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Article

Investigation of Physical and Mental Fatigue, Perceived Social Support and Quality of Life in Greek Social Workers: The Role of Demographic and Occupational Characteristics

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Abstract: The present study focuses on the investigation of fatigue, social support and quality of life that characterizes social workers. Furthermore, the study aims to highlight the effect of demographic and occupational characteristics on the above factors. A total of 400 social workers with an average age of 39.05 years took part in the research. Most were women, single, residents of cities of more than 100,000, and health care workers. Participants were asked to answer online questionnaires (FAS for fatigue, MSPSS for social support and GHQ-28 for quality of life). From the analysis of the data, it was found that the level of fatigue of the social workers is at low levels. At the same time, the level of occurrence of negative symptoms is also low, with physical symptoms appearing more often than the rest. Participants receive a high level of support from their environment, and more so from the "significant other" in their life. Finally, it was found that the fatigue, social support and quality of life of social workers is affected by the age of the social workers, the total years of service, gender, marital status, place of residence, employer and position of responsibility.

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Introduction

Fatigue is a multidimensional phenomenon, involving cognitive, emotional and physical aspects. It is a concept that is used every day and refers to the particular feeling of exhaustion, reduced mental and physical capacity in relation to the usual level. Other terms are also found in the literature, such as fatigue, lack of energy and exhaustion (1).

According to the Health Safety Executive (2) fatigue is a result of prolonged mental or physical exertion. It can influence people's performance and impair their mental alertness, which in turn leads to dangerous mistakes. Phillips (3) argues that fatigue is more than sleepiness and its effects are more intense than falling asleep.

Complaints of fatigue in the general population are common, ranging from 18.3 to 27% (4). The highest prevalence of fatigue is found in functional environments, which are associated with causing health and safety problems. According to the results of the study, fatigue is a common reason why employees consult a general practitioner in work environments (5).

Social support is a multidimensional concept for which there is difficulty in assigning a commonly accepted definition. It refers to the different aspects of social relations, which creates difficulties in its operationalization and measurement (6). Wallston, Allagna and DeVellis (7) argue that social support refers to the degree of support that the individual experiences or perceives in his social and interpersonal relationships. It is a term that includes the care, help and appreciation that a person receives from other people or groups.

According to Papakonstantinou and Papadopoulos (8) social support refers to the type of help and support that the individual receives or expects to receive from the individuals or groups of

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individuals in his social environment, or even from individuals with which comes into contact in any way. Social support can be defined as the objectively perceived social interactions but also the estimates for support from the recipient as well as the degree of its availability (9).

It is also worth mentioning that social support is able to function as a factor in normalizing negative life events and preventing diseases (10). Individuals with a greater number of social ties are characterized by a longer life expectancy and a reduced risk of developing myocardial diseases (11).

Quality of life is still a multidimensional phenomenon, characterized by rich content. It refers to the degree to which a person is well-being as well as the meaning that the person attributes to the important aspects of his life (12). Renaud and Bedard (13) point out that through the concept of quality of life, the individual can express his personal opinion in relation to himself and his experiences. Therefore, different people can determine the quality of their life in a different way, according to the time period in which they are.

McAbee et al. (14) referring to the quality of life, argue that it is the degree to which a person is prosperous, as well as the meaning that the person attributes to the important aspects of his life (12,15). It is a specific term, which refers to the unique and individualized perception of mental, physical and social well-being in various situations and mental activities (12, 16,17), which each person can perceive in their own way and which is unique (18). That is, through the multidimensional concept of quality of life, it is possible for the individual to proceed to express his personal opinion regarding himself and the experiences he has (19).

Research that has focused on social workers concludes that workload, low wages, limited resources, time constraints and deadlines, conflicts in the work environment, ethical dilemmas, and the way the structure in which individuals work is organized are some of the factors related to the manifestation of their fatigue (20-22).

Wright and Hobfoll (23) in a study of social workers working in child protection concluded that the long career of social workers in the courts can cause fatigue. This is related to negative consequences on their mental health.

Peterson et al. (24) concluded that fatigue negatively affects the health and well-being of social workers and is associated with a number of pathological consequences, such as depression, anxiety, sleep disorders, memory impairment, neck pain and the back.

Thompson et al. (25) found that social support is a critical variable, which can help maintain quality of life and possibly moderate the negative consequences related to fatigue experienced by social workers. It improves mental and physical health as well as emotional well-being, as confirmed by McDonnell (26) following his research. Furthermore, Koeske & Koeske (27) concluded that when social support is provided by colleagues, the negative effects of workload on fatigue are offset, while low support from colleagues is associated with occupational fatigue.

Studies show that gender is a predictor of fatigue. Studies by Grau et al., (28) and Soler et al. (29) demonstrate that men fail to perceive this. Evans et al. (30) in research they had carried out on social workers, concluded that men were characterized by a higher score compared to women, in terms of depersonalization, i.e. perception disorder. The differences relate to the conflicting socialization roles assigned to the two sexes. More specifically, it is argued that women are socially destined to raise and take care of children, do housework and take care of husbands and elderly members of the family. Men, on the other hand, grow up tough and focus primarily on achievement rather than interdependence and relationship development skills.

Studies focus on the importance of age in burnout. Specifically, Gold (31) and Williams (32) argued that age is inversely related to perceptual ability. Gil-Monte (33) found that the older people are, the less likely they are to not perceive fatigue. Poulin and Walter (34) observed the same phenomenon among social workers. Specifically, they found that age is inversely related to the emotional exhaustion they experience. Jayaratne, Vinokur-Kaplan, and Chess (35) reported that in their research, younger social workers had lower personal achievement and higher rates of failure to perceive fatigue, compared to older social workers.

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Maslach and Jackson (36) concluded that the burnout experienced by social workers leads to a deterioration in the quality of services provided by social workers and consequently may have an impact on the solutions they propose to address the problems.

The present study focuses on the investigation of fatigue, social support and quality of life that characterizes social workers. Furthermore, the study aims to highlight the effect of demographic and occupational characteristics on the above factors.

Based on the specific objectives, the research questions are formulated as follows:

- To what extent do social workers experience fatigue?
- To what extent do social workers receive social support from those around them?
- At what level is the quality of life of social workers?
- Do demographic as well as occupational characteristics influence social workers' fatigue, social support and quality of life?

Method

Research design

The present study is a quantitative cross - sectional study. The dependent variables included fatigue, social support and quality of life while the independent variables are all the demographic as well as occupational features of the sample.

Sample

The research sample consisted of a total of 400 social workers. It is a convenience sample. The study participants were recruited from public and private agencies. The inclusion criteria for the selection of participants in the research sample were as follows: 1. Social workers over the age of 18.

2. Social workers with more than one year of experience.

3. Social workers who speak the Greek language.

4. Social workers working in public or private institutions.

The main exclusion criteria were the existence of disability, chronic disease and psychiatric disorder. The above exclusions were made because the quality of life, fatigue and social support variables of this research are directly affected by these diseases.

Research instruments

To achieve the purpose of the research and answer the research questions, a questionnaire of 4 sections in total was created. The first section aims to analyze the demographic and work characteristics of the respondents, using 2 open-ended questions and 8 closed-ended questions.

Then the Fatigue Assessment Scale (FAS) questionnaire was used, which is a scale that assesses the fatigue of respondents, whether healthy or with chronic diseases. The tool was originally developed by G. Michielsen, J. De Vries and G. Van Heck (37) and has been used in various population groups, while it has also been used in the Greek population in various research studies and clinical practices. More generally, the specific tool is characterized by high internal reliability with the Cronbach's Alpha index ranging above 0.8. The tool includes a total of 10 statements given on a 5-point Likert scale from 1-Never to 5-Always (38).

The third section of the research tool includes the "General Health Questionnaire 28 (GHQ-28). This tool is a version of the original General Health Questionnaire (GHQ), which was developed in 1978 by D. Goldberg (39). The two tools focus on the detection of psychiatric disorders in the general population and specialty in the assessment of mental health. The tool used was adapted and analyzed in the Greek population by Garyfallos and his team in 1991 (40). Through 28 Likert-type questions given on a 4-point scale from 1 to 5, 4 basic categories of feelings and psychological states of the respondents are examined, the physical symptoms, restlessness and insomnia, social dysfunction and depression they experience.

The fourth and last section of the research tool contains the "Multidimensional Scale of Perceived Social Support (MSPSS)", which evaluates and studies the perceived social support received by the

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respondents. Originally the scale was developed by Zimet, Dahlem, Zimet and Farley in 1988 (41) and includes a total of 12 Likert-type questions given on a 7-point scale of agreement from 1-Strongly disagree to 7-Strongly agree. In this research, the version of the questionnaire translated and adapted by Dr. Paraskevi Theofilou (42). Finally, the internal consistency of the tool is particularly high, with Cronbach's Alpha index values usually above 0.8.

Procedure

A suitable Google form containing both the research instrument and the consent form was distributed electronically by the association of social workers. It was made clear that the research studies the opinions of active social workers only, while the participants were informed about the voluntary and anonymous form of their answers, as well as about the purpose of the research. Ethical approval was obtained by the committee of the Association of Social Workers of Greece (protocol number 1332/22-12-2023).

The data were automatically processed from the Google form into Excel format, where they were coded appropriately. Then, they were transferred to the statistical program SPSS v.25, where percentages, frequencies, means and standard deviations were calculated in order to study all the variables of the research tool. In addition, non-parametric (Kruskal-Wallis, Mann-Whitney, Spearman) tests are used to investigate the influence of the respondents' social and demographic characteristics on their fatigue, social support and quality of life, as well as the relationship between the three these stretches. The results will be presented using appropriately formatted tables and graphs that will be used in both Microsoft Excel and SPSS v.25.

Results

In the section that follows, the results of the research are studied, while the research questions raised are also investigated. In Table 1, the age of the respondents is studied. The youngest age reaches 23 years and the oldest 60 years, with the average age reaching 39.05 years.

Table 1. Age.

N	Valid	385
	Missing	15
Mean		39,0519
Std. Deviation		8,84869
Minimum		23,00
Maximum		60,00

In Table 2, they study the gender of the respondents. 89.4% of the participants are women, while men make up the remaining 10.6% of the sample.

Table 2. Gender.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	355	88,8	89,4	89,4
	Male	42	10,5	10,6	100,0
	Total	397	99,3	100,0	
Missing	System	3	,8		
Total		400	100,0		

Through Table 3, the family situation of the participants is analyzed. 50.4% are occupied by those who are married and 43.9% are single. In addition, 5.3% reach those who are divorced and 0.5% reach those who are widowed.

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Table 3. Marital status.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	175	43,8	43,9	43,9
	Married	201	50,2	50,4	94,2
	Divorced	21	5,3	5,3	99,5
	Widower	2	,5	,5	100,0
	Total	399	99,8	100,0	
Missing	System	1	,3		
Total		400	100,0		

In Table 4, the place of permanent residence of the participants is analyzed. 50.9% state that they live in a city with more than 100,000 inhabitants and 33.3% in a city with less than 100,000 inhabitants. At the same time, 10.3% reach those who report that they live in a town and 5.5% in a village.

Table 4. Where is your place of permanent residence?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	City (over 100,000 inhabitants)	203	50,7	50,9	50,9
	City (less than 100,000 inhabitants)	133	33,3	33,3	84,2
	Town (from 2,000 to 10,000 inhabitants)	41	10,3	10,3	94,5
	Village (less than 2,000 inhabitants)	22	5,5	5,5	100,0
	Total	399	99,8	100,0	
Missing	System	1	,3		
Total		400	100,0		

Next, the staff category to which the respondents belong is investigated. 22.8% state that they work in the health sector, 20.1% in local government and 16.8% in the education sector. 14% belong to those who work in community centers, 9.3% chose the answer "Other" and 8.8% report that they work in non-governmental governments. 7% report that they work in child protection and 1.3% in the justice sector. The above are analyzed in Table 5.

Table 5. To which of the following categories of staff do you belong?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Local Government (Municipalities-Regions-Structures to combat poverty)	80	20,0	20,1	20,1
	Community Centers-Home Help-Roma	56	14,0	14,0	34,1
	Health (First – Second – Third – Mental Health – Addictions)	91	22,8	22,8	56,9
	Education	67	16,8	16,8	73,7
	Child Protection	28	7,0	7,0	80,7
	Justice	5	1,3	1,3	82,0
	Non-governmental organisations	35	8,8	8,8	90,7
	Other	37	9,3	9,3	100,0
	Total	399	99,8	100,0	
Missing	System	1	,3		
Total		400	100,0		

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In Table 6, the years that the respondents work in their specialty as a whole are investigated. The smallest value reaches half a year and the largest 38 years, with the average years reaching 11.78 years.

Table 6. How many years in total have you been working in your specialty?

N	Valid	396
	Missing	4
Mean		11,7854
Std. Deviation		8,53482
Minimum		,50
Maximum		38,00

In Table 7, the weekly working hours of the respondents are analyzed. The lowest value reaches 0 hours and the highest reaches 75. In more detail, the average value occupies 35.25 hours.

Table 7. How many hours per week do you work?

N	Valid	398
	Missing	2
Mean		35,2550
Std. Deviation		10,08383
Minimum		,00
Maximum		75,00

In Table 8, it is listed whether the participants hold a position of responsibility in their work. 51.5% report that they do not hold such a position and 48.5% that they hold a similar position.

Table 8. You hold a position of responsibility in your work.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	193	48,3	48,5	48,5
	No	205	51,2	51,5	100,0
	Total	398	99,5	100,0	
Missing	System	2	,5		
Total		400	100,0		

Next, the FAS score created from the average of the 10 statements related to the respondents' fatigue is presented. The variables as well as the score accept values from 1 to 5, with an increase in the average, being identified with an increase in the level of fatigue of the respondents. It is observed that the minimum value of the variable is equal to 1 and the maximum to 4.44, while the average value reaches 2.30. Therefore, it seems that the level of fatigue of the respondents is low.

The GHQ scores of the subscales are made up of the average of 7 statements each, while the total score is made up of the average of 28 statements. In addition, all statements and scores receive values from 1 to 4, with higher means indicating a higher level of symptom occurrence. It seems that the level of physical symptoms (2.18) is below average, although it is the highest. This is followed by the level of anxiety and insomnia (2.06), the level of social dysfunction (1.92), while the level of depressive symptoms is particularly low (1.26). Finally, the overall level of symptoms (1.86) is judged to be below average.

The MSPSS scores are made up of the average of 4 statements, with the total score made up of the average of all 12 statements of the scale. In addition, all scores accept values from 1 to 7, with an increase in the average value being identified with an increase in the support received by the respondents. It seems that at a higher above average level, support from "significant other" (5.79) is

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ranked, followed by support from friends (5.57) and lastly is support from family (5.44). Finally, the overall level of support is also high (5.60).

Then, the Mann-Whitney test was used to show the influence of gender on the research scores. It is evident that women show a higher level of physical symptoms, social dysfunction and overall level of symptoms. In addition, women show a higher level of support from the "significant other", family and friends, as well as a higher overall level of support from the environment, compared to men.

Table 9. Gender differentials.

	Mann-Whitney U	Wilcoxon W	Z	Asymp. Sig. (2-tailed)
FAS-Fatigue	6589.500	7492.500	-1.232	0.218
GHQ-28 Physical symptoms	5151.000	6054.000	-3.285	0.001
GHQ-28 Anxiety/insomnia	6690.000	7593.000	-1.090	0.276
GHQ-28 Social dysfunction	5298.500	6201.500	-3.086	0.002
GHQ-28 Severe depression	7093.500	7996.500	-0.540	0.589
GHQ-28 Overall score	5678.500	6581.500	-2.527	0.011
MSPSS Significant others	5136.000	6039.000	-3.339	0.001
MSPSS Family	5861.000	6764.000	-2.281	0.023
MSPSS Friends	6064.500	6967.500	-1.990	0.047
MSPSS Overall score	5650.500	6553.500	-2.569	0.010

Regarding the variable of marital status, it is observed that widowers show the highest level of fatigue and divorced people the highest level of depressive symptoms and total level of symptoms. At the same time, it is clear that the married participants receive a higher level of support from the "significant other", family and friends, and the level of support from the social environment as a whole is higher than the rest of the respondents.

Table 10. Differences in marital status.

	Kruskal-Wallis H	df	Asymp. Sig.
FAS-Fatigue	17.404	3	0.001
GHQ-28 Physical symptoms	5.296	3	0.151
GHQ-28 Anxiety/insomnia	4.245	3	0.236
GHQ-28 Social dysfunction	5.048	3	0.168
GHQ-28 Severe depression	13.026	3	0.005
GHQ-28 Overall score	8.236	3	0.041
MSPSS Significant others	18.294	3	0.000
MSPSS Family	29.418	3	0.000
MSPSS Friends	9.272	3	0.026
MSPSS Overall score	20.428	3	0.000

At the same time, the Kruskal-Wallis test was used to show whether the staff category to which the respondents belong affects the scores of the scales and subscales. Two statistically significant differences emerge. It is observed that those who work in non-governmental organizations present a higher level of physical symptoms and overall level of symptoms (GHQ-28 Overall score), compared to the rest of the sample ($p<0,05$).

Continuing, the Mann-Whitney test was also used to highlight possible statistically significant differences as to whether the respondents have a position of responsibility in the company in which they work. A total of 3 statistically significant differences are presented. In more detail, it is evident that respondents with a position of responsibility present a higher level of physical symptoms, anxiety and insomnia and overall level of symptoms ($p<0,05$).

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Finally, it seems that the place of residence does not affect the survey scores in a statistically significant way.

Discussion

The present study focused on the investigation of fatigue, social support and quality of life that characterizes social workers. Furthermore, the study aims to highlight the effect of demographic and occupational characteristics on the above factors. Based on the specific objectives, the research questions formulated were the following:

- To what extent do social workers experience fatigue?
- To what extent do social workers receive social support from those around them?
- At what level is the quality of life of social workers?
- Do demographic and occupational characteristics characteristics influence social workers' fatigue, social support and quality of life?

In particular, investigating the first research question, it was shown that the level of fatigue of the respondents is considered low. It is worth mentioning that there are no corresponding previous researches in our country, so that a comparison can be made between their results. However, taking into account the data from research conducted abroad, we find that there is no agreement between these researches and the specific finding of the present research.

More specifically, Johnson (43) argues that the rate of fatigue in the profession of social workers is greater than 70%. Also, an earlier survey of social workers working in Great Britain revealed that more than 96% considered that they worked under quite stressful situations (44). Maslach and Leiter (45) argue that fatigue in social workers can be a consequence of the large number of cases they are called to manage, the deficiencies presented in the working environment and the feeling of injustice that they themselves perceive. Symptoms of fatigue appear to be present in several contexts in which social workers work according to the findings of previous research. More specifically, it has been documented in social workers who work with children with disabilities (46). High rates of burnout among social workers working in settings dealing with abused children are related to the painful complexity of advocating for both the abused child and the abusive parent (47) and have serious effects on their mental health, such as anxiety, depression and other physical symptoms (35). Not surprisingly, as a result of fatigue, child protective services have unusually high turnover rates and reduced worker efficiency over time (48).

At the same time, the level of occurrence of negative symptoms is also low, with physical symptoms appearing more often than the rest, as can be seen in the second research question. This finding is in agreement with Davies (44) from whose research it was found that 58% of social workers showed physical symptoms of stress. It is worth mentioning that Peterson et al. (24) concluded that fatigue negatively affects the health and well-being of social workers and is associated with a number of pathological consequences, such as depression, anxiety, sleep disorders, memory impairment, neck pain and the back.

Recent research by Hollederer (49) on a sample of social workers working in Germany concluded that cognitive and emotional demands were greater for social workers compared to other professions. These emotional demands were related to the general state of health of the social workers. More specifically, 41% of them stated that they often felt emotionally exhausted during the last twelve months. A quarter of social workers complained of both frequent physical and emotional exhaustion in the past twelve months. Finally, their disease rate was disproportionately high.

In the third research question it became clear that the participants receive a high level of support from their surroundings, and more so from the "significant other" in their lives. Analyzing the relationships between the main scales of the research, it was observed that the increase in fatigue is identified with the increase in the level of occurrence of all symptoms, as well as the total level of occurrence of symptoms. Accordingly, the higher the level of fatigue, the less support participants seem to receive from their surroundings. In addition, it became clear that as the level at which respondents receive support from their environment increases, the level at which they present any

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symptom, as well as the overall level of symptom occurrence, decreases. The only exception observed is between the level of social dysfunction and the level of support from friends, variables which do not show any statistically significant interaction.

It is worth mentioning that these findings agree with earlier research. More specifically, Håvard (50) found that social workers have a need for recognition and understanding from their colleagues and managers, which affects their emotional state. Also, it has been shown that in order to be able to provide their services, social workers need to feel both informal and formal support as well as supervision of their work. Earlier research on social workers and the social support they receive came to similar findings. More specifically, the special emotional value that support from colleagues and managers has in combating work stress (51). Urdang (52) found that it additionally reduces stress and possibly burnout.

Qiao (53) conducting a questionnaire survey and interviews with social workers in China found that the higher the level of social support of social workers, the weaker the feelings of burnout. Also, Zhang (54) researching a group of psychological counselors, found that the social support received by this group can help alleviate burnout. The research content mainly focused on the relationship between social support, burnout and the relationship between the two.

In the fourth research question, the influence of demographic variables on the scales and subscales of the survey was studied. More in detail, it became clear that increasing the age of social workers leads to a decrease in the level of physical symptoms, social dysfunction, overall level of symptoms, support from the "significant other", support from friends and overall support. At the same time, an increase in total years of service is associated with a decrease in the level of social dysfunction, support from "significant other", support from friends, and overall level of support from the environment as a whole. Continuing, it was observed that female social workers are characterized by a higher level of physical symptoms, social dysfunction and overall level of symptoms, compared to men. They also receive a higher level of support from their significant other, family and friends, and show a higher overall level of support from the environment.

Previous studies prove that gender is a predictor of fatigue. Studies by Grau et al. (55) and Soler et al. (56) demonstrate that men fail to perceive this. Evans et al. (30) in research they had carried out on social workers, concluded that men were characterized by a higher score compared to women, in terms of depersonalization, i.e. perception disorder. The differences relate to the conflicting socialization roles assigned to the two sexes. More specifically, it is argued that women are socially destined to raise and take care of children, do housework and take care of husbands and elderly members of the family. Men, on the other hand, grow up tough and focus primarily on achievement rather than interdependence and relationship development skills.

Studies focus on the importance of age in burnout. Specifically, Gold (31) and Williams (32) argued that age is inversely related to perceptual ability. Gil-Monte (57) found that the older people are, the less likely they are to not perceive fatigue. Poulin and Walter (34) observed the same phenomenon among social workers. Specifically, they found that age is inversely related to the emotional exhaustion they experience. Jayaratne, Vinokur-Kaplan, and Chess (35) reported that in their research, younger social workers had lower personal achievement and higher rates of failure to perceive fatigue, compared to older social workers. Gil-Monte (57) found a strong correlation of emotional exhaustion with the presence of health problems.

Continuing with the fourth research question, it was observed that widowed social workers are characterized by a higher level of fatigue and married ones by a higher level of support from the "significant other", family and friends and a higher level of support from the social environment in total. Accordingly, those who are divorced show a higher level of depressive symptoms and overall level of symptoms.

In a study by Bargal and Guterman (58) of social workers working in Israel and Siefert, it was concluded that single female workers reported higher rates of burnout than those who were married. A small number of studies focus on the relationship between having children and emotional exhaustion. The results of these reveal the existence of lower levels in people who have children compared to those who do not have children (59). Fuqua and Couture (60) concluded that married

and older people with children experience less emotional exhaustion, compared to those who are not married, younger and without children.

Regarding the place of residence, it became clear that it does not affect any scale or subscale in a statistically significant way, while workers in non-governmental organizations present a higher level of physical symptoms and overall level of symptoms, compared to the rest of the social workers. Finally, it is observed that those with a position of responsibility present a higher level of physical symptoms, anxiety and insomnia and overall level of symptoms.

In the research of Gomez-Garcia et al. (59) in a sample of 947 Spanish social workers, found that full-time employment status was the strongest predictor of fatigue. The finding of this research made a particular impression is that although socio-demographic characteristics are important predictors, their effect is ultimately very small.

The current study presents some limitations. The participation of not so large number of professionals is its disadvantage. Moreover, in future studies, apart from demographic and occupational features, other variables could also be studied to see if they can affect fatigue and quality of life, such as personality traits, psychosocial factors of the workplace, working climate or working conditions.

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