STRESS, SECONDARY TRAUMA AND BURNOUT - RISK CHARACTERISTICS IN HELPING PROFESSIONS

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Abstract: Helping workers are at increased risk of the impact of stress, burnout and other negative consequences arising from helping. The aim of the paper is to present the percentage of addressed population of helping workers (N = 738, random selection of the research) that has symptoms of increased stress, emotional exhaustion, burnout and the risk of secondary trauma. Authors present psychosocial characteristics such as profession, length of practice, hours of real work with the client, or age of identified risk groups. Results show that up to 86% of helping workers perceive increased stress from helping. 23% show symptoms of emotional exhaustion such as a first level of burnout, which has not yet developed into depersonalization or cynicism. Moreover, 15% are at risk of secondary trauma from helping others.

Keywords: Helping workers, perceived stress, secondary trauma, burnout, risk factors.

1 Introduction

Non-optimal environmental (and also working) conditions are requirements that may exceed capabilities of the coping of individual. Such an imbalance between environmental requirements and the responsiveness of the organism is referred to as stress (McGrath, 1970). Social work, like other helping professions, represents in the implementation the burden itself, and requires implementers to cope with different stressors. The relation between stress and other negative phenomena at work is confirmed there, as well as the negative correlation between stress and social support (Skiles, Hinson, 1989).

The social worker's job is often described and perceived as an ideal state of necessary help provided to a client in a difficult life situation. The demandingness of the helping profession of social work results from its particular position in relation to the client, where part of the professional performance of the work is participation in solving client's problems (Raková, Bednarek, 2015). In this context, Barnett and Cooper (2009) report that workers in helping professions are very often threatened by excessive stress and burnout. They provide help to others, although their internal and external resources may be overloaded. The field of social work belongs, in terms of the origin and development of burnout, to the most of risky ones (Ráczová, Köverová, 2017).

Workers in helping professions are threatened by an increased risk of the negative impact of selected psychosocial variables resulting from helping (Um, Harrison, 1998). Helping others is accompanied by an increased risk of emotional stress and exhaustion as a result of responsibility and engagement in helping others (Figley, 2002). Workers in the field of social practice represent a very heterogeneous group in terms of the diversity of job positions and the level of education. This is due to a wide portfolio of services and client problems. It brings a higher degree of threat by various negative phenomena, and at the same time, the diversity in the degree of threat posed by the phenomena. This is the reason why we are dealing in this paper with the extent of experienced level of stress, secondary trauma and burnout in the social field, in terms of certain work-related characteristics.

2 Stress

The issue of stress and the level of its experience has been a topic for researchers for a long time. Various helping target groups were examined, like students (Cohen, Kamarck, Mermelstein, 1983; Lesage, Berjot, Deschamps, 2015; Palekar, Mokashi, 2014; Rajkumar, Nehra, Arya, 2014; Jacob et al., 2012) and workers in helping professions (Lesage, Berjot, Deschamps, 2015; Stauner, Konkoly, 2006; Eskildsen et al., 2015; Ting, Jacobson, Sanders, 2011; Waszkowska, Andysz, Merecz, 2014).

If we look at the individual in the context of an ecological perspective, the stress definition should focus on the external environment that may endanger the individual. In this context, stress can be characterized as a specific case of the burden, which exceeds the rate of adaptive capabilities and possibilities of the individual. (Paulík, 2010)

In the professional literature, it is possible to find different definitions of stress as such. The stress response is generally defined as phylogenetically encoded metabolic-functional preparation of the organism for fight or flight. It is, therefore, a significant deviation from normal, in which the integrity of the organism is disturbed, during which defensive or compensatory mechanisms are mobilized. (Bartůňková, 2010)

Historically, the stress was first investigated from a biological point of view. For the authors of the first theories of stress are considered Cannon and Selye (Evans et al., 2012).

Cannon (Evans et al., 2012) is the author of physiological theory based on the Sympathetic-Adrenal Medullary (SAM) system. It perceives stress as a certain alarm response of the organism in terms of fight-flight.

Selye (1978) started from the pathological triad of the General Adaptation Syndrome (GAS). He defined stress as body's general response to the requirements the organism is exposed to. He considers it a condition that is manifested by a specific syndrome based on all, in the organism non-specifically induced, changes (Selye, 1978). His first theories raised a great deal of interest in the scientific world and, of course, contradictory opinions.

Psychological stress models developed independently of biological models and focused on the impact of psychological factors on the response to stress. The most famous of these models is the transactional model developed by Lazarus and his colleagues (Lazarus, Folkman, 1987). According to this model, stress results from the interaction between man and the environment. While stress does not arise only because of the occurrence of some events, it associated with cognitive evaluation of the event and coping strategy that is used to deal with the event, and that also affects the level of experienced stress (Evans et al., 2012).

One of the latest theories is the theory of allostatic load (McEwen, 1998), which offers a dynamic view of stress as a continuous effort of the body to achieve allostasis, resp. stability through change. According to this theory, there is no ideal state of physical functioning. When a person is confronted with a stressor, physiological stress systems are activated in order to find a new balance.

3 Stress and its sources as the negative consequences of practising helping professions

Excessive stress, burnout, and experiencing secondary trauma, affect an individual's health, an increase in emotional exhaustion and feelings of anxiety occur (Redeke, Mahoney, 2000). The overall quality of life can be affected and, at the same time, also the job satisfaction and effectiveness of the work of social workers.

According to Baranovská (2014), there is no single definition of stress that would 100%ly name what stress actually is. One feels stress subjectively, so he/she perceives and evaluates certain circumstances as stressful subjectively. We understand stress as a form of specific escalation of burden that is by an individual

considered to be extreme and threatening his/her subjective feeling of well-being, what leads him/her to tension.

The concept of stress is also associated with the term stressor. Stressor is most widely defined as a situation that is affecting health (Eswi et al., 2013). As a real physical, mental or social event/stimulus that affects an organism and forces it to respond in a certain way (Donattele, 2013). Bratská (2004) classifies here problematic, frustrating, conflicting or depriving situations that the individual encounters. These are circumstances, in which high demands and requirements are put on man. Stress is then the consequence and manifestation of perceived load and response to the stressor (Móricová, 2011). In this concept, we assume that the negative consequences of helping professions such as burnout, secondary trauma, or compassion fatigue are forms of stress, resp. result from experiencing stress.

Human performance in stress depends on a number of factors related to the individual and on the specific characteristics of the situation in which these actions are performed (Bourne, Yarpush, 2003). Effects of stress on human performance in general can be very difficult to predict on an individual level. The intensity of a particular stressor can be increased without measurable effect on the performance of the individual, while the same increase may be associated with a dramatic deterioration in the performance of another individual. Whether it is a disposition or experience, some individuals are simply more able or fit than others to cope with stress (Staal, 2004).

Excessive stress, burnout and experiencing secondary trauma affect the health of an individual, an increase in emotional exhaustion and anxiety occurs (Redeke, Mahoney, 2000). The overall quality of life can be affected and, at the same time, also the job satisfaction and effectiveness of the work of social workers.

According to Mann (2004), as a result of intensive work with the client's emotions, helping workers can suffer from compassion fatigue in the form of secondary trauma. Secondary trauma represents a vicarious stressful experience that results from the act of telling the trauma story by someone who experienced it directly (Cunningham, 2003). Also on the basis of direct assistance in a stressful event, for example in the form of crisis intervention after a mass car accident. Although a social worker is not directly in the role of a victim of a major event, the client's event may be a source of stress and can have the same impact on him/her. As a result, he/she may experience symptoms of secondary trauma in the form of terrifying dreams, feelings of helplessness, or frequent thoughts about the client's situation.

Burnout occurs after long-term exposure to stress. Employment and the working environment are the main source of stressful situations. Workload and stress can be a consequence of the overall atmosphere and relationships in the workplace, structure, and environment. Each person reacts to stress and stressful situations in a different way. Each person can handle a certain level of burden and its limits are very individual. An internal factor, contributing to the resilience of a person to the adverse effects of stress, is its personality. External factors include social support and social network (Kupka, 2008). The area of social work, in terms of origin and development of burnout, belongs to the most of risky (Ráczová, Köverová, 2018).

Social workers are often exposed to traumatic life experiences of their clients and behaviours associated with them (Skiles, Hinson 1989). Working conditions for practising social work in Slovakia are characterized by low salaries, a large number of clients, lack of time, lack of total funds for the job (workspace and equipment) and the negative perception of the society (supported by media) (Lovašová, 2014). These conditions, along with the complexity of the profession of social worker, together form such a summary of stressors that it can be assumed that the stress perception of these workers will be high, which is confirmed by various studies (Skiles, Hinson, 1989; Lesage, Berjot, Deschamps, 2015; Stauner, Konkoly, 2006; Eskildsen et al., 2015; Ting, Jacobson, Sanders, 2011; Waszkowska, Andysz, Merecz, 2014).

4 Research

The aim of the research, for the interests of this paper, was to analyze the percentage of helping workers, who perceive increased stress, workers with symptoms of burnout and compassion fatigue. The intention was to highlight the selected work characteristics that lead to these negative impacts of helping, and to present the characteristics of risky workers.

Research sample
The research sample consisted of 739 workers of helping professions in the field of social services (educators, nurses, social workers, psychologists, social therapists). Individual facilities were selected from the list of social service providers available on the website of the Ministry of Labor, Social Affairs and Family (https://www.employment.gov.sk/sk). Selection was made by means of a random number generator so that social facilities from all eight regions of Slovakia were proportionally represented. This way, 14 workplaces were selected, which were subsequently contacted by phone and data collection was carried out after obtaining their consent with the participation (with the condition of anonymity met). Questionnaire batteries were sent to individual workplaces by mail. The average age of respondents was 44.04 (SD = 10.33), the youngest respondent was 20 years old and the oldest one was 65 years old. 81 men and 658 women participated in the research, reflecting a real disproportionate gender representation in the examined professions. The average number of years of practice was 13.11 (SD = 10.49).

Measurement tools
Perceived stress scale (PSS-10, Perceived Stress Scale, Cohen, Kamarack, Mermelstein, 1983; Slovak version by Hricová, Ráczová, Lovašova, 2018). PSS represents a self-assessment questionnaire focused on assessing the level of perceived stress among individuals during the last month on a 5-point Likert-type scale with verbal anchors from 0 - never up to 4 - very often. The scale consisted of ten items, while six (p1, p2, p3, p6, p9, p10) are negatively formulated in terms of feelings of helplessness and anger (e.g. "How often did you feel nervous or stressed in the last month"?). Together they form the sub-scale 1. The remaining four items (p4, p5, p7, p8) express individual's perceived self-efficacy and ability to handle problems (e.g. "How often did you feel that the things went the way you wanted, in the last month?"), and before calculating the overall score, it is necessary to overpole them. These items represent the sub-scale 2 (Cohen, Williamson, 1988). When evaluating the overall score, it is valid that the higher the score an individual achieves, the higher the level of stress he/she perceives. The final score is calculated by counting all ten items. Items are formulated in general (the wording of the Slovak version of the questionnaire is presented in the end of the paper). Internal consistency was 0.87.

Professional Quality of Life (ProQOL, Professional Quality of Life Scale, Stamm, 2010, Slovak version by Köverova, 2017). The questionnaire focuses on the subjective assessment of the quality of life in relation to the practising of helping profession. The Slovak version of the questionnaire consists of two factors, namely ProQOL-CS (Compassion satisfaction), e.g. "The ability to help people satisfies me", and ProQOL-STS (Secondary Traumatic Stress) "I feel like I'm experiencing the trauma of someone I'm helping." The original version contains ProQOL-B factor (Burnout), which was not included in this analyzes. The role of the respondent is to evaluate the items on the 5 points scale (0 = never, 5 = very often), in terms of how often he/she experienced the mentioned, during the last month. The internal consistency of items in the factor of compassion satisfaction reached 0.80 and the consistency of the secondary traumatic stress was 0.85.

Maslach's burnout questionnaire (MBI-HSS, Maslach Burnout Inventory, Maslach, Jackson, Leiter, 1996). The questionnaire

focuses on subjectively evaluation of the extent of burnout in helping professions. It consists of 22 items divided into three factors: emotional exhaustion MBI-EE (state of physical and mental exhaustion, for example "At the end of the day I feel exhausted."), depersonalization MBI-DP (insensitivity to recipients, for example " I feel that I handle some recipients as they were impersonal things.") and factor personal accomplishment MBI-PA (indirect indicator of burnout in a form of a level of personal satisfaction with work competences and work performance, for example." I am able to solve problems of my clients very effectively."). The role of the respondent is to choose option that best describes him/her on the 6-point scale (0 = never, 6 = every day). To calculate the score, the higher the score, the higher the level of the measured variable in the individual factors.

MBI-HSS measures the level of the variable on each scale in three degrees - high, moderate, low. Grading is carried out by means of intervals of points. For emotional exhaustion factor: low degree 0-16 points, moderate 17-26 and high 27 or more points; for depersonalization factor: low degree 0-6, moderate 7-12 and high 13 or more points; for personal accomplishment factor: low degree above 39 points, moderate 32-38 and high below 31 points. Internal consistency for emotional exhaustion factor was 0.86, for depersonalization factor 0.73 and for personal accomplishment factor 0.72.

Results

In the presented paper, we are dealing with the level of experienced stress, level of risk of secondary stress and burnout among respondents. In conclusion, we verify the relationships between the phenomena examined.

The level of experiencing stress and secondary trauma was verified in the first step. We examined the percentage of helping workers who are at risk from increased impact of negative consequences resulting from helping. Specifically, we've been investigating how many people in our sample are experiencing increased stress, exhibits symptoms of secondary trauma and burnout.

Based on the answers on a 1-5 scale, we distinguished between helping workers who have a lower risk of stress and secondary trauma (answer 1 and 2 on scale), and those who show symptoms of secondary trauma and stress (answer 3, 4, 5). As we can see in Table 1, helping workers are particularly threatened by the impact of increased stress. Concretely, up to 86% (646) of respondents perceive increased level of stress during the last month. While analyzing items, statements such as: "I felt stressed out in the last month." or "Last month I found out that I am not able to handle all the things I need to do.", dominated. Workers with increased stress are mainly nurses (N = 218) who provide regular physical care for clients of social institutions and social workers (N = 169). They have more than 10 years of experience in the field (N = 348), and they work with clients for more than 28 hours a week in average (N = 526). These factors can be considered as risky.

Table 1: Level of the risk of stress and secondary traumatic stress among workers in social field

	Lower level	**Higher level**
Perceived stress	13% (93)	87% (646)
Secondary traumatic stress	90% (666)	10% (73)
Compassion satisfaction	6% (45)	94% (694)

For comparison, only 10% (76) of respondents show symptoms of secondary traumatic stress. In particular, those who have a work experience of up to 10 years (N = 28) and work in the position of a nurse (N = 34) or a tutor (N = 18). On average, they spend more than 28 hours a week (N = 39) with a client. This result shows in what entities respondents work - secondary trauma is experienced by those respondents who work with clients searching for help or requiring care due to traumatizing life events. However, this does not apply to all respondents.

On the other hand, up to 94% (694) of addressed helping workers reported an increased rate of compassion satisfaction in the form of: "The competence to help others fills me with satisfaction."

In case of burnout, respondents were divided into three groups, as described in the Measurement tools section. As we can see in Table 2, helping workers are mostly threatened by emotional exhaustion from helping, 27% (198) of respondents. Most dominant were items such as: "I feel like fulfill my tasks so conscientiously that it's getting tired of It." or "At the end of the day I feel exhausted. “

Table 2: Level of risk of burnout among workers in social field

	Low	**Moderate**	**High**
Emotional exhaustion	46% (341)	28% (206)	27% (198)
Depersonalization	74% (550)	19% (138)	8% (56)
Personal accomplishment	39% (289)	31% (232)	30% (224)

In terms of risk factors, those were especially nurses and healthcare staff (N = 100), with over 10 years of experience (N = 124) and average hours spent with clients over 28 (N = 123) per week. Manifestations of depersonalization occurred in only 7% of respondents. Those were mainly tutors (N = 17) and social workers (N = 20), with over 10 years of experience (N = 30) and in contact with clients over 28 hours a week (N = 32). Their age average was lower M = 40.96 (SD = 10.11) compared to the age average of the entire population.

In the last step, we have verified the relationships between the variables examined. Interdependencies between variables were verified based on the normality response distribution, by correlation (Pearson). Mutual positive correlations between stress, secondary trauma, emotional exhaustion and depersonalization were confirmed. Negative correlations have been confirmed between stress, compassion satisfaction and job satisfaction that represented positive dimensions.

Table 3: Correlations between the level of experienced stress, secondary trauma and burnout

	stress	
	Pearson corr	p(α)
compassion satisfaction	-0,489**	<0,001
secondary trauma	0,476**	<0,001
emotional exhaustion	0,499**	<0,001
depersonalization	0,314**	<0,001
job satisfaction	-0,366**	<0,001

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5 Discussion and conclusion

In the research conducted, we attempted to determine risk factors in relation to the level of perceived stress, burnout and secondary trauma in its three factors. We determine two risk factors that have been confirmed, regardless of the working position of respondents: work experience over 10 years; an average of more than 28 hours per week of real work with the client. In terms of

job position, nurses, healthcare staff and social workers prove to be most at risk.

Figley (2002) in his study examined the compassion fatigue syndrome in psychotherapists who work with chronic disease. He found out that they tend to overlook their own needs in the field of self-care, because they focus on the needs of clients. The author describes compassion fatigue through a multifactorial model that puts emphasis on the value of care, empathy and emotional investment into the help with suffering. This model suggests that the ability to reduce stress from compassion and addressing traumatic memories, together with effective coping with case load, are effective ways to avoid compassion fatigue. This model also suggests that in order to reduce stress from compassion, psychotherapists with chronic manifestations need to develop ways to increase their satisfaction and to learn emotionally and physically break away from work, thus increasing their self-care competencies, to achieve regeneration.
Research in a large sample of police officers (N = 1390) was conducted 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 syndrome, in terms of length of practice and previous experience. Police officers have achieved above-average score on 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 relationships between occupational stress, burnout, job satisfaction, and compassion fatigue. The research sample consisted of specialist medical center staff N = 118, of which n = 101 were women and n = 17 were men. The age of respondents ranged from 26 to 45 years. Socio-demographic factors were age, gender, length of practice. The correlation between the length of practice and compassion fatigue, or the gender differences in compassion fatigue, were not confirmed. (Tabaj et al., 2015)

Smith (2015) focused his research on finding the relationship between self-care and the ability to avoid the so-called compassion fatigue. The research sample consisted of 150 students of social work. In addition to finding a relationship between self-care and the ability to avoid compassion fatigue, the partial objective of the research was to find out whether there are differences in self-care and self-care trends among students. The processing of the obtained data revealed the student's primary focus on the spiritual area of self-care, which consists of activities such as: find some time for spiritual reflection, spend time in a church or synagogue, meditation or prayer, and reading inspirational literature, or listening to inspiring music. Author reasons this result by the fact that students are preparing for the practising in the field of social work, and in this way, they cope with stress. After spiritual self-care, students focus on physical self-care, and then on the emotional area of self-care.

Professionals in helping professions enter into practice with the inner conviction that their work can contribute to a positive change in their clients' lives. They expect that their work will fill them up, and this is often the where the problem begins. Job requirements and the often slow progress with clients at work may instead lead to compassion fatigue. Compassion fatigue was first discovered in connection with the burnout in nurses. It represents a cumulative process caused by constant and intense contact with the client. It starts with some discomfort in the field of compassion, it continues with fatigue from stress, and ends with complete exhaustion. At this point, the ability to cope with excessive burden and the return to the original state is already impaired. (Berry et al., 2012)

Self-care can function as a factor eliminating the negative impacts of consequences of helping professions or negative phenomena at work as such. Several studies confirm the real connections between self-care activities and negative phenomena at work.

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