The European Proceedings of
Social & Behavioural Sciences
EpSBS

Future Academy ISSN: 2357-1330

https://dx.doi.org/10.15405/epsbs.2018.10.4

CPSYC 2018
6th International Congress on Clinical and Counselling Psychology

SECONDARY TRAUMA AND BURNOUT ON RELATIONSHIP SATISFACTION IN HELPING PROFESSIONS

Margita Mesárošová (a)*
*Corresponding author

(a) University of Pavol Jozef Šafárik in Košice, Moyzesova 9, 040 01 Košice, Slovakia, margita.mesarosova@upjs.sk

Abstract

Family relationship satisfaction could be influenced by experiencing secondary traumatic stress and burnout in helping professionals, but research has not yielded the proper empirical evidence for this opinion. To address this gap, two research questions were proposed: What are the predictors of secondary traumatic stress and burnout and what is the nature of association among burnout, secondary traumatic stress and family relationships satisfaction in helping professionals? The study aimed to identify associations among family relationship satisfaction and secondary traumatic stress and burnout in helping professionals. Another goal of the study is to suggest ways to intervene in helping professionals to assist them to reduce stress, burnout and to foster family relationship satisfaction. Statistical differences were revealed in the secondary traumatic stress and burnout associated with living with a partner and having children. Results demonstrated significant correlations between dimensions of relationship satisfaction and burnout. Trauma history was found to be a positive predictor of secondary traumatic stress and burnout. Burnout was confirmed as the only significant (negative) predictor of consensus and satisfaction in relationships with a partner. The higher level of consensus and satisfaction with a partner was associated with lower levels of burnout. Additionally, the burnout and secondary traumatic stress were predicted by trauma history. The interventions strategies to overcome stress and burnout are provided.

Keywords: Secondary traumatic stress, burnout, relationship satisfaction.

1. Introduction

In recent years, researchers have examined how individual exposure to traumatic events affects the spouses or partners, children, and professional helpers of trauma survivors. Most of the research in this area has focused on examining the impact of a person's trauma on the onset of secondary traumatic stress at his/her partner. Secondary traumatic stress was observed in people, especially in helping professionals

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

who are in close contact with traumatized clients. Figley (1999) described secondary traumatic stress as "the natural, consequent behaviours and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 10).

The comprehensive approach to research of marital satisfaction was adopted by Snyder et al. (2004), who created the Marital Satisfaction Inventory which offered a set of scales to assess the dimensions of the marital satisfaction concept, such as global distress, affective communication, problem-solving communication, sexual dissatisfaction, disagreement about finances etc. which are intended to reveal a total marital satisfaction.

The marital relationship concept has received a lot of research attention in the context of examining the dyadic adjustment as a holistic concept comprising of such dimensions like consensus, satisfaction, and cohesion. Kurdek (1992) described the Dyadic Consensus as a degree of harmonious agreement between partners on issues important to the functioning of the couple's relationship. Kurdek considered a dyadic consensus as a high frequency of congruence between partners. He also noted that dyadic satisfaction can be measured through the low occurrence of disputes, discussion of separation and negative interactions. Similarly, Miller and Salkind (2002) outlined dyadic consensus as "The degree to which the couple agrees on matters of importance to the relationship" (p. 546). On the other hand, Dyadic Satisfaction is explained as the extent of appreciation and strain in the relationship as well as the prevalence with which each partner has completed the disintegration of the relationship (Spanier, 1976). However, Miller and Salkind (2002) elaborated dyadic satisfaction as "The degree to which the couple is satisfied with the present state of the relationship and is committed to its continuance" (p. 546). Spanier (1976) outlined Dyadic Cohesion as the degree of closeness and shared activities experienced by the couple.

2. Problem Statement

There is a lack of empirical research, knowledge, and comprehension about the effect of helpers' work on their personal lives and the work-family relationship (Rupert, Hartman, & Miller, 2013). According to Grosch & Olsen (1994), unresolved family issues of counsellors could lead to higher occurrences of burnout. Bride (2004) considers secondary traumatic stress as an occupational hazard associated with providing direct services to traumatized populations. Symptoms of secondary traumatic stress could involve an impairment in relationships and interaction with themselves, their families, friends and with the world (Bride, 2012).

Satisfactory marital relationships have a significant impact on the personal development and functioning of the individual. Therefore, it is important to examine how the secondary traumatic stress experienced by one of the partners working with traumatized clients influences marital relationships. In spite of the awareness of the importance of these relationships, current literature has not identified the effects of secondary trauma on interpersonal or relationship functioning in couples; thus, there is a need for more empirical research of the mechanisms of trauma affecting couples.

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

3. Research Questions

Family relationship satisfaction could be influenced by experiencing secondary traumatic stress and burnout in helping professionals, but research has not yielded the proper empirical evidence for this opinion. In view of this, two research questions have been proposed: What are the predictors of secondary traumatic stress and burnout in helping professionals? What is the nature of association among burnout, secondary traumatic stress, and family dyadic adjustment in helping professionals? It is expected that secondary traumatic stress and burnout will be predicted by several variables: overall primary trauma, caseload, and by dimensions of dyadic adjustment.

4. Purpose of the Study

The study aims to examine associations among family relationship satisfaction and secondary traumatic stress as well as burnout in helping professionals. Another goal of the study is to suggest the interventions for helping professionals to assist them to reduce stress, burnout and to foster family relationship satisfaction.

5. Research Methods

A cross-sectional design was employed using a set of self-report techniques to reveal the level of main variables.

5.1. Participants

The sample consisted of 120 participants; 83.3 percent were female working in the helping professions: 25.8 percent as psychologists and 74.2 percent as social workers. Purposive sampling method was used where the participants were selected from the list of licensed psychologists and social workers who were be employed in psychological counselling centres, school counselling centres, and social care institutions for children, youth and adults. The mean age was 38.88 years (SD =11.16) with a range of 22-67 years. The majority of the sample had a Master's degree (61.62 percent) and the rest had a Bachelor's degree. The average years of professional experience was 10.34 (SD = 9.30) and they worked approximately 31.44 (SD = 10.31) hours per week. The majority of the sample reported that they were married (71. 67 %) during the survey, 10.83 % of participants were in a relationship, 4.16% reported a common-law partner and 13.33% were currently not in a relationship (single/separated/divorced/widow). The majority of participants (92.12 %) worked in public institutions. About a half of the sample (44.16 %) had low caseload (0 to 10 patients per week) or medium (11-27 patients per week; 41.67 %), and 14.17 % had high caseload (more than 28 of patients per week).

5.2. Measures

The Demographic Information Questionnaire (DIQ) was created specifically for the purpose of this study. Items on the DIQ comprised standard demographic information regarding respondents' age, gender, family status, children, and occupation. In addition, the DIQ gathered information regarding

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

aspects of respondents' professional activities such as length of work experience, average number of work hours, a field of practice, and typical work-related activities.

The Professional Quality of Life Scale (ProQOL) constructed by Stamm (2010) assesses the positive and negative consequences of working with traumatized people. This 30-item scale contains three subscales: the first is compassion satisfaction, which is characterized as satisfaction from providing compassion and help, as well as the pleasure of the work that one performs. The second scale measures burnout and feelings of hopelessness and problems at work. The third subscale measures compassion fatigue. Cronbach's alpha values are .88 for the compassion satisfaction subscale, .81 for the secondary traumatic stress subscale, .75 for burnout subscale (Stamm, 2010). In the current research, alpha reliabilities for compassion satisfaction, secondary traumatic stress, burnout, and overall scale were .80, .81, .72, and .88, respectively.

The Brief Trauma Questionnaire (BTQ; Schnurr, Vielhauer, Weathers, & Findler, 1999) is a brief ten-item self-report measure used to determinate if respondents have ever experienced a traumatic event (experiencing combat, unwanted sexual contact or sudden death of a close friend or family member). BTQ items target three levels: exposure to trauma, life threat or serious injury of the trauma. Interrater reliability reported by Schnurr et al. (2002) as kappa coefficients were above .70 (range = .74–1.00) which indicate substantial agreement. In the current research, alpha reliability for overall scale was .68.

The Dyadic Adjustment Scale (DAS; Spanier, 1976) is a measure that assesses the quality of marriage and other similar dyads. DAS comprises 32 items of various response formats developed to measure dyadic adjustment comprising four subscales, namely Dyadic Consensus, Dyadic Satisfaction, and Dyadic Cohesion, and Affective Expression. The Affective Expression subscale was found to produce scores with poor Cronbach's alpha across studies (Graham, Liu, & Jeziorski, 2006); therefore this subscale was not used in the research reported here. In the present research, the DAS version comprised of these subscales: Dyadic Consensus (the degree to which the couple agrees on matters of importance to the relationship), Dyadic Satisfaction (the degree to which the couple is satisfied with their relationship), Dyadic Cohesion (the degree of closeness and shared activities experienced by the couple). Spanier (1976) reported the internal reliability of DAS as Cronbach's alpha ($\alpha = .96$). In the present research, the internal reliability of a total score of DAS was Cronbach's alpha .82, and for subscales as follows: consensus dimension ($\alpha = .84$), satisfaction dimension ($\alpha = .71$), cohesion dimension ($\alpha = .82$).

5.3. Data Collection and Analysis

The questionnaire forms were sent to the participants who had provided written approval by conventional mail with a return envelope. Of the 180 respondents addressed, 136 returned questionnaires and 5 were excluded for data incompleteness. Male (N = 11) were also excluded due to low frequency. Descriptive statistical analysis of data was performed by means of Pearson and Spearman correlations, ANOVA, and Hierarchical Multiple Regression. SPSS version 21.0 was used. A p-value level <0.05 was adopted for the statistical significance.

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

6. Findings

The main findings will be presented in this section. First, the main characteristics regarding their personal and work attributes of the participants are presented, followed by the most important results concerning the level of experienced secondary traumatic stress and burnout as well as their association with the relationship satisfaction.

6.1. Primary, secondary traumatic stress, and burnout and relationship satisfaction

The occurrence of primary traumatic events was relatively low (AM = 1.33, SD = 0.73); approximately one life traumatic event was experienced by the participants. A low frequency of life trauma occurred in 46.6 percent, 14.4 percent reported a moderate life trauma, 3.3 percent a high occurrence of the primary trauma, and no traumatic events occurred for 35.6 percent. The level of secondary traumatic stress was perceived as moderate (AM = 17.18, SD = 6.85) according to the criterion set up by Stamm (2010) as 22 or less. Similarly, the level of burnout was also low in comparison to abovementioned criterion (AM = 18.71, SD = 5.50). Compassion satisfaction was perceived as moderate (AM = 39.15, SD = 4.78).

Correlation analysis yielded some interesting results. Significant correlation was found between secondary traumatic stress and age of participants ($r = -0.31$, $p < 0.01$), years of practice ($r = - 0.16$, $p < 0.05$), overall primary trauma history ($r = 0.26$, $p < 0.01$). However, no significant correlations were found among secondary traumatic stress and dyadic consensus in relationship ($r = 0.09$, $p = 0.19$) and dyadic satisfaction in relationship ($r = 0.07$, p = n.s.). Burnout was negatively associated with level of education ($r = - 0.23$, $p < 0.01$). No significant correlation was found among the dyadic consensus in the relationship, dyadic satisfaction in the relationship and the level of education and caseload (correlation coefficients ranged from 0.03 to 0.09).

6.2. Differences in secondary traumatic stress and burnout by gender, education level, specialization and family characteristics

The performed statistical analysis did not yield the significant differences in secondary traumatic stress according to gender ($F = 2.62$, $p = 0.11$), family status ($F = 2.54$, $p = 0.16$.). On the other hand, significant differences were revealed in secondary traumatic stress due to the variable "having children"; participants without children experienced a higher level of secondary traumatic stress (AM = 19.79, SD = 8.04) in comparison to their counterparts with children (AM = 16.16, SD = 6.09).

Table 01. Mean, standard deviations, and significance of differences due to gender, specialization, and education degree

VARIABLES		AM	SD	F/ p	Spec	AM	SD	F/ p	Degr	AM	SD	F/ p
BU	M	17.76	5.20	0.58	P	17.93	3.79	0.60	B	20.80	6.17	*6.65*
	F	18.87	5.56	0.44	SW	19.03	5.85	0.55	M	17.66	4.64	*0.00*
	T	18.71	5.50		TH	17.63	4.77		C	13.00	3.61	
STS	M	14.71	7.36	2.62	P	15.79	7.11	*4.29*	B	18.71	5.50	*5.22*
	F	17.59	6.71	0.11	SW	18.15	6.56	*0.01*	M	19.32	7.35	*0.01*

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

	T	17.18	6.85		TH	13.06	6.83		C	16.18	6.21	
CS	M	39.94	4.52	0.54	P	40.36	4.24	0.50	B	37,54	5,51	*4.29*
	F	39.02	4.83	0.46	SW	39.00	4.74	0.60	M	40,05	4,09	*0.02*
	T	39.15	4.78		TH	38.94	5.56		C	39,15	4,78	
DC	M	56.35	10.81	0.45	P	59.50	4.82	0.69	B	40.06	4.09	1.86
	F	57.65	6.73	0.51	SW	57.06	7.98	0.50	M	41.33	2.31	0.16
	T	57.47	7.41		TH	57.94	5.80		C	39.15	4.78	
DH	M	21.59	3.34	0.00	P	22.07	3.36	0.97	B	55.77	9.21	0.01
	F	21.53	3.40	0.95	SW	21.65	2.73	0.38	M	58.46	5.96	0.99
	T	21.54	3.38		TH	20.50	5.88		C	58.67	6.81	
DS	M	15.65	3.06	2.33	P	15.93	2.20	1.66	B	57.47	7.41	0.00
	F	14.34	3.31	0.13	SW	14.25	3.47	0.19	M	21.59	3.61	1.00
	T	14.53	3.29		TH	14.81	2.86		C	21.51	3.29	
PT	M	1.65	1.32	1.01	P	1.00	0.88	0.45	B	1,65	1,49	2.49
	F	1.28	1.42	0.31	SW	1.39	1.49	0.53	M	1,16	1,33	0.87
	T	1.33	0.70		TH	1.31	1.30		C	0,33	0,57	

Abbreviations: AM – arithmetic mean, Spec – specialization, SD – standard deviation, Degr – Education degree, B – bachelor degree, M – master degree, C – certification studies, M – male, F – female, T – total sample, BU – burmout, STS – secondary traumatic stress, CS - compassion satisfaction, DC – dyadic consensus, DH – dyadic cohesion, DS – dyadic satisfaction, PT – primary trauma, SW – social worker, P – psychologist, TH – therapist; *italics* – significant differences

With regard to burnout, no differences were observed due to gender ($F = 0.58$, $p = 0.49$) or family status ($F = 2.31$, $p = 0.18$). Participants who lived with partners reported AM = 18.21 (SD = 5.39) on burnout and participants who do not live with partners reported a higher burnout level (AM = 20.91, SD = 5.55), with significant difference ($F = 4.17$, $p = 0.03$). Additionally, significant statistical difference was observed for 'with children' and 'no children' ($F = 4.53$, $p = 0.02$) where participants with children reported lower levels of burnout (AM = 17.65, SD = 4.78) than participants who had no children (AM = 21.45, SD = 6.33). Conversely, there were no significant gender differences in compassion satisfaction ($F = 0.54$, $p = 0.46$).

Statistically significant differences were revealed in the level of secondary traumatic stress and burnout in terms of occupation and education. Higher levels of secondary stress and burnout were perceived by social workers compared with psychologists ($F = 4.29$, $p = 0.01$). Furthermore, the professionals with the bachelor degree reported a higher level of burnout and secondary traumatic stress in comparison with those with a master's degree (*p* ranged from 0.01 to 0.02).

6.3. Regression analyses

A three-step hierarchical multiple regression was conducted to test the proposed model and control for the effect of demographic and professional variables (Table 2). Since no prior hypotheses had been made to determine the order of entry of the predictor variables, a direct method was used for the multiple linear regression analyses.

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

Table 02. Hierarchical Multiple Regression of Predictors of Secondary Traumatic Stress

Model[a]	R	R^2	R^2_{adj}	St. Err.	R^2 change	F change	df1/df2	p
1	0.27[b]	0.07	0.05	6.68	0.07	2.99	3/117	0.034
2	0.30[c]	0.09	0.06	6.64	0.09	2.88	4/116	0.026
3	0.36[d]	0.13	0.07	6.59	0.13	2.31	7/113	0.031

a Dependent variable: STS
b Predictors: exposure to trauma, threat of serious injury, overall primary trauma
c Predictors: overall primary trauma, dyadic consensus, dyadic cohesion, dyadic satisfaction
d Predictors: work hours, caseload, household chores, overall primary trauma, dyadic consensus, dyadic cohesion, dyadic satisfaction

Model 1 (Table 2) included exposure to trauma, a threat of serious injury, and overall primary trauma. Model 2 included all variables in model 1 plus the variables of the proposed model: dyadic consensus, dyadic cohesion, and dyadic satisfaction. Model 3 included the participant variables: work hours, caseload, household chores, overall primary trauma, dyadic, consensus, dyadic cohesion, and dyadic satisfaction. The dependent variable was Secondary Traumatic Stress. Results of model 3 indicated that the combined effect of work hours, caseload, household chores, overall primary trauma, dyadic consensus, dyadic cohesion, and dyadic satisfaction explained 13% of the variance in Secondary Traumatic Stress ($F = 2.31$, $p = .034$). The participant variables were predictors of STS as a whole set with the strongest predictor overall being primary trauma ($\beta = 0.23$).

Table 03. Hierarchical Multiple Regression of Predictors of Burnout

Model[a]	R	R^2	R^2_{adj}	St. Err.	R^2 change	F change	df1/df2	p
1	0.24[b]	0.06	0.04	5.40	0.06	2.41	3/117	0.071
2	0.39[c]	0.15	0.12	5.16	0.15	4.99	4/116	0.001
3	0.42[d]	0.18	0.12	5.15	0.18	3.30	7/113	0.003

a Dependent variable: Burnout
b Predictors: exposure to trauma, a threat of serious injury, overall primary trauma
c Predictors: overall primary trauma, dyadic consensus, dyadic cohesion, dyadic satisfaction
d Predictors: work hours, caseload, household chores, overall primary trauma, dyadic consensus, dyadic cohesion, dyadic satisfaction

Model 1 (Table 3) included exposure to trauma, a threat of serious injury, and overall primary trauma. Model 2 included all variables in model 1 plus the variables of the dyadic adjustment: dyadic consensus, dyadic cohesion, and dyadic satisfaction. Model 3 included the participant's variables: work hours, caseload, household chores, overall primary trauma, dyadic, consensus, dyadic cohesion, and dyadic satisfaction. The dependent variable was Burnout.

Results of model 3 indicated that the combined effect of work hours, caseload, household chores, overall primary trauma, dyadic consensus, dyadic cohesion, and dyadic satisfaction explained 18% of the variance in Burnout ($F = 3.31$, $p = .003$). The participant variables were predictors of Burnout as a whole set with the strongest predictor being overall primary trauma ($\beta = 0.21$) which was similar to STS.

In searching for predictors of relationship satisfaction, additional regression analyses were conducted. Results demonstrated significant correlations between dimensions of relationship satisfaction and burnout. Burnout was confirmed as the only significant (negative) predictor of consensus ($R^2 = 0.30$, $F = 9.69$, $p = 0.00$; $\beta = 0.26$) and satisfaction in relationships with a partner ($R^2 = 0.32$, $F = 2.60$, $p = 0.03$;

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

β = 0.22). The higher level of consensus and satisfaction with a partner was associated with lower level of burnout.

7. Discussion

The aim of the present study was to investigate associations between experienced secondary traumatic stress and burnout with relationships satisfaction of psychologists and social workers. As Robinson-Keiling and Rupert (2014) pointed out, there is a limited understanding of this question.

7.1. Secondary traumatic stress and relationship satisfaction

Cerney (1995, p. 140) alluded that caregivers "may traumatize their families by their chronic unavailability and emotional withdrawal, perhaps in the same way that trauma victims sometimes traumatize those around them". The results of this study however, did not suggest a significant correlation between secondary traumatic stress and relationship satisfaction (for all dimensions). One possible explanation for this result could be that the helping professionals in the current study did not perceive that they underwent a high level of secondary traumatic stress. However, they reported moderate and high levels of compassion satisfaction, which could have a positive impact on participants' partner relationships. On the other hand, as was suggested by regression analyses, the secondary traumatic stress could be explained by the combined effect of several variables, such as of working hours, caseload, household chores, overall primary trauma, dyadic consensus, dyadic cohesion, and dyadic satisfaction. Contrary to our findings are the results of a study conducted by Adams, Figley, & Boscarino (2008) who found that lifetime trauma, and having a high percentage of clients who were victims of violence were not statistically associated with secondary trauma.

7.2. Burnout and relationship satisfaction

Correlation analysis between burnout and relationship satisfaction dimensions has yielded a significant association among burnout and such variables as consensus and satisfaction dimensions. Regression analysis suggested that burnout was predicted by the combined effect of consensus and satisfaction dimension of partner relationship, as well as the variables associated with work and family. Therefore, these results are consistent with the research assumptions. The results are similar to other studies. For example, Jayaratne et al. (1986) found that social workers who experienced more intense burnout were more likely to demonstrate a lower marital satisfaction as well as depression and anxiety. Several studies investigated both strengthening and stressors factors that may affect therapists' family life. The most stressful indicators were found to be "little time left for own marriage\family", "little energy left for own marriage\family" (Duncan & Goddard, 1993). Another study noted that a higher percentage of female participants expressed concerns about how traumatic case material might impinge on personal relationships with partners and children (Killian, 2008).

7.3. Demographic and work characteristics

Several studies have examined aspects of academic training and occupational role as factors in the development of secondary traumatic stress. Steed and Bicknell (2001) found that psychologists had lower

http://dx.doi.org/10.15405/epsbs.2018.10.4
Corresponding Author: Margita Mesárošová
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

levels of secondary traumatic stress than social workers, but no difference was found between bachelor and master's level graduates. In contrast, levels of education and academic discipline were unrelated to secondary trauma symptoms in child welfare workers (Nelson-Gardell & Harris, 2003). In concordance with these findings, we have found that psychologists perceived a lower level of secondary traumatic stress than social workers did.

7.4. Limitations of research

The findings of the present research should be interpreted with several limitations concerning the characteristics of the sample, cross-sectional method and results. First, as mentioned above, the sample size may affect the likelihood to receive significant results and variability in the levels of burnout and secondary trauma although the proportions of psychologists and social workers and gender proportions reflected represented approximately the ratio in the population. Second, additional limitations in the present study is that the participants did not report on extreme secondary traumatic stress or burnout and did not classify under high levels of secondary traumatic stress. Third, the cross-sectional design did not allow the answer of questions of causality of results.

7.5. Intervention strategies for reducing and preventing secondary traumatic stress and burnout

Providing helping professionals with a better understanding of serious mental illness and training them in a broader range of self-care activities, could help them to be more positive in their attitudes towards the clients that they work with and experience less negative effects of stress resulting from their caring role. We recommend preventive activities aimed at building resilience, creating boundaries between work and family, work and leisure. Emphasis should be on a proactive, self-regulated approach to early detection of symptoms of secondary trauma and burnout and the timely implementation of well-being activities.

8. Conclusion

This study sought to develop a predictive model of STS by examining several potential explanatory variables suggested for consideration by past research as well as by clinical insight obtained from current practice. The findings suggest that the combined effect of work hours, caseload, household chores, overall primary trauma, dyadic consensus, dyadic cohesion, and dyadic satisfaction could explain the variance in Secondary Traumatic Stress and may be salient factors that impact the extent to which clinical social workers and psychologists develop secondary trauma symptoms. Further, burnout was also predicted by the combined set of variables such as work hours, caseload, household chores, overall primary trauma, dyadic consensus, dyadic cohesion, and dyadic satisfaction. In particular, overall primary trauma was found to predict a substantial increase in the degree to which helping professionals possessed secondary trauma symptoms as well as burnout.

Acknowledgments

Results have been achieved within the project "Self-care as a factor of coping with the negative consequences of the practicing helping professions", which is supported by the Agency for Research and Development of the Slovak Republic under Contract No. APVV-14-0921.

References

Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The Compassion Fatigue Scale: Its Use with Social Workers Following Urban Disaster. *Research on Social Work Practice, 18*(3), 238–250. Retrieved from http://doi.org/10.1177/1049731507310190

Bride, B. E. (2004). The impact of providing psychosocial services to traumatized populations. *Stress, Trauma, and Crisis, 7*(1), 29-46.

Bride, B.E. (2012). Secondary traumatic stress. In C.R. Figley (ed.), *Encyclopedia of trauma* (pp. 600–602). Thousand Oaks, CA: Sage

Cerney, M. S. (1995). Treating the "Heroic Treaters". In C. R. Figley (Ed.). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatised* (pp. 131- 149) New York: Brunner/Mazel Publishers.

Duncan, S. F., & Goddard, W. H. (1993). Stressors and enhancers in the marital/family life of family professionals and their spouses. *Family Relations, 42*(4), 434– 441.

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed., pp. 3-28). Lutherville, MD: Sidran Press.

Graham, J. M., Liu, Y. J., & Jeziorski, J. L. (2006). The Dyadic Adjustment Scale: A reliability generalization meta-analysis. *Journal of Marriage and Family, 68*, 701- 717.

Grosch, W. N., & Olsen, D. C. (1994). *When helping starts to hurt: A new look at burnout among psychotherapists*. New York, NY: W. W. Norton & Company.

Jayaratne, S., Chess, W. A., & Kunkel, D. A. (1986). Burnout: Its impact on child welfare workers and their spouses. *Social Work, 31*(1), 53-59.

Killian, K. D. (2008). Helping till it hurts? A multi-method study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology, 14*(2), 32-44.

Kurdek, L. A. (1992). Dimensionality of the Dyadic Adjustment Scale: Evidence from heterosexual and homosexual couples. *Journal of Family Psychology, 6*(1), 22-35.

Nelson-Gardell, D. & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare, 82*, 5–26.

Robinson-Keilig, R. A. (2014). Secondary traumatic stress and disruptions to interpersonal functioning among mental health therapists. *Journal of interpersonal violence, 29*(8), 1477-1496

Rupert, P. A., Hartman, E. R. T., & Miller, A. S. O. (2013). Work demands and resources, work–family conflict, and family functioning among practicing psychologists. *Professional Psychology: Research and Practice, 44*(5), 283.

Schnurr, P.P., Spiro, A. III, Vielhauer, M.J., Findler, M.N., & Hamblen, J.L. (2002). Trauma in the lives of older men: Findings from the Normative Aging Study. *Journal of Clinical Geropsychology, 8*, 175-187.

Schnurr, P., Vielhauer, M., Weathers, F., & Findler, M. (1999). The Brief Trauma Questionnaire (BTQ) [Measurement instrument]. Available from http://www.ptsd.va.gov

Snyder, D. K., Cepeda-Benito, A. Abbott, B. V., Gleaves, D. H., Negy, C., Hahlweg, K., and Laurenceau, J.P. (2004). *Cross-cultural Applications of the Marital Satisfaction Inventory-Revised*. In: Mark E. Maruish (Ed.) The Use of Psychological Testing for Treatment Planning and Outcomes Assessment. Volume: 3. Edition: 3rd. (pp. 603-623). Mahwah, NJ: Lawrence Erlbaum Associates,

Spanier, G. B. (1976). Measuring Dyadic Adjustment: New Scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and Family, 38*, 1, 15-28.

Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org.