

Occupational burnout and quality of life of professionals working with people aged 65+

Anna Leś^a, Agnieszka Bołdak^b

^aFaculty of Physical Education, Department of Tourism and Recreation, The Józef Piłsudski University of Physical Education in Warsaw, Poland

^bFaculty of Physical Education, Department of Pedagogy and Psychology, The Józef Piłsudski University of Physical Education in Warsaw, Poland

Purpose: Occupational burnout is increasingly diagnosed among working people. The main objective of the study was to evaluate the level of occupational burnout among professionals working with people aged 65+ (in the medical sector and the social services sector) and the factors that determine this syndrome. Furthermore, we also assessed the participants' quality of life.

Methods: The study included 224 women, working with age people 65+ (age of respondents: 41.26±10.91 years). The study used the Polish adaptation of the Italian Link Burnout Questionnaire and the WHOQoL-BREF self-reported quality of life questionnaire (short version).

Results: The study group reported average and high levels of occupational burnout. Significant correlations were found between occupational burnout and self-reported quality of life, i.e., between the psychophysical exhaustion scale and sense of self-efficacy and the domains of quality of life: somatic, psychological, environmental, and satisfaction with quality of life and health ($P < .05$).

Conclusions: Professionals working with older adults are at risk of developing burnout syndrome. The level of occupational burnout is negatively correlated with self-reported quality of life. The level of burnout depends on the hourly workload and the performance of leadership roles. Determinants of low levels of occupational burnout include a suitable family environment, having hobbies, and satisfaction with salary.

Keywords: burnout; medical sector; quality of life; social services; work-life balance.

Introduction

In the scientific literature, references to occupational burnout appeared in the 1970s, and Freudenberger^{1,3} and Maslach^{2,3} were the first to describe the syndrome in their publications. Occupational burnout is defined as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy"⁴. Occupational burnout refers only to work-related phenomena and does not affect other areas of life^{3,5-9}.

Occupational burnout is caused¹⁰⁻¹⁴ by stressful work, conflicts in the workplace, lack of social support, inadequate working conditions (including noise), heavy workloads, lack of autonomy and development opportunities at work, inadequate management, or low satisfaction with salary.

In medical terms (as a diagnosis), occupational burnout was placed in the ICD-10 in 1983. At the time, the World Health Organization recognized occupational burnout as "problems that affect a person's health, but do not in themselves constitute a disease or injury"³. In the most recent ICD-11, occupational burnout has been closely linked to the work environment and additionally indicated criteria developed by Maslach², including feelings of energy depletion/exhaustion, feelings of negativism/cynicism related to the job, and feelings of inefficacy and lack of

achievement). According to the ICD-11⁴, occupational burnout is an occupational syndrome (not a disease entity) that results in chronic workplace stress that has not been successfully managed (code: QD85). In the Polish Labor Code, occupational burnout is not listed as an occupational disease.

Occupational burnout is increasingly diagnosed among working people. A 2022 study by Ohio State University¹⁵ found that 66% of active professionals (who also have parenting roles) experienced burnout. In 2023, the Future Forum Pulse¹⁶ report found that at least 42% of employees reported burnout syndrome. These are the highest rates since 2021, when high levels of burnout were caused by the health crisis due to the pandemic and lockdown. An additional factor that increases the risk of burnout may be working in the medical sector and/or in direct contact with customers/clients. Among physicians, burnout levels are on the rise, with 39.8% in 2013 and 43% in 2020^{17,18}. It more often affects women (51%) than men (43%). In the social services sector, occupational burnout is estimated in nearly 64% of workers^{19,20}. Occupational burnout also has an impact on self-reported quality of life: health problems (physical and mental) occur with occupational burnout and can significantly reduce the quality of life^{8,21,22}.

WHO defined quality of life as an "individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns"²³. This concept comprehensively encompasses issues related to self-reported physical health,

mental state, level of independence, social relationships, personal beliefs, and environmental elements²⁴. Among the determinants of quality of life are health, family relations, social relations, social and professional activity, economic status, autonomy in daily life, approach to life, and health of family members²⁵⁻²⁸. Therefore, the main objective of the study was to evaluate the level of occupational burnout among professionals working with people aged 65+ (in the medical sector and in the social services sector) and the factors that determine this syndrome. Furthermore, we also assessed the participants' quality of life.

Methods

Participants

A total of 230 people participated in the study, of which the target study group consisted of 224 women, working with people 65+ (age of respondents: 41.26±10.91 years). After preliminary analysis of the collected data, 6 people were excluded from further study (reason for exclusion: sending incomplete questionnaires). No men participated in the study.

The respondents had relevant professional education and worked in such fields as social support in an assisted living home (19%), physiotherapy (15%) or occupational therapy (11%). Participants declared medium and low satisfaction with their salaries (75%) - the survey did not specify the amount corresponding to the level of satisfaction. The surveys performed a self-assessment of their financial situation and satisfaction with it.

Inclusion criteria for the study: doing professional work for people 65+, being an employee in the medical, sports and social service sectors, among others, and having a degree in the field. Exclusion criteria for the study: not doing professional work for the elderly, not having a degree in elderly support (e.g., physiotherapy, medicine, social support).

All participants were informed about the procedures and objectives of the study and agreed to participate. The study was conducted in accordance with the principles of the Declaration of Helsinki. Participants in the study were free to withdraw from participation at any time. The survey conducted was anonymous. Detailed characteristics of the study group are presented in Table 1.

Table 1. Characteristics of the study population.

Factor		Variables	n	%
sex	women		224	100
satisfaction with salary	very high		7	3.13
	high		21	9.38
	medium		137	61.16
	low		32	14.29
	very low		27	12.05
performing managerial functions	yes		43	19.20
	no		181	80.80
personal resources	yes		193	86.16
	no		31	13.84
family resources	no permanent relationship, no parental role		24	10.71
	lack of a stable relationship, performing a parental role		28	12.50
	being in a relationship, without a parental role		54	24.11
	being in a relationship, performing a parental role		118	52.68
main occupation	pharmacist		6	2.68
	physiotherapist		33	14.73
	sports instructor/coach		24	10.71
	nanny for the elderly		24	10.71
	nurse		21	9.38
	nursing home employee		42	18.76
	employee of an NGO working for the benefit of people aged 60+		12	5.35
	U3A employee		7	3.13
	psychologist		12	5.35
	occupational therapist		43	19.21
factor	min	max	M ± SD	Me
Age (years)	23	60	41.26±10.91	41.50
Work experience at current location (years)	1	30	9.96±8.36	6.50
Experience in working with people aged 60+ (years)	0.5	30	10.20±7.95	8.50
Workload (h/week)	2	60	35.94±12.31	40

Experimental design

The study used the Polish adaptation of the Italian Link Burnout Questionnaire²⁹⁻³¹ (hereinafter: LBQ). The tool is designed to measure burnout in people working in professions that involve helping other people. Occupational burnout was assessed using four aspects: psychophysical exhaustion, lack of commitment to the relationships with clients, feelings of professional inefficacy, and disappointment. The analysis of individual aspects of burnout was carried out in accordance with the guidelines in the methodological manual for the LBQ questionnaire. Professional burnout scores in each area were converted into points and then into stens²⁹⁻³¹. The LBQ questionnaire is intended for psychologists. The research team included a psychologist to implement and analyze the survey.

Another tool was the WHOQoL-BREF self-reported questionnaire (abbreviated version)^{32,33}. The questionnaire allows assessment of quality of life in four domains: physical, psychological, social (social relations), and environmental. Furthermore, general perceptions of quality of life and general perceptions of the respondent's health are reported separately. The areas assessed in the questionnaire are scaled in the positive direction: the higher the score in a domain, the higher the quality of life. The respondent replies to 26 questions, referring to the last four weeks of his or her life.

Statistical analysis

Spearman's non-parametric rank correlation coefficient was used

to determine the strength of the correlations between the variables. Non-parametric Mann-Whitney U test or Kruskal-Wallis nonparametric analysis of variance and multiple comparisons tests were used to verify the significance of differences. The level of significance was set at $P < .05$ for all the analyses. All analyses were performed using the Statistica_13.3_PL package (StatSoft Sp. z o.o., Cracow, Poland).

Results

The study group reported average and high levels of occupational burnout. The level of quality of life was rated as above average. Detailed results of the analysis of the level of occupational burnout and self-reported quality of life are shown in Table 2. Analysis of the relationships between selected aspects of occupational burnout and self-reported quality of life showed significant relationships. Negative correlations were found between the psychophysical exhaustion scale and sense of efficacy and the quality of life domains: somatic, psychological, environmental, and satisfaction with quality of life and health. Therefore, it can be concluded that as psychophysical exhaustion increased and the sense of efficacy decreased, the quality of life declined. Furthermore, it was shown that quality of life (somatic domain) and satisfaction with quality of life decreased as lack of commitment to the relationships with clients increased. The detailed results of the analysis are presented in Table 3.

Table 2. Mean results in the study group: occupational burnout and quality of life

Occupational burnout (LBQ)	min	max	<i>M</i>	<i>SD</i>	Sten*	Result
Psychophysical exhaustion (a.u.)	7	31	19.10	6.17	6-8	average/high
Relationship deterioration (a.u.)	10	26	18.03	4.73	6-8	average/high
Professional inefficacy (a.u.)	8	25	15.39	4.61	6-7	average
Disillusion scale (a.u.)	6	30	18.19	6.36	6-8	average/high
Quality of life (WHOQoL-BREF)	min	max	<i>M</i>	<i>SD</i>	mean (range)	Result
Domain: physical health (PH) (a.u.)	14	35	24.56	5.44	21 (7-35)	above average
Domain: psychological (Ps) (a.u.)	9	29	20.85	4.89	18 (6-30)	above average
Domain: social relationships (SR) (a.u.)	3	16	10.91	3.07	9 (3-15)	above average
Domain: environment (En) (a.u.)	8	40	26.75	6.25	24 (8-40)	above average
QoL satisfaction (QoL-S) (a.u.)	2	5	3.82	0.77	3 (1-5)	above average
Health satisfaction (HS) (a.u.)	2	5	3.61	0.79	3 (1-5)	above average

* Sten (short for "Standard Ten"): standardized 1-10 scores commonly used in psychometric testing. Sten scores allow to convert rather abstract standardized scores into interpretable numbers (1-3 sten: low result; 4-7 sten: average result; 8-10 sten: high result).

Analysis of the level of professional burnout showed that in the study group, in all four aspects, the results obtained were at or above the average level. Translating the raw results into a sten scale (i.e., converting the results into a 1-10 scale) made it possible to determine the level of professional burnout in the study group. When it came to self-assessment of quality of life in the four domains (physical, psychological, social and environmental), the respondents presented scores above average. This means that they rated their quality of life at a good level and above.

Analysis of the relationship between the level of job burnout in the study group and self-assessment of quality of life showed that as the level of job burnout (LBQ) increased in all four subscales, the subjects' self-assessment of quality of life (WHOQoL-bref) decreased. These relationships were noted in virtually all analyzed aspects of occupational burnout and quality of life.

An analysis of the frequency of relationships between occupational burnout and demographic variables was also conducted. The determinants of lower levels of occupational burnout in the study group were:

- specific family situation (being in a relationship and/or having a parental role; $P = .016$),
- having a hobby ($P < .001$),
- higher age of the respondent ($P = .0005$)
- longer job experience ($P = .0025$),
- satisfaction with salary ($P < .0001$).

The determinants of higher levels of occupational burnout were:

- holding a leadership position ($P < .012$),
- higher workload (h/week; $P < .006$).

Table 3. Correlations between LBQ subscales and WHOQoL-BREF quality of life domains

WHOQoL-BREF	LBQ - Psychophysical exhaustion			LBQ Relationship deterioration			LBQ - Professional inefficacy			LBQ - Disillusion scale		
	R	t(N-2)	P	R	t(N-2)	P	R	t(N-2)	P	R	t(N-2)	P
PH	-0.71	-14.86	<.0001	-.16	-2.44	.016	-.6	-11.19	<.0001	-.68	-13.64	<.0001
Ps	-0.50	-8.56	<.0001	-.09	-1.29	.197	-.53	-9.35	<.0001	-.49	-8.39	<.0001
SR	-0.06	-0.93	.355	-.05	-.80	.425	-.32	-5.01	<.0001	-.22	-3.34	.001
En	-0.30	-4.65	<.0001	.16	2.44	.015	-.21	-3.28	.0012	-.24	-3.68	.0003
QoL-S	-0.51	-8.79	<.0001	-.19	-2.92	.004	-.53	-9.24	<.0001	-.50	-8.66	<.0001
HS	-0.25	-3.87	.0001	.12	1.73	.085	-.24	-3.66	.0003	-.20	-3.07	.0024

Note: PH - physical health; Ps – psychological; SR – social relationship; En – environment; QoL-S – quality of life satisfaction; HS – health satisfaction; R = Spearman's R

Discussion

There are few items in the available literature on occupational burnout and the quality of life of professionals who work with older adults on a daily basis. This type of work poses many challenges to the employee: it is a considerable mental and physical burden. Professionals in the health care and social services sectors are even termed 'emotional labor.' They are expected to show compassion, anticipate, and respond to the needs of others³⁴⁻³⁷. This can entail positive (e.g., internal satisfaction, job satisfaction) and negative consequences (e.g., emotional exhaustion, deterioration of mental well-being, among others)^{36,38}. Previous research has shown that 'emotional labor' has a significant impact on employee health. It can cause the occurrence of job burnout, fatigue, hormonal imbalances, depression, suicidal tendencies, sleep disorders, cardiovascular disease, and significantly reduce workers' immunity³⁸. In addition to the previously indicated negative effects of emotional labor, the following can be pointed out in addition: lowered self-esteem of one's health, emotional exhaustion, reduced job satisfaction and reduced quality of life. Professionals working with people 65+ in direct contact are even more vulnerable to stress and burnout caused by emotional labor. It should also be noted that emotional labor can also negatively affect the operations of the facility where the specialists work⁴⁰. Given the aging population and the increasing demand for employees in the social and medical services sector, special attention should be paid to the well-being of this group of professionals.

A review by Padin et al.⁴¹ on the determinants of burnout among healthcare professionals identified workplace, mental and physical well-being, and sociodemographic variables (including sex), among others. The author's study reported similar correlations, with the level of occupational burnout correlated negatively with self-reported quality of life (mainly physical and environmental well-being). Among the demographic variables, the most important were age, length of service, stable family situation, and satisfaction with the salaries. An analysis of available studies confirmed that occupational burnout levels in health care significantly exceed those in other professions. This is also confirmed by the results presented in the present paper, with the level of occupational burnout in the study group remaining at average and higher levels. Moderate to high levels of occupational burnout on individual LBQ subscales can translate into, among other things²⁹:

- a sense of fatigue and inability to cope with responsibilities, inability to regain strength and energy for work (psychophysical exhaustion),

- objectifying patients/subjects, failure to see their needs, and treating them with distance or hostility (relationship deterioration),

- a sense of inefficacy, inability to overcome difficulties, or failure to see progress in one's work (professional inefficacy),

- a sense of inability to pursue important values, lack of opportunities for personal development, and loss of passion and enthusiasm (disillusion scale).

Furthermore, according to Hu et al.⁴², this can translate into high employee turnover in the sector. Another important aspect is the prestige of the professional's work. Working with older adults is not popular and not highly regarded (even by the professionals themselves)⁴³.

In terms of occupational burnout, the key may be to maintain a work-life balance. Several different terms can be found in the literature referring to work-life balance: work-family balance (emphasizes the importance of private life), work-non-work balance (balance between work and non-work life), or work-life integration (holistic approach to life and work)⁴⁴. According to Joshi⁴⁵, this balance includes three groups of factors: individual, social, and professional. They affect satisfaction and functioning well at work and home, spending time with family, using leisure time to pursue passions, or being satisfied with workload. Maintaining a work-life balance is crucial to experiencing burnout syndrome and an individual's quality of life. Finding the right work-life balance is a challenge that all employees are currently facing. The ability to effectively combine work, family responsibilities and personal life is important for the well-being of professionals. A key aspect of work-life balance is the amount of time a person spends at work. Research shows that a high hourly workload (and even more so emotional work) can harm health, threaten feelings of security, and increase stress⁴⁶. It is important to keep in mind the multifaceted nature of these phenomena, especially the factors that lead to the disruption of this balance (including work overload).

Limitations

The study provides valuable insight into the link between burnout and the quality of life of professionally active people. However, the limitation in the studies carried out should be taken into account. First, the size of the study group may not be sufficient to capture the significant relationships between the variables studied. It would be worthwhile to expand the research and cover a larger group of respondents and surveying men working with people 65+. In addition, it would be worth analyzing the occurrence of burnout and self-assessment of the quality of life, taking into account the specialization of the respondents. In future studies, it would be worth focusing on a thorough analysis

of the factors determining burnout and those guaranteeing work-life balance. The above indications will be taken into account in the implementation of further research in this area.

Practical Applications

The analysis identifies the critical elements in the work of professionals in the social and medical services sector that translate into occupational burnout. Particularly noteworthy is the aspect related to the adequate hourly workload of professionals and satisfaction with salaries. In the study group, a total of 75% declared low and average satisfaction with financial remuneration and an hourly workload as high as 60 hours per week. Improving the salaries of professionals working in the state and private sectors may translate into a reduction in the number of hours worked per week (and thus may impinge on lower levels of burnout).

Furthermore, an important aspect of adequate work engagement is maintaining a work-life balance. Adequate balance in this aspect (including time for pursuing hobbies, meeting friends, playing sports, and family well-being) can also translate into lower levels of occupational burnout and better self-reported quality of life. It would be worthwhile to develop and implement a work-life balance program, taking into account the specificity of the work of specialists performing emotional labor (e.g. compliance with working hour limits, providing psychological support to specialists).

Conclusions

1. Professionals working with older adults are at risk of average to high levels of occupational burnout.
2. The level of burnout is negatively correlated with self-reported quality of life.
3. Average and high levels of occupational burnout are largely dependent on the hourly workload and the performance of leadership roles.
4. Low levels of burnout among professionals working with older adults depend on the age of the respondents, job experience, level of financial remuneration and satisfaction with salaries, being in a relationship and/or being a parent (family situation), and having hobbies.

Ethical Committee approval

Ethics Committee of the University of Physical Education in Warsaw (SKE01-19/2023).

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

ORCID

Anna Leś <https://orcid.org/0000-0002-6318-9176>

Agnieszka Bołdak <https://orcid.org/0000-0003-2627-3616>

Topic

Psychology

Conflicts of interest

The authors have no conflicts of interest to declare.

Funding

Funding from the Ministry of Education and Science: project - Monothematic Research Task No. 3: The importance of occupational burnout in professionals working in support areas, in the context of activating older adults

Author-s contribution

Conceptualization, A.L.; methodology, A.L., A.B.; software, A.L., A.B.; validation, A.L., A.B.; formal analysis, A.L.; investigation, A.L., A.B.; resources, A.L., A.B.; data curation, A.L.; writing—original draft preparation, A.L.; writing—review and editing, A.L., A.B.; visualization, A.L., A.B.; supervision, A.L.; project administration, A.L.

References

1. Freudenberger HJ. Staff burn-out. *J Soc Issues*. 1974;30:159-165. doi:10.1111/j.1540-4560.1974.tb00706.x
2. Maslach C. Burned-out. *Hum Behav*. 1976;5:16-22.
3. Buczek W. Wypalenie zawodowe w świetle zmian związanych z wprowadzeniem ICD – 11. Analiza stanu faktycznego (wrzesień 2021). Transition Group, Talent Matters. Accessed June 28, 2024. Available from: https://www.transitiongroup.eu/wp-content/uploads/2021/11/Wypalenie-zawodowe_analiza-ICD-11-3.pdf
4. International Classification of Diseases 11th Revision. Update 2019. Accessed June 28, 2024. Available from: <https://icd.who.int/en>
5. Bedre VV, Chachada A, Atulkar M. Professional burnout in orthodontists: an online survey report. *Int J Oral Health Med Res*. 2018;3(1):36-37.
6. Maslach C, Leiter M. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016;15(2):103-111. doi:10.1002/wps.20311
7. Degges-White S. Burnout is officially classified as ICD-11 syndrome. *Psychol Today*. Update 2024. Accessed June 28, 2024. Available from: <https://www.psychologytoday.com/us/blog/lifetime-connections/201905/burnout-is-officially-classified-icd-11-syndrome>
8. Swords L, Spratt T, Hanlon H. Professional burnout as a mediator in the relationship between pandemic-related stress and social care workers' mental health. *Br J Soc Work*. 2024;54(1):326-340. doi:10.1093/bjsw/bcad198
9. Berg S. WHO adds burnout to ICD-11: what it means for physicians. *Am Med Assoc*. Update 2024. Accessed June 28, 2024. Available from: <https://www.ama-assn.org/practice-management/physician-health/who-adds-burnout-icd-11-what-it-means-physicians>
10. Eurofound. Burnout in the workplace: a review of data and policy responses in the EU. Publications Office of the European Union, Luxembourg. Update 2024. Accessed June 29, 2024. Available from: <https://www.eurofound.europa.eu/en/publications/2018/burnout-workplace-review-data-and-policy-responses-eu>
11. Kołpa M, Jurkiewicz B, Broda K. Analysis of factors that

- influence the prevalence of professional burnout among oncology nurses. *Polish Nursing*. 2017;4(66):594-599. doi:10.20883/pielpol.2017.79
12. Buchholz A, Kloze A. Occupational burnout and psychological resilience levels among physiotherapists. *Phys Cult Sport Stud Res*. 2024;106:8–16. doi:10.2478/pcssr-2024-0027
13. Sobczuk P, Gawlik-Urban A, Sigorski D, Kiszka J, Osmola M, Machulska-Ciuraj K, et al. Prevalence and factors associated with professional burnout in Polish oncologists—results of a nationwide survey. *ESMO Open*. 2024;9(2):1-8. doi:10.1016/j.esmoop.2023.102230
14. Batanda I. Prevalence of burnout among healthcare professionals: a survey at Fort Portal Regional Referral Hospital. *Npj Mental Health Res*. 2024;3:16:1-10. doi:10.1038/s44184-024-00061-2
15. Ohio State University. Pandemic parenting: examining the epidemic of working parental burnout and strategies to help. Update 2022. Accessed June 29, 2024. https://wellness.osu.edu/sites/default/files/documents/2022/05/OCWO_ParentalBurnout_3674200_Report_FINAL.pdf
16. Future Forum Pulse. Amid spiking burnout, workplace flexibility fuels company culture and productivity. Update 2024. Accessed June 29, 2024. <https://futureforum.com/wp-content/uploads/2023/02/Future-Forum-Pulse-Report-Winter-2022-2023.pdf>
17. De Hert S. Burnout in healthcare workers: prevalence, impact and preventative strategies. *Local Reg Anesth*. 2020;13:171–183. doi:10.2147/LRA.S240564
18. Prasad K, McLoughlin C, Stillman M, Poplau S, Goelz E, Taylor S, et al. Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: a national cross-sectional survey study. *E Clinical Medicine*. 2021;35. doi:10.1016/j.eclinm.2021.100879
19. Peinado M, Anderson KN. Reducing social worker burnout during COVID-19. *Int Soc Work*. 2020;63(6):757–760. doi:10.1177/0020872820962196
20. Holmes MR, Rentrop RC, Korsch-Williams A, King JA. Impact of COVID-19 pandemic on posttraumatic stress, grief, burnout, and secondary trauma of social workers in the United States. *Clin Soc Work J*. 2021;49(4):495-504. doi:10.1007/s10615-021-00795-y
21. Khatatbeh H, Pakai A, Al-Dwaikat T, Onchonga D, Amer F, Premusz V, et al. Nurses' burnout and quality of life: A systematic review and critical analysis of measures used. *Nurs Open*. 2022;9(3):1564-1574. doi:10.1002/nop2.936
22. Budayová Z, Ludvig Cintulová L, Mrošková L. Analysis of Risk of Burn Out at Workers in the Field of Social Services and Health Care. *J Educ Cult Soc*. 2023;14(1):365-380. doi:10.15503/jecs2023.1.365.380
23. World Health Organization. WHOQOL: Measuring Quality of Life. Update 2024. Accessed June 29, 2024. <http://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/>
24. World Health Organization. WHOQOL: Measuring Quality of Life – WHOQoL User Manual. Division of Mental Health and Prevention of Substance Abuse. 2012; Update 2024. Accessed June 29, 2024. <https://www.who.int/tools/whoqol>
25. Conrad I, Matschinger H, Riedel-Heller S, Gottenberg C, Kilian R. The psychometric properties of the German version of the WHOQOL-OLD in the German population aged 60 and older. *Health Qual Life Outcomes*. 2014;12:105. doi:10.1186/s12955-014-0105-4
26. Raggi A, Corso B, Minicuci N, Quintas R, Sattin D, De Torres L, et al. Determinants of Quality of Life in Ageing Populations: Results from a Cross-Sectional Study in Finland, Poland and Spain. *PLoS ONE*. 2016;11(7):1-17. doi:10.1371/journal.pone.0159293
27. Jurek K, Dobrowolska B. Older People, Ageing and Old Age in the Light of Some Public Opinion Surveys in Poland. *Ann Soc Sci*. 2017;45:7-25. doi:10.18290/rns.2017.45.2-1
28. Abramowska-Kmon A, Kotowska IE, Łątkowski W, Szweda-Lewandowska Z. Stan zdrowia i otrzymywanie opieki wśród osób starszych w krajach Europy Środkowo-Wschodniej. W: Europa Środkowo-Wschodnia wobec globalnych trendów: gospodarka, społeczeństwo i biznes. Warszawa: Oficyna Wydawnicza SGH – Szkoła Główna Handlowa; 2019:109-136
29. Jaworowska A. Kwestionariusz wypalenia zawodowego. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego; 2014. Accessed January 21, 2024. Available from: <https://www.en.practest.com.pl/lbq-link-burnot-questionnaire>.
30. Santinello M. Kwestionariusz wypalenia zawodowego Link. Podręcznik. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego; 2014. Accessed January 21, 2024. Available from: <https://www.en.practest.com.pl/lbq-link-burnot-questionnaire>.
31. Santinello M. LBQ: Link, Burnout, Questionnaire. Manuale. Firenze, Giunti O.S. Organizzazioni Speciali. 2015.
32. WHOQOL-BREF Polish Version. Update 2024. Accessed February 23, 2024. https://www.who.int/tools/whoqol/whoqol-bref/docs/default-source/publishing-policies/whoqol-bref/polish_whoqol-bref71589543-d0e3-40cd-8e0a-cd171454a339
33. WHOQOL-BREF. Introduction, administration, scoring and generic version of the assessment. Field Trial Version. Update 2024. Accessed February 23, 2024. <https://www.who.int/publications/i/item/WHOQOL-BREF>
34. Hochschild AR. The Managed Heart. Berkeley, CA: University of California Press; 1983
35. Humphrey RH, Pollack JM, Hawver T. Leading with emotional labor. *J Manag Psychol*. 2008;23(2):151-168. doi:10.1108/02683940810850790
36. Humphrey RH, Ashforth BE, Diefendorff JM. The bright side of emotional labor. *J Organ*. 2015;36(6):749-769. doi:10.1002/job.2019
37. Bystrzycka K, Przyłuska-Fischer A, Rekowski W, Wójcik A. Perception of Touch in the Physiotherapist-Patient Relationship. *Phys Cult Sport Stud Res*. 2023;99:55–65. doi:10.2478/pcssr-2023-0013
38. Dean L, Churchill B, Ruppanner L. The mental load: building a deeper theoretical understanding of how cognitive and emotional labor overload women and mothers. *Community Work Fam*. 2021;25(1):13-29. doi:10.1080/13668803.2021.2002813
39. Araújo Simões AC, Guedes Gondim SM, Puente-Palacios KE. Conceptual and Methodological Aspects

- of Emotional Labor: An Integrative Review. *Interam J Psychol.* 2023;57(1):1-33. doi: 10.30849/ripijp.v57i1.1748
40. Kim M-N, Yoo Y-S, Cho O-H, Hwang K-H. Emotional Labor and Burnout of Public Health Nurses during the COVID-19 Pandemic: Mediating Effects of Perceived Health Status and Perceived Organizational Support. *Int J Environ Res Public Health* 2022;19(1):549. doi:10.3390/ijerph19010549
 41. Padín FP, Verde-Diego C, Arias TF, González-Rodríguez R. Burnout in health social work: an international systematic review (2000–2020). *Eur J Soc Work.* 2021;24(6):1051-1065. doi:10.1080/13691457.2020.1870215
 42. Hu H, Wang E, Si J, Sui X, Yi Z, Zheng Z, et al. Professional identity and turnover intention amongst Chinese social workers: roles of job burnout and a social work degree. *Br J Soc Work.* 2022;52(3):1703-1723. doi:10.1093/bjsw/bcab155
 43. Cabak A, Dąbrowska-Zimakowska A, Bartoszewicz E. Professionalisation and autonomy of the occupational therapist profession in Poland. *Phys Cult Sport Stud Res.* 2024;106:1-7. doi:10.2478/pcssr-2024-0026
 44. Brough P, Timms C, Chan XW, Hawkes A, Rasmussen L. Work–life balance: definitions, causes, and consequences. In: Theorell T, ed. *Handbook of Socioeconomic Determinants of Occupational Health.* Handbook Series in Occupational Health Sciences. Cham: Springer; 2020. doi:10.1007/978-3-030-05031-3_20-1
 45. Joshi PR. Model for work life balance: integrating theory and research. *SP Swag.* 2024;1(1):11-26. doi:10.5281/zenodo.11056711
 46. OECD Better Life Index. Accessed July 14, 2024: <https://www.oecdbetterlifeindex.org/topics/work-life-balance/>

Corresponding information:

Received: 18.08.2024.

Accepted: 14.11.2024.

Correspondence to: Anna Leś PhD

University: Faculty of Physical Education,
Department of Tourism and Recreation The Józef
Piłsudski University of Physical Education in
Warsaw, Marymoncka 34, 00-968 Warszawa 45
E-mail: anna.les@awf.edu.pl