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Effectiveness of the BLENDWELL Program for Social Workers: A Pilot Study

Gerone Van J. Revilla[1], Joshua S. Taruc[2]

Author Information:
[1] *Department of Social Welfare and Development Office-National Capital Region, Philippines*

[2] *Notre Dame of Dadiangas University, General Santos City, Philippines*

Correspondence:
grevilla.profile@gmail.com

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Abstract. This pilot study examined the Blended Workplace Well-being Program (BLENDWELL) and its association with burnout and psychological well-being among social workers. BLENDWELL is a psychosocial intervention that integrates online and onsite sessions. Guided by the Job Demands–Resources Model and Cognitive Behavioral Theory, the study employed a within-subjects pretest–posttest quasi-experimental design involving 23 volunteer social workers. Standardized instruments, namely the Maslach Burnout Inventory (MBI) and the Personal Wellbeing Index–Adult (PWI-A), were administered before and after a three-week blended intervention. The program included sessions on burnout awareness, coping strategies, self-care, peer support, and well-being planning. At baseline, participants reported moderate emotional exhaustion (M = 19.0, SD = 8.91), high depersonalization (M = 15.2, SD = 7.56), and a reduced sense of personal accomplishment (M = 32.3, SD = 7.61), along with slightly below-typical well-being (M = 69.6, SD = 17.1). Following the intervention, emotional exhaustion decreased (M = 17.7, SD = 9.23), while psychological well-being increased (M = 82.6, SD = 7.96). Paired-samples t tests indicated no statistically significant changes in any of the three burnout dimensions. However, psychological well-being significantly improved, $t(22) = -4.46$, $p < .001$, 95% CI [−19.05, −6.96], Cohen's $dz = -0.93$, indicating a large effect size. These findings suggest that participation in the BLENDWELL Program was associated with improved psychological well-being among social workers, although statistically significant changes in burnout were not observed during the three-week intervention. Given the uncontrolled pilot design, the findings provide preliminary evidence rather than definitive evidence of program effectiveness and warrant further investigation using larger samples, longer follow-up periods, fidelity monitoring, and controlled study designs.

Keywords: BLENDWELL Program; Burnout; Pilot Study; Psychological Well-being; Social workers

Introduction

Social workers play a crucial role in promoting the welfare of vulnerable individuals, families, and communities. However, the nature of social work exposes practitioners to persistent psychological demands, including repeated encounters with trauma, crisis situations, poverty abuse and social exclusion. These interactions place social workers at an elevated risk of occupational stress, burnout and diminished psychological well-being. Moreover, emotional exhaustion, detachment, and a reduced sense of personal accomplishment which characterizes burnout could potentially harm the quality of their professional work. Chaves-Montero et al. (2025) reported that higher levels of burnout among social workers were associated with more negative self-perceptions, emotional difficulties, and impaired interpersonal functioning, underscoring the substantial psychological burden that comes with the profession.

The prevalence of burnout among social workers has become an important occupational health concern. Prior to COVID-19 pandemic, approximately 39% of social workers reported symptoms of burnout, with prevalence increasing during period of heightened social demand and crisis (Rine, 2023). Likewise, Giménez-Bertomeu (2024) estimated that nearly one-half of social workers employed in social service settings experience indicators of burnout. In addition, occupational stress may also compromise psychological well-being, which is defined as an individual's capacity to function effectively, maintain emotional balance, and experience purpose and fulfillment in life. When left unaddressed, prolonged burnout can contribute to declining job performance, reduced work engagement, lower job satisfaction, and increased intention to leave the profession. Empirical evidence consistently demonstrates that emotional exhaustion significantly predicts

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turnover intentions among social workers, particularly in organizations characterized by heavy workloads and inadequate institutional support (Kim & Stoner, 2008; Chaves-Montero et al., 2025).

In response to this concerns, numerous intervention programs have been developed to enhance the psychological well-being of helping professionals. Evidence suggests that interventions incorporating mindfulness practices, stress management techniques, relaxation exercises, and cognitive behavioral strategies can effectively reduce stress and burnout while improving resilience and overall well-being. For example, Araújo et al. (2024) demonstrated that breathing and relaxation exercises significantly reduced stress and burnout symptoms among helping professionals. Similarly, Cohen et al., (2023) concluded that workplace mental health interventions positively influence psychological well-being, resilience and employee engagement across various occupational settings.

Despite the growing body of evidence, important gaps remain in the literature. First, intervention research predominantly focused on health care professionals, particularly nurses, physicians, and allied health practitioners, whereas comparatively fewer studies have evaluated structured intervention programs specifically for qualified social workers. Bryce (2024) reported that only a limited number of intervention studies have been conducted exclusively among practicing social workers. Indicating that evidence supporting effective workplace mental health programs for this profession remains limited. Second, although online, face-to-face, and hybrid approaches have individually been examined in occupational training and mental health interventions, relatively little empirical research has investigated structured blended onsite-online interventions designed specifically to reduce burnout and improve psychological well-being among social workers. Consequently, the effectiveness of this delivery approach within the social work profession remains insufficiently understood.

This study is anchored in the Job Demands-Resources Model (Demerouti et al., 2001; Bakker & Demerouti, 2007) and Cognitive Behavioral Theory (Beck, 1976). The former posits that burnout develops when occupational demands consistently exceed the personal and organizational resources available to employees. Conversely, increase in psychological and organizational resources promotes work engagement, resilience, and well-being. The latter proposes that maladaptive emotional responses are influenced by dysfunctional patterns of thinking and can be modified through cognitive restructuring, behavioral activation, relaxation, and adaptive coping strategies. These frameworks provide the rationale for implementing interventions that strengthen coping resources among social workers exposed to chronic occupational stress. Complementing these perspectives the BLENDWELL program integrates psychoeducation, cognitive behavioral techniques, stress management strategies, and guided reflective activities delivered through a blended onsite-online format to enhance participants' coping capacities and psychological well-being while reducing burnout.

Guided by the aforementioned theories, this pilot study evaluates the effectiveness of the BLENDWELL program among social workers employed at the Department of Social Welfare and Development (DSWD) National Capital Region, Philippines. Specifically, the study examines whether participation in the program significantly reduces burnout measured through emotional exhaustion, depersonalization, and personal accomplishment and improves psychological well-being using a within-subjects pretest-posttest quasi-experimental design. By providing preliminary evidence regarding the effectiveness of a theory-informed intervention the study contributes to the limited body of intervention research involving professional social workers and offers practical implications for workplace mental health promotion within social service organizations.

Research Questions

1. What are the pretest levels of burnout among social workers in terms of;
   1.1 Emotional exhaustion
   1.2 Depersonalization, and
   1.3 Personal accomplishment?
2. What is the pretest level of psychological well-being among social workers?
3. What are the posttest levels of burnout among social workers in terms of;
   3.1 Emotional exhaustion
   3.2 Depersonalization, and
   3.3 Personal accomplishment?
4. What is the posttest level of psychological well-being among social workers?
5. Is there a significant difference in burnout level scores before and after participation in the BLENDWELL Program?
6. Is there a significant difference in psychological well-being scores before and after participation in the BLENDWELL Program?

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Scope and Delimitation of the Study

This study presents the first empirical evaluation of the BLENDWELL Program following its conceptualization. The program was implemented among social workers employed at the Department of Social Welfare and Development (DSWD) National Capital Region, Philippines. Specifically, the study examined the effectiveness of the intervention in reducing burnout and enhancing the psychological well-being of participating social workers.

Literature Review

Burnout and Psychological Well-Being Among Social Workers

Social work is characterized by sustained interpersonal demands, exposure to clients' trauma and adversity, complex caseloads, and organizational pressures. These conditions create a work environment in which the emotional and psychological resources of practitioners may be repeatedly challenged. The prevalence of burnout documented in social work research supports the significance of this occupational concern. A systematic review and meta-analysis by Giménez-Bertomeu et al. (2024) found substantial levels of burnout among social workers employed in social service settings. Rather than representing temporary fatigue, burnout involves a multidimensional pattern of emotional exhaustion, depersonalization, and reduced personal accomplishment that may affect both practitioners and the quality of services they provide.

Recent empirical studies further demonstrate that burnout among social workers is associated with broader psychological and occupational difficulties. Chaves-Montero et al. (2025), for example, linked burnout with negative self-perceptions, emotional difficulties, and adverse interpersonal and occupational outcomes. Similarly, Maddock et al. (2024) reported evidence of psychological distress and work-related difficulties among social workers, including symptoms related to stress, anxiety, depression, and burnout. These findings are consistent with Kim and Stoner's (2008) study, which demonstrated that role stress, job autonomy, and social support were important factors associated with burnout and turnover intention among social workers. Taken together, the evidence suggests that burnout is not an isolated occupational outcome; rather, it is embedded within a broader interaction between demanding work conditions, available resources, psychological functioning, and decisions to remain in the profession.

The Job Demands–Resources (JD–R) Model provides a useful theoretical explanation for this pattern. Bakker and Demerouti (2007) propose that employee well-being is shaped by the interaction between job demands and job resources. Job demands refer to aspects of work that require sustained physical or psychological effort, whereas job resources help employees accomplish work goals, manage demands, and maintain motivation and well-being. In social work, high caseloads, emotionally difficult client encounters, role stress, and organizational constraints can function as persistent job demands. Conversely, autonomy, social support, and opportunities for recovery may serve as resources that protect workers from exhaustion. From this perspective, burnout may emerge when demands remain high while resources are insufficient to offset their psychological costs. The JD–R Model therefore provides a basis for interventions that aim not only to reduce perceived stress but also to strengthen coping resources and support psychological functioning.

Relationship Between Burnout and Psychological Well-Being

The literature generally indicates an inverse relationship between burnout and psychological well-being, although the strength and nature of this relationship vary across studies and outcomes. Maddock et al. (2024), for instance, identified psychological and occupational factors associated with stress and burnout among social workers, highlighting the importance of both risk and protective factors. Emotional exhaustion appears particularly relevant to adverse psychological outcomes because it reflects the depletion of emotional resources required to manage demanding professional interactions. In contrast, a stronger sense of personal accomplishment may function as a protective resource by supporting positive perceptions of one's professional role. Other research reinforces the connection between occupational stress, burnout, and mental health. Swords et al. (2024) reported that greater pandemic-related stress among social care workers was associated with increased burnout and poorer mental health, with burnout partially accounting for the relationship between stress and mental health. This finding is important because it suggests that burnout may represent more than a parallel outcome of stressful work; it may also be one pathway through which sustained occupational demands influence psychological functioning.

Similarly, Lizano (2015) found consistent associations between emotional exhaustion and adverse health and work-related outcomes in the social work literature. Kim and Stoner (2008) further demonstrated that burnout was associated with turnover intentions, particularly in the presence of role stress and limited job autonomy. Collectively, these findings indicate that addressing burnout may have implications not only for individual well-being but also for workforce stability and organizational effectiveness.

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However, much of the existing evidence is correlational and cross-sectional, limiting conclusions about causality and intervention effectiveness. Associations between stress, burnout, and psychological well-being establish the importance of these variables but do not demonstrate that reducing burnout will necessarily improve well-being. Moreover, studies have examined different populations, occupational contexts, and dimensions of psychological functioning, making direct comparisons difficult. These methodological differences reinforce the need for intervention studies that directly examine whether a structured program can produce measurable changes in both burnout and psychological well-being among practicing social workers.

Intervention Programs for Burnout and Psychological Well-Being

The intervention literature provides preliminary evidence that burnout and psychological well-being can be modified through structured programs, although the evidence base is uneven across professional groups and intervention approaches. Much of the intervention literature has focused on healthcare professionals. Systematic reviews have generally reported beneficial effects of interventions incorporating mindfulness, stress management, cognitive-behavioral techniques, and related psychological strategies on outcomes such as stress, burnout, resilience, and well-being. However, findings across interventions are not uniformly consistent, and differences in intervention duration, delivery format, outcome measures, and study design make it difficult to determine which program components are most effective.

Importantly, evidence specific to social workers has begun to emerge. Maddock et al. (2023) conducted a randomized controlled trial involving 62 social workers to evaluate a six-week online Mindfulness-based Social Work and Self-Care (MBSWSC) program against an active control condition. The intervention produced significantly greater improvements in stress, emotional exhaustion, anxiety, and depression than the active control, providing preliminary experimental evidence for the effectiveness of a social-work-specific intervention. Building on this work, Maddock et al. (2024) further examined the MBSWSC intervention among social work professionals, providing additional evidence for the potential utility of mindfulness-based approaches in addressing psychological distress and promoting well-being in social work practice. Taken together, these studies strengthen the evidence for interventions specifically tailored to social workers while also demonstrating that the intervention literature remains concentrated on particular approaches, particularly mindfulness-based interventions.

The mechanisms underlying interventions such as BLENDWELL can also be understood through Cognitive Behavioral Theory. Beck's (1976) cognitive model proposes that emotional responses are influenced by patterns of interpretation and cognition and that modifying maladaptive thoughts and behaviors can contribute to changes in emotional functioning. Within a workplace intervention, cognitive-behavioral strategies may therefore help social workers identify unhelpful patterns of thinking, develop more adaptive interpretations of stressful situations, and engage in behaviors that support effective coping. This theoretical perspective complements the JD–R Model: whereas the JD–R Model explains how persistent occupational demands and insufficient resources contribute to burnout, Cognitive Behavioral Theory provides a framework for understanding how individuals can develop more adaptive cognitive and behavioral responses to those demands.

The existing intervention evidence nevertheless has several limitations relevant to the present study. First, a substantial proportion of intervention research has been conducted among healthcare professionals, limiting the direct applicability of findings to social workers whose occupational demands, organizational structures, and client populations differ. Second, studies conducted specifically with social workers have often examined particular intervention approaches, such as mindfulness-based programs, rather than interventions integrating multiple psychological and stress-management strategies. Third, the available evidence has examined different delivery modalities, including online and face-to-face approaches, but there remains limited evidence concerning a structured blended onsite–online intervention specifically designed for practicing social workers. These limitations make it difficult to determine whether combining the accessibility of online delivery with the interpersonal and experiential benefits of onsite sessions can effectively address burnout and psychological well-being in this occupational group.

The literature therefore establishes three important points. First, burnout and compromised psychological well-being are significant concerns among social workers and are associated with both individual and occupational consequences. Second, theoretical and empirical evidence suggests that structured interventions can improve psychological outcomes by strengthening coping resources and modifying maladaptive cognitive and behavioral responses to stress. Third, although intervention research specifically involving social workers has begun to emerge, the evidence remains comparatively limited and is concentrated on particular intervention approaches and delivery modalities. Consequently, there is insufficient empirical evidence regarding the effectiveness of a theory-informed blended onsite–online intervention that simultaneously targets burnout and psychological well-being among practicing social workers. This gap is particularly relevant in organizational settings where social workers must balance emotionally demanding

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responsibilities with practical constraints on participation in professional development and well-being programs. The BLENDWELL Program was developed to address this need by integrating strategies informed by the JD–R Model and Cognitive Behavioral Theory and delivering them through a blended onsite–online format. Rather than assuming that findings from healthcare professionals or single-modality interventions can be directly generalized to social workers, the present pilot study provides preliminary evidence regarding whether participation in BLENDWELL is associated with changes in burnout and psychological well-being among social workers employed by the Department of Social Welfare and Development (DSWD) National Capital Region, Philippines. Its within-subjects pretest–posttest design provides an initial evaluation of changes following program participation and may inform the development of subsequent, larger-scale controlled investigations.

Methodology

Research Design

This study employed a quasi-experimental, one-group within-subjects pretest–posttest design to conduct a pilot evaluation of the BLENDWELL program among social workers. Burnout and psychological well-being were assessed before and after participation in the intervention to determine whether changes occurred following program implementation. The within-subjects design allowed each participant to serve as their own reference point, permitting direct comparison of pretest and posttest scores. This design was considered appropriate for an initial pilot evaluation conducted within an organizational setting where random assignment and a separate control group were not feasible. Because the study did not include a control or comparison group, observed pretest–posttest changes cannot be attributed exclusively to the BLENDWELL Program. Accordingly, the findings are interpreted as preliminary evidence of change associated with participation in the program rather than as definitive evidence of causal effectiveness.

Sampling Design

Convenience sampling was used to recruit participants who were accessible through the Department of Social Welfare and Development–National Capital Region (DSWD-NCR) and willing to participate in the pilot program. This approach was selected because the study represented an initial evaluation of BLENDWELL within the organizational setting for which the program was developed.

Research Locale

The study was conducted at the Department of Social Welfare and Development–National Capital Region (DSWD-NCR) Central Office in the Philippines. A total of 23 social workers participated in the BLENDWELL program and completed the scheduled three-week intervention and posttest assessment.

Research Participants

The participants consisted of 23 social workers employed at DSWD-NCR. Participants ranged in age from 26 to 34 years, of the 23 participants, 20 female and 3 were male. Eligibility was based on participants' professional status rather than their baseline level of burnout. Participants were eligible if they were currently employed as social workers at DSWD-NCR, were willing to participate in the BLENDWELL program, and provided informed consent. No minimum or maximum level of burnout was required for participation, and baseline burnout scores were not used as an inclusion or exclusion criterion. Participants who did not provide informed consent or who did not meet the requirement of being a currently employed social worker at DSWD-NCR were not eligible to participate. All 23 participants completed the intervention and provided posttest data. Thus, there was no participant attrition and no missing responses in the final dataset.

Research Instrument

Two self-report measures were used to assess the primary outcomes of the study: burnout and psychological well-being. Burnout was assessed using Maslach Burnout Inventory developed by Maslach and colleagues. Burnout was assessed according to three dimensions: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The version used in this study was obtained from a publicly accessible online source, and the original developers were appropriately cited. The instrument was used for research purposes in accordance with the information accompanying the publicly accessible version. The three burnout dimensions were scored and interpreted separately rather than combined into a single overall burnout score. Based on the scoring procedure used in the study, Emotional Exhaustion scores of 17 or below were classified as low, scores from 18 to 29 as moderate, and scores of 30 or above as high. For Depersonalization, scores of 5 or below were classified as low, scores from 6 to 11 as moderate, and scores of 12 or above as high. For Personal

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Accomplishment, scores of 33 or below indicated high burnout, scores from 34 to 39 indicated moderate burnout, and scores of 40 or above indicated low burnout. The MBI was administered during both the pretest and posttest assessments. Psychological well-being was assessed using the Personal Wellbeing Index–Adult (PWI-A). The PWI-A assesses satisfaction across several domains of personal well-being using a 0–10 response scale, with higher scores indicating greater satisfaction. The instrument covers domains including standard of living, health, life achievement, relationships, safety, community connectedness, and future security. The life-as-a-whole and spirituality/religion items are identified as optional components. The PWI-A was administered at pretest and posttest. Scoring and interpretation followed the procedures accompanying the version used in the study. The instrument was obtained from a publicly accessible source and was used with appropriate attribution to its original source. Internal consistency reliability was examined using the responses of the 23 participants in the present study. Cronbach's alpha coefficients were calculated separately for each MBI dimension and for the PWI-A. The Emotional Exhaustion subscale demonstrated excellent internal consistency $\alpha = .921$, while the Depersonalization $\alpha = .871$ and Personal Accomplishment $\alpha = .876$ subscales demonstrated good internal consistency. The PWI-A also demonstrated excellent internal consistency $\alpha = .913$. These coefficients indicate satisfactory to excellent internal consistency of the measures within the present sample.

Data Gathering Procedure

Prior to data collection, the researchers obtained approval from the appropriate authority of DSWD-NCR to conduct the pilot implementation of the BLENDWELL program among social workers in the organization. Following organizational approval, eligible social workers were invited to participate and were provided with information regarding the study and informed consent. Participants who provided informed consent completed the pretest assessment, consisting of the burnout and psychological well-being measures. The pretest data established participants' baseline scores before the intervention. Participants subsequently completed the six-session BLENDWELL Program over a three-week period through the established alternating onsite–online format. At the conclusion of the intervention, the same outcome measures were administered as a posttest. All 23 participants completed both the pretest and posttest assessments. Consequently, the final dataset consisted of 23 complete paired observations for each outcome, with no missing responses. The BLENDWELL Program was implemented over a three-week period and consisted of six sessions delivered through an alternating onsite–online format. Each session lasted approximately two to three hours. The online sessions were conducted through Zoom, while the onsite sessions were conducted at the designated venue within the DSWD-NCR setting. The intervention incorporated structured activities intended to address burnout and promote psychological well-being through psychoeducation, reflection, cognitive and emotional coping strategies, behavioral self-care, peer support, and well-being planning. The program was informed by concepts concerning workplace demands and resources and by cognitive and behavioral approaches to coping with stress. The documented intervention schedule covered February 21 to March 14, 2026, with sessions delivered on February 23, February 28, March 4, March 7, March 10, and March 14, 2026. The sessions alternated between onsite and online delivery. The BLENDWELL sessions were facilitated by professionals consisting of a registered social worker and a psychometrician who was concurrently completing a graduate degree in counseling. All 23 participants completed the six-session intervention and the posttest assessment. No participant withdrawals were recorded.

Results and Discussions

Research Question 1: What are the pretest levels of burnout among social workers in terms of emotional exhaustion, depersonalization, and personal accomplishment?

Table 1. The pretest levels of burnout among social workers across three dimensions

Dimension	Mean	SD	Interpretation
1. Emotional Exhaustion	19.0	8.91	Moderate Burnout
2. Depersonalization	15.2	7.56	High level of Burnout
3. Sense of Personal Accomplishment	32.3	7.61	High level of Burnout

Table 1 presents the participants' pretest burnout scores across the three dimensions of the Maslach Burnout Inventory (MBI). The mean score for Emotional Exhaustion was (M = 19.0, SD = 8.91), which falls within the moderate burnout range. The mean Depersonalization score was (M = 15.2, SD = 7.56), corresponding to a high level of burnout. The mean Personal Accomplishment score was (M = 32.3, SD = 7.61)

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which also falls within the high-burnout range according to the scoring procedure used in the study. For Personal Accomplishment, lower scores indicate a diminished sense of accomplishment and therefore greater burnout. These findings indicate that, prior to the intervention, participants experienced comparatively greater difficulties in the Depersonalization and Personal Accomplishment dimensions than in Emotional Exhaustion. The findings are consistent with literature indicating that social workers are exposed to persistent emotional demands, challenging client circumstances, and organizational pressures that may contribute to burnout. Previous research has similarly documented substantial levels of emotional exhaustion and other burnout-related difficulties among social workers (Giménez-Bertomeu et al., 2024; Hollederer et al., 2022; Chaves-Montero et al., 2025). The present findings therefore provide a relevant baseline for evaluating changes following participation in BLENDWELL.

It should be noted that the three MBI dimensions represent distinct aspects of burnout and were therefore interpreted separately. A single composite burnout score was not calculated.

Research Question 2: What is the pretest level of psychological well-being among social workers?

Table 2. The overall pretest Mean level of psychological well-being among social workers

Personal Well-being Index-Adult	Mean	SD	Interpretation
Personal Well-being	69.6	17.1	Slightly Below Typical levels

Table 2 presents the participants' pretest psychological well-being scores as measured by the Personal Wellbeing Index–Adult (PWI-A). The mean score was (M= 69.6, SD = 17.1) which was interpreted as slightly below the typical level according to the scoring framework used in the study. The finding suggests that, before participation in BLENDWELL, participants' perceived well-being was somewhat below the typical range. This result is consistent with previous research documenting psychological strain, stress, anxiety, depressive symptoms, and reduced well-being among social workers (Maddock et al., 2024). The finding further supports the relevance of examining psychological well-being alongside occupational burnout when evaluating interventions for social workers. However, the pretest result should be interpreted descriptively rather than as evidence that all participants experienced clinically significant impairment in well-being. The PWI-A measures subjective satisfaction across domains of life and is not, by itself, a diagnostic measure of psychological disorder.

Research Question 3: What are the posttest levels of burnout among social workers in terms of emotional exhaustion, depersonalization, and personal accomplishment?

Table 3. The posttest levels of burnout among social workers across three dimensions

Dimension	Mean	SD	Interpretation
1. Emotional Exhaustion	17.7	9.23	Low level of burnout
2. Depersonalization	14.7	8.23	High level of burnout
3. Sense of Personal Accomplishment	33.0	6.31	High level of Burnout

Table 3 presents the posttest burnout scores following participation in the BLENDWELL program. The mean Emotional Exhaustion score decreased from 19.0 at pretest to (M = 17.7, SD = 9.23), moving from the moderate to the low burnout range. Depersonalization also decreased descriptively, from 15.2 to (M = 14.7, SD = 8.23), but remained within the high-burnout range. Personal Accomplishment increased from 32.3 to Because higher Personal Accomplishment scores represent a more favorable outcome, this increase indicates a descriptively favorable change, although the mean remained within the high-burnout classification under the scoring procedure used.

Taken together, the descriptive results suggest some favorable movement across the three burnout dimensions, particularly the reduction in Emotional Exhaustion and the increase in Personal Accomplishment. Nevertheless, the classification changes should not be interpreted as evidence of statistically significant improvement. Inferential analyses presented below provide a more appropriate basis for determining whether the observed changes exceeded the level expected from sampling variability.

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Research Question 4: What is the posttest level of psychological well-being among social workers?

Table 4: The overall posttest Mean level of psychological well-being among social workers

Personal Well-being Index-Adult	Mean	SD	Interpretation
Personal Well-being	82.6	7.96	Typical Functioning Range

Table 4 presents the posttest psychological well-being scores. The mean PWI-A score increased from 69.6 at pretest to (M=82.6, SD = 7.96). The posttest mean falls within the typical functioning range according to the scoring framework used in the study. The descriptive increase indicates that participants reported greater overall subjective well-being following the intervention period. In addition, the substantially smaller posttest standard deviation suggests that participants' scores were more concentrated around the posttest mean than at baseline. This pattern may reflect greater consistency in reported well-being after the intervention; however, a possible compression or ceiling effect should also be considered because scores were already relatively high at posttest. The present data do not allow a ceiling effect to be established definitively.

Research Question 5: Is there a significant difference in burnout level scores before and after participation in the BLENDWELL Program?

Table 5. Paired Sample T-test of MBI-three dimensions of Emotional Exhaustion, Depersonalization and Personal Accomplishment N=23

	Statistic	df	p	Effect size
Pre-Exhaustion – Post-Exhaustion	1.09	22.0	.290	0.226
Pre-Depersonalization-Post-Depersonalization	0.463	22.0	.648	0.0965
Pre-Accomplishment – Post-Accomplishment	-0.403	22.0	.691.	-0.0841

Table 5 presents the paired-samples t-test results for the three MBI dimensions. The difference scores were calculated consistently as Pretest – Posttest. Thus, positive mean differences indicate a decrease in the corresponding score, whereas negative mean differences indicate an increase. Emotional Exhaustion decreased from a pretest mean of (M=18.96, SD = 8.91) to a posttest mean of (M=17.65, SD = 9.23), representing a mean difference of 1.30 points. The change was not statistically significant, $t(22) = 1.09$, $p = .290$, 95% CI [−1.19, 3.80], Cohen's dz = 0.226, 95% CI [−0.21, 0.66]. The effect size was small. Depersonalization decreased slightly from (M=15.22 SD = 7.56) at pretest to (M=14.70, SD = 8.23) at posttest, resulting in a mean difference of 0.52 points. This change was not statistically significant, t (22) = 0.46, $p = .648$, 95% CI [−1.82, 2.86], Cohen's dz = 0.096, 95% CI [−0.34, 0.53]. The effect size was negligible. Lastly, personal Accomplishment increased from (M=32.30, SD = 7.16) at pretest to (M=33.00, SD = 6.31) at posttest, resulting in a mean difference of −0.70 points because the analysis used the Pretest – Posttest subtraction direction. The change was not statistically significant, $t(22) = −0.40$, $p = .691$, 95% CI [−4.27, 2.88], Cohen's dz = −0.084, 95% CI [−0.52, 0.35]. The effect size was negligible.

Overall, none of the three burnout dimensions demonstrated a statistically significant pretest–posttest difference. These findings suggest that, within this pilot sample, participation in BLENDWELL was not associated with statistically reliable changes in Emotional Exhaustion, Depersonalization, or Personal Accomplishment over the three-week intervention period. Studies of burnout interventions have reported variable effects depending on intervention content, duration, occupational context, and outcome measured. For example, interventions incorporating mindfulness, self-care, stress management, and cognitive-behavioral strategies have demonstrated potential for reducing burnout and improving mental health among helping professionals, including social workers (Maddock et al., 2023; Maddock et al., 2024). However, findings from healthcare and other professional populations cannot necessarily be assumed to generalize directly to social workers because occupational demands and organizational contexts differ.

The present findings may therefore indicate that changes in burnout dimensions require longer intervention periods, greater organizational support, or more intensive intervention components than those provided during this initial pilot.

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Research Question 6: Is there a significant difference in psychological well-being scores before and after participation in the BLENDWELL Program?

Table 6. Paired Sample T-test of psychological well-being scores among social workers before and after the program N=23

	Statistic	df	p	Effect size
Pre-Wellbeing - Post-Wellbeing	-4.46	22.0	<.001***	-0.930

Table 6 presents the paired-samples t-test examining the change in psychological well-being. Psychological well-being increased from a pretest mean of (M=69.62, SD = 17.11) to a posttest mean of (M=82.63, SD = 7.96), representing a mean increase of 13.01 points. Because the analysis was calculated as Pretest – Posttest, the mean difference was −13.01. The change was statistically significant, $t(22) = -4.46$, $p < .001$, 95% CI [−19.05, −6.96]. The paired-samples effect size was large, Cohen's dz = −0.93, 95% CI [−1.36, −0.50]. The negative sign reflects the Pretest – Posttest subtraction direction.

Beyond statistical significance, the 13.01-point increase is potentially meaningful at the practical level because participants moved from a slightly below-typical level of well-being at pretest to a typical functioning range at posttest. Nevertheless, the practical significance of this change should be interpreted cautiously because the study did not include a control group and therefore cannot determine whether the change resulted specifically from BLENDWELL. The finding is broadly consistent with previous intervention research suggesting that structured psychosocial programs incorporating stress management, mindfulness, cognitive-behavioral strategies, reflection, and supportive activities may contribute to improvements in well-being among helping professionals. Maddock et al. (2023), for example, reported favorable outcomes from a mindfulness-based intervention designed specifically for social workers, while broader reviews have also identified improvements in well-being and related outcomes following workplace mental health interventions (Cohen et al., 2023).

At the same time, the statistically significant improvement in well-being should not be interpreted as proof that BLENDWELL caused the observed change. Because the study used a one-group pretest–posttest design, alternative explanations such as history, maturation, expectancy effects, repeated measurement, and regression to the mean cannot be ruled out. However, BLENDWELL activities may have addressed positive psychological functioning, coping resources, reflection, social support, and life satisfaction more directly than the occupational conditions that contribute to burnout. Burnout may also be more resistant to short-term change because it is influenced not only by individual coping but also by workload, organizational resources, autonomy, role demands, and other structural conditions.

Overall, the findings provide preliminary evidence that participation in BLENDWELL was associated with improved psychological well-being among the participating social workers, while changes in burnout dimensions were comparatively limited and statistically nonsignificant.

Ethical Considerations

This study was conducted with attention to the basic ethical principles of voluntary participation, informed consent, confidentiality, privacy, and responsible management of research data. The project was undertaken as part of a course completion requirement, and formal institutional ethics review was not sought because such review was not required for this course-based pilot project under the procedures applicable to the researchers at the time of the study. Administrative permission to conduct the pilot implementation was obtained from the Head of Office of the Department of Social Welfare and Development–National Capital Region (DSWD-NCR) prior to recruitment and data collection. Administrative permission was treated separately from formal ethics review and is not represented as ethics committee approval. Participation was entirely voluntary. Although the participants were employees of DSWD-NCR, they were not required by the researchers or the organization to participate in the study. Participants were provided with informed consent before completing the research instruments and participating in the BLENDWELL Program. They were informed of the nature and purpose of the study and their participation was not associated with monetary compensation, tokens, or other incentives. Participants could decline participation without penalty. Anonymity of participants were observed by not encoding their actual names into the analytical dataset; instead, participant codes were used to identify responses. Access to the research data was limited to the researchers involved in the study. Data were stored securely and were used only for the purposes of the study. Following completion of the necessary data analysis, reporting, and academic requirements, the research data and identifying materials will be disposed of securely. Potential dual-role and conflict-of-interest

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concerns were also considered because one of the research proponents was affiliated with the organization in which the pilot was conducted and another facilitator was a professional involved in the intervention. To minimize potential influence on participants and reduce the possibility of researcher bias, feedback from participants was solicited after the intervention to support the accuracy and fairness of the interpretation of the program experience.

Conclusion

The findings of this pilot study provide preliminary evidence that participation in the BLENDWELL Program was associated with improved psychological well-being among social workers, as reflected in the statistically significant and large pretest–posttest change in well-being. In contrast, no statistically significant changes were observed across the three dimensions of burnout, suggesting that changes in well-being may not necessarily be accompanied by immediate changes in burnout within the three-week intervention period. These findings indicate that BLENDWELL shows potential as a psychosocial intervention for supporting the well-being of social workers, while its effects on burnout require further examination and possible refinement of its components, duration, and delivery. However, because the study used a one-group pretest–posttest design with a small convenience sample and no control or comparison group, the observed improvement in well-being cannot be attributed solely to the program, and potential influences such as history, maturation, expectancy effects, regression to the mean, and repeated testing cannot be ruled out.

Recommendations

Based on the findings and limitations of this pilot study, several recommendations are proposed. First, the BLENDWELL program may be further refined and pilot-tested as a potential workplace well-being intervention for social workers, particularly because the present findings showed a statistically significant improvement in psychological well-being but no statistically significant changes across the three dimensions of burnout. Future iterations should therefore consider strengthening components specifically targeting burnout and incorporating organizational-level strategies that address work demands, workload, supervisory support, autonomy, and other workplace factors that may contribute to persistent burnout. Second, future implementations should incorporate systematic fidelity monitoring, including attendance records, session-specific feedback, facilitator checklists, adherence measures, and process evaluations, to determine whether the intervention is delivered consistently and which components are most closely associated with participant outcomes. Third, longer follow-up assessments are recommended to determine whether improvements in psychological well-being are maintained beyond the immediate posttest and whether changes in burnout may emerge over a longer period. Fourth, future researchers should employ an adequately powered controlled or randomized design with a larger and more diverse sample to strengthen internal validity and allow more confident examination of the program's effects. Finally, subsequent studies may examine the implementation of BLENDWELL across different organizational settings and populations of helping professionals to assess the replicability and generalizability of the preliminary findings. These recommendations are intended to guide further refinement and rigorous evaluation of BLENDWELL rather than to establish its effectiveness based on the results of the present uncontrolled pilot study.

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