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Article

Burned Out before the Transition: Occupational Burnout among Social Workers with Early Childhood Educator Backgrounds—A Qualitative Study

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Abstract: Social workers and early childhood educators in Germany are among the occupational groups most frequently reporting burnout symptoms. Yet, burnout in practitioners who have moved between both fields remains insufficiently examined. This study investigated the retrospectively reported causes and risk factors of burnout among social workers who had previously trained as early childhood educators, with attention to structural, relational-emotional, and biographical dimensions of vulnerability to burnout. A qualitative content analysis following the framework of Kuckartz and Rädiker was conducted on 16 semi-structured narrative interviews with social work practitioners in Germany (28–36 years, *M* = 32.1; 81.3% women). All participants held both an educator credential and a bachelor's degree in social work and had worked as educators for at least six years before their academic qualification. Twelve main categories were identified and organized into three overarching dimensions: (1) structural-organizational stressors, most prominently institutional powerlessness, role ambiguity, and absent career pathways (each in all 16 interviews); (2) relational-emotional stressors, including emotional exhaustion through high-risk client contact (*n* = 14) and secondary traumatization (*n* = 7); and (3) individual-biographical risk factors, including a helper self-concept as vulnerability pattern (*n* = 8) and biographical resonance with clients (*n* = 7). Several participants met comparable burnout conditions after the transition to social work, suggesting that burnout here is substantially structurally determined and cannot be resolved by requalification alone. The research concludes that effective prevention requires systemic interventions targeting working conditions, role clarity, and professional identity formation.

Keywords: Burnout; Social Work; Early Childhood Education; Occupational Stress; Qualitative Content Analysis; Professional Transition; Risk Factors

1. Introduction

The parking lot at the back of the childcare center was empty by the time she sat down in her car. It was 5:47 p.m. on a Thursday in November. The shift had officially ended at four, but a family crisis—a mother arriving visibly intoxicated to pick up her four-year-old son—had extended into an improvised, largely undocumented intervention that left her sitting with wet cheeks and a cold coffee she could no longer taste. She did not feel sad, exactly. She felt gone. This is not, as the literature now makes abundantly clear, an exceptional event. It is a quietly ordinary one.

Occupational burnout—characterized in its seminal formulation by Maslach and Jackson [1] as a syndrome of emotional exhaustion, depersonalization, and diminished personal accomplishment—has become one of the defining pathologies of care-sector labor in industrialized societies. In Germany, the annual DAK-Gesundheitsreport [2–4] identified social and educational occupations as among the top three professions with the highest burnout-related sick leave,

with practitioners in early childhood education and youth welfare services occupying particularly exposed positions. Internationally, systematic reviews confirm that between 21% and 67% of social workers across OECD countries report clinically relevant burnout symptomatology [5–7], with substantial heterogeneity across studies [8–10], depending on measurement instrument, professional subfield, and national context.

Yet the German-speaking literature has devoted comparatively little attention to a specific practitioner group that straddles two of the most burnout-prone occupational fields simultaneously: social workers who hold prior vocational credentials as early childhood educators and who have undergone a formal academic qualification in social work. This population occupies a structurally distinctive position. They have accumulated years—in many cases, nearly a decade—of front-line exposure to psychosocially complex clientele before entering higher education as non-traditional students, often in employment-concurrent study formats that compound occupational and academic demands. Their motivations for professional reorientation are frequently rooted in burnout-proximate experiences: emotional exhaustion, role stagnation, structural powerlessness, and the anticipatory recognition of burnout trajectories in colleagues [11–13].

What remains underexplored is the qualitative texture of these burnout experiences—the specific structural conditions, relational dynamics, and biographical resonances that generate and sustain burnout risk in this population. Survey-based burnout research, while providing essential epidemiological data, cannot adequately capture the meaning practitioners attribute to their distress, the mechanisms through which structural constraints translate into individual exhaustion, or the biographical dimensions that modulate burnout vulnerability [14–17]. A qualitative approach is therefore not merely a methodological preference but an epistemological necessity for the research questions at hand.

This study addressed three research questions: (RQ1) What structural-organizational conditions do social workers with prior educator backgrounds identify as causes and risk factors of burnout? (RQ2) What relational-emotional dynamics contribute to burnout risk in this population? (RQ3) How do biographical and professional identity factors shape individual burnout vulnerability among these practitioners? Answering these questions carries practical importance for at least two constituencies: educators and social workers themselves, who benefit from a nuanced understanding of their professional hazard landscape; and educational institutions whose responsibility it is to build burnout-resilient professional identities from the earliest stages of socialization into care work. Theoretically, the study contributes a refinement of the control construct in demand-control models, the identification of witnessed burnout as a distinct relational risk mechanism, and an integrated structural-biographical account of burnout in a previously underexamined transitional population (see Section 5.1).

2. Theoretical Background

2.1. Burnout: Conceptual Foundations and Theoretical Models

The concept of burnout entered the scientific literature through Freudenberger's [16] clinical observations of volunteers in a New York therapeutic community who exhibited progressive deterioration of motivation, engagement, and empathy after sustained exposure to demanding interpersonal work. The syndrome he described—marked by exhaustion, disillusionment, and cynical withdrawal—resonated widely with practitioners in the helping professions and rapidly attracted systematic empirical attention. Maslach and Jackson's [1, 18] three-dimensional operationalization of burnout as comprising emotional exhaustion, depersonalization, and reduced personal accomplishment established the dominant measurement paradigm via the Maslach Burnout Inventory (MBI), and the tripartite model continues to inform the majority of empirical burnout research across professions and cultural contexts [19–21].

Subsequent theoretical development moved beyond symptom description toward explanatory models of burnout etiology. The Job Demands-Resources (JD-R) model [22–24] has become arguably the most influential framework for understanding burnout in organizational contexts. The model posits that occupational burnout results from a chronic imbalance between job demands—the physical, emotional, cognitive, and organizational requirements of work—and job resources—the structural, social, and personal factors that enable individuals to cope with those demands and achieve work-related goals. When demands persistently exceed available resources, the resulting strain initiates an energy depletion process that, sustained over time, manifests as burnout. Key demands implicated in burnout include workload, emotional demands, role ambiguity, and work-family conflict; key protective resources include autonomy, social support, supervisory feedback, and opportunities for professional development [11, 23, 25]. The JD-R frame-

work has been applied extensively in social work contexts, where the structural asymmetry between demands and resources is particularly acute and frequently systemic rather than individual [5,6,26].

Complementing the JD-R model, Karasek's [27] Demand-Control model and Siegrist's [28] Effort-Reward Imbalance (ERI) model add important dimensions. The Demand-Control model identifies the combination of high psychological demands and low decision latitude—a configuration paradigmatic of many social work roles—as the most harmful occupational configuration for mental health outcomes. The ERI model emphasizes the injustice dimension of burnout risk: when effort invested in work is not matched by commensurate reward in terms of salary, status recognition, or career security, a state of sustained distress emerges that depletes motivational resources. Both models find strong empirical support in social work and education contexts [29–31].

2.2. Structural and Organizational Determinants of Burnout in Social Work and Early Childhood Education

A convergent body of empirical literature documents the exceptional burden of structural burnout risk factors in care sector occupations in Germany and comparable welfare states. Chronic understaffing, inadequate child-to-staff ratios, and the normalization of personnel absences absorbed by remaining team members constitute defining features of the early childhood education sector in Germany, with national surveys consistently documenting that a majority of practitioners report insufficient staffing as their primary occupational stressor [32–36]. In social work settings, analogous structural conditions prevail: caseload pressures, bureaucratic documentation requirements, and the progressive erosion of relational time through administrative expansion have been identified as primary structural antecedents of burnout across Western welfare systems [37–40]. Particularly prominent in both fields is the structural condition of role ambiguity and institutional powerlessness—a configuration in which practitioners hold de facto responsibility for complex, high-stakes situations without corresponding decision-making authority or institutional mandate. Early childhood educators occupy a characteristic position at the boundary between educational care and child protection work, frequently the first professionals to observe signs of child maltreatment, familial crisis, or developmental risk, yet institutionally positioned as referral agents rather than decision-making actors [41,42]. This structural position generates what Lipsky [43] termed the street-level bureaucracy dilemma: the practitioner is accountable to service recipients and organizational mandates simultaneously, with insufficient resources, authority, or discretion to satisfy either. Research consistently identifies this configuration as a primary predictor of burnout, particularly emotional exhaustion and cynicism [6,12,44]. The absence of career development pathways constitutes a further structural burnout risk in both early childhood education and social work in Germany. Flat hierarchies, limited internal differentiation, and restricted access to leadership positions without academic credentials create what Cherniss [14] termed organizational stagnation—the experience of professional growth as institutionally foreclosed—which contributes to a distinctive form of burnout rooted not in overload but in meaninglessness and futility [45–47].

2.3. Emotional Labor, Biographical Vulnerability, and the Helper Self-Concept

Hochschild's [48] concept of emotional labor—the management of feeling as a component of the work role, involving surface and deep acting—is centrally relevant to burnout in caring professions. Social workers and educators are required not merely to work with clients but to orient and modulate their emotional responses in service of professional objectives, a demand that places continuous claims on the self as an instrumental resource. When emotional labor is intensive, sustained, and poorly supported by organizational resources such as supervision, peer consultation, or manageable caseloads, it generates the specific exhaustion quality that characterizes burnout in helping professions [49,50]. A further dimension specific to care workers with personal histories of adversity involves biographical resonance—the activation of unresolved personal material through contact with clients whose life circumstances mirror the practitioner's own history [15, 51]. Secondary traumatization, also termed vicarious trauma or compassion fatigue, occurs when sustained exposure to clients' traumatic material overwhelms the practitioner's capacity for psychological containment, leading to intrusive imagery, hyperarousal, and emotional numbing—symptom profiles that overlap substantially with primary burnout [52–55]. Practitioners with personal trauma histories or biographical resonance with client populations face elevated risk, particularly in the absence of adequate reflective practice opportunities [56–58]. The helper self-concept—the organization of professional identity around being available, self-sacrificing, and indispensable—has been identified as a specific vulnerability

pattern in care sector burnout [59,60]. Practitioners who derive primary self-worth from helping and who have difficulty setting boundaries are predisposed to what Freudenberger [16] originally described as the burnout trajectory of the committed professional: investment so total that the practitioner's own needs become invisible, until the system collapses in exhaustion and cynicism. Understanding this biographical and identity dimension of burnout risk is essential for preventive intervention, which cannot be limited to structural adjustment but must also address the practitioner's relationship to their own professional identity and limits.

3. Method

3.1. Study Design

This study employed a qualitative research design informed by interpretive and inductive content-analytic traditions. The epistemological premise was that burnout risk and causes cannot be adequately understood by means of standardized instruments alone, but require investigation of how practitioners themselves construct meaning around their professional strain—which perceptions, attributions, and experiences they identify as pivotal, and through which narrative frameworks they organize retrospective accounts of occupational stress. Semi-structured narrative interviews were selected as the primary data-gathering method on the grounds that they provide sufficient guidance for cross-case comparability while preserving the narrative latitude necessary for the emergence of unanticipated constructs and individual meaning structures [61,62]. Data analysis followed the framework for qualitative content analysis developed by Kuckartz and Rädiker [63–66], an approach particularly suited to the systematic identification of thematic categories across a medium-sized purposive sample while maintaining sensitivity to the specificities of individual accounts.

3.2. Sample and Recruitment

Participants were recruited through purposive sampling targeting social work practitioners in Germany who met four inclusion criteria: (a) completed vocational training as state-recognized early childhood educators; (b) held a bachelor's degree in social work or equivalent; (c) were currently employed in a social work function at the time of interview; and (d) reported retrospective burnout-proximate experiences during either their educator employment or the transition period. Participants were recruited through professional networks, alumni mailing lists of German social work programs, and practitioner forums. Of the 23 individuals who expressed interest, 16 met all inclusion criteria and consented to participate. The final sample comprised 16 participants (13 women, 3 men; 81.3% and 18.8% respectively), aged between 28 and 36 years (M = 32.1 years, SD = 2.4). Mean duration of prior employment as early childhood educators was 7.8 years (SD = 1.4; range: 6–11 years). At the time of interview, participants worked across diverse social work settings: family counseling centers (n = 4), child protective services (n = 3), residential youth care (n = 3), school social work (n = 2), ambulatory family support services (n = 2), inclusion support (n = 1), and career transition support (n = 1). All participants who held completed degrees had done so in the employment-concurrent format.

3.3. Data Collection

Data were collected via semi-structured individual interviews conducted between March 2024 and January 2025, either in person at a location of the participant's choosing or via videoconference. The interview guide comprised 15 questions organized into three thematic blocks: Block I (motivations for professional reorientation and study entry), Block II (study experience and professional identity development), and Block III (occupational stressors, burnout-related experiences, and professional self-concept). Interviews were audio-recorded with participants' explicit consent, transcribed verbatim, and anonymized through the replacement of all identifying information with pseudonyms. Interview duration ranged from 62 to 101 min (M approximately 75 min). Data saturation was assessed following Fusch and Ness [67] and was considered achieved after interview 14; interviews 15 and 16 were conducted to confirm saturation.

3.4. Data Analysis

Transcript analysis followed the six-phase procedure for qualitative content analysis specified by Kuckartz [63]. In Phase 1, all transcripts were read in full and accompanied by analytic memos; an initial thematic matrix was con-

structed from relevant text passages. In Phase 2, an inductive category system was developed through open coding of a sub-corpus of four purposively selected transcripts (interviews 1, 5, 9, and 13), maximizing variation across occupational fields and personal backgrounds. The emergent categories were subsequently applied to the remaining twelve transcripts in Phase 3, generating category refinements and subcategory elaboration. Phase 4 involved full-corpus re-coding using the finalized category system, followed in Phase 5 by frequency coding and cross-case synthesis. Phase 6 comprised interpretive integration: the identification of overarching thematic dimensions and articulation of relationships between categories. All analysis was conducted using MAXQDA 2022 [68]. Intercoder reliability was assessed by having a second, independently trained coder apply the final category system to three transcripts (interviews 2, 8, and 14); Cohen's kappa was 0.78, indicating substantial agreement [69]. Disagreements were resolved through discussion and minor category definition refinements. In line with the conventions of qualitative content analysis, the frequency indicators reported in the Results—the number of interviews (*n*) in which a category was coded and the corresponding percentage of the sample—are descriptive of the present purposive sample only. They characterize the distribution of categories within this corpus and are not intended as prevalence estimates or as a basis for statistical generalization to the broader population of practitioners.

4. Results

4.1. Sample Characteristics

Table 1 provides an overview of the sample's sociodemographic and occupational characteristics. Participants were predominantly female, in their early to mid-thirties, and had accumulated substantial professional experience as early childhood educators before undertaking their social work qualification. The diversity of current employment settings reflects the broad range of practice fields into which this practitioner group transitions following academic qualification.

Table 1. Participant Characteristics (N = 16).

Pseudonym	Age	Current Field	Prior Educator Exp. (Years)	Degree	Gender
Laura N.	31	Family counseling center	7	BA	Female
Marco A.	34	Child protective services	7	BA	Male
Julia K.	33	Family & educational counseling	8	BA	Female
Sven R.	30	Ambulatory youth welfare	6	BA	Male
Laura K.	29	Ambulatory youth welfare/teaching	6	BA	Female
Lisa K.	32	Child protective services/consultation	8	BA	Female
Aylin D.	36	School social work	9	BA	Female
Sarah L.	35	Project-based social work (fixed-term)	8	BA	Female
Anna M.	35	Early intervention services	8	BA	Female
Petra S.	33	School-to-work transition support	9	BA	Female
Christine B.	30	Deputy childcare director	7	BA	Female
Miriam L.	34	Family counseling center	8	BA	Female
Jana W.	28	Residential girls group	6	BA	Female
Thomas H.	28	Ambulatory family support	6	BA	Male
Katharina F.	32	Parental leave (post-qualification)	7	BA	Female
Jana K.	28	Inclusion support (no degree conferred)	6	n/a	Female

Note: N = total sample. Educator Exp. = years of prior employment as a state-recognized early childhood educator. BA = Bachelor of Social Work conferred. n/a = degree not conferred due to health-related study discontinuation.

4.2. Category System

The content analysis yielded twelve main categories of burnout causes and risk factors, organized into three overarching analytical dimensions: (1) structural-organizational stressors, (2) relational-emotional stressors, and (3) individual-biographical risk factors. **Table 2** presents the full category system with frequency data across the sample. Consistent with the qualitative-descriptive logic of the analysis, all frequency indicators (*n* and %) denote within-sample patterns and should be read as describing this corpus rather than as estimates of population prevalence.

4.3. Core Findings by Dimension

4.3.1. Structural-Organizational Stressors

The most consistent structural finding across the entire sample was the experience of institutional powerlessness and role ambiguity (Category 2; present in all 16 interviews), operationalized as holding proximity to and de

facto responsibility for high-stakes situations—particularly in child protection contexts—while lacking the institutional mandate, decision-making authority, or professional recognition commensurate with that responsibility. Participants articulated this experience with notable rhetorical precision. Julia K. described her position as early childhood educator: "I was close to the children, I saw things, I heard sentences in passing, but when it came to decisions, to support services, to requirements, I was just the one who reported" (Interview 3). This formulation—being close to the problem while institutionally peripheral to its resolution—recurred across practitioner subfields and seniority levels, suggesting it constitutes a structural property of care-sector roles rather than an individual experience of disempowerment. Equally consistent across the sample was the experience of professional stagnation and the absence of career development pathways (Category 8; all 16 interviews). Participants described a distinctive form of existential occupational exhaustion that derived not from acute overload but from the chronic foreclosure of meaning and development: the anticipation that one's professional situation in ten, twenty, or thirty years would be structurally identical to the present. Miriam L. expressed this with precision: "Either I do something radical now, or I will wear myself down internally for the next thirty years" (Interview 12). This formulation of burnout as existential erosion through stagnation aligns with Pines' [45] existential model and extends it into the specific occupational ecology of care work in Germany.

Table 2. Category System: Burnout Causes and Risk Factors (N = 16).

No.	Category	Dimension	*n*	%	Interview Codes
1	Structural understaffing & dysfunctional work organization	Structural-organizational	10	62.5	I1, I2, I3, I5, I6, I9–I12, I15
2	Institutional powerlessness & role ambiguity	Structural-organizational	16	100.0	All
3	Emotional exhaustion through high-risk client contact	Relational-emotional	14	87.5	I1–I9, I12–I15
4	Lack of recognition & status discrepancy	Structural-organizational	14	87.5	I1–I8, I10–I12, I15, I16
5	Financial precarity & material deprivation	Structural-organizational	11	68.8	I2–I5, I8–I13, I15
6	Physical non-sustainability of working conditions	Structural-organizational	9	56.3	I1, I3, I4, I5, I6, I13–I16
7	Boundary difficulties & helper self-concept	Individual-biographical	8	50.0	I1–I3, I5, I6, I8, I12, I15
8	Professional stagnation & absence of career pathways	Structural-organizational	16	100.0	All
9	Colleague burnout as an anticipatory warning signal	Relational-emotional	7	43.8	I1, I4, I8, I11, I14–I16
10	Biographical resonance & secondary traumatization	Relational-emotional	7	43.8	I1–I5, I7, I10
11	Dual/triple burden during studies as a burnout risk	Individual-biographical	10	62.5	I3, I5–I11, I15, I16
12	Systemic burnout persistence post-qualification	Structural-organizational	4	25.0	I8, I9, I10, I15

Note: *n* = number of interviews in which the category was coded. % = percentage of total sample (N = 16). Dimension classification reflects the primary analytical location of each category; several categories have secondary relevance across dimensions. Frequencies describe the within-sample distribution and are not intended as generalizable prevalence estimates.

Chronic understaffing and dysfunctional work organization (Category 1; *n* = 10) constituted the most frequently coded immediate stressor in the early childhood education context. Participants described a persistent structural condition in which personnel absences due to illness or parental leave were systematically absorbed by remaining staff without proportional organizational adjustments, creating episodic crises that became normalized as permanent background conditions. As Anna M. described: "We had months of staff shortages, waves of illness, temporary staff who came and went. Management was constantly preoccupied with filling shift schedules" (Interview 9). The interaction between understaffing and the high emotional demands of the work was described as especially taxing, with multiple participants noting that insufficient staffing made it structurally impossible to maintain the quality of relational care that had motivated them to enter the profession.

4.3.2. Relational-Emotional Stressors

Emotional exhaustion arising from sustained contact with high-risk, psychosocially complex clients (Category 3; *n* = 14) constituted the most frequently coded relational-emotional stressor within the sample. Participants described the qualitative weight of this exhaustion as distinct from fatigue associated with physical or cognitive labor—a depletion of the capacity for empathic presence that accumulated insidiously across months and years. Marco A., formerly an educator in a high-deprivation district and currently employed in child protective services, articulated the mechanism precisely: "I carry stories with me that I cannot actually carry alone. In the evening I could not switch off. The work was consuming me emotionally" (Interview 2). The theme of non-delineability—the inability to confine the work's emotional demands to working hours—appeared in 11 of the 14 interviews coded for this category, pointing to a systematic failure of the boundary between professional and personal spheres. The observation of burnout in colleagues as an anticipatory, externalized warning signal (Category 9; *n* = 7) represents a phenomenologically distinctive mechanism. Participants described witnessing the progressive deterioration—psychological, physical, and

motivational—of senior colleagues as a form of prospective self-recognition: seeing, in the exhausted colleague, a possible future self. Thomas H., who had worked in residential youth care before his social work qualification, recalled a colleague's admonition: "If you are not careful, you will still be here at fifty, back broken, knees gone, always on night shifts" (Interview 14). This mechanism—burnout as witnessed rather than solely experienced—has received insufficient attention in the burnout literature and merits further theoretical elaboration.

4.3.3. Individual-Biographical Risk Factors

The helper self-concept as a burnout vulnerability structure (Category 7; $n = 8$) emerged as the most individually located risk configuration in the data. Participants described professional identities organized around availability, self-sacrifice, and the suppression of personal needs in service of clients and organizations—an identity structure that provided short-term reward through relational validation but systematically depleted the practitioner's self-regulatory resources over time. Laura N. reflected: "Earlier I defined myself completely by helping. I was the one who stayed, who endured, who cared, who always had an open ear. My self-image was very much tied to being there for others" (Interview 1). The study found that this identity structure was rarely modified by organizational conditions alone but could be addressed through professional education, specifically through theoretical exposure to concepts of professional distance, self-care, and role boundaries.

Table 3 presents selected interview excerpts illustrating the range of identified burnout causes and risk factors.

Table 3. Selected Interview Excerpts by Category.

Category	Participant	Excerpt
Institutional powerlessness & role ambiguity (Cat. 2)	Julia K. (I3)	*"I was close to the children, I saw things, I heard sentences in passing, but when it came to decisions, to support services, to requirements, I was just the one who reported."*
Emotional exhaustion (Cat. 3)	Marco A. (I2)	*"I carry stories with me that I cannot actually carry alone. In the evening I could not switch off. The work was consuming me emotionally."*
Professional stagnation (Cat. 8)	Miriam L. (I12)	*"Either I do something radical now, or I will wear myself down internally for the next thirty years."*
Helper self-concept (Cat. 7)	Sven R. (I4)	*"I was proud of everything I could endure: abuse, threats, nights without sleep, escalations. My inner sentence was: I am the one who stays, even when everyone else has given up. That gave me identity, but it was also a trap."*
Systemic burnout persistence (Cat. 12)	Katharina F. (I15)	*"In social work, you burn out everywhere, just in different variants."*

Note: All excerpts were originally produced in German and translated into English by the author. Participant designations correspond to **Table 1**. Interview numbers in parentheses refer to the analytical corpus.

Across the structural, relational, and biographical dimensions of the category system, a transversal finding of considerable theoretical significance emerged: four participants (Category 12; $n = 4$) reported experiencing structurally equivalent burnout conditions following their transition to social work employment. The higher qualification level and different institutional position did not eliminate burnout exposure but transformed its character. As Katharina F. summarized: "In social work, you burn out everywhere, just in different variants" (Interview 15). This finding suggests that burnout in this sector is substantially determined by systemic conditions that cannot be resolved through individual professional mobility and points toward the necessity of structural intervention at the level of organizational and policy design.

5. Discussion

5.1. Summary and Theoretical Integration

This study set out to examine the causes and risk factors of burnout among social workers who previously worked as early childhood educators, employing qualitative content analysis of 16 semi-structured narrative interviews. The analysis yielded twelve categories organized into structural-organizational, relational-emotional, and individual-biographical dimensions, with institutional powerlessness and role ambiguity ($n = 16$) and professional stagnation and absence of career development pathways ($n = 16$) emerging as the most pervasively reported burnout antecedents within the sample. These findings situate themselves coherently within the theoretical frameworks outlined in Section 2, while also extending and complicating them in instructive ways. The JD-R model [22,23] receives substantial empirical support: the data document with qualitative granularity the specific

configurations of demands and resource deficits—emotional demands, role ambiguity, work overload, insufficient autonomy and career resources—that JD-R research has quantitatively associated with burnout. The present study adds phenomenological depth to these associations, specifying the subjective experience of demand-resource imbalance as institutionally generated powerlessness and existential stagnation rather than simply task overload. This contribution aligns with calls in the JD-R literature for qualitative research to illuminate the mechanisms through which structural configurations become experiential burnout [20,70]. Karasek's [27] Demand-Control model finds particular resonance in the finding that institutional powerlessness—low control in the face of high demands—constitutes the single most consistent burnout risk factor in the data. What the qualitative material adds to this formulation is the specificity of the control deficit: it is not a general lack of autonomy but a structurally particular form of positional exclusion from decision-making in high-stakes situations—being the one who sees but not the one who decides—that characterizes the practitioner experience. This specificity has direct implications for intervention: generic autonomy-enhancing measures may be insufficient; what is required are structural changes to interprofessional decision-making authority and role definition.

The biographical dimension of burnout risk—biographical resonance, secondary traumatization, and the helper self-concept—extends the primarily structural orientation of JD-R and Demand-Control approaches in a direction congruent with Figley's [15] compassion fatigue framework and Grosch and Olsen's [59] analysis of helper pathology. The data indicate that practitioners who bring personal histories of adversity into care work without adequate reflective processing face an elevated vulnerability that structural interventions alone cannot address. Professional education—both initial vocational training and academic social work programs—thus emerges as a critical preventive arena, a finding that directly addresses the educational mission of institutions preparing practitioners for care sector employment.

Theoretical Contribution

Beyond confirming established frameworks, this study advances burnout theory in three specific respects. First, it refines the control construct within the Demand-Control model [27]: the data indicate that the pathogenic deficit in care-sector roles is not a generalized lack of autonomy but a structurally specific form of positional exclusion from decision-making in high-stakes situations—the condition of being the one who sees but not the one who decides. This reconceptualization sharpens the model's explanatory precision for boundary-spanning care roles and carries distinct intervention implications, since generic autonomy-enhancing measures do not address positional exclusion. Second, the analysis identifies witnessed or anticipatory burnout—the observation of colleagues' progressive deterioration as a form of prospective self-recognition—as a relational mechanism of burnout risk that remains under-theorized in the dominant demand-resource and emotional-labor models, which locate burnout primarily in the practitioner's own demand exposure rather than in vicariously perceived occupational futures. Third, the study integrates structural (JD-R [22,23]; Demand-Control [27]; Effort-Reward Imbalance [28]) and biographical (compassion fatigue [15]; helper self-concept [59]) explanatory levels into a single account for a defined transitional population and—through the finding that several practitioners encountered structurally equivalent burnout after upward qualification (Category 12)—qualifies the implicit assumption that the resource gains accompanying professional mobility necessarily attenuate burnout. Taken together, these contributions reframe burnout in this population as a systemically generated condition that is biographically modulated but not biographically caused.

5.2. Practical Implications

At the organizational level, the findings point toward a cluster of structural interventions with high prioritization. The normalization of understaffing—the absorption of personnel deficits by remaining staff—must be identified as a structural burnout driver and addressed through enforceable minimum staffing standards with organizational accountability mechanisms. The interprofessional power asymmetries that produce institutional powerlessness in educators and entry-level social workers require structural redesign: practitioners who hold front-line knowledge of client situations must be granted formal decision-making participation rather than being confined to reporting functions. The absence of career development pathways constitutes a systemic burnout risk factor requiring active organizational response—the design of internal development tracks, specialization opportunities, and leadership access routes that do not require departure from direct practice. At the level of professional education and curriculum, the findings call for substantially stronger integration of burnout-related content as a cross-cutting

theme embedded in professional socialization from the beginning of both vocational and academic training. Specifically, curricula require systematic attention to: the structural conditions of care sector burnout and their political-economic roots; the development of professional identity models that decouple practitioner self-worth from client gratitude and outcome; and skill development in self-care, boundary setting, and the use of reflective practice structures including supervision and intervision. The finding that several participants first encountered these concepts as university students—and retrospectively identified their earlier absence as a risk factor—underscores the preventive potential of educational intervention at the professional formation stage. This finding is particularly relevant for the readership of qualitative education research, as it suggests that curriculum design in social work and early childhood education programs has direct implications for practitioners' long-term occupational health.

At the individual level, practitioners who identify with the helper self-concept and who bring personal histories of adversity into care work benefit from targeted psychoeducational support, peer consultation structures, and access to individual supervision. Burnout literacy—the capacity to recognize burnout-proximate states in oneself and to respond protectively—is an acquirable competency that warrants explicit attention in professional continuing education.

5.3. Limitations

Several limitations of the present study warrant explicit acknowledgment. First, the cross-sectional, retrospective design precludes causal inference: the identified categories represent perceived causes and risk factors as reported in retrospective narrative accounts, not experimentally established causal pathways. Longitudinal designs tracking burnout risk across the career trajectory from educator to qualified social worker would be necessary to establish temporal sequencing and causal priority. Second, the purposive, non-probabilistic sampling strategy introduces self-selection bias: participants willing to engage in in-depth interviews about burnout-related experiences may disproportionately represent practitioners who have already achieved sufficient psychological distance from those experiences to narrate them reflectively. Practitioners currently experiencing acute burnout, or those who left the field entirely, are systematically underrepresented. Third, all data are derived exclusively from self-report in interview format, without corroboration from organizational records, supervisory assessments, or standardized burnout instruments. The validity of reported experiences as indicators of burnout processes cannot be independently confirmed. Relatedly, and consistent with the descriptive logic of qualitative content analysis, the category frequencies reported above characterize this specific corpus and are not offered as prevalence estimates for the wider practitioner population. Fourth, the risk of common-method bias [71] is structurally present in single-source qualitative data: the same cognitive and affective frameworks that organize participants' experiences also organize their accounts of those experiences. Fifth, the sample is demographically restricted: 81.3% of participants were women, reflecting the feminization of the care sector but limiting the transferability of findings to male practitioners, who may experience burnout through different occupational and identity dynamics.

5.4. Outlook

The present findings open several productive avenues for future research. Longitudinal studies tracking the same cohort of educator-to-social-worker practitioners from study entry through five years of post-qualification employment would permit examination of burnout trajectory development and the identification of critical vulnerability and resilience windows. Experimental or quasi-experimental intervention research testing the efficacy of burnout-preventive curricula elements in social work education would provide evidence for the educational recommendations advanced above. The transversal finding that some participants experienced comparable burnout conditions in social work after transitioning from early childhood education—suggesting systemic rather than profession-specific burnout causation—deserves dedicated investigation with larger samples and standardized instruments. Comparative cross-national research would contribute to determining which features of burnout risk in this population are specific to the German welfare state architecture and which are generic to care-sector professional ecologies in welfare capitalist contexts. The evidence from this study converges on a conclusion that is simultaneously analytically precise and practically urgent: burnout among social workers with educator backgrounds is not primarily a product of individual vulnerability or deficient coping, but of structural conditions—institutional powerlessness, career stagnation, chronic resource deprivation—that are systematically produced by the organizational and political architecture of the German care sector. Addressing these conditions requires interventions at the level at which they are generated: in organizational design, interprofessional governance, and educational

policy. The individual practitioner sitting in the parking lot at 5:47 p.m. on a November Thursday is not the site of the problem to be solved. She is the site at which a much larger problem has finally, exhaustedly, arrived.

6. Conclusions

This study examined the retrospectively reported causes and risk factors of occupational burnout among social workers who had previously trained and worked as early childhood educators. Drawing on a qualitative content analysis of 16 semi-structured narrative interviews, it identified twelve categories organized into three dimensions—structural-organizational, relational-emotional, and individual-biographical—with institutional powerlessness, role ambiguity, and the absence of career development pathways emerging as the most pervasively reported burnout antecedents. The findings indicate that burnout in this transitional population is substantially structurally generated and biographically modulated rather than biographically caused: several practitioners encountered comparable burnout conditions after their transition into social work, which suggests that upward requalification alone does not resolve the underlying occupational risks. Effective prevention therefore requires systemic intervention at the level at which burnout is produced—through enforceable staffing standards, the redistribution of interprofessional decision-making authority, the creation of viable career pathways, and the early integration of burnout-related content into vocational and academic curricula. Rather than locating the problem in individual coping deficits, this study reframes burnout among social workers with educator backgrounds as a systemically produced condition whose remediation lies in organizational design, interprofessional governance, and educational policy.

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Institutional Review Board Statement

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki [72] and the professional guidelines of the German Psychological Society (DGPs) and the BDP. As the study involved anonymous interviews with adult professionals, with no deception, intervention, or collection of sensitive medical data, formal Institutional Review Board review was not required under the applicable national research ethics framework.

Informed Consent Statement

Prior to each interview, participants received written information about the study's purpose, methods, intended use of data, their right to withdraw at any time without consequence, and the procedures for anonymization and secure data storage. Voluntary participation and completion of the interview were treated as constituting informed consent. No financial or other incentives were offered.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request, subject to the ethical constraints of participant confidentiality. The data are not deposited in a public repository due to the sensitive nature of the interview material.

Conflicts of Interest

The author declares that there are no competing financial or non-financial interests that could be perceived to have influenced the work reported in this article.

AI Use Statement

Generative AI tools (specifically Claude, developed by Anthropic) were used in the preparation of this manuscript to support language editing, structural organization, and formatting. The author subsequently reviewed and edited the content as necessary and takes full responsibility for the final content of the published article. All scientific content, theoretical reasoning, analytical decisions, interpretations, and conclusions are the sole intellectual responsibility of

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