

International Journal Educational Psychology  
Volume 14, Issue 1, 24<sup>th</sup> February, 2025, Pages 1–19  
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<http://dx.doi.org/1.17583/ijep.15779>

## Analysis of Occupational Well-Being in Residential Care Homes in Spain

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### Abstract

Professionals working in residential care homes for children and young people face challenges that affect their well-being at work and psychosocial climate. This study analyses the influence of work climate and psychosocial factors on the well-being of 164 workers in residential care centres in Spain, using the Psychosocial Climate at Work Scale (ECPT) and the FPSICO 4.1 questionnaire. Data analysis includes descriptive statistics, correlations and linear regressions to create predictive models. The results indicate that factors such as managerial role, experience in the social sector and external supervision contribute to a better psychosocial work climate. These findings highlight the importance of effective leadership from administrations and management teams, which favours a healthy environment for professionals. They also underline the need to establish staff retention mechanisms and to provide external supervision as additional support. Finally, it is recommended to implement socio-educational programmes focused on well-being at work that not only improve the psychosocial climate, but also increase the satisfaction and performance of workers, thus promoting an environment that favours the efficiency and well-being of the staff in residential care homes for children and young people.

### Keywords

Occupational well-being, residential care homes, psychosocial factors, job satisfaction, psychosocial climate

**To cite this article:** Cantos-Egea, A., Tierno-García, J.M., Espinoza-Díaz, I.M. & Camarero-Figuerola, M. (2025). Analysis of occupational well-being in residential care homes in Spain. *International Journal Educational Psychology*, 14(1), pp. 1-19  
<http://dx.doi.org/1.17583/ijep.15779>

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## **Análisis del bienestar laboral en los de centros de acogimiento residencial en España**

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### **Resumen**

El personal de los centros de acogimiento residencial infantil y juvenil enfrenta desafíos que afectan a su bienestar laboral y al clima psicosocial. Este estudio analiza la influencia del clima laboral y los factores psicosociales en el bienestar de 164 profesionales en centros de acogida en España, utilizando la Escala de Clima Psicosocial en el Trabajo (ECPT) y el cuestionario FPSICO 4.1. El análisis de datos incluye estadística descriptiva, correlaciones y regresiones lineales para crear modelos predictivos. Los resultados indican que factores como el rol directivo, la experiencia en el sector social y la supervisión externa contribuyen a un mejor clima psicosocial en el trabajo. Estos hallazgos destacan la importancia de un liderazgo eficaz desde las Administraciones y los equipos directivos, lo que favorece un entorno saludable para el personal. Asimismo, se subraya la necesidad de establecer mecanismos de retención profesional y de brindar supervisión externa como apoyo adicional. Finalmente, se recomienda implementar programas socioeducativos enfocados al bienestar laboral que no solo mejoren el clima psicosocial, sino que también incrementen la satisfacción y el rendimiento de las personas trabajadoras, promoviendo así un ambiente que favorezca la eficacia y el bienestar del personal en los centros de acogimiento residencial.

### **Palabras clave**

Bienestar laboral, clima psicosocial, acogimiento residencial, factores psicosociales, satisfacción laboral

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**Cómo citar este artículo:** Cantos-Egea, A., Tierno-García, J.M., Espinoza-Díaz, I.M. & Camarero-Figuerola, M. (2025). Analysis of occupational well-being in residential care homes in Spain. *International Journal Educational Psychology*, 14(1), pp. 1-19  
<http://dx.doi.org/1.17583/ijep.15779>

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The latest report on the child protection system issued by the Ministry of Social Rights, Consumer Affairs and 2030 Agenda (2023) quantifies the total number of children and young people in residential care in Spain at 16,365. The quality of social and educational interventions is a key factor in ensuring the quality of life of children and young people living in residential care homes (Barranco et al., 2024; Del Valle et al., 2012). Several studies support the importance of fostering good relationships and successful social and educational interventions to enhance the subjective well-being and quality of life of children and young people (Bravo & Del Valle, 2009; Gallardo-Masa et al., 2023; Llosada-Gistau et al., 2017). In this context, we cannot overlook the complexity of the tasks and the multiplicity of factors that all professionals involved in the day-to-day life of children and young people must take on (Barboza Cid et al., 2020). Therefore, it is essential to understand and analyse their professional and personal well-being as a means to promote improvements in the functioning of residential care homes (González-Peiteado et al., 2022; Marzo Arpón & Fajardo Martínez, 2012). The document on the criteria for coverage, quality, and accessibility in residential care homes (General Directorate of Services for Families and Children, 2019) highlights the complexity of the social and educational work, and the close relationship and social bond established between residential care staff and children and young people. In this sense, it is essential to recognise the effort and professional dedication, as well as to review the legislative and social reality of residential care homes (Fernández Sánchez et al., 2023) and of these professionals. Furthermore, actions should be promoted to foster a good work environment and enhance biopsychosocial well-being.

Staff in residential care homes for children and young people often encounter demanding social and professional challenges, characterised by difficult working conditions such as occupational instability, staff turnover, undefined procedures and intervention protocols, relational issues with children and young people, and emotional strain resulting from having to make complex decisions frequently and under time pressure (Griffiths et al., 2019; McFadden et al., 2014; Santos et al., 2024; Strolin-Goltzman, 2008). In these situations of high psychological demands, workers may experience burnout and discouragement. Hence, in these contexts, the care and support of professionals becomes essential to protect and promote their mental health and prevent associated risks such as fatigue, discomfort, and work-related stress (Del Valle et al., 2007; Jenaro-Río et al., 2007).

### **Towards Occupational Well-Being through Climate and Psychosocial Factors**

The well-being of professionals is a fundamental pillar of a healthy organisation, as there is a direct relationship between productivity levels, general health, and the well-being of workers (Al-Qutop & Harrim, 2011; Gil-Monte & Pradó Gascó, 2021; Martínez-Vargas & Rivera-Porras, 2019).

Rodgers et al. (2009) confirm that *occupational well-being* is related to all aspects of working life, from the quality and safety of the physical environment to how workers perceive the organisational climate and the organisation of work.

Gil-Monte and Pradó Gascó (2021) argue that developing well-being at work involves achieving a healthy work-life balance, preventing stress in the workplace, maintaining healthy relationships with other members of the organisation, and fostering professional development while being committed to work performance and results.

In general, positive work experiences are associated with higher levels of well-being and are known as protective factors (Navarro Soria et al., 2018), especially in situations where performance standards are high and staff are positively reinforced (Díaz-Pincheira & Carrasco-Garcés, 2018). Conversely, those circumstances or situations linked to high levels of stress and occupational discomfort are identified as risk factors, as they negatively affect health. Therefore, the prevention of psychosocial risk factors in the workplace becomes a primary duty for organisations and public policies, both European and national (European Commission, 2021; Law 31/1995, of 8 November, on Occupational Risk Prevention). These provisions call on organisations to develop and implement actions to raise awareness, assess, and manage these factors, as set out in the INSST (2023).

In relation to health and well-being at work, psychosocial factors and the psychosocial climate (Tous et al., 2011) play a crucial role as predictors of occupational well-being and possible distress in the work environment (Luceño-Moreno et al., 2017). Psychosocial factors associated with work encompass the set of perceptions and experiences of the worker that influence both working conditions and the environment in which their activity takes place (Gil-Monte & Prado-Gascó, 2021).

The International Labour Organisation (ILO) and the World Health Organisation (WHO) (1984) recognised and named psychosocial factors in the workplace in a joint report on occupational medicine, their incidence, and prevention. Subsequently, Kalimo et al. (1988) confirmed the relevance of psychosocial factors in the workplace and their link to occupational health in a report published by the WHO. These developments marked the beginning of a global effort to intervene on psychosocial risks and factors, leading many countries to develop their own regulations, methodologies, and assessment tools. Risk observatories have also been established to facilitate the dissemination of studies, statistics, and results related to these assessments.

With regard to work climate, it also includes an individual and collective vision of the work environment, understood as a set of work, psychosocial, and organisational situations (Bernasconi & Rodríguez-Ponce, 2018). In this sense, the analysis of the psychosocial climate at work becomes a fundamental tool for this holistic approach, as it allows taking into account elements such as the organisational health and culture, the personality of the workers that make up the institution, and the interpersonal relationships that are generated (Furnham, 1997; Lent & Brown, 2008; Tous-Pallarés et al., 2011). Individual characteristics derived from personality play a fundamental role in the assessment of professional well-being (Anaya-Velasco, 2017; Egan et al., 2008). Individual perceptions of the psychosocial climate at work are closely related to the working conditions that influence health and well-being, which are directly linked to the physical, social, and psychological aspects of the organisation. In line with the above, Espinoza-Díaz et al. (2023) point out that personality factors and the psychosocial environment have a significant influence on occupational well-being and also warn that disorganisation and lack of emotional stability can lead to the onset of burnout syndrome.

It is assumed that the assessment of the psychosocial climate requires a broad and comprehensive view that encompasses various aspects, as it is a multidimensional construct. Moreover, despite sharing the same occupation, different people may react differently to identical circumstances. Based on these considerations, Tous-Pallarés et al. (2011) developed the Psychosocial Climate at Work Scale (ECPT, by its Spanish acronym) to understand the perception of the work environment and the most common reactions to its psychosocial factors.

The assessment of psychosocial factors (positive and negative) also poses difficulties. The National Institute for Safety and Health at Work (INSST, by its Spanish acronym) has developed a questionnaire called FPSICO 4.1 (INSST, 2022), which is accepted by the professional community. Its main purpose is specifically to assess and manage psychosocial risks in the workplace.

Given the above, the study of psychosocial factors and the psychosocial climate of staff in residential care homes for children and young people should be a priority and a highly relevant area of research. Previous research analysing job satisfaction in this sector shows how complex working conditions such as job instability, staff turnover, lack of protocols, lack of coordination between national and regional legislation, educator/child ratios or the mental workload involved in decision-making within the child protection system, require high doses of motivation so that staff do not feel overwhelmed by the daily routine (Del Valle et al., 2007; Jenaro-Río et al., 2007; Strolin-Goltzman et al., 2008; McFadden et al., 2018; Griffiths et al., 2019). However, these, do not delve into the psychosocial climate including the individual environment, the group environment and the nature of the organisational structure. Specifically, the present study is interested in this approach and addresses it by posing the following research questions.

- What is the relationship between psychosocial work climate and psychosocial factors of staff in residential care homes for children and young people?
- What sociodemographic and contextual variables influence the psychosocial climate in residential care workplaces?

## **Method**

### **Participants**

The population of this research is professionals working in residential care homes in Spain. According to the General Council of Associations of Social Educators (CGCEES, by its Spanish acronym), these data are not available at a national level, as responsibility for the protection of minors lies with the Autonomous Communities. Moreover, the professional associations of social education in each autonomous community do not have this data (total number of professionals in residential care homes). Fortunately, however, all of them offered to collaborate in the dissemination of the study among their members through their communication channels (website, newsletters, social media, etc.). Communication was also established with public, subsidised, and private bodies responsible for managing residential

care homes, inviting them to participate in the study and facilitating access to their professionals.

Despite the challenges in obtaining the study population, the combination of these strategies resulted in a sample of 164 participants. More women ( $n = 136$ , 82.9%) than men ( $n = 28$ , 17.1%) participated in the study. Most participants were aged between 26 and 35 years ( $n = 78$ , 47.6%) or over 36 years ( $n = 65$ , 39.6%), although there were also participants younger than 26 years ( $n = 21$ , 12.8%). Work experience in the social field and residential care is fairly evenly distributed: 3 years or less (29.3% and 32.3%), 4 to 10 years (36.6% and 36.6%), and more than 11 years (34.1% and 31.1%).

Most participants do not have management experience ( $n = 127$ , 77.4%), but 37 professionals (22.6%) contribute to the management and leadership of their workplace: 14 in management, 2 in deputy management, and 21 in coordination. Most of the participating residential care homes are contracted ( $n = 115$ , 7.1%), with the remainder divided between private ( $n = 27$ , 16.5%) and public ( $n = 22$ , 13.4%). In terms of size, they are distributed as follows: small, with 12 places or fewer ( $n = 75$ , 45.8%); medium, with between 13 and 25 places ( $n = 34$ , 2.7%); and large, with 26 places or more ( $n = 55$ , 33.5%). Few homes are under-occupied ( $n = 18$ , 11%) and they are generally fully occupied ( $n = 142$ , 86.6%). Some even operate with over-occupancy ( $n = 4$ , 2.4%). Approximately two-thirds of participants ( $n = 112$ , 68.3%) report that they do not have access to external professional supervision, compared to 52 who do (31.7%).

## Instrument

The questionnaire used was validated by three experts in the field of residential care for children and young people. The final structure of the questionnaire consists of four sections. For this study, sections 1, 3, and 4 were analysed:

- **Sociodemographic and contextual data (ad hoc):** Consists of 10 questions designed to identify the profile of the participants (gender, age, professional experience social work, professional experience in residential care, experience in management positions - manager, deputy manager and coordinator - and availability of external professional supervision) and the profile of the residential care homes (ownership, size and occupancy rate). In addition, the geographical location was collected in order to analyse this variable in future research, as legislation in this area varies from one area to another.
- **Psychosocial data (ad hoc):** Consists of 4 questions about participants' perceptions of their work-related psychosocial conditions and their support network.
- **Psychosocial Climate at Work Scale** [Escala de Clima Psicosocial en el Trabajo, ECPT] (Tous-Pallarés et al., 2011). The scale originally showed adequate internal consistency values ( $\alpha$ : .74). In the sample of the present study, a slightly lower value was obtained than in the original scale ( $\alpha$ : .56). It consists of 16 items assessed on a Likert-type scale from 1 to 7, with 1 being the lowest level of agreement and 7 the highest. The items are grouped into three dimensions:



- **Work content:** Assesses how skills and competencies are used, considering aspects such as responsibility for assigned tasks and the ability to identify stressful work stimuli.
  - **Personal relationships:** Explores interpersonal dynamics in the workplace and how these can affect team coordination and performance of work teams.
  - **Role management / Disorganisation:** Informs about perceptions regarding the organisational structure and how it enables coping with change and maintaining positive expectations in the work context.
- **FPSICO 4.1 Questionnaire (INSST, 2022).** The scale originally showed adequate internal consistency values ( $\alpha$ : .895). In the sample of the present study, consistency was found to be adequate ( $\alpha$ : .80). This questionnaire is composed of 44 questions, some of which are multiple, so that the total number of items amounts to 89, on a Likert-type scale from 1 to 4. The total number of items is grouped into 9 factors:
    - **Working time:** Analyses how the length and quality of working time affects well-being (including rest periods and impact on social life).
    - **Autonomy:** It studies the degree of temporal autonomy (freedom to manage workload and rest) and the degree of decisional autonomy (ability to influence one's own work).
    - **Workload:** Measures the demands, organisational tasks and quantitative (amount of work) and qualitative (difficulty of tasks) demands in the work environment
    - **Psychological demands:** Assesses the mental and emotional effort required by work tasks, as well as their impact on emotions
    - **Variety / Work content:** Analyses the level of diversity, significance and usefulness of the tasks performed, both for one's own professional development and for the organisation and society
    - **Participation / Supervision:** Assesses the participation (involvement, intervention and cooperation) of staff in the organisation and supervision (assessment of the level of control and leadership)
    - **Concern for the worker / Compensation:** Measures the perceived value placed on employees by the organisation and the compensation measures in place
    - **Role performance:** Assesses the clarity and consistency of the roles assigned to each job, identifying potential conflicts and ambiguities in responsibilities
    - **Relationships and social support:** Assesses the quality of interpersonal relationships in the work environment, including perceived support from colleagues and supervisors, as well as communication and teamwork.

## Procedure

The questionnaire was administered online through the Lime Survey platform, hosted on the university's servers. The data collected were processed using SPSS version 29, applying

descriptive statistical techniques, correlations, and linear regressions to build predictive models based on the variables analysed.

In terms of statistical tests, Pearson's correlation analysis was first carried out between the ECPT scale and the independent variables: the FPSICO questionnaire and the sociodemographic (and contextual) data of the sample. A stepwise multiple regression analysis was then carried out to determine the influence of the variables and their relationships. Finally, the resulting predictive models are presented to explain which variables influence the existence of a good psychosocial work climate.

This study was authorised by the Ethics Committee of the Universitat Rovira i Virgili with reference CEIPSA-2022-TD-0002. Participants were informed about the research objectives, and informed consent was obtained to ensure the protection and ethical use of the data.

## Results

To answer the research questions, the main results are presented in two subsections. The first shows the correlation analyses carried out between the dependent variable of the study (the ECPT scale of [Tous-Pallarés et al., 2011](#)) and the FPSICO ([INSST, 2022](#)) questionnaire and the sociodemographic data. The second part shows the regression analyses between the ECPT and FPSICO scales and the sociodemographic and contextual data of the sample.

The correlation analysis reveals that work content is perceived positively when there is an optimal workload ( $r = .177, p < .01$ ). However, it is perceived negatively when there is low autonomy ( $r = -.573, p < .01$ ), low variety and content in tasks ( $r = -.204, p < .01$ ), low participation and supervision ( $r = -.444, p < .01$ ), and insufficient relationships and social support ( $r = -.212, p < .01$ ) are observed.

Personal relationships are considered satisfactory when the workload ( $r = .275, p < .01$ ) is adequate. On the other hand, they are perceived negatively in the presence of low levels of autonomy ( $r = -.263, p < .01$ ), low variety and content in tasks ( $r = -.285, p < .01$ ), and insufficient relationships and social support ( $r = -.226, p < .01$ ).

There is a sense of disorganisation in the workplace due to low perceived autonomy ( $r = .454, p < .01$ ), low variety and content in tasks ( $r = .519, p < .01$ ), insufficient participation and supervision ( $r = .429, p < .01$ ), and unsatisfactory relationships and social support ( $r = .296, p < .01$ ). However, when adequate levels of workload ( $r = -.316, p < .01$ ) and psychological demands ( $r = -.187, p < .05$ ) are observed, the perception of good role management is observed.

No significant correlations were found between the following variables: working time, concern for the worker/compensation, and role performance.



**Table 1***Correlations between ECPT and FPSICO*

	<b>Work content</b>	<b>Personal relationships</b>	<b>Role management / Disorganisation</b>
Working time	.009	.030	.084
	.909	.705	.285
Autonomy	<b>-.573(**)</b>	<b>-.263(**)</b>	<b>.454(**)</b>
	.000	.001	.000
Workload	<b>.177(*)</b>	<b>.275(**)</b>	<b>-.316(**)</b>
	.024	.000	.000
Psychological demands	.104	.127	<b>-.187(*)</b>
	.185	.106	.017
Variety / Work content	<b>-.204(**)</b>	<b>-.285(**)</b>	<b>.519(**)</b>
	.009	.000	.000
Participation / Supervision	<b>-.444(**)</b>	-.065	<b>.429(**)</b>
	.000	.410	.000
Concern for the worker / Compensation	.119	.017	.135
	.131	.824	.084
Role performance	.083	.048	.043
	.292	.542	.582
Relationships and social support	<b>-.212(**)</b>	<b>-.226(**)</b>	<b>.296(**)</b>
	.006	.004	.000

Note. \*  $p < .5$ , two-tailed, \*\*  $p < .01$ , two-tailed.

N per list = 164.

As shown in Table 2, the correlation analysis indicates that staff with experience in residential care perceive less disorganisation in the work environment ( $r = -.174$ ,  $p < .05$ ), which favours professional role management. Additionally, those who hold managerial positions in residential care homes for children and young people perceive their work content more positively ( $r = .256$ ,  $p < .01$ ) and report less disorganisation ( $r = -.286$ ,  $p < .01$ ). The analysis also shows that the availability of external professional supervision can favour the perception of work content in residential care ( $r = .234$ ,  $p < .01$ ). No significant correlations were found between personal relationships and the other variables in the study.

**Table 2***Correlation between Psychosocial Climate (ECPT) and Sociodemographic and Contextual Variables*

	<b>Work content</b>	<b>Personal relationships</b>	<b>Role management / Disorganisation</b>
Gender	-.057	-.026	-.075
	.466	.739	.340
Age	-.057	-.091	-.037
	.465	.244	.635

	<b>Work content</b>	<b>Personal relationships</b>	<b>Role management / Disorganisation</b>
Social work experience	-.072 .361	-.048 .543	-.143 .068
Residential care experience	.006 .940	-.041 .606	<b>-.174(*)</b> .026
Workplace ownership	-.116 .139	.039 .624	.020 .799
Workplace size	.017 .826	-.128 .103	.050 .526
Workplace occupancy rare	-.079 .316	-.004 .962	-.005 .952
Availability of external professional supervision	<b>.234(**)</b> .003	.113 .149	-.109 .166
Work experience in position: Management	<b>.256(**)</b> .001	-.009 .905	<b>-.286(**)</b> .001
Work experience in position: Deputy management	.031 .690e	.048 .542	-.072 .358
Work experience in position: Coordination	.105 .182	.114 .146	-.007 .931

Note. \*  $p < .5$ , two-tailed, \*\*  $p < .01$ , two-tailed, N per list = 164.

After establishing correlations between the ECPT scale and the FPSICO questionnaire and between the ECPT scale and socio-demographic data, a stepwise multiple regression analysis was performed to identify which psychosocial factors are the best predictors of a good psychosocial work climate.

**Table 3**

*Influence of Psychosocial Factors (FPSICO) on the Perception of Psychosocial Climate (Residential Care Home Professionals)*

<b>Dependent variable</b>	<b>Variables introduced by the model</b>	<b>R<sup>2</sup></b>	<b>Coefficient</b>	<b>p</b>
Work content	Autonomy	.328	-.573	.001
	Relationships and social support	.378	.231	.001
	Participation / Supervision	.412	-.220	.001
	Concern for the worker / Compensation	.428	.128	.001
Personal relationships	Variety / Work content	.081	-.285	.001
	Workload	.129	.224	.001
Role management / Disorganisation	Variety / Work content	.269	.519	.001
	Participation / Supervision	.361	.315	.001
	Workload	.402	-.207	.001

Overall, the multiple regression model explains 95.9% of the variance in the perception (positive or negative) of the psychosocial climate in the work environment. When differentiating between the three dimensions of the psychosocial climate scale, the explained variance is: Work content (42.8%), Role management / Disorganisation (40.2%), and Personal relationships (12.9%).

As shown in Table 2, the findings indicate that work variety and content (26.9% of the variance in Role management / Disorganisation and 8.1% of the variance in Personal relationships) best explain the perception of the work climate in this group, followed by autonomy (which alone explains 32.8% of the variance in Work content). To a lesser extent, participation and supervision, workload, relationships (and social support), and, lastly, concern for the worker and compensation should also be noted.

The multiple regression analysis has identified which sociodemographic and contextual variables are predictors of the psychosocial climate in residential care work (see Table 4).

**Table 4**

*Influence of Sociodemographic and Contextual Variables on the Perception of the Psychosocial Climate (residential care professionals)*

Dependent variable	Variables introduced by the model	R <sup>2</sup>	Coefficient	p
Work content	Work experience in position: Management	.066	.256	.001
	Availability of external professional supervision	.113	.217	.005
	Social work experience	.145	-.190	.010
Personal Relationships	Availability of external professional supervision	.025	.163	.050
Role Management / Disorganisation (RM)	Work experience in position: Management	.082	-.286	.001

Overall, the multiple regression model explains 25.2% of the variance (positive or negative) in the social climate in the work environment. When differentiating between the three dimensions of the psychosocial climate scale, the explained variance is: Work Content (14.5%), Role Management/Disorganisation (8.2%), and Personal Relationships (2.5%).

As shown in Table 4, the findings indicate that the dimension explaining the highest percentage of the variance in the professional perception of the work climate is holding a managerial position in a residential care home (82% of the variance for Role management and 66% of the variance for Work content), followed by the availability of external professional supervision (47% of the variance for Work content and 25% for Personal relationships). Social work experience should also be considered, although it only explains 32% of the variance for Work content.

## Discussion

In response to the research question about the relationship between the psychosocial work climate and the psychosocial factors in residential care homes, the findings show that an adequate workload is associated with a positive assessment of work content and personal relationships. On the other hand, significant correlations point to the need to enhance the sense of autonomy, task variety and content, as well as socially supportive relationships, to reverse the negative perception of work content and personal relationships. These findings are consistent with the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2017), which argues that the influence of workload on burnout (as a precursor to burnout) can be reduced if there is job autonomy, task variety, and social support from co-workers as a motivating force (De Jonge & Huter, 2021), as well as family support (Roa et al., 2022).

In addition, optimal work environment conditions, autonomy, task variety and content, and social relationships and social support allow for optimal work adjustment, which, in turn, leads to better role management and less perceived disorganisation. The actions of those in leadership, especially in terms of participation, fostering interpersonal relationships, and delegation of work responsibilities, influence staff commitment and orientation towards professional goals (Tordera et al., 2008; Tormo Carbó & Osca Segovia, 2011). The promotion of positive psychosocial factors is closely linked to leadership style (Anaya Ortega et al., 2020). In this sense, the need for robust leadership skills in residential care home managers is clear. Biggart et al. (2017) and Katz et al. (2022) argue that in order to create a secure foundation for modelling good professional practice, it is necessary to lead with shared responsibility. Given the plurality of socio-educational actions (Barboza Cid et al., 2020) and the need for effectiveness and professional development, leaders must develop awareness and sensitivity to changing situations and organisational constraints (Díaz-Pincheira & Carrasco-Garcés, 2018). As a result, leadership styles should adapt to the prevailing circumstances (Schmid, 2008).

Significant patterns were identified in response to the research question about the influence of sociodemographic and contextual variables on the psychosocial climate in residential care homes. A high level of experience in residential care is associated with a lower sense of task disorganisation and better role management. This is important because when less organisation is perceived in the workplace, motivation and job satisfaction may decrease (Baugerud et al., 2018; McFadden, 2020). Such situations are more common when there is high staff turnover (Burns et al., 2020). To address these issues, it is recommended to implement programmes aimed at promoting staff retention (Tham & Strömberg, 2020) by providing adequate salaries, professional development opportunities, and a positive work environment (Biggart et al., 2017; Burns et al., 2020; McFadden et al., 2018). This approach can foster a sense of belonging and commitment to the organisation, contributing to higher job satisfaction and lower perceptions of disorganisation. Managers perceive the content of their work more positively than the rest of the educational team and experience less task disorganisation (Tham & Strömberg, 2020).

## Conclusion

The study findings highlight the importance of paying continuous and proactive attention to the well-being of staff working in residential care homes. Their health and job satisfaction are crucial to ensuring quality care for the children and young people in their care. Public administrations play a key role in promoting healthy organisations that foster occupational well-being in residential care homes. Implementing psychosocial risk prevention plans, as outlined by the European Commission (2021) and Law 31/1995, of 8 November, on Occupational Risk Prevention, is essential. These plans should aim to create a safe and supportive working environment that protects the physical and mental health of residential care staff.

Futhermore, the study findings show that implementing external professional supervision, which involves observation, verification, and knowledge acquisition in a professional setting (Puig Cruells, 2014), is a valuable support resource for the residential care educational team. It is associated with a positive perspective on work content. Supervision is linked to managerial, educational, and supportive functions that promote professional self-care and prevent the risk of improvised interventions (Kadushin & Harkness, 2014). In this sense, it can have a positive impact on the social and organisational climate and, consequently, on the quality of life of children and young people in residential care (Bostock et al., 2019).

## Limitations and Future Research Lines

The main limitation of the study is the lack of official records of the number of professionals working in the residential care system for children and young people in Spain, which meant that it was not possible to identify the population in order to draw a representative sample. In addition, despite efforts to disseminate the questionnaire through professional associations and social networks, the response rate could have been higher. Furthermore, the scientific literature on the subject in the Spanish context is scarce, making it difficult to compare the results with previous studies and to generalise the findings. This points to the need for further research on this topic.

For future research, the following actions could be implemented: include the voices of children and young people in residential care to explore, from a holistic perspective, how the psychosocial climate affects them.

In addition, the research findings have served to provide the following practical implications: the study provides data that has not been studied before, such as the relationship between psychosocial climate and psychosocial factors in residential care professionals. These data, in turn, lead to the design and implementation of a psychoeducational intervention programme in which these results could be applied to promote the well-being of residential care workers and, subsequently, to examine the impact of these measures on both workers and children and young people in residential care.

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