

Social Workers' Well-Being as a Foundation for Compassionate Futures in Vulnerability Contexts in Portugal

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Abstract

This study examines the psychological well-being of social workers in Portugal and the emotional, ethical, and institutional dynamics that shape their professional practice within contexts of vulnerability. Drawing on an integrated mixed-methods design, the research combines a nationwide survey ($N = 1389$) using the World Health Organization Well-Being Index (WHO-5) with thirteen in-depth semi-structured interviews analysed through reflexive thematic analysis. Quantitative findings show that most professionals report adequate well-being, but 26.3% present low scores, mainly associated with fatigue, reduced energy, and limited rest. Qualitative results deepen this picture, highlighting six interrelated themes: mutual vulnerability in caring relationships, emotional labour and psychosocial strain, institutional barriers to ethical practice, tensions between ideal and real conditions of care, strategies for sustaining professional resilience, professional recognition and collective mobilisation. Participants describe profound emotional resonance with service users, experiences of burnout, and a chronic sense of powerlessness stemming from structural inequalities, resource scarcity, fragmented services, and low professional recognition. Care emerges as relational and ethically demanding, yet structurally constrained. The study argues that workers' well-being is inseparable from organisational cultures and socio-political conditions. Individual coping strategies mitigate strain but cannot compensate for systemic shortcomings. Fostering compassionate institutional ecosystems is therefore an ethical and political imperative.

Keywords

collective well-being; compassionate futures; social work; social workers

1. Introduction

In a global context marked by ecological, social, and ethical crises, a set of frameworks has emerged to overcome the hegemony of individualism and instrumental rationality. Among these proposals, the concepts of compassionate futures and *homo curans* (Moratalla, 2022) stand out, both of which are guided by the centrality of care, empathy, and human interdependence. These approaches contrast with the logic of *homo economicus* (Alkan, 2020; Hudík, 2015), which conceives human beings as rational and self-centred agents oriented toward benefit maximisation and efficiency. Scholars have criticised this model for neglecting affectivity, empathy, and mutual care.

The *homo curans* paradigm repositioned vulnerability as a structural human condition rather than a weakness (Di Somma, 2022; Nullens & van Nes, 2022b). This perspective fosters a relational approach to care where interdependence and shared vulnerability become central to imagining more just futures (Nullens & van Nes, 2022a, 2022b).

At the same time, futures studies argue that collectively imagining more just futures requires an ethical, critical, and creative orientation (Bell, 2017; Kuosa, 2011). Compassionate futures thus emerge as alternatives that call upon moral imagination, integrating care, relational justice, and institutional empathy. This proposal draws on Gopin's (2021) concept of compassionate reasoning, which combines moral reasoning with practices of listening, presence, and compassion as forms of resistance to social and emotional polarisation.

Discussions about care have become increasingly relevant in the health sciences and social work. Watson's transpersonal care theory, analysed by Kinsella et al. (2025), reaffirms that the therapeutic relationship, empathic presence, and active listening are not technical accessories, but structuring elements of the act of caring. Studies on vulnerability show that recognising both others' and one's own fragility creates more humanising bonds (Torres Almeida & Rodrigues, 2018). Care thus emerges as an ethical and relational practice that exceeds technical performance (M. Carvalho, Teles, et al., 2023).

In Southern European welfare regimes, marked by familism and fragmented public provision (Ferrera, 1996), social work operates within hybrid arrangements among the State, the market, and the family. This structural context makes care, relational interdependence, and vulnerability central categories of practice, reinforcing the pertinence of the *homo curans* paradigm as both an ethical and institutional reorientation.

Criticism of *homo economicus* (Fuchs & Lingnau, 2024; Urbina & Ruiz-Villaverde, 2019) underscores the need to rethink how science, economics, and politics are conceived. *Homo curans* thus presents a realistic and transformative proposal for the reorganisation of social systems based on mutual recognition, care, and institutional empathy, which are indispensable foundations for building more inclusive and sustainable futures.

2. Psychological Well-Being and Emotional Labour in Social Work

Social work is a relational profession, requiring its professionals to have a high capacity for emotional management. Hochschild (2012) defines emotional labour as the regulation of feelings and expressions that enable individuals to respond to institutional expectations, distinguishing between surface acting and deep acting. Surface acting involves modifying external expression without changing internal feelings. This

process generates emotional dissonance and exhaustion. It consequently increases the risk of burnout. Studies show that this type of behaviour is associated with exhaustion, subjective alienation, depressive symptoms, and lower job satisfaction (Merighi & Dinis, 2008; Wang et al., 2016). Deep acting, on the other hand, seeks to genuinely align feelings with organisational norms, promoting more authentic interactions and greater emotional coherence, although it also involves significant effort (Riforgiate et al., 2021; Singh et al., 2025). In emotionally demanding professions, such as social work, the cumulative effects of this work tend to spill over into private life, disrupting work-family balance and psychological well-being (Ballentine & Woo, 2021).

Multiple factors influence social workers' psychological well-being. One central factor is emotional overload stemming from continuous contact with people in situations of vulnerability. For the purposes of this study, psychological well-being refers to a multidimensional process involving autonomy, positive relationships, personal growth, life purpose, self-acceptance, and the ability to manage one's environment, reflecting the individual's full functioning (Ryff, 1989). Evidence shows that high emotional demands, combined with weak institutional recognition, are related to lower levels of well-being (Lloyd et al., 2002; Maslach & Leiter, 1999), a finding reinforced by recent research on emotional labour and burnout (M. Carvalho, Cunha, et al., 2023; Ribeiro & Teles, 2025; Teles et al., 2019, 2026). Within the Portuguese context, Merighi and Dinis (2008) showed that surface acting strongly predicts emotional exhaustion. Among the protective factors identified are social support among colleagues (Pisaniello et al., 2012; Wang et al., 2016), professional autonomy (Hussein, 2018; Wu & Qi, 2025), work-family balance (Ballentine & Woo, 2021), and ongoing training in emotional regulation (Robinson, 2025). Recognising the centrality of emotional labour to the profession's well-being is thus essential for sustainable and compassionate practices.

Social intervention takes place amidst persistent structural inequalities such as poverty, violence, and migration. These conditions are continuously produced and reproduced by broader socioeconomic and political systems (Dominelli, 2002; Ferguson & Lavalette, 2006; Fraser, 1997). Social vulnerability, conceptualised from the multidimensional perspective proposed by Spini and Vacchiano (2023), emerges from the intersection between individual factors and structural determinants. In line with this view, Ouellet et al. (2024) advocate integrated territorial approaches to mitigate inequalities, especially in the field of health. The concept of structural vulnerability (Bourgois et al., 2017) reinforces this reading by highlighting how institutional norms, public policies, and power relations produce suffering and restrict access to social protection (Schiff, 2024). Thus, social work intervention requires a critical view of these structures, guided by transformative responses and anchored in human rights (Aksha & Emrich, 2024; Carriquiriborde, 2012).

In this scenario, social workers play a fundamental mediating role between individual needs and broader political dynamics (Disney et al., 2022; Wincott & Crawshaw, 2006). Integrated community models have proven effective in reducing inequalities (Khan et al., 2023), although barriers such as institutional prejudice, stigmatisation, and service fragmentation persist (Beltran et al., 2022; Stajduhar et al., 2019).

Addressing complex vulnerabilities also requires institutions to provide care for the professionals working within them. Hence, the relevance of compassionate institutional ecosystems, which integrate recognition, support, and relational autonomy (Araújo et al., 2016; de la Bellacasa, 2017; Honneth, 1996). Research shows that perceived organisational support (Zhang & Xie, 2025; Zheng et al., 2024) and role clarity (Orgambidez & Almeida, 2020; Orgambidez et al., 2022) are central factors for well-being, contributing to reducing burnout

and compassion fatigue. Interventions such as Compassion Circles have proven to be effective in regulating teams' emotions (Clark et al., 2022). However, these practices often remain constrained by rigid hierarchies and control-centred institutional cultures (Pansini et al., 2024).

3. Methodology

This study employed a mixed-methods design. By integrating quantitative and qualitative data, the research provides an in-depth understanding of how the psychological well-being of Portuguese social workers relates to their care practices in vulnerable contexts. The choice of this approach is based on the need to triangulate empirical data, validated instruments, and experiential narratives, ensuring a comprehensive response to the research questions (Creswell & Plano Clark, 2017).

This study organised the methodological design into two complementary phases: a quantitative phase and a qualitative phase. The quantitative phase comprised a set of sociodemographic questions (age, gender, years of experience, type of employer, and area of activity), allowing the results to be contextualised. The World Health Organization Well-Being Index (WHO-5) was also applied, recognised for its psychometric robustness and widespread use in occupational contexts, including in Portugal (P. Carvalho et al., 2025). This self-response instrument, consisting of five items, assesses the presence of positive feelings over the last 14 days, with five response categories: *all the time*, *most of the time*, *more than half the time*, *less than half the time*, and *never*.

The survey was administered online through the SurveyMonkey platform. Participants were invited by email using institutional contacts available on the Carta Social platform. Inclusion criteria were limited to licensed social workers practising in Portugal at the time of data collection. The sample was non-probabilistic, combining convenience and snowball sampling. Quantitative analysis was performed using SPSS software, employing descriptive statistics (means, standard deviations, and frequencies).

The qualitative phase took place between October and November 2025 and involved semi-structured interviews with social workers who work with vulnerable groups. Participants were selected through purposive sampling, ensuring diversity in professional profiles and practice contexts identified in the quantitative phase.

Theoretical saturation was assessed throughout the analysis. After initial coding, a table of provisional categories was created. From the 9th interview onwards, stability of the central codes was observed. Interviews 10–12 reinforced existing categories without generating new analytical dimensions. To confirm stability, a final participant with a distinct professional profile was included. Two researchers independently coded the 13th interview. No new codes or relevant properties emerged, confirming saturation. The interviews, lasting 35–50 minutes, were conducted via videoconference, according to participants' availability. All were recorded with informed consent and subsequently transcribed. Qualitative analysis was conducted using MAXQDA software, following a reflective thematic analysis (Braun & Clarke, 2019), beginning with open coding and subsequent organisation into thematic axes.

The study fully complied with the ethical principles applicable to research involving human subjects, including the Declaration of Helsinki and current national guidelines. It was approved by the Ethics Committee of the Miguel Torga Institute of Higher Education (CE-P62–25).

4. Results

4.1. Sample Characterisation

The sample for this study comprises 1,389 social workers practising in Portugal, representing a wide range of sociodemographic and professional diversity. Participants' ages ranged from 20 to 60+, with most aged 40–49 years (35.9%) and 50–59 years (26.1%). The majority were female (94.7%). Regarding marital status, 60% were married or living in a civil partnership, 28.7% were single, and 9.4% separated or divorced. Most held a bachelor's degree (63.5%), followed by postgraduate diplomas (19.3%) and master's degrees (16.4%). Employment was predominantly as salaried employees (95.8%), with 2.3% self-employed. Most worked in the private sector (50.6%) or the public sector (44.2%; see Table 1).

Table 1. Sociodemographic characteristics of the respondents.

	Frequency	Percentage
Age		
20–29 yrs	145	10.44%
30–39 yrs	270	19.44%
40–49 yrs	499	35.93%
50–59 yrs	362	26.06%
60+ yrs	113	8.14%
Gender		
Female	1316	94.70%
Male	72	5.20%
Other	1	0.10%
Marital Status		
Married or living in a civil partnership	834	60.00%
Widowed	14	1.00%
Separated or divorced	131	9.40%
Single	398	28.70%
Other (specify)	12	0.90%
Educational Attainment		
Bachelor's degree	882	63.50%
Postgraduate diploma	268	19.30%
Master's degree	228	16.40%
Doctoral degree	9	0.60%
Postdoctoral	2	0.10%
Current Employment Status		
Seeking first job	2	0.10%
Employee (working for an employer)	1330	95.80%
Self-employed/Entrepreneur	32	2.30%
Unemployed	3	0.20%
Retired	4	0.30%
Other	18	1.30%

Table 2. (Cont.) Sociodemographic characteristics of the respondents.

	Frequency	Percentage
Employment Sector		
Public sector	614	44.20%
Private sector	703	50.60%
Both (public and private)	72	5.20%

4.2. Quantitative Results: Levels of Well-Being Among Social Workers in Portugal

The descriptive analysis of the five items of the WHO-5 reveals a moderately positive overall trend, but with worrying variations. The item that obtained the highest percentage of positive responses (sum of *all the time* and *most of the time*) was “I felt cheerful and in a good mood,” with 38 (2.7%) and 538 (38.7%) responses, respectively, totaling 41.4% of participants expressing a recurring positive emotional state. In contrast, the item with the highest incidence of negative responses was “I woke up feeling fresh and rested,” with 557 (40.1%) of participants indicating that they felt this way *less than half the time*, and 80 (5.8%) that they *never* felt this way, revealing signs of significant fatigue.

A further concerning indicator is reflected in the item “I felt active and energetic,” where only 38 (2.7%) responded *all the time*, and 433 (31.2%) responded *most of the time*, contrasting with 359 (25.8%) who indicated this feeling *less than half the time*. This result suggests a significant level of fatigue or exhaustion among professionals.

In the item “I felt calm and peaceful,” 432 (31.1%) responded positively in the highest categories, while 419 (30.2%) reported this feeling *less than half the time*, suggesting a high level of emotional tension. Finally, regarding the perception of interest in daily activities—“My daily life has been filled with things that interest me”—80 (5.8%) indicated this experience *all the time*, and 453 (32.6%) indicated it was *most of the time*, which points to significant level of work engagement, although 356 participants (25.6%) indicated that this experience occurs *less than half the time* or *never*.

Based on the sum of the five items and the recommended WHO-5 cut-off threshold, participants were classified into two groups. One group showed adequate psychological well-being. The other scored below 50%, indicating risk of poor well-being. The WHO-5 data show that 1,024 social workers (73.7%) had adequate levels of well-being, while 365 (26.3%) had low levels, indicative of risk of psychological distress, as shown in Figure 1. These results suggest that, although most professionals demonstrate resilience and positive experiences, a substantial proportion of the class shows signs of exhaustion, fatigue, and a lack of tranquillity or rest, factors that can compromise the continuity of ethical and compassionate care, inherent to the practice of social work.

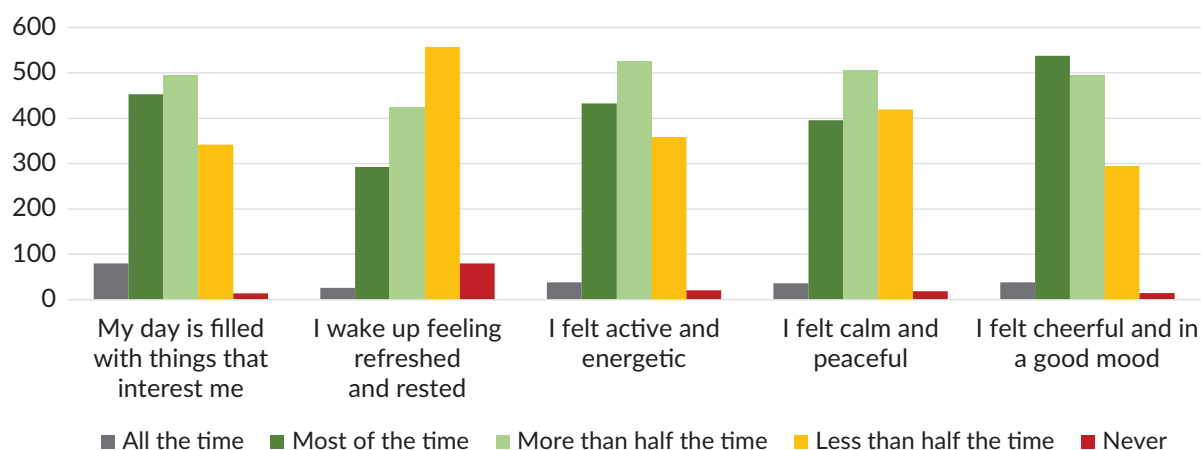


Figure 1. Descriptive analysis of the five items in the WHO-5.

4.3. Qualitative Results: The Centrality of Narratives

The thematic analysis of the qualitative interviews reveals the complexity of caregiving, where empathy, institutional constraints, and emotional involvement are intertwined. Six dimensions emerged from the analysis:

1. Mutual vulnerability in caregiving
2. Emotional labor and psychosocial well-being
3. Institutional structures and care ecosystems
4. Ideal of care and utopia
5. Individual and collective strategies for professional sustainability
6. Professional recognition and collective mobilisation

4.3.1. Mutual Vulnerability in Caregiving

Mutual vulnerability manifests as a profound emotional resonance between the professional and the service user. Testimonials such as “our vulnerabilities are part of us, so it is difficult for them not to be present in our practice” (Ent02) and the report that “I was somehow mirroring the victims’ lives in my own, and that was wearing me down immensely” (Ent07) demonstrate the porosity of the boundary between the “professional self” and the “personal self,” requiring a constant effort of self-regulation.

Institutional powerlessness manifests as frustration with the scarcity of available responses and the perception of the ineffectiveness of intervention, regardless of the professional’s commitment. A sense of moral responsibility exacerbates this powerlessness. Ent01 expresses the dilemma: “At times, I am unable to provide immediate answers to help...and this causes me great demotivation, and I really feel this as a great vulnerability as a social worker.” Ent08 reinforces this structural powerlessness: “There is a way to do it, not to be prevented because the system and organisations do not allow it.” The accounts described above point to a structural vulnerability that intensifies emotional exhaustion.

Empathy is recognised as a fundamental tool, although it also involves emotional exposure. Putting oneself in the other person's shoes strengthens the bond, but when it is excessive, it can increase the professional's suffering and compromise impartiality. The interviewees recognise the ambivalence: "I always try to put myself in the other person's shoes...because I also think it is very important as a social worker" (Ent01), or, "in order to be good social workers, we always have to put ourselves in the other person's shoes. Without that, it is not possible" (Ent10). This empathy, when combined with similar personal experiences, enhances identification and increases the emotional burden (as in the case of professionals who are also informal caregivers, like Ent10).

Emotional resonance involves the involuntary, implicit activation of affections aroused by encountering the reality of the other. The user's emotion echoes in the professional, awakening memories, fears, or experiences of their own, as evidenced in reports such as: "It was more difficult at times when I identified with the situations...it resonated more" (Ent02) and the report that the resonance led to burnout (Ent13), demonstrating the psychological impact. Often inevitable, this resonance contributes to accumulated wear and tear and, in some cases, to the need to interrupt professional activity.

Together, the subcategories reveal a persistent tension between an ideal of care—humane, empathetic, and person-centred—and a reality marked by organisational rigidity, overload, and insufficient resources. This tension fuels feelings of vulnerability and challenges emotional balance, generating frustration, anxiety, and guilt. The expression "what if it were me?" (Ent01) captures the experience of mutual vulnerability: When caring for others, professionals confront their own humanity and the possibility of role reversal. Recognising this shared vulnerability is an essential step in developing institutional responses that can strengthen, support, and welcome caregivers.

4.3.2. Emotional Labour and Psychosocial Well-Being

The results show strong emotional involvement among professionals working under precarious institutional conditions and require team support and emotional self-regulation to sustain their practice. Emotional exhaustion is evident across all testimonies, stemming from continuous exposure to others' suffering, work overload, and pressure to respond to needs that far exceed available resources. Ent06 states that they are "going through a process of professional burnout," emphasising the "overload...which is very exhausting." Ent05 describes the profession as "rapidly wearing," referring to being "immensely worn down by the suffering of those I cannot help." This wear and tear spills over into personal life, with the risk of venting irritation in the family context (Ent01).

Team cohesion and support emerge as essential protective factors. Colleague support alleviates the emotional burden and reinforces a sense of belonging. Ent01 points out: "Thank God, we are a very close-knit team...even when we are not feeling well." Ent08 reinforces this importance by stating that mutual support was "very, very important." This informal network of solidarity becomes vital, especially when institutional support mechanisms fail.

Supervision is perceived as an indispensable therapeutic space for emotional alignment. However, its systemic absence is denounced as a form of institutional negligence that exacerbates burnout. While some participants value monthly sessions for preserving well-being, others highlight a chronic lack of this support

during critical professional moments. Ent01 values monthly supervision for its contribution to psychological well-being. In contrast, Ent06 mentions the lack of supervision in institutions, and Ent13 reports having felt this lack intensely in difficult moments.

Burnout is associated with dysfunctional structures, toxic leadership, and excessive bureaucracy, going beyond mere workload. Ent11 summarises this criticism by stating: “It is not the work that exhausts us, it is the institutional context.” Ent05 questions the paradoxical lack of care for professionals in institutions that, paradoxically, are dedicated to caring for others. This burnout thus reveals the devaluation of care itself.

Poor working conditions have a direct impact on mental health and motivation, notably insufficient salaries, accumulation of duties, and lack of adequate physical spaces. Ent08 denounces care provided in “confined spaces, without breathing space, without light.” Professional satisfaction depends on institutional recognition and working conditions. Where organisational care exists, well-being and resilience increase. When it is absent, chronic exhaustion emerges.

The lack of supervision and team cohesion intensifies exhaustion, while precariousness remains an omnipresent backdrop. Professionals reveal a collective awareness that care for caregivers must be a structural axis of organisational policies, under penalty of compromising the emotional and ethical sustainability of the practice.

4.3.3. Institutional Structures and Care Ecosystems

Institutional barriers emerge as determinants of emotional exhaustion and limitations on professional practice. Insufficient resources and coordination are recurring obstacles. Ent01 emphasises that “the institutions themselves give us the answers we want because they are also limited by a lack of these resources,” while Ent02 highlights structural deficiencies, such as the lack of rooms for homeless people. Inter-institutional coordination is perceived as weak: although the law defines responses that, in practice, are considered ineffective (Ent07), thereby generating continuous frustration.

The lack of preparation among external organisations to address complex issues compromises the effectiveness of support networks. Ent01 reports episodes of insensitivity and lack of professionalism in partner entities, while Ent08 presents a structural reading: “The system and the machine overlap, ultimately forming the primary obstacle.”

Low career progression is another factor in persistent demotivation. The lack of prospects for professional development and remuneration is widely recognised. Ent02 states: “I am at the top of my career. In my salary scale, I cannot go any higher,” describing this situation as “frustrating, discouraging, even revolting.” A similar sentiment is expressed by interviewees such as Ent11, who observes colleagues “counting the days until retirement” due to exhaustion and lack of recognition. This process reveals that professionals are increasingly experiencing job insecurity, which affects their quality of life both within and beyond the workplace.

The articulation between these categories reveals a structural issue: The lack of resources reinforces stigma; the absence of coordination increases the burden on professionals; and the lack of progression results from a system that neglects caregivers. This pattern leads to the normalisation of burnout, where overload

paradoxically becomes an indicator of performance: “Working overtime seems to be normalising....I am a good professional because I work more hours than I was hired for” (Ent07).

4.3.4. Ideal of Care and Utopia

This theme highlights the tension between the ethical commitment to the uniqueness of the person being cared for and the constraints of a rigid institutional context. Active listening and presence are described as the core of the intervention, practices that recognise the other as a subject of dignity. Ent01 states that “sometimes it is just about sitting and listening....I know I am already making that person’s day,” while Ent13 reinforces: “Care is about looking, listening, and being present....Because no one listens to these people, ever.”

However, structural and bureaucratic limitations are the main obstacles to achieving this ideal. Excessive bureaucracy delays responses (Ent01) and is perceived as “obsolete” and “more bureaucratic than it actually needs to be” (Ent06). As Ent06 herself summarises: “Many of these forms are obsolete and are more bureaucratic than they actually need to be.”

The lack of emotional skills in teams also compromises the quality of the intervention. Ent05 criticises the training model, stating: “We were not trained to deal with the emotional side....Someone has put it into our heads that we have to be some kind of superheroes.”

Given the complexity of the situations, the need for integrated responses is evident. Ent07 notes that entities “are not organised to respond to people’s needs.” Adapting to individual needs is therefore both an ethical requirement and a desirable practice. Ent02 envisions “a more flexible, more adaptable model, where it is not one size fits all,” and Ent04 adds: “I have to listen to them first. I have to understand if that person feels cared for in that way and not how I think they should be.”

Flexibility in care, therefore, emerges as a condition for respecting autonomy. As Ent04 points out: “We do not have to start in room number one...and now it has to be one, two, three—no, it does not.” This desire for flexibility reveals the tension between a relational ethic of care and institutional normativity.

The ideal of person-centred care thus clashes with a technocratic and bureaucratic context, making its realisation feel like a “practical utopia” (Ent10). In this way, care also reveals itself as a political space, where values and possibilities for transformation are contested.

4.3.5. Individual and Collective Strategies for Professional Sustainability

Peer and/or team sharing emerges as a central and widely valued strategy, allowing feelings to be validated and emotional burdens to be alleviated. Ent01 summarises this function by stating: “The main strategy I use...is to talk openly with the team and vent.” This sharing takes on an emotional dimension above all, functioning as an informal space for supervision.

Professional sustainability relies on structured support. When available, formal supervision provides a vital space for reflection and self-restraint. In its absence, professionals are forced to rely on informal peer sharing to alleviate emotional burdens.

The separation between personal and professional life is understood as an essential protective measure. Ent01 argues for “not bringing problems from home to work, but also not taking problems from work home.” Despite this, several professionals recognise the difficulty of emotionally disconnecting, as expressed by Ent10: “One of the things that can at times be very difficult is detaching ourselves from what we leave behind when we leave the workplace.”

Personal training, self-care, and psychotherapy are also mentioned as essential practices for preventing burnout. Ent05 states: “I have been developing structures and tools for self-protection and self-care,” while Ent13 refers to resorting to “supervision...training...psychotherapy.”

The ritualisation of mourning is also a resource for emotional processing and symbolic closure of intense caregiving relationships. Ent04 recognises “a very strong need to go to the funeral...if I do not do that, I find it more difficult to close that cycle.”

Taken together, these strategies reveal active resilience, although often sustained by individual initiatives, highlighting a persistent institutional omission in the care of caregivers.

4.3.6. Professional Recognition and Collective Mobilisation

The theme reflects the institutional and social devaluation of social work, with the profession’s perceived invisibility described as a recurring sentiment. Many professionals feel their roles are poorly understood by both the institutions where they work and society at large (Ent01). Ent01 complains: “People do not even know what a social worker does. People are completely unaware.” Ent13 shares this perception: “You would walk into that room and not know who was who, which distressed me greatly...no one cares about us.”

This lack of recognition is structurally embedded, resulting in low salaries and stagnant careers, as we have already analysed. Ent09 emphasises: “What is happening in the third sector is that we are very poorly paid, and the work is highly stressful, both emotionally and physically.”

The role of the Association of Social Workers is fraught with expectation, but also with mistrust. Professionals are calling for firmer intervention in defence of the class and public recognition of the profession. Ent01 suggests that the Association “reach out to the media...to give social workers a voice,” while Ent07 advocates action at the “macro-legislative level.” However, this hope reveals fragility, as Ent13 points out: “We are here with great hope in the Association at the moment, which is also fading.”

There is a clear collective awareness that emotional exhaustion is systemic rather than circumstantial. Ent09 states that “Professional associations must be concerned with the mental health of the people they defend,” while Ent06 criticises the lack of institutional emotional support. Ent05 reinforces this gap by asking: “How is it that there is no one to care for those who care?” This prompts a call for robust public policies and organisational strategies, emphasising the catalytic role the Association can play. Thus, a tension emerges between the ideals of valorisation, greater visibility, fair pay, and political and symbolic recognition, and a reality in which stakeholders perceive social workers as “volunteer firefighters” (Ent09): permanently available to manage crises while rarely being provided with care themselves.

5. Discussion of Results

The results of this study highlight the high emotional, ethical, and organisational complexity of social work practice, especially in contexts of mental health and social vulnerability. In line with Moratalla (2022) and Nullens and van Nes (2022b), the narratives of social workers reveal that care goes beyond the technical dimension, reflecting the *homo curans* paradigm: care rooted in empathy, interdependence, and shared vulnerability. However, the findings also show that this paradigm operates under institutional logics still shaped by efficiency-oriented rationalities, generating structural tension between *homo curans* and *homo economicus* models.

The findings validate a relational ethic of care that legitimises fragility as a core element of the therapeutic bond. This reality challenges the *homo economicus* model and approaches a relational practice, as advocated by Watson in his transpersonal care theory (Kinsella et al., 2025). The recognition of emotions, empathy, and emotional resonance between professional and user refers to an ethic of care that legitimises fragility as a constitutive element of the therapeutic bond (Torres Almeida & Rodrigues, 2018). By evidencing how professionals experience their own vulnerability as inseparable from that of service users, the study extends the *homo curans* paradigm beyond anthropological reflection, situating it within concrete organisational practices and constraints. Care thus emerges not only as an ethical stance but as an institutional field of dispute.

Hochschild's (2012) concept of emotional labour is strikingly evident in reports of exhaustion, institutional burnout, and difficulty in establishing boundaries between personal and professional life. The interviewees oscillate between surface acting and deep acting, the former being more closely associated with psychological distress, as evidenced by Wang et al. (2016) and Merighi and Dinis (2008). The lack of supervision mechanisms deepens this vulnerability, contrary to the good practices recommended in the literature (Pisaniello et al., 2012). Importantly, the data suggest that emotional labour in social work is not merely an individual regulatory process, but a structurally intensified demand embedded in under-resourced welfare contexts. In this sense, burnout should not be interpreted as personal fragility, but as an institutional symptom of misalignment between relational care ethics and bureaucratic governance models. Burnout, therefore, appears less as individual fragility and more as an institutional symptom of misalignment between relational care ethics and bureaucratic governance.

The data indicate that psychological well-being depends on multiple factors: peer support, cohesive teams, technical autonomy, and institutional validation. The fragility of supervision mechanisms identified in the findings contradicts established best practices for occupational health. This gap reinforces the limits of organisations that prioritise bureaucratic efficiency over the "care for those who care," exposing the ethical sustainability risks of the profession. This criticism aligns with the work of Simpson et al. (2024) and D'Cruz and Noronha (2024) on organisational compassion. Thus, the study advances the debate on compassionate institutional ecosystems by demonstrating empirically that compassion cannot be reduced to interpersonal virtue; it must be structurally embedded in leadership models, career progression systems, and resource allocation frameworks. Without this structural embedding, compassionate discourse risks becoming symbolic rather than transformative.

The analysis also highlights persistent institutional barriers, such as a lack of resources, stigmatisation of mental health, and fragility in the articulation between services. These barriers not only compromise care for users but

also intensify feelings of professional helplessness, illustrating the effects of structural vulnerability (Bourgois et al., 2017; Spini & Vacchiano, 2023). Importantly, structural vulnerability extends to professionals themselves, who experience derivative exposure to systemic constraints. The tension between the ideal of care and the “practical utopia” (Ent10) reveals that the impossibility of acting on ethical-humanistic values (active listening, individualised responses, relational presence) carries a high emotional cost.

Hence, there is an urgency to rethink the role of institutions. The literature on compassionate institutional ecosystems (Araújo et al., 2016; Clark et al., 2022) offers ways to create organisational environments that promote professional well-being and ensure sustainable responses. Empathetic leadership, support networks, recognition policies, and decent working conditions are no longer accessories but have become structural pillars of ethical care. From a futures studies perspective (Bell, 2017), these elements can be understood as anticipatory governance mechanisms capable of transforming present organisational cultures toward more humane and sustainable welfare systems. The narratives collected illustrate that micro-level practices of compassionate reasoning (Gopin, 2021) already exist in everyday professional conduct, but their institutional consolidation remains fragile.

At the same time, the issue of professional recognition exposes a collective feeling of invisibility and devaluation. Despite the establishment of the Association of Social Workers, the perception of a lack of effective representation persists, reinforcing the need for collective mobilisation and public policies that recognise the centrality of social work. This symbolic invisibility echoes the “injustice of recognition” described by Fraser (1997), demanding greater visibility, wage justice, and institutional appreciation. The struggle for recognition, therefore, emerges not merely as a corporatist claim but as a precondition for sustaining relational welfare systems grounded in the *homo curans* paradigm. Without recognition, care work risks being morally expected yet politically marginalised.

Professional sustainability strategies, from psychotherapy to the ritualisation of grief, highlight the critical awareness that one must take care of oneself to care for others. These practices align with proposals for compassionate futures (Bell, 2017; Gopin, 2021) grounded in creative ethics, institutional empathy, and mutual care oriented towards social transformation. Nevertheless, reliance on individual coping mechanisms underscores a structural paradox: The responsibility for maintaining the *homo curans* ethos is disproportionately individualised, while the institutional conditions necessary for its flourishing remain underdeveloped.

The articulation of empirical data with the theoretical framework shows that social work requires more than individual resilience, particularly in contexts of high emotional and structural complexity. It requires compassionate institutions, integrated public policies, and effective social recognition. The transition from systems oriented towards efficiency and productivity to systems based on care and interdependence, as proposed by the *homo curans* paradigm, is no longer only desirable but urgent. Caring for those who care thus emerges as an ethical, organisational, and political imperative for building more just, empathetic, and sustainable futures. In this sense, the study not only confirms the relevance of the *homo curans* model but empirically demonstrates the institutional conditions under which it is either sustained or undermined, thereby contributing to its operationalisation within welfare governance debates.

Despite the robustness of the mixed-methods approach, the study has some limitations that should be considered when interpreting the results. The use of a non-probabilistic sample, obtained for convenience,

limits the statistical generalisation of the results and may also introduce self-selection bias. Participation may have been more attractive to professionals who are either more emotionally engaged with the topic or experiencing higher levels of psychological strain, which may have influenced both the distribution of well-being scores and the prominence of certain qualitative themes. Consequently, the sample may overrepresent more reflective or more distressed professionals, requiring caution when extrapolating the findings to the broader population of social workers. The cross-sectional design of the quantitative phase prevents the establishment of causal relationships between psychological well-being and care practices, allowing only the identification of associations at a single point in time. Thus, although significant relationships were identified, it is not possible to determine directionality: Adverse organisational conditions may contribute to lower well-being, but it is equally plausible that professionals experiencing emotional exhaustion perceive institutional support more negatively. Longitudinal designs would be necessary to clarify temporal sequencing and potential causal pathways. The use of self-response instruments, namely the WHO-5, may be subject to social desirability and does not allow for an in-depth analysis of specific dimensions of professional distress. Online data collection and videoconference interviews may have conditioned the participation of some professional profiles and limited the observation of relevant nonverbal dynamics. Finally, despite the rigorous strategies adopted in the qualitative analysis, it inevitably involves situated interpretive processes, and the results should be understood as contextualised in time and in the organisational context of Social Work in Portugal.

6. Conclusion

The study analysed the psychological well-being of social workers in Portugal. The triangulation between quantitative and qualitative data revealed a structurally ambivalent reality. Most participants demonstrated resilience. However, one quarter reported low well-being, mainly characterised by persistent fatigue, insufficient rest, and emotional tension. This ambivalence reflects the coexistence of a strong relational commitment to care with institutional arrangements that do not adequately support it.

The qualitative results deepen this evidence by showing that care is permeated by mutual vulnerability: The suffering of users echoes in professionals' personal experiences, producing emotional resonances that are difficult to manage in the absence of institutional containment mechanisms. Emotional labour, central to the profession, often manifests as burnout, especially when performed in a bureaucratic, inflexible, and under-resourced environment. Inadequate supervision, low autonomy, and symbolic devaluation contribute to the internalisation of feelings of powerlessness and the risk of burnout. These findings allow us to argue that the sustainability of relational welfare systems depends directly on the psychological sustainability of those who embody them.

These dynamics reveal that social workers' well-being cannot be understood solely as an individual responsibility. It depends on organisational ecosystems capable of recognising the ethical and emotional complexity inherent in care, offering working conditions, technical support, and recognition compatible with the demands of the profession. The discrepancy between the ideal of care centred on the uniqueness of the person and the normative constraints of institutions results in an "ethical misalignment" that compromises both the quality of the intervention and the psychological health of professionals. Such misalignment signals the persistence of governance models closer to *homo economicus* rationalities than to the *homo curans* paradigm announced in contemporary ethical debates.

In this context, particularly relevant ethical and political implications emerge, summarised in the following recommendations: (a) restructure work environments, strengthening teams and material resources to mitigate work overload, recognised as the main cause of fatigue; (b) systematically and mandatorily implement professional supervision as a protected space for ethical, emotional, and technical reflection; and (c) promote fairer recognition in political and salary terms, and that reflects the complexity of the emotional and ethical work inherent in the practice of social work. Beyond organisational reform, governments/policymakers/institutions require broader welfare governance reforms to institutionalise compassionate reasoning within public policy design and implementation.

The establishment of the Association of Social Workers constitutes, in this context, a symbolic and political opportunity to strengthen the defence of professional rights and promote workforce mental health, contributing to the construction of compassionate futures (Bell, 2017; Moratalla, 2022) in which caring for those who care is affirmed as an ethical and structural imperative. By empirically linking emotional labour, structural vulnerability, and recognition theory within the *homo curans* framework, this study advances the theoretical consolidation of compassionate futures as a viable orientation for contemporary social policy.

Although the non-probabilistic sample limits the generalisation of the results, the consistency between the different methods strengthens the validity of the conclusions and highlights the urgency of organisational and public policies that care for those who care. Sustaining social workers' well-being is both an operational necessity and an ethical imperative. It ensures that interventions remain socially just and emotionally responsible while strengthening communities in vulnerable contexts. Ultimately, the transition towards compassionate futures will not occur through moral exhortation alone, but through structural transformation that aligns institutional architectures with the relational anthropology they implicitly require.

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Conflict of Interests

The authors have no competing interests to declare.

Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

LLMs Disclosure

The authors did not use any large language models (LLMs) in preparing this manuscript.

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