given its non-probabilistic nature, the estimates of prevalence and correlates must be interpreted with caution, without trying to generalize them at the population level, or to other professional sectors or contexts. Future research should use probabilistic sampling for the selection of heterogeneous samples, which would guarantee greater coverage across social services (e.g., immigration, families, minors, functional diversity) and professional profiles (e.g., educators, social workers). The sample size of this study, the socio-demographic and work-related variables and the burnout characteristics evaluated also limited the possibility of carrying out additional analyses. Obtaining responses through self-administered instruments should also be recognized as a limitation, and may be subject to social desirability biases, leading to the under-reporting or over-reporting of true prevalence rates.

Finally, as future directions for research in this field, we propose a differential approach to the prevention and management of burnout based on gender and studies to address the predictive capacity of different socio-demographic, work-related and psychological capital variables for burnout, which may potentially help to understand its emergence and evolution with greater precision and depth in professionals working in the third sector of social action engaged in educational and inclusion activities.

Authors' contributions

Cristian Mollà-Esparza: Conceptualization; Investigation; Methodology; Data curation; Formal analysis; Writing (original draft).

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Artificial Intelligence (AI) Policy

The authors do not claim to have made use of artificial intelligence (AI) in the preparation of their articles.

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