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Psychosocial work hazards and preventive culture in Social Education professionals: an exploratory study in Andalusia (Spain)

Riesgos psicosociales y cultura preventiva en profesionales de la Educación Social: un estudio exploratorio en Andalucía (España)

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Abstract
The main objective of this article is to understand which psychosocial risk factors affect social educators and how they are perceived by the professionals themselves. All of this, along with the analysis of the organisational factors, allows for an approach to be made towards preventive culture in Social Education as a profession. It concludes that the main organisational elements that pose a risk to health are related with quantitative and emotion psychological demands.
key words: Social Education, Safety and Health, Public Health, Labour Health Policies

Resumen
El objetivo principal de este artículo es comprender qué factores de riesgo psicosocial afectan a los educadores sociales y cómo los perciben los propios profesionales. Todo esto, junto con el análisis de los factores organizativos, permite un enfoque hacia la cultura preventiva en la Educación Social como profesión. Se concluye que los principales elementos organizacionales que representan un riesgo para la salud están relacionados con demandas psicológicas cuantitativas y emocionales.
Palabras clave: Educación Social, Seguridad y Salud, Salud Pública, Políticas de Salud Laboral

1. Introduction

1.1. Occupational Health in Social Education: a vast field to be scrutinised

Working conditions and the level of exposure to risks can vary according to the nature of the profession. Those professions that are based on social work are characterised by being associated with stressful situations, contexts of marginality, insensitivity, injustice, lack of willingness on behalf of the recipients of care, decision-making in problematic situations and other conditions inherent to the organisations and the work itself (Heliz, Navarro, Tortosa & Jodra, 2015). All of this, together with other components of the profession, contributes to the appearance of work stress (Cooper, 1983), professional fatigue and burnout syndrome (Maslach, Schaufeli &

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Leiter, 2001), recognised by the scientific community as the most common psychosocial occupational haz-ards that are present in social work professions (Schaufeli & Peeters, 2000; Blanch, Aluja & Biscarri, 2002; Kim, Ji & Kao, 2011).

Social Education is defined as a profession that is pedagogical in nature, creator of educational contexts as well as mediating and formative actions that allow individuals to be incorporated into society, in addition to broadening the prospects of education, work, leisure and social inclusion (ASEDES, 2007). This is a profession that promotes change and development through social and educational actions and interventions that modify situations of social difficulty, which requires a certain closeness and commitment to the groups being worked with. Research that links occupational health with Social Education is very scarce, and is usually focused on specific practices in the profession. We hardly have any bibliographical references on the occupational health of these professionals. However, there is scientific literature available on the exposure to psychosocial risks in other social work professions, which share some characteristic traits with Social Education and may provide a useful precedent when building a framework for our research.

For Hoyos (2014), there are variables that can influence the occupational health of social educators, such as belonging to the Third Sector, exposure to extreme life situations, job instability or a lack of recognition and visibility in society. The majority of professions in the social field share conditions that affect their exposure to burnout syndrome. Some of these include dependence on the public sector, budgetary restrictions, decentralisation in decision making, a gap between the reality and expectations of the professional practice, role conflict or over-involvement with the beneficiaries, to name a few (Edelwich & Brodsky, 1980; Lázaro, 2004). The above can turn the work environment of these professionals into potentially stressful settings, making them susceptible to compassion fatigue or secondary traumatic stress (Lloyd, King & Chenowet, 2002).

Active listening and empathy are essential qualities that Social Education professionals must have. The compassionate and empathetic involvement of social educators thus becomes a psychosocial risk factor, leading to compassion fatigue (Figley, 1995). Within this field of study, there are disagreements as to the variables that cause it. While some scholars push for the work variable and attribute the causes to working conditions, others view per-sonal variables as playing a more important role. For Chinese (1981), factors related to the work environment interact with personal variables, which can inhibit or facilitate the development of these risks. Within the personal variables, the perception of them becomes an important factor of analysis.

1.2. The perception of risk and the value of a culture of prevention

If a risk is not perceived as such, it is difficult to detect, prevent or avoid. Following the theory of cognitive assessment (Lazarus & Folkman, 1984), the central process is the assessment that the individual makes of the stimuli present in their environment and their ability to cope with them. From a psychosocial point of view, this intuitive assessment takes into account the level of knowledge or ignorance of risk, as well as the level of control that the worker has over it. Morillejo et al (2002) believe it is necessary to understand the individual in the way they interact with the environment. That's why the perception of risk is highly influenced by the culture and values integrated at higher levels (Soler & Torres, 2015). Organisational culture intervenes when it comes to forging a professional identity, tolerating conflicts and risks of the profession, or building attitudes and behaviours among workers (Robbins & Judge, 2009).

From the branch of positive psychology, studies from a more optimistic perspective have been carried out that complement the conception of social workers as professions of emotional exhaustion. Pooler et al (2014) analyse the sources of satisfaction for social workers based on compassion for empathy, in order to refer to the positive emotional state that one feels when helping others and when one feels fulfilled in their work, which include

interpersonal relationships, being part of change, feeling identified with their profession and the feeling of fulfilment that comes from helping others.

The question is whether these sources of satisfaction are consid-ered triggers for compassion fatigue or if, on the contrary, the have a preventive function. Figley (2002) talks about disengagement, the ability to distance oneself emotionally from work, as a complement to the compassion satisfaction variable. If these two do not come into play, it's likely that compassion fatigue will arise; however, if both complement each other, then the chances of it appearing decrease. However, Stamm (2010) does not believe that compassion satisfaction prevents the development of compassion fatigue, although he does say that it increases a person's ability to withstand stressful situations.

Although it is necessary to delve deeper into the correlations between these variables, they clearly have implications on workers' perception of their work and the risks it may have for their health. A culture of prevention is increasingly being recognised as an important component in the quality of health and production in the workplace (Nordén-Hägg et al, 2010). A culture of prevention seems to be related to organisational culture and is a frame of reference for interpreting information, behaviour and symbols regarding occupational health in organisations.

2. Methodology

The main objective of our research is to know which psychosocial risk factors affect social educators and how they are perceived by the professionals themselves. All this, together with the analysis of organisational factors, should allow for an analysis of a culture of prevention in Social Education as a profession. We propose the use of an exploratory descriptive study. Using a parallel study design, we try to cover these three specific objectives:

- Identify the main psychosocial occupational hazards of social educators in Andalusia (Spain). While working conditions can be subjected to statistical analysis, based on the materials of the COPSOQ-Istas21 Method (Moncada et al, 2005), we use a questionnaire adapted ad hoc for research purposes, which allows us to measure those dimensions that pose a risk to the occupational health of the professionals.

- Analyse the perception that social educators in Andalusia (Spain) have about the psychosocial hazards associated with their profession. This involves the analysis of perceptions, beliefs and group constructs. This subjectivity falls outside the scope of quantitative instruments, so it is necessary to use a qualitative methodology to describe and understand the position of each participant in the collective construction of the meanings. To do so, we developed a discussion group, a technique that allows for a more in-depth analysis of the professionals' assumptions regarding their occupational health.

- Determine the degree to which a culture of prevention currently exists within the profession. Said objective represents the convergence of the previous two. To analyse the implications of the three levels of study proposed by Guldenmund (2007), an ad hoc checklist constructed from the OHSAS 18001 Standard is used (Bestratén, et al.,(2011).

Studying the management of occupational health will help us to determine the relationship between the existence of elements at the organisational level and their presence in the development of the profession. Triangulating the results will show the existing connections between approaches and the complementarity of the obtained data for a better description of the study's problem (Pérez, 2004).

The target population of the study includes all social educators in the Autonomous Community of Andalusia (Spain). Being a member of the official professional association is applied as an inclusion criterion, excluding those social educators who, in 2017, were not members of the Professional Association of Educators and Social

Educators of Andalusia (CoPESA, by its abbreviation in Spanish). After narrowing down the study population, two units of analysis are established: institutions and people. For the selection and localisation of the professionals, we collaborated with CoPESA, which facilitated access to the study's sample. The multidisciplinary nature of the research has been taken into account, therefore the population has been separated into three samples. None of them is meant to be representative at a statistical level or generalisable, since their function in the study is solely exploratory.

The sample for the questionnaire has been selected following a deliberate nonprobability sampling procedure. 191 social educators from Andalusia have participated. Of the surveyed participants, 64.4% were women and 35.6% men. 72.3% exercise their profession in the areas of childhood, adolescence, youth (47.6%) and community care (24.6%). The discussion group is composed of six professionals (four women and two men). The ages range from 45 to 53 years old and their professional experience as a social educator varies between eight to twentysix years. Finally, for the checklist, twentyfour associations from the General Register of Volunteer Organisations of Andalusia have been selected through deliberate probability sampling, applying the "Seville" and "Social Area" filters. All associations selected for the study work in social/educational intervention with groups at risk of social exclusion.

The data from the checklist and the questionnaire are analysed independently through explanatory analyses of the studied variables, taking into account the frequencies and percentages. The SPSS Statistics software package is used. The purpose of the discussion group's analysis is to illustrate and visualise the perceptions that social educators have about their occupational health. To do so, a content analysis is carried out with the help of the ATLAS-ti software. To draw up the category system, the abductive reasoning methodology is used (Peirce, 1970), allowing the pre-existing theory (reflected in the discussion group's script) to be associated with the data that arises from the coding process (Bendassolli, 2013). The Constant Comparative Method is also applied to ensure a coherent category system (Taylor & Bogdan, 1986).

3. Results

3.1. The Social Educator's exposure to psychosocial occupational hazards

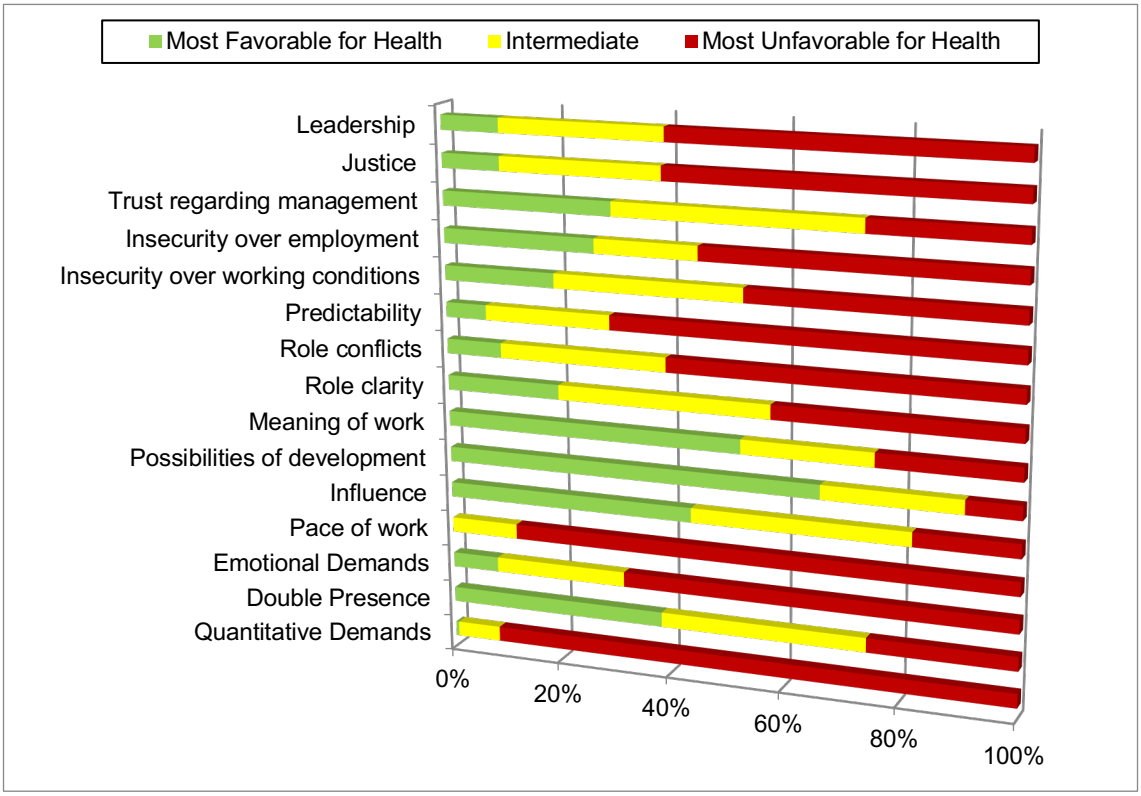
The global scores assigned to each of the questionnaire's dimensions have made it possible to identify working conditions that represent unfavourable exposure for the professionals' occupational health (figure 1). The highest unfavourable scores are found in the quantitative psychological demands of carrying out their work (91.70%), the rhythm of their work (88%), predictability (70.3%) and emotional psychological demands (68.20%). 88.60% of the sample believes that the division of their tasks is irregular and causes them to accumulate work, and 83.3% say that they do not have enough time to complete their work satisfactorily. 89.60% of those surveyed say that they sometimes, often or always have to work very quick and with a fast-paced rhythm throughout the day.

These dimensions mainly have to do with a lack of personnel, bad planning or inadequate tools, which have an impact on the amount of time that is dedicated to their work. There is an understanding that an irregular division of tasks leads to a higher demand in terms of work rhythm, increasing the speed at which they work or lengthening the work day. On the other hand, the vast majority of participants (88.30%) negatively assess the amount of warning they get from the institutions regarding any possible changes that affect their ability to do their work, and 62% perceive a lack of information, compared to 29.20% who, to a large extent, say that they do not receive the necessary information in order to do their job.

Working with people at risk of social exclusion involves making decisions and taking on responsibilities that affect people in unfavourable situations. Exposure to emotional demands is greater if the work is carried out in at risk

social contexts. 75% of educators say that part of their work is based on dealing with the personal problems of users and 75% also say that their work is emotionally draining to a large or very large extent. When they are asked about the influence they have as professionals over how they do their job, 55% think that their influence is scarce. It is surprising that they believe the margin of independence to be slightly greater when it comes to the tasks to be carried out and their quantity, and that they can participate less in decisions regarding the order in which tasks are carried out and the methods they use.

Fig. 1
Exposure to psychosocial labor risks of the social educator



In short, the involvement of social educators in decision-making processes regarding their working methods is an unfavourable situation for their occupational health. Related to the above, 78.6% of the sample believes that the tasks they carry out should be done differently and 50% indicate that they are asked to do contradictory things at work. This should lead us to reflect on the role conflict experienced by social educators.

3.2. The Social Educator's perception of their occupational health and the risks they face

In the created discussion group, most of the content has to do with the workplace dimension. 362 codes were extracted that had to do with the working conditions of social educators. The dimension "society" includes the categories referring to the current situation of Social Education at the social level, with a total of 86 codes.

Finally, the "sources of satisfaction" produced by being a social educator are present in 39 codes (table I).

Table I
Frequency and percentage of codings of the discussion group

Dimensions	Frecuency	Percentage
SOCIETY		
Institutional barriers	23	6,35
Identification	17	4,7
Recognition	15	4,14
Claiming	13	3,59
Visibility	9	2,49
Uncertainty	9	2,49
WORK		
Social Educator	24	6,63
Team	39	10,77
Coping Strategies	23	6,35
Training	20	5,52
Occupational Health Management	43	11,88
Job	36	9,94
Occupational Hazards	39	10,77
Users	13	3,59
SATISFACTION		
Personal Fulfillment	19	5,25
Changes	11	3,04
Realations	9	2,49

All members of the group agree that there has been a favourable evolution in the recognition of the profession. They believe that the work done to reclaim the rights of the profession have delivered better results at the micro level, providing greater visibility and identification of the figure of the educator in their fields of work. Even so, they agree that more work is required in order to achieve greater recognition at a social and institutional level. A series of issues that are common to the institutional barriers inherent to Social Education were identified, suggesting that depending on the Public Administration means adapting to certain ways of operating and management processes that slow down the regulation of Social Education.

A common opinion among the participants is that, despite the progress that has been made in recent years, there is still some confusion in the identification of the social educator figure, which leads them to have to continuously specify what the figure of the social educator consists of and what it actually does. The opinions related to working conditions are convergent. Regarding the context of work and users, reference is made on different occasions to the fact that working with vulnerable groups and contexts of social difficulties aggravates the psychosocial risks that may appear in any profession. The role of social educators within work teams and their relationship with other professionals is a recurring theme when talking about working conditions. All participants agree on the importance of having a good team where there is recognition, support and communication. Participants believe that their role within the teams is complementary, as they are able to provide the educator's own tools and resources.

In the job category, the conversation is divided into different opinions on the definition of tasks and quantitative requirements. The educators' concern is focused on them often not knowing what tasks are their responsibility. Participants of the discussion group who work in the regulated educational system talk about "in/out", referring to whether their functions are carried out inside or outside of the school. Those who come from social services

allude to the stress generated by the need to meet objectives. The increase in users, the lack of personnel or the existence of deadlines when it comes to fulfilling the objectives of an intervention, are recognised by these professionals as stressors.

When talking about occupational hazards, they agree that empathy (despite being one of the key elements in the profession) is often the trigger for stressful situations, tension, emotional exhaustion and burnout due to continuous contact with suffering and the emotional bond that is generated with users. Reference is made to the relationship of continuity between their work and personal life. Disconnecting from work when there is an emotional involvement is difficult for professionals, who once again use empathy as the justification for their attachment to work. Given this, they feel that supervision by their superiors is deficient, sometimes feeling legally unprotected and defenceless due to the lack of help. The assessments on workforce management refer to the lack of information and a needs analysis that most of the time does not exist. They emphasise the importance of training, saying that not only is it difficult to access, but that it is also not always suited to their position and profession.

Participants share their experiences on how to face this exposure to risk. Communication, peer support and self-care are a few examples. As proposals, they suggest promoting meetings between the organisational and group levels, in order to determine the specific needs of social educators in terms of occupational health. Finally, participants value the personal relationships that arise from work, the enrichment that comes from helping other people, being part of positive change and seeing how their work generates results that affect the environment, the users and the profession. All of these opinions are indicators of sources of satisfaction produced by the exercise of this profession. There is a tendency among participants to connect exhaustion with growth. That is, although they consider it to be a profession that involves a certain amount of emotional exhaustion, this is rewarded by the personal and professional growth they experience.

3.3. Culture of prevention in Social Education: an approach

In principle, the positive trend adopted by the data in this phase of the study is surprising. The institutions that have participated in completing the checklist claim that they look out for the health and safety of their workers, answering "yes" to 95.83% of the items. With the exception of the item that refers to the ability workers have to access the institution's occupational health records, where 42.9% of the sample have denied that access is possible due to privacy reasons.

The answers obtained in the Training in Occupational Health and Occupational Hazards dimension do not entirely match up with the responses to the questionnaire for the variables on information and training. Although it is true that there is a bit of overlap, the positive and negative percentages are very similar, with just over 50% of professionals who believe they have received information and training on the prevention of occupational hazards. However, 67.50% of the participants do not consider the training to be adequate and sufficient. Then there is the fact that 84.3% of respondents have stated that specific training is required for the position of social educator.

However, it's important to remember that the comments made during the discussion group referred to a weak management of occupational health in terms of the training and information received. This generates rifts between the obtained data. The same also occurs with the Communication dimension, where the institutions claim they involve the workers in the preventive planning and evaluation, while the questionnaire shows unfavourable exposure in the Influence dimension and the participants of the discussion group denote a lack of communication between the organisation and the workers.

To study the degree to which there is a culture of prevention, we turn to the results obtained through each of the instruments. As we have seen in this study, the results of the list differ from those revealed by the

questionnaire and by the discussion group. While these last two share a common ground, reaffirming and complementing each other in that there is unfavourable exposure to psychosocial risks (in part aggravated by the lack of leadership, communication and influence by the institutions), the checklist shows situational aspects that are supposedly favourable for the workers' occupational health. To respond to the third objective (culture of prevention in the profession), the obtained results are compared based on several general indicators of a culture of prevention:

- Leadership: The questionnaire shows a negative score in 62.80% of the cases together with the vertical confidence dimension that shows an intermediate level of exposure (44%), confirmed by the comments made by the discussion group regarding the lack of supervision and support from their superiors.

- Communication: Related to the predictability dimension, negative in 68.80% of the cases. The social educators in the discussion group believe that the problem of managing their occupational health is that they don't have communication channels that are necessary for good supervision.

- Justice: It falls within unfavourable exposure for the occupational health of social educators (60.20%). No reference is made to this indicator within the discussion group.

- Participation, involvement and personal commitment: 63.90% of educators believe that they have no influence on decisions that affect their work. The discussion group talks about the need to involve professionals in the analysis of needs and the planning of preventive training. All of the above appears to be upheld according to the data shown in the checklists.

4. Conclusions

Work conditions can positively or negatively influence the health of social educators et al.,(2015); Hoyos, (2014), these results would be related to variables that influence the working conditions of social educators and the development of their profession. In the discussion group, reference was made to the profession's lack of recognition and social visibility. Social Education has always been tied to the complexity of the professional development process, surrounded by uncertainty that then requires the meaning of the profession to be continuously asserted and identified.

Being immersed in a continuous process of redefining the profession sometimes leads to double confusion. On the one hand, social educators have to gain a footing in new spaces, defend their work within them and define their functions with other social intervention professionals. On the other hand, having an open front to continue building the profession can be ambiguous as there is no benchmark for issues that have yet to be defined. All of this has an impact on the working conditions of social educators who, together with the contexts of intervention, the fact that they are part of the Third Sector and seeing how the profession has a transcendent moral purpose, contribute to their exposure to psychosocial occupational hazards.

The results obtained in this study are consistent with previous research (Heliz, etal.,(2015). We can say that the main elements of the work's organisation that pose a risk to the health of these professionals are related to: quantitative and emotional psychological demands; the influence that social educators may have on their work environment; role clarity and conflict; predictability; justice; and leadership.

These revelations coincide with the issues raised in the discussion group, which also allows us to further discuss the results. The main risk factor perceived by social educators has to do with the demands of their job. The quantity and pace at which they have to work are related to stress and burnout, in the sense that they have to deal with rigid bureaucratic processes and achieve objectives while meeting deadlines.

In regards to the perception of occupational hazards by social educators, the emotional implications, quantitative demands and the lack of support from their superiors stand out. However, Soler and Torres (2015) claim that perceptions of risk are influenced by the culture and values that are integrated into the work environment. Compassion satisfaction, that is, the satisfaction felt by educators that is derived from helping users and producing positive changes, does not prevent the appearance of burnout, but it does increase their capacity to withstand stressful situations, or even justifies this exposure to risk. Cornejo (2009) explains something similar in his study on the subjective components of the educator's occupational health. This identification with the profession and the adoption of expectations and ideals associated with the profession, such as vocation, tend to naturalise the psychosocial risks.

However, it is not meant to imply that the sources of satisfaction are only a way of tolerating the conflicts and risks that arise from the profession. Participants of the discussion group find a substantial part of satisfaction and identity in the profession, which coincides with current studies (Pooler, Wolfer & Freeman, 2014) that establish interpersonal relationships as sources of satisfaction for social intervention professions, along with being part of change, feeling identified with their profession and feeling fulfilled by helping others. This is related to the results obtained in the questionnaire, where on the scale of global scores, the potential for development and the purpose of educational work both obtain a favourable score for the health of social educators, with the understanding that psychosocial factors can also be a source of occupational health (İşgör & Haspolat, 2016).

Regarding the three levels for evaluating a culture of prevention, the results for this exploratory study have been interesting. Guldenmund (2007) describes the interdependence that exists between health policies and regulations, their application in work environments and the assimilation by individuals. However, we have observed that there is a clear difference between the results obtained at the group level (measurements taken by the associations) and at the individual level (the social educators' perceptions). This leads us to think that the theoretical level that is promoted at the organisational and group levels is not fulfilled with such rigour at the individual level. That is, there is a clear conviction of what should be done at the institutional level, due to the legislative requirements in the area of occupational health, but there is no adequate application at the individual level.

Wiegmann (2004) presents five global indicators of a culture of prevention: leadership; communication; justice; the participation, involvement and commitment of the staff; and the culture of learning. These five indicators are also reflected in the dimensions of the questionnaire and have all obtained a negative score on risk exposure. If we extrapolate all of this data to the ladder proposed by Parker et al (2006), the extent to which a culture of prevention exists in Social Education would still be in a formalistic or calculating stage. This means that the institution implements a management system that helps enforce the rules. The system generates data related to safety and health performance, processes are modified and health and safety audits are carried out. To move up to a proactive and generative culture of prevention, where negative indicators are actively searched for as a learning opportunity, responsibilities are shared and new ideas are received, we need to first start off by providing the professionals with training.

As a main line of action, we propose an analysis of educators' training needs. According to the information collected in the last items of the questionnaire, social educators believe that training should be offered at the work centre itself or at CoPESA, in either a classroom or blended format, with a maximum duration of approximately 60 hours per course. As part of the continuous training courses, the institution itself and the Professional Association should offer training not only in order to raise awareness among professionals about the importance of Occupational Health, but that also turns the educators themselves into agents of change within the institutions where they work.

We must also refer to the self-care of social educators. In accordance with the Code of Ethics of the Social Educator, social educators must comply with the principle of professionalism, by which they are responsible for their competence, training, self-control and reflection on their professional practice. Thus, we want to emphasise the importance of training educators to know, know how and know how to be, not only when it comes to social and educational actions, but also on a personal level.

The social educator is often the point where the tensions originating in their professional practice come together, which can be the focus of stressful incidents, problematic situations and anxiety. Conveying the importance of self-care in professional practice will help create professionals who are aware of their personal limitations, with a high level of maturity, who are balanced and committed to their professional work.

Finally, we can say that this study can be a starting point for future studies, having identified and compared several elements of social educators' occupational health with the scarce literature that exists, highlighting some of the most relevant risks to which professionals are exposed, the general state of the culture of prevention within this field, and possible actions for improvement that could potentially be led by the Professional Association. It would also be interesting to apply a gender perspective in later approaches, since Social Education continues to be a feminised profession that is often related to its caregiving origins and we believe it would be necessary to also analyse the professional barriers for women in the workplace, as another possible psychosocial risk factor.

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