

Research Article

Social Workers' Perceptions of Stress and Excessive Workload: Challenges and Coping Strategies

Lukáš Stárek*

Department of Pedagogy, Institute of Education and Counselling, Czech University of Life Sciences Prague, Prague 15900, Czech Republic

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Background

Social service workers providing care for people living with dementia are increasingly exposed to high occupational stress and heavy workloads. This situation is closely linked to population aging and the rising dementia prevalence across Europe, placing growing demands on residential social service facilities and their workforce.

Objective

This study examines perceived stressors, coping strategies, and burnout prevention mechanisms among social service workers in residential social services for people living with dementias.

Methods

A qualitative research design was applied to gain an in-depth understanding of workers' subjective experiences. Data were collected through semi-structured interviews with 10 social service workers in residential dementia-care facilities and were analyzed thematically to identify recurring patterns and key themes.

Results

Four main themes were identified: stress and overload, dealing with stress and overload, projecting stress and overload into personal life, and preventing burnout syndrome. The primary stressors reported included insufficient staffing, physically demanding work, emotionally challenging situations such as client deaths, and long working shifts. Participants indicated that work-related stress frequently extends beyond the workplace, manifesting primarily as physical exhaustion and a reduced capacity for personal and family life. Protective factors identified by participants included collegial support, supportive management, regular supervision, access to professional training, informal peer interactions, and leisure activities outside the workplace.

Conclusion

The findings underscore the need for systematic organizational support, improved staffing conditions, and strengthened preventive mechanisms to reduce occupational stress and promote workforce sustainability in dementia care services.

1. INTRODUCTION

The age structure of the European population has been undergoing profound transformations over recent decades, with substantial consequences for social, economic, and

healthcare systems across individual countries. A key feature of this development is population aging, defined by a growing proportion of individuals aged 65 years and older in the total population. This trend is primarily driven by persistently low fertility rates, increasing life expectancy,

*Corresponding author:

Lukáš Stárek

Department of Pedagogy, Institute of Education and Counselling, Czech University of Life Sciences Prague, Prague 15900, Czech Republic.

Email: starekl@ivp.czu.cz



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and broader demographic shifts. According to the interactive publication *Demography of Europe – 2023 edition*¹ issued by Eurostat, the share of people aged 65 and over in the European Union (EU) rose from 16% in 2002 to approximately 21% in 2022. Although this pattern is observable across most EU Member States, the pace and intensity of population aging vary considerably between countries.

Italy and Portugal have the highest proportion of seniors in Europe, with 24% of their total population aged 65 and over in 2023. This high share can be partly attributed to low fertility, high life expectancy, and limited migration of the younger population. Countries such as Bulgaria, the Czech Republic, and Finland followed with only slightly lower shares of the elderly. These countries also face similar challenges, including demographic aging and increasing demands on pension and healthcare systems.² In 2023, people aged 65 years and older accounted for an average of approximately 21.3% of the population within the EU. However, this aggregate figure conceals substantial disparities among individual Member States. Countries with higher incomes and more developed healthcare systems typically report longer life expectancy, which in turn leads to a higher proportion of older residents. Conversely, nations such as Iceland, Luxembourg, and Turkey recorded some of the lowest shares of elderly populations, remaining below 15%. These countries exhibit a comparatively younger demographic profile, which may be attributed to higher fertility rates, lower life expectancy, or significant inflows of younger migrants. In Turkey, in particular, the relatively young population structure plays a decisive role in shaping these demographic outcomes.³

The ongoing demographic aging process is accompanied not only by a growing number of older individuals but also by a rising prevalence of dementia. In both the Czech Republic and Europe as a whole, the number of people diagnosed with dementia increases annually by approximately 5.4%.⁴ Over a period of 20 to 25 years, this figure is expected to double. This development has far-reaching implications for society, extending beyond economic consequences to include significant social and organizational challenges. As a result, social service systems will be required to undergo substantial transformations, encompassing changes in funding mechanisms, legislative frameworks, service quality standards, material and technical resources, and staffing requirements.

In the Czech Republic, residential social services for people living with dementia accommodated a total of 17,856 clients in 2017.⁵ Of this number, women accounted for 12,478 individuals (approximately 70%), while 5,376 were men; an additional 2 clients were children or young people under 18. Although the number of clients placed in residential facilities has been steadily increasing, a parallel rise has been observed in the number of unmet applications. While 15,488 applications remained unsatisfied in 2013, this figure increased to 22,348 by 2017, significantly exceeding the number of individuals actually admitted to homes with a special regime.⁶ An upward trend in the availability of beds in these facilities was also documented in the Register of Social Service Providers of the Czech Republic,⁶ administered by the Ministry of Labour and Social Affairs. As of December 20, 2024, the register lists more than 400 providers of homes with a special regime, offering a combined capacity of 23,674 beds.

In social services, approximately 11 million people are employed across the EU, representing 4.7% of total employment.⁷ This sector is among the fastest growing, having

generated around 2 million new jobs over the past decade at the European level. In contrast, the Czech Republic has experienced a comparatively slower growth. Data on employment in Czech social services vary by source: an analysis by the Ministry of Labour and Social Affairs from 2019 found that the sector employed 75,656 full-time equivalents, whereas Eurostat reported a total of 105,100 individuals working in social services. Across Europe, social services remain predominantly female, with women accounting for 81.56% of the workforce. In Portugal and Slovakia, this proportion exceeds 90%, while the highest share of male workers is reported in Germany (24.8%). In the Czech Republic, individuals aged 50–64 constitute approximately one-third of all social service workers.

Social service workers providing care for elderly individuals or those living with dementia face physically and emotionally demanding challenges. Their work is often burdened by heavy workloads, insufficient staffing, and limited access to modern tools. In dementia care, these issues are compounded by the progressive nature of clients' health conditions and the emotional strain of managing complex behaviors, including restlessness, aggression, and palliative care situations.

Supervision is a critical support mechanism. Mahdalová⁸ highlighted its role in enhancing professional competence, fostering empathy, and preventing burnout. Supervision offers a platform for emotional and professional support, helping workers manage feelings of powerlessness and improve care quality. Webb *et al.*⁹ noted that effective supervision depends on organizational culture and individual expertise, while Williams¹⁰ underscored the relevance of attachment theory in building emotional resilience during supervision. In structured settings, Kilminster and Jolly¹¹ emphasized clear goals and constructive feedback as essential components of effective supervision.

Professional development is equally vital. Armstrong¹² described it as a systematic process for enhancing job performance and meeting growth needs. Training programs should address the specific challenges of dementia care, combining theoretical knowledge with practical skills, such as communication techniques for clients with cognitive impairments.^{13,14}

A supportive organizational culture further enhances resilience. Promoting collaboration, resource sharing, and well-being initiatives, such as flexible scheduling and wellness programs, can help prevent burnout. Leiter *et al.*¹⁵ emphasized that addressing mental health systematically reduces staff turnover and increases job satisfaction.

Integrating supervision, development, and mental health support is essential for quality care and workforce sustainability.

2. JUSTIFICATION AND OBJECTIVES

Organizational culture plays a crucial role in the functioning of an organization because it serves as the foundation for all other processes. It determines what is done and how it is done. In addition to a strong organizational culture, it is important to foster a learning organizational culture. A learning organization encourages employees to learn rather than simply teaching them specific knowledge and skills. In such an organisation, the emphasis is on the intrinsic motivation and active participation of each worker. Learning specific knowledge and skills becomes truly effective only when workers are willing to learn. Therefore, in addition to

continuing education and training, it is important to foster learning within an organization—learning that occurs through everyday activities and interactions, which can have a significant impact on various organizational outcomes.

Without professional training—not only for social service workers—it would be impossible to develop their skills, improve the quality of services, and, importantly, enhance the social recognition of these workers. Further training can help to develop the above-mentioned personal prerequisites for the profession. Additionally, it supports workers in achieving personal balance and defining boundaries with both clients and employers.¹⁶

3. METHODOLOGY

For the research inquiry, a qualitative research strategy was employed to explore the subjective perceptions of stress and excessive workload among social service workers employed in residential facilities, specifically homes with a special regime for clients living with dementia. This approach was selected to capture the complexity of individual experiences and to gain insight into how participants interpret and assign meaning to stressful work situations.

Qualitative research, as described by Hendl,¹⁷ focuses on non-quantifiable aspects of social phenomena and seeks to understand their essence and significance through the perspectives of those directly involved. In this type of research, the investigator plays an active role in exploring and interpreting data, systematically identifying patterns and relationships to answer the research questions. The research process is typically conducted within the natural environment of the participants, where the phenomena under investigation occur, with data collection and analysis unfolding over an extended period. A defining characteristic of qualitative inquiry is the close connection between data collection and analysis, which proceed concurrently. The researcher repeatedly engages with participants and observes them at different moments, allowing for a deeper and more nuanced understanding of their experiences and contexts.

The primary method of data collection consisted of semi-structured interviews, which provided sufficient flexibility to explore respondents' individual experiences, perceptions, and attitudes in greater depth. According to Chráska,¹⁸ the interview is a method for obtaining information about reality through direct verbal interaction between the researcher and the respondent, enabling clarification and expansion of participants' statements.

The study was conducted in residential social service facilities (homes with a special regime) in the Czech Republic. Participants were selected using purposive sampling based on their direct experience with clients living with dementia. All respondents worked in similar types of facilities; however, they were employed by different institutions. The term *conversation partners* is used to refer to interview participants to emphasize the dialogical nature of the semi-structured interviews.

Interviews were conducted with a total of 10 social service workers (referred to as KP1 to KP10) and focused on four key areas:

- (i) Dealing with stress and strain. This area aligns with the research aim, recognizing that working in social services is associated with high levels of stress, which can lead to burnout and other negative consequences. Understanding how workers perceive and experience

stress is essential to identifying factors that influence their mental health and job satisfaction.¹⁹

- (ii) Stress management strategies. This area addresses how workers manage stress, which affects their ability to perform effectively and maintain psychological well-being. Studies have shown that different coping strategies significantly impact the management of work stress.²⁰
- (iii) Projecting work stress into personal life. This area explores the spillover of work stress into personal life, which can negatively affect family relationships and overall life satisfaction. Exploring this link is important for understanding the overall impact of work-related stress.²¹
- (iv) Prevention of burnout syndrome. Given that burnout is common in helping professions, including social services, this area seeks to identify effective preventive measures critical for maintaining the health and effectiveness of workers.^{22,23}

The data were analyzed through thematic analysis—a validated coding process that identified the main themes and subthemes related to the research objective. These themes and subthemes are summarized in Table 1. Through open coding, the collected data were broken down into discrete parts and examined carefully. Subsequently, the interviews were coded and categorized, maintaining a consistent level of generality across code categories.

Table 1. List of identified themes and subthemes

Themes	Subthemes
Stress and overload	Lack of staff
	Excessive physical exertion
	Excessive psychological stress
	Challenging emotional situations
	Inadequate working environment
	Support from colleagues
Dealing with stress and overload	Support from superiors
	Supervision
	Personal relaxation techniques
	Use of professional courses
	Finding support outside work
	Fatigue after a work shift
Projecting stress and overload into personal life	Transfer of work problems to family life
	Deteriorated interpersonal relationships
	Restrictions on leisure activities
	Early identification of symptoms
	Regular supervision
Preventing burnout syndrome	Support from the management
	Introducing training and education
	Availability of rest
	Improving the working environment

The choice of qualitative research and semi-structured interviews was driven by the need to deeply understand the subjective experiences of social service workers caring

for clients with dementia. This approach captures complex phenomena, such as emotions, fatigue, burnout, and coping strategies, that standardized quantitative tools cannot address. Semi-structured interviews offer the flexibility to adapt to respondents' unique circumstances, thereby enriching the dataset.

The interviews were conducted in a neutral café near the conversation partners' workplaces, ensuring a comfortable and private environment. All respondents declined the option of being interviewed at their facilities. Initial general questions were used to foster trust and create a relaxed atmosphere. Care was taken to phrase questions neutrally, avoiding leading questions or misunderstandings. The interviews lasted an average of 75 minutes, were electronically recorded with consent, and transcribed verbatim to preserve accuracy.

The research sample consisted of 10 social service workers in residential homes with special regimes, focusing on clients with dementia. The sample included seven women and three men, reflecting the gender distribution in the sector. Their experience ranged from 2 to 10 years, with varying educational backgrounds—from basic education with a qualifying course to a bachelor's degree. An overview of respondents' demographic characteristics, education, and professional experience is presented in Table 2. Longer experience, as highlighted by Gvelesiani *et al.*,²⁴ is associated with more effective stress management and reduced burnout risks.

The study's deliberate sample selection aligns with Li *et al.*'s²⁵ recommendation for targeted research designs. This diversity in conversation partners' qualifications and experience highlights the challenges and coping strategies associated with dementia care, offering valuable insights for improving support and training for social service workers.

Ethical issues and researcher ethics are fundamental to research practice. Researchers should follow their conscience, generally accepted ethical norms, and established standards that define ethical guidelines in research. Adherence to research ethics aims to prevent conflicts among researchers, participants, and third parties, such as publishers and research administrators. According to Zich and Roubal,²⁶ morality entails behaving in line with generally accepted practices, combining sensitivity, consideration, and common sense.

Research must respect security, anonymity, and privacy. Sharing personal information, knowing it may be published, can be challenging for some respondents. It goes beyond anonymity to protecting their privacy. Personal data should remain confidential unless the respondent explicitly wishes to be quoted. If participants are easily identifiable, researchers must inform them about the potential implications of publishing their data.

Before the research began, verbal consent was obtained, and respondents were informed about how their data would be handled and its purpose. Maximum anonymity was ensured to protect identities, and respondents were free to decline participation at any time; however, none did so.

The researcher must mitigate risks and safeguard all participants, guided by ethical codes and personal integrity.²⁷ All interview materials were securely stored to prevent unauthorized access. These measures reflect a commitment to ethical research practices, ensuring respondents' trust, protecting their rights, and maintaining the integrity of the research process.

4. RESULTS

The research aimed to explore how social service workers perceive stress and excessive workload when caring for clients with dementia. Specifically, it examined the causes of stress, its effects on work and personal life, coping mechanisms, and the support employers provide. The findings aim to guide interventions to prevent burnout and improve working conditions.

4.1. INTERPRETATION OF FINDINGS: THEMATIC ELABORATION

Given the volume of data collected and the scope of this study, the reactions, information, positions, or ideas that are either of professional interest or represent the majority of responses to a given question/topic were interpreted by themes in the following subsections.

4.1.1. STRESS AND OVERLOAD

The first theme focused on encounters with stress and excessive workload in the social work profession. All conversational partners (KP1–KP10) agreed that they encounter stress and excessive workload when staffing levels are insufficient. For example, KP1 stated, "Well, and I was also going to say, you know, maybe when we're few, it's still more challenging to get it all together, to get it right," and KP8, "...or when we're short, when maybe someone drops out of a shift."

As KP2's colleague, KP4 agreed that there are few of them in the services. For example, because of K2's illness, KP4 stated, "...most of us maybe get sick or have some other health or personal problems, and we work in the basics, so there are few of us on that shift." KP4 added, "Colleagues are sick, there are not enough of us, we have to get more done than normal."

KP1, KP3, and KP4 described that they often perceive psychological difficulty due to the death of a client, which affects their psychological state. KP1 stated, "I definitely feel the most stressed when someone dies..." KP2 stated, "...so, when someone dies..." Similarly, KP4 stated, "...and then psychologically, it is difficult when someone dies..." Interestingly, however, the conversation partners communicate this information with notable ease, despite the emotional weight of experiencing the death of a client in the facility.

KP4–KP9 described the work as physically demanding. KP4 stated, "...when there's some more work with these clients, I mean, when some of them are heavy, for example, it's just physically demanding, the handling." KP5 further specified that the physical demands were associated with a predominantly female workforce, "Because actually there are mostly women on duty, so sometimes it's really physically very demanding for us. Thus, we usually have two staff members to help each other out, at least to lighten up a little bit."

KP1, KP3, KP4, KP8, KP9, and KP10 identified another potential burden: the emergency transfers of the client by the ambulance service. KP1:

...or being taken away by ambulance when something happens because we've been here for a long time with these people, we've known them from the beginning, you've had them here for maybe a

Table 2. Graphical representation of the characteristics of conversation partners

Conversation partner	Gender	Education	Age	Length of experience in social services (years)	Length of experience in social services with clients with dementia (years)
KP1	Woman	Secondary education with a high school diploma; social worker course	28	5	5
KP2	Woman	Secondary education with a diploma; social worker course	24	4	4
KP3	Man	Basic education, social worker course	42	8	5
KP4	Man	Secondary education with a diploma; social worker course	55	4	3
KP5	Woman	Secondary education with a diploma; social worker course	29	3	3
KP6	Woman	Secondary education with a high school diploma; social worker course	36	6	6
KP7	Man	Bachelor's degree in social work	39	10	8
KP8	Woman	Secondary education with a diploma; social worker course	27	2	2
KP9	Woman	Secondary education with a high school diploma; social worker course	48	7	5
KP10	Man	Basic education; social worker course	51	5	4

few months, and it just takes you...

KP5 stated that pressure from superiors is also a reason for stress, "...as far as stress is concerned, of course, the stress at work is when there is pressure from superiors..." Notably, this stressor was mentioned only by KP5.

This theme clearly shows that stress and overload in social services are multifactorial, involving personal, physical, psychological, and organizational aspects. Emphasizing the need to address these issues can help reduce workload and improve working conditions.

4.1.2. DEALING WITH STRESS AND OVERLOAD

The second theme focused on dealing with stress and overload. Conversation partners were asked when and with whom they address these conditions when they occur. KP1 and KP7 were in strong agreement, reporting support from colleagues and supervisors, and passing relevant information to the referral service when necessary. KP1 stated:

Well, we're definitely an awfully good bunch here, so I'll talk to the girls about everything; we'll discuss a lot of things at handover as well. I know that if I have a problem, I can go to anyone in the

home, whether it's... I don't know ...station or social or the headmistress, they always discuss everything with us, and we sort everything out.

KP7 responded similarly:

Well, I definitely do, with the fact that we always discuss it amongst ourselves within the team; otherwise, then of course we have a nice station mistress, the head mistress, so we can always have a few words with them and discuss what's bothering us. However, those kinds of issues that are directly related to the service, we deal with them as part of the handover.

KP2 and KP3 agreed with KP1 and KP7, mentioning that they seek support from their colleagues, "...so, within the framework of definitely collegiality with other colleagues, we can kind of tell each other those feelings, and I guess we all feel relieved..." KP3 responded similarly, "We talk to each other a lot at work. Most of the time, we have the same feelings. When we discuss it afterwards, it's better."

In contrast, KP4 did not feel the need to complain to anyone, potentially due to a high resilience to stress. In his words:

...come to think of it, I don't, I guess I wouldn't

have, I wouldn't say I feel the need to address it with anybody, to complain to anybody. I guess the burden and the stress haven't crossed some threshold that I need this here. I've got a job to do, I'll do it, and I'll deal with it myself...

This theme emphasizes that effective stress management is often based on team support, clear communication, and regular opportunities to share experiences. Individual differences in approach (e.g., individual solutions for KP4) highlight the importance of tailoring support mechanisms to the specific needs of each worker.

4.1.3. PROJECTING STRESS AND OVERLOAD INTO PERSONAL LIFE

The third theme described the projection of stress and overload into personal life. KP1–KP4, KP6, KP7, KP9, and KP10 agreed that fatigue is most reflected in personal life. KP1 described that fatigue mainly stems from situations when something unpredictable happens on a shift or when there are fewer workers, stating, "...when you need an accident or a lift, or we are few, the girls are sick, you are tired..." KP2 and KP5 perceived fatigue due to physical strain. KP2 stated, "...when I work 12-hour shifts and experience mental and physical stress, it negatively affects my personal life, most often due to fatigue..." KP9 stated, "Well, about the physical strain, it's mostly fatigue because those days are physically demanding; so, usually after three days of service, I don't even know who I am anymore." KP3 associated fatigue with long shifts and demanding client communication, stating, "Sometimes, I'm very tired; the shifts are long, I talk to people a lot at work, and then I don't feel like talking at home..." While KP4 did not specify the reason for the fatigue, KP10 stated, "I would say that fatigue affects me the most. When I come home feeling tired, it influences the atmosphere at home, as well as my motivation to engage in or avoid certain activities..."

KP1 further stated that she often brings home ideas from work, stating "...so of course I bring it home and maybe I think about it a lot..." Similarly, KP2 stated that it is a mental and physical burden, a claim also confirmed by KP9, "...the days are physically demanding, so most days after three days of service I don't even know who I am anymore..."

This theme underscores that work-related stress and strain have a significant impact on workers' personal lives, particularly through physical and mental fatigue. To improve workers' quality of life, it is important to implement strategies to promote mental health and reduce physical stress in the work environment.

4.1.4. PREVENTING BURNOUT SYNDROME

The fourth theme focused on burnout syndrome, how to deal with it, and how social workers perceive help from their employers. KP1, KP3, KP5, KP6, KP8, KP9, and KP10 perceived that other colleagues helped them to prevent burnout. KP1 stated, "...We discuss everything together. I know that I can come to anyone, and it's a fact that the girls and I go for a coffee sometimes, and we discuss everything, and it's good again..."

The interview indicates that some workers spend time together outside of work. KP3 stated, "What is bothering us, we talk about it among ourselves." KP9 further mentioned, "As far as work is concerned, we communicate a lot with our supervisors and colleagues. We discuss the current

situations in the departments, which helps us to manage those stressful situations..."

In addition to colleagues with whom conversation partners can talk, supervisors are also seen as a source of support for employees. Support from supervisors was perceived by KP3–KP6, KP9, and KP10. KP2 stated, "...cooperation and communication with the direct care manager..." Similarly, KP4 stated, "...so at work I can talk to my supervisor. I think if I told him that I have some problems or that I need help with some solutions, he would be helpful and try to find some solutions..." Additionally, KP4 specified the assistance provided.

KP2 and KP4 also found that the regular supervision provided in the facility helps them to prevent potential burnout syndrome. KP2 stated, "...but also with some regular supervisors that visit us in the facility that we can talk to..." Likewise, KP4 stated, "We have supervision at work." KP5 and KP9 mentioned the training provided at the facility. KP5 stated: "Of course, we have different trainings as well, which actually help us to prevent actually burnout syndrome, and to understand the situation better with the clients, for example."

KP4, KP5, and KP10 also reported that preventing burnout was associated with non-work activities. KP4 stated, "Actually, the burnout syndrome, if I relate it to myself, I have a lot of non-work hobbies. Actually, because of the family and those hobbies, I manage to relax, and I'm like mentally fit." KP5 responded similarly, "Well, I try to relax a lot when I don't have to go to work, when I have a short week ...so that's what I do with my activities..."

This theme shows that preventing burnout requires a comprehensive approach that includes social support, systematic supervision, professional training, and an emphasis on work–life balance. Implementing these strategies can significantly improve the psychological well-being of social service workers.

4.2. SUMMARY OF RESULTS BY THEME

4.2.1. STRESS AND OVERLOAD

The first theme focused on situations where social service workers experience stress and excessive workload. The key findings are as follows:

- (i) **Lack of staff:** All conversation partners (KP1–KP10) reported that stress increases significantly when there are fewer staff on shift. Reasons include illness and other personal problems of colleagues. Additionally, insufficient staffing increases workload and time pressure.
- (ii) **Mental stress:** A frequent cause of psychological stress is the death of clients, which has a significant emotional impact on workers. This aspect was mentioned repeatedly (e.g., KP1, KP2, and KP4) as one of the most challenging parts of the work.
- (iii) **Physical strain:** Handling heavier clients was reported to be physically exhausting. More physical demands were mentioned, especially among the predominantly female staff who often do this work together (e.g., KP5).
- (iv) **Challenging situations with clients:** KP1, KP3, and KP4 described the stress associated with acute health problems of clients, such as the need for ambulance intervention.
- (v) **Supervisor pressure:** KP5 mentioned stress

associated with supervisor pressure, which was not widely reported among conversation partners, but is a significant individual factor.

4.2.2. DEALING WITH STRESS AND OVERLOAD

The second theme focused on how social service workers manage stress and excessive workload. The main findings are as follows:

- (i) **Support from colleagues and supervisors:** Most conversation partners (KP1, KP2, KP3, and KP7) reported that they deal with stress and strain mainly with colleagues and supervisors. Teamwork and open communication are key to managing work stress. This approach promotes team cohesion and provides opportunities to share emotions and experiences.
- (ii) **Service handover as a space for problem-solving:** KP1 and KP7 emphasized the importance of service handover as a space for openly discussing work problems. This formal or informal approach helps to better manage crises and ensure continuity of care.
- (iii) **Personal resilience:** KP4 reported that he does not need to deal with stress with others and manages it on his own. This attitude may be explained by a higher resilience to stress or a personal preference for solving problems internally. However, this attitude was not common among the conversation partners.
- (iv) **The importance of collegiality:** KP2 and KP3 highlighted the positive influence of collegiality and the sharing of feelings within the team. Discussing work-related problems together helps reduce individual stress and creates a space for mutual support.

4.2.3. PROJECTING STRESS AND OVERLOAD INTO PERSONAL LIFE

The third theme focused on the impact of work stress and strain on the personal lives of social service workers. The main findings are as follows:

- (i) **Fatigue as the main impact:** The majority of conversation partners (KP1–KP4, KP6, KP7, KP9, and KP10) identified fatigue as the most common consequence of stress that carries over into their personal lives. Fatigue is caused by the physical and mental demands of the job, unpredictable situations (e.g., accidents and staff shortages), and long shifts.
- (ii) **Physical load and its effect on fatigue:** KP2, KP5, and KP9 emphasized that physically demanding shifts, especially when caring for clients, lead to significant fatigue. KP9 further stated that after three days of service, she feels completely exhausted.
- (iii) **Long shifts and mental strain:** KP3 linked fatigue to long shifts, during which intense client communication increases mental strain. This factor reduces the desire to engage in conversation or activities at home.
- (iv) **Carrying thoughts from work:** KP1 mentioned that she often brings thoughts and worries home from work, which further affects his mental well-being. This phenomenon may be associated with impaired relaxation and with the failure to separate work and personal life.
- (v) **Impact on family and personal activities:** KP10 described that fatigue affects what he wants to do at home, suggesting a negative impact on the quality of

leisure time and relationships.

4.2.4. PREVENTING BURNOUT SYNDROME

The fourth theme focused on strategies to prevent burnout and the role of support from colleagues, supervisors, and employers. The key findings are as follows:

- (i) **Colleague support:** Most conversation partners (KP1, KP3, KP5, KP6, KP8, KP9, and KP10) perceived the positive influence of colleagues on stress management and burnout prevention. Talking together, sharing problems, and spending time outside work foster cohesion and mental well-being.
- (ii) **Support from superiors:** KP3–KP6, KP9, and KP10 reported that open communication and cooperation with superiors are important factors. Supervisors are perceived as a support that can help solve work problems and find appropriate solutions.
- (iii) **Regular supervision:** KP2 and KP4 valued regular supervision as an effective tool for preventing burnout. Supervision provides a space to vent emotions and seek professional support.
- (iv) **Training and education:** KP5 and KP9 mentioned training as a means to better understand work situations and improve the ability to cope with challenging situations. These trainings promote not only professional growth but also mental resilience.
- (v) **Non-work-related activities:** KP4, KP5, and KP10 emphasized the importance of relaxation and hobbies outside the work environment. Family activities, hobbies, and leisure activities help to maintain mental balance and reduce stress.

4.3. CAUSES AND IMPACTS OF STRESS

The study identified stress and excessive workload as major challenges for social service workers in dementia care. Conversation partners consistently highlighted insufficient staffing as a critical stressor. This shortage leads to increased individual workloads and time pressures, particularly during absences due to illness or personal reasons. Such circumstances exacerbate physical and psychological strain, raising the likelihood of errors in client care. Emotional challenges, such as dealing with client deaths, further amplify stress levels. In these situations, psychological resilience is essential for coping effectively.

Stress affects both professional and personal spheres. Increased workload and emotional strain often lead to physical exhaustion, decreased job satisfaction, and strained interpersonal relationships outside of work. The combination of these factors significantly undermines the mental and physical well-being of workers.

4.4. COPING MECHANISMS AND TEAM SUPPORT

Teamwork emerged as a fundamental coping mechanism. Workers rely on mutual communication, shared experiences, and peer consultation to navigate challenging situations. Open communication with supervisors also plays a critical role, fostering a sense of security and confidence in addressing work-related problems. Informal gatherings with colleagues outside the workplace further enhance psychological well-being by providing opportunities for stress relief and emotional support.

4.5. STRATEGIES FOR BURNOUT PREVENTION

Conversation partners identified several strategies to prevent burnout, including:

- (i) Regular supervision, enabling open discussion of work issues and access to professional support.
- (ii) Training programs to enhance stress management skills and professional competencies.
- (iii) Promotion of relaxation and leisure activities to maintain a healthy work–life balance.

These strategies not only support personal and professional growth but also deepen understanding of client needs, thereby improving care quality.

4.6. RECOMMENDATIONS

The research highlights the multidimensional nature of stress and workload in social services. Practical interventions should focus on four key areas:

- (i) Improving working conditions:
 - (a) Staffing: Insufficient staffing was the most significant stressor identified. Increasing the number of workers would reduce time pressure, physical strain, and the risk of errors. Adequate staffing levels are particularly critical in dementia care settings, where clients require constant attention.
 - (b) Equipment: Modern and ergonomic equipment, such as lifting aids and adequate sanitary facilities, can significantly reduce physical strain and improve safety. Regular training on equipment use is essential to maximize its effectiveness.
 - (c) Working hours: Long shifts and insufficient recovery time between shifts contribute to exhaustion. Optimizing working hours through shorter shifts, regular breaks, and predictable schedules can alleviate these issues. Ensuring equitable task distribution among team members also minimizes workload imbalances.
- (ii) Employer support:
 - (a) Supervision: Regular supervision provides a safe space for workers to reflect on experiences, discuss challenges, and develop coping strategies. It is particularly valuable in emotionally demanding situations, such as client deaths.
 - (b) Training: Stress management training equips workers with practical tools to handle work challenges effectively. Training should include techniques for managing stress, preventing burnout, and communicating with clients and their families. Practical simulations of challenging situations can further enhance preparedness.
 - (c) Feedback: Constructive feedback helps workers identify strengths and areas for improvement, fostering professional growth and building trust between staff and management. Regular feedback sessions also provide opportunities to address overlooked issues.
- (iii) Mental health support:
 - (a) Teamwork: Promoting teamwork through regular meetings, workshops, and team-building activities strengthens relationships and builds trust. This collaborative environment reduces stress and

enhances resilience.

- (b) Relaxation activities: Workplace relaxation options, such as rest zones and guided relaxation techniques, help alleviate stress. Activities such as meditation and yoga can be incorporated into daily routines to promote mental well-being.
- (c) Safe sharing spaces: Structured platforms for discussing work experiences enable workers to share challenges and best practices in a supportive environment. This reduces emotional burdens and improves team dynamics.
- (iv) Burnout prevention:
 - (a) Leisure activities: Encouraging hobbies and sports outside work helps employees destress and improve their quality of life. Employers can support these activities through subsidies or flexible working hours.
 - (b) Work–life balance: Flexible scheduling and adequate leave policies allow employees to prioritize personal needs, reducing the risk of burnout. Tools and training on time management can further enhance balance.
 - (c) Relaxation support: Providing benefits such as wellness vouchers and organizing relaxation retreats encourages employees to recharge outside the workplace. Promoting regular and planned holidays is equally important for mental recovery.

The findings suggest that addressing stress and workload issues requires a systematic approach that links organizational, team, and individual strategies. The results can be applied to human resource management and to the design of interventions to improve the work environment and prevent the negative consequences of stress.

5. DISCUSSION

This study aimed to explore how social service workers in residential facilities for people living with dementia perceive stress and excessive workload, and how they cope with these demands in everyday practice. The findings provide insights into workers' subjective experiences and highlight several recurring themes related to organizational conditions, emotional strain, and available support mechanisms. While the results cannot be generalized beyond the specific context of this qualitative inquiry, they offer analytically transferable insights that contribute to the broader discussion on occupational stress and burnout in dementia care.

A central finding of this study is the prominent role of organizational factors in shaping workers' experiences of stress. Insufficient staffing, long shifts, and physically demanding care tasks were consistently described as key sources of strain. These findings are in line with previous research indicating that workload intensity and staff shortages are among the most significant stressors in social and healthcare services, particularly in dementia care settings.¹⁶ The emotionally demanding nature of the work, especially in relation to client deaths and acute health situations, further intensifies psychological strain. Similar emotional stressors have been documented in earlier studies, which emphasized the cumulative impact of repeated exposure to loss and complex care situations on workers' well-being.¹⁵

This study also highlights the spillover of work-related stress into personal life, primarily in the form of physical fatigue and mental exhaustion. This finding aligns with

existing literature on work–life balance in helping professions, suggesting that prolonged exposure to high job demands may limit workers’ capacity for recovery and negatively affect their relationships and leisure activities.¹⁹ The narratives analyzed in this study suggest that fatigue represents not only a physical consequence of demanding work but also a barrier to psychological detachment from work, an important protective factor against burnout.

In terms of coping strategies, the findings underscore the importance of social support in the workplace. Collegial relationships and open communication within teams were described as key resources for managing stress, supporting earlier research that identifies peer support as a central protective factor in high-demand care environments.²⁵ Similarly, supportive and accessible supervisors were perceived as playing an important role in helping workers address challenging situations and maintain a sense of professional security. Regular supervision emerged as a particularly valued mechanism, providing a structured space for reflection, emotional processing, and professional guidance.²⁸ This finding is consistent with studies that highlight supervision as an effective tool for reducing emotional strain and supporting professional resilience in social work.²⁴

Professional training and education were mentioned as supportive elements, particularly in relation to understanding challenging client behavior and improving coping strategies. Previous research suggests that targeted training in dementia care and stress management can enhance workers’ confidence and perceived competence, thereby reducing feelings of overload.¹¹ However, the findings of this study indicate that training alone is insufficient if not accompanied by adequate organizational support and manageable working conditions. Technology-assisted cognitive training has been more widely studied in patient populations, including the use of virtual reality interventions (e.g., Bisso *et al.*).²⁹

An important aspect of the findings is the role of individual resources outside the workplace, such as family life, hobbies, and leisure activities. These resources were described as contributing to psychological balance and recovery from work-related stress. This observation corresponds with broader research on burnout prevention, which emphasizes the protective function of meaningful non-work activities and work–life balance.²⁸ At the same time, the results suggest that the effectiveness of individual coping strategies may be limited when organizational stressors remain unaddressed.

Several limitations of the study should be acknowledged. The research was conducted with a small, purposively selected sample of social service workers within a specific national and organizational context. The findings are based on self-reported experiences and reflect subjective perceptions rather than objective measures of stress or workload. Moreover, the qualitative design does not allow for assessment of the prevalence or statistical significance of the identified phenomena. These limitations, however, are inherent to the chosen methodology, which aimed to gain an in-depth understanding of workers’ lived experiences.

Despite these limitations, the study contributes to the growing body of qualitative research on stress and burnout in dementia care by providing context-specific insights into how social service workers experience and manage demanding working conditions. The findings support the view that occupational stress in social services should be understood as a multifaceted phenomenon embedded in organizational, relational, and individual contexts. Future research can

build on these results by incorporating comparative designs across different types of care facilities, integrating quantitative measures of stress and burnout, or examining the long-term effects of organizational interventions aimed at improving working conditions and support structures.

6. CONCLUSION

This qualitative study explored how social service workers in residential facilities for people living with dementia perceive work-related stress and excessive workload, how these experiences affect their professional and personal lives, and which coping and preventive mechanisms they consider meaningful. Based on semi-structured interviews with 10 workers, the findings indicate that stress in dementia care is primarily associated with organizational and emotional demands rather than with individual shortcomings. Insufficient staffing, physically demanding care tasks, long shifts, and emotionally challenging situations—particularly the death or acute deterioration of clients—were repeatedly identified as key stressors across conversation partners’ narratives.

The results suggest that work-related stress often extends beyond the workplace and manifests mainly as physical fatigue and mental exhaustion, which may limit workers’ capacity for rest, leisure, and family life. Although the intensity and subjective interpretation of these impacts varied among conversation partners, the overall pattern points to a close interconnection between working conditions in residential dementia care and workers’ overall well-being. These findings are consistent with previous research highlighting the spillover of occupational stress into the personal lives of helping professionals.

Conversation partners’ accounts further indicate that informal collegial support, open communication within teams, and accessible supervisors play a central role in coping with everyday work strain. Regular supervision and professional training were perceived as important supportive resources, particularly in emotionally demanding situations. At the same time, several respondents emphasized the importance of personal coping strategies outside the workplace, such as leisure activities, family support, and hobbies, which help them maintain psychological balance. These findings align with existing literature that emphasizes the protective role of social support, supervision, and work–life balance in mitigating burnout risk, while also illustrating how these mechanisms are experienced in everyday practice.

It is important to interpret the findings in light of the study’s limitations. The research was conducted with a small, purposively selected sample of social service workers within a specific national and organizational context. As a qualitative study, its aim was not to measure the prevalence or statistical significance of stress-related phenomena, but rather to provide an in-depth understanding of workers’ subjective experiences. The results, therefore, cannot be generalized to all social service workers or care settings; instead, they offer analytically transferable insights that may be relevant to similar contexts of residential dementia care.

Despite these limitations, the study contributes to a more nuanced understanding of how social service workers caring for people with dementia perceive and manage stress and excessive workload. The findings highlight the importance of organizational conditions, team-based support, and

accessible supervisory structures in shaping workers' ability to cope with demanding work environments. By giving voice to workers' experiences, this study underscores the need to view stress and burnout not merely as individual issues but also as phenomena embedded in broader organizational and systemic contexts. Future research could build on these findings by including larger and more diverse samples, comparing different types of care facilities, or integrating qualitative insights with quantitative measures to further explore the dynamics of stress, coping, and well-being in dementia care services.

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CONFLICT OF INTEREST

The author declares there is no competing interests.

AUTHOR CONTRIBUTIONS

This is a single-authored article.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study was conducted in accordance with all relevant ethical standards for research involving human subjects, and the research protocol was approved by the Ethics Committee of the Czech University of Life Sciences Prague (approval no. EK-CZU-2024-067; approval date: February 15, 2024). Each participant provided written informed consent prior to inclusion in the research. Verbal confirmation of consent was reconfirmed prior to each interview.

CONSENT FOR PUBLICATION

We obtained written consent from participants for publication of the study findings. Participants were anonymized. Non-identifying demographic information (e.g., gender, age, and education) is reported.

DATA AVAILABILITY STATEMENT

The recordings of the interviews are identity-sensitive materials; hence, they are not publicly accessible. The transcribed data are printed and stored in a secure location held by the author; therefore, they are protected and not freely accessible.

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