Why Self-Care? Maintaining High Job Satisfaction Among Human Service Professionals

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ABSTRACT

Human services professionals (HSPs) experiencing "secondary traumatic stress" (STS) are at higher risk for job burnout. This study is to examine STS, job satisfaction, and self-care strategies among HSPs. Research questions include (1) what traumatic events were experienced? (2) are STS and job satisfaction related? and (3) What self-care strategies do they use to cope with secondary traumatic stress? Using an online survey, 92 HSPs answered demographic questions and the secondary traumatic stress scale was used to assess the STS resulting from working with traumatized populations. Findings indicated that three STS subscales are negatively correlated to job satisfaction. Independent samples t-test indicated that the STS scores did differ between two different job satisfaction groups. Qualitative findings from 13 interviewees indicated that HSPs experience diverse work-related traumatic events with core themes such as emotionally and mentally taxing situation, a work-life imbalance, little time off and talk, open-dialogue in peer support, professional help, family support, self-care, and a lack of accessibility to resources. Although less diverse participants are study limitations, findings suggest understanding the impact of STS on job satisfaction and developing hands-on self-care strategies are needed.

INTRODUCTION

In the United States, the rate of exposure to traumatic events ranges from 40% to 81%, with 60.7% of men and 51.2% of women having been exposed to one or more traumas (Breslau et al., 1997; Stein et al., 1997). Although exposure to traumatic events is high in the general population, human service professionals (HSPs) (e.g., social workers, gerontologists, police officers, etc) may be at risk of experiencing "secondary traumatic stress" (STS), compassion fatigue, or vicarious trauma (Bride, 2007; Bride et al., 2004; Hafeez, 2003; Shoji et al., 2015) because they face a high rate of professional contact with trauma survivors. Healthcare professionals experience traumatic events in diverse service areas, such as homelessness (Waegemakers et al., 2019), child welfare (Howard et al., 2015), community-based mental health (Newell & MacNeil, 2010), health care (Pulagam & Satyanarayana, 2021), substance abuse (Bride & Kintzle, 2011). Specifically, 82% to 94% of outpatient mental health clients (Davidson & Smith, 1990; Switzer et al., 1999) and 60 to 90% of substance abusers (Dansky et al., 1996; Dansky et al., 1997) are survivors of traumatic events. Additionally, 97% of homeless women with mental health issues reported some form of abuse over their lifetime (Goodman et al., 1997).

According to American Counseling Association (2000), secondary trauma or vicarious trauma is the emotional remainder of exposure that HSPs have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have suffered. Vicarious trauma is coupled with a sense of confusion, helplessness, and isolation compared with burnout (Figley, 1995, 2002). Being exposed to traumatic events on a daily basis affects professionals' lives, both personal and professional. At the professional and organizational level, the experience of STS is related to job turnover (Figley, 1999), personnel shortages (Conn &

Butterfield, 2013), and deficiency of helping ability (Rosenbloom, Pratt, & Pearlman, 1999). At the personal level, mental health issues such as depression, post-traumatic stress, and anxiety (Collins & Long, 2003), behavioral effects such as absenteeism, domestic violence, and substance abuse (Cross & Ashley, 2004; Paton et al., 2009) have been found. Additionally, interpersonal (e.g., staff conflict, lack of collaboration), personal values and beliefs (e.g., lack of interest and caring, disruption in self-capacity) and job performance (e.g., low motivation, increased errors, avoidance of job responsibilities) are impacted by vicarious trauma. Collectively, previous studies have provided empirical evidence that human service providers are at risk of experiencing symptoms of traumatic stress.

Self-care is an essential practice within the field of any social/human services profession. According to Jalili et al. (2021), common factors associated with burnout included increased workload, job stress, and lack of support provided by the workplace, which may be alleviated if health care organizations take actions to provide a more supportive environment for their employees, such as training seminars, mental health resources, more advanced personal protective equipment, and more organizational and family support. A recent study indicated that "despite knowing how important self-care is to personal and professional well-being, it can be difficult to implement self-care in everyday life" (Martin et al., 2020). However, few studies have focused on preventive self-care strategies and training programs to treat secondary traumatic stress. According to the revised 2021 NASW Code of Ethics, professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that the social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers' self-care (NASW, 2021).

This present study examines the secondary-traumatic stress (STS) human service professionals are experiencing in their daily routine and self-care strategies to treat it. Research questions to address through this study include:

1. What traumatic events or losses (e.g., a death, victimization, observation of abuse or traumatic experiences, etc.) have they experienced in their workforce?
2. Are there any relationships between STS and job satisfaction?
3. What self-care strategies do they use to cope with secondary traumatic stress?

Findings from this study seek to contribute to an increased understanding of the relationship between job satisfaction and secondary traumatic stress, emphasizing the importance of self-care strategies among human service professionals and helping undergraduate students develop self-care strategies to prevent job burnout and/or Secondary Traumatic Stress (STS).

METHOD

Participants

The study was approved (IRBNet ID # _1784842) by a medium-sized university's Office of Research Compliance in Northwest Ohio. Participants were provided with the consent to participate in this research. This study used a non-probability purposive sample. Participants were recruited via social media and various other electronic methods (e.g., Facebook, Twitter, email, etc.). Human services professionals in the area of diverse social work, education, criminal justice and gerontology were eligible for this study. Using a mixed method, data were collected via online survey from 92 human service professionals in the area of mental health, foster care system, education, gerontology, criminal justice, emergency, and medical setting. In addition, semi-structured interview (qualitative method) was used to get participants' live experiences. 13 HSPs participated in the interviews. Death of different reasons, abuse (physical, sexual, and emotional), and neglect are main traumatic events many participants have experienced.

Measurements

For this study, a mixed-methodology approach advocates collecting, analyzing, and integrating both quantitative and qualitative data to understand given research questions. Demographic questions (e.g., age, gender, race/ethnicity, years of experience, job satisfaction, level of emotional attachment, and self-care training) were asked. The secondary traumatic stress scale (STSS) (a 17-item instrument, $\alpha = .93$) was used to assess the frequency of STS. Secondary traumatic stress (STS) is a syndrome including intrusion, avoidance, and arousal due to indirect trauma exposure (e.g., by caring for traumatized patients in a professional context or transgenerational transmission of trauma in familial or cultural systems). Bride et al. (2004) developed the Secondary Traumatic Stress Scale (STSS), designed to measure these reactions of helping professionals who have experienced traumatic stress through their work with their traumatized clients.

The STSS is a self-report inventory designed to assess the frequency of STS symptoms in professional caregivers. Participants were asked to indicate on a 5-point Likert scale (1 = never to 5 = very often) how often they experienced each of the 17 STS symptoms during the last week. The 17 items are organized in three subscales: intrusion, avoidance, and arousal. The STSS total score is calculated by summing up the item scores, with a higher score indicating a higher frequency of symptoms. A total score below 28 corresponds to "little or no STS," a score between 28 and 37 means "mild STS," between 38 and 43 "moderate STS," between 44 and 48 "high STS," and beyond 49 "severe STS."

Data Analysis

Quantitative data were analyzed with *IBM SPSS Statistics (version* 26). Descriptive statistics, frequency, binary correlations, and independent sample t-test were completed to provide findings. Semi-structure interview findings were analyzed by the thematic analysis framework (Braun & Clarke, 2006). Textual data includes participant observation notes and stories and narratives (Crabtree & Miller, 1999). The authors grouped important commonly mentioned codes into broader and abstract categories (focused coding). Then, the central themes were discovered in the responses. The main themes uncovered in the researchers' interviews were having emotionally and mentally taxing experiences, high workloads resulting in a work-life imbalance, prioritizing self-care, and opening dialogue among peers, family, and professionals.

RESULTS

This cross-sectional study used both an online survey and an interview method asking questions pertaining to job burnout, secondary-traumatic stress, compassion fatigue, and job satisfaction among HSPs. The quantitative findings included frequencies and correlations among variables in the study. Through interviews, qualitative results provided first-hand information from human-service providers. Qualitative research presented subjective information that can be used to get a more in-depth, honest look at the experiences of human-service professionals.

Quantitative Findings

A total of 92 respondents participated in the study. Most participants worked in the field of mental health and substance abuse. Education and foster care were the next highest categories. The less commonly reported areas included special education, corrections/firefighting, nursing, long term care, physical health, and vocational rehabilitation. The traumatic events participants experienced were categorized and examined. Death, physical abuse, and neglect were the three most common categories, respectively. Additional common traumatic events included sexual abuse, violence/crime, emotional abuse, drug abuse, and homelessness. The mean age among participants was approximately

35, ranging from 19 to 64 years old. A notably significant proportion of participants were female (83.7%) and white (90.2%). The average rating of job satisfaction was 7.09 out of 10, which can be noted as above average job satisfaction reported among the participants.

For self-care training the statistics showed a fairly even split, leaning slightly in favor of "Yes" (52.2%) as compared to "No" (47.8%). The mean STS score was 42.71 out of a possible 85. The results for the subscales were as follows: Avoidance = 17.5, Arousal = 13.42, Intrusion = 11.79 (see Table 1). A significant correlation was found between STS total including three STS subscales and job satisfaction (see Table 2). As a result of Independent Samples T-test, there was a statistically significant group difference between the high job satisfaction group and the low job satisfaction group. The results showed that the higher job satisfaction group reported lower STS scores, while the low job satisfaction group reported higher STS scores (see Table 3).

Table 1.

General Information (N=92)

Variable	Values	Frequency (Percent)
Age	Range: 19 - 64 years old M = 34.93; SD = 11.39	
Gender	Male Female Trans* Non-binary	11 (12.0) 77 (83.7) 1 (1.1) 3 (3.3)
Racial Identity	White Black or African American Asian 2 or more races	83 (90.2) 6 (6.5) 2 (2.2) 1 (1.1)
Years worked as an HSP	Less than 1 year 1 to 4.9 years 5 to 9.9 years 10 + years	8 (8.8) 34 (37.4) 20 (22.0) 29 (31.9)
Job Satisfaction	1 being least satisfied, 10 being Most satisfied.	M = 7.09 (SD = 1.98)
Level of emotional attachment to clients	Rarely attached Neutral Often attached Very often attached	11 (12.0) 31 (33.7) 40 (43.5) 10 (10.9)
Self-care training	Yes No	48 (52.2) 42 (47.8)
Secondary Traumatic Stress (STS)	Total: Mean = 42.71 (SD=13.18) • Avoidance subscale • Arousal subscale • Intrusion subscale	Mean (SD) 17.50 (5.73) 13.42 (4.51) 11.79 (3.95)

Notes. Secondary Traumatic Stress (STS) total score: 85

Table 2.
Correlations (STS total and Subscales & Job Satisfaction)

		Job satisfaction	Intrusion	Avoidance	Arousal	STS total
Job satisfaction	Pearson Correlation	1	-.505**	-.566**	-.470**	-.559**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	92	92	92	92	92

Note. ** Correlation is significant at the 0.01 level (2-tailed); STS subscales: Intrusion, avoidance, and arousal

Table 3.
Independent Samples Test (STS Total & Job satisfaction)

		Levene's Test for Equality of Variances		T-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
STS total	Equal variances assumed	1.262	.264	4.131	89	.000	10.56463	2.55743	5.48307	15.64618
	Equal variances not assumed			4.064	78.673	.000	10.56463	2.59960	5.38993	15.73933

Note. There is a statistically significant (t (89) = 4.131, p > 0.000) group difference. That is lower job satisfaction group has higher STS score, while higher job satisfaction group has lower STS score.

Qualitative Findings

A total of 13 individual interviews were conducted to gather more specific, in-depth information. The interviewees included a licensed social worker, a clinical mental health counselor, a Firefighter-Paramedic, case worker in child welfare, an owner of group home, a patrol officer, teachers in special education, an investigator of developmental disabilities. They were asked a series of semi-structured questions and provided first-hand experiences and information regarding the demands in their human service profession. Several common themes were found such as emotionally and mentally taxing situation, a work-life imbalance, little time off and talk, open-dialogue in peer support, professional help, family support, self-care, and a lack of accessibility to resources (see Table 4). Participants indicated that practicing self-care was the most common response for coping with secondary traumatic stress and improving job satisfaction. Peer, family, and professional support were the most reported means for dealing with compassion fatigue among the thirteen interviewees in this study.

Table 4.
Common Themes from Semi-structured Interviews

Themes	Statements
Mentally taxing experiences	• "My first patient in practice committed suicide" • "…watched clients struggle until they died.… was exposed to a lot of abuse the kids went through…. become a private agency therapist working mostly with domestic violence victims."
Work-Life Imbalance	• "I work through my breaks, do not have time to eat a meal or even use the restroom." • "Leaving work at work has also been something I really tries to do so that way I can separate her professional life from her personal life…"
Time off and Talk	• "Take breaks and make time for yourself." • "Don't neglect or negate how you feel. Don't silence your needs or feel like you are complaining. Talk about what you are feeling."
Open-Dialogue in Peer Support	• "If you don't have someone you can talk to; the weight can really get to you" • "Having a crew that's supportive, having an environment that's supportive." • "Normalization and shared experiences from your peers are helpful in developing techniques and your therapeutic responses in sessions with clients."
Professional Help	• "You need an outlet or someone to be able to reflect on how you feel or what you have experienced. I would suggest speaking with a psychologist, grief counselor, or someone well trained to assist." • "Therapy therapy therapy"
Family Support	• "Quality time with my own family, leaving work problems at work." • "My support system is my family and outside organizations."
Self-care	• Practicing self-care and living a healthy lifestyle will also help you maintain your ability to control your emotions. • "Finding things [hobbies, exercise, meditation] outside of work that make you happy and relieve stress are important."
Lack of Resources and Accessibility	• "They are available but there are many time constraints and substitutes are not available to make appointments and you feel guilty if you call off" • "The district offers something but never really explained and who has the time to schedule an appt. and be able to attend the appt."

DISCUSSION

The purpose of this study was to examine the relationships among STS, job satisfaction, and self-care strategies among human services professionals with a mixed methodology (both quantitative and qualitative). Participants reported the three most common STS they experienced in their workforce were death, physical abuse, and neglect, followed by sexual abuse, violence/crime, emotional abuse, drug abuse, and homelessness. Previous research indicated that healthcare professionals experience STS in diverse service areas, such as health care, child welfare, mental health,

substance abuse, and homelessness (Waegemakers Schiff & Lane, 2019; Howard et al., 2015; Pulagam & Satyanarayana, 2021; Bride & Kintzle, 2011). However, only half (52.2%) of participants received self-care training, which showed that the level of self-care training is not currently sufficient to combat the issues. For job satisfaction, participants reported scores above average, but there were negative relationships between STS and job satisfaction, i.e., the higher job satisfaction group reported lower STS scores, while the low job satisfaction group reported higher STS scores, which is supported by previous findings that counselors with higher levels of STS reported lower job satisfaction and lower occupational commitment (Bride & Kintzle, 2011).

In qualitative research, the most prominent theme was emotionally and mentally taxing situation in their respective human services profession, as one participant said, "…watched clients struggle until they died.… was exposed to a lot of abuse the kids went through…." Experiencing these vicarious traumatic events through their clients often was a source of job burnout. The next theme was a work-life imbalance. As one interviewee explained, "Having a caseload of 80 clients, not having control over getting new clients, and not having enough open session to offer to existing clients." This statement demonstrates how taxing the workload can be for human service providers. Due to this high caseload, providers often see negative impacts in the home life, through relationships with others or in their own well-being. Mental, emotional, and physical exhaustion leads to compassion fatigue and job-burnout among human service professionals. In addition, participants were experiencing a lack of accessibility to resources to deal with these increasingly demanding workloads. Employers often provided little to no training on self-care or decompression techniques. Even worse, little time off and a lack of substitutes made it even more difficult for them to cope with their highly stressful jobs. Although there was a lack of training for self-care within their workplace, prioritizing self-care on their own was a common theme found among the responses. Some other reported self-care techniques were making time for themselves, eating junk food, alcohol, yoga, and exercise. One interviewee explained, "It is hard to extend compassion outward if you don't have compassion inward toward yourself." The final theme found through the interviews was opening dialogue among peers, family, and professionals, which enabled human service professionals to find support to deal with their demanding careers. "When co-workers have shared experiences or work together to address the trauma of issues experienced in shared line-of work, employees tend to feel more supported and have more work satisfaction" was how one participant explained that having support in the workplace prevents and combats compassion fatigue. Having family support is also a beneficial tool among human service professionals (Pfifferling & Gilley, 2000). One interviewee said, "Spending time with my own family and trying to make sure we have a balanced diet, good sleeping habits, and relaxation time" as their method of self-care. Receiving professional help is also a recommended self-care strategy according to interview responses. Furthermore, one interviewee stated, "Find an experienced therapist and work with them every week to deal with the negative emotions relating to the field of human services. So, whether with peers, family, or professionals, simply talking to others seems to be a common and effective outlet among HSPs to deal with secondary traumatic stress from their workplace. This finding corresponds with the previous one that job support emerged as the significant predictor that can buffer the risk or impact of STS (Bonach & Heckert, 2012).

CONCLUSION AND IMPLICATIONS

Many participants reported that they were experiencing emotionally and mentally taxing situations as well as a high caseload in their respective human services profession, which may lead to job burnout and low job satisfaction. These issues are critical because they are dominantly prevalent in the fields of behavioral/mental healthcare and the levels of stress may potentially lead to decreased worker retention and long-term mental health issues among them. In addition, understanding the relationship between STS and job satisfaction is imperative in realizing how job burnout can be prevented in human services, allowing human service institutions to be more prepared to prevent and deal with job burnout and secondary traumatic stress experiences by its employees (Shoji et al., 2015). However, despite the finding of prioritized self-care, approximately half of participants reported that they received no self-care training in their workplace, indicating that the level of self-care training is not sufficient to combat the issues and even existing

programs are currently ineffective for addressing the concerns raised. Morgantini et al. (2020) emphasized that the health care institutions need to provide a supportive, safe work environment for healthcare professionals in order to maximize the quality of care they produce. Findings from this study will be used as preliminary data for curriculum development within the Department of Human Services to help undergraduate students develop self-care strategies to prevent job burnout and/or Secondary Traumatic Stress (STS). The findings may also bring awareness to Health and Human Service professionals to understand the importance of self-care.

Although the findings provide expanded knowledge about the issues, study limitations include small sample size (both survey and interview) and need more diverse participants of gender and race/ethnicity. The effect of self-care training on turnover rate and long-term job satisfaction was not covered. Further, with the majority of these workers having been in the field for more than five years, it is especially important to examine the long-term effects of these traumatic events and experiences.

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