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A Study on Compassion Satisfaction, Burnout, Secondary Traumatic Stress & Organisational Commitment among Mental Health Professionals

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ABSTRACT

The well-being of mental health professionals is a critical issue. Following the pandemic, it has become vital for mental health professionals to provide support and psychological first aid to people who are struggling. Encounters with clients can take a toll on mental & emotional health which can negatively impact the clients they serve as they are required to be compassionate, empathic & committed to their clients. A sample of 30 mental health professionals in the age 25 to 40 years were taken. Standardized scales were used to measure compassion satisfaction, burnout, secondary traumatic stress & organisational commitment. Results found out that Burnout is significantly negatively correlated with compassion satisfaction & significantly positively correlated with secondary traumatic stress. Further, organisational commitment was significantly negatively correlated with secondary traumatic stress. Strategies such as journaling, mindfulness & other self-care strategies need to be incorporated to help Mental health professionals cope better. Further, organisational support is needed to protect mental health professionals well-being & mental health.

Keywords: Compassion Satisfaction, Burnout, Secondary Traumatic Stress, Organisational Commitment, Mental Health Professionals

Introduction

A mental health professional is a health care practitioner or social or human service provider who provides services to improve or treat an individual's mental health. Finding the right mental health professional can assist in regaining control of any problem in one's life. Most mental health professionals have a Master's degree or higher level education, training and credentials. Mental health practitioners work in a culture of one-way caring in which they are required to show empathy, compassion, patience; without any expectation of receiving such care from clients (Guy,2000). Establishing & maintain this one way working relationship takes significant effort & energy, placing them at increased risk for negative outcomes like stress (El-Ghoroury et al. 2012) ; burnout(Wityk, 2003) & professional impairment (Harrison & Westwood, 2009).

As of May, 2021, the estimated number of employed clinical and counselling psychologists in the United States ranged from a hundred professionals to over 4.2 thousand by state and New York registered the highest number of clinical psychologists (Statista, 2021)

Psychologists listen to patients experiences of trauma, anxiety, pain, depression or other types of distress in order to understand their suffering and help them. They frequently experience these emotions themselves to some extent. Sabo (2011) states that mental healthcare professionals engage in providing therapeutic services which may bring them face to face with excessive stress & trauma and these experiences have been shown to take a toll on their psychosocial, physical health and negatively impact their overall well-being.

High rates of burnout was found among Mental Health Professionals, in a recent systematic review &meta-analysis (O'Connor et al., 2018). Further, the results showed that the average Mental Health Professionals has high levels of emotional exhaustion, moderate levels of depersonalisation but retains reasonable levels of personal accomplishment.

Organisational commitments plays an important roles as it determines whether an employee will stay with organisation for a longer period of time & work passionately towards achieving the organisation's goals (Klien et al., 2014; Reevy&Deason, 2014).

Individuals working in health profession may recognize signs of psychological stress, but there may be a stigma in seeking care, perception they can care for themselves or fear of losing their medical licenses if diagnosed with a mental illness (Adriaenssens, De Gucht &Maes, 2015).

Barnett et al. (2007), found that psychologists experience stressors in relation to heavy emotional demands associated with clients presentations including client lack of improvement, symptom relapse, suicide ideation and attempts, aggressive behaviours as well as practical demands including paper work, ethical practise, licensing & professional isolation.

While, helping clients move toward well-being, mental health professionals often overlook their own needs (Barnett et al. 2007). Given that mental health professionals and clients well being are both jeopardized when they experience burnout, it is critical that steps are taken to address this issue (Barnett & Cooper, 2009).

Compassion Satisfaction

Kelley, Runge & Spencer (2015) describes compassion satisfactionas what encompasses the positive aspects that buffer the effects of stressors in one's work. Compassion satisfaction is described as the amount of pleasure a provider receives from helping others and contributing to society. Figley &Stamm (1996) defined compassion satisfaction as a pleasure derived from helping, affection for colleagues and a good feeling resulting from the ability to help and make a contribution.

According to Bride, Radey& Figley (2007, p. 156) "a clinician may experience both compassion fatigue and compassion satisfaction simultaneously, though as compassion fatigue increases it may overwhelm the clinician's ability to experience compassion satisfaction."

Compassion satisfaction is often linked to have relatively healthy coping skills & higher self-efficacy (Smart et al. 2014).

In a study by Dehlin&Lundh (2018) on 384 psychologists, results found out that Compassion satisfaction correlated strongly negatively with burnout and weakly negatively with Secondary Traumatic Stress. Further,burnout correlated with secondary traumatic stress.

Secondary Traumatic Stress

Figley (1995) defined secondary traumatic stress as the psychological distress that can occur from hearing the details of another person's trauma.

Signs of Secondary Traumatic Stress includes fatigue, cynicism, irritability, feelings of hopelessness, anger, despair, avoidance of people or activities, nightmares, or persistent anger and sadness (Siegfried & Conard, 2008). Other signs include, secretive self-medication, obsessive & compulsive desire to help certain clients, inability to let go of work, thoughts or feelings of inadequacy as a helping professional (Figley, 1995; Gentry, 2002).

Kinztle et al. (2013) in a study done on Military workers& Mental health care providers found out that mental health professionals were higher on Secondary Traumatic Stress than Military Workers.

Research suggests that practitioners that work with people with child abuse, domestic violence and relationship conflicts, listen to the disturbing experiences of the traumatic event putting themselves at risk (Joshi & Sharma, 2020).

Vicarious traumatization is recognized as an occupational hazard of mental health professionals as it can affect their self-worth, identity, world-view, basic beliefs, psychological needs, perception & memory (Saakvinte, 2002). This, further, can hinder the practitionersinitiatives towards professional development, personal growth, holistic well being (Stebnicki, 2007)

Burnout

Maslach et al. (1996) defined burnout as "a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who work with people in some capacity." Depersonalisation refers to a cynical, negative or detached response to care recipients, Emotional Exhaustion occurs as a result of one's emotional demands and reduced Personal Accomplishment refers to a belief that one can no longer work effectively with healthcare recipients (Stalker & Harvey, 2002).

Awa et al. (2010) states that burnout has been found to be most common in health services and public services related fields, specifically within mental health care

Mangoulia et al. (2015) found on a sample of 174 psychiatric nurses, 49.4% of participants were at high risk of burnout, and 44% for compassion fatigue. In another study by Konstantinouet al. (2018) found that 53.8% of mental health professionals were found high on emotional exhaustion, 24.4% on depersonalisation levels,

In a study by Rossi et al. (2012),on community based mental health care workers in Italy, found that psychiatrist & social workers were highest on burnout & compassion fatigue whereas workers with psychological distress reported both higher burnout &compassion fatigue & lower levels of compassion satisfaction. Further, a higher level of Compassion Fatigue was associated with female and having been experienced one negative life event in the previous year.

Burnout leads to lower organisational commitment (Maslach & Leiter, 1997) and potentially decreased effectiveness in work with clients(Mc Carthy& Frieze, 1999). Pimble (2016) states that therapists experiencing greater stress experience high levels of exhaustion & depersonalisation.

Burnout can lead to the poor quality of life as it is associated with a variety of mental and physical health problems including headaches, muscular pain and depression (Chang, 2014). Rupert & Kent (2007) found that emotional exhaustion & depersonalisation were related to over involvement with clients & clients engaging in negative behaviours. High level of burnout, particularly emotional exhaustion & depersonalisation, feel like flu-like symptoms & symptoms of gastroenteritis (Acker, 2010). Burnout has also been found to be in relation with increased substance use in directors of mental health agencies (Rohland, 2000).

Organisational Commitment

Organisational Commitment is a view of an organisation's member's psychology towards his/her attitude towards his/her attachment to the organisation that he/she is working for (Chen et al., 2015; Luchak&Gellatly, 2007)

According to Porter &Lawer (1965) organisational commitment is defined as the desire by the employees that leads him/her to make high efforts for the good of the institution, too long to remain in it and to accept its main objectives and values. Greenberg & Baron (2000) revised the definition and states that organisational commitment is the level of identification that employees feel with the organisation where they work, which conditions the degree of commitment they show and the willingness to leave it.

O'Reilly (1989) defined organisational commitment as "an individual's psychological bond to the organisation, including a sense of job involvement, loyalty & belief in the values of organisation.

Roy (2022) did a study involving mental health professionals to determine the relationship between workplace stress, burnout & occupational commitment. Clinical psychologists, psychotherapists, and counsellors between the ages of 23 and 40 were among the mental health professionals evaluated in Delhi (India). It was found that organizational commitment is significantly and positively correlated to personal accomplishment and significantly negatively correlated to workplace stress and emotional exhaustion.

Factors that negatively affect the organisational commitment includes; presenteeism (Yang et al. 2019), stress (Dasgupta, 2016) workload (Kovner, 2009), bullying and harassment in the workplace (Rodwell et al., 2012), supervisor incivility (Laschinger et al, 1999).

Purpose

The purpose is to study the compassion satisfaction, burnout, secondary traumatic stress & organisational commitment among mental health professionals.

Hypothesis

- There will be a positive relation between Organisational Commitment & Compassion Satisfaction.

- There will be a negative relation between Organisational Commitment & Secondary Traumatic Stress.

- There will be a negative relation between Organisational Commitment & Burnout.

Methods

Sample

A sample of 30 Mental Health Professionals in the age 25-50 years was taken from Delhi.

Measures

Professional Quality of Life Scale (ProQol) : The Professional Quality of Life Scale (Stamm, 2010) is a developed by 30 item self-report measure. The ProQol contains 2 subscales, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). Further, Compassion Fatigue is divided into 2 subdimensions, Burnout & Secondary Traumatic Stress. Respondents were asked to rate each item on a 5 point scale ranging from 1 (Never) to 5 (Very Often).

Organisational Commitment: as developed by (Mowday et al., 1979) is a 15 item scale that measures employees organisational commitment. Respondents were asked to rate the scale from 1(strongly disagree) to 7(strongly agree)

Procedures

The participants were informed about the purpose of the research and the questionnaires were filled through Google forms, each participant was thanked for their cooperation. Standardizes psychological tests were administered to the participants.

Analysis of Data

Results

The responses of the participants were analysed using Pearson' Correlation to see the relationship between Compassion Satisfaction, Burnout, Secondary Traumatic Stress & Organisational Commitment.

Table 1: N, Mean and Standard Deviation

	Compassion Satisfaction	Burnout	Secondary Traumatic stress	Organisational commitment
N	30	30	30	30
Mean	42.7	19.3	18.9	76.5
Standard deviation	5.82	3.48	4.64	17.1

Table 2: Correlation of all variables

	Compassion Satisfaction	Secondary Traumatic Stress	Burnout	Organisational commitment
Compassion Satisfaction	—			
Secondary Traumatic stress	-0.165	—		
Burnout	-0.608 ***	0.399*	—	
Organisational commitment	0.069	-0.379*	-0.156	—

Note. * p < .05, ** p < .01, *** p < .001

Discussion of Results

The results found of that Burnout was significantly negatively correlated to Compassion Satisfaction(r= -0.608, p<.001) and significantly positively correlated to Secondary Traumatic Stress (r=0.399, p <.05). The results are in line with Cieslak et al. (2014) study which found that a strong positive correlation exists between Secondary Traumatic Stress and Burnout among mental health professionals who during their counselling & therapy sessions are exposed to the active traumatic experiences of the patient, indirectly.

Further, Organisational commitment was significantly negatively correlated with Secondary Traumatic Stress (r=-0.379, p <.05).

Bride &Kintzle (2011) in a study of 216 substance abuse counsellors found that Secondary Traumatic Stress predicts both job satisfaction & occupational commitment, however, job satisfaction fully mediated the influence of Secondary Traumatic Stress on occupational commitment.

Organisational factors that might influence the development of compassion fatigue may include, lack of control, interaction with clients, value conflict, role conflicts etc (Bercier, 2013; Radey& Figley, 2007). A combination of these risk factors puts helping professionals more at risk.

Conclusion

The research aimed to study compassion satisfaction, burnout , secondary traumatic stress, organisational commitment among Mental Health Professionals. A sample of 30 mental health professionals in the age 25 to 40 years were taken. Standardized scales were used to measure compassion satisfaction, burnout, secondary traumatic stress & organisational commitment. Results found out that Burnout is significantly negatively correlated with compassion satisfaction & significantly positively correlated with secondary traumatic stress.

It is important to consider factors that are at play & how they can be best addressed over time. Programs such as stress reduction, emotional regulation, cultivation of compassion based on full attention needs to be established.Self-compassion & mindfulness may play an important role in preventing & coping with compassion fatigue.

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