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Prevalencia del síndrome de burnout en personal de centros de menores: diferencias según su contexto sociolaboral

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Resumen

El objetivo del estudio fue determinar la prevalencia del síndrome de *burnout* y de sus tres componentes (agotamiento emocional, despersonalización y falta de realización personal) en el personal de algunos centros de menores en España y analizar la capacidad predictiva de diversos factores epidemiológicos y laborales sobre la probabilidad de padecer dicho síndrome. Para ello, se llevó a cabo una investigación cuantitativa de corte transversal en una muestra de 160 profesionales mediante la aplicación de un cuestionario elaborado *ad hoc* y el *Maslach Burnout Inventory*. Los resultados obtenidos muestran una incidencia media en agotamiento emocional (40 %) y realización personal (41.2 %), y una baja despersonalización (55.6 %) en el *burnout* de profesionales de centros de menores. Asimismo, se confirma que la ubicación del centro y la antigüedad son fuentes significativas de variación en el agotamiento emocional, así como el sexo en la despersonalización, y la profesión en la realización personal. En conclusión, la mayor predisposición a sufrir *burnout* se produce en mujeres solteras y con edades entre los 34 y 43 años, con poca experiencia laboral, contrato fijo, y que trabajan como educadoras o trabajadoras sociales en turnos alternos (mañana o tarde) de los centros ubicados en cascos urbanos.

Palabras clave: Síndrome de *burnout*, centros de menores, factores psicosociales laborales, *Maslach Burnout Inventory*.

Prevalence of burnout syndrome in staff of juvenile facilities: Differences according to their socio-labour context

Abstract

This study is aimed at determining the prevalence of burnout and its three components (emotional exhaustion, depersonalisation and lack of self-fulfilment) in the staff of juvenile facilities in Spain, and to analyze the predictive capacity of various epidemiological and occupational factors regarding the likelihood of suffering the aforementioned syndrome. For this end, a quantitative cross-sectional research was carried out with a sample of 160 professionals by means of an *ad hoc* questionnaire and the *Maslach Burnout Inventory*. The burnout results in juvenile facilities show an average impact of emotional exhaustion (40%) and self-fulfilment (41.2%) and a low depersonalisation (55.6%). Likewise, it is confirmed that the location and the age of the centre are significant sources of variation in emotional exhaustion, as well as gender is in depersonalisation, and profession in self-fulfilment. In conclusion, the greatest predisposition to suffer Burnout occurs in unmarried women aged between 34 and 43, with little work experience, permanent contract and working as social educators or social workers in alternate shifts (morning or afternoon) in urban centres.

Key words: Burnout syndrome, juvenile facilities, psycho-social factors, *Maslach Burnout Inventory*.

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Prevalência da síndrome de burnout em pessoal de centros de menores: diferenças segundo seu contexto socioprofissional

Resumo

O objetivo deste estudo foi determinar a prevalência da síndrome de *burnout* e de seus três componentes (esgotamento emocional, despersonalização e falta de realização pessoal) no pessoal de alguns centros de menores na Espanha e analisar a capacidade preditiva de diversos fatores epidemiológicos e profissionais sobre a probabilidade de padecer dessa síndrome. Para isso, realizou-se uma pesquisa quantitativa de corte transversal numa amostra de 160 profissionais mediante a aplicação de um questionário elaborado *ad hoc* e do Maslach Burnout Inventory. Os resultados obtidos mostram uma incidência média em esgotamento emocional (40%) e realização pessoal (41,2%), e uma baixa despersonalização (55,6%) no *burnout* de profissionais de centros de menores. Além disso, confirma-se que a localização do centro e a antiguidade são fontes significativas de variação no esgotamento emocional, bem como o sexo na despersonalização, e a profissão na realização pessoal. Em conclusão, a maior pré-disposição a sofrer *burnout* é produzida em mulheres solteiras, com idade entre 34 e 43 anos, com pouca experiência profissional, contrato fixo e que trabalham como educadoras ou trabalhadoras sociais em períodos alternados (manhã ou tarde) dos centros localizados em centros urbanos.

Palavras-chave: centros de menores, fatores psicossociais trabalhistas, Maslach Burnout Inventory, síndrome de *burnout*.

INTRODUCTION

The burnout syndrome is a situation of physical and/or emotional exhaustion that occurs in those workers who have a close relationship with the people to whom they offer their services. Moreover, they are usually very committed to the efficient and effective carrying out of their tasks (Leiter & Maslach, 2005; Quintanilla, 2004). However, the word "burnout" is usually associated to other terms such as burning syndrome, professional fatigue or mental fatigue (Ortega & López, 2004). Hence, the worker is depicted as an engine, lamp or fuse that is burnt out.

In this regard, burnout syndrome is characterised by a process whose first phase is marked by progressive loss of energy and the disproportion between the work performed and the fatigue experienced (emotional exhaustion). Almost simultaneously as a second phase, individuals start developing negative feelings, attitudes and behaviours, laden with cynicism towards people within their environment (depersonalisation). Finally, in the third phase, a progressive abandonment of the non-labour activities (self-fulfilment) takes place (Rodríguez, Oviedo, Vargas, Hernández & Pérez, 2009). Thus, at the beginning, workers feel dissatisfied and unhappy with themselves; after that, they become hardened and dehumanised and they end up being perceived as fanatical, depressive and hostile individuals (De Pablo, 2007).

Taking this into account, studies on burnout have been gaining relevance in the field of occupational risk prevention and in the analysis of working conditions (Albuquerque, Melo & Araujo, 2012). Nowadays, taking care of the workers that strive to promote well-being within the most

vulnerable sectors in society becomes an exigence of paramount importance for any government.

On the other hand, the causes of greater influence in the development of the burnout syndrome lie on the welfare sector, which has been scourged by the current economic crisis, which has increased the poverty threshold, and the enactment of the Law 39/2006, regulating the "Promotion of personal autonomy and care for people in a situation of dependence", which has increased the pressure and saturation of social services (Focal, 2012). In this sense, there are two possible explanations for this phenomenon: whereas some look for the causes within the environment (external factors), others focus their attention on the personality, within the internal disposition of the affected person (See Table 1).

On the other hand, juvenile facilities are those centres intended to the residential care of minors who are under ward or protection, notwithstanding the immediate attention granted to them when they are temporarily in an alleged situation of defencelessness (Decree 355/2003). Thus, institutions such as juvenile centres are an indispensable resource to address the risk and abandonment situation that thousands of children suffer in our society. That is why those can become highly stressful places.

This protection measure is adopted when all the possibilities of maintenance of the child in his family are depleted or when foster care or adoption are not deemed adequate. Due to that, the members of the staff looking after these children generate high standards of self-demand, a low tolerance to failure, high levels of excellence and perfection, an elevated need for self-control and a sense of omnipotence regarding tasks (Rodríguez, et al., 2009).

Table 1

External and internal factors affecting the development of the Burnout syndrome

External factors	Internal factors
High workload and stress.	Very high ideals/ambitions.
Scarcity of resources (personal, economical...).	Perfectionism.
Scarce positive feedback.	Unable to say no.
Constant problem confrontations.	Fear of rejection.
The absence of a clear delimitation between professional and private life.	Fear of not meeting others' expectations.
Being too involved in the problems of the company or the institution.	Fear of ridicule.
High expectations or unclear objectives.	Fear of case irruption.
Divergence between the own expectations and the expectations set by the boss, the collaborators, the customers or the patients.	Fear of job loss.
Problematic organisation of work, structures and framework conditions.	Fear of security loss.
Administrative coercions.	Fear of failure.
Scarce flexibility in the organisation; short operating range for taking decisions as an individual.	Fear of criticism.
Poor teamwork, conflicts, negative competitiveness.	Fear of resembling a loser.
Absence of social support.	Anxiety to be good, to be the best.
Excessive workload due to the compliance with too complex tasks.	Eager to reach success.
Low earnings and the message that it entails.	Eager to show others their own value.
Having to adapt to new situations with the insecurity that it implies.	Eager to help others.
Fear of losing their job.	Eager to have an influence and make a difference.
	Eager to be recognised and valued.
	Eager to reach material security.

Note: Adapted from Mediano (2001)

These centres must reproduce, to the extent possible, the minor's living conditions in the closest way possible to a normalised family, from the home format to the comprehensive care. Here, juvenile facilities workers (social educators and social workers, pedagogues, psychologists, directors) play an important role because their behaviour at work will affect the intervention carried out. It is important to be aware of the fact that these professionals not only perform their role as counsellors, advisers and mediators but also are the reference figure for many children.

The burnout syndrome is more and more present in the activities devoted to offering human services. It has vital consequences for professionals, for the organisations where they work and, thence, for the users. Many quantitative and qualitative studies on the burnout syndrome have been carried out. Among them, not only the conceptual reviews (Caballero, Hederich & Palacio, 2010) should be highlighted,

but also the investigations in the educational field (Alcalá, Ocaña, Rivera & Almanza, 2010; Aris, 2009; Rionda & Hernández, 2012), in sport (Carlin, Garcés de Los Fayos & De Francisco, 2012; Salgado, Rivas & García, 2011) and, particularly, in the healthcare field (Aldrete, Navarro, González, Contreras & Pérez, 2015; Basset, Estevez, Leal, Guerrero & López, 2011; Borges, Argolo & Baker, 2006).

However, there are few empirical investigations carried out with staff from juvenile facilities. The work of minor residential fostering by Jenaro, Flores and González (2007) is to be highlighted. In it, the burnout syndrome is highly evidenced (emotional exhaustion: 42.2%; depersonalisation: 31.3%; and self-fulfilment: 50%) with a significant relationship depending on the age and the years of experience, but not on the gender. Likewise, 66.7% of community service social workers show high burnout levels in some of its three components, being the emotional exhaustion the one

with the highest influence (Focal, 2012). Consequently, the individual suffering from the burnout syndrome corresponds to a seasoned professional with little recognition for his/her welfare intervention and a high dissatisfaction with the management of his/her workplace (Albaladejo et al., 2004).

As it can be seen, although the burnout syndrome is reported in many professional sectors, this study focuses on the burnout impact on professionals who work in juvenile facilities. It must be highlighted that these centres are set for the care of minors of both genders and different ages who are in abandonment, risk or social conflict situations. Consequently—and considering the development of burnout as a risk factor when dealing with people in need—the professionals in charge of juvenile facilities are an interesting breeding ground for analysis.

The present research arises with the purpose of investigating the extent to which workers of juvenile centres are affected by burnout. More specifically, the main objective of this study is measuring the burnout prevalence in staff of juvenile facilities and analysing whether there are significant differences in its factors (emotional exhaustion, depersonalisation, self-fulfilment) depending on the epidemiological variables (gender, age, marital status) and working variables (seniority, position, timetable, contract, location). The study also considers—as a research hypothesis—the prediction of a high burnout level for juvenile facilities workers and the existence of significant differences within the epidemiological and working variables.

METHOD

Participants

The autonomous region of Galicia (Spain) has a network made up of 70 juvenile protection centres (11 owned centres and 59 collaborator centres) with a capacity of 1,337 vacancies (348 owned and 989 from collaborators), out of which 906 are boarding vacancies and 431 are day-care vacancies. The study was carried out with 160 workers from 26 juvenile centres by means of a non-probability and intentional sample. The age of the individuals ranged between 19 and 65 ($M = 39.3$; $S.D. = 10.4$). The gender was mainly female (79.4% as compared to 28.1% male gender). In terms of marital status, 53.8% were married, 31.3% were unmarried and 15% were separated, divorced or widowed.

With regards to the working environment, 60.6% of the participants played the role of social workers or educators, 26.9% of psychologists, pedagogues or monitors and 12.5% held managerial positions. When taking timetable into

account, 70% worked in the morning or in the afternoon and 30% worked in morning, afternoon or night shifts. Besides, 76.3% had a permanent contract, 16.3% had a labour contract and 7.5% were temporary workers. Finally, the average career time was of 9.4 years ($SD = 7.5$); the majority of them had developed their work in urban centres (81.9%) as opposed to those in rural areas (18.1%).

Instruments

Two types of instruments were applied for the gathering of information. Firstly, an *ad hoc* questionnaire was created including epidemiological variables (age, gender, marital status) and labour variables (job category, shift and working situation, seniority in the profession and workplace location). Secondly, the tool used for the gathering of information was the Spanish version of the Maslach Burnout Inventory (MBI) adapted by Seisdedos (1997). This instrument has 22 items related to attitudes, emotions and feelings that professionals show towards their work and towards the recipients of their services, and is divided into three dimensions: emotional exhaustion (9 items), depersonalisation (5 items) and self-fulfilment (8 items). The set of items that make up these dimensions is presented on a Likert scale with scores ranging from none/never (0) to every day/always (6). The syndrome's complete symptomatological picture would appear when high levels of emotional exhaustion (> 40) and depersonalisation (> 22) and low levels of self-fulfilment (< 12) were shown at work (Martínez, 2010; Olivares, Vera & Juárez, 2009).

Many studies have supported the syndrome's tridimensionality with good levels of reliability (between .60 and .90) (Carlotto & Cámara, 2006; Hansung & Juye, 2009; Rostami, Abedi, Schaufeli, Ahmadi & Sadeghi, 2014; Samaranayake & Seneviratne, 2012). Moreover, the dimensions' internal consistence has been acceptable, except for the depersonalisation factor, which is relatively low (Aguayo, Vargas, de la Fuente & Lozano, 2011; Chao, McCallion & Nickle, 2011; Piko, 2006; Wheeler, Vassar, Worley & Barnes, 2011).

In this general context, it is particularly necessary to count on the validity and reliability of the instrument used. Thus, in the first place, an exploratory factor analysis of the main components was carried out, whereby adequate values for the KMO index (.82) were found as well as in the Bartlett's sphericity test ($\chi^2_{231} = 1370.96$; $p < .01$). The resulting dimensional structure (equal to the original one included in the questionnaire) was made up of three factors (*emotional exhaustion, depersonalisation and self-fulfilment*) that jointly explain 51.28% of the variance. After that, the confirmatory factor analysis was carried out with the

AMOS programme from the SPSS 22 statistical package. It showed good fit indices ($\chi^2/df = 1.81$; GFI .89; CFI=.90; RMSEA=.06). Secondly, the instrument's reliability was measured with Cronbach's alpha, whereby a .75 (acceptable) value for the MBI questionnaire was obtained and showed correct values in the three dimensions (emotional exhaustion: $\alpha = .90$; depersonalisation: $\alpha = .61$; and self-fulfilment: $\alpha = .82$).

Procedure

Data were gathered from December 2014 to February 2015. In the first place, a meeting with the minors' service head and the service coordinator was arranged for requesting the e-mails, addresses and names of the directors of the centres. The head of the service provided an introduction letter to deliver to the centres. The next step was sending an e-mail to every centre for arranging a meeting and submitting the questionnaire. The e-mail sent included an introduction, the explanation of the reason for the contact, the need to set an appointment for the fieldwork, the acknowledgments and, finally, the farewell. The application was individual and anonymous in order to encourage questionnaire response and sincerity. The data were gathered voluntarily at the workplaces.

Statistical analysis

The study's —descriptive, observational, cross-sectional and prospective— data were analysed with the SPSS 22.0 software package. Firstly, a frequency and percentile analysis of each of the variables took place. Secondly, a descriptive analysis was carried out (mean and standard deviations). An analysis of variance (ANOVA), followed by multiple comparisons (SCHEFFÉ test) and information on the size of the effect was used to determine the existence of statistically significant differences according to the epidemiological and labour variables, based on Cohen's criteria (1988) (small = .2, medium = .5 and large =.8).

The study was carried out with the authorisation of every participant in a disinterested and voluntary manner. At the time of completing the questionnaire, a tacit consent was obtained for the acceptance of its incorporation into the study. No personal data were collected from any respondent and the whole process was anonymous. It is worth mentioning that ethical research protocols were met with special emphasis on confidentiality.

RESULTS

From the data obtained, the percentages of each subscale of the MBI questionnaire were calculated, and then

the descriptive analysis (averages and standard deviations) were developed together with the variance analysis based on the factors that make up the emotional intelligence, effect size and post hoc multiple comparisons (Scheffé test).

Prevalence of burnout syndrome in staff of juvenile centres

In the first place, a descriptive analysis was carried out by adding up the values of the different subscales (emotional exhaustion, depersonalisation and self-fulfilment). Individuals below the percentile 25 were included in the "low" category, those between the percentile 25 and 75 were tagged as "average" and those above the percentile 75 were grouped as "high". Hence, within the emotional exhaustion dimension, 30.6% got low values, 40% had average values and 29.4% showed a high emotional exhaustion. Within the depersonalisation sphere, 55.6% showed low values—which means that the staff in juvenile facilities was not too depersonalised—, 26.9% offered average values and 17.5% displayed a high depersonalisation. Finally, within the self-fulfilment scope, 21.9% had a low self-fulfilment level, 41.2% showed average values and 36.9% revealed a high self-fulfilment level (See Figure 1).

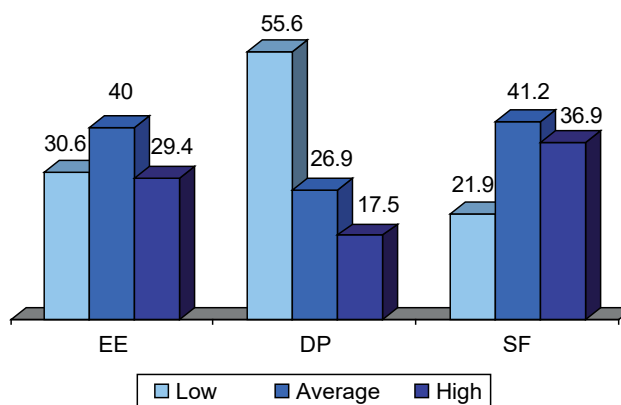


Figure 1. MBI scores for staff in juvenile facilities. EE: emotional exhaustion; DP: depersonalisation; SF: self-fulfilment

Descriptive and inferential analysis of burnout dimensions in staff of juvenile centres.

The values obtained for the epidemiological variables in the different MBI subscales (chart 2) have higher emotional exhaustion ($M = 25.21$) and depersonalisation ($M = 9.48$) mean scores for males; females have a higher self-fulfilment level ($M = 45.79$). In terms of age, the emotional exhaustion levels were higher in the youngest group ($M = 24.35$), the depersonalisation level, in those aged between 34 and 43 years old ($M = 8.41$), and the self-fulfilment level was higher among the oldest ones ($M = 46.00$). Finally, in terms of marital status, single workers showed higher

emotional exhaustion ($M = 24.75$) and self-fulfilment ($M = 46.15$) means. Those who were divorced, separated or in a *de facto* marital union showed the highest depersonalisation levels ($M = 8.83$).

On the other hand, after analysing the work environment data, higher depersonalisation ($M = 8.90$) and self-fulfilment ($M = 49.40$) levels were reported for directors and coordinators. Higher emotional exhaustion ($M = 24.39$) levels were reported for social workers/educators. Higher emotional exhaustion ($M = 24.21$) and self-fulfilment ($M = 45.83$)

scores were also found among professionals working in morning or afternoon shifts and higher depersonalisation ($M = 8.08$) values among those working in rotating shifts (morning, afternoon and night).

Depending on the contract type, the labour staff had higher emotional exhaustion ($M = 24.27$) and depersonalisation ($M = 8.35$) levels. However, those with a permanent contract had a higher self-fulfilment ($M = 46.11$) level. When it comes to the workplace location, the highest self-fulfilment means ($M = 27.86$) were found in rural

Table 2.

Means, standard deviations and variance analysis of the emotional exhaustion (EE), depersonalisation (DP) and self-fulfilment (SF) dimensions depending on gender, age, marital status, profession, timetable, contract, centre's location and seniority

Variables	Emotional exhaustion			Depersonalisation			Self-fulfilment		
	M	Sd	F (p)	M	Sd	F (p)	M	Sd	F (p)
GENDER									
Female	23.46	8.77	.98	7.50	2.49	12.1	45.79	6.75	.10
Male	25.21	10.02	(.32)	9.48	3.78	(.00)	45.40	4.40	(.75)
AGE									
19 to 33	24.35	9.19		7.72	2.77		45.90	6.57	
34 to 43	24.15	9.68	.46	8.41	3.31	1.42	45.30	5.80	.19
Over 43	22.73	8.00	(.63)	7.51	2.44	(.24)	46.00	6.80	(.82)
MARITAL STATUS									
Unmarried	24.75	10.15		7.51	2.81		46.15	6.29	
Married	22.30	6.63	1.17	8.16	3.17	2.24	45.52	5.72	.66
Other: Divorced...	23.67	9.03	(.31)	8.83	2.48	(.11)	44.50	7.66	(.51)
PROFESSION									
Director, coordinator	21.50	7.49		8.90	2.95		49.40	2.66	
Social educator/worker	24.39	9.31	.86	7.93	3.12	1.86	45.50	6.42	4.50
Other: Psychologist...	23.63	9.05	(.42)	7.39	2.23	(.15)	44.44	6.77	(.01)
WORKING HOURS									
Morning or afternoon	24.21	9.33	.69	7.84	2.62	.23	45.83	6.35	.14
Morning, afternoon and night	22.91	8.32	(.40)	8.08	3.50	(.62)	45.42	6.33	(.70)
CONTRACT									
Permanent	24.14	8.97		7.84	2.99		46.11	6.27	
Labour	24.27	10.55	1.38	8.35	2.92	.34	44.00	6.93	1.23
Temporary	19.67	4.52	(.25)	7.75	1.91	(.70)	45.25	5.33	(.29)
CENTRE'S LOCATION									
Urban	23.04	8.32	3.97	8.23	3.03	2.31	45.44	6.35	1.70
Rural	27.86	10.51	(.02)	7.27	2.15	(.10)	45.07	5.80	(.18)
WORKING YEARS									
From 1 to 9 years	25.16	9.86	4.75	7.74	2.85	.77	45.39	6.26	.50
Over 9 years	22.06	7.51	(.03)	8.14	2.98	(.38)	46.11	6.43	(.47)

centres. Nevertheless, depersonalisation ($M = 8.23$) and self-fulfilment ($M = 45.44$) averages appeared in urban facilities. Furthermore, the higher the seniority, the higher the depersonalisation ($M = 8.14$) and self-fulfilment ($M = 46.11$) values, and the lower the seniority, the higher the emotional exhaustion means ($M = 25.16$).

Lastly, prior to the analyses, the variance homogeneity was verified by means of the Levene test, which showed the same variance in all of the cases and also normality of the data. Consequently, in order to analyse the existence of significant differences in normally-distributed independent populations, analyses of variance (ANOVA) were carried out. Significant differences were found in the emotional exhaustion dimension with different variables involved. The location variable ($F_{(1, 159)} = 3.99$; $p < .05$) was higher in rural facilities (medium-sized effect $d = .51$). The seniority variable ($F_{(1, 159)} = 4.75$; $p < .05$) showed higher scores in those who have been working between one and nine years (small-sized effect $d = .35$). No significant differences were found in the following variables: gender ($F_{(1, 159)} = .98$; $p > .05$), age ($F_{(2, 158)} = .46$; $p > .05$), marital status ($F_{(2, 158)} = 1.17$; $p > .05$), profession ($F_{(2, 158)} = .86$; $p > .05$), timetable ($F_{(1, 159)} = .69$; $p > .05$) and contract type ($F_{(2, 158)} = 1.38$; $p > .05$).

Likewise, the depersonalisation dimension showed significant differences in the gender variable ($F_{(1, 159)} = 13.12$; $p < .01$), which is higher in the case of men (medium-sized effect $d = .62$). No significant differences were found in the following variables: age ($F_{(2, 158)} = 1.42$; $p > .05$), marital status ($F_{(2, 158)} = 2.24$; $p > .05$), profession ($F_{(2, 158)} = 1.86$; $p > .05$), timetable ($F_{(1, 159)} = .23$; $p > .05$), contract type ($F_{(2, 158)} = .34$; $p > .05$), location ($F_{(1, 159)} = 2.31$; $p > .05$) and seniority ($F_{(1, 159)} = .77$; $p > .05$).

Finally, there were significant differences in the self-fulfilment dimension related to the profession variable ($F_{(2, 158)} = 13.12$; $p < .05$). This confirms the SCHEFFÉ test regarding the differences between directors and social workers/educators (medium-sized effect $d = .79$) and other workers in the facilities (big-sized effect $d = .96$). On the other hand, no significant differences were found in the remaining variables: gender ($F_{(1, 159)} = 10$; $p > .05$), age ($F_{(2, 158)} = 19$; $p > .05$), marital status ($F_{(2, 158)} = 66$; $p > .05$), timetable ($F_{(1, 159)} = .14$; $p > .05$), contract type ($F_{(2, 158)} = .123$; $p > .05$), location ($F_{(1, 159)} = 1.70$; $p > .05$) and seniority ($F_{(1, 159)} = .50$; $p > .05$).

This means that inexperienced staff in juvenile facilities of rural areas has a higher emotional exhaustion index as compared to those operating in urban centres with more than nine years of service. In addition, the results show a higher level of depersonalisation for males than for females and a better self-fulfilment for those people holding managerial positions in the centres.

DISCUSSION

Although there is growing research evidence highlighting the presence of burnout in occupational groups whose job is to help other people (Hernández-Martín, Fernández-Calvo, Ramos & Contador, 2006; Juárez-García, Idrovo, Camacho-Ávila & Placencia-Reyes, 2014), this paper stands out for its systematic assessment of the professionals who carry out their job in juvenile centres. Thus, given the consequences that this phenomenon has in the case of workers, the organisations where they work and, therefore, society as a whole, the need of delving into studies aimed at identifying the burnout levels is justified as a previous step to the implementation of preventive and intervention measures that minimise this syndrome.

This research confirmed empirical evidence supporting the validity and reliability of the Maslach Burnout Inventory (MBI) in its three-factor structure (exhaustion, depersonalisation and lack of self-fulfilment). The theoretical structure defined by the three related factors was confirmed by the exploratory factor analysis and ratified by the confirmatory factor analysis. In both cases, it was revealed that the model was properly adjusted to data (similar to the original). Finally, the reliability analysis revealed a .75 value (Cronbach's alpha), which shows an acceptable internal consistence. Furthermore, it can also be applied in other contexts. Consequently, the MBI questionnaire shows appropriate psychometric properties that make its application advisable in this population (Gil-Monte, 2002; Kandolin, 1993).

The current study partially confirms the first hypothesis since, although staff of juvenile facilities does not outwardly express a high burnout incidence, an incipient burnout presence is indeed perceived (as shown by the scores in the medium-low range). Both the emotional exhaustion (40%) and the self-fulfilment (41.2%) scores are included in the average category, whereas the depersonalisation score is included in a low category (55.6%). Several investigations, such as the one conducted by Sánchez & Sierra (2014) with nursing staff, or the research by Extremera, Rey & Pena (2010) with primary education teachers, also confirm average and low scores in the three dimensions. On the contrary, the results of the study conducted by Jenaro, et al. (2007) including staff from residential fostering facilities confirms the burnout syndrome presence. Likewise, Focal (2012) holds that social workers show high levels of some of the three dimensions (emotional exhaustion in particular).

Furthermore, the results based on the relationship between the emotional exhaustion and the epidemiological-labour variables confirm that staff in urban juvenile facilities who

had worked for less than nine years had a higher level of emotional exhaustion than those who have been working in semi-urban centres for over nine years. On the contrary, Grau, Flichtentrei, Suñer & Prats (2007) found that separated women working on duty shifts show higher emotional exhaustion scores.

The highest depersonalisation scores were obtained by those male workers in juvenile facilities aged between 34 and 43 who are divorced, separated or in a *de facto* marital union and work as directors or coordinators in centres located in semi-urban areas, have a labour contract, a morning, afternoon or night shift and have been working for over nine years. The data gathered show that the gender is a significant source of variation and confirm —through the SCHEFFÉ test— a higher depersonalisation level for men than for women.

Finally, the staff in juvenile facilities with a lower self-fulfilment level and, therefore, with a higher likelihood of having a burnout syndrome are men aged between 34 and 43 who are divorced, separated or in a *de facto* marital union, whose place of work is located in semi urban areas, who have a labour contract, morning, afternoon or night shifts and have been working between one and nine years. In this case, data inform that only the profession is a significant source of variation in terms of self-fulfilment, which confirms (through the SCHEFFÉ analysis) that professionals in managerial positions have a better self-fulfilment index.

Overall, the highest tendency to suffer burnout happens in unmarried women aged between 34 and 43, with a working experience of about 9 years, permanent contract and working as social educators or social workers in morning and afternoon shifts in centres located in urban areas. From the three burnout dimensions, the following commonalities are confirmed: in accordance with the highest scores, it is observed that the (male) gender and the (labour) contract type are common to the three dimensions. At the same time, age (from 34 to 43), marital status (separated), shift (morning, afternoon and night) and the centre's location (semi-urban area) are common to the two dimensions (depersonalisation and self-fulfilment). Likewise, the years of experience (from 1 to 9) are similar in the case of emotional exhaustion and the self-fulfilment. In this sense, only gender (epidemiological factor) and contract type (labour factor) are associated to burnout in staff of juvenile facilities. The rest of variables (age, marital status, timetable, location, professional experience) are less important. That partially confirms our second hypothesis.

On the other hand, regarding the lowest scores in the three dimensions, two commonalities can be observed: gender (female) and age (aged over 43 years old). Also, the type of contract (temporary) is the same in the emotional exhaustion and the depersonalisation dimensions; the marital status

(unmarried) and the timetable (morning and afternoon) in the depersonalisation and self-fulfilment dimensions; and the location (urban areas), years of experience (over 9 years) and the position (director or coordinator) are common in the emotional exhaustion and self-fulfilment dimensions.

Likewise, the inferential analysis confirms that none of the socio-labour variables is common in the three dimensions. Nonetheless, the location and the years of experience are significant in the case of the emotional exhaustion dimension. The gender is highlighted for the depersonalisation and the position stands out in the case of the self-fulfilment dimension. The heterogeneous burnout results make the comparison with other investigations difficult (Ferrero & Martins, 2011; Grau, et al., 2009).

It could be concluded that, although the burnout level in the sampled workers is low, it is necessary to design and implement preventive educational intervention actions for the early detection of possible cases, as well as a proper handling of the episodic stress situations. The main study limitation accrued to the wide geographical dispersion of the juvenile centres. The main limitation of the study lied in the enormous territorial dispersion of the centres for minors.

REFERENCES

- Aguayo, R., Vargas, C., De la Fuente, E.I., & Lozano, L.M. (2011). A meta-analytic reliability generalization study of the Maslach Burnout Inventory. *International Journal of Clinical and Health Psychology*, 11(2), 343-361. Recuperado de <http://www.redalyc.org/articulo.oa?id=337169960009>
- Albaladejo, R.; Villanueva, R.; Ortega, P.; Astasio, P.; Calle, M.E., & Domínguez, V. (2004). Síndrome de Burnout en el personal de enfermería de un hospital de Madrid. *Revista Española Salud Pública*, 78 (4), 505-516. Recuperado de <http://www.redalyc.org/articulo.oa?id=17078408>
- Albuquerque, F. J. B., Melo, C. F., & Araujo, J. L. (2012). Avaliação da síndrome de burnout em profissionais da Estratégia Saúde da Família da capital paraibana. *Psicologia: Reflexão e Crítica*, 25(3), 542-549. Recuperado de www.scielo.br/prc
- Alcalá, A., Ocaña, M. Rivera, G., & Almanza, J. (2010). Síndrome de Burnout y rendimiento académico en una escuela de medicina. *Revista Neurología, Neurocirugía, y Neuropsiquiatría*, 43(1-4), 13-25.
- Aldrete, M.G., Navarro, C., González, R., Contreras, M.I., & Pérez, J. (2015). Factores Psicosociales y Síndrome de Burnout en Personal de Enfermería de una Unidad de Tercer Nivel de Atención a la Salud. *Ciencia & Trabajo*, 52, 32-36.
- Aris, N. (2009). El Síndrome de Burnout en los docentes. *Electronic Journal of Research in Educational Psychology*, 7(2), 829-848.

- Basset, I., Estévez, R., Leal, M., Guerrero, M., & López, J. (2011). Síndrome de Burnout en el personal de enfermería de una Unidad de Psiquiatría. *Mediagraphic*, 10(2), 81-85. Recuperado de <http://www.medigraphic.com/enfermeria-neurologica>.
- Borges, L.O., Argolo, J.C.T., & Baker, M.C.S. (2006). Os Valores Organizacionais e a Síndrome de Burnout: Dois Momentos em uma Maternidade Pública. *Psicologia: Reflexão e Crítica*, 19 (1), 34-43. Recuperado de www.scielo.br/prc
- Caballero, C.C., Hederich, Ch., & Palacio, J.E. (2010). El burnout académico: delimitación del síndrome y factores asociados con su aparición. *Revista Latinoamericana de Psicología*, 42(1), 131-146. . Recuperado de <http://www.redalyc.org/articulo.oa?id=80515880012>
- Carlin, M., Garcés de Los Fayos, E., & De Francisco, C. (2012). El síndrome de Burnout en deportistas: nuevas perspectivas de investigación. *Revista Iberoamericana de Psicología del Ejercicio y el Deporte*, 7(1), 33-47.
- Carlotto, M.S., & Câmara, S.G. (2006). Características psicométricas do Maslach Burnout Inventory-Student Survey (MBI-SS) em estudantes universitários brasileiros. *Psico-USF*, 11(2), 167-173.
- Chao, S. F., McCallion, P. & Nickle, T. (2011). Factorial validity and consistency of the Maslach Burnout Inventory among staff working with persons with intellectual disability and dementia. *Journal of Intellectual Disability Research*, 55(5), 529-536. . Doi: 10.1111/j.1365-2788.2011.01413.x
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Earlbaum Associates.
- Decreto 355/2003, de 16 de diciembre, *del Acogimiento Residencial de Menores*. Boletín Oficial de la Junta de Andalucía (BOJA). España. Núm. 245, pp. 26768-26778.
- De Pablo, C. (2007). El síndrome de Burnout y los profesionales sanitarios. *Nursing*, 25 (8), 60-65.
- Extremera, N.; Rey, L., & Pena, M. (2010). La docencia perjudica seriamente la salud. Análisis de los síntomas asociados al estrés docente. *Boletín de Psicología*, 100, 43-54.
- Ferrero, F., & Martins, A. (2011). Prevalencia del Burnout en pediatras cartas al editor. *Archivos Argentinos de Pediatría*, 109(4), 382, 382-384.
- Focal, T. (2012). Prevalencia del síndrome de burnout en trabajadores sociales de los servicios sociales comunitarios. *Portularia. Revista de Trabajo Social*, 12 (1), 59-69. Doi:10.5218/prts.2012.0034
- Gil-Monte, P.R. (2002). Validez factorial de la adaptación al español del Maslach Burnout Inventory-General Survey. *Revista de Salud Pública de México*, 44, 33-40. Recuperado de <http://www.insp.mx/salud/index.html>
- Grau, A., Flichtentrei, D., Suñer, R., & Prats, M. (2007). Influencia de factores personales, profesionales, y transnacionales en el Síndrome de Burnout en personal sanitario Hispanoamericano y Español. *Revista Española de Salud Pública*, 215-230. Recuperado de <http://www.redalyc.org/articulo.oa?id=17083206>
- Hansung, K. & Juye, J. (2009). Factor structure and longitudinal invariance of the Maslach Burnout Inventory. *Research on Social Work Practice*, 9(3), 325-339.
- Hernández-Martín, L., Fernández-Calvo, B., Ramos, F., & Contador, I. (2006). El síndrome de burnout en funcionarios de vigilancia de un centro penitenciario. *International Journal of Clinical and Health Psychology*, 6, 599-611. Recuperado de <http://www.redalyc.org/articulo.oa?id=33760306>
- Jenaro, C. Flores, N., & González, F. (2007). Síndrome de burnout y afrontamiento en trabajadores de acogimiento residencial de menores. *International Journal of Clinical and Health Psychology*, 7, 107-121. Recuperado de <http://www.redalyc.org/articulo.oa?id=33770108>
- Juárez-García, A., Idrovo, Á.J., Camacho-Avila, A., & Placencia-Reyes, O. (2014). Síndrome de burnout en población mexicana: Una revisión sistemática. *Salud Mental*, 37(2), 159-179. Recuperado de <http://www.redalyc.org/articulo.oa?id=58231307010>
- Kandolin, I. (1993). Burnout of female and male nurses in shiftwork. Special Issue: Night and shiftwork. *Ergonomics*, 36 (1-3). 141-147.
- Leiter, M., & Maslach, C. (2005). *Banishing Burnout: Six strategies for improving your relationship with work*. San Francisco, C.: Jossey-Bass.
- Ley 39/2006, de 14 de diciembre, *de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia*. España. BOE, núm. 229, de 15 de diciembre de 2006, pp. 44142-44156.
- Martínez, A. (2010). El síndrome de burnout. Evolución conceptual y estado actual de la cuestión. *Vivat Academia*, 112, 1-40. Recuperado de <http://www.ucm.es/info/vivataca/numeros/n112/DATOSS.htm>
- Mediano (2001). *El burnout en los médicos. Causas, prevención y tratamiento*. Girona: Grupo Ferrer.
- Olivares, V.E., Vera, A., & Juárez, A. (2009). Prevalencia del síndrome de quemarse por el trabajo (burnout) en una muestra de profesionales que trabajan con personas con discapacidad en Chile. *Ciencia y Trabajo*, 32, 63-71.
- Ortega, C., & López, F. (2004). El burnout o síndrome de estar quemado en los profesionales sanitarios: revisión y perspectivas. *International Journal of Clinical and Health Psychology*, 4(1), 137-160. Recuperado de <http://www.redalyc.org/articulo.oa?id=33740108>
- Piko, B.F. (2006). Burnout, role conflict, job satisfaction and psychosocial health among Hungarian health care staff: A questionnaire survey. *International Journal of Nursing Studies*, 43(3), 311-318. Doi: 10.1016/j.ijnurstu.2005.05.003
- Quintanilla, M. (2004). *Prevalencia del síndrome de Burnout en las enfermeras de la Unidad de Paciente Crítico del Trabajador*. Santiago de Chile: Mimeo.

- Rionda, A., & Hernández, R. (2012). Burnout en Profesores de Primaria y su desempeño laboral. *Revista Latinoamericana de Medicina Conductual*, 2(1), 43-50. . Recuperado de <http://www.redalyc.org/articulo.oa?id=283022016005>
- Rodríguez, C., Oviedo, A.M., Vargas, M.L., Hernández, V., & Pérez, M.S. (2009). Prevalencia del Síndrome de Burnout en el personal de Enfermería de dos Hospitales del Estado de México. *Fundamentos de Humanidades*, 19(1), 179-193. Recuperado de <http://www.redalyc.org/articulo.oa?id=18411965011>
- Rostami, Z., Abedi, M., Schaufeli, W., Ahmadi, S., & Sadeghi A. (2014). The Psychometric Characteristics of Maslach Burnout Inventory Student Survey: Among Students of Isfahan University. *Zahedan Journal of Research in Medical Sciences*, 16(9), 55-58.
- Salgado, R., Rivas, C., & García, A. (2011). Aparición del burnout en jugadores de fútbol de primera división profesional en México: estrategias de intervención. *Cuadernos de Psicología del Deporte*, 11(2), 57-62.
- Samaranayake, D.B.D.L. & Seneviratne, D.A. (2012). Validity of the Maslach Burnout Inventory-Human services survey among Sri Lankan nursing officers. *Psychological Studies*, 57(1), 101-111.
- Sánchez, P., & Sierra, V. M. (2014). Síndrome de Burnout en el personal de enfermería en UVI. *Revista Electrónica Trimestral de Enfermería*, 33, 252-266.
- Seisdedos, N. (1997). *Inventario Burnout de Maslach, Síndrome del Quemado por Estrés laboral Asistencial*. Madrid: TEA.
- Wheeler, D.L., Vassar, M., Worley, J.A., & Barnes, L.L.B. (2011). A reliability generalization meta-analysis of coefficient alpha for the Maslach Burnout Inventory. *Educational and Psychological Measurement*, 71(1), 231-244. Doi: 10.1177/0013164410391579