STRESSORS AND RESILIENCE IN MENTAL HEALTH SOCIAL WORKERS

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Abstract: *In their work, social workers in mental health services experience a high level of work-related stressors. The literature considers that resilience helps social workers to cope effectively with pressures, learn from their experience and develop personally and professionally. This paper presents the results of a qualitative study involving 16 social workers working with adults with mental and intellectual disabilities in different services in Bihor County. The results of the study highlight the importance of developing resilience as a factor coping with stress. The development of resilience is based on the relationship between social workers and the work environment. Organisations contribute by creating a suitable working environment, offering support, etc. Personal characteristics such as self-esteem, adaptability, hopefulness, sense of humour, coping based on problem approach and less focused on emotions, initiative, creativity, but also social skills and the development of supportive relationships and openness to new experiences, are key elements in this context.*

Key words: social workers, mental health services, work-related stressors, resilience, professional practice.

1. Introduction

Social workers often face stress in the workplace and its management is essential for their well-being and the smooth running of their work.

In a review of the literature on stress in social workers in mental health services, Coyle et al. conclude that all the papers reviewed in their study showed high levels of stress in social workers working with people with mental health problems, particularly in cases where the problems are severe and enduring, which should be of concern to both professionals and managers. As stressors that hinder the effective functioning of social workers and their job satisfaction they identify "role conflict and role ambiguity", and as protective factors "satisfaction of completing a task and receiving the emotional satisfaction of supporting service users" (Coyle et al., 2005, pp. 208-209). At the same time, supervision and continuous training are supportive elements for social workers in

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mental health services and beyond (Allen, 2014; Marc, Makai Dimeny & Oșvat, 2014; Oșvat, Marc & Makai Dimeny, 2014; Lazăr et al, 2020; Bacter, 2021).

In fulfilling their role, social workers need to cope with various challenges, and therefore set their professional boundaries appropriately and manage their own emotions effectively, maintaining a balance and a positive outlook (Marc, Makai Dimeny & Bacter, 2019; Bacter, 2018). The social worker's emotional resilience, i.e. adapting to the situation and overcoming difficulties, the ability to become stronger after stressful experiences is a protective factor, which promotes personal well-being and enhances professional practice (Grant & Kinman, 2020). Developing resilience in social work is therefore a necessity.

2. Resilience: Concept and Influencing Factors

In the literature, various studies have sought to define resilience and find associations between resilience and certain factors, individual or environmental differences.

Several elements have been identified in the literature such as resilience, positive emotions and coping, positive reappraisal, goal-directed/problem-focused coping, optimism and the search for meaning in one's own life, which enable social workers to cope with daily challenges and to carry out their long-term work in this field. Given that there are no precise answers to help them cope with stress, resilience education and training has an important role to play, and to ensure that resilience and positive emotions are maintained, the focus should be on continuing professional development (Collins, 2007; Marc & Oșvat, 2013).

Pooley and Cohen (2010, p. 34) define resilience as 'the potential to exhibit resourcefulness by using available internal and external recourses in response to different contextual and developmental challenges'. De las Olas Palma-García and Hombrados-Mendieta (2014, pp. 381-382) consider that resilience has ta twofold aspect and includes both the ability to cope with adversity and to learn from it, i.e. to resist and rebuild.

Taormina (2015) argues for defining resilience as a multidimensional construct composed of four dimensions namely: determination, endurance, adaptability, and recoverability.

Collins (2016) believes that resilience is a dynamic, changing concept and the development of resilience is based on the interaction between the social worker and the environment, i.e. the social work organisation, work team, professional groups, communities of interest, etc.

According to Norman (2000) personal indicators of positive resilience are self-efficacy, realistic appraisal of the environment, social problem-solving, sense of direction or mission, empathy, humour, adaptive distancing, androgynous sex role behaviour, while interpersonal indicators are positive caring relationships, a positive family environment or other form of intimate environment and sufficiently high expectations. Kinman and Grant's (2011) research results indicate that social and emotional competencies (i.e. emotional intelligence, reflective ability, empathy) are predictors of resilience to stress in social assistance. Also, the organizational culture, which promotes peer support,

supervision and professional integrity, contributes to the development of resilience. (Bacter & Marc, 2017; Rose, 2021).

The results of a qualitative study aimed at social workers' resilience (Rose & Palattiyil, 2020) show that participants considered resilience as coping with stress, correlating it with emotion management and mentioning adequate sleep, listening to music, yoga, mindfulness as effective personal strategies. The results of another study indicated that practitioners rated resilience as having a "moderating influence between stress and burnout", strengthening it as one of the measures that can be taken to reduce stress and burnout in the workplace, with positive effects on the well-being and mental health of social workers (Stanley, Buvaneswari & Arumugam, 2021, p. 54).

Grant and Kinman (2020) consider that emotional resilience is "a dynamic interplay between personal characteristics and supportive external factors" (p. 5) and more resilient social workers are those who develop positive relationships, have appropriate empathy, manage emotions and failures constructively, have flexibility and self-compassion. The results of Palma-Garcia and Hombrados-Mendieta's (2014, p. 391) study show that social workers' resilience is positively correlated with the length of service so that the more years of work experience, the greater the resilience "especially in acceptance of self and life, and the ability to cope". A range of individual and contextual factors (such as age, gender, work-life balance, personal and professional identity and quality of supervision support) impact the resilience of social workers, while professional development, as specified above, along with group support, supervision, rest, and so on - are coping strategies (McCann et al., 2013, p. 66).

In a study involving community mental health social workers from Canada and Ireland that sought to investigate resilience-based practice activity, the importance of the therapeutic relationship in promoting resilience in service users is highlighted, with positive contributions from both sides.

Resilience is also an extremely important element in well-functioning teams (here we are specifically talking about shared resilience among team members, with an important role in supporting the resilience of colleagues), and professional identity and membership of a professional group protects it (Hurley & Kirwan, 2020). Resilience can be influenced by the different experiences of social workers, and providing a supportive work environment (safety and support), supervision, support for professional development, self-care and self-protection are all factors that contribute to the protection of workers in the field (Kapoulitsas & Corcoran, 2015).

3. Stressors and Resilience in Social Work in Mental Health Services in Bihor County

3.1. Objectives of the study

The study aims to highlight stressors and stress management in the work of social workers in mental health services in Bihor County, as well as how to increase resilience from their perspective.

3.2. Methodology

The method used in this study was an interview survey. Data collection was carried

out through the structured individual interview technique. The data collection instrument- interview guide included questions on workplace stress - sources and its management, both individual and organizational, burnout - causes, symptoms, solutions and resilience - factors and ways/strategies for development.

The data collection was carried out between March and April 2021. Sampling was theoretical, with the number of interviews conducted taking into account the attainment of theoretical saturation.

3.3. Study participants

Sixteen individual interviews were conducted with social workers from Bihor County, 8 specialists being employed in public institutions and 8 in non-governmental organizations. They work in Bihor County in mental health services or work with people with mental and psychological disabilities (day centres, care and assistance centres, habilitation and rehabilitation centres, sheltered apartments, medical units and the town hall). Two of the participants were male, the rest female, aged between 22- 53 years and with a length of service in their current job between 7 months and 31 years.

In terms of the activities carried out by the social workers interviewed, the vast majority of the participants in the study (12) work permanently with adults with mental and psychological disabilities who come from the protection system or from families, and the rest of the social workers work in the town hall or in medical units. The activities of the social workers interviewed include: psycho-social assessments, information and professional counselling, work mediation, supporting beneficiaries in carrying out daily/household activities, managing conflicts and crisis situations, mediating the relationship between beneficiaries and other institutions, facilitating access to medical services, etc.

3.4. Presentation of results

Thematic content analysis was used to interpret the results, with items grouped by dimension to synthesise the information.

  a)   Causes and management of stress

The work itself, the work team, the atmosphere in the organisation and the climate conducive to communication, the attachment of the beneficiaries, the flexibility of the programme are characteristics of the workplace appreciated by social workers. Among the "negative" characteristics of the workplace mentioned by the interviewees: mental overload due to working with people with mental disabilities, the existence of unpredictable situations in the behaviour of beneficiaries, difficult collaboration with some institutions, working conditions (lack of a suitable office), work tasks not related to social work, crisis situations created by beneficiaries/tense situations and salary.

The respondents from our study would change the following aspects at their workplace: the number of employees, which is considered to be insufficient; the bureaucracy considered to be excessively heavy; the work schedule which should be flexible according to the needs of the beneficiaries; more training courses.

The majority of social workers (14) consider the workload to be high or very high.

The main sources of stress mentioned: unpredictability of beneficiaries, managing different behaviours, aggressiveness and self-aggressiveness of beneficiaries, emotional instability of beneficiaries, conflict situations between beneficiaries, lack of interest and cooperation of beneficiaries, repetitiveness of activities and mental strain.

"Because of the different diagnoses of the beneficiaries (schizophrenia, borderline disorders, mental retardation or severe mental retardation) we have to manage a wide range of behaviours: from stereotypical fixations, to intellectual limitations, to unpredictable fluctuations in behaviour".

"...stress due to sudden changes in behaviour of beneficiaries" "violence of beneficiaries, hitting, biting..."; "A source of stress is beneficiaries not participating in activities"; "noise stress because beneficiaries are very noisy and the lack of space creates discomfort".

Situations considered stressful by respondents are: violent outbursts (verbal, physical), unfounded complaints and unrealistic expectations of beneficiaries, large number of beneficiaries and online communication with beneficiaries outside working hours.

"The main cause of stress is that beneficiaries are mentally retarded people. For example, when a beneficiaries can't find their personal belongings, they become agitated, verbally aggressive, sometimes self-violent."

"The source of stress is beneficiaries arguing about everything. Two girls argued over food one had prepared because it wasn't to the other's liking. A minor argument degenerated into crying, tantrums, food thrown on the walls...".

"Sometimes you have to do activities with 10 beneficiaries...they get bored quickly and you have to be inventive and quick with a lot of patience to manage the situation and get their attention".

Solving situations like this is done with the support of the work team, the manager, using individual coping resources, approaching the situation calmly, focusing on positive aspects, redistributing attention to pleasant activities and promising rewards.

An effective response in stressful situations is influenced by the ability to communicate and manage conflict optimally, work experience, relationship with/knowledge of the beneficiary, empathy: "Objectively analysing the case and finding the optimal solution with a lot of calm and reason"; "I know the beneficiaries well, I know what they like, what they don't like...but sometimes it's really exhausting".

Measures taken in some organisations to combat stress include promoting a pleasant, positive climate based on discussion of problems, encouragement and appreciation of employees, trust; weekly coordination meetings, training, recognition and appreciation of employees' work, joint team activities. "By organising cultural events, group activities, celebrating birthdays, understanding from managers"; "Communicating problems we have, guidance in stressful situations, collective support..."; "I think we don't have clear measures to combat stress at work. I think that consulting each other on everything, supporting each other and sharing tasks among ourselves is a mechanism to reduce some of the stress at work".

Individual stress-reducing measures taken by the social worker and mentioned by the subjects are: positive thinking, meditation, mindfulness, melotherapy, reflexotherapy, socialising, spending time with close people, taking a break or talking to colleagues. "It

helps me think analytically about the problem, give a positive, joking nature to the problem, think that everything will work out in the end"; "By doing household activities: cooking andcleaning with the beneficiaries. The team is very important, we organize monthly outings with the team and weekly meetings with all team members"; "I try as much as possible to leave the problems at work at work, I don't take them home with me; I listen to music to relax; I try to occupy my time with something else, not to think about the problem causing stress". Burnout is seen by social workers as "an accumulation of physical and psychological effects that affect concentration and effectiveness at work and outside work", "loss of professional interest, incapacity, disappointment"; "a complex condition associated with mental, physical and emotional exhaustion that occurs as a result of excessive stress accumulated over the long term" "as a professional, you no longer find the resources within yourself to carry on. It is a state of fatigue that affects the performance of professional work and also has consequences on personal life".

Factors leading to burnout are: overload/overload with tasks, time pressure, new situations for which you do not have much information, lack of appreciation for the work done, pressure from bosses, colleagues, beneficiaries, frequent checks, poor qualifications among employees, application of a rigid and authoritarian model in working with beneficiaries, inability to find a balance between professional and personal life, lack of support from the manager, "a lot of work without a break".

With one exception, the social workers interviewed reported experiencing stress at work and half (8) of them experienced burnout. The latter manifested itself in: physical and mental fatigue, apathetic state, lack of concentration and hope, lack of vision, isolation/withdrawal/anti-social behaviour, irritability, decreased problem-solving ability, lack of energy, depression, neglect of personal needs, self-depreciation, denial of problems, body aches, headaches, melancholy, sensitivity, sadness, frustration, feeling of inefficiency, desire to quit and insomnia/sleep disorders.

The situation was overcome by: detachment from disturbing factors, rest/vacation, identification of stressors and communication of their effects to the team, with the help of the close social circle/family and friends, inducing a state of well-being through reading.

All of them asked for help from colleagues and managers, but not all of them received it, the latter also stating that the organisation they work for contributes to increased stress and does not offer support to reduce it.

According to the respondents, the right solutions to prevent stress and burnout are: time management, good planning of activities, avoiding overload, stimulating/rewarding employees, stress resilience, learning relaxation techniques, unplugging, detachment after working hours and leisure activities, organised outings with colleagues for socialising/teambuilding, specialised help, rest and sport: "Good management of relationships with employees and beneficiaries through communication, clear demarcation between professional and private life, stimulating extra-professional activities (hobbies, sports, reading)". "Direct involvement of the manager in solving problem situations and supporting employees effectively....if the focus were not only on achieving objectives and overloading employees with tasks... Were solutions identified

and changes made, things would be different". "It would be useful to learn relaxation techniques".

b) Developing the resilience of the social worker

Resilience is associated with "rapid adjustment to adverse situations or changes" and "coping mechanisms with which the social worker can deal with more stressful situations that occur in working with clients".

According to the social workers interviewed, social skills and the development of supportive relationships, openness to new experiences and learning, personal characteristics such as: self-esteem, adaptability, hopefulness, sense of humour, problem-based and less emotion-focused coping, initiative and creativity are important for the social worker's resilience.

"Resilience needs relationships. In other words, increased interaction with those in the immediate social circle leads to higher positive emotions, increased sense of personal control and predictability, increased self-esteem and optimism. At the same time, asking for help in various situations, practicing sports/exercise and mindfulness techniques regularly are also key points in increasing one's resilience."

Although some social workers referred to high workload, overload with tasks, affecting resilience, the solution identified for maintaining resilience is linked to a realistic sense of what they could achieve, positive approach to the situation, effective time management.

In terms of developing resilience, most social workers associated it with professional experience, with learning, with finding one's own balance, which would enable one to maintain stability in difficult situations: 'In my view, the resilience of the social worker is acquired through experience, because if we do not encounter difficult or unpredictable situations, we will not know how to deal with them'; 'I learn as I have professional experience'; 'Resilience can be developed through continuous training, through exchanges of views and experience with other professionals'.

Critical thinking, problem-solving skills, social support and supervision, optimism are also seen as essential for developing resilience. Reference was also made to the importance of the social worker's concern for self, for their own health including emotional health.

"Increasing resilience can be achieved by accepting the situation and asking for support...

"Seeking support from others in difficult situations, through team support, seeking solutions to problem solving, but taking care of ourselves...".

4. Discussions

The aim of the study was to present specific aspects of social work in mental health services in Bihor County, related to stress management and resilience development of social workers.

It is known that, in their direct work with the beneficiaries of mental health services, social workers face increased levels of stress, given the complexity of their work. As

Collins (2007) specifies, a number of structural, organisational and personal factors help social workers manage the situation. We have identified in the literature and from the study as individual protective factors in addition to age, gender and length of service, resilience, which is associated with self-efficacy and self-esteem, optimism, flexibility and adaptability, ability to identify and call on support, problem-focused coping, ability to learn from experience, self-care, self-protection, etc. Structural and organisational factors include the organisation and the team: the culture of the organisation, which promotes a suitable working environment, provides support for professional development, supervision, the framework for functional working relationships, etc. Personal and professional identity are important in this context together with the need to belong to a professional group, continuous professional development, and work-life balance, which contribute to maintaining resilience and positive emotions.

Resilience can be learned and emotion management techniques, reflective thinking, mindfulness, supervision and support of the work team and support network are very useful for this purpose. Resilience increases the social worker's self-confidence and helps them overcome difficult situations. As the social workers interviewed indicated, practising this profession effectively involves self-awareness, acceptance and caring for self. Resilience involves confidence in personal capabilities, positive approach/optimistic mindset, solution-oriented attitude, creativity and practices that stimulate growth and learning. In the same vein, Grant and Kinman (2020, p. 17) point to "mindfulness and relaxation, thinking skills (cognitive behavioural techniques), utilising supervision for reflective practice, peer coaching to enhance support, self-awareness and action planning" as strategies for developing resilience in social workers.

Study limitations

One of the limitations of the study is related to the small, convenience sample, which does not allow generalizability of the results. Another limitation is that mental health service managers were not involved in the study. Their views on the subject matter would be very important.

5. Conclusions

This paper brings up a topic of interest to social work practice, namely: stress management and resilience building in social workers working with adults with mental and psychological disabilities. The specificity of working with mental health service users requires, perhaps more than in other fields, the need to identify appropriate ways to reduce stress in social workers and strengthen resilience. The results of the study highlight a number of relevant insights that can contribute to improving the working conditions of social workers. Learning resilience helps professionals in the field to develop both personally and professionally, with benefits for personal well-being and professional practice.

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