CARES

Social Care Sector – wellbeing, challenges and skills

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List of abbreviations

BA	Bachelor of Arts
BO	Burnout
CARES	Caregivers Advancing Regulatory Environment and Skills
CS	Compassion Satisfaction
EU	European Union
HU	Hungary
IT	Italy
INS	National Institute of Statistics, Romania
KSH	Hungarian Central Statistical Office
LT	Lithuania
MA	Master of Arts
NGO	Non-Governmental Organisation
ProQOL	Professional Quality of Life Scale
RO	Romania
STS	Secondary Traumatic Stress

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Executive Summary

The CARES project methodology was based on a questionnaire designed to assess the professional competencies and well-being needs of social care workers in Hungary, Italy, Lithuania, and Romania. Translated into each national language, the questionnaire was distributed online between February and March 2025. A total of 636 individuals completed the survey, with 635 valid responses from the four countries. The questionnaire included four sections: socio-demographic data, a burnout scale, a self-assessment of essential social care skills, and professional challenges and workplace improvement suggestions.

Respondents represented a wide range of roles in the social care sector, with Hungary and Lithuania dominated by social workers with university degrees, while Romania and Italy reflected more diverse occupational profiles. The sector is heavily feminised, with over 80% of respondents being women in all countries. Most participants were between 36 and 55 years old and had more than seven years of work experience. Salaries in the sector were generally low, particularly in Romania and Hungary. Most respondents in Hungary, Lithuania, and Romania work in the public sector, whereas Italy's respondents predominantly work in the private sector.

Social care workers across all four countries highlighted emotional and interpersonal competencies - respect, empathy, resilience, communication - as most essential for improving social care work. Conflict management, time management, and teamwork were also highly valued. In contrast, digital and green skills were perceived as less critical. Confidence in professional competence and the ability to work under pressure were seen as important across all countries.

Common stressors in the social care sector include excessive workload, low pay, lack of organisational support, and communication issues. Emotional exhaustion and burnout are common, with Hungarian workers particularly affected. Respondents also highlighted broader challenges such as administrative burdens, staffing shortages, and limited recognition and support.

Findings based on the Professional Quality of Life (ProQOL) Scale, which measures both the positive and the negative effects of care work, including burnout, reveal a complex picture. The scale includes three components: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). Findings show that compassion satisfaction remains high across all countries, indicating strong intrinsic motivation. Burnout scores were also elevated, particularly in Hungary and Lithuania. Secondary Traumatic Stress manifests through cognitive preoccupation, hypervigilance, blurred boundaries, and empathic stress. Romanian and Lithuanian workers report elevated emotional engagement and vulnerability to vicarious trauma. Recognition of STS symptoms varies, with Italy showing lower self-awareness. Avoidance behaviours and dissociative symptoms, though limited, signal the need for trauma-informed care and supervision.

University-educated social workers report higher compassion satisfaction, though burnout remains high across all roles. Experience in the sector does not mitigate stress levels. Younger workers in Lithuania and Romania show higher burnout and STS scores, while those over 55 also face significant strain, indicating the need for age-specific support strategies.

In responses to the open-ended question regarding ways to improve the well-being and job-satisfaction of social care workers, respondents identified eight thematic priorities: 1) improved remuneration and benefits, 2) greater recognition and respect, 3) better working conditions, 4) flexible working hours, 5) continuous training and emotional support, 6) clear and fair legislation, 7) adequate staffing, and 8) enhanced interinstitutional cooperation. Their suggestions for sustainable practices include better digital tools, ergonomic workspaces, and green infrastructure.

Based on these findings, the report recommends several actions to sustain the social care workforce: (1) reducing administrative burden and reinforcing care-centred systems; (2) investing in trauma-informed supervision and peer networks; (3) supporting career mobility and ongoing skill development; (4) promoting organisational cultures of care and recognition; (5) ensuring flexible, family-friendly working arrangements; (6) enhancing recruitment, especially in under-served areas.

Training programmes should prioritise emotional literacy, digital fluency, and sustainable practices in order to strengthen resilience and foster more supportive work environments. Supporting social care workers is essential for a strong and effective welfare system, as their well-being directly impacts the quality of care they provide.

Cares Project

CARES - Caregivers Advancing Regulatory Environment and Skills proposes to enhance the well-being of employees working in the care sector by creating a supportive environment that values diversity and inclusion.

The project aims to promote the well-being and mental health of care sector workers, despite the challenges they face, such as shift work, physical fatigue, and job insecurity, especially prevalent in the informal care sector. The project focuses on addressing **two main challenges**:

- integrating digital tools and sustainable practices to mitigate the impacts of climate change in the workplace,
- prioritizing the well-being and mental health of care workers.

The specific objectives of the project are:

1. Empowering Caregivers: to empower both formal and informal caregivers by enhancing their skills, knowledge, and competencies.

2. Addressing Workforce Shortages and Burnout: to address the workforce shortages and burnout prevalent in the care sector.
3. Promoting Innovation: to promote innovation within the care sector by providing digital and green skills training as outlined in the European Care Strategy (2022-24).

Main results of CARES project:

- increasing the skills and competencies of caregivers through micro-learning modules and assessments.
- sharing tips to reduce burnout by implementing strategies to support their well-being.
- integrating digital tools into the care sector to improve efficiency and communication.
- promoting sustainable practices by implementing eco-friendly policies and practices in care facilities.

CARES project is divided in four work packages:

- WP1: Project Management (Coordinated by CLNR)
- WP2: Developing & Designing the Capacity Building Program & Online Platform (Coordinated by CLNR)
- WP3: Pilot Training, Mentoring, and Self-Learning Program (Coordinated by WSI)
- WP4: Dissemination Activities: From Action to Policy (Coordinated by HÉTFA)

Introduction

The well-being and mental health of social care workers are influenced by a complex interplay of factors, including workload and caseload pressures, emotional demands of caregiving, organisational support, access to professional development, fair remuneration, job security, societal recognition of their role, and the availability of mental health and peer support services. The challenges that are growing in the social care services, such as the work environment, the beneficiaries' characteristics and traumas, have effects on the well-being and mental health of the professionals providing these services, whether they are formal or informal. It is important to identify the challenges faced by social care workers in order to determine the causes of poor mental health or low well-being and establish what measures are needed. These challenges largely explain the high levels of burnout among social care workers and play an important role in work retention and turnover. Added to this are a number of personality-related factors.

As other studies (Clark et al., 2023; Holmes et al, 2021; Ratcliff, 2024; Giménez-Bertomeu et al., 2024; Maddock, 2024; Hussein, 2018) show, social workers experience increased risk of burnout and secondary traumatic stress (STS), caused by excessive workload, inadequate and insufficient staffing or skills, poor leadership, lack of support services, lack of opportunity for skills development, negative public image, or long-term exposure to various traumas.

The Burnout Scale (Stamm, 2010) enables the identification of professional satisfaction, as well as the level of professional stress and secondary traumatic stress (STS). It is a complex scale that enables the diagnosis of mental health and well-being issues in social care workers, who encounter a multitude of problems relating to the beneficiaries they support. Often, beneficiaries' stories are traumatic, and finding and implementing solutions is difficult due to the systemic problems social care workers face.

Burnout is a psychological condition commonly experienced by professionals in social and health sectors, characterized by persistent emotional and physical exhaustion, reduced motivation, and a diminished sense of personal efficacy (Marslach and Leiter, 2016; Freudenberger, 1986). It typically develops over time due to prolonged exposure to work-related stress. Burnout manifests in three key dimensions: emotional exhaustion, marked by feelings of being emotionally depleted and overwhelmed; depersonalization, which involves a growing sense of detachment, cynicism, or indifference toward clients or colleagues; and a reduced sense of personal accomplishment, where individuals feel ineffective and unfulfilled in their work (Marslach and Leiter, 2016).

Although many challenges and improvements in well-being require an integrated approach to systemic and individual issues, it is crucial to equip social care workers with the skills to cope with stressful situations and implement strategies to reduce stress levels and STS. Improving well-being skills can substantially contribute to improving the mental health of social care workers. At the same time, adapting to new requirements relating to digitalisation,

sustainability, and social inclusion reduces social stress among social workers and encourages them to find new ways to implement these requirements in their daily work.

The research conducted within the CARES project aims to address the problem of rising burnout and stress-related symptoms (STS) among social care workers, despite high levels of job satisfaction. The research seeks to identify levels of burnout and STS, the main challenges faced by social care workers, and their need for new skills in the four countries of the CARES project – Hungary, Italy, Lithuania, and Romania.

Methodology

The primary research method consisted of a questionnaire-based survey aimed to identify the needs of social care workers in respect to professional competencies and well-being at work. The questionnaire was translated into each partner country's language - Italian, Hungarian, Lithuanian, and Romanian - and was applied online, via LimeSurvey. The average completion time of the questionnaire was approximately 15 minutes. Each partner distributed the survey to a sample of at least 25 social workers. The questionnaire was completed between February and March 2025.

The questionnaire was anonymous and voluntary, and it was preceded by an informed consent form regarding data processing. The questionnaire was structured in four main sections:

1. **Socio-demographic information:** country, professional role, gender, age, experience in the field, marital status, educational level, and monthly income.
2. **Burnout scale:** based on the Professional Quality of Life Scale (ProQOL) developed by dr. Beth Stamm (2010). The scale includes 30 items grouped into three subscales: compassion satisfaction (the positive feelings generated by the ability to do one's work well), burnout (feelings of exhaustion, frustration, anger, hopelessness, difficulties in doing one's job) and secondary traumatic stress (negative feelings generated by fear and work-related trauma). The questions were formulated on a scale from 1 (”never”) to 5 (”very often/always”).
3. **Essential skills** to improve social care work: a self-assessment of skills relevant to social care activity (e.g., empathy, digital skills, flexibility, emotional resilience etc.).
4. **Professional challenges**: identifying sources of stress or burnout in the workplace (e.g., high workload, lack of support, poor communication, low pay), as well as open-ended questions regarding suggestions to improve the workplace.

636 respondents from all four countries agreed to complete the questionnaire, out of which 635 from the four partner countries. Their distribution by country was the following: 296 from Romania, 149 from Lithuania, 143 from Hungary and 47 from Italy.

Survey Findings

Respondent Profile

The majority of Hungarian respondents are social workers (with a university degree) (66%) and social technicians (non-university degree) (18%). 4% of the Hungarian respondents are nurses, and 12% have different roles in the social sector (including social workers without university degree, educators, case managers, therapeutic assistants etc.).

Similarly, in Lithuania, more than two thirds of the respondents are social workers with university degree (73%), and 10% are social technicians (non-university degree). 16% of the Lithuanian respondents have different roles in the social sector (including case managers, social workers without university degree, medical psychologist, social pedagogue or employment specialist).

In contrast, Romania shows a more diverse distribution, with only 30% of respondents identifying as social workers with a university degree. A large proportion of respondents (59%) indicated “other” roles, reflecting a broader spectrum of professional titles in the sector (such as educator, counsellor, home care worker, nursing assistant, education instructor, rehabilitation pedagogue, psychologist, occupational therapist, etc.).

Most Italian respondents (18 out of 47) are social technicians (non-university degree). 26 respondents have “other” roles in the social sector (including educational assistant, childcare assistant, educator, psychologist, disability support assistant etc.). The remaining three respondents include one informal caregiver, one social worker (university degree), and one nurse.

Data indicate a predominantly feminised domain, with over 80% of our respondents being female: 87% in Romania, 88% in Hungary, and 95% in Lithuania. In Italy, 32 out of 47 respondents are women.

As regards age, the social care sector is predominantly populated by mature employees, with significant professional experience. Most respondents are between 36 and 55 years old: 60% in Lithuania, 67% in Hungary, and 70% in Romania. Similarly, in Italy, 27 out of 47 respondents fall within this age range. The 18-25 age group is underrepresented in all countries, with only 2% of respondents in this category, which may raise concerns about the attractiveness of the field for younger generations and the challenges in recruiting new specialists. Additionally, the fact that a considerable proportion of respondents are over 55 years old (17% in Romania, 21% in Lithuania, and 25% in Hungary) may indicate future challenges related to replacing professionals (Table 1).

TABLE 1. AGE DISTRIBUTION OF RESPONDENTS BY COUNTRY

Age groups	Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
18-25	2%	2%	2%	4
26-35	6%	17%	11%	10
36-45	26%	32%	26%	17
46-55	41%	28%	44%	10
Over 55	25%	21%	17%	6

Source: CARES survey, 2025
Note: *For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

Most respondents have extensive experience in the field: 68% of Lithuanian, 74% of Romanian, and 83% of Hungarian respondents have been working in the sector for more than 7 years. In Romania and Lithuania, 15% and 17% of respondents, respectively, have between 4 and 7 years of experience in the care sector (Table 2).

TABLE 2. DISTRIBUTION OF RESPONDENTS BY YEARS OF EXPERIENCE IN THE CARE SECTOR, BY COUNTRY

	Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
Less than 1 year	1%	6%	3%	1
1-3 years	9%	9%	8%	13
4-7 years	7%	17%	15%	9
More than 7 years	83%	68%	74%	24

Source: CARES survey, 2025
Note: *For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

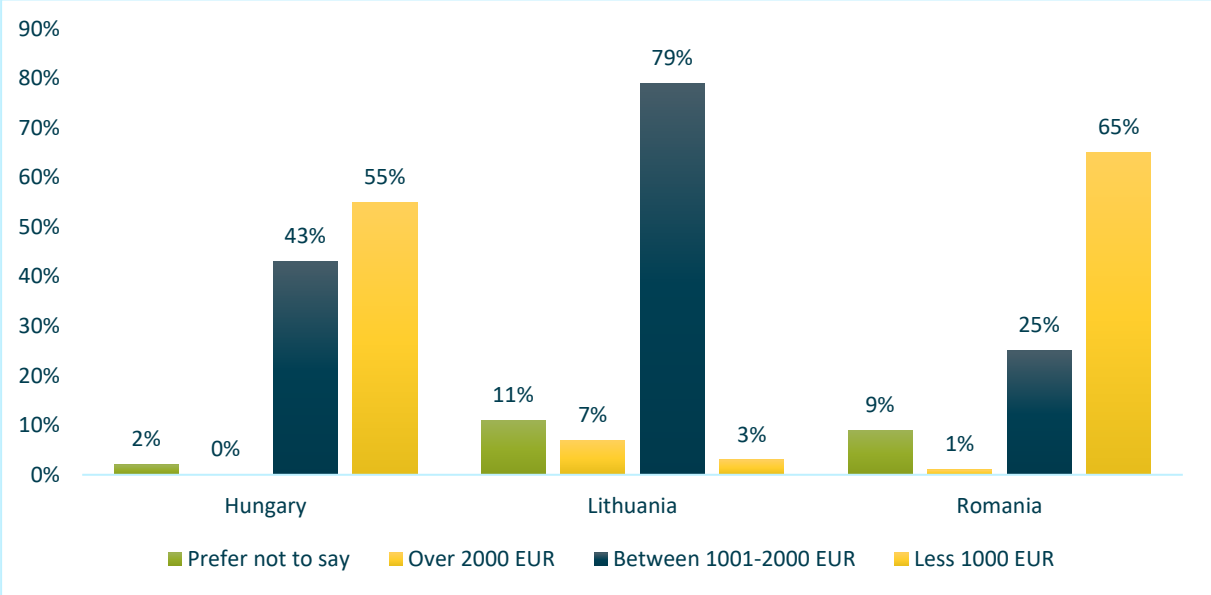
The highest educational level of the majority of Hungarian respondents is a BA or MA degree in social work or care work (62%), followed by other higher education (19%) and vocational education in social care (15%). In Lithuania the share of respondents with a BA or MA in social work or care work is the highest among the countries in the study (75%). In Romania, the distribution of respondents according to their highest educational level related to social care work is more diverse: 40% have a BA or MA in social work/ care work, 24% have completed vocational education in social care, and 22% hold other forms of higher education.

While the vast majority are employed in the public care sector in Hungary (83%), Lithuania (83%), and Romania (91%), in Italy most respondents (42 out of 47 respondents) work in the private social care sector.

The data indicate that this is a relatively poorly remunerated sector, particularly in Hungary and Romania, where more than half of the respondents earn less than 1,000 euros per month (55% in Hungary and 65% in Romania), which is below the national average monthly salary (approximately 1,139 euros in Hungary – according to KSH, 2025 - and 1,115 euros in Romania - according to INS, 2025). A considerable proportion of respondents earn between 1,001 and 2,000 euros per month: 43% in Hungary and 25% in Romania.

In Lithuania, the data suggest a more competitive remuneration in the sector compared to Romania and Hungary, with 79% of respondents earning between 1,001 and 2,000 euros per month, a value close to the national average monthly salary (approximatively 1,432 euros in the fourth quarter of 2024). In Italy, 30 out of 47 respondents fall into this income category (between 1,001 and 2,000 euros per month). The share of respondents earning more than 2,000 euros per month is below 1% in Hungary and 1% in Romania, but reaches a higher level in Lithuania, where 7% of respondents report incomes in this range (Figure 1).

FIGURE 1. RESPONDENTS' MONTHLY INCOME LEVELS (NET, AFTER TAXES), BY COUNTRY



Source: CARES survey, 2025

Essential Skills for Improving Social Care Work

The questionnaire evaluated the perception of social care workers on the importance of a set of skills for the social care work, on a scale from 1 („not at all") to 5 ("extremely"). Social care workers highlight **emotional and relational competencies** as the most important in their activities. The commitment to treating those in their care with dignity and respect is regarded as the most essential skill for improving social care work by 71% of Hungarian, 53% of Lithuanian, and 65% of Romanian respondents. Most Italian respondents also place it in first place among the most important skills in the field (29 out of 45 respondents). A non-judgemental attitude is also seen as highly important for working in social care by 58% of Hungarian, 41% of Lithuanian and 42% of Romanian respondents, as well as by more than one third of the Italian respondents (17 out of 45). Empathy, communication, teamwork and emotional resilience are identified as key competencies in the social care profession (Table 3).

TABLE 3. PERCEIVED IMPORTANCE OF EMOTIONAL AND RELATIONAL SKILLS FOR IMPROVING SOCIAL CARE WORK

		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
Commitment to treating those in your care with dignity and respect	Not at all	1%	2%	2%	2
	Slightly	0%	0%	1%	0
	Moderately	1%	4%	6%	3
	Very much	27%	41%	26%	11
	Extremely	71%	53%	65%	29
Empathy	Not at all	0%	4%	3%	0
	Slightly	1%	0%	4%	0
	Moderately	4%	6%	11%	7
	Very much	36%	47%	32%	11
	Extremely	60%	42%	51%	27
Communication skills	Not at all	0%	3%	1%	0
	Slightly	0%	1%	2%	1
	Moderately	2%	4%	12%	4
	Very much	34%	43%	32%	18
	Extremely	64%	50%	53%	22
Team work	Not at all	0%	1%	2%	1
	Slightly	2%	0%	1%	0
	Moderately	7%	9%	9%	3
	Very much	39%	45%	30%	22
	Extremely	53%	45%	57%	19
Emotional resilience	Not at all	0%	1%	1%	0
	Slightly	2%	3%	4%	1
	Moderately	12%	14%	17%	12
	Very much	37%	41%	35%	14
	Extremely	50%	41%	43%	18
Non-judgemental attitude	Not at all	1%	3%	5%	0
	Slightly	0%	1%	5%	2
	Moderately	4%	8%	14%	6
	Very much	37%	46%	35%	20
	Extremely	58%	41%	42%	17

Source: CARES survey, 2025

Note: 1) Question: To what extent do the following skills are essential to improve your social care work?

2) For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

At the same time, **conflict management skills** are viewed as critical, especially in Hungary, where 61% of respondents rated them as „extremely important", compared to 34% in Lithuania and 33% in Romania. 36% of respondents in both Hungary and Romania, and 44% in Lithuania, view conflict management skills as very important ("very much"). A notable difference can be seen between Romania and Lithuania on one side, and Hungary on the other: 22% and 17% of respondents in Romania and Lithuania consider conflict management a moderately important skill, compared to only 3% in Hungary. Most Italian social care workers

also viewed conflict management skills as important, with their answers concentrated mainly in the “very much” (19 out of 45) and “extremely” (17 out of 45) categories.

Digital, green and sustainable skills are perceived as less important. Digital skills are seen as more important in Hungary (18% „extremely”) and Romania (20%) than in Lithuania (14%), but in all countries, considerable proportions of respondents rate them as „moderately” important: 30% in Hungary, 28% in Lithuania, and 33% in Romania. In Italy, one third of the interviewed social care workers considered digital skills to be “very” important (15 out of 45), while a slightly higher number (18 out of 45) rated their importance as moderate.

Green and sustainable skills are considered the least important across all countries. Only 2% in Hungary and 6% in Lithuania view green skills as „extremely” important, while in Romania the percentage is slightly higher (13%), yet still below the average of other competencies. The same trend can be observed in Italy, where approximately two fifths of the respondents (19 out of 45) view green skills as “moderately” important (Table 4).

TABLE 4. PERCEIVED IMPORTANCE OF DIGITAL, GREEN AND SUSTAINABLE SKILLS FOR IMPROVING SOCIAL CARE WORK

		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
Digital skills	Not at all	1%	2%	3%	2
	Slightly	2%	2%	8%	6
	Moderately	30%	27%	33%	18
	Very much	49%	54%	36%	15
	Extremely	18%	14%	20%	4
Green skills	Not at all	7%	5%	4%	1
	Slightly	32%	11%	11%	8
	Moderately	47%	50%	37%	19
	Very much	12%	29%	36%	15
	Extremely	2%	6%	13%	2
Sustainable skills (skills for complex challenges of environmental, social, and economic sustainability)	Not at all	3%	3%	2%	1
	Slightly	26%	12%	9%	7
	Moderately	47%	40%	35%	19
	Very much	19%	36%	38%	16
	Extremely	6%	9%	15%	2

Source: CARES survey, 2025
Note: 1) Question: To what extent do the following skills are essential to improve your social care work?
2) For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

Planning and coordination skills are also highly valued. Time management and organisational skills receive high scores in the „very much” and „extremely” important categories in all countries. 51% of Hungarian, 46% of Lithuanian, and 40% of Romanian respondents identified time management as a necessary skill (“very much”). Similarly in Italy, more than half of the respondents (25 out of 45) rate time management as very important. The capacity to work under pressure is also highly valued by social care workers, with the majority of respondents rating it as “very much” and “extremely” important in all four countries. The analytical skills

are valued more in Hungary (47% “extremely”) compared to Lithuania (22%) and Romania (34%). At the same time, good observation is considered a more important skill in Hungary (50 “extremely”) and Romania (47% “extremely”) than in Lithuania (29%). In Italy, it is also seen as extremely important by almost half of the respondents (22 out or 45) (Table 5).

TABLE 5. PERCEIVED IMPORTANCE OF PLANNING AND COORDINATION SKILLS FOR IMPROVING SOCIAL CARE WORK

		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
Problem solving	Not at all	0%	1%	1%	1
	Slightly	0%	2%	2%	0
	Moderately	1%	4%	12%	4
	Very much	27%	53%	36%	18
	Extremely	72%	40%	50%	22
Time management	Not at all	1%	2%	1%	0
	Slightly	2%	3%	4%	1
	Moderately	15%	14%	19%	9
	Very much	51%	46%	39%	25
	Extremely	31%	35%	37%	10
Capacity to work under pressure	Not at all	0%	2%	0%	0
	Slightly	1%	1%	4%	3
	Moderately	7%	17%	16%	10
	Very much	42%	41%	33%	13
	Extremely	50%	39%	48%	19
Organisational skills	Not at all	0%	3%	1%	0
	Slightly	1%	2%	2%	1
	Moderately	16%	12%	16%	7
	Very much	48%	54%	44%	22
	Extremely	35%	29%	36%	15
Analytical skills	Not at all	1%	1%	1%	0
	Slightly	1%	3%	6%	0
	Moderately	11%	21%	18%	8
	Very much	39%	52%	41%	21
	Extremely	47%	22%	34%	16
Good observation	Not at all	0%	2%	1%	0
	Slightly	0%	1%	2%	0
	Moderately	9%	11%	10%	2
	Very much	42%	56%	41%	21
	Extremely	50%	29%	47%	22
Flexibility	Not at all	0%	2%	1%	0
	Slightly	0%	1%	3%	1
	Moderately	5%	6%	14%	8
	Very much	38%	54%	40%	17
	Extremely	57%	37%	43%	19

Source: CARES survey, 2025

Note: 1) Question: To what extent do the following skills are essential to improve your social care work?

2) For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

Other skills identified by social care workers who completed our questionnaire can be grouped into seven main categories:

1. **Interpersonal and communication skills**: Hungarian and Lithuanian respondents highlighted active listening as an essential skill. Hungarian and Romanian participants also referred to cooperation with beneficiaries, colleagues or other professionals as crucial. Additional competencies cited by respondents include trust, empathy (LT, RO), and caring skills (IT).
2. **Emotional competencies** include the ability to accept differences and emotional intelligence (HU), emotional regulation (RO), and the ability to set emotional boundaries (IT). A positive attitude was emphasized by both Romanian and Italian respondents. Romanian social care workers also pointed out to intuition, courage and self-confidence.
3. **Ethical and professional values**: One acknowledged skill among Hungarian, Lithuanian, and Romanian respondents is respect, while Italian participants added integrity and honesty. Professionalism was noted as an important quality by Lithuanian respondents, along with professional ethics (IT) and responsibility (RO). Respondents from Romania and Lithuania also underlined the importance of confidentiality.
4. **Cognitive and organisational skills**: These include prioritisation (HU), as well as problem-solving under stress and with limited resources, multitasking, analysis and synthesis, adaptability to unexpected situations and critical thinking (RO).
5. **Knowledge and technical expertise**: Legal expertise was recognised as important by both Lithuanian and Romanian respondents, along with the application of social work methods and tools, modern parenting, psychology, and educational knowledge (RO).
6. **Crisis management and coping skills**: Both Lithuanian and Romanian social care workers identified stress management or stress resistance as essential. Lithuanians also emphasized the ability to deal with psychological abuse and difficult situations.
7. **Creative and practical skills** were mentioned predominantly by Romanian social care workers and include cooking, gardening, music, dance, handicraft, and encouraging creativity through recreational activities. Italian respondents contributed physical abilities to this category.

Professional Well-Being Challenges

In Hungary, Lithuania and Romania, respondents place **work overload** and **insufficient payment** at the top of the list of factors contributing to occupational strain. Hungarian social care workers appear to experience the burden of excessive tasks most acutely (31% “extremely” and 35% “very much”), followed by Lithuanians (25% “extremely” and 33% “very much”) and Romanians (19% “extremely” and 25% “very much”). In Italy, this is a concern for 9 out of 42 respondents („very much” and ”extremely”).

Insufficient payment is by far the primary cause of emotional exhaustion in Hungary (50% ”extremely”). In Romania, it also affects one in four respondents, while in Lithuania the

situation is less severe (18%). In Italy, almost half of the social care workers report being impacted by low pay, with 11 selecting „extremely" and 10 "very much" (Table 6).

TABLE 6. WORKLOAD AND LOW PAY AS KEY STRESSORS IN SOCIAL CARE

		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
Too many tasks	Not at all	0%	6%	8%	7
	Slightly	6%	11%	11%	6
	Moderately	28%	25%	37%	20
	Very much	35%	33%	25%	5
	Extremely	31%	25%	19%	4
Insufficient payment	Not at all	3%	24%	10%	3
	Slightly	6%	13%	16%	6
	Moderately	20%	24%	30%	12
	Very much	21%	21%	20%	10
	Extremely	50%	18%	24%	11

Source: CARES survey, 2025
Note: 1) Question: To what extent do the following professional challenges contribute to your stress or burnout?
2) For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

The **lack of organisational support** also weighs heavily on social care workers, with almost 3 in 5 Hungarian professionals reporting high levels of distress due to limited support. The proportion is similar in Lithuania and falls below 35% in Romania.

Communication problems are also among the top sources of tension across all countries but are more pronounced in Hungary and Lithuania. In Italy, this is also a notable concern, with one third of respondents (14 out of 42) selecting "very much" and "extremely".

Responses regarding **insufficient supervision** vary between countries: In Hungary, 39% of respondents consider it „extremely" stressful, compared to only 5% in Lithuania. In Italy, the lack of supervision is not a major concern, with only 9 out of 42 respondents rating it as very or extremely stressful. On the other hand, Lithuanian social care workers report strong concerns about the **ambiguity of tasks,** with 34% selecting "very much" and 13% "extremely".

Legislative changes are seen as a major source of occupational stress in Hungary and Lithuania (approximately 47%), and somewhat less so in Romania (35%). Legal uncertainty is also reported as an important challenge by almost one third of Italian respondents (13 out of 42).

Concerns regarding the **lack of skills for new challenges** are moderate (affecting over one quarter of respondents in each country), indicating that ongoing training programmes remain relevant (Table 7).

TABLE 7. PERCEIVED IMPACT OF PROFESSIONAL CHALLENGES ON STRESS AND BURNOUT

		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
Lack of support at work	Not at all	7%	19%	17%	10
	Slightly	10%	9%	19%	7
	Moderately	27%	29%	30%	14
	Very much	26%	26%	21%	4
	Extremely	29%	17%	12%	7
Communication problems	Not at all	2%	21%	24%	8
	Slightly	18%	13%	16%	9
	Moderately	38%	26%	29%	11
	Very much	27%	29%	21%	10
	Extremely	15%	10%	9%	4
Insufficient supervision services at work	Not at all	7%	43%	24%	10
	Slightly	14%	13%	20%	6
	Moderately	27%	25%	34%	17
	Very much	13%	13%	13%	5
	Extremely	39%	5%	8%	4
Unclear tasks	Not at all	7%	15%	26%	11
	Slightly	14%	17%	22%	4
	Moderately	28%	21%	25%	20
	Very much	31%	34%	15%	5
	Extremely	20%	13%	12%	2
Changes in the legal framework	Not at all	2%	10%	12%	10
	Slightly	17%	17%	16%	7
	Moderately	35%	26%	36%	12
	Very much	35%	26%	21%	10
	Extremely	12%	20%	14%	3
Insufficient skills for new challenges	Not at all	4%	20%	19%	7
	Slightly	28%	24%	21%	12
	Moderately	41%	26%	36%	14
	Very much	18%	24%	18%	6
	Extremely	9%	7%	7%	3

Source: CARES survey, 2025
Note: 1) Question: To what extent do the following professional challenges contribute to your stress or burnout?

2) For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

Other challenges reported by social care workers who completed the questionnaire revolve around several main topics:

1. **Administrative challenges:** Although referred to differently or illustrated with various examples, respondents from all countries identified bureaucracy as a significant obstacle in their work. Hungarian respondents highlighted burdensome administrative tasks and contradictory instructions, while Lithuanians spoke of unnecessary reports, unclear documentation requirements, and excessive paperwork. Romanian participants pointed to carrying "reports or tasks that lack logical support or that are purely statistical", and Italian respondents added "useless tasks".
2. **Staff shortages and excessive workload:** The issue cited by participants across all four countries is the shortage of personnel. Lithuanian social care workers raised concerns about heavy workloads and the lack of time and resources to care for clients, while Romanians described "too many cases and too few employees", "doing the work of two people", and "not enough specialists to handle all cases in time". Italian participants noted that „we already deal with too much for the salary we receive, and we do not want any additional responsibilities".
3. **Emotional and physical well-being**: Burnout was acknowledged by respondents in Hungary, Lithuania and Romania. Hungarian participants also referred to a lack of motivation, while Lithuanians drew attention to emotional stress (from dealing with traumatic situations, including child removals or domestic violence cases), psychological abuse, as well as exposure to infectious diseases. Health and safety risks are also raised by our respondents, with Romanian participants expressing concern about the risk of violence from beneficiaries.
4. **Recognition, support, and management**: The lack of social recognition was flagged as a key concern by Hungarian and Lithuanian respondents. Inadequate support from management was also highlighted by both Lithuanian and Romanian participants. Poor communication - either between institutions (LT) or between management and staff (RO) - was seen as another barrier affecting the quality of their work.
5. **Technical challenges**: Outdated systems and lack of IT infrastructure were cited by respondents in Hungary, Lithuania, and Italy as major impediments to their daily tasks. This category also includes material/ logistical constraints, with Romanian respondents highlighting the lack of necessary materials for specific activities as an impediment in their daily work.
6. **Financial and contractual issues**: Italian respondents emphasized the precarious nature of hourly contracts and the inadequacy of pay relative to their responsibilities.
7. **Political and ethical interference** was highlighted by Romanian social care workers, who described decision-making processes driven by political gain rather than by the needs of beneficiaries.

Burnout Scale

The cumulative effect of high workloads, emotional strain, administrative burdens, and insufficient staffing leads to **occupational burnout.** This is a state of physical, emotional, and mental exhaustion that erodes professional motivation, increases absenteeism, and fuels staff turnover.

Burnout in social care services is not merely a personal health issue; it is a systemic risk factor that compromises the effectiveness and resilience of the entire care workforce. It manifests through a range of symptoms, including:

- Emotional exhaustion: constant exposure to high-stress situations, trauma, and human suffering without adequate recovery time.
- Depersonalisation: a growing sense of detachment from clients and a loss of empathy, often as a coping mechanism.
- Reduced sense of personal accomplishment: frustration over limited impact, bureaucratic constraints, or lack of recognition for one's work.

Several structural drivers contribute to the chronic overwork of social care service professionals:

- High caseloads and understaffing: In many municipalities, one social worker may be responsible for dozens or even hundreds of clients, far exceeding internationally recommended ratios.
- Rigid administrative systems: Excessive time is spent on documentation, reporting, and compliance processes, leaving less time for meaningful client interaction or reflective practice.
- Poor work-life balance: Inadequate flexibility, long hours, and unpredictable demands make it difficult for workers to maintain a healthy personal and professional life equilibrium.
- Limited access to psychological support: Unlike other frontline professions, many social services do not provide systematic debriefing, supervision, or mental health services for staff.

The Professional Quality of Life Scale (ProQOL) was included in the CARES survey to measure the effects (positive and negative) of care work in the project's countries (Hungary, Italy, Lithuania, and Romania). The survey used all 30 items from the ProQOL scale (Stamm, 2010) in order to measure compassion satisfaction (the pleasure of working in care services and of being able to do the work well) and compassion fatigue, with its two dimensions (burnout and secondary traumatic stress), for workers in care services, both formal and informal.

According to the scores, it can be observed that compassion satisfaction (CS) is high (more than 42) in all the project's countries – 51.14 in Romania and Italy, 49.51 in Lithuania, and

47.75 in Hungary (Table 8). These scores indicate a high professional satisfaction among workers in care services who responded to our survey. This professional satisfaction and pleasure in doing things well may be caused by the working environment (colleagues, location, facilities, etc.), the client environment, or the individual's environment (the pleasure of helping others, altruism, etc.) (Stamm, 2010). It can also be observed that in Hungary, the score of compassion satisfaction is lower than in the other countries.

The negative effects of the care work are included in the compassion fatigue factor, which is divided into two main dimensions: burnout and secondary traumatic stress. Burnout is characterized by exhaustion, frustration, anger or depression. Most of the time, it is caused by work overload, bureaucracy, limited organisational support, limited skills to adapt to changes, or even a poor work-life balance. The score for burnout (BO) is high (>42) in all the countries, with higher values in Hungary (51.79), Lithuania (51.42) (Table 8). Romania has a burnout score of 49.46. In Italy, the score for BO is 43.67 – high, considering the ProQOL scale, but lower than in the other countries.

Secondary traumatic stress arises from repeated exposure to the traumatic experiences of others, and is often driven by fear, emotional fatigue, and cumulative work-related trauma, particularly in high-intensity caregiving or frontline social service roles. The score for secondary traumatic stress (STS) is high in Lithuania (51.35), Romania (51.18), Hungary (49.37) (Table 8). In Italy the score for STS is moderate - 40.46.

TABLE 8. PROQOL SCORES

	Compassion Satisfaction (t score)			BurnOut (t score)			Secondary Traumatic Stress (t score)		
	Mean	N	Std. Dev.	Mean	N	Std. Dev.	Mean	N	Std. Dev.
Hungary	47.75	143	10.87	51.79	143	9.76	49.37	143	9.55
Italy*	51.14	47	8.88	43.67	47	8.56	40.46	47	9.33
Lithuania	49.51	149	10.26	51.42	149	8.76	51.35	149	9.44
Romania	51.14	296	9.44	49.46	296	10.49	51.18	296	9.78

Source: CARES survey, 2025
*Note: for Italy, due to the lower number of respondents, the results should be treated with caution

Compassion Satisfaction

Compassion satisfaction is an important measure of care workers' well-being. It refers to the emotional reward professionals derive from helping others, particularly in high-stakes and emotionally intensive environments. High levels of compassion satisfaction are associated with resilience, reduced turnover, and overall professional well-being. The data presented here compare responses from four countries, offering insight into what energises, motivates, and sustains those working on the frontlines of social care.

The items included in the compassion satisfaction score allow a deep understanding of how care workers perceive their work in terms of satisfaction, emotional well-being, and professional efficacy (Table 9). The data allow us to identify some general trends across countries:

- Intrinsic motivation is strong: In all four countries, care workers find deep meaning in helping others. Satisfaction levels are consistently high.
- Emotional strain is unevenly distributed: While Lithuania and Hungary show more balanced emotional renewal, Romanian respondents report higher levels of fatigue.
- Professional pride and identity are resilient but may mask underlying burnout risks if not supported structurally.
- Confidence in skills is generally high, especially in Romania and Lithuania, reflecting positive investment in training.
- Recognition and validation remain critical: Across all countries, perceived success and pride correlate strongly with feelings of making a difference.

Satisfaction from helping others: Across all four countries, the vast majority of respondents reported frequent satisfaction from being able to help others through their work. In Romania, 86% of participants indicated they "often" or "very often" derive satisfaction from helping people, a proportion comparable to that of Hungary (89%) and Lithuania (90%). Italian data, although presented in absolute numbers, reflect similar trends, with nearly all (43 of 47) respondents expressing satisfaction. These findings affirm the widely documented intrinsic motivation that characterises the care professions, where meaning and purpose are closely linked to the act of supporting others.

Emotional replenishment: While satisfaction levels are consistently high, differences begin to emerge when examining emotional renewal following care-related interactions. In Lithuania, 55% of respondents reported feeling invigorated "often," compared to 38% in Hungary and 35% in Romania. Notably, 16% of Romanian respondents said they "rarely" or "never" feel reinvigorated after working with service users, a figure substantially higher than that of the other countries. This suggests that Romanian social care professionals, although highly committed, may be at a greater risk of emotional fatigue, a known precursor to occupational burnout. The disconnect between satisfaction and emotional renewal points to the cumulative toll of systemic stressors, such as high workloads, emotional labour, and limited psychological support. In Italy the number of respondents feeling invigorated is 20 "often" and 3 "very often".

Work engagement and professional identity: Overall engagement with the profession appears to be strong across the board. In Romania, 85% of respondents reported that they like their work "often" or "very often," a figure comparable to that of Hungary (89%) and slightly higher than Lithuania (81%). These responses reflect a resilient professional identity, where social care workers maintain a positive view of their roles despite sectoral challenges. High levels of professional identification suggest strong intrinsic motivation. This forms a

psychological buffer against emotional fatigue. Italy mirrors this trend, with nearly all (46) respondents expressing satisfaction in their identity as social care professionals.

Confidence in professional competence: Another significant indicator is the extent to which social care workers feel able to keep up with techniques and protocols. Romanian and Lithuanian respondents reported high levels of confidence (83% in both cases selecting "often" or "very often"), while Hungarian respondents were somewhat less confident (59%). This disparity may reflect the availability and accessibility of continuing professional development opportunities, or differences in how institutional learning is embedded in daily practice. In Italy, 40 respondents are confident in their professional competences (31 cases "often", 9 "very often").

Overall job satisfaction and fulfilment: Job satisfaction was further assessed through direct questions on fulfilment. In Romania, 74% of respondents indicated that their work makes them feel satisfied "often" or "very often," a figure that places Romania slightly ahead of Hungary (60%) and Lithuania (72%). Additionally, 42 out of 47 Italian respondents indicated the same. This suggests that Romanian care professionals, while more vulnerable to emotional fatigue, nevertheless derive consistent fulfilment from their work. It is a complex but not uncommon phenomenon in care work: professionals may be deeply fulfilled while simultaneously experiencing emotional strain.

Emotional connection to beneficiaries: Romanian respondents also demonstrated the strongest emotional engagement with those they support. 30% reported "very often" having happy thoughts and feelings about their clients, the highest such percentage in the comparative dataset. In Hungary, 17% and in Lithuania, 15% reported that they "very often" have happy thoughts and feelings about beneficiaries and support provided to them. In Italy, only 8 respondents reported having this happy feeling "very often". This deep emotional connection likely contributes to both high motivation and high emotional load, reinforcing the importance of targeted well-being and resilience interventions in Romania. At the same time, this high affective engagement may also increase emotional vulnerability to secondary traumatic stress if not balanced.

Perceived professional impact and recognition: Perceptions of making a difference through one's work were broadly positive across all countries. In Romania, 63% of respondents stated they "often" or "very often" believe they are making a meaningful contribution, a figure comparable to that of Lithuania (62%) and slightly higher than Hungary (52%). However, the high percentages of respondents who chose "sometimes" (36% in Hungary, 30% in Lithuania, and 26% in Romania) suggest room to improve mechanisms for feedback, recognition, and impact validation. In Italy, 10 respondents consider that their work has a positive impact "very often" and 19 "often".

Pride and self-perception of success: Professional self-esteem and recognition are important for the wellbeing of social care workers. Most of them are proud of what they do to help

others: 82% in Romania (52% “often” and 30% “very often”), 78% in Hungary (45% “often” and 33% “very often”), and 78% in Lithuania (58% “often” and 20% “very often”). In Italy, 41 out of 47 respondents are proud of their work. Also, there are high levels of perceived success as social care workers – 82% in Romania (54% “often” and 28% “very often”), 67% in Hungary (48% “often” and 19% “very often”), and 65% in Lithuania (50% “often” and 15% “very often”). In Italy, 25 respondents reported feeling successful as social workers (17 “often” and 8 “very often”). This self-perception is especially meaningful in a sector where external validation is often limited.

TABLE 9. COMPASSION SATISFACTION ITEMS

Compassion Satisfaction Items		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
I get satisfaction from being able to help people at work	Never	0%	1%	0%	0
	Rare	2%	1%	1%	0
	Sometimes	9%	8%	13%	4
	Often	58%	42%	48%	25
	Very often	31%	48%	38%	18
I feel invigorated after working with those I help in my professional role	Never	1%	2%	4%	1
	Rare	7%	1%	12%	0
	Sometimes	34%	23%	37%	23
	Often	38%	55%	35%	20
	Very often	20%	19%	13%	3
I like my work as a social care worker	Never	0%	3%	0%	0
	Rare	1%	3%	2%	0
	Sometimes	10%	14%	13%	1
	Often	58%	55%	44%	20
	Very often	31%	26%	41%	26
I am pleased with how I am able to keep up with helping techniques and protocols	Never	1%	1%	0%	0
	Rare	15%	2%	2%	0
	Sometimes	24%	15%	14%	7
	Often	45%	57%	57%	31
	Very often	14%	25%	26%	9
My work makes me feel satisfied.	Never	1%	1%	1%	0
	Rare	15%	4%	4%	1
	Sometimes	24%	22%	20%	4
	Often	41%	50%	46%	27
	Very often	19%	22%	28%	15
I have happy thoughts and feelings about those I help and how I could help them	Never	0%	2%	1%	1
	Rare	5%	3%	3%	1
	Sometimes	29%	22%	14%	9
	Often	49%	58%	52%	28
	Very often	17%	15%	30%	8
I believe I can make a difference through my work	Never	1%	2%	3%	1
	Rare	12%	6%	7%	4
	Sometimes	36%	30%	26%	13
	Often	40%	51%	42%	19
	Very often	12%	11%	21%	10
I am proud of what I can do to help	Never	0%	1%	1%	1
	Rare	3%	3%	1%	0
	Sometimes	19%	17%	15%	5
	Often	45%	58%	52%	20
	Very often	33%	20%	30%	21
I have thoughts that I am a -success- as a social care worker	Never	0%	3%	1%	7
	Rare	4%	2%	3%	1
	Sometimes	29%	30%	15%	14
	Often	48%	50%	54%	17
	Very often	19%	15%	28%	8

Source: CARES survey, 2025

Note: For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

Burnout

The burnout score includes 10 items focusing on emotional exhaustion, depersonalization, personal accomplishment, and systemic fatigue, while considering protective factors like connection, identity, and values (TABLE 11).

Social care workers in the four countries included in the CARES survey are deeply motivated, ethically driven, and emotionally resilient. But resilience has limits. While Romania and Lithuania show extraordinary levels of identity alignment and belief-based motivation, they also face bureaucratic and emotional strain. Hungary's workforce appears to be on the verge of burnout, with high levels of exhaustion and overload, while Italy's experience is mixed but aligns with broader structural fatigue.

Burnout is not a sign that people care too little, but that they have been asked to care too much, too often, with too little support. The data speak clearly: these professionals are still standing. But they should not have to stand alone.

Emotional well-being and job satisfaction. Across all four countries, most social care workers say they feel happy at work "often" or "very often." In Hungary, it's 63%; in Lithuania, 55%; Romania is even higher, at 64%. Italy leads, with 42 of respondents frequently experiencing happiness at work. The purpose social workers find in supporting others remains a key source of emotional resilience. Despite all the challenges, the emotional core of care work (purpose, empathy, impact) remains intact, and social care workers are still finding joy in being there for others.

Social cohesion and team-based protective factors. Workers in Hungary and Italy feel most socially supported, whereas Romanian respondents may experience more interpersonal isolation. 94% of Hungarian, 85% of Lithuanian, and 74% of Romanian social care workers feel connected to their peers at work "often" or "very often". Also, 44 of the Italian social care workers do. Emotional isolation makes burnout worse. Where teams are fragmented, where collaboration is weak, burnout finds fertile ground. Investing in team culture is not a luxury; it is a prevention strategy. In an environment where emotional labour is so central, the absence of strong peer relationships is a serious risk factor. Team solidarity must be seen not as a bonus, but as a protective necessity.

Productivity at work. Social workers report that they have no problems with productivity due to their exposure to traumatic experiences. In Hungary 72% "never" or "rarely" experience productivity problems, in Lithuania 55%, and in Romania, 65%. In Italy, 35 out of 47 respondents never experience this problem. At the same time, in Romania and Lithuania, nearly 30% of care workers say they sometimes or often lose sleep over the pain of others. That means they are carrying trauma home and waking up with it still in their mind. If left

unaddressed, it becomes a pathway into emotional exhaustion, reduced productivity, and eventual burnout. This is a warning sign and requires better supervision in social care services. Without trauma-informed supervision and space to process emotionally heavy cases, the cost of caring can become unbearable.

Psychological entrapment and career stagnation. Perceived entrapment is more common in Romania and Lithuania, possibly linked to limited professional mobility or economic constraints. In Romania, 10% feel trapped “often” or “very often”, in Lithuania, 15%; and in Hungary, 9%. The reasons are complex - low salaries, limited mobility, and lack of retraining opportunities - but the result is the same: a sense of being cornered by the very job they once chose with care.

Values-based resilience. 85% of Romanian, 72% of Hungarian, and 72% of Lithuanian workers say they are sustained by beliefs that give their work purpose. In Italy, 42 out of 47 respondents reported the same. Values must be reinforced by structures that protect those who act upon them daily.

Emotional exhaustion. While the majority across all countries say they are “often” or “very often” the person they always wanted to be at work (Lithuania 79%, Romania 70%, Hungary 69%, and Italy – 39 of 47 respondents), this does not cancel out the reality of exhaustion. In Hungary, 35% report frequently feeling worn out by their work, 26% in Lithuania and 17% in Romania. Even in Italy, where well-being is higher, 6 respondents feel at least moderately fatigued. This is about structural burnout. These social care workers are not broken; they are tired of being asked to fix broken systems with too little time and too few resources.

Work overload and system strain. Hungarian respondents report the highest feelings of caseload overload, with 57% saying they “often” or “very often” feel overwhelmed. In Romania, 25% report frequent overwhelm, while Lithuania (31%) and Italy (3 of 47) show somewhat lower levels. These are people who want to do their jobs well, but when their workload becomes too large to manage, quality suffers - and so do they.

Bureaucracy or lack of institutional support. In Romania and Hungary, over one-third of workers say they feel “bogged down by the system” frequently. In Lithuania, only 14% and in Italy, 7 of 47 respondents report the same. These figures reflect more than personal frustration, they signal structural conditions that impede care: inflexible procedures, paperwork overload, outdated digital systems, and policy fragmentation. Bureaucracy should serve care, not replace it. Systems must be redesigned with the practitioner in mind. Romania and Hungary face the heaviest bureaucratic burden, which may amplify emotional fatigue even when role satisfaction is high.

Caregiving identity. Across all countries, care workers strongly identify as “very caring people.” In Romania, 58% said this “very often” applies to them, in Hungary, 34% and in Lithuania, 39%. In Italy, 41 respondents expressed appreciation for being a very caring person. This identity is their strength, but it could be also their vulnerability. While a strong caring

identity underpins compassion satisfaction, it can also contribute to emotional vulnerability if not supported by healthy boundaries. When care is not matched by support, it turns into burnout. When empathy is left unguarded, it turns into trauma. Being a caring person must not mean being a depleted person.

Across the four countries, the burnout profiles reveal distinct yet interrelated patterns (Table 10). **Hungary** stands out with high emotional exhaustion and the highest sense of overload, despite strong professional identity - placing its workforce at **serious risk of emotional depletion**. **Lithuania** shows a more moderate profile, with fatigue expressed mainly as occasional strain; while identity remains strong, a lack of sustained fulfilment suggests the need for **preventive support measures**. In **Romania**, burnout is more complex: while frequent exhaustion is lower, high caseloads and systemic constraints create a **dual burden**, where strong professional values may mask unspoken distress. Finally, **Italy** demonstrates a relatively **stable emotional landscape**, with high happiness and manageable fatigue levels, but still exhibits moderate systemic barriers that should be **monitored and addressed to protect long-term well-being**. Overall, the data call for tailored interventions that recognise both the visible and hidden dimensions of burnout.

TABLE 10. TYPE OF BURNOUT IN THE CARES COUNTRIES

Country	Emotional Exhaustion	Systemic Burnout	Protective Identity	Overall Burnout Profile
Hungary	High – 35% worn out, 57% overwhelmed	High - 35% feel trapped or bogged	High professional identity	At-risk for emotional overload
Lithuania	Moderate – fatigue mostly “sometimes”	Moderate – some systemic fatigue	Strong identity, but less “very often”	Low–moderate burnout, build support
Romania	Moderate – lower frequent exhaustion, but high workload	High – systemic fatigue, entrapment	Strongest identity and caring values	Dual risk: high pride, hidden burnout
Italy	Low – high happiness, low fatigue	Moderate – some overload, some frustration	High identity and satisfaction	Emotionally stable, sustain and monitor

Source: CARES survey, 2025

TABLE 11. BURNOUT ITEMS

Burn out Items		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
I am happy at work	Never	0%	4%	1%	0
	Rare	7%	5%	5%	1
	Sometimes	29%	36%	30%	4
	Often	52%	47%	45%	34
	Very often	11%	8%	19%	8
I feel connected to others at work	Never	0%	1%	1%	0
	Rare	1%	1%	5%	1
	Sometimes	5%	11%	20%	2
	Often	60%	48%	51%	33
	Very often	34%	38%	23%	11
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help	Never	31%	15%	29%	35
	Rare	41%	40%	36%	10
	Sometimes	22%	35%	28%	2
	Often	3%	7%	5%	0
	Very often	1%	3%	1%	0
I feel trapped by my job as a worker in social care sector	Never	41%	23%	38%	27
	Rare	27%	33%	24%	10
	Sometimes	24%	29%	28%	8
	Often	6%	11%	6%	2
	Very often	3%	4%	4%	0
I have beliefs that sustain me in my professional role	Never	4%	3%	1%	1
	Rare	8%	5%	1%	1
	Sometimes	17%	20%	12%	7
	Often	38%	50%	51%	32
	Very often	34%	22%	34%	6
I am the person I always wanted to be at work	Never	1%	3%	2%	0
	Rare	9%	3%	5%	1
	Sometimes	22%	13%	22%	7
	Often	49%	56%	46%	30
	Very often	20%	23%	24%	9
I feel worn out because of my work as a helper	Never	6%	4%	15%	16
	Rare	16%	16%	25%	16
	Sometimes	43%	54%	43%	9
	Often	27%	20%	10%	4
	Very often	8%	6%	7%	2
I feel overwhelmed because my case work load seems endless	Never	3%	6%	15%	16
	Rare	17%	15%	23%	12
	Sometimes	23%	48%	37%	16
	Often	34%	23%	14%	3
	Very often	23%	8%	11%	0
I feel -bogged down- by the system	Never	9%	23%	17%	21
	Rare	24%	24%	13%	4
	Sometimes	32%	39%	37%	15
	Often	22%	7%	17%	4
	Very often	13%	7%	17%	3
I am a very caring person	Never	0%	2%	0%	0
	Rare	2%	0%	0%	0
	Sometimes	10%	6%	2%	6
	Often	55%	53%	39%	30
	Very often	34%	39%	58%	11

Source: CARES survey, 2025
Note: For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

Secondary Traumatic Stress

Secondary traumatic stress (STS) reflects the cost of caring when the trauma of others begins to seep into the caregiver's emotional, psychological, and somatic experience. The ten items included in the STS score and their values in the four countries included in the CARES survey are detailed below (TABLE 12).

Cognitive preoccupation. Preoccupation is the cognitive aspect of STS—difficulty letting go of clients' needs or stories after hours. One of the clearest signs of STS is being unable to mentally detach from the people one supports. In Lithuania, this cognitive overload is particularly acute: an overwhelming 85% of respondents said they are "very often" preoccupied with more than one person they help. Similarly, Romania and Hungary show elevated levels of mental preoccupation, with 70% and 63% respectively saying they "often" or "very often" think about clients outside of working hours. Only Italy reflects a more even distribution, with the majority falling into the "sometimes" (25 respondents) or "rare" (8 cases) categories. This mental residue of work, left unaddressed, becomes emotionally draining.

Hypervigilance. It is a somatic symptom of STS common in high-pressure environments. In Romania, one-third (33%) of workers report this reaction "sometimes," indicating a heightened state of arousal common in trauma exposure. While Hungary shares a moderate profile, Lithuania stands out with the lowest signs of this somatic response: 42% of workers say it never happens to them. This may reflect not only coping strategies but also differences in the emotional intensity of daily work environments.

Personal-professional boundaries. Across countries, 30–40% of care workers struggle to maintain personal-professional boundaries, increasing emotional exposure and potential for long-term STS. In Romania, 47% of workers struggle at least "sometimes" to separate their personal life from their professional one. Lithuania mirrors this pattern, with 45% reporting the same. Hungary appears slightly more protected, with over half of respondents saying this rarely or never happens. Italy shows a mixed picture, with notable boundary strain but less frequent high-impact responses. These trends suggest that for many, care work is not something left at the door—it comes home with them.

STS impact recognition. An important aspect of resilience is self-awareness. Romanian workers are the most likely to acknowledge they might be affected by the trauma of those they help—over half admit to feeling this at least "sometimes," with 13% saying it happens "often" or "very often." Hungary and Lithuania report similar but slightly lower levels of awareness, while Italy shows the lowest recognition. Whether this reflects genuine resilience or a culture of underreporting remains unclear, but it raises questions about emotional literacy in workplace settings.

Empathic stress. Helping others can increase one's own stress. In Hungary, 34% of respondents report feeling "often" or "very often" on edge because of their work—double the percentage seen in Romania, where most report such feelings "rarely" or "never." Lithuania

again occupies the middle ground, with a strong concentration of “sometimes” responses. These results suggest that Hungarian professionals may be internalizing tension more acutely, while Romanian workers appear more emotionally guarded or possibly more desensitized.

Emotional exhaustion. Feeling depressed due to clients’ trauma is one of the most direct emotional effects of STS. In Hungary, nearly half of the respondents report experiencing this at least “sometimes,” with 9% feeling it “often.” Romania and Lithuania report similar levels. Meanwhile, Italy stands apart: 30 respondents said this never happens to them.

Vicarious trauma. Some workers do not just listen to trauma, they begin to feel it as their own. In Romania, 14% of respondents, in Lithuania, 9% and in Hungary 5% say they “often” or “very often” feel as though they are experiencing a client’s trauma directly. Italy reports no such experiences at all. This empathic absorption may reflect deep caring but also highlights the need for emotional boundaries and structured psychological support. Romanian care professionals seem to be the most likely to internalise others’ trauma, whereas Italian and Lithuanian workers are better at maintaining an emotional separation.

Avoidance behaviour. Avoidance behaviours (such as steering clear of certain places or conversations because they trigger traumatic memories) were most prevalent in Lithuania, where 32% of workers say they experience this at least “sometimes.” In contrast, Hungary reports the lowest rates, with more than half (52%) saying they never avoid anything because of work. Romania again sits in the middle, with 35% showing some level of avoidance.

Clinical level distress. A small but concerning portion of workers in each country experience intrusive, distressing thoughts related to their clients’ trauma. Around 7% of workers in Romania and Lithuania report this happening “often” or “very often.” Although the majority - particularly in Hungary and Italy - do not report such thoughts, this finding should not be overlooked. Even a small number of affected individuals signals the need for accessible trauma-informed mental health resources.

Dissociative response. Cognitive symptoms, such as forgetting important aspects of work with trauma victims, are also part of STS. While these were rare across all countries, Lithuania and Romania had slightly higher rates of memory difficulties, with 26% saying they sometimes struggle to recall details. Hungary showed the highest cognitive resilience, with 82% reporting no such difficulties.

Data analysis indicates some commonalities across the four countries:

- Social care workers across all four contexts experience cognitive and emotional traces of secondary trauma.
- Despite high emotional engagement, very few report extreme dissociation or chronic intrusive thoughts.
- Strong belief systems, job satisfaction, and identity alignment (seen in previous sections) likely buffer against deeper impact.

TABLE 12. SECONDARY TRAUMATIC STRESS ITEMS

Secondary traumatic stress		Hungary (%)	Lithuania (%)	Romania (%)	Italy (no. of cases)
I am preoccupied with more than one person I help in my professional role	Never	1%	1%	1%	4
	Rare	13%	1%	4%	8
	Sometimes	22%	2%	25%	25
	Often	43%	11%	51%	9
	Very often	20%	85%	19%	1
I jump or am startled by unexpected sounds at work	Never	29%	42%	25%	14
	Rare	42%	32%	29%	21
	Sometimes	19%	19%	33%	10
	Often	7%	5%	8%	0
	Very often	3%	3%	4%	2
I find it difficult to separate my personal life from my professional life as a helper	Never	17%	16%	25%	18
	Rare	35%	39%	28%	10
	Sometimes	26%	31%	34%	12
	Often	14%	13%	8%	3
	Very often	8%	1%	5%	4
I think that I might have been affected by the traumatic stress of those I help at work	Never	12%	20%	10%	24
	Rare	43%	34%	32%	14
	Sometimes	33%	30%	44%	8
	Often	9%	12%	9%	1
	Very often	3%	4%	4%	0
Because of my helping, I have felt -on edge- about various things	Never	11%	17%	36%	22
	Rare	32%	36%	28%	11
	Sometimes	22%	36%	24%	10
	Often	28%	7%	9%	3
	Very often	6%	3%	2%	1
I feel depressed because of the traumatic experiences of the people I help	Never	15%	14%	17%	30
	Rare	38%	34%	27%	14
	Sometimes	38%	42%	41%	1
	Often	9%	7%	11%	1
	Very often	0%	3%	3%	1
I feel as though I am experiencing the trauma of someone I have helped	Never	22%	32%	18%	34
	Rare	42%	42%	31%	9
	Sometimes	26%	21%	37%	4
	Often	8%	3%	11%	0
	Very often	1%	2%	3%	0
I avoid certain activities or situations because they remind me of frightening experiences of the people I help	Never	52%	28%	35%	34
	Rare	24%	34%	30%	12
	Sometimes	20%	32%	24%	0
	Often	4%	5%	9%	1
	Very often	0%	1%	2%	0
As a result of my helping, I have intrusive, frightening thoughts	Never	69%	48%	49%	35
	Rare	20%	31%	26%	8
	Sometimes	10%	15%	19%	1
	Often	1%	5%	5%	1
	Very often	1%	1%	1%	2
I can't recall important parts of my work with trauma victims	Never	43%	23%	25%	31
	Rare	39%	46%	42%	8
	Sometimes	15%	26%	26%	7
	Often	3%	5%	5%	1
	Very often	0%	0%	2%	0

Source: CARES survey, 2025
Note: For Italy, the figures represent the number of cases. Since the total number of Italian respondents is 47, percentages could not be calculated.

Scores across Demographic Categories

Analysing the scores obtained after applying the ProQOL scale according to the respondent's role in the social care system reveals differences within and between countries. Social workers with university degrees report higher job satisfaction (compassion satisfaction score): 48.48 in Hungary, 50.34 in Lithuania, and 51.27 in Romania (Table 13). This is due to their experience of dealing with various problematic situations, their ability to apply different learned working methods, and the existence of support services (e.g. supervision). It is also due to their exposure to various training experiences that help them in their daily work and to their greater appreciation of the good they do. Social work is often considered not only a profession, but also a vocation, which makes many of those who study in this field more inclined to help others. It can be observed that the compassion satisfaction score is higher in the case of social workers with a university degree in Romania, Lithuania, and Italy than in Hungary.

Although social technicians have high job satisfaction, the recorded scores are lower than those for social workers – 44.45 in Hungary, 44.50 in Lithuania, and 46.89 in Italy (in Romania, there are only a few social technicians and only 5 responded to the survey) (Table 13). This discrepancy may be attributed to several interrelated factors, including the specific challenges of their working environment, the complex and demanding needs of the beneficiaries they serve, and their comparatively limited experience and professional training in the field. These conditions can influence not only their overall job satisfaction but also their perceived preparedness and capacity to navigate difficult situations.

The burnout scores for social technicians are slightly higher than those for social workers in Hungary (54.4 vs 51.25) and in Lithuania (52.46 vs 51.26) (Table 13). The score is also high in the case of social workers with a university degree - 51.25 in Hungary, 51.26 in Lithuania, and 51.29 in Romania (Table 13). This burnout score is also high for other types of workers in the social care sector: 51.77 in Hungary and Lithuania, and 48.47 in Romania. In Romania, the burnout score is lower for other types of social care employees than for social workers with a university degree. In Italy, the highest burnout score is for social technicians (45.04), followed by other employees in the social care sector (41.71).

For the secondary traumatic stress score, there are no notable differences between categories of people engaged in social care sector within countries. The STS scores are higher for social workers (with a university degree) in Lithuania (51.62) and Romania (51.67) (Table 13).

TABLE 13. PROQOL SCORES BY ROLE IN THE SOCIAL CARE SECTOR

Country	Role in social care sector	CS t score			BO t score			STS t score		
		Mean	N	Std. Dev.	Mean	N	Std. Dev.	Mean	N	Std. Dev.
Hungary	Informal caregiver	42.33	1		60.42	1		50.26	1	
	Social worker (university degree)	48.48	94	11.06	51.25	94	9.67	49.17	94	9.80

	Social technician (non-university degree)	44.45	25	8.61	54.40	25	8.48	50.20	25	8.40
	Nurse	53.16	6	7.47	48.02	6	10.29	48.36	6	9.18
	Other	46.96	17	13.27	51.77	17	11.75	49.59	17	10.83
Italy	Informal caregiver	59.44	1		53.50	1		53.52	1	
	Social worker (university degree)	50.88	1		36.19	1		33.98	1	
	Social technician (non-university degree)	46.89	18	6.29	45.04	18	8.05	40.94	18	10.91
	Nurse	28.65	1		67.34	1		55.15	1	
	Other	54.63	26	8.34	41.71	26	7.55	39.30	26	7.77
Lithuania	Informal caregiver	-0.42	1		62.15	1		27.46	1	
	Social worker (university degree)	50.34	109	8.27	51.26	109	8.86	51.62	109	9.14
	Social technician (non-university degree)	44.50	15	16.04	52.46	15	10.42	49.28	15	11.98
	Nurse		0			0			0	
	Other	50.96	24	8.32	51.04	24	7.32	52.43	24	8.02
Romania	Informal caregiver	42.73	13	9.60	57.09	13	14.10	54.90	13	11.61
	Social worker (university degree)	51.27	88	8.88	51.29	88	8.58	51.67	88	10.18
	Social technician (non-university degree)	49.17	5	17.86	46.92	5	7.87	53.84	5	10.07
	Nurse	54.95	16	7.23	44.63	16	7.42	49.14	16	7.20
	Other	51.42	174	9.34	48.47	174	11.00	50.77	174	9.63

Source: CARES survey, 2025

Experience in the social care sector (number of years working in the sector) does not make a significant difference in terms of job satisfaction, burnout or secondary traumatic stress. The values are high even if people have been in the system for more than 7 years. At the same time, the number of respondents who have been in the system for less than 3 years is very low. In Romania, in the case of social care workers with more than 7 years of experience in the social care sector, the compassion satisfaction score (52.19) and the secondary traumatic stress (51.76) are slightly higher, but the burnout score is lower (49.24) (Table 14). The same situation can be observed in Lithuania.

TABLE 14. PROQOL SCORES BY EXPERIENCE IN THE SOCIAL CARE SECTOR

Country	Experience in social care sector	CS t score			BO t score			STS t score		
		Mean	N	Std. Dev.	Mean	N	Std. Dev.	Mean	N	Std. Dev.
Hungary	Less than 1 year	59.44	1		32.73	1		48.63	1	
	1-3 years	51.15	13	9.94	49.37	13	10.80	46.50	13	9.32
	4-7 years	43.53	10	10.17	55.57	10	8.23	51.40	10	7.94
	More than 7 years	47.64	119	10.97	51.90	119	9.62	49.52	119	9.74
Italy	Less than 1 year	52.59	1		34.46	1		29.09	1	

	1-3 years	50.10	13	9.84	41.38	13	9.43	39.49	13	9.06
	4-7 years	52.59	9	8.42	46.19	9	7.48	45.38	9	12.69
	More than 7 years	51.10	24	9.00	44.34	24	8.44	39.61	24	7.67
Lithuania	Less than 1 year	42.71	9	17.69	48.11	9	8.09	43.39	9	10.39
	1-3 years	43.39	13	17.01	57.36	13	9.02	51.39	13	12.25
	4-7 years	49.24	26	7.88	52.37	26	7.74	50.76	26	9.23
	More than 7 years	50.97	101	8.33	50.70	101	8.79	52.21	101	8.79
Romania	Less than 1 year	54.09	8	10.36	43.33	8	8.75	48.02	8	9.53
	1-3 years	45.33	24	10.42	51.19	24	12.49	49.58	24	10.94
	4-7 years	48.55	44	8.96	50.70	44	9.97	49.74	44	7.99
	More than 7 years	52.19	220	9.11	49.24	220	10.38	51.76	220	9.97

Source: CARES survey, 2025

In the CARES survey, gender is not a significant factor determining compassion satisfaction, burnout, or secondary traumatic stress, due to the low number of responses from males. Considering that the social care sector is a highly feminised field, it is normal that the number of responses from men working in this sector is low. Even though women in the social care sector have a compassion satisfaction score high, they also recorded high levels of burnout and secondary traumatic stress (Table 15).

TABLE 15. PROQOL SCORES BY GENDER

		CS t score			BO t score			STS t score		
Country	Gender	Mean	N	Std. Dev.	Mean	N	Std. Dev.	Mean	N	Std. Dev.
Hungary	Male	44.95	17	13.04	51.97	17	12.63	49.78	17	10.97
	Female	48.13	126	10.55	51.77	126	9.37	49.32	126	9.39
Italy	Male	52.82	15	8.25	43.81	15	7.65	41.03	15	10.69
	Female	50.35	32	9.18	43.60	32	9.08	40.18	32	8.79
Lithuania	Male	41.36	7	20.85	50.78	7	12.19	43.05	7	13.69
	Female	49.87	141	9.43	51.46	141	8.65	51.68	141	9.03
Romania	Male	46.74	38	9.59	52.45	38	10.12	51.29	38	9.91
	Female	51.79	258	9.26	49.02	258	10.49	51.16	258	9.77

Source: CARES survey, 2025

Age introduces some differences in the analysed scores (Table 16). In Hungary, people aged between 46 and 55 have the highest professional satisfaction score (48.94), and at the same time, those over 55 register high burnout (53.69) and secondary traumatic stress (50.26) scores. In Italy, social care workers aged between 46 and 55 have the highest compassion satisfaction (52.77) and burnout (45.71) scores. Italian social care workers aged between 36 and 45 have the lowest secondary traumatic stress score – 38.86. In Lithuania, the highest score for compassion satisfaction is registered among social care workers aged between 46 and 55, while the same age category has lower scores for burnout (48.88) and secondary traumatic stress (49.76). Young Lithuanian social care workers (aged 26 – 35) have high burnout (57.79) and secondary traumatic stress (54.30) scores, due to their limited capacity (experience and knowledge) in solving difficult cases. Lithuanian social care workers aged over 55 also register high burnout (51.77) and secondary traumatic stress (53.89) scores, possibly

because of fatigue and diminished work capacity. In Romania, the highest secondary traumatic stress (53.23) score is among social care workers aged 46 – 55. Young Romanian social care workers (aged 26 – 35) have a high burnout score (53.08).

TABLE 16. PROQOL SCORES BY AGE

Country	Age	CS t score			BO t score			STS t score		
		Mean	N	Std. Dev.	Mean	N	Std. Dev.	Mean	N	Std. Dev.
Hungary	18-25	44.04	2	4.84	56.96	2	9.79	54.33	2	12.67
	26-35	48.03	9	7.00	50.80	9	9.04	45.92	9	7.59
	36-45	47.05	37	10.77	51.91	37	8.84	48.81	37	8.04
	46-55	48.94	59	11.01	50.53	59	9.79	49.54	59	10.52
	Over 55	46.66	36	11.95	53.69	36	10.85	50.26	36	9.82
Italy	18-25	45.33	4	6.89	49.17	4	11.70	46.19	4	13.98
	26-35	52.25	10	7.89	44.50	10	6.67	42.93	10	10.78
	36-45	49.58	17	9.08	42.81	17	8.33	38.86	17	9.80
	46-55	52.77	10	9.59	45.71	10	8.29	40.16	10	5.94
	Over 55	54.88	6	9.77	37.63	6	9.31	37.50	6	6.71
Lithuania	18-25	25.80	3	22.97	54.07	3	7.21	41.03	3	16.95
	26-35	45.96	25	12.70	57.79	25	7.46	54.30	25	11.24
	36-45	49.78	48	7.97	49.93	48	8.51	50.23	48	8.79
	46-55	52.72	42	7.62	48.88	42	7.57	49.76	42	8.37
	Over 55	49.89	31	9.74	51.77	31	9.57	53.89	31	8.49
Romania	18-25	47.04	4	12.20	41.81	4	7.92	44.97	4	6.83
	26-35	48.86	33	8.41	53.08	33	10.91	48.34	33	9.46
	36-45	51.15	77	9.61	50.37	77	9.25	50.64	77	9.35
	46-55	51.71	131	9.11	49.28	131	10.63	53.23	131	9.70
	Over 55	51.49	51	10.46	46.78	51	11.10	49.05	51	10.10

Source: CARES survey, 2025

Although the compassion satisfaction, burnout, and secondary traumatic stress scores are high in all countries, there are some small differences influenced by educational level (Table 17). Compassion satisfaction is slightly higher in the case of social care workers with higher education (BA/ MA in social or care work, or other higher education).

TABLE 17. PROQOL SCORES BY EDUCATION LEVEL

Country	Education level	CS t score			BO t score			STS t score		
		Mean	N	Std. Dev.	Mean	N	Std. Dev.	Mean	N	Std. Dev.
Hungary	BA/MA in social work or care work	47.66	89	11.12	52.12	89	9.99	49.24	89	9.37
	Other higher education	51.14	27	10.61	49.27	27	9.85	50.44	27	11.25
	Vocational education in social care	44.53	21	9.05	54.82	21	7.22	48.09	21	7.80
	No specific education in social care	37.20	1		50.04	1		50.26	1	

	Other	46.78	5	13.17	47.27	5	13.21	51.24	5	12.54
Italy	BA/MA in social work or care work	48.41	9	12.57	50.42	9	7.63	44.83	9	6.25
	Other higher education	50.66	15	6.78	40.81	15	5.65	36.91	15	6.22
	Vocational education in social care	51.82	11	10.64	42.33	11	12.63	41.97	11	13.44
	No specific education in social care	52.59	2	0.00	43.98	2	3.67	37.23	2	6.91
	Other	53.28	10	7.17	43.29	10	5.74	40.82	10	9.91
Lithuania	BA/MA in social work or care work	49.33	112	9.80	51.91	112	9.27	51.88	112	9.43
	Other higher education	52.86	13	6.51	49.50	13	7.22	47.00	13	10.10
	Vocational education in social care	47.93	11	16.74	50.66	11	5.91	50.71	11	9.99
	No specific education in social care	48.32	4	17.07	55.23	4	6.78	58.00	4	4.86
	Other	49.36	9	8.31	47.34	9	7.25	48.99	9	8.01
Romania	BA/MA in social work or care work	51.47	117	8.67	51.06	117	9.10	52.07	117	10.21
	Other higher education	50.91	65	10.37	49.32	65	11.29	49.33	65	10.72
	Vocational education in social care	50.96	72	9.85	47.70	72	10.90	51.75	72	8.69
	No specific education in social care	55.07	9	8.21	46.77	9	6.89	51.89	9	7.33
	Other	49.80	33	9.76	48.62	33	12.79	50.21	33	9.00

Source: CARES survey, 2025

Suggestions for Enhancing Staff Well-Being and Satisfaction

The answers to the open-ended question regarding improvements within the social care sector, aimed at enhancing social care workers' well-being and job satisfaction, can be grouped into several main themes:

1. **Remuneration and Benefits**

Social care workers across all four countries stressed the importance of adequate and fair salaries, aligned with the complexity and responsibilities of their roles, as well as of additional benefits such as bonuses for extra work.

2. **Need for Respect and Recognition**

The need for recognition was emphasised by Hungarian, Lithuanian, Romanian, and Italian participants. They mentioned the importance of acknowledgement at various levels, from supervisors to municipal and national authorities, and highlighted the role of positive feedback and positive attitudes towards social work in boosting morale.

3. **Working Conditions**

Improved working conditions also emerged as a significant theme, especially among Hungarian, Lithuanian, and Romanian respondents. Many stated that physical conditions in the workplace need to be improved by providing modern tools, equipment, and even furniture necessary for daily tasks. In relation to both working hours and conditions, they also mentioned the importance of opportunities for physical activity during breaks, which would require appropriate facilities. Additionally, Lithuanian participants drew attention to the need for ergonomic workspaces, viewing them as essential for the health of social care workers.

4. **Working Hours**

Alongside concerns about working conditions, respondents underlined the need for more flexible working hours. Hungarian social care workers suggested more reasonable schedules and additional vacation days. Lithuanian participants also stressed the importance of extended leave as a means of reducing stress and supporting work-life balance, along with the introduction of a four-day work week. Remote work options were also suggested.

5. **Training and Support**

The need for continuous professional training was highlighted by participants in all four countries, alongside emotional support to help them manage the demands of their roles. Respondents underscored the importance of a supportive working environment that prioritises mental health and well-being. They also expressed the need for a clear work structure and regular supervision, seen as essential for improving efficiency and reducing stress.

6. **Legislation**

Hungarian and Romanian participants expressed the need for standardised legislation that takes professionals' perspectives into account when changes are made, as well as for clearer regulations and legal provisions protecting social workers. Romanian respondents also pointed out the excessive amount of paperwork and called for the simplification of administrative procedures.

7. **Staffing**

Staffing issues were another common concern. Participants from Hungary and Romania highlighted the need to increase the number of staff to meet current demands and ensure a better ratio between social workers and beneficiaries. Romanian respondents also stressed

the importance of assigning fewer cases per worker. Furthermore, they emphasised the need to improve qualification standards and recruit more skilled professionals to address both quantitative and qualitative staffing gaps.

8. **Cooperation**

Social workers in all four countries highlighted the need for improved inter-institutional cooperation, clear role definitions, and more efficient administrative procedures in order to reduce ambiguity, enhance teamwork, and improve overall effectiveness.

Staff Suggestions for Digital and Sustainable Practices in Their Workplace

In terms of digital and sustainable practices that respondents would like to see introduced in their workplace, they advocated for better digital systems and tools, combined with digital training for staff. Common requests included advanced technical equipment, the digitalisation of documents, the implementation of an electronic record-keeping system to eliminate paperwork, and the creation of better interinstitutional communication channels. Some Lithuanian workers expressed frustrations with outdated systems such as SPIS and highlighted the need for more reliable technology to support their work.

Hungarian respondents emphasised the need for sustainable practices, such as reducing overhead costs through energy-efficient solutions and improving waste management systems. Some participants also acknowledge the value of ongoing dialogue regarding service development, the exchange of best practices, and access to professional literature in multiple languages to promote continuous learning and a deeper understanding of the field.

Ergonomic and environmentally conscious practices were also mentioned by Lithuanian and Italian social workers. They stressed the importance of ergonomic furniture, proper lighting, and up-to-date computers in order to improve comfort and productivity. Additionally, there were calls for electric or more environmentally friendly vehicles, along with increased access to green spaces to foster a sustainable and supportive work environment.

Conclusions

The data from the CARES survey offer important insights into the emotional toll of care work across four European countries. While compassion remains the emotional engine of the social care workforce, it is increasingly strained by structural weaknesses - bureaucracy, overload, underinvestment, and a persistent lack of institutional care for the carers themselves.

Compassion Satisfaction

Despite structural challenges, these individuals continue to derive high levels of satisfaction from helping others, as reflected in compassion satisfaction scores above the ProQOL threshold (>42) in all countries. With Romania and Italy at 51.14, Lithuania at 49.51, and Hungary at 47.75, the data confirm that **meaningful engagement remains a defining characteristic of the profession.**

Social care workers report frequent joy and purpose in their daily roles. Whether it is through direct support to vulnerable individuals or through moments of emotional connection, **care professionals consistently affirmed that their work matters and makes a difference**. In Romania, for example, 86% report frequent satisfaction in helping others.

However, this satisfaction exists alongside uneven access to emotional replenishment. In Lithuania, over half of the respondents feel invigorated by their work, yet in Romania and Hungary, only one-third do. The Romanian case is particularly striking: while compassion satisfaction is high, emotional renewal is notably lower, suggesting a disconnection between motivation and recovery. This imbalance points to **the risk of emotional fatigue masked by commitment**—a situation that, if left unaddressed, may quietly evolve into burnout.

Encouragingly, the survey reveals **a robust sense of professional identity and pride**. Workers in all four countries overwhelmingly affirm that they like their jobs, feel confident in their skills, and believe they are making a difference. In Romania, 82% of respondents feel proud of what they do, and an equal percentage perceive themselves as successful professionals. These are not just statistics—they are reflections of resilience, self-worth, and intrinsic motivation, which are powerful antidotes to the emotional weight of care work.

The cross-country comparisons suggest that compassion satisfaction is not simply a personal trait; it is shaped and sustained by professional environments. When emotional rewards are reinforced by team solidarity, ongoing training, recognition, and systemic support, workers thrive. When such supports are lacking, even the most committed professionals may begin to fray.

More specifically:

- Romanian social care workers report strong motivation, pride, and a sense of success, but also higher emotional fatigue, especially in terms of post-work exhaustion.

- Lithuania demonstrates a balanced profile: high satisfaction, low fatigue, and strong engagement with protocols and professional practices.
- Hungary shows moderate emotional investment, lower scores on protocol satisfaction, but overall high levels of job satisfaction and purpose.
- Italy's responses (though fewer in number) align with the general trends and support broader findings.

Burnout

The ProQOL burnout scores show consistently high values across the board, especially in Hungary (51.79) and Lithuania (51.42), with Romania (49.46) not far behind. Even Italy (43.67)—the lowest among them—meets the threshold for concern. These scores do not reflect a lack of motivation or ability, but rather the cost of being asked to do too much, for too long, with too little support.

The **emotional resilience of these professionals is remarkable**. They continue to show up with commitment and compassion, even when overwhelmed. In Romania and Lithuania, care workers demonstrate high alignment between personal values and professional identity, which can act as a shield—but also a trap. When systems fail to acknowledge and support that depth of commitment, burnout becomes inevitable.

Hungary reveals perhaps the most urgent warning signals: high emotional exhaustion, frequent overload, and a workforce at risk of collapse if no immediate structural relief is provided. Italy, by contrast, shows a more stable emotional profile, yet still contends with systemic fatigue and risks of future burnout if complacency takes hold.

Burnout is not an individual issue, it is a collective, organizational, and policy-level challenge. Social care workers are not struggling because they are not resilient. They are struggling because they are resilient in systems that do not reciprocate their care with adequate resources, time, flexibility, or recognition.

Secondary Traumatic Stress

Secondary traumatic stress is a shared reality among social care workers in all four participating countries. STS levels are high in Lithuania (51.35), Romania (51.18), and Hungary (49.37), with only Italy falling into the moderate range (40.46). These figures underscore what many in the sector already know intimately: the act of caring, when sustained under pressure and without adequate support, carries an emotional cost.

While the causes of STS may differ in nuance from one national context to another, the symptoms are consistently evident - cognitive preoccupation, blurred personal-professional boundaries, emotional fatigue, and vicarious trauma. In particular, the data from Lithuania and Romania suggest that care workers are emotionally tied to their clients' stories, unable to disconnect even during their time off. In Hungary, empathic stress and emotional depletion

are more acute. In Italy, however, workers appear to be better protected, perhaps due to workplace structures or cultural norms around emotional disclosure.

Importantly, the experience of STS is not limited to overt emotional symptoms. It often manifests quietly: in the inability to rest, in hypervigilance, in the slow erosion of emotional boundaries, and in the creeping sense that the pain of others is becoming one's own. Although full dissociative responses and clinical levels of distress remain rare, the frequency of subclinical symptoms is deeply concerning - particularly the high levels of emotional preoccupation and the signs of vicarious trauma in Romania and Lithuania.

Moreover, the data reveals a troubling paradox: the traits that define exceptional care workers, such as empathy, dedication and emotional resilience, also make them more susceptible to STS. High compassion satisfaction, which characterises social care workers in all four countries, does not protect against emotional residue.

Crucially, the presence of a strong professional identity and intrinsic motivation appears to offer some protection. Social care workers who feel their work has meaning and are confident in their professional competencies are better able to withstand the emotional toll. However, even this resilience has its limits. Motivation without support becomes strain. Commitment without recovery leads to exhaustion.

Recommendations

Social care workers are the backbone of systems that often rely more on their personal commitment than on structural support. While their dedication is evident and inspiring, it is not limitless. **Investments in emotional well-being, meaningful recognition, skill development, and workplace safety** are not optional—they **are fundamental to the sustainability and quality of care**. Supporting care workers means supporting the people they serve. This must become a shared European priority.

The path forward requires more than individual coping strategies. It requires **institutional compassion** including:

- **Reducing administrative burdens** and shifting time back to care, not compliance.
- **Investing in supervision, peer support, and trauma-informed tools** that help workers process the emotional weight of their roles.
- **Creating meaningful pathways for career mobility and professional growth**, especially in Romania and Lithuania where stagnation and entrapment are acutely felt.
- **Building a culture of recognition and shared responsibility**, where teams are not only emotionally connected, but structurally supported.

Tackling occupational burnout requires a multi-dimensional response:

- **Workload regulation and staffing standards**: Introduce and enforce normative caseload limits and staffing ratios, tailored to service type and client complexity.
- **Investment in supportive supervision and peer networks**: Establish professional supervision systems and peer support groups to foster resilience and emotional processing.
- **Promote organisational cultures of care**: Create workplaces where staff well-being is monitored, valued, and embedded in performance frameworks, not treated as secondary.
- **Flexible work arrangements and self-care policies**: Enable flexible schedules, mental health days, and family-friendly practices to protect against exhaustion.
- **Systemic workforce planning**: Ensure adequate recruitment, retention, and resource allocation to prevent structural understaffing, particularly in high-demand and rural areas.

Ultimately, **reducing chronic overwork and preventing burnout** is not just an ethical obligation—it **is essential for sustaining a competent, compassionate, and committed social services workforce** capable of delivering effective support to vulnerable individuals and communities.

Based on the comprehensive findings from the CARES survey across burnout, compassion satisfaction, and secondary traumatic stress (STS), there is a clear need to design **targeted, evidence-informed training programmes** that enhance **personal development**, **digital competencies**, and **sustainability-oriented skills**.

Training should focus on the **emotional and psychological core of the profession**. Courses focusing on emotional literacy and trauma-informed care can help professionals recognise the early signs of secondary traumatic stress and distinguish between healthy empathy and harmful emotional overextension. In parallel, workshops on setting boundaries can offer strategies to prevent the blurring of personal and professional life, a pervasive challenge in all countries surveyed. Mindfulness practices, reflective journaling and body awareness techniques, which have already been proven to be effective in other high-stress professions, should be integrated into regular professional development programmes. These are not luxuries or soft skills, but essential protective tools for sustaining long-term resilience in caregiving roles.

The second area of focus must be **digital fluency** - not only as a matter of operational efficiency but as a buffer against burnout. Many of the systemic frustrations identified in the CARES survey, such as bureaucracy, rigid systems, and administrative overload, could be partially alleviated through targeted digital training. Workshops on secure communication platforms, ethical digital documentation, and the use of cloud-based tools for collaboration can reduce the time and emotional energy spent on repetitive or fragmented tasks.

The third dimension is **sustainability**. A sustainable practice is not just ecologically sound; it is also emotionally and professionally viable. Training programmes should explore how social care workers can contribute to green transitions, both by modelling low-impact behaviours in the workplace and by supporting clients in accessing sustainable housing, energy, and community services. This training should also include strategies for creating calming, nature-connected spaces in care settings, and for using outdoor or eco-based activities as a form of stress recovery. When emotional and environmental care go hand-in-hand, both people and ecosystems benefit.

Capacity-building should also include **team-based training** focused on building trust, improving communication, and creating a culture of mutual emotional support. Peer-led case debriefings, ethical reflection circles, and collaborative problem-solving exercises can help turn isolated workers into emotionally supportive teams.

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