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RESEARCH ARTICLE



# Working conditions, health and exhaustion among social workers in Germany

## Arbeitsbedingungen, Gesundheit und emotionale Erschöpfung bei Sozialarbeitenden in Deutschland

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### ABSTRACT

The aim of the study is to analyse the working conditions of social workers and their health. The data basis for secondary analysis is the representative 2018 BIBB/BAuA survey of employed persons in Germany. Three hundred forty-one of the interviewed 20,012 employed persons were social workers. They were on average 42.7 years old. Seventy-one per cent of social workers were women. Ten per cent of social workers have officially recognised disabilities. The cognitive and emotional demands were greater for social workers than for other professions. Social workers reported more often than other professions that their job frequently puts them in emotionally stressful situations (23% vs. 12%). The emotional demands were associated with general state of health. Forty-one per cent of social workers often felt emotionally exhausted in the past 12 months (vs. 26% in other professions). This proportion strongly increased with the number of conditions on work intensity. A quarter of the social workers complained about both frequent physical and emotional exhaustion during the past 12 months. Their sickness rate was disproportionately high. These results show occupational health risks and potentials for behavioural and situational prevention in social work. More health promotion, company integration management and risk assessments at work are recommended.

### ZUSAMMENFASSUNG

Das Ziel der Studie ist die Analyse der Arbeitsbedingungen von Sozialarbeitenden und ihrer Gesundheit. Datenbasis der Sekundäranalyse ist die repräsentative BIBB/BAuA-Erwerbstätigenbefragung 2018 in Deutschland. 341 der 20.012 interviewten Erwerbstätigen sind Sozialarbeitende. Sie sind im Durchschnitt 42,7 Jahre alt. 71% der Sozialarbeitenden sind Frauen. 10% der Sozialarbeitenden haben eine amtlich anerkannte Behinderung. Die kognitiven und emotionalen Anforderungen in der beruflichen Tätigkeit sind bei Sozialarbeitenden größer als bei anderen Berufen. Sozialarbeitende berichteten häufiger als die anderen Berufe, dass ihre Tätigkeit sie oft in Situationen bringt, die sie gefühlsmäßig belasten (23% vs. 12%). Die emotionalen Anforderungen der Tätigkeit sind mit dem allgemeinen

### KEYWORDS

Occupational health; health status; social work; disabled persons; health promotion

### SCHLÜSSELWÖRTER

Gesundheit am Arbeitsplatz; Gesundheitszustand; Soziale Arbeit; Personen mit Behinderung; Gesundheitsförderung

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Gesundheitszustand assoziiert. 41% der Sozialarbeitenden waren häufig emotional erschöpft in den letzten 12 Monaten (26% bei anderen Berufen). Dieser Anteil stieg stark mit der Anzahl der Arbeitsbedingungen zur Arbeitsintensität. Ein Viertel der Sozialarbeitenden gab sowohl häufig körperliche als auch emotionale Erschöpfung während der Arbeit in den letzten 12 Monaten an. Ihr Krankenstand war überproportional hoch. Diese Ergebnisse zeigen berufsbezogene Krankheitsrisiken und Potenziale für die Verhaltens- und Verhältnisprävention in der Sozialen Arbeit auf. Es werden mehr Gesundheitsförderung, Eingliederungsmanagement und Gefährdungsbeurteilungen psychischer Belastungen bei der Arbeit empfohlen.

## Introduction

The International Federation of Social Workers (2014) defines job description: 'Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people'. International studies show that social workers generally have a high risk of developing psychological stress and burnout (Acker & Lawrence, 2009; Beer et al., 2021; Blomberg et al., 2015; Frieiro Padín et al., 2021; Gómez-García, Alonso-Sangregorio, et al., 2020; Lloyd et al., 2002; O'Connor et al., 2018; Ravalier et al., 2021; Sánchez-Moreno et al., 2015). In these studies, this is explained by high job demands, but also by poor working conditions, role conflicts and lack of social support. Social workers who felt competent in their abilities reported lower levels of role stress and burnout (Acker & Lawrence, 2009). Social workers with higher role stress experienced higher burnout (Kim & Stoner, 2008). Social workers' psychological well-being is positively related to work engagement (Tesi et al., 2019). There are also a number of studies on work-related well-being of social workers, which have confirmed associations with job satisfaction (Gómez-García, Bayón-Calvo, et al., 2021), workplace congruence (Graham et al., 2016), coping strategies (Collins, 2008), self-care (Martin et al., 2020) and empathy (Wagaman et al., 2015).

Bakker and Demerouti (2007) summarised the diversity of causes in the job demands–resources (JD–R) model of burnout and work engagement. It is in the tradition of demand-control models like by Karasek (1979; 2011), which predicts stress-related illness risk and behavioural correlates of jobs. The proposition by Bakker and Demerouti (2007) is that whereas an occupation has specific risk factors associated with job stress, these factors can be classified in the two general categories job demands and job resources. A second assumption is that job demands and resources are the triggers of a health impairment process and a motivational process (Bakker et al., 2014). Confrontation with high or bad job demands led to exhaustion in the longer term (Demerouti & Nachreiner, 2019). The JD–R model is appropriate as a framework for analyses of occupational health in social work (Tesi et al., 2019).

However, there is little research on the occupationally specific working conditions of social workers worldwide and in Germany, too. In the study by Henn et al. (2017) among 141 social workers surveyed in Germany, the meaningfulness of the work, the diverse scope for action and the vocational development were contrasted by contradictory demands, high work intensity and an unfavourable income situation. According to Henn et al. (2017), their working conditions need to be assessed in a differentiated manner. Beckmann et al. (2009) associated the organisational conditions and low autonomy with burnout among professionals in social pedagogical family support. Among professionals in youth welfare, 55% of professionals considered the workload in their daily work as very high or high and 17% attributed to it as causing illness (Poulsen, 2012). Work-privacy conflicts were also related with higher burnout scores and poorer health among social workers (Drüge & Schleider, 2017).

In line with these findings showed the AOK-Absenteeism Report in Germany (Badura et al., 2018), that professions in social work stand out in the incidence of incapacity to work with a particularly high proportion of mental illnesses and burnout. In total, however, their sickness rate is slightly better than the average of the other occupational groups in the respective economic sector. According to the AOK-Absenteeism Report (Badura et al., 2018), the sickness rates of AOK-insured social workers were 5.2% in health and social services sector and 4.3% in the public administration and education/training sectors in 2017. Social workers in Germany also have an increased risk of accidents at the workplace (Wirth et al., 2019).

Health surveys among social workers are missed in the literature. There is an 'empirically gap' (Hünefeld et al., 2020). This study aims to empirically describe and analyse the professional activities of social workers with specific work demands and working conditions in Germany. The focus is on comparative analyses of the workplace with the associated work stress and health burdens. A central research question is whether social workers are disproportionately burdened by their jobs and the corresponding work demands and whether there are differences in health, disability and sickness rate between social workers and other occupations.

## Methods

This study uses data from the 'BIBB/BAuA Employment Survey of the Working Population on Qualification and Working Conditions in Germany 2018' (Hall et al., 2020). The representative survey was conducted by the Federal Institute for Vocational Education and Training (BIBB) and the Federal Institute for Occupational Safety and Health (BAuA) from October 2017 to April 2018. The data access was provided via a scientific use file of the Data Research Centre at BIBB (BIBB-FDZ).

The population surveyed by computer-assisted telephone interviewing (CATI) consists of employed persons aged 15 years and older with a paid job of at least 10 hours per week in Germany. The number of cases amounts to 20,012. The scientific use file contains an adjustment weight (Western/Eastern Germany, regions, household size, occupational status, gender, nationality, education, age). The results are weighted with these compensation factors according to structures of the German population and Microcensus 2017. The selection of telephone numbers is based on a statistical random procedure. The characteristics of the participants are described in Lück et al. (2018) and the survey method in Rohrbach-Schmidt and Hall (2020).

The BIBB/BAuA survey contains a broad set of variables and questions relating to the workplace, which are based on several theories. In particular, it enquires of employees about the activities they currently perform. The respondents can also provide information about their work demands and burdens. Questions are asked about physical and emotional exhaustion as well as job resources.

The health variables surveyed include officially recognised disability and questions on health problems, illness and working days of inability in the past 12 months. Health status will be assessed by asking for a self-evaluation of the overall state of health. The question is: 'How would you describe your general state of health?' (answers on a five-point Likert-type Item labelled from 'excellent' to 'bad'). This subjective general state of health is a core health indicator and common used in health surveys worldwide. It is recommended for health interview surveys by the World Health Organization (1996). In addition, the offer and utilisation of workplace health promotion are also surveyed.

Furthermore, the scientific use file includes socio-demographic characteristics such as occupational status and education. The database differentiated professions referred to respondents' current occupational activity. In the study, the occupational differentiation is based on the national 'Classification of occupations 1992 (Kldb92)' by the Federal Statistical Office Germany (1992). The term social worker is used as a short form for the current occupation according to the professional code 861 'social workers, social pedagogues'. It also includes assistants in social work. The used 'Classification of occupations 1992 (Kldb92)' has the advantage that it recorded separately social workers as one of 369 occupations at the fourth level. The classification registered social workers

in all fields of practice, for example, social work with older people or with children, youth and families as well as health care social worker.

The health survey provides representative data, that can be used to investigate the working conditions and health. The secondary data analysis is applying descriptive statistics and correlation analysis. The focus is on testing health-related difference hypotheses between social worker and other occupations. Proportions for categorical variables were compared by Pearson's chi-square. Phi coefficients are used as correlation measures for nominally scaled variables in the case of alternative variables. *P*-value less than .05 was used to decide a statistically significant association. The evaluations were calculated using IBM SPSS-Statistics Vers. 28.

## Results

### *Socio-demographic characteristics*

Three hundred forty-one of the interviewed 20,012 participants were employed as social workers at the survey date. There are large differences between social workers and other occupations in terms of socio-demographic and employment biographical variables. The proportion of women among the social workers is much higher than among the other occupations (71% vs. 45%). The average age of the social workers was 42.7 years, slightly below that of the other occupations with 44.0 years ( $SD = 11.9$  and  $SD = 12.2$ ). The percentage of non-German citizenship is much higher among social workers (18%) than among other occupations (11%).

Social work is a profession, but also an academic discipline. Nearly two-thirds (72%) of the social workers have a degree from the university, university of applied sciences or university of cooperative education. In the other occupations, the corresponding percentage is much lower (27%).

### *Occupational and workplace-related characteristics*

According to the International Federation of Social Workers (2014), 'social work engages people and structures to address life challenges and enhance wellbeing'. Most of the interviewed social workers work in social or health services.

However, job insecurity was relatively high among social workers with nearly a quarter (23%) of them had fixed-term contracts. This was significantly more often than the average of 13% for other professions.

Working time and place of work are crucial issues for safety and health protection in the workplace (Ala-Mursula et al., 2006). The social workers must start work as soon as possible if necessary, for example, often in residential social work. Thirty-eight per cent of the social workers were affected by being on-call or standby duty, which clearly exceeds the level for other occupations (24%).

### *Work demands and stresses in social work*

According to Bakker et al. (2014), job demands are aspects of the job that require sustained physical, emotional or cognitive effort. Table 1 provides information on the occurrence of certain working conditions. The employees were asked how often certain work demands occurred during their work (frequently, sometimes, rarely or never). If a certain work demand occurred frequently, it was also asked whether that was stressful to them. The analysis of the professional activities of social workers reveals specific work demands with positive aspects, but also risks. The proportion of social workers who had to work under strong deadline or performance pressure is significantly lower than the average for other occupations. The same applies to the speed of work. Fewer social workers than in the other professions had to push to the limits of their capabilities. However, among social workers who reported experiencing such work situations frequently, a higher proportion found it stressful than those in the other professions in the same situation.

**Table 1.** Occurrence of working demands as well as psychological stress.

Conditions of work	How often does it occur in your work, ... (frequently/sometimes/rarely/never)		Social worker	Other Occupations	p-Value
<i>I. Intensity of labour and volume (N = 20,012)</i>					
Deadline or performance pressure	That you have to work under strong deadline or performance pressure?	Frequently Below: Yes, stressful <sup>†</sup>	43% 73%	48% 66%	<.01 .100
Working speed	That you have to work very fast?	Frequently Below: Yes, stressful <sup>†</sup>	22% 67%	34% 50%	<.001 <.01
Simultaneous work	That you have to keep an eye on different types of work or processes at the same time?	Frequently Below: Yes, stressful <sup>†</sup>	73% 35%	61% 32%	<.001 .343
Capability	That you have to go to the limits of your capabilities?	Frequently Below: Yes, stressful <sup>†</sup>	15% 90%	16% 76%	.468 <.05
Interruptions of work	That you are disturbed or interrupted at work, e.g. by colleagues, bad material, machine malfunctions or telephone calls?	Frequently Below: Yes, stressful <sup>†</sup>	51% 56%	45% 60%	.103 .355
<i>II. Cognitive demands (N = 19,978)</i>					
New tasks	That you find yourself confronted with new tasks in your work, which you first have to think about and familiarise yourself with?	Frequently Below: Yes, stressful <sup>†</sup>	57% 22%	40% 18%	<.001 .191
Improve work	That you improve existing procedures or try something new?	Frequently Below: Yes, stressful <sup>†</sup>	41% ‡	29% ‡	<.001 ‡
Unlearned things	That things are demanded of you that you have not learned or that you do not master?	Frequently Below: Yes, stressful <sup>†</sup>	10% 54%	8% 42%	.371 .208
<i>III. Emotional demands (N = 19,978)</i>					
Emotionally stressful situations	That your job puts you in situations that stress you emotionally?	Frequently Below: Yes, stressful <sup>†</sup>	23% ‡	12% ‡	<.001 ‡
Switch off after work	That you find it difficult to switch off after work?	Frequently Below: Yes, stressful <sup>†</sup>	23% ‡	22% ‡	<.01 ‡

Source: BIBB/BAuA Employment Survey of the Working Population on Qualification and Working Conditions in Germany 2018; weighted data.

<sup>†</sup>Question: 'Is that stressful to you? Yes/No'. <sup>‡</sup>Question wasn't asked for.

Social workers, on the other hand, were significantly more often to have to keep an eye on different types of work at the same time than in the other professions.

Table 1 shows an overview of cognitive and emotional demands. Different items cover several dimensions of cognitive and emotional demands. The cognitive demands of social workers were relatively high. Fifty-seven per cent of the social workers were often confronted with new tasks that they had to get used to and 41% often had to improve existing procedures or try something new. The corresponding proportions are significantly lower for the other professions (40% and 29%, respectively).

The emotional demands are also disproportionately high in social work. Twenty-three per cent of the social workers reported that their work often puts them in situations that are emotionally stressful. This significantly exceeds the share of 12% for the other occupations. Twenty-three per cent of social workers often find it difficult to switch off from work at the end of the day (other professions: 22%).

### **Disability, health status and health promotion**

According to Table 2, 10% of social workers have an officially recognised disability. This percentage is slightly higher than that of other occupations at 9%. Within the group of social workers, there were significantly more officially recognised disabilities among men than among women (14% vs. 8%).

**Table 2.** Health among social workers and other occupations.

Characteristic	Question	Social worker	Other occupations	p-Value
<i>I. Disability (N = 19,964)</i>				
Disability	<i>Do you have an officially recognised disability?</i>	10%	9%	.601
<i>II. Health (N = 19,957)</i>				
Health excellent or very good (vs. good/less good/or bad)	<i>How would you describe your general state of health?</i>	41%	34%	<.05
Therefrom highest vocational training certificate: Degree from a university (of applied sciences), dual university, civil servant in the upper grades		39%	46%	.063
<i>III. Inability to work (N = 19,919)</i>				
Sick leave in the past 12 months	<i>Have you stayed ill at home in the last 12 months or have you called in sick?</i>	64%	60%	.180
Working days lost due to illness (arithmetic mean)	<i>How many working days was that in total?</i>	19.7 (SD = 37.5)	18.9 (SD = 34.9)	
<i>IV. Workplace health promotion (N = 18,087)</i>				
Offer in company	<i>Have any health promotion measures been carried out in your company in the last 2 years?</i>	51%	47%	.154
Acceptance	<i>Did you take part in it?</i>	59%	59%	.962
<i>V. Complaints during the past 12 months (N = 19,919)</i>				
Physical exhaustion	<i>And have the following complaints frequently occurred during the last 12 months at work or on working days?</i>	32%	36%	.228
Emotional exhaustion		41%	26%	<.001
Physical and emotional exhaustion		25%	17%	<.001

Source: BIBB/BAuA Employment Survey of the Working Population on Qualification and Working Conditions in Germany 2018; weighted data.

Forty-one per cent of the social workers would describe their general state of health as excellent or very good. This proportion is significantly higher than for other occupations (34%). However, the general state of health is known to be related to the level of education (Kröger et al., 2015). If one compares the health condition between social workers and other occupations only in the group with degree from a university (of applied sciences), the picture changes. The tendency is for these social workers to have a comparatively less good general state of health than other occupations (Table 2).

There are marginally more social workers than in the other professions who have stayed homesick or have called in sick in the past 12 months (64% vs. 60%). On average, they were also slightly longer incapacitated for work with a total of 20 working days (vs. 19 working days in other occupations).

### **Exhaustion and complaints**

Table 2 lists health problems in the past 12 months at work or on working days. According to the self-reports, 41% of the social workers frequently experienced health problems in the form of emotional exhaustion. The proportion of social workers with emotional exhaustion far exceeded the average of 26% for other occupations. Overall, 13% of the social workers have been treated by a doctor or therapist in the past 12 months because of these emotional exhaustions. The treatment rate was also higher than for the other occupations at 7%.

The physical and emotional exhaustion is considered a central indicator of burnout (Guseva Canu et al., 2021). A quarter of the social workers (25%) reported both physical and emotional exhaustion frequently during work or on working days in the past 12 months. The equivalent proportion for other occupations is significantly lower at 17%.

Three quarters of the social workers who frequently reported physical and emotional exhaustion were indicated as sick in the past 12 months. This prevalence was significantly higher within the



group of social workers with 75% vs. 60% ( $\Phi = -0.143$ ;  $p < .05$ ) as well as within other occupations with 75% vs. 57% ( $\Phi = -0.134$ ;  $p < .001$ ).

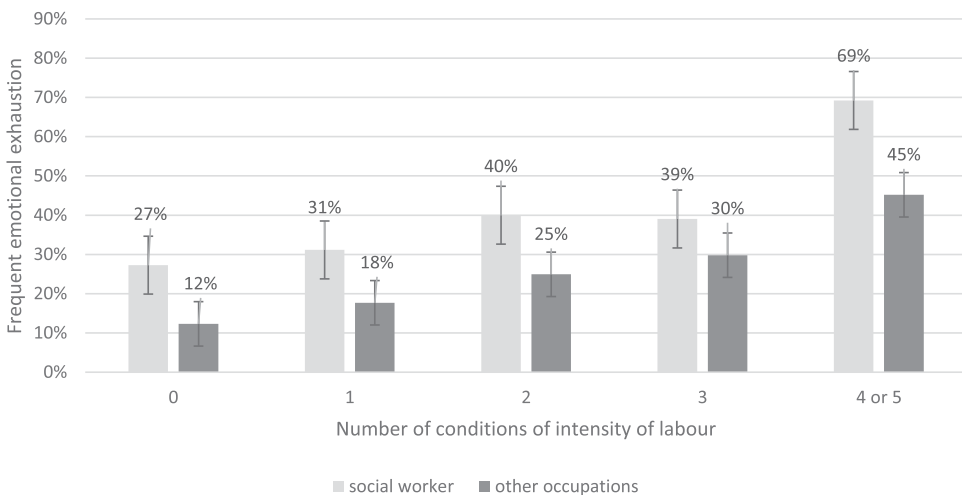
The work demands that affect an occupational activity are diverse. For work intensity, five conditions of work are shown in Table 2 (deadline or performance pressure, work speed, simultaneous work, capability and work disturbances). Figure 1 demonstrates how the proportion of employees who often feel emotionally exhausted significantly increases according to the number of conditions with frequent work intensity (Chi-square Pearson = 1270.8;  $d = 4$ ;  $p < .001$ ). The proportion of social workers who often feel emotionally exhausted clearly exceeds that of the other occupations. In the group of social workers, in which none of these working conditions is common, already 27% often felt emotionally exhausted. However, when social workers frequently encounter one of these five conditions in their jobs, the proportion of emotionally exhausted workers significantly increases to 31% and is rising to 40% for two conditions. If four or five of these conditions of work intensity occur frequently, 69% of social workers complained about frequent emotional exhaustion.

The working time variability was also considerably associated with emotional exhaustion. Among the social workers who were affected by being on-call, standby duty or work on call, 54% reported frequent emotional exhaustion during the past 12 months. Among the other social workers, merely a third (34%) felt often emotionally exhausted.

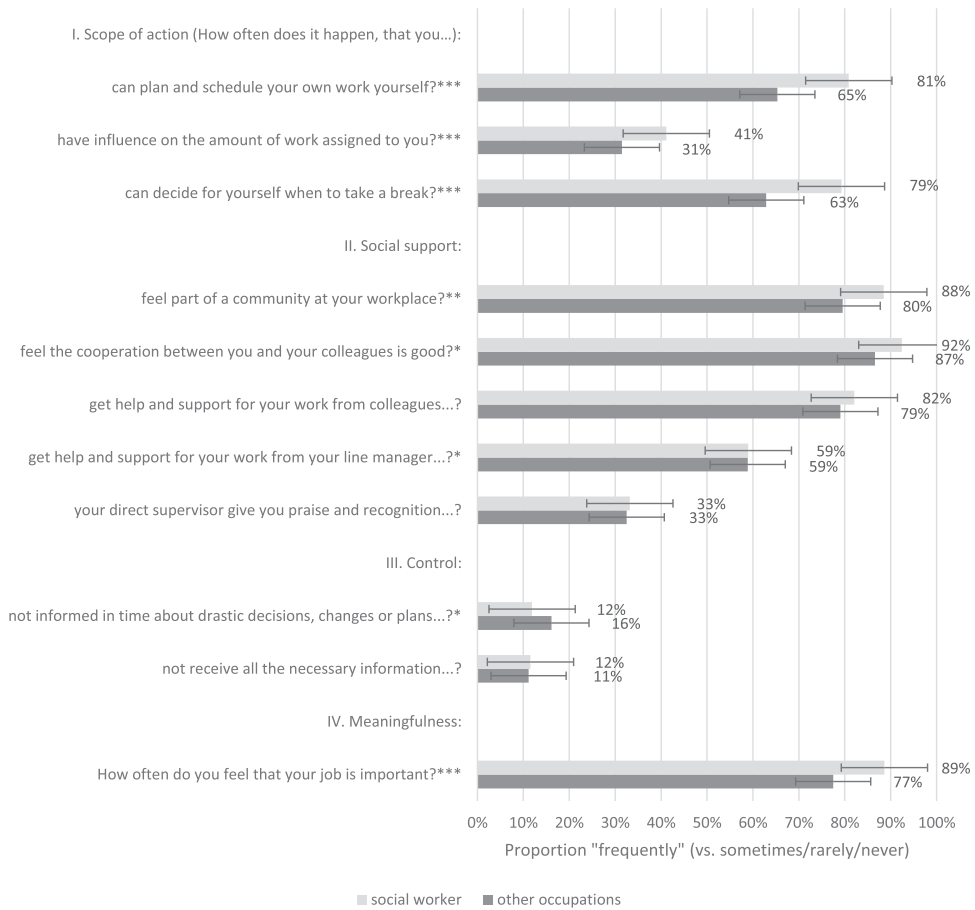
### Job resources

According to Bakker and Demerouti (2007), job resources refer to those physical, psychological, social or organisational aspects that are functional in achieving work goals, reduce job demands or stimulate personal growth. Figure 2 shows a wide range of resources among the labour force. It goes from scope of action and control to social support and meaningfulness. Figure 2 informs that the social workers have much more scope of action. Eighty-one per cent of the social workers could frequently plan and schedule their own work themselves, while this was true for only 65% of the other occupations. The share of 41% of social workers who have frequently influence on the amount of work assigned to them, significantly exceeds the analogue share of 31% for other occupations.

Social support is an important resource in the workplace. It was somewhat greater among social workers. Ninety-two per cent of social workers felt frequently the collaboration between them and



**Figure 1.** Proportion of working population with frequent emotional exhaustion and the number of conditions of intensity of labour. Source: BIBB/BAuA Employment Survey of the Working Population on Qualification and Working Conditions in Germany 2018; weighted data ( $N = 19,933$ ).



**Figure 2.** Job resources among social workers and other occupations. Source: BIBB/BAuA Employment Survey of the Working Population on Qualification and Working Conditions in Germany 2018; weighted data.

Note: Significance level of Pearson’s phi-square test: \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

their colleagues is good and 88% of social workers often felt part of a community in their workplace. These figures are significantly higher than the corresponding proportions for the other professions, 87% and 80%, respectively.

Another essential resource is the meaningfulness of work. Eighty-nine per cent of social workers reported they often found their job important. This is significantly higher than the corresponding proportion of 77% in the other occupations.

A health protective factor could be the utilisation of health promotion at the workplace. Workplace health promotion was understood here to be voluntary offers by the employer, such as physical exercise programmes, nutritional counselling, stress management or health circles. Around half of the social workers (51%) notified that health promotion measures had been carried out in their company in the past two years, slightly more than in companies of the other professions (47%). The rate of take-up does not differ from the other occupations (59%).

## Discussion

The special feature of this secondary analysis is that it generates representative results for social workers in Germany, allows comparisons with other professions. Unlike many other studies, the

study is not limited to small regions or selected fields of action. Due to the comprehensive survey of job-related requirements and health complaints, the correlations can be well examined in secondary analyses. However, there are methodological limitations. The sample of 20,012 employed persons is large, but social workers are a relatively small professional group in Germany and therefore in the representative 2018 BIBB/BAuA survey. The number of cases of 341 interviewed social workers limits the analysis. Multivariate evaluations lead to small cells and statistical uncertainties. It would have been desirable to stratify the results by gender and age, especially on the general state of health and sick leave. For future research is suggested to disaggregate the data by social workers, social pedagogues and social work assistants and to distinguish between the fields of social work practice.

The results confirm known associations between job demands and health (Niedhammer et al., 2021). A cross-sectional study can only suggest health problems and correlation yet does not imply causation. It is recommended to combine subjective as well as objective indicators, e.g. for exhaustion. Further research is needed.

The results confirm the international research (Lloyd et al., 2002) that the professional activities of social workers are accompanied by considerable workload and associated with risks for psychological stress and burnout. This analysis demonstrates that it is particularly stressful for social workers if several conditions of work intensity occur at the same time. They are interrelated with an increase in frequent emotional exhaustion. As is generally known, high demands, work load, low reward and job insecurity increased the risk for developing exhaustion (Aronsson et al., 2017). The high percentage of 41% of social workers with frequent emotional exhaustion in the past 12 months is alarming.

The JD–R model approach can be used to optimising job demands, increasing job resources and fostering personal resources (Bakker et al., 2014). Job demands are generally the most important predictors of outcomes as exhaustion and psychosomatic health complaints (Bakker et al., 2014). Job demands are not always negative, but they can turn into work stressors. This is the reason why the survey asked additionally respondents: Is that stressful to you? (Table 1). Social worker perceived more often stressful situations at workplace than other professions. In principle, the work intensity and complexity can be determined in the work planning. The frequency of emotional work stress must be taken into account. Despite these conditions, social worker had much more scope of action in terms of work planning, work quantity and break arrangements than other professions. The meaningfulness of the professional activity is relatively high among social worker. The JD–R model integrates resources. Particular personal resources could be resilience in social work (Collins, 2017), self-care (Martin et al., 2020) or workplace mindfulness (Bartlett et al., 2019). Based on this secondary analysis, health needs of social workers can be identified. The indicators point to a lack of recovery among social workers. Recreational impairments could be a reason for targeted interventions. Workplace health promotion can improve health and reduce sickness absences (Kuoppala et al., 2008; Tarro et al., 2020). The rate of companies offering health promotion has increased in recent years (Hollederer, 2021b; Hollederer & Wießner, 2015). The survey shows that about a quarter of the social workers participated in workplace health promotion in the past two years. Health promotion should be expanded in quantity and quality and can serve as a starting point to build coping strategies for stress management of social workers. A quarter of social workers complain of both frequent physical and frequent emotional exhaustion. They are thus in danger of suffering from burnout (Shoman et al., 2021). For these cases, workplace risk assessments would be a suitable instrument according to the Occupational Health and Safety Act. But there has been a lack of dissemination in Germany so far (Beck et al., 2012). Workplace interventions and disability management can support employees with health impairments and disabilities return to work and reduce sickness absence (Lefever et al., 2018; van Vilsteren et al., 2015). Bakker et al. (2014) proposed organisational-level interventions and individual-level interventions in accordance to the JD–R model. However, the 2018 BIBB/BAuA survey covers important items, but not all core elements of the JD–R model of occupational well-being. Further research in the future waves of the survey is needed by disaggregating the suggested data.

In conclusion, the secondary analysis of the professional activities of social workers reveals specific working conditions with positive aspects such as meaningfulness, but also risks such as emotional exhaustion. In view of the ambivalence of the results, an expansion of health promotion, company integration management (Hollederer, 2021a), and risk assessments of mental stress is recommended, which addresses not only the behavioural level but also the working conditions of social workers.

## Disclosure statement

No potential conflict of interest was reported by the author.

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## Notes on contributor

*Alfons Holleder* is currently a Professor for 'Theory and Empirics of Health' at the Faculty of Human Sciences (FB 01), University of Kassel. He graduated with a degree in social work and a degree in public health. He completed his doctorate in public health at the University of Bielefeld and his habilitation in public health at the University of Bremen. The professorship focuses on analyses at the health care system level (macro-level), of institutions and actors in the health care system (meso-level) and of the health of affected human beings (micro-level). Special research interest is directed towards questions of health and health promotion among social workers.

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