

## SELF-CARE AND COMPASSION FATIGUE IN THE HELPING PROFESSIONS

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**Abstract:** The paper deals with the self-care in helping professions – more specifically social workers and police officers. It verifies the connection between self-care and compassion fatigue on a research sample of 104 respondents. It was discovered, that the more exhaustion and compassion fatigue employees feel, the more they are interested to seek appropriate self-care. Their attention is primarily directed to the field of personal growth and development in their profession.

**Keywords:** Self-care, compassion fatigue, police officers, social workers.

### 1 Self-Care

Self-care involves a wide range of activities that contribute to mitigate the workload of helping professions, support the better execution of the profession and eliminate the negative phenomena occurrence rate.

The concept of self-care can be divided into the terms of "self" and "care" from a linguistic point of view. The "self" describes the basic characteristics of a person who has the consciousness, it is capable of acting as well as taking the responsibility for its own actions (Halmó 2014).

For a long time, the health-care represented a main area of self-care. It has been investigated in relation to various diseases and disorders, in this context. Many studies have dealt with self-care eg. in connection to patients with diabetes, where it has been repeatedly confirmed that self-care helps these patients to achieve higher metabolic control (Toljamo, Hentinen 2001; Shrivastava, Ramasamy, Shrivastava 2013; Raaijmakers, Martens, Bagchus, de Weerd, de Vries, Kremers 2015). Another research area is represented by the patients with cardiovascular problems, where self-care, self-efficacy and self-management has repeatedly proved to be very effective (Vellone, Riegel, Cocchieri, Barbaranelli, D'Agostino, Antonetti, Glaser, Alvaro 2013; Marti, Georgiopolou, Giamouzis, Cole, Deka, Tang, Dunbar, Smith, Kalogeropoulos, Butler 2013). It is similar for the patients with certain types of cancer (Brown, Cheville, Tchou, Harris, Schmitz 2014; Gaston-Johansson, Fall-Dickson, Nanda, Sarenmalm, Browall, Goldstein 2013; Berry, Hong, Halpenny, Partridge, Fann, Wolpin, Lober, Bush, Parvathaneni, Back, Amtmann, Ford 2014).

In fact, self-care includes other mental health and well-being activities that are important while performing helping professions. The self-care is well described by Orem (1997), she describes it as a conscious human behavior and activities that individuals perform in order to preserve the life and well-being as well as the health.

Although the present health-care still represents one of the most important domains of this issue, it is complemented by additional components, for example psychological (Rehwaldt et al., 2009) and spiritual (Ellis, 2000). From the social work perspective, 4 components are the most often distinguished in terms of the activities carried out: physical, psychological, social, spiritual (Figley 2002; Newell, Nelson-Gardell, 2014; Moore et al., 2011; Aguilar, 1997).

### 2 From the history to the present of social-care

Self-care is not a new topic, in the past people used to be concerned with the thoughts of caring for themselves, as evidenced by works by well-known philosophers who have

dedicated themselves to this subject. They mainly focused on the issue of self-knowledge in relation to human abilities, possibilities and limits, self-control and a responsibility in behavior and actions.

Xenophanes Socrates attributed to man, apart from the body, the soul. According to him, it is not enough to care only for the body, but for the soul too, which has been called the greatest gift of man by Socrates. Without soul, there could not be neither thinking nor self-consciousness "myself" (Wollner 2010a).

Xenophon (1972) in his book *Memories of Socrates* points to the inscription of "Know thyself" in Delphi on the basis of which Socrates developed his ideas about self-knowledge. People thought they would know themselves, but Socrates thought that until they knew their abilities, they did not know themselves. And they will know their own abilities only after they acquire more of the self-knowledge.

Dorion (2006) states that according to Socrates, self-knowledge means to recognize one's own limits and what one is actually capable to do or not to do on his own. Socrates further says that whoever is lacking in self-knowledge and who is not able to estimate his or her potential, has trouble contacting people, does not know who to associate with, makes mistakes, and ultimately falls into misery.

Plato, like Xenophon, deals with the problem of self-knowledge in his work *Gorgias*. Wollner (2010b) is understanding the self-care as based on the fact, that self-knowledge and self-control in Plato's *Gorgias* work are making the two components of self-care. According to Sokrates, the dialog with another person should contribute to self-understanding. It helps to understand the own inner world, but also to explore oneself, which should lead to self-knowledge. Its goal is to form not only the opinions but also the personality in order to do good. Self-knowledge is not only about knowing of what we are, but also how we should be.

The care of yourself from a medical point of view is often meant as self-care, but it also includes mental health care (mental health). As it is apparent from the history of self-care, such a complex psychological and medical care of themselves should be a natural part of life of every human being. It plays an important role in helping professions because helping professionals are in systematic contact with the client.

The view of social work is also linked with the self-care deficit theory. The emphasis is also placed on supporting the independence of clients in solving their problems (Lovaš 2014). Insufficient attention paid to care for ourselves and our needs can lead to burnout syndrome. Professional approach at work and respecting boundaries when working with the clients facilitates carrying out the work, thus enables the social workers personal and professional self-care and serves as the prevention of negative phenomena at work.

Each individual has the need for self-care and this need can only be fulfilled by carrying out self-care activities that are individual and different for each. The differences relate to the culture of an individual, internal and external factors, or individual personality characteristics that encourage self-care, while the amount of necessary self-care is crucial. (Orem 2001).

The area of self-care involves a large number of activities and it is therefore difficult to define them all. Generally, however, it contains activities that are designed to cope with different forms of stress. Due to the nature of work of the helping professionals, which involves day-to-day contact with clients, usually living under difficult life situations, it is possible to include helping professions to the risky occupations (Lichner 2016). With this in mind, self-care has an important place, while carrying out these professions.

Self-care is not a natural to man, it is not an integral part of life, but it is an activity performed from the individual's own initiative. It represents the body's response to the identified needs, ergo it is not congenital but it is the result of learning, self-care is the goal-oriented. (Orem 1991). To be initiative means to be active. People dependent on their surroundings react only to stimuli coming from the outside environment, i.e. they are only controlled by external conditions and do not react consciously to their own internal stimuli on their own initiative, they also do not have to feel responsible for their actions. While active people are influenced by the external environment, they react consciously to their internal stimuli (proactive orientation), the reaction is their own choice. They take their own initiative and are taking responsibility for the fact that things will happen in a certain way and in specified direction (Frank 2015).

Lovaš (2014) further describes that self-care activities are consciously regulated, meaning that they are self-regulation based. Self-regulation is seen as a tool to achieve own goals based on preferred interests, it allows the individuals to decide for themselves and to manage their actions in desirable way. Thus, self-regulation forms a basis for self-care in order to regulate and adapt own actions and behavior to the needs and interests. Hartl and Hartl (2010, p. 56) describe the conscious self-regulation of human psychological activity as "one of the basic abilities of man to manage his actions and to consciously strive to achieve the stated goal". Psychological regulation runs continuously throughout the whole life, its essence is to create the optimum consistency between man and the environment in which he can be found at that moment. This consistency results in homeostasis (a state of psychic balance), which allows a person to flexibly change his behavior in relation to internal as well as external stimuli (Szarková 2009).

Self-regulation is closely associated with self-control. Regarding the self-control, two self-regulation approaches could be discussed. In one direction, the key role belongs to goal-orientation, in second, broader view of self-regulation, the self-control has a dominant role, and in this view self-control is understood as part of self-regulation in terms of "ability to change internal processes and behavior in accordance with the superior goals and requirements of the situation" (Lovaš 2011, p. 16). Hartl and Hartl (2010) describe the self-control as self-management, which means general management, management of self, of own behavior and actions, suppression of impulse activities and instincts based on previous experience with the use of reason and will, and it is the activity acquired via social learning. The problem of self-control is the loss of the control over yourself due to impulsivity, such action has unpleasant consequences that the individuals would like to avoid (Paulík 2010).

Hricová and Lovaš (2015) in their research created a model focused on identifying the differences in care of the psychological and physical well-being in terms of proactive orientation (self-regulation) and self-control. Proactive orientation (self-regulation) with a focus on the future are oriented on healthy lifestyle (physical well-being) and personality growth and development (psychological well-being). Self-control, understood as avoiding negative phenomena and factors, focuses on health control in the sense of avoiding the risk to health (physical well-being) and controlling emotions, such negative emotions and suppressing negative emotional states (psychological well-being). The model also serves to measure the degree of physical and psychological well-being, resp. the level of proactive goal-orientation and the self-control orientation in the area of health care.

### 3 Self-care and compassion fatigue

Experts in helping professions enter the practice with the inner conviction that they can contribute to a positive change in their clients' lives. They expect that their work will fulfill them and that is usually the time, when problem arises. Job requirements and the often slow progress with clients in work may instead lead to compassion fatigue. The compassion fatigue was first

discovered in connection to the burnout among nurses. It represents a cumulative process due to the constant and intense contact with the client. It starts with some discomfort in compassion, continues as fatigue from stress, and ends with complete exhaustion. At this point, the ability to cope with excessive strain and return to the original condition is already impaired. (Berry 2012)

Self-care can act as a factor in eliminating the negative impact of the consequences of helping professions, ev. negative phenomena at work as such. Several studies confirm a real link between the self-care activities and negative phenomena at work. Figley (2002) in his study examined the syndrome of compassion fatigue among the psychotherapists who work with chronic disease. He found that they tend to overlook their own needs in the area of self-care as they focus on the needs of clients. The author describes compassion fatigue through a multifactorial model, which emphasizes the value of care, empathy and emotional investment to help with suffering. This model suggests that the ability to limit the stress from compassion and addressing the traumatic memories along with efficient caseload management, are effective ways to avoid the compassion fatigue. The model also indicates, that reducing the stress from compassion, psychotherapists with chronic symptoms need to develop methods to increase their satisfaction and learn to emotionally and physically break away from work, thus increasing their competence in self-care, in order to achieve recovery.

### 4 Research

#### *Methodology*

The questionnaire battery consisted of two standardized questionnaires - Self-regulation in self-care and Compassion fatigue (ProQOL).

The questionnaire Self-regulation in self-care (SRSC) was created in 2014 by Lovaš. It consists of 32 items in total, constructed to detect self-regulation and self-control in the field of physical and mental self-care. In our research, via the analysis of the research file we have reached the reliability of this questionnaire of 0.88. The questionnaire items are divided into 4 factors - self-regulation in the field of personal growth and development (13, 14, 17, 6, 20, 12, 16, 5, 19, 3, 4, 18, 11, 10) the reliability in this factor was 0.84; self-regulation in favor of a healthy lifestyle (32, 25, 30, 22, 23, 29, 24, 26, 27) reliability was 0.89; emotional control - control of emotions (31, 7, 15, 21) reliability was 0.70 and physical control - health control (2, 8, 28, 9, 1) with reliability of 0.66. A 5-point Likert scale without verbal anchors was used for answers, with the intensity of the self-care activity stepping up with a higher number of the answer (1 = not at all - 5 = very much). (Lovaš 2014)

The second questionnaire is part of ProQOL (Professional Quality of Life), which consists of a battery of three questionnaires - Job Satisfaction, Burnout Syndrome, and Compassion Fatigue scales, that examine the overall professional quality of life. For research purposes, only one of its parts - Compassion Fatigue scale (CFS) - was used. The author of the questionnaire is B. Hudnall Stamm. The questionnaire consists of 30 items that are dealing with an emotional side of helping. It approximates the extent to which the workers in helping professions are affected by the compassion of those they help. Ten items of the questionnaire reached reverse score (items 2, 5, 7, 9, 11, 13, 14, 23, 25 a 28); for correct data analysis, the polarity of these items was reversed. Respondents were given the opportunity to respond to individual questionnaire items via a 5-point frequency scale with following verbal anchors (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = very often). The questionnaire reliability was 0.70. (Stamm 2010)

#### *Research sample*

The research sample consisted of workers in the social sphere (n = 53) and police officers (policemen of PZ SR) from (n = 51). Sampling was intentional. A total of 120 participants were interviewed (N = 120, of which workers in the social sphere n =

60 and police officers  $n = 60$ ), the return of the questionnaires was 86,66 %, 104 questionnaires were finally included in the analysis ( $N = 104$ , 56 women, 48 men – social sphere 42 women, 11 men; PFSR 14 women, 37 men). The average age of respondents was 40,417 (social sphere 40,245; PFSR 40,588), the average length of practice was 15,138 (social sphere 13,334; PFSR 16,941).

## 5 Results

Based on the Kolmogorov-Smirnov test, parametric statistical methods were used for both groups of the research sample and for both questionnaires (the level of significance  $\alpha$  in all of these categories reached  $p = 0.200$ ).

Tab. 1 The level of feeling compassion fatigue and the level of self-care

	social sphere (n=53)	police officers (n=51)
CFS	120,17	118,35
SRSC	102,81	101,04

The Table shows the average scores of both scales. SRSC scale scores are between 32-160, the average score is 96. The results indicated above-average value for both groups of the research sample. Compassion fatigue scores, after polarity change of the items, reaches 30 - 150, average score is 90. Given that the compassion fatigue is a negative effect at work, these results demonstrate the above-average level of occurrence of this phenomenon in the examined professions.

Tab. 2 The correlation between the level of self-regulation in the self-care area and the level of compassion fatigue among the workers in social area

social sphere (n=53)	Pearson's Correlation Coefficient rho ( $\rho$ )	CFS
SRSC	r	0,503**
	p	0,001
SRSC F1	r	0,568**
	p	0,001
SRSC F2	r	0,214
	p	0,124
SRSC F3	r	0,363**
	p	0,008
SRSC F4	r	0,194
	p	0,164

$p \leq 0,05^* p \leq 0,01^{**}$

For workers in the social sphere, the positive correlation of compassion fatigue has been confirmed with an overall score, the first factor (personal growth and development) and the third factor (emotional control) SRSC at  $p \leq 0.01^{**}$ .

For police officers the positive correlation of compassion fatigue has been confirmed with an overall score SRSC at  $p \leq 0,05^*$ , the first factor (personal growth and development) and the third factor (emotional control) SRSC at  $p \leq 0,01^{**}$ (tab 3).

The results indicate that the more workers feel exhaustion and compassion fatigue, the more they are interested to find appropriate self-care. The attention is primarily directed to the area of personal growth and development in their profession (participation in training, special courses, SPV) and the development of self-control in emotional area when working with clients. Beneficial in this regard could be a professional approach to the client on their side (adequate education, adherence to ethical principles, respecting the boundaries when working with client).

Tab. 3 The correlation between the level of self-regulation in the self-care area and the level of compassion fatigue among the police officers

police officers (n=51)	Pearson's Correlation Coefficient rho ( $\rho$ )	CFS
SRSC	r	0,329*
	p	0,018
SRSC F1	r	0,537**
	p	0,001
SRSC F2	r	0,011
	p	0,936
SRSC F3	r	0,435**
	p	0,001
SRSC F4	r	0,013
	p	0,926

$p \leq 0,05^* p \leq 0,01^{**}$

## 5 Discussion and conclusion

The objective of the presented research was to capture the level of self-care in two selected helping professions - workers in the social sphere and by police officers and to verify the link between this phenomenon and the compassion fatigue, that is often present while carrying out these professions. Analyses of the author's data resulted in the observation of the above-average scores in both studied phenomena, as well as the studied groups of the research sample. A statistically significant relationship was demonstrated between SRSC and the Compassion fatigue, namely between the first and the third factor of SRSC and the Compassion fatigue. Differences in results between the two groups surveyed - workers in the social sphere and members of Police were not found.

Alkemova, Linton and Davies (2008) conducted a research study on a sample of 37 hospice workers ( $N = 37$ ), the average age of respondents was 46.35 and the average length of practice was 4.41 years. The aim of the research was to investigate the relationship between all three PROQOL scales, including Compassion fatigue and Self-care. These phenomena were pursued with relation to each other, but also with socio-demographic factors, age, gender, length of practice and education. The length of practice has positively correlated with self-care, did not correlate with age or education, nor did the gender differences demonstrated in self-care. Compassion fatigue correlated with self-care, did not correlate with length of practice or other socio-demographic factors.

Research on a large sample of police officers ( $N = 1390$ ) was performed by Battle (2011) in the United States. The aim of the research was to determine the relation of compassion fatigue with job satisfaction and burnout in terms of length of practice and previous experience. Police officers have achieved above average scores on a Compassion fatigue scale. The length of practice correlated with compassion fatigue. (Battle 2011).

Another similar research was conducted in Europe in Slovenia. The aim of the research was to verify the relationship between work-related stress, burnout, job satisfaction, and compassion fatigue. The research sample consisted of staff of the specialist medical center  $N = 118$ , of which women  $n = 101$  and men  $n = 17$ . The age of respondents ranged from 26 to 45 years. The socio-demographic factors were age, gender and length of practice. The correlation between the length of practice and the compassion fatigue, as well as between the gender differences and the compassion fatigue, was not confirmed. (Tabaj et al. 2015)

The research among the police officers in SR was done by Vasková (2015). A total of 156 respondents working in risky occupation took part in the survey, of which  $n = 60$  are police officers (PZSR), to collect data SRSC questionnaire was used. 85% of the sample were men and 15% were women. In terms of gender, significant differences has not been confirmed. Above-

average scores were achieved in the self-regulation of personal growth and development (F1) and in emotional control (F3).

High scores of self-care, compassion fatigue and statistically significant relationships between them have been confirmed in Slovakia, in Europe and in other foreign countries, gender differences have not been confirmed in any of the investigated phenomena in any country. Differences occurred only in the length of practice and compassion fatigue correlation, in which the USA confirmed statistically significant results, which is paradoxical, since the self-care is commonly available there, compared to Europe, more specifically to Slovakia and the compared European countries.

Only a couple of authors are concerned with self-care in Slovakia. Some of them are dedicated to the creation and verification methodologies - measurement tools to capture the perception of self-care requirements in the professional life of helping professionals, the actual realization of individual activities as well as their (Lovaš, Hricová 2015; Hricová, Janečková 2015; Lichner, Lovaš 2016; Halachová, Lovaš 2015, Mesárošová 2017). Part of them deals with the relationship between self-care and the various negative phenomena among workers in helping professions (Hricová, Vargová 2014; Ráczová, Vasková 2015, Mesárošová 2014; Köverová, Ráczová 2017a; Köverová, Ráczová 2017b), but even among students - future helping professionals. (Mesárošová 2016).

The limits of the authors' findings rest in the small number of samples in the individual groups studied and in the uneven distribution of the sample from the gender point of view. In the future, we could focus on a more representative sample and extend it to include other groups of helping professions. Consideration could also be given to examine the context of all PROQOL scales, not just Compassion fatigue, with self-care.

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**Primary Paper Section: A**

**Secondary Paper Section: AN**