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Stress and Burnout among social workers in the VUCA world of COVID-19 pandemic

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Abstract: This paper aims to contribute to the advancement of scientific knowledge about the impact of the COVID-19 pandemic on social workers and the social work profession in Romania. Research has shown that social work is a profession at high risk for developing the burnout syndrome, which has many detrimental effects on both social workers and the clients that they serve. Two conceptual models are used to frame the discussion: the theoretical framework of VUCA (volatility, uncertainty, complexity, and ambiguity) to discuss the challenges of the unprecedented context the COVID-19 pandemic has created for social workers; stress and burnout to explain the negative impact of this period of time. Based on convergent mixt methods, the study sample consisted of 83 social workers employed in statutory and private social services in Romania, from different fields of intervention. Results show that 25,3% of respondents suffer from a high level of burnout and 44.6% scored in a range that indicate a medium level of burnout. A group of 31.1% have managed to handle stress factors in a healthy manner. Main stressors found are especially personal (fear of contamination, personal and family) and work-related factors (workload, new legislative rules and decisions, inconsistency, instability, ambiguity of managerial decisions, or even their absence or non-assumption, lack of clarity of working procedures, limited managerial and supervisory support, limited financial resources), less than client related factors (lack of direct contact, risk of contamination in two ways, managing beneficiaries fears, difficulties related to technology and digital skills). Study results point to the importance of organizational support and developing a self-care plan that help protect against occupational stress and burnout. Recommendations are made putting forward the voice of fieldworkers and managers fostering initiatives and applications of sustainability-based measures and activities designed to deal with the challenges of the VUCA environment.

Keywords: COVID-19; social work/er; stress; burnout; VUCA

1. Introduction

The world has changed and "no one prepared us for this", as vividly expressed by one of the social workers. The COVID-19 pandemic has become a major public healthcare concern worldwide, which has impacted economy, environmental sustainability and social responsibility [1], as well as every aspect of the human life [2]. Therefore, the COVID-19 pandemic has caused not only serious health problems, which patients, healthcare professionals and health systems around the world have tried to deal with, but also a lot of related social problems. Social isolation of vulnerable people (elderly, people with disabilities, people with chronic diseases, etc.), imposed restrictive measures, teleworking, overcrowding of hospitals, closure of schools and kindergartens have favored a general state of uncertainty, chaos, stress and panic among the population. This has led to a crucial role for the social assistance system alongside the medical system during the COVID-19 crisis, responding to inequalities and covering the most urgent social needs of vulnerable

groups [3]. Studies on social work during the pandemic published so far are few, the researchers' interest focusing especially on the medical field. [3-7].

This paper aims to contribute to the advancement of scientific knowledge about the impact of the COVID-19 pandemic on social workers and the social work profession in an eastern European country, Romania.

After a long break determined by the presence of the communist regime, the field of social assistance was re-established in Romania in 1990, but the regulation of the profession occurred more than a decade later by successive social assistance laws (in 2001, 2006 and 2011) on the organization social assistance services and cash benefits, recognition of the status of social workers (law 466/2004) and a code of ethics [8]. Despite the legislative provisions, in 2012 there was a deficit of 11.000 social workers in public social assistance services (at both a local and county level); furthermore, approximately 30% of rural localities and 8% of small urban settlements did not have any social assistance department [9]. Another aspect that characterizes the current social assistance system is the fact that the main focus of the professionals' work in this field is on the benefits of social assistance, and that the procedures for allocating these benefits are bureaucratic and too complicated, and social services are in-sufficient and sometimes non-existent, some of the needs of the communities being met by non-governmental organizations. Therefore, resources are insufficient to properly address clients' needs and there are tensions between the structural constraints and professional ethical [10].

Two conceptual models are used to frame the discussion: the theoretical framework of VUCA to bring a new understanding of the changes, challenges and opportunities perceived by social workers during the COVID-19 pandemic; stress and burnout to understand the risk and protective factors, and psychological and health conditions of social workers during this highly turbulent period. The paper concludes with lessons learned by professionals in the beginning and middle phase of the pandemic (data collected July-December 2020) and suggestions for social policy, social work practitioners and social work education on how to deal with this VUCA world and COVID-19 pandemic to prevent the risk of burnout.

1.1. VUCA and COVID-19 pandemic

The literature within the field of organizational psychology explained the characteristics of the new work and business world using the VUCA conceptualization since over 15 years. Nowadays, the pandemic amplified these characteristics. The acronym VUCA (Volatility, Uncertainty, Complexity and Ambiguity) was introduced in 1987 by United States Army War College, to describe the unstable geopolitical conditions following the end of cold war [11]. This acronym was being widely used to describe the chaotic, turbulent and rapidly changing business environment, but can also be used in other fields, like education, healthcare or social protection, to have a better understanding about the world [12]. Nowadays, the pandemic amplified these characteristics.

Volatility. A volatile situation can be defined as one that is unstable or unpredictable [13]. Past experience and best practices no longer provide solid indicators for identifying solutions for the present, or for the future [14]. The volatility in COVID-19 context refers to the rapid and unexpected increase of number of cases since the outbreak occurred in December 2019. The rapid surge in cases was accompanied with very less understanding of disease dynamics [15].

Uncertainty refers to a situation or an event which is unclear [16]. A lack of knowledge as to whether an event will have meaningful ramifications [6]; COVID-19 pandemic has also created a situation of uncertainty. All prediction models about disease transmission almost failed. Also, it is unclear when the second and third waves of the pandemic will strike, and there is "uncertainty" in that its resurgence and spread cannot be predicted [17]. Because uncertainty exists in the lack of adequate information, addressing it simply involves obtaining information. Investment here entails methods of collecting, interpreting, and sharing information [13] to understand the nature of the spread of

the virus and treatment options to predict the future course of action and strategies to contain the virus [11].

Complexity refers to a situation or an event that has many interlinked and interconnected components and only some information is available regarding their interaction and interdependence. The COVID-19 pandemic has also presented complex situation. This complexity was linked with ambiguity about the disease dynamics and control measures. Knowledge has changed tremendously about the signs and symptoms of the disease [11]. The complexity of the pandemic also lies in the fact that it affects all aspects of life — including health care, business, the economy and social life — in complex ways.

Ambiguity refers to lack of clarity about the meaning of an event [16]. COVID-19 started with a highly ambiguous situation: the symptoms are "ambiguous" and its containment is not straightforward [15]. Many countries including well-developed nations were unclear about the imposition of lockdown. There was a di-lemma whether a complete or a partial lockdown is needed to curb the spread of the virus [11].

All these specific elements of VUCA world have left their mark on the social assistance system, which had a major role alongside the medical system in managing this pandemic.

1.2. Stress and burnout among social workers

In a VUCA world, social workers have demanding jobs, have both struggled and worked creatively to meet needs in risky and uncertain situations, and to respect people's rights to privacy and involvement in important decisions about their lives [6]. Most writers suggest that social work, in general, is a highly stressful occupation [18,19].

Stress has been described as a "response to an inappropriate level of pressure". It is a response to pressure, not the pressure itself [20]. It is seen as the product of complex interactions between environmental and organizational demands and the individual's ability to cope with these demands. Stress has been said to arise from a disparity between the perceived demands made on an individual and their perceived ability to cope with these demands. If demands are high and perceived ability to cope are high, then a person will not feel stressed (Lazarus and Folkman, 1984; Bennett et al., 1993) {21}.

Many authors have studied the issue of stress in social workers, trying to identify the main factors that cause and maintain the state of occupational stress among them. A first factor invoked is the philosophy and inherent values of social assistance. Writers such as Pines & Kafry (1978) postulated that social workers are a rather homogeneous group, emotionally, whose sensitivity to clients' problems make them vulnerable to work stress. Also, for most social workers, the need to be helpful is a primary motive in their choice of profession and this need can easily lead to over involvement with clients thereby contributing to stress (Acker, 1999; Borland, 1981; Egan, 1993) [18]. Another factor refers to the social worker's status and autonomy. On this issue, Dillon (1990) suggested that social workers often have little control over whom they see, the nature and length of contacts with clients, the range of expert functions they will be requested to carry out, and the value placed by others on their work [18]. The organizational structure and climate is another stress factor for social workers. These included lack of funding, personnel shortages, high worker turnover rates, lack of linkages to other work units, attitudes of other health professionals, and working in a bureaucratic environment. Additional organizational constraints include, the lack of time to provide counseling or emotional support, and lack of cooperation from staff (Kadushin & Kulys, 1995) [18].

A recent Romanian qualitative study on social workers within the public social services before the COVID-19 pandemic [10] reported following stressors that severely challenged their daily professional practice: lack of resources for meaningful intervention; insufficient collaboration with other institutions; tangled and uncorrelated legislation; and misunderstanding of the roles and tasks of social work (on the part of clients, external institutions and even other departments within the social worker's host organisation).

In sum, factors identified as contributing to the social workers' stress included the nature of social work practice, especially the tension between philosophy and work

demands, the organization of the work environment [18] and the obstacles related to regulations and legislation [10].

Even though stress seems to be embedded in the social work profession, chronic workplace stress poses high pressure on the person's resources to deal with it in an adaptive and healthy manner. In the field of occupational health psychology, the burnout syndrome is defined to capture the cumulative nature of stress and negative impact on well-being.

Firstly, introduced by Herbert Freudenberger in 1974 [21] the term burnout was defined as a phenomenon observed among human service workers who had to deal with emotionally demanding individuals and ended up emotionally and physically drained. Since then, the majority of burnout studies have been based on Christina Maslach's [22] conceptualization of burnout as comprising of three components: emotional exhaustion (feelings of being overextended and depleted of emotional and physical resources), depersonalization or cynicism (negative or excessively detached responses to various aspects of the job), and diminished personal accomplishment (feelings of incompetence and a lack of achievement at work). Others conceptualize it as a more unidimensional construct of emotional exhaustion and distinguish between client- and work-related burnout [23].

Currently considered an occupational disease, the burnout syndrome affects 13–27% of the active population in multiple occupational sectors of the modern world [24]. It was introduced in the 10th Revision of the International Classification of Diseases (ICD-10) and recently revised by the World Health Organization within ICD-11 as an occupational phenomenon and not as a medical condition: "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: a) feelings of energy depletion or exhaustion; b) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; c) reduced professional efficacy. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life" [25]. Previous research has shown that social workers are a profession at high risk for developing the burnout syndrome [18, 26-32]. A quantitative study of Siebert (2005) found that 75% of the social work participants (N = 751) reported experiencing burnout at some point during their social work career. [33]. Burnout is a response to chronic work stress resulting from the relationships established between social worker and client on the one hand, and social worker and institution on the other [28].

Comprehensive reviews of the burnout literature have consistently suggested that among the stressors that have been associated with the social workers' burnout are the high number of caseloads, limited supervisory support, working with clients with complex social situations [31], the years spent with working, the lacking or little social support from managers and colleagues [30], lower self-efficacy [34], higher levels of role-related stress such as high role conflict, role ambiguity, and role overload [26, 35].

A qualitative study on Romanian social worker's burnout identified the following main risk factors: heavy case-loads, time constraints, the categories of clients with whom they work, limitations of social work interventions, lack of appreciation and reward for their work, lack of support from supervisors and colleagues, lack of involvement in family life [27].

Burnout impairs the social workers' professional functioning and consequently their ability to provide quality services to the clients that they serve [36]. The clinical picture of the burnout syndrome comprises a complex interplay of physical and psychological symptoms, an association of symptoms of social dysfunction, psychosomatic and somatic disorders, emotional and psychological distress [24].

When compared to 26 other occupations, social service work was one among the six professions with the worst experiences of physical health, psychological well-being, and job satisfaction in the workplace [19], while the incidence of mental disorders (e.g. depression, anxiety) [37] associated with burnout is considerably higher for social workers than for other professions [18].

2. Materials and Methods

2.1. Objectives and research questions

Studies on social work during the pandemic published so far are few, the interest of researchers focusing especially on the medical field. However, social workers had to deal with the needs and emotions of the most vulnerable groups of people while dealing with their own needs and emotions raised by this very different and turbulent period of time. From the literature it appears evident that the very nature of social work practice, especially the tension between philosophy, job demands and job resources are related with high levels of stress and risk for burnout. In the midst of the COVID-19 pandemic which has impacted almost every aspect of our work and lives, this paper seeks to discuss how social work professionals in an eastern European country, Romania, are experiencing an increasingly 'VUCA' (volatile, uncertain, complex and ambiguous) social and professional climate and presuming increased stress and burnout compared to the period before. Therefore, we conducted an online survey, containing both open and closed-ended questions, in order to increase our understanding about the nature of changes within the social services work in Romania and its impact on social workers, and what can be learnt by the social system, managers, field workers and social work education.

In this study, the following research questions were addressed:

1.   How is the VUCA world created by the COVID-19 pandemic experienced by social workers?

2.   In what way do qualitative data about the work changes and experiences of social workers during the COVID-19 pandemic illustrate the results of quantitative data about perceived stress and burnout?

3.   What can be learnt about how to deal with the VUCA world of the COVID-19 pandemic for the social work profession system and professionals in order to contribute to the development of burnout prevention programs?

2.2. Data Collection Method

In this study, we collected both qualitative and quantitative data from social workers from Romania. Data was col-lected mainly online through the free application Google Forms in July to December 2020, while some questionnaires were distributed also in printed format. The population for the study was selected in a non-probabilistic way and con-sisted of 83 social workers from one county of Romania. The survey took approximately 45 minutes to complete. The research received the approval of the Ethics Commission in social research from Transilvania University of Brasov, Romania.

We used the convergent mixt method design, the questionnaire variant [38]. The convergent design involves quantitative and qualitative data collection at the same time, and both strands had equal emphasis. The questionnaire variant is used when the researcher includes both open- and closed-ended questions on a questionnaire [39, 40]. The reasons for choosing this option are pragmatic in nature. Due to the social workers' overloading during this period, the rate of non-responses is high. Through this variant, in which we combined open and closed questions, we were able to obtain a clearer understanding of the different aspects faced by social workers during this period, investigating the same sample of subjects only once. The analysis of the two types of data is done separately and independently of each other using specific analysis procedures. In the end the two types of results are integrated. There are several ways to integrate the results. [38, 41] In this study, we are illustrating quantitative results with qualitative findings, which complement the quantitative results, with a view to obtaining a more complete understanding of the studied problem / in response to the overall purpose of the study [38]. Moreover, the qualitative data allowed us to obtain from the professionals in the field of social assistance, a list of possible solutions aimed at improving the organization and development of the current social assistance system.

2.3. The Research Instrument

The survey included questions for collecting both qualitative and quantitative data. For the qualitative data, several open questions were addressed about what a social worker's activity meant during the pandemic, what changes the pandemic brought in the content and context of the work, what were the difficult situations during this period and how they managed them, the lessons they learned from this period and the lessons the system could learn to cope better in other similar contexts. For quantitative data, the Copenhagen Burnout Inventory was used [23, 31], the version translated into Romanian (CBI-R). [24] The CBI-R consists of 18 questions which differentiate between personal burnout (PB), work-related burnout (WB) and client-related burnout (CB). It is more suitable to the pandemic situation, which posed a lot of stress on both personal life and work, also the nature of relationship with clients changed dramatically. Comparing the personal exhaustion scale with the work-related exhaustion scale, people who are tired because of work stress are differentiated from those who attribute the fatigue to non-working core factors, such as health or family issues. The three dimensions have demonstrated to have high Cronbach's Alpha scores (Table 2). Also, two closed questions which measure general level of stress before (SB) and during pandemic situations (SD) were used. (On a scale of 1 to 10, what is the level of stress you felt before the pandemic and what is the level of stress you perceive now?). The volume of work submitted before (VB) and during the pandemic (RV) was also measured, as well as the intentions for professional changes (PC). The last part of the instrument contained a series of socio-demographic variables such as gender, age, marital status, whether or not they have children under 18 years, the system where they work (public/private), the field in which they work, years of experience in the field, type training, level of competence and professional position. This information was used to analyse differences of perceptions between different categories of social workers. The research instrument can be found in (Appendix A).

2.4. Participants

The 83 social workers participating in this study are from one county of Romania and belong to different fields of intervention in social work, such as addictions, adolescents, the elderly, child/family protection, community development, criminal justice, adults with disabilities, homeless / displaced people, providing social assistance benefits, health, mental health, social assistance in school, social economy, minorities, trafficked persons, migrants, drug and alcohol users.

In terms of gender, out of the total number of 83, there are 77 women and 6 men, out of whom 59 work in the public system, 23 in the private system. There are 21 persons aged between 20-30 years, 45 between 31-45 years and 16 over 45 years. Other information about the participant is summarize in Table 1.

Table 1. Sociodemographic characteristic of respondents (N=83)

	Category	Count	Percent
Gender	Female	77	7.2%
	Male	6	92.8%
Type of system	Public	59	72%
	Privat	23	28%
	n.r.	1	
Age	20-30 years	21	25.3%
	31-45 years	45	54.2%
	over 45 years	16	19.3%
	n.r	1	1.2
Children under 18 years	They have	41	49.4%
	They don't have	42	50.6%

Current Relation-ship Status	Never married	13	15.7%
	Married	52	62.7%
	Partnered	12	14.5%
	Divorced	6	7.2%
Experience as social worker	Under 10 years	47	56.6%
	Over 10 years	35	42.2%
	n.r	1	1.2%
Highest Academic Degree	Bachelor's	31	37.3%
	Master's	38	45.8%
	Doctorate	3	3.6%
	Professional Degree	8	9.6%
	No specialized training	3	3.6%
Stage of compe-tence	Without a certificate of free practice	18	21.7%
	Debutant	7	8.4%
	Practitioner	16	9.3%
	Specialist	7	8.4%
	Principal	34	41%
	Nr.	1	1.2%
Profes-sional posi-tion	With leadership position	10	12%
	No leadership position	71	85.5%
	n.r.	2	2.4%
Domain[1]	Addictions	6	7.3%
	adolescents	21	26.8%
	the elderly	35	42.7%
	child/family protection	41	51.2%
	community development	14	17.1%
	criminal justice	7	8.5%
	adults with disabilities	30	37.8%
	homeless/displaced people	9	11%
	providing social assistance benefits	15	19.5%
	Health	7	9.8%
	mental health	5	6.1%
	social assistance in school	3	3.7%
	social economy	2	2.4%
	Minorities	19	24.4%
	trafficked persons	6	7.3%
	Migrants	2	2.4%
	drug and alcohol users.	10	12.2%

[1]Innumerable data. A social worker conducted his/her activity in several fields of activity

2.5. Data Analysis

The procedure followed in the processing of the qualitative data was content analysis. This method allowed us to focus on the characteristics of language as communication with attention to the content or contextual meaning of the text. Qualitative content analysis goes beyond merely counting words to examining language intensely for the purpose of classifying large amounts of text into an efficient number of categories that represent similar meanings [42]. By this method, we aimed "to provide knowledge and understanding" about what transformations the social assistance underwent during the pandemic, from the perspective of the professionals who practice in this field [43]. We used a directed approach to content analysis, as we started from a pre-existing theoretical framework. Therefore, in coding the material collected through open-ended questions, we resorted to the theoretical VUCA framework to evidence how the adjectives of volatility,

uncertainty, complexity, and ambiguity are reflected within the work of social workers [44].

The quantitative data were analysed using IBM SPSS Statistics (version 23). For measuring changes in the level of stress during the pandemic compared to the pre-pandemic period, we built a new variable SD-SB, which makes the difference between the level of self-perceived stress at the two time points.

To measure the level of burnout, a global average score was computed (CBI-R). Also, for each subscale of CBI-R, personal burnout (PB), work-related burnout (WB), and client-related burnout (CB) an average score was calculated, ranging from 1 to 5, where 1 means a low level of stress and 5 means a high level of stress. For the work-related scale, the reversed score was used for the last item. The internal-consistency test result was tested with Cronbach's alpha. Descriptive statistics (mean, standard deviation, Cronbach's alpha) were presented in Table 2. Based on this infor-mation we establish three categories of stress level to identify burnout. These categories are made on base of quartiles indicators and are presented in Table 3. Higher scores on the CBI are indicative of more burnout, whereas lower scores indicate less burnout [23].

To measure the perception of the workload, we differentiated between two variables (VD_VB) that measured the number of hours worked before the pandemic (VB) and during the pandemic (VD). Thus we made two categories, 1. those who work more and 2. those who said they work the same or even less.

Comparisons related to stress and burnout scores were made depending on socio-demographic factors and in-tentions for professional change (PC) by means of the T test, Spearman's correlation coefficient and Chi square.

3. Results

This section is organized to respond to the research questions in the order in which they are asked, reporting on both quantitative and qualitative data in an integrated approach.

3.1. The VUCA characteristics reflected in the social work environment

This section responds to the first research question: How is the VUCA world created by the COVID-19 pandemic experienced by social workers?

During the pandemic, most social workers worked in the same job, under normal conditions (62.7%), and some worked in a hybrid system (23.8%). However, there were also situations in which they were sent into technical unem-ployment (3.6%). In order to avoid dismissal or unemployment, some of the social workers were relocated to other fields of activity (6%), and some of them had to work more than usual. As the analysis of the variables that measured the number of hours worked before the pandemic (VB) and during the pandemic (RV) shows, there is a fairly high percentage of social workers who say they work more during the pandemic (39.8%).

Although most of them did not experience problems due to COVID-19 (63.9%) there was a significant percentage of 34.9% who were in the situation of home isolation or hospitalization (1.2%).

From the qualitative data analysed, it appears that the activity social workers' activity during the pandemic is characterized by volatility, as it involved major and rapid changes in a relatively short period of time. The most sig-nificant changes felt by social workers are represented by the large workload and the restrictions imposed on working with clients (mask, social distance, online meetings). The social workers had to adapt to the changes imposed by various legislative changes, to draw up urgent statistical situations, to carry out other activities than those provided in the job description (Table 2). Unemployment and job change, in another organization or service, with another team, are other major changes that some of the social workers have faced during this period. The presence of volatility is also supported by emotional changes experienced by professionals in this field, hence many of them remember feeling: pressure from the

organization, stress, insecurity, chaos, panic, fear and frustration, emotions new or experienced at a much higher intensity compared to the pre-pandemic period.

The social investigated workers also stated that throughout this period they felt the need for better communication with the leaders (those with leadership / decision-making roles), which reflects insufficient information, a lack of clarity on what to do. or what is going to happen. In the VUCA perspective, this feature is called uncertainty. Unfortunately, uncertainty makes it almost impossible to use the past as a predictor for the future, making predictions is extremely difficult, and decision-making is a challenge. (Table 2) The data collected show that the lack of predictability that characterizes the situation created by the pandemic, was felt by social workers investigated in terms of decisions taken or even by the inaction of some of the managers of organizations. It is in order to support the presence of uncertainty in the social workers' professional life, during the pandemic, that the answers to the question "what are the adjectives that best describe your work environment during this period" come: "uncertain, unstable, unpredictable, insecure, chaotic, confused, disorganized" are adjectives used by 29 respondents to describe the uncertainty and lack of predictability generated by the pandemic.

The third characteristic of the VUCA world created by the pandemic is complexity, which we find in full in the analysis of the data from our study. The work of social workers during this period is different and much more complex, as it has been and is influenced by a lot of factors that have also undergone changes in the context of the pandemic. The main factors meant to confirm the existence of complexity in the activity of social workers in the pandemic are (Table 2:

1. Restrictions imposed by the organization and legislation (mask, equipment, social distance etc.)
2. Beneficiaries (do not know how to use the technology or do not have it)
3. Managers (lack of support for their employees, incoherence of decisions)
4. The environment / way of carrying out the activity (from home, online, at the door etc.)
5. Collaboration with other institutions / organizations (some organizations have suspended their activities, others have worked exclusively online, which has made it difficult and sometimes impossible to collaborate with them).

Therefore, social workers, besides having to comply with the restrictions imposed by the organization and legis-lation on the use of protective and sanitation equipment, also had to adapt to a new work environment, whether they worked from home, online or, on the contrary, exclusively on the ground. In addition, some of the beneficiaries could not be supported by the activities carried out online, as they did not have the appropriate technical devices (computer, smartphone) or did not know how to use them. Another factor that contributed, at the level of complexity was in some cases the lack of support or inconsistency of the decisions taken by the organization's management. Last but not least, the social worker also had to deal with changes in inter-institutional collaborations: some organizations suspended their activity during the emergency, others worked exclusively online: To these was added the total and sudden change of the way of working, the transition from offline to online being disturbing both for social workers and for their clients, who either do not have the necessary equipment or do not know how to use them. In a VUCA framework, the ambiguity of the environment is the result of all the above features. It is rendered by the inability to provide "yes/no" solutions and, hence, by the multifariously valid alternatives (Codreanu, 2016). In the context of the current pandemic, the lack of clarity or the ambiguity has made its presence felt in the work environment of social workers. Many of them talk about the ambiguity of tasks and activities. Many of them talk about the ambiguity of tasks and activities. The most obvious lack of clarity was found in the case of working procedures and methodological norms, considering it an important obstacle in the way of carrying out their professional activity. Also, the ambiguity in the work environment has put some of the social workers in difficult situations, especially in the absence of organizational support, being forced to overcome obstacles "on their own": "We did not receive support. We adapted to the situation and

took things as they came, trying as much as possible to find the best solutions to cope with the period". Table 2

A conclusion to the changes that have taken place in the social workers' work environment and the way in which they are experienced by professionals is contained in the words of one of them: "Everything I would call stress before the pandemic, now I have discovered it threefold".

Table 2. VUCA in the social workers' activity

VUCA framework	What it is?	How social workers consider that these characteristics are reflected in their pandemic work?
Volatility	A volatile situation is one characterized by instability and unpredictability. Volatility is the closest general definition of: "relatively unstable change".	"During the state of emergency, the social service within the foundation where I work was suspended. Then I went into technical unemployment, which triggered a state of disquiet, both for me and for the beneficiaries we work with. After two and a half months of unemployment, I returned to reduced 4/5 working hours, and the activity was very intense."
		"My activity as a social worker has undergone many changes during this period: the category of beneficiaries (I had not worked with children, only with the elderly), social service (as the service for children suspended its activity), social needs (the elderly needed more security, and as a social worker I offered telecare kits). "
		"… There have been many changes in the way social services are provided."
		" Chaos in the institution: I received tasks that would change in 5 minutes, only to change again in another 10 minutes."
Uncertainty	Uncertainty is a term used to describe a situation characterized by a lack of information / knowledge. Uncertainty makes it difficult to use the past as a predictor for the future, making predictions is extremely difficult, and making decisions is a challenge.	"I discovered that amid the panic created, people with decision-making power made erroneous or absurd decisions, and others withdrew "at home" and did not take any action in terms of community interventions."
		"… at the beginning of the pandemic, better top-down communication and maybe more time to make certain decisions would have been needed"
		"The college of social workers doesn't even put us in touch with each other, not to mention solutions or representation, I have no one to turn to in order ask questions, to ask for clear methodological norms or an opinion; the leadership does not know much, but it claims that we know the laws very well".
		During this period, we faced the inconsistency of decisions…".
		Fear, chaos, uncertainty, change, rigidity
Complexity	A complex situation is characterized by the existence of several interconnected parts / elements / factors.	„I dare say this period made it very difficult to carry out our activities, we encountered multiple obstacles and blockages, everything is much more difficult than before, I cannot consider that there are aspect to determine me, to make me work easier during this period, on the contrary."

		"At the moment, the social distance is the one that makes it difficult for us to work with children, we keep 1-m distance, we wear a mask, we don't touch each other, we can't hug them, and the children miss this closeness".
		Technology where those we work with did not have basic knowledge.
		"The fight against bureaucracy, the need to identify immediate solutions for a person at risk"; "Homeless person with lower limb amputation without the latest permanent home in the city, rejected by all social institutions in the county; the solution was the acceptance in another county located at 500 km, after all possible centres in the county were contacted."
Ambigu-ity	Ambiguity has been defined as a lack of clarity that surrounds an event and its meaning, or the causes behind the things happening which are unclear and difficult to understand.	" The lack of a procedure to guide us in our daily work, the fear of interacting with potential beneficiaries at first, when there was no protective equipment, and the lack of relevant information about this virus".
		"... and ambiguous overnight laws to be applied urgently"
		„ inconsistency of decisions or information transmitted from official sources that directly affect the social worker 'activity"
		"… a system of giving hot meal vouchers by electronic vouchers to vulnerable people has been devised without clearly specifying how they can get in their possession, what categories should be included, which leaves much room for interpretation, the management often does not have time, it does not give clear measures, and as a social worker you are put in the situation of arguing with the beneficiaries […] you cannot divide a smaller number of packages to a too large and confusing number as eligibility criteria."

3.2. The social workers' level of stress and burnout during the pandemic

This section responds to the second research question: In what way (how) do qualitative data about the work changes and experiences of social workers during the COVID-19 pandemic illustrate / confirm the results of quantitative data about perceived stress and burnout?

Asked about how they perceived the level of stress before and after the pandemic, it is noticeable that social workers perceive a significant increase in stress during this period of pandemic (SD) compared to the previous situation (SB). (M = 8.61, SD = 1.62; M = 6.00. SD = 1.96; t (82) = -10.50, p = .00). Moreover, people in the state system are the ones who mention a higher increase in stress during the pandemic. (M=8.97, SD=1.48; M=7.70. SD=1.66; t(58)= -10.75, p=.00). (Table A2, A3).

This higher level of stress in the pandemic is generated by a series of challenges faced by social workers, which are specific to this period. The analysis of the answers regarding the choice of "the first five biggest challenges in social work during the pandemic" shows the following hierarchy: increased workload (52.8%), lack of direct contact with some of the clients (44.4%), lack of material / financial resources to support more beneficiaries (43.1%), the desire to help more than I could do (43.1%), new rules and national decisions that affected my work (37%) , 5%), lack of support from the management of the institution (34.7%), incoherence of decisions or information transmitted from official sources that directly affect the work of the social worker (22.2%). The biggest concerns, in order, are: the

risk of being a carrier (asymptomatic) and implicitly the risk of infecting others (beneficiaries or relatives) (30.1%), the risk of contamination (23.2%), the lack of professional support network (institutions that have suspended their activity) (15.1%), risk of job loss (technical unemployment) (11%), changes in the workplace (eg digitization, learning new skills in a very short time short) (9.6%), lack of professional support from colleagues in telework or technical unemployment (6.8%), others (4.1%)..

From the analysis of the answers to the open questions, it results that the current work environment is described as 'stressful` (24 people),'tense, loaded, difficult, difficult, agitated` (20 people), 'tiring, exhausting, and overwhelming (16 people The words of one of the social workers are eloquent to emphasize the burden and pressure felt during the same period: "hours of work, stress and exhaustion, life in danger." There are social workers who use other adjectives, such as hostile, ugly, rigid, limiting / restrictive, frustrating, vulnerable or cold and distant. The aspect of fear and risk on one's own health and that of the family is mentioned to a lesser extent (13 people) when asked about the description of the current work environment through several adjectives, but it is included in many reports of various work experiences.:" high exposure to SARS COV2 ", I think the hardest part was working with the public during the emergency"; "The detailed evaluation report involves first of all field trips… the risk of moving from one community to another, of making contact with the beneficiaries who were, in their turn, reluctant towards us". A social worker explains the process of adapting to the new situation and the current work environment: "at the very beginning of the pandemic it was stressful and tiring. Currently we have adapted to the new restrictions and I would characterize it as such - safe and engaging". The size of the challenge due to the change and complexity of the new environment is perceived as motivating, interesting, activating and captivating professionally for a number of 20 social workers

The analysis of the impact of this environment characterized by VUCA from the perspective of burnout syndrome shows us that the average scores for each of the three types of burnout were as follows: personal burnout was 3.23 the highest, work-related burnout was 3.10 nearly the same and client-related burnout was lower 2.53. (Table 3) Higher scores on the CBI-R are indicative of more burnout, whereas lower scores indicate less burnout. These findings illustrate a medium level of personal and work-related burnout. Research finding showed higher levels of work-related burnout than client-related, even for those who work with special categories of beneficiaries.

Table 3. Descriptive statistics- burnout scales

	N	Minimum	Maximum	Mean	S.D.	Cronbach's alpha
Personal burnout (PS)	83	1	5	3.23	0.76	0.87
Work-related burnout (WS)	83	1	5	3.10	0.82	0.82
Client-related burnout (CS)	83	1	5	2.53	0.92	0.88
General level of burnout (CBI-R)	83	1	5	2.95	0.68	0.88

Starting from the scores obtained (Table 3) we established three categories of burnout level (Table 4). Findings suggest that nearly 44.6% of all participants scored in a range that indicate a medium level of burnout and 25.3% a high level of burnout. Almost one third of the sample (31.1%) reported low levels of burnout. The results show a high incidence of psychological distress and burnout, above all in terms of Emotional Exhaustion (Table A1). Qualitative data indicate among psychological and physical symptoms emotional pressure and exhaustion, the feeling of being overwhelmed, a high level of fatigue, the fear of interacting with beneficiaries, at the same time with the difficulty in managing their fears and panic, fatigue accumulated in trying to capture online attention, shortness of breath and headaches due to wearing a mask, exhaustion due to difficulty working in protective suits.

Table 4 Descriptive statistics- level of burnout

	N	Percent	Minimum	Maximum	Interval values
Low level of burnout	25	30.1%	1	5	[1; 2.44]
Medium level of burnout	37	44.6%	1	5	[2.45;3.49]
High level of burnout	21	25.3%	1	5	[3.50;5]

Regarding the areas where they work, it seems that people who work with the elderly have in greater numbers a higher level of burnout ($\chi2(2)= 11.72$, p = 0.003) (Table A5). For them, the quarantine period at work and the distance from the family was a difficult measure: "isolation in the centre and at work, especially the periods of time imposed by law - 15 days at home, 15 days in the centre, 15 days at home…". The work was also hampered by the particular response of this category of beneficiaries regarding the pandemic: "at the beginning of this period we faced the beneficiaries' refusal and their denial that this virus exists, the non-wearing of the protective materials and the refusal to use the disinfection materials"; another social worker states that "we have faced a lack of understanding on the part of the elderly about the restrictive measures imposed by the pandemic, measures that in the long run have led to anxiety or mild depression… it was a challenge for us to help them to continue to maintain an active life, not to lose contact with relatives, friends, with whom he would have visited normally"

Professionals working with people with disabilities have been found to be, in higher numbers, with an average level of burnout ($\chi2(2)= 6.51$, p = 0.038) (Table A5). Social workers who work with this category specify that "there was a problem in reviewing disability benefits because the evaluation was done by phone, the patient spoke with the doctor, the social worker and the psychologist of the commission". A social worker who accompanies the beneficiaries to the disability / work expertise commissions reports that "sometimes the commission cannot see beyond a medical document, but in many cases the situation is more complex. There were many times when I represented a patient, I spoke for him/her, I stood in line for two hours… because there is no one next to him/her to protect and defend them in order to obtain their rights humanely". Those who work with people with mental disabilities have found it difficult to convince them of the importance of health measures, isolation, restrictions.

Personal burnout and work-related burnout scores are not significantly different from each other (Table A4). These data corroborated with qualitative data (Table 2) suggest that the stress and burnout of social workers during this period is primarily due to personal and organizational factors and less due to the particularities of working with different categories of beneficiaries or individual factors.

This is also confirmed by the correlations between the level of self-perceived stress and the CBI-R scale, which suggests that chronic stress is not given by elements related to the particularities of working with beneficiaries but are given by other stressors. Thus, the social workers who stated that the stress level is higher during the pandemic period also obtained higher scores at the level of burnout on all three dimensions. Social workers who experienced a higher level of stress during the pandemic (SD) also scored higher on personal burnout (PB) (r_s=.457, p=.000) and work burnout (WB) (r_s=.32, p=.003). Comparing the personal exhaustion scale with the work-related exhaustion scale, people who are tired because of personal circumstances, highly challenged during the pandemic are exhausted also because of work related factors. We cannot differentiate from these data how the two areas of stress and emotional exhaustion relate one to each other. Qualitative data bring more understanding on work related factors: "the workload is enormous and neither the management nor other departments understand the pressure put on the social workers' shoulders"; "the hardest part was working with the public during the state of emergency" "frequent changes in the object of work have generated stress"; "the management often does not have time, does not take clear measures"; "urgent data is required… not used…

criteria are changed and everything must be redone"; "we have neither decision-making power nor support, but we have only requests, responsibilities and complaints".

All these changes have generated "an inner conflict between what we need to do and what we can do in such situations", bringing into discussion the social worker's mission.

In this context, the high level of burnout correlates significantly with the intentions to change professionally (the intention to resign from work ID - 24.1%, the intention to change their profession IP - .33.7%). However, the level of burnout does not correlate with the intention to change the category of beneficiaries, because as we mentioned above, it is not the particularities of working with the beneficiaries that generate stress but the organizational factors. (Table A6). All this in the context of the lack of recognition of the status of the social worker profession at its true value and social contribution ("Social care is just as important as health care "), lack of recognition of work results ("their merits are not recognized and the impossible is expected of them") and of the reward according to the efforts made ("I understood how much we had to sacrifice without being rewarded, but I knew that!").

3.3. Lesson for the social work system and professionals

This section responds to the third research question: What can be learnt about how to deal with the VUCA world of the COVID-19 pandemic for the social work system and professionals in order to contribute to the development of burnout prevention programs?

The qualitative analysis has led to some core recommendations made by grassroot professionals and managers in the field of social work, derived from the experience and lessons learned in the beginning and middle phase of the pandemic (data were collected June-December 2020).

The recommendations for the social work system can be synthetized in some main topics:

• Social policy: to revisit existing social policy in our country, and elaborate strategies for the development of social services based on the current reality

• Status of the social work profession: increased recognition of the value and contribution of social work ("the social worker is a very important actor in the development of the community and its protection"; "more intense promotion of social assistance services");

• Management: visionary, competent, assumed managers, prepared to act in extreme situations; clear procedures; bottom-up approach, not just top-down,

• Human resources: working with the complete staff scheme; increasing the number of social workers; hiring only social workers with studies in the field, "invested in people, invested in professional training"; "moral support provided to employees"

• Emergency Commission: "to establish a functional commission and prepared for emergency situations"

• Connectivity: developing more solid connections between communities and social services, statutory and private services;

• Budgeting: allocation of substantial funds in the social field; resources for prompt and efficient interventions in crises situations; granting risk bonuses

• Technologization and digitization: teleworking; increased use of technology, databases, online instruments; "Digitization and computerization of work procedures are the most wonderful things that have happened";

• Simplicity and flexibility: to simplify procedures, (e.g. to issue certificates for those who are incurable on a permanent basis. It is overwhelming for parents whose children have incurable diseases to come with their child every year for evaluation.")

The core recommendations for social worker practitioners refer to:

• Social work mission: "even in the absence of a pandemic, they are the people on the front line";" the work as a social worker is very important in times of crisis and must remain connected in the middle of the action, put fears aside and act for others"

• Capacity to adapt rapidly to changes and learn to live with uncertainty: "uncertainty can characterize any-thing"

• Accepting human limits: "to learn first of all that we are human"; "we are human beings and we can't help everyone; we do what we can"
• Managing one's own emotions and fears
• Self-care: "to take greater care of their health"; "to take care of their souls so that they can continue their work in social assistance".
• Teamwork: to support each other, to share ideas and work methods, to come together to find the best solutions.
• Positive attitude: "nothing is unsolvable, we just have to really want it"
• Ongoing training on topics such as: stress management, time management, teambuilding; methods of working remotely / on platforms with beneficiaries, electronic recording and transmission of data
• Personal development courses
• Support groups: addressing three needs – counselling, share experiences, intervision,
• Supervision

To conclude in line with the voices of social workers: "everything starts from the allocated financial resources and from the competence and quality of the people in the field." If they don't love people, if they are not emotionally prepared to be empathetic, if they don't have patience and intuition, it is better to choose something else. Social assistance is not for the weak, it is for people with maximum resistance to stress.

4. Discussion

Research specific to the COVID-19 pandemic has focused largely on medical professionals, which was obviously necessary. However, the psychosocial problems generated put pressure on the social assistance system [7] the dominant mission of which is to help people in crises situations and at risk. This paper aims to explore and under-stand the changes posed by the new COVID-19 pandemic to the field of social work and its impact on social workers.

Our findings suggest that burnout is indeed a serious problem for social workers today, with a quarter of the sample investigated (N=83) affected by high levels of burnout (25.3%), nearly one half (44.6%) scored in a range that indicate a medium / moderate level of burnout and almost one third (30.1%) reported low levels of burnout. In line with our study, in the range of moderate to high and severe levels of burnout are reported about 60% of social workers [30,32], even before the pandemic outbreak. A study that examined COVID-19 related peritraumatic distress (the physiological and/or emotional distress experienced by an individual during a traumatic event) among child welfare workers (N=1996) in US indicating that nearly half of all participants (46.4%) scored in a range indicating mild or severe peritraumatic distress that may lead to professional burnout as the authors state [4]. The only study on burnout during the pandemic in Romania identified show higher levels of work related and personal burnout among employees in the human resources department (M=2.23, SD=0.81), compared to those in a technical department (M=1.76, SD=0.62) in a multinational company [45]. Social workers in our study indicate even higher levels of work-related burnout (M=3.10, SD=0.82). Our results are in line with with other studies reporting also higher levels of work related burnout than client related [31, 32, 46], even before the COVID-19 pandemic. The philosophy of social work to help vulnerable clients means that the very core of social work lies in relationships with clients, presuming that this is a protective factor against the client related burnout. Therefore, even in a period of major changes such as those related to physical distance and changes in the way we work with customers, (eg digitalization) the stress related to the customer remains at a lower level, and organizational factors are the ones that make the biggest impact on the level of burnout. However, they seem to be the least studied, most of the studies on burnout focusing on personality traits and to a lesser extent on organizational determinants, whereas the social and societal context of burnout is not taken into account systematically [47].

The main stressors related to the work environment identified in our study and found in other studies are: increased workload [18, 26, 27, 31, 48], lack of material / financial resources to support more beneficiaries, new rules and decisions at national level [10, 27] associated with inconsistency, instability, ambiguity of decisions, sudden changes or even their absence or non-assumption at the managerial level [27, 30], lack of clarity of working procedures [10, 26]; lack of support from the management of the institution [26, 31, 48-50]. High job demands and low resources are known to be the primary reasons for burnout [51]. Stress factors related to clients refer primarily to the lack of direct contact, the risk of being a carrier (asymptomatic) and contamination in two ways - both by the social worker and by the beneficiary [4, 7], difficulties related to technology (absence of it or digital skills) and sometimes managing fears, panic of beneficiaries. It is important to mention the factor "the desire to help more than I could do", present in almost half of the social workers included in the study, an indicator of the social worker's mission.

The effects of stress, as other studies show, are more on the level of fatigue, feeling overwhelmed, emotional and physical exhaustion [27, 28, 37, 51]. However, there is a percentage of 24.1% who thought of resignation and a percentage of 33.7% of professional reorientation, an aspect confirmed in the literature. A high turnover rate is one of the most prevalent consequences of burnout in relation to social workers [18, 29, 48].

As emphasized in the study of Miller, Niu, Moody (2020) [7], the COVID-19 pandemic has created unprecedented challenges for our health and human services systems in serving our most vulnerable families, children, and youth. These challenges are conceptualized in our study using the attributes of the VUCA framework as they are experienced by social workers: volatility due to instability and unpredictability, sudden changes related to the work place (teleworking or direct work; suspension of some services and staff redeployment; technical unemployment), work content (change of target group), and the way to provide social services (physical / social distancing; increased use of technology); uncertainty caused by fear, chaos, the leaders' unpredictable, incoherent decisions or lack of them; complexity due to interconnected factors such as limitations, physical distancing, use of technology and lack of devices or skills of many clients, fight with bureaucracy, impeded institutional interconnections; ambiguity, the lack of clarity and understanding of the virus and its transmission (generating fear in both social workers and clients), inconsistency of decisions or information transmitted from official sources, lack of clear methodologies and procedures to apply decisions.

While most social workers perceived these changes as stressful, there is a group of professionals of almost one third (30.1%) with low levels of burnout who perceive these challenges rather as opportunities and feel motivated and stimulated to find new, creative solutions to deal with the work environment and client's problems.

Bob Johansen (2007) suggests a positive reading of the VUCA acronym as Vision, Understanding, Clarity and Agility. Leadership in a VUCA environment is that proposed by Yarger: "to exercise influence over the volatility, manage the uncertainty, simplify the complexity, and resolve the ambiguity" while complying with policy frameworks [14]. In order to meet these requirements, starting from the voice of practitioners and managers who participated in the study, we formulate recommendations for social work policy, leaders / managers and social workers, as well as for the training of future social workers.

Implications for social work policy and management

Social work policy, legislation, strategies, and guidelines should be informed to a greater extend bottom-up, by grass-root professionals, be correlated and respond to both strategic and priority needs within the system. This study suggests improvements in the areas of: increasing the status of the social worker profession by recognizing the value and contribution of social work, especially during these highly turbulent times; granting risk bonuses; increasing the number of social workers to reduce the workload, which is the primary stress factor; allocating substantial resources for prompt and meaningful interventions; reduce bureaucracy, clear and simplified procedures to reduce complexity; investment in technology and computerization of the system; work flexibility, including

teleworking. When it comes to social work leaders and managers, first of all the process of selection and promotion is key to be apolitical and based on advanced selection procedures. Development of job profiles built based on social work organizations top performers profile and job analysis are recommended. The candidate profile is than compared with the designed job profile. Leaders of a VUCA environment should be able to:

• Be visionary: is not about forecasting the future, quite unpredictable in these times, but about creating future through action, identifying the key priorities that matter most and install keystone habits, routines at individual, group or organization level which can lead to ripple like change [14, 52]; identify and keep values to foster a sense of stability. Results of this study point to the decision-making process, competent, assumed and bottom-up informed; investment in human resources: complete staff scheme to reduce workload, employees only with a social work degree proved to provide higher quality services than those with other degrees [48]; ongoing training programs (work with trauma/collective trauma, social work during crises, stress/burnout management techniques, IT skills and platforms, time management, team-building); the establishment of an emergency commission; increased connectivity with other institutions and between the public and private sector.

• Be understanding: requires openness, accountability, willingness to tackle tough issues, listening and relational skills, regular communication, mirroring the behaviour you want to see, giving trust to others [14]. Results of this study and literature show the key role played by adequate, constant supervision support [26, 29, 49, 50, 53]. Emotional support by both supervisors and co-workers is associated with lower levels of burnout, work stress and mental health problems [18]. Staff ongoing support groups, physical or online – supervision [53], intervision, emotional support - are highly needed and recommended [7]

• Be clear: is about direction, people accountability, process accountability, discipline and integrity [14]; it requires clear expectations and objectives and greater flexibility, both of them being among the critics mentioned by social workers. Less bureaucracy, simplified procedures within the statutory system and increased digitalisation would decrease workload.

• Be agile: is about withstanding difficulties by changing in a flexible and swift manner; agile leaders adapt quickly, are open and flexible to new approaches, learning and developing constantly from cause-effect analysis, instead of being blocked planned strategies.

Implications for social work practitioners

Study results show that personal exhaustion scores are the highest, close to the work-related burnout. In addition to professional challenges, social work practitioners may be coping with personal challenges, such as homeschooling, caregiving, economic uncertainty, and the like, that may impact their professional roles [4]. Literature on occupational stress and coping evidence that the more proficient copers were most likely to have a clear self-care plan, participate in activities or hobbies, and have a work-to-home transition plan [32], maintain a healthy physical state through regular exercise, a nutritional diet and good sleep and a strong mental state intellectually, emotionally and spiritually [54]. There is also a burgeoning "self-care" movement, which advocates taking a trauma-informed approach to dealing with stressors such as attending specialized training, being mindful or aware of one's responses to stressors, creating a self-care plan, and engaging supervisor support. Trauma-informed care refers to the evidence-based practices for trauma, including understanding and recognizing the effect that trauma exposure has on clients, as well as workers, and adequate knowledge and skill in responding to the effects of trauma exposure. Some research has found links between this type of self-care and decreased burnout [29, 32]. Findings point to the importance of social workers to be proactive regarding their mental health status, prioritize self-care and develop plans for work–life balance.

The originality of the study consists in the application of the VUCA framework to the social work environment for its potential to bring a new understanding of the challenges encountered by leaders/ managers and practitioners during the COVID-19 pandemic and suggest ways to deal with them in order to prevent social workers burnout, in-

tegrating the voices of professionals and researchers (authors and social work educators). There are several limitations to the study: the sample is relatively small, workload being one of the potential obstacles, as consistent efforts were made for data collection through collaboration with the main statutory organisations, the local social workers college and NGO's network, while some questionnaires were distributed also in printed format; there is a disproportion of social workers in the public versus private sector, which does not allow for a more detailed comparison between the two groups of professionals and systems.

5. Conclusions

The world of work is constantly changing, and today, in the midst of the COVID-19 pandemic with numbers rising, the only certainty is the uncertainty. This study aimed, firstly, to discuss the characteristics of the VUCA framework as reflected in the work and experienced by social workers; secondly, to analyse the impact of this period on social workers in terms of stress and burnout; thirdly, to bring to the front the voices of professionals with lessons learned and suggestions for policy makers, leaders and social workers.

Transformations generated by the COVID-19 pandemic have changed the context and the process of intervention in the field of social work. Results of this study emphasize the presence of all the attributes of VUCA - volatility, uncertainty, complexity, ambiguous – in the social workers' daily activity, leading to a higher stress generated by organizational factors, compared to the stress generated by the work with clients. Our results are in line with other studies that show that personal burnout and work-related burnout have higher values than client-related burnout. Social workers are a profession at risk of developing burnout which increased during the pandemic when stress factors amplified, with a quarter of the studied sample being already affected by high levels of burnout, and a considerable proportion of almost half of the sample have been impacted by medium levels of burnout. A group of almost one third have managed to handle stress factors in a healthy manner. If we agree that development of burnout is a dynamic process which may take different pathways [51, 55], we agree that each social worker can navigate over time from one category to another, depending on the complex interplay of internal and external factors. Looking into the future, the middle group, which is the largest may develop different pathways, either towards burnout or towards wellbeing.

In order to meet the new challenges in the field of work, the social work leaders must discover, understand and adapt to the VUCA environment - volatile, uncertain, complex, ambiguous – developing vision, understanding, clarity and agility, which would lower the pressure social workers are experiencing. On the other hand, social workers have to be proactive and develop strategies to care for their mental wellbeing. To conclude, results point to the importance of both organizational support and developing a self-care plan that help protect against occupational stress and burnout. Taking into consideration all the negative effects of the burnout syndrome, related to the well-being of the person, the clients and the organization, the efforts and costs of recovery interventions, burnout must be rather prevented. There is a need to conceptualize, implement, and evaluate programs aimed at stress management and burnout prevention. Future research is needed to bring more understanding on personal and resilience promoting factors.

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Appendix A. Research instrument

QUALITATIVE DATA

Ql1. For a start, can you tell us in a few words, what did your work as a social worker mean during the pandemic?

Ql1.1 What was different from the period before the pandemic, in professional terms?

Ql1.2. What new things have you learnt / discovered during this period, in professional terms?

Ql1.3. What else should the system / organization have done?

Ql1.4. How did the organization support you?

Ql1.5. If you think only about professional activities, what are the aspects that made it harder for you to work during this period? Mention the most important aspects.

Ql2. What activities would you propose to increase the social workers' level of training, in order to to cope with such periods?

Ql3. You probably had more difficult / manageable situations during this period. What were they and how did you proceed to solve them?

Ql4. What do you think the social assistance system should learn from this "different" period, in your perspective? (What changes would you propose to optimize the services?)

Ql5. What do you think social workers should learn from this "different" period, in our perspective?

QUANTITATIVE DATA

SD. On a scale from 1 to 10, how would you assess the level of occupational stress during the pandemic period? *(1 represents no stress, 10 maximum stress level)*

Copenhagen Burnout Inventory (Romanian version, CBI-R).

PB3.1. Personal burnout

	Always	Often	Sometimes	Seldom	Never/almost never
1. How often do you feel tired?	5	4	3	2	1
2. How often are you physically exhausted?	5	4	3	2	1
3. How often are you emotionally exhausted?	5	4	3	2	1
4. How often do you think: "I can't take it anymore"?	5	4	3	2	1
5. How often do you feel worn out?	5	4	3	2	1
6. How often do you feel weak and susceptible to illness?	5	4	3	2	1

WB3.2 Work-related burnout

	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
1. Is your work emotionally exhausting?	5	4	3	2	1
2. Do you feel burnt out because of your work?	5	4	3	2	1
3. Does your work frustrate you?	5	4	3	2	1
4. Do you feel worn out at the end of the working day?	5	4	3	2	1
5. Are you exhausted in the morning at the thought of another day at work?	5	4	3	2	1
6. Do you have enough energy for family and friends during leisure time?	5	4	3	2	1

CB.3.3 Client-related burnout

	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
1. Do you find it hard to work with clients?	5	4	3	2	1
2. Do you find it frustrating to work with clients?	5	4	3	2	1
3. Does it drain your energy to work with clients?	5	4	3	2	1
4. Do you feel that you give more than you get back when you work with clients?	5	4	3	2	1
5. Are you tired of working with clients?	5	4	3	2	1

PC. During this period, would you consider:

	DA	NU
PC1. To resign from work	1	2
PC2. To reorient yourself in the future towards another category of beneficiaries	1	2
PC3. To change your profession	1	2

VB. How many hours a week did you spend offering direct services to customers, before the pandemic?

_____

VD. But during the pandemic, how many hours a week did you spend offering direct services to customers?

_____

References

(1)   Severo, E. A.; De Guimarães, J. C. F.; Dellarmelin, M. L. Impact of the COVID-19 Pandemic on Environmental Awareness, Sustainable Consumption and Social Responsibility: Evidence from Generations in Brazil and Portugal. *J Clean Prod* **2021**, *286*, 124947. https://doi.org/10.1016/j.jclepro.2020.124947.

(2)   Rupani, P. F.; Nilashi, M.; Abumalloh, R. A.; Asadi, S.; Samad, S.; Wang, S. Coronavirus Pandemic (COVID-19) and Its Natural Environmental Impacts. *Int. J. Environ. Sci. Technol.* **2020**, *17* (11), 4655–4666. https://doi.org/10.1007/s13762-020-02910-x.

(3)   Redondo-Sama, G.; Matulic, V.; Munté-Pascual, A.; de Vicente, I. Social Work during the COVID-19 Crisis: Responding to Urgent Social Needs. *Sustainability* **2020**, *12* (20), 8595. https://doi.org/10.3390/su12208595.

(4)   Miller, J. J.; Niu, C.; Moody, S. Child Welfare Workers and Peritraumatic Distress: The Impact of COVID-19. *Child Youth Serv Rev* **2020**, *119*, 105508. https://doi.org/10.1016/j.childyouth.2020.105508.

(5)   Fadel, L. Child Welfare Services And Caretakers Grapple With COVID-19 Effects. Available online: https://www.npr.org/2020/03/19/818221169/child-welfare-services-and-caretakers-grapple-with-covid-19-effects (accessed Apr 11, 2021).

(6)   Banks, S.; Cai, T.; de Jonge, E.; Shears, J.; Shum, M.; Sobočan, A. M.; Strom, K.; Truell, R.; Úriz, M. J.; Weinberg, M. Practising Ethically during COVID-19: Social Work Challenges and Responses. *International Social Work* **2020**, *63* (5), 569–583. https://doi.org/10.1177/0020872820949614.

(7)   Trancă, L. M. Challenges for Social Workers in Residential Centres Providing Social Services in Western Romania During the Covid-19 Pandemic. *Social Work Review* **2021**, *20* (1), 169–178.

(8)   Lazăr, F. Social Work and Welfare Policy in Romania: History and Current Challenges. *Visioni LatinoAmericane* **2015**, *13*.

(9)   Teşliuc, Emil; Grigoraş, Vlad; Stănculescu, Manuela (Eds.). Studiu de Fundamentare Pentru Strategia Naţională Privind Incluziunea Socială Şi Reducerea Sărăciei 2015-2020. World Bank Group 2015.

(10)   Lazăr, F.; Mihai, A.; Gaba, D.; Ciocănel, A.; Rentea, G.; Munch, S. Romanian Social Workers Facing the Challenges of Neo-Liberalism. *European Journal of Social Work* **2019**, *22* (2), 326–337. https://doi.org/10.1080/13691457.2018.1540405.

(11)   Murugan, S.; Rajavel, S.; Aggarwal, A. K.; Singh, A. Volatility, Uncertainty, Complexity and Ambiguity (VUCA) in Context of the COVID-19 Pandemic: Challenges and Way Forward. *International Journal of Health Systems and Implementation Research* **2020**, *4* (2), 10–16.

(12)   Korsakova, T. V. Higher Education in VUCA-World: New Metaphor of University. *European Journal of Interdisciplinary Studies* **2019**, *5* (2), 31–35. https://doi.org/10.26417/ejis.v5i2.p31-35.

(13)   Bennett, N.; Lemoine, G. J. What a Difference a Word Makes: Understanding Threats to Performance in a VUCA World. *Business Horizons* **2014**, *57* (3), 311–317. https://doi.org/10.1016/j.bushor.2014.01.001.

(14)   Codreanu, A. A VUCA Action Framework for a Vuca Environment. Leadership Challenges and Solutions. *Journal of Defense Resources Management* **2016**, *7* (2), 31–38.

(15)   Noda, Y. Socioeconomical Transformation and Mental Health Impact by the COVID-19's Ultimate VUCA Era: Toward the New Normal, the New Japan, and the New World. *Asian J Psychiatr* **2020**, *54*, 102262. https://doi.org/10.1016/j.ajp.2020.102262.

(16)   Caron, D. It's A Vuca World! Available online: https://www.slideshare.net/dcaron/its-a-vuca-world-cips-cio-march-5-2009-draft (accessed Apr 11, 2021).

(17)   Ioannidis, J. P. A.; Cripps, S.; Tanner, M. A. Forecasting for COVID-19 Has Failed. *Int J Forecast* **2020**. https://doi.org/10.1016/j.ijforecast.2020.08.004.

(18)   Lloyd, C.; King, R.; Chenoweth, L. Social Work, Stress and Burnout: A Review. *Journal of Mental Health* **2002**, *11* (3), 255–265. https://doi.org/10.1080/09638230020023642.

(19)   Johnson, S.; Cooper, C.; Cartwright, S.; Donald, I.; Taylor, P.; Millet, C. The Experience of Work-related Stress across Occupations. *Journal of Managerial Psychology* **2005**, *20* (2), 178–187. https://doi.org/10.1108/02683940510579803.

(20)   Arroba, T.; James, K. *Pressure at Work: A Survival Guide*; McGraw-Hill Inc.,US: London ; New York, 1987.

(21) Freudenberger, H. J. Staff Burn-Out. *Journal of Social Issues* **1974**, *30* (1), 159–165. https://doi.org/10.1111/j.1540-4560.1974.tb00706.x.

(22) Maslach, C.; Jackson, S. E.; Schwab, R. L. *Maslach Burnout Inventory: Manual*; Consulting Psychologists Press: Palo Alto, 1986.

(23) Kristensen, T. S.; Borritz, M.; Villadsen, E.; Christensen, K. B. The Copenhagen Burnout Inventory: A New Tool for the Assessment of Burnout. *Work & Stress* **2005**, *19* (3), 192–207. https://doi.org/10.1080/02678370500297720.

(24) Grigoresc, S.; Cazan, A.; Rogozea, L.; Grigorescu, D. Original Targeted Therapy for the Management of the Burnout Syndrome in Nurses: An Innovative Approach and a New Opportunity in the Context of Predictive, Preventive and Personalized Medicine. *EPMA J* **2020**, *11* (2), 161–176. https://doi.org/10.1007/s13167-020-00201-6.

(25) World Health Organization. Burn-out an "occupational phenomenon": International Classification of Diseases. Available online: https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases (accessed Apr 11, 2021).

(26) Yürür, S.; Sarikaya, M. The Effects of Workload, Role Ambiguity, and Social Support on Burnout Among Social Workers in Turkey. *Administration in Social Work* **2012**, *36* (5), 457–478. https://doi.org/10.1080/03643107.2011.613365.

(27) Marc, C.; Oșvat, C. Stress and Burnout Among Social Workers. *Social Work Review* **2013**, *3*, 121–130.

(28) Sánchez-Moreno, E.; de La Fuente Roldán, I.-N.; Gallardo-Peralta, L. P.; de Roda, A. B. L. Burnout, Informal Social Support and Psychological Distress among Social Workers. *The British Journal of Social Work* **2015**, *45* (8), 2368–2386.

(29) Salloum, A.; Kondrat, D. C.; Johnco, C.; Olson, K. R. The Role of Self-Care on Compassion Satisfaction, Burnout and Secondary Trauma among Child Welfare Workers. *Children and Youth Services Review* **2015**, *49*, 54–61. https://doi.org/10.1016/j.childyouth.2014.12.023.

(30) Mák, K.; Fejes, É.; Pohl, M.; Kolonics, G.; Tóth, G.; Zádori, I.; Nemeskéri, Z.; Hesszenberger, D.; Feher, G.; Tibold, A. Burnout among Social Workers. *Orvosi hetilap* **2020**, *161*, 1884–1890. https://doi.org/10.1556/650.2020.31796.

(31) Hernandez, E. Mindfulness and burnout among social workers. Available online: https://scholarworks.lib.csusb.edu/etd/1034.

(32) Rienks, S. L. An Exploration of Child Welfare Caseworkers' Experience of Secondary Trauma and Strategies for Coping. *Child Abuse Negl* **2020**, *110* (Pt 3), 104355. https://doi.org/10.1016/j.chiabu.2020.104355.

(33) Siebert, D. C. S. Personal and Occupational Factors in Burnout Among Practicing Social Workers. *Journal of Social Service Research* **2006**, *32* (2), 25–44. https://doi.org/10.1300/J079v32n02_02.

(34) Raižienė, S.; Bakšytė, A. The relationship between the burnout of social service workers, social support and self-efficacy. *Social Work* **2010**, *9* (2), 119–126.

(35) Kim, H.; Stoner, M. Burnout and Turnover Intention Among Social Workers: Effects of Role Stress, Job Autonomy and Social Support. *Administration in Social Work* **2008**, *32* (3), 5–25. https://doi.org/10.1080/03643100801922357.

(36) Rupert, P. A.; Miller, A. O.; Dorociak, K. E. Preventing Burnout: What Does the Research Tell Us? *Professional Psychology: Research and Practice* **2015**, *46* (3), 168–174. https://doi.org/10.1037/a0039297.

(37) Lizano, E. L. Examining the Impact of Job Burnout on the Health and Well-Being of Human Service Workers: A Systematic Review and Synthesis. *Human Service Organizations: Management, Leadership & Governance* **2015**, *39* (3), 167–181. https://doi.org/10.1080/23303131.2015.1014122.

(38) Creswell, J. W.; Clark, V. L. P. *Designing and Conducting Mixed Methods Research*, 3rd edition.; SAGE Publications, Inc: Los Angeles, 2017.

(39) Arnon, S.; Reichel, N. Closed and Open-Ended Question Tools in a Telephone Survey About ``The Good Teacher'': An Example of a Mixed Method Study. *Journal of Mixed Methods Research* **2009**, *3* (2), 172–196. https://doi.org/10.1177/1558689808331036.

(40) Bryanton, O.; Weeks, L. E. Informing the Development of Educational Programs to Support Older Adults in Retiring From Driving. *Educational Gerontology* **2014**, *40* (10), 756–766. https://doi.org/10.1080/03601277.2014.899131.

(41) Wittink, M. N.; Barg, F. K.; Gallo, J. J. Unwritten Rules of Talking to Doctors About Depression: Integrating Qualitative and Quantitative Methods. *Ann Fam Med* **2006**, *4* (4), 302–309. https://doi.org/10.1370/afm.558.

(42) Weber, R. *Basic Content Analysis*; SAGE Publications, Inc.: 2455 Teller Road, Thousand Oaks California 91320 United States of America, 1990. https://doi.org/10.4135/9781412983488.

(43) Downe-Wamboldt, B. Content Analysis: Method, Applications, and Issues. *Health Care for Women International* **1992**, *13* (3), 313–321. https://doi.org/10.1080/07399339209516006.

(44) Hsieh, H.-F.; Shannon, S. E. Three Approaches to Qualitative Content Analysis. *Qual Health Res* **2005**, *15* (9), 1277–1288. https://doi.org/10.1177/1049732305276687.

(45) Țîru, L. G.; Opran, C. The Presence of Burnout among Employees from a Multinational Company in COVID19 Pandemic Context. *Social Work Review* **2021**, *1*, 135–147.

(46) Leake, R.; Rienks, S.; Obermann, A. A Deeper Look at Burnout in the Child Welfare Workforce. *Human Service Organizations: Management, Leadership & Governance* **2017**, *41* (5), 492–502. https://doi.org/10.1080/23303131.2017.1340385.

(47) Heinemann, L. V.; Heinemann, T. Burnout Research: Emergence and Scientific Investigation of a Contested Diagnosis. *Sage Open* **2017**. https://doi.org/10.1177/2158244017697154.

(48) Strolin, J.; McCarthy, M.; Caringi, J. Causes and Effects of Child Welfare Workforce Turnover. *Journal of Public Child Welfare* **2006**, *1* (2), 29–52. https://doi.org/10.1300/J479v01n02_03.

(49) Runcan, P. L.; Goian, C.; Laurențiu, Țîru. The Socio-Communicational Style and the Need for Supervision of Professionals from the Social Services. *Review of Research and Social Intervention* **2012**, *37*, 180–195.

(50) Stoica, M.; Brate, A. T.; Bucuţă, M.; Dura, H.; Morar, S. The Association of Loneliness at the Workplace with Organisational Variables. *European Journal of Science and Theology* **2014**, *10* (5), 101–112.

(51) Mäkikangas, A.; Leiter, M. P.; Kinnunen, U.; Feldt, T. Profiling Development of Burnout over Eight Years: Relation with Job Demands and Resources. *European Journal of Work and Organizational Psychology* **2020**, 1–12. https://doi.org/10.1080/1359432X.2020.1790651.

(52) Johansen, B. *Get There Early: Sensing the Future to Compete in the Present*, 1st edition.; Berrett-Koehler Publishers: San Francisco, Calif, 2007.

(53) Oșvat, C.; Marc, C. Group Supervision in Social Work. A Model of Intervention for Practitioners. *Social Work Review* **2014**, *1*, 17–26.

(54) Grecu, A.; Brate, A. T.; Bucuţă, M.; Milcu, M.; Cernuşcă-Miţariu, M. The Role of Individual Differences as Predictors in the Process of Occupational Stress for Romanian Teachers. *European Journal of Science and Theology* **2014**, *10* (3), 179–184.

(55) Kim, H.; Ji, J.; Kao, D. Burnout and Physical Health among Social Workers: A Three-Year Longitudinal Study. *Social Work* **2011**, *56* (3), 258–268. https://doi.org/10.1093/sw/56.3.258.