

## BURNOUT AND HELPING PROFESSIONS: MEASUREMENT OPTIONS, PREVENTION AND INTERVENTION

<sup>a</sup>BEÁTA RÁ CZOVÁ, <sup>b</sup>MIROSLAVA KÖVEROVÁ

<sup>a, b</sup>*Department of Psychology, Pavol Jozef Šafárik University in Košice, Moyzesova 9, 040 59 Košice, Slovak Republic*  
 email: <sup>a</sup>beata.raczova@upjs.sk, <sup>b</sup>miroslava.koverova@upjs.sk

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**Abstract:** The main aim of this study was to assess the level of burnout among helping professionals and explore which stress reduction activities they already use as well as which stress reduction activities they would appreciate having the opportunity to use within their work. The research was carried out on a sample of 745 helping professionals (89 % women), the age range was 20-65 years ( $M = 44.04$ ;  $SD = 10.33$ ). All participants completed two instruments measuring burnout syndrome (MBI-HS and a subscale of ProQOL) and answered several open questions regarding stress reduction activities at work. The obtained results showed that helping professionals on average reported relatively low levels of burnout in its measured aspects. In spite of this finding however, further statistical analysis identified groups within our sample with a higher risk of burnout (mainly health professionals, social workers and professional with longer work experience). Finally, it was found that the most frequently reported activities used by helping professionals to reduce stress and those which they would appreciate at their workplace overlapped and were represented by supervision, educational activities, teambuilding and relaxation activities. These findings can provide a background for the development of intervention and prevention programs aimed at reducing the negative effects which are often experienced in helping professions.

**Keywords:** Burnout, Helping Professionals, Intervention, Prevention.

### 1 Burnout among professionals in helping professions

Burnout syndrome is one of the most frequent negative effects identified in helping professions. The term burnout has been used in scientific literature since the end of the second half of the 20th century to denote a failure at work which is caused by physical and emotional exhaustion (Kebza, Šolcová, 2008; 2013). However, the original concept of burnout has undergone many changes since its inception. This can be seen in the fact that many different definitions of burnout syndrome exist (Perlman, Hartman, 1982). Moreover, these definitions differ in various aspects. For example, Pines and Aronson (Kristensen et al., 2005) define burnout as a state of physical, emotional and mental exhaustion caused by emotionally draining situations. It is a state which lasts over a long time and is more common to occur in certain professions. On the other hand, Maroon (2012) has focused more on the specific symptoms of burnout in his definition. He defines burnout as a psychological state which can be characterized by a lack of energy, low resilience against illness, increased pessimism and feeling of dissatisfaction. All of these can cause low work effectiveness and high absenteeism. Further, Cherniss (1990) highlights the significance of the loss of enthusiasm and a decrease in conscientiousness when performing one's job. Finally, Storli (Skoryk, 2013) has added that a burned-out individual performs his or her job rather mechanically and without any emotional involvement. While many theoretical definitions have been formulated, the most accepted complex definition of burnout syndrome can be found in Maslach's concept (Maslach, Schaufeli, Leiter, 2001). Maslach has developed a three-dimensional concept of burnout syndrome. According to this author (Maslach, Schaufeli, Leiter, 2001), burnout can be understood in terms of emotional exhaustion, depersonalization and reduced personal satisfaction with achievements at work. These symptoms can be found especially among professionals who work in helping professions. Within this model, the three mentioned characteristics are defined as components of burnout syndrome (Maslach, 2003; Maslach et al., 2006).

In general, there are two basic approaches to burnout syndrome within psychology. One approaches burnout as the state which we have addressed so far. The second emphasizes the processual element in burnout. By this, the amount of stress gradually increases in the process of burnout and the resources of an individual for coping become diminished. From this perspective, individual components of burnout can rather be understood as

phases of a chronological process (Maslach et al., 2003). Finally, it is also important to add that chronic psychosocial stress, experienced mainly in situations in which coping resources become diminished, is a generally accepted cause of burnout syndrome (Maslach, Goldberg, 1998; Kebza, Šolcová, 2008). Helping professions are at the highest risk for the occurrence and development of burnout syndrome (Lourel, Gueguen, 2007). The most common characteristic of these professions is the direct and intensive contact with clients/patients which makes this kind of profession very challenging emotionally (Zapf et al., 2001). Honzák (2009) has attributed the high risk for burnout syndrome to the very nature of helping professions which involves considerable personal engagement without getting much in return. Whitaker et al. (2006) have studied social work professionals and identified several sources of stress in this context. These sources are represented by long hours spent with clients, pressures caused by deadlines and limited time, professionally challenging cases, limited resources, low salaries, feelings of decreased security, increasing worry and long-lasting crisis situations which can cause stress exceeding one's resources and lead to the development of burnout syndrome in a professional. Graham and Shier (2010) see burnout along with a decrease in moral competence and high work fluctuation as the most negative aspects when working as a social worker. The motivation behind the interest in the exploration of burnout syndrome may be given by its far-reaching influence which affects not only the health of the provider but also her/his quality of life including job satisfaction, work performance and efficiency (Rössler, 2012). Empirical evidence regarding the relationship between burnout and helping professions has been documented by many published studies (e.g. burnout among teachers – Skoryk, 2013; among medical students – Pagnin et al. 2013; medical staff – Griner, 2013; social workers – Kim, Kao, 2011; emergency services - Katsavouini, Bebetos, 2016 etc.).

#### 1.1 Burnout – measurement options

As the result of the increasing interest of researchers in studying burnout syndrome, several measuring instruments have been developed. One of the most popular is the questionnaire known under the acronym MBI (Maslach Burnout Inventory). The original version of this questionnaire developed by Christina Maslach and Susan E. Jackson (1981) is based on the three-component model previously mentioned. It has mainly been developed for the helping professionals (Maslach, Jackson, Leiter, 2006) and will be described in detail in the empirical part of this article. Throughout the years it has been revised several times and has also served as the inspiration for developing new methods (Kebza, Šolcová, 2008; 2013). These methods have made it possible to measure burnout in other professions. An example is the MBI-GS version (Maslach Burnout Inventory – General Survey) which is more general and has been used in several research studies (e.g. Hayes, Weathington, 2007; Goodger et al., 2007). The MBI-SS (Maslach Burnout Inventory – Student Survey) has been developed to measure burnout syndrome among students (e.g. Schaufeli et al., 2009). Throughout the years of research in burnout syndrome, a discussion about its nature has fully opened. Some authors consider burnout syndrome to be the equivalent to exhaustion (Kristensen et al., 2005; Shirom, Melamed, 2006). The critique of the MBI questionnaire lead to the development of new measures such as the Burnout Measure (Pines, Aronson, 1988, according to Kristensen et al., 2005), Copenhagen Burnout Inventory (Kristensen et al., 2005) and Oldenburg Burnout Inventory (Demerouti, Bakker, 2008). In comparison with the MBI, these inventories are not strictly aimed at helping professionals. In spite the fact that these alternative inventories have been developed, Maslach's concept of the burnout syndrome as well as the corresponding MBI is considered to be the gold standard for assessing burnout (Schaufeli, Taris, 2005).

## 1.2 Self-care as the basis for development of prevention and intervention programs

Self-care represents a set of consciously and purposefully executed activities which enable an individual to maintain or return to the state of physical and psychological well-being (Lovaš, Hricová, 2015). These are represented by different types of activities in several domains of self-care (Lichner, Lovaš, 2016). The performance of these activities in preventing one from developing burnout syndrome has been supported by several studies. For example, Richards et al. (2010) found that there is a relationship between burnout and these self-care activities and indications for a positive influence on the subjective well-being on employees was also found. According to these authors (Richards et al., 2010), self-care activities are related to the physical, psychological, spiritual as well as professional sphere. Barnett et al. (2007) has added that self-care acts as a buffer, protects against and minimizes the symptoms related to burnout as well as other negative consequences of helping. Activities which can decrease overload are represented by the ability to set priorities, searching for social support, time management of tasks, reappraisal or self-monitoring. Jones (2005) highlights the traditional means of decreasing the risk of burnout by adherence to a healthy lifestyle and mental hygiene (open conversation about problems and feelings; healthy diet; sufficient level of rest and exercise; avoidance of risk behavior; using relaxation techniques).

The effectiveness of self-care prevention programs whether based on raising awareness of different self-care techniques and mastering them individually or under the supervision of a professional has been documented in a number of studies (Awa, Plaumann, Walter, 2010; Lindo et al., 2015). For example, Alkema et al. (2008) found evidence for a positive effect of an educational program which focused on coping with stress and was carried out among nurses on the level of emotional exhaustion as an important component of burnout. Newell and Macneil (2010) emphasize that it is important to increase competencies in self-care as part of any professional training. They highlight that it is important to teach students to be able to detect the key symptoms and warning signs of professional burnout as well as teach them the strategies and techniques of self-care as an important means of preventing burnout (Newell, Macneil, 2010).

The aim of the present study is to evaluate the level of burnout among helping professionals in Slovakia and investigate, on one hand, which activities they use to deal with work stress and on the other, which activities they would like use at their workplace.

## 2. Method

### 2.1 Research sample

The sample consisted of helping professionals employed in state and private social-care institutions. The institutions were selected randomly in all eight Slovak regions from the list of social-care providers which is available on the web-site of the Ministry or Labour, Social Affairs and Family of the Slovak Republic (<https://www.employment.gov.sk/sk>). Then, the selected institutions were contacted by telephone and after agreeing, data collection was carried out. This was done by posting batteries of questionnaires which consisted of seven questionnaires and a set of open questions focused on positive and negative consequences of helping. The response rate was 71%.

The sample consisted of 745 helping professionals (89% women), age ranged 20-65 years ( $M = 44.04$ ;  $SD = 10.33$ ) and work experience 0-44 years ( $M = 13.11$ ;  $SD = 10.49$ ). The following helping professions were represented in the sample: health professionals (32.1%), educators (26.3%), social workers (26.2%), psychologists, teachers and therapists (13.2%) and managers (1.7%). All respondents worked directly with their clients and the time spent in direct contact with clients per week was represented in our sample as follows: less than 3 hours (2.6%), 3-10 hours (14.9 %), 11-18 hours (12.2 %), 19-27 hours (11.1 %), 28-36 hours (26.7 %), more than 36 hours (31.3 %).

## 2.2 Measures

Three measuring instruments were used in this study:

The Maslach burnout inventory (MBI-HS; Maslach et al., 2006), Slovak translation. The instrument consists of 22 items measuring the level of burnout syndrome, i.e. the level of emotional exhaustion (e.g. "I feel emotionally drained from my work."), depersonalization (e.g. "I don't really care what happens to some recipients.") and reduced personal accomplishment (reverse coded, e.g. "I feel I'm positively influencing other people's lives through my work."). Respondents indicate the frequency of experiencing work-related feelings using a 7-point scale (0 = never; 6 = every day). The internal consistency estimates (Cronbach alpha) for emotional exhaustion, depersonalization and personal accomplishment were .90, .79 and .71, respectively (Maslach et al., 2006). In the current research, the Cronbach alpha estimates were .878 for emotional exhaustion, .601 for depersonalization and .768 for personal accomplishment. A translation agreement number TA-673 was purchased to create and use the Slovak version of the questionnaire. The English version was created by back-translation.

Professional quality of life scale (ProQOL; Stamm, 2010; Slovak adaptation Köverová, 2016). The professional quality of life scale consists of 30 items measuring the level of the positive and negative effects of helping. For the purposes of this study, only burnout subscale was used in the analyses (10 items, e.g. "I feel trapped by my job as a helper."). The answers are rated on a 5-point scale (1 = never; 5 = always). Higher scores indicate higher levels of burnout. Stamm (2005) has reported adequate internal consistency (Cronbach alpha) for burnout subscale (.90). In the present study, internal consistency (Cronbach alpha) for burnout subscale was .690. The author's permission to use ProQOL for research purposes was obtained through the online form at [http://www.proqol.org/Request\\_Use\\_Permission\\_WTRJ.html](http://www.proqol.org/Request_Use_Permission_WTRJ.html). We consider it necessary to explain that the purpose of using two similar methods was to capture a wider range of symptoms of burnout, since the administered ProQOL questionnaire concerns mainly symptoms of emotional fatigue (Figley, 2002, Stamm, 2010).

Open questions. Three sub-sets of questions developed by the authors were administered together with the battery of questionnaires. The questions addressed the issue of perceived sources of stress by respondents as well as stress reducing strategies used within the workplace. Since these questions were added as an additional part of the questionnaire battery and their completion was voluntary, the response rate to these questions was lower than that to the questionnaires. In total, 135 respondents provided answers to the open questions. For the purposes of this study, the question: Do you use any stress reduction activities at your workplace to reduce stress resulting from helping? (Additional questions: If yes, which?; If no, would you welcome this kind of activity at your workplace? If yes, would you be able to provide suggestions which activities could be helpful? Which areas should these activities target, which areas should they be related to, so they can help to reduce the stress caused by helping?).

### 2.3 Statistical analyses

Descriptive and differential statistics (t-tests, ANOVA) were used in the analysis of the MBI and the ProQOL and the data were analysed using the IBM SPSS 21. The responses to the open questions were analysed by using the content analysis.

## 3. Results

### 3.1 Description of the subscales of the MBI-HS

The results of the analysis suggest that, in general, helping professionals experience only low levels of burnout syndrome. A closer look at the individual components of MBI-HS shows that

respondents reported only slight emotional exhaustion ( $M = 2.09$ ;  $SD = 1.21$ ), very low levels of depersonalization ( $M = 0.85$ ;  $SD = 0.90$ ) and a medium level of personal accomplishment ( $M = 4.36$ ;  $SD = 0.95$ ). More detailed information is provided in the Table 1. Due to the significant disproportion of women and men in the sample it was not possible to analyse differences between genders. When the respondents were compared according to different categories, significant differences were found only in two components. Specifically, respondents were found to differ in the component of emotional exhaustion when they were compared according to their years of working experience ( $F = 7.029$ ;  $p < 0.001$ ) and type of profession ( $F = 5.590$ ;  $p < 0.001$ ). Furthermore, differences were also observed in the component depersonalization but only when they were compared with

regard to the type of their profession ( $F = 3.134$ ;  $p < 0.001$ ). These results show that the starting professionals significantly differ from their experienced colleagues in the component emotional exhaustion when the professionals with longer working experience (10-20 or more years) show higher levels of exhaustion than the starting professionals. Similar results were found when different types of professions were compared. Health-care professionals experienced emotional exhaustion statistically significantly more often than psychologists and educators. With regard to depersonalization it was found that social workers suffered from this component of burnout more frequently than psychologists and therapists. No differences were observed with regard to personal accomplishment. These findings suggest a well-known trend which reflects the risks related to working in health care.

Table 1 Means of burnout according to the categories of measured variables

Variables	Categories	N	Burnout ProQOL	MBI-HS		
			M (SD)	EE M (SD)	DE M (SD)	PA M (SD)
Age	20-33 years	138	<b>2.27 (0.42)</b>	1.88 (1.09)	0.87 (0.90)	4.23 (1.01)
	33.1-44 years	218	2.35 (0.44)	2.08 (1.16)	0.89 (0.92)	4.26 (0.90)
	44.1-55 years	252	<b>2.43 (0.46)</b>	2.20 (1.30)	0.85 (0.91)	4.48 (0.90)
	55.1-65 years	114	2.36 (0.50)	2.10 (1.23)	0.79 (0.81)	4.49 (1.03)
Work experience	0-3 years	154	<b>2.20 (0.41)</b>	<b>1.72 (1.08)</b>	0.84 (0.94)	4.34 (0.99)
	3.1-9.9 years	182	<b>2.37 (0.43)</b>	2.04 (1.19)	0.85 (0.84)	4.36 (0.97)
	10-19.9 years	194	<b>2.40 (0.46)</b>	<b>2.24 (1.22)</b>	0.86 (0.89)	4.31 (0.95)
	20 and more years	203	<b>2.45 (0.49)</b>	<b>2.25 (1.25)</b>	0.83 (0.87)	4.45 (0.93)
Profession	Social workers	194	<b>2.42 (0.47)</b>	2.22 (1.25)	<b>0.98 (0.94)</b>	4.29 (0.94)
	Psychologists, teachers and therapists	97	<b>2.22 (0.42)</b>	<b>1.81 (1.12)</b>	<b>0.64 (0.72)</b>	4.45 (0.86)
	Educators	196	2.32 (0.45)	<b>1.89 (1.16)</b>	0.87 (0.98)	4.42 (1.01)
	Health professionals	235	<b>2.42 (0.46)</b>	<b>2.28 (1.22)</b>	0.85 (0.86)	4.37 (0.96)
	Managers	13	2.12 (0.35)	1.43 (0.56)	0.43 (0.42)	4.32 (0.73)
Time spent in direct contact with clients per week	Less than 3 hours	18	2.52 (0.60)	2.12 (1.41)	1.14 (1.21)	4.19 (1.03)
	3-10 hours	110	2.35 (0.45)	2.05 (1.24)	0.91 (0.86)	4.30 (0.91)
	11-18 hours	91	2.41 (0.41)	2.21 (1.16)	1.05 (0.95)	4.30 (0.86)
	19-27 hours	83	2.34 (0.44)	1.92 (1.15)	0.86 (0.79)	4.31 (0.83)
	28-36 hours	197	<b>2.45 (0.46)</b>	2.15 (1.19)	0.78 (0.90)	4.27 (1.02)
	36 and more hours	231	<b>2.29 (0.46)</b>	2.08 (1.25)	0.80 (0.86)	4.51 (0.98)

Low levels of emotional exhaustion and depersonalization has not changed when either time spent with clients or education of the professional were considered. Nevertheless, the mean scores still show an interesting pattern. The highest mean score in personal accomplishment was observed among those professionals who spend 36 or more hours in direct contact with their clients per week and the lowest mean score was found in the group which spends the shortest time in direct contact with their clients (less than 3 hours per week). The explanation for this could be probably found to the content of the work which can be perceived as meaningful when more time is spent in direct contact with clients and this way lead to the satisfaction with one's competence which increases with the amount of experience.

### 3.2. Description of the burnout subscale of the ProQOL

Helping professionals reported a relatively low level of burnout when the scale ProQOL was used ( $M = 2.36$ ;  $SD = 0.01$  total sample). Mean values for burnout are displayed in the Table 1 and are presented according to the assessed demographic categories. Statistically significant differences in burnout between individual groups of helping professionals were found in groups with different age ( $F = 3.467$ ;  $p = 0.016$ ), length of working experience ( $F = 1.055$ ;  $p < 0.001$ ), type of profession ( $F = 5.563$ ;  $p < 0.001$ ), type of institution ( $F = 3.643$ ;  $p < 0.001$ ) and different number of hours spend with clients ( $F = 3.512$ ;  $p = 0.004$ ).

In the case of age, two differences were observed: older helping professionals (44-55 years old) reported higher level of burnout than the younger professionals (20-33) (Table 1). With regard to the length of working experience, differences were found between the starting helping professionals (0-3 years of

experience) who reported lower levels of burnout than the other three groups (Table 1). With increasing age and years of experience subjective experience of burnout increased. In spite of these changes in time the mean score still stayed on a relatively low level.

When different professions were considered, the highest levels of burnout were reported by social workers and health professionals (Table 1). Both these groups differed from psychologist, teachers and therapists who reported lower levels of burnout (Table 1). When different institutions were compared, significant differences were found only between the employees of the Central Office of Labour, Social Affairs and Family (the highest level of burnout) and the employees of private care institutions for seniors (the lowest level of burnout). The group with the highest risk was represented by the social workers at the Central Office of Labour, Social Affairs and Family.

When time spent with clients per week was analysed, differences between two groups were observed. Specifically, the difference in burnout was found between those who spent the most time with their clients: 28-36 hours and 36 hours or more. The lowest reported level of burnout was found among those who spent 36 hours or more with their clients (Table 1). This finding could appear paradoxical at the first glance, but it may suggest that professionals who spend more time with their clients adapt to the challenges of their work and find problems of their clients less exhausting.

### 3.3 Open questions

Out of the total number of 135 obtained responses to open questions, 49.6% of respondents wrote that they use stress

reduction activities at their workplace with the aim to reduce their stress caused by the nature of their profession. Three respondents (2.2%) reported that they do not use such activities at their workplace. The rest of the respondents (48.1%) did not provide an answer to this question. All responses were categorised. Helping professionals most frequently reported that as a stress reduction method they use *supervision* (26.8%) and *educational activities* (20.9%). These were followed by *time-management* (13.4%) i.e. creating a system for work tasks, alternating between different tasks, taking breaks during work; *creating pleasant working atmosphere* (11.9%) i.e. doing activities to help to create a positive atmosphere at work, good relationships with colleagues as well as friendly and cosy working environment; *teambuilding* (10.4%); *work meetings* (10.4%) and *trips paid for by the employer* (10.4%). The rest of the suggestions varied individually and were all included in the category „Other“ (8.9%) containing activities such as mindfulness training, memory training, music therapy, art-therapy, relaxation or sport activities during the working time.

The question asking about the stress reduction activities which would respondents like to have at their workplace was answered by 117 respondents. This means that this question was also answered by those professionals who reported that they already use certain stress-reduction activities but would welcome more of them. Out of 117 employees 47% answered the question positively and 53% in addition to their positive response provided also concrete suggestions which were then categorized. As a means for reducing work stress, helping professionals would mostly welcome the following: *educational activities* (29%; e.g. lectures, workshops, internal educational program, education in coping with stress, social skills trainings – assertiveness, communication, cooperation, dealing with conflicts) and *teambuilding activities* (24.2%). Helping professionals would also welcome *trainings in relaxation methods* (17.7%), *trips paid for by the employer* (9.7%), *sport activities* (8%), *consultations with a psychologist* (8%), *supervision* (4.8), *music therapy or art-therapy* (4.8%).

#### 4. Discussion and conclusion

Generally, the findings of this study are positive and show that positive outcomes such as personal satisfaction with work performance and competence are experienced frequently by helping professionals. Based on the results, it can be said that helping professionals experience only a low level of burnout. However, individual aspects of burnout show significant differences which is in line with our findings in other published studies so far (Köverová, Ráczová, 2017; Köverová, Ráczová, in press). It was also found that when the role of socio-demographic factors was taken into consideration, emotional exhaustion showed a stronger effect (subscale of the ProQoL questionnaire and emotional exhaustion in the MBI) which has led us to the identification of those professionals who are at higher risk for burnout. These were usually older and more experienced professionals, employed in social services and health care (employees of the Central Office of Labour, Social Affairs and Family, social workers, nurses, carers) but also professionals who spend too little time with their clients (less than 3 hours per week). A higher level of exhaustion among older professionals has also been shown in a number of studies (Köverová, Ráczová, in press; Śliwiński et al., 2014; Tuvesson et al., 2011).

Supervision and education were found to be the most frequently used stress reduction strategies by helping professionals from those available at the workplace. However, the results also suggest that helping professionals saw the provision of activities for stress reduction provided by their employers as insufficient. More opportunities for educational, teambuilding and relaxation activities would be appreciated during work time.

The accounts of the employees mainly reflect the importance of education (development of professional skills), maintaining positive relationships at the workplace and mental hygiene which suggests that helping professionals really care about

responsible and competent performance of their profession. Suggestions concerning the possibilities of psychological consultations and supervision showed that such consultations and supervision is either not used sufficiently or that demand for it is too high.

Based on the presented findings, it seems important that employers pay more attention and dedicate more of their employees' working time to these activities (taking into account their possibilities). This has been identified as important for reducing the negative effects of working in helping professions (mainly burnout and stress which are the most frequent; Figley, 2002; Stamm, 2010). Prevention programs for helping professionals should contain up-to-date information about burnout and especially about its prevalence in (but not only) those occupations which are at high risk. For professionals who are experiencing the symptoms of burnout there should be intervention programs focused on the reduction of the negative effects related this profession.

The presented findings should be interpreted in the context of what needs to be improved in the work of helping professionals which eventually increases the quality of the provided care. The development, implementation and evaluation of a prevention and intervention program aimed at improving the competence in self-care as a means for reducing the negative effects related to working as a helping professional is the main goal of the project of which this study is part of. Thus, the presented findings along with other findings of this project provide the background for the development of such program.

Education in self-care can be seen as an opportunity for self-realization which is one of the factors improving the resilience of individuals against stress as such (Mesárošová, 2014). According to several authors (Newell, Macneil, 2010; Cunningham, 2004), prevention and intervention programs aimed at education are the ideal solution for preventing burnout as well as other negative consequences common in helping professions. This has been supported empirically by showing that these programs are effective (Awa, Plaumann, Walter, 2010). In Slovakia, several researchers in social work have studied this problem e.g. Šiňanská, Šandlová (2013) and Lovašová (2016) who also argues that life-long education, supervision and psycho-social trainings as individual components of self-care are a necessary part of the education and training of professionals. However, it has not yet been addressed comprehensively and subsequently should be addressed by the future research of this topic.

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**Primary Paper Section: A**

**Secondary Paper Section: AN**