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PILOT IMPLEMENTATION FINAL REPORT

Álvaro Walls Toledo

COCEMFE Sevilla

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1. Introduction

This final report is the result of a comparative and critical analysis of the data collected by the various partner organisations during their respective pilot phases. Based on the conclusions presented in this document, the *Burnout toolkit* can be refined, ultimately achieving peer validation as an intellectual output designed to support the prevention and management of burnout among professionals in the social and healthcare sectors — particularly those working in high-risk conditions, such as home care staff.

The report is structured into several sections. Firstly, it offers a summary of how the pilot phase was carried out, including the number of professionals involved and their areas of expertise. This is followed by the presentation of results, statistically processed, concerning the different aspects of critical analysis in which the professionals participated, such as the evaluation of the manual's formal characteristics and content.

Finally, a section with recommendations is included with the aim of contributing to the improvement of the final product (*Burnout toolkit*), based on the findings derived from the pilot process.

2. Pilot development

[Explanation of the research process: Max. 2000 characters]

- Provide a concise description of how the workshop was carried out, including the planning of content and methodology used, the venue where the event took place, as well as the number of participants and their professional profiles.

The workshops were carried out in person with a team of multidisciplinary professionals, including caregivers, social and healthcare workers, team management staff, and nurses. The number of participants in each workshop was seven, as established in the intended objective, and the estimated duration was around 3 hours.

The workshops involved the use of ICT tools and printed materials and were conducted following principles aimed at promoting active participation among attendees. To this end, various activities were developed, such as role-playing and small mixed-group work, to foster debate and reflection on different aspects included in the manual. In particular, Chapters 1, 3, and 4 were the most thoroughly addressed in this regard.



- Explain how the analysis process of the intellectual material was planned: what types of professionals were selected to carry out the review, the reasons for their selection, whether the material was divided into chapters or not, and, if so, the criteria used to prioritise certain chapters for review.

All partners distributed their materials among different professionals so they could carry out a more detailed critical reading of the content. The profile of the participants included, on the one hand, those who attended the in-person workshop and, on the other, selected professionals who were considered particularly suitable for the material review process due to their experience or type of expertise.

Among these profiles were healthcare workers (both in home care and in team management roles), social workers and social integration professionals, education professionals, nurses, and even family caregivers. In both cases, participants were encouraged to freely read the chapters and topics they considered most relevant to their roles and immediate needs.

The total number of participants in the **critical reading of the materials was 26**. Therefore, the final number of participants in the entire pilot process amounted to **33 professionals**.



3. Results

[Present the results regarding the following key points: no character limit]

- The following presents a summary of the demographic data obtained throughout the process:
 - Number of participants involved in the research = 33
 - Age

The average age is approximately **40 years**, although the sample was quite diverse, with participants across different age ranges. In any case, the majority of participants fall within the **adult age group**.
 - Profession

The professions represented were varied, with a predominance of those working in **social and healthcare roles (73%)**, including home care workers, nurses, and team management staff, among others.

 - Healthcare workers: 24 (73%)
 - Social workers: 6 (18%)
 - Education professionals: 3 (9%)
 - Educational level

The sample tended to have a **university-level education profile (82%)**.

 - Basic education: 1 (3%)
 - Secondary education: 5 (15%)
 - Higher education: 27 (82%)
- **Most reviewed chapters of the manual:**

The chapters that generated the most interest and approval, in order, were:

 - **Chapter 4: Professional Development** (especially the section on stress management and relationships with family members)
 - **Chapter 3: Strategies for prevention and management of Burnout**

These chapters were rated very positively because they provide practical solutions and tools, identified by readers as the main positive factor and the most engaging content.

The next most approved chapters were the initial ones: **Chapter 1: Understanding Burnout** and **Chapter 0: Introduction**, in that order.

Participants indicated that these chapters help professionals recognise early warning signs in themselves and in their colleagues regarding the development of the syndrome.

The good performance of **Chapter 2: Self-assessment Tools** should also be noted.

The remaining chapters had significantly lower readership, especially those related to bibliographic references or additional resources. This suggests that readers were looking for a practical manual containing essential information, without necessarily delving into the content or the origins of the sources.



- **Comments on why certain contents were not read:**
 - Lack of time to read the materials, a recurrent comment across various pilot contexts
 - Some content was not reviewed because it was already known to the participants
 - More theoretical sections, specifically the one on bibliographic references, received criticism for being perceived as too abstract and unengaging. Overall, participants preferred practical topics directly related to their professional tasks
 - Some sections were criticised for their length, such as Chapter 4; however, this was an isolated comment
 - In contrast, other sections, such as Chapter 5 or the section on coping with bereavement within Chapter 4, were positively evaluated for their practical relevance

- **Manual evaluation:**

- **Formal aspects** (design, structure, etc.)

Feedback on this aspect has been **highly positive**, with widespread approval from the participants in the pilot phase. In particular, the clarity of the manual's structure was highlighted, as it allows users to navigate the content intuitively.

Regarding suggestions for improvement, participants recommended **simplifying certain graphics and aspects of the structure** to make the manual easier to use for specific user profiles.

Additionally, other notable comments concerned the interactivity of the product. Being digitised in PDF format, it has certain limitations. As a solution, the idea of **creating a training course hosted on a website**, or even a **mobile application**, was proposed.

- **Content aspects** (usefulness, clarity and depth)

Feedback regarding the content of the manual has also been **very positive**, especially concerning Chapters 2, 3, and 4. Highlighted aspects include the **relevance of the materials** in addressing real challenges faced by social and healthcare professionals, the abundance and **quality of the tools provided** —including a specific mention to the stress reduction techniques— and, notably, the **STOP model** as an integrative tool for preventing and managing Burnout, which generated significant interest and acceptance.

Regarding suggestions for improvement, these include **incorporating more real-life examples and application scenarios** with a strongly practical focus, **automating the results of the self-assessment tools** in Chapter 2, and even **redesigning this tool to make it shorter, adding specific resources** (such as contact numbers for various situations or guidance on information searching), and providing **deeper coverage of certain thematic areas**, particularly bereavement and organizational culture



4. Recommendations

[Provide a synthesis of the main findings from the analysis, justifying the following points: no character limit]

1. Overall evaluation of the toolkit

Following the pilot phase, the manual has achieved an overall outstanding quality rating for its usefulness, clarity, and the quality of its contents. In this regard, all workshops highlighted the wide range of possibilities it offers thanks to its versatility. In addition to being a highly practical resource for supporting the work and performance of professionals in the social and healthcare sector, it also has the potential to become a valuable tool for developing training programmes and working in groups, due to the inclusion of numerous tools and techniques that foster group discussion and reflection.

Among all the chapters that make up the manual, the ones that generated the greatest interest were Chapter 4, *Professional Development*, and Chapter 3, *Strategies for the Prevention and Management of Burnout*. Both were praised for their practical and straightforward approach, which greatly facilitates their applicability in the professional contexts for which they were designed. Of particular note is the STOP model, which was very well received among professionals. In fact, the wide variety of resources and tools offered by these chapters was highly appreciated, and one of the suggested improvements was to continue expanding these resources by incorporating audiovisual material and new application scenarios, in line with the strongly practical approach with which they were conceived.

Similarly, the introductory Chapters 0 and 1 were considered highly necessary to contextualise the syndrome and provide a deeper understanding of its causes and consequences. They help not only to maintain good control over individual mental health but also group well-being, by providing the necessary resources to identify its symptoms.

In contrast, the more theoretical chapters, such as those related to bibliographic sources and additional reference materials, were rated less positively, as they are academic in nature rather than practical. This is somewhat peculiar, since most of the professionals who took part in the pilot phase hold higher university degrees (82%), and yet they did not show a strong interest in the academic part of the manual. The main hypotheses that may explain this outcome are, first, that many readers were not seeking in-depth knowledge but rather a simple, structured, and practical guide, as reflected in many of the positive comments collected. Secondly, it could also be attributed to the widespread lack of time among the participating professionals, who tend to prefer a manual with clearly defined content tailored to their immediate needs, rather than pursuing an in-depth understanding of the causes, studies, and psychological tools that provide the scientific foundation for the material.



2. Most positive aspects

- The manual has been perceived by almost all participants as a resource that condenses all the information on its subject matter in a clear, useful way, with a very functional design
- Among all the tools included in the manual, the **STOP model** was the most positively valued by the participants in the pilot
- Likewise, the resources presented in Chapter 4, such as the tools for *conflict resolution* or *dealing with death*, were also highly appreciated
- The design of the manual was highly praised, with numerous comments highlighting the good balance between theoretical and practical content. This results in an overall view of the burnout phenomenon and ways to manage it, especially from the professional perspective of social and healthcare workers

3. Areas for improvement and new contributions

- Add links to specific resources for psychological support or care services for workers.
- Automate the scoring system in the self-diagnostic tools of Chapter 2
- Integrate more short self-assessment tools that readers can use periodically to analyse their stress levels, etc.
- Include more practical activities within the tools presented, incorporating situations drawn from the experiences of other people that can be easily extrapolated
- Add videos with practical case studies in the offered resources and tools
- Make the manual more accessible for certain profiles by simplifying the theoretical sections and using clearer language. This would also apply to the design of some infographics
- Expand the content related to how to handle different situations with care recipients from a communicative perspective, for instance in the subsection of Chapter 4 dedicated to bereavement, as well as broaden the scope of the content included in Chapter 5 on organizational culture
- Host the information on an online platform or application to increase interactivity, creating a specific course for this purpose

4. Other comments

- The participants in the pilot, particularly those who attended the in-person workshops, expressed both verbally and in writing the need to carry out awareness-raising activities on mental health care —specifically on Burnout syndrome— addressed to all stakeholders, with special emphasis on those in management or supervisory positions
- It was also underlined that awareness or information sessions should offer higher-quality training, with more time allocated to these activities
- The workshop highlighted the value of guided peer exchange and the creation of spaces where colleagues can share experiences, concerns, and possible solutions
- Several participants pointed out that, at times, the language used is overly technical and complex. This perception was especially common among those without higher education, which is an important factor to consider, as the manual is primarily intended for home care assistants



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References to be added:

- **Gollac Report**, which analyses psychosocial risks in the workplace, and is essential for managers to assess areas for improvement.
Gollac, M. 2011. *Mesurer les facteurs psychosociaux de risque au travail pour les maîtriser*. https://travail-emploi.gouv.fr/sites/travail-emploi/files/files-spip/pdf/rapport_SRPST_definitif_rectifie_11_05_10.pdf