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PROFESSIONAL QUALITY OF LIFE OF MENTAL HEALTH PRACTITIONERS DOING TRAUMA WORK

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PROFESSIONAL QUALITY OF LIFE FOR MENTAL HEALTH

PRACTITIONERS DOING TRAUMA WORK

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Ana Campos Chagolla

Ashley Larios

May 2021

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ABSTRACT

A practitioner's reaction to client trauma can have both positive and negative impacts on the individual's professional quality of life as well as the quality of services provided to the client. Professional quality of life embodies a practitioner's compassion satisfaction, compassion fatigue, burnout, and vicarious trauma. While past research has focused on factors that negatively impact professional quality of life, the proposed research aimed to explore what individual and agency factors help to positively increase professional quality of life. The study utilized a mixed methods approach, which included the participants scores on the Professional Quality of Life Scale (ProQOL) as well as in-depth exploratory questions via a Qualtrics survey. Results indicated that there were no significant differences between part-time and full-time practitioners, which could be explained by the unique struggles faced by students new to the field. Results did find a statistically significant difference in scores on "Burnout levels" between those with children and without, which could be explained by the unique effects on parenting due to COVID-19 pandemic (i.e., school closures, home schooling, added home duties). The added in-depth information gained through qualitative aspect of data furthers past research by providing specifics of possible interventions to be implemented by individuals and agencies in the future in order to increase professional quality of life of mental health practitioners.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Mental health practitioners who deliver trauma work face many challenges when continuously engaging in stressful therapeutic encounters. Those challenges often lead to an increase in the effects of the professional quality of life of the practitioner. Throughout the literature, terms such as vicarious trauma, compassion fatigue, and burnout have been utilized to describe the effects of providing trauma therapy specifically when looking at professional quality of life. Vicarious trauma can be described as a disruption in the clinician's cognitive schema due to the exposure of a client's trauma (Cunningham, 2003). Craig and Sprang (2010) found that practitioners who were being impacted by indirect trauma were at high risk of developing compassion fatigue and increasing the chance of burnout while in practice. Compassion fatigue occurs when there is a significant disturbance in the practitioner's sense of meaning, change in identity, connection, and overall worldview. Research has shown there to be various internal and external factors that can influence the risk of developing compassion fatigue in the practitioner. These include age, gender, high exposure to traumatic cases, length of trauma work treatment, occupational stress, and history of maltreatment in the clinician's own life (Craig & Sprang, 2010).

Similar to compassion fatigue, burnout will occur when the practitioner is exposed to high levels of stress for long periods of time. Practitioners will experience symptoms of feeling hopeless or helpless, will have difficulties dealing with demanding workloads, and will not be able to provide therapeutic work effectively (Craig & Sprang, 2010). Vicarious trauma, compassion fatigue, and burnout will all affect the quality of services provided by the practitioner as well as the practitioner's overall professional quality of life if not properly addressed.

When thinking about trauma work and the professional quality of life of practitioners it is imperative that one considers what is affecting, constraining, and facilitating this issue, specifically in the human services sector. Kulkarni et al. (2013) argues that there are multiple organizational variables that contribute to low levels of professional quality of life but found that the factors specific to the human services sector include lack of autonomy given to practitioners, lack of sufficient supervision, and increased workloads. Autonomy in the workplace is described as a practitioners' ability to participate in decision making (Kulkarni et al., 2013). Supervision specifically in the human services sector allows for practitioners to be able to process, consult, and reflect on practices therefore when this is lacking then the level of care being provided to consumers lacks as well (Kulkarni et al., 2013). Increased workloads add to the stress felt by practitioners and can lead to more errors due to the inability to give full attention to consumers (Kulkarni et al., 2013). All of these factors may lead to macro

issues such as higher retention rates and decreased quality of services provided to marginalized groups.

Kulkarni et al., (2013) expand that individual factors are also associated with lower levels of professional quality of life and these factors include personal history with mental health difficulties, negative coping skills, and lack of social support. Specific to practitioners working with trauma-exposed consumers, a personal history of traumatic experiences increases one's susceptibility to experiencing vicarious trauma (Kulkarni et al., 2013). On top of this, providers who did not practice adaptive coping skills and lacked social support experienced higher levels of vicarious trauma and compassion fatigue (Kulkarni et al., 2013). Looking at this from a micro lens, one can see the implications for these individual factors in that there is a need for increased training in positive coping skills and a need for an increased push from practitioners for more support from one's workplace.

Purpose of the Study

The purpose of this study was to explore both the individual and agency factors that help to increase a mental health practitioner's professional quality of life. Past research has highlighted and detailed the negative impacts of trauma work on a practitioner's overall health and professional quality of life. To add, past research has even explored negative factors that may intensify the consequences of trauma work. There is a gap in research in regard to

preventative factors as well as interventions that may help to mitigate the issue at hand. This study hoped to fill this gap by identifying and evaluating individual and agency components that help to increase professional quality of life.

The overall research method that was used in this study was a mixed-methods design. The participants were asked to complete a survey containing both the Professional Quality of Life Scale (ProQOL), which was the quantitative aspect of the research design, and in-depth exploratory questions, which was the qualitative aspect of the research design. This type of research design allowed for detailed exploration which provided a better understanding of ways in which the human services sector can work towards mitigating the negative impacts of working with traumatized clients.

Significance of the Project for Social Work

Throughout the literature, it is clear that trauma-based work has various negative impacts on the professional quality of life and these effects have both micro and macro implications for social work. While it is important to understand the negative impacts, one must also consider what factors help to increase professional quality of life amongst trauma-based workers because this would allow for the human services sector to identify, prevent, and intervene before ramifications of the issue intensify. This study had both an assessment and exploratory intervention component to it. The researchers first assessed mental health practitioners' professional quality of life and explored the mitigating factors

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for those practitioners. The information gained will allow for those in the social work field, specifically those in administration, to implement programs, training, and policies that will help prevent or lessen the impact of doing trauma work. With that being said, the research question for this project was as follows: What individual and agency factors help to increase the professional quality of life of trauma-based mental health practitioners?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Exposure to a client's trauma has effects on a practitioners' overall health, which includes physical, mental, and emotional aspects (Xu, Harmon-Darrow, Frey, 2019). Xu et al. (2019) states that a practitioner's reaction to client trauma can have both positive and negative impacts on the individual's professional quality of life as well as the quality of services provided to the client. As stated before, professional quality of life embodies a practitioner's compassion satisfaction, compassion fatigue, burnout, and vicarious trauma (Xu et al., 2019). There have been numerous studies that look at the factors that contribute to low professional quality of life among practitioners therefore this study aimed to explore what factors help to increase professional quality of life. This chapter will examine our contemporary understanding of the factors that assist in increasing professional quality of life, methodological issues such as gaps in the literature, theories guiding conceptualization of the study, and a summary of the findings.

Factors Associated with Professional Quality of Life

While professional quality of life entails a practitioner's level of compassion fatigue, burnout, and secondary trauma many often neglect that it also entails a person's level of compassion satisfaction. Sodeke-Gregson et al.

(2013), argues that compassion satisfaction can be measured by examining

three major components which include the level of satisfaction one gets from

their job, a person's perception of own competency at the workplace, and the

support systems set in the workplace. Overall, compassion satisfaction embodies

a person's positive experiences and gratification in the workplace (Sodeke-

Gregson et al., 2013). It is imperative that social services agencies acknowledge

not only the negative impacts of working with traumatized clients but also look at

the positive impacts such as high levels of compassion satisfaction. In order to

create preventative programs that will assist in increasing professional quality of

life, one must consider what research is currently saying about both the individual

and agency factors that can act as mitigating forces.

<u>Individual Factors</u>

Research has found that those in the human services sector experience

various negative impacts, more specifically those in social work, due to the

traumatic nature of the job (Xu et al., 2019). Xu et al. (2019) conducted a study

that aimed to examine the role of self-care behaviors practiced by social workers

and found that social workers who practiced more self-care strategies had lower

levels of burnout. To add to the previous findings, Salloum et al. (2015) found

that social workers who implemented self-care strategies such as practicing

stress management techniques, developing a plan to balance work and home

life, and participating in their own l therapy led to a decreased risk of burnout and

increased compassion satisfaction. These studies highlight the important

protective role that self-care strategies can have on a practitioner's professional quality of life. As an individual, a practitioner's self-awareness and own practice with self-care can help to mitigate the negative impacts of trauma work as well as increase the positive impacts.

While self-care strategies have been shown to assist in increasing professional quality of life, Harr (2013) furthers this research by adding that professional boundaries can also act as an individual protective factor for those who work with traumatized clients. These professional boundaries can be set by first addressing any instances of countertransference as well as leaning on social support from family and friends (Harr, 2013). On top of this, Harr (2013) further argues that increasing own competence, by seeking out further education, can help to increase professional quality of life. This allows practitioners to strengthen one's ability to address more difficult situations faced at the workplace. Both professional boundaries and increasing own professional competence can act as individual factors that help to increase the overall professional quality of life.

Agency Factors

Caringi, Hardiman, Weldon, & Fletcher (2017) conducted qualitative research on factors that help to positively impact social workers' professional quality of life. The authors found that social workers report that agencies recognizing and identifying secondary trauma as a phenomenon for this line of work assists in mitigating the effects of trauma work. Having support from one's agency was reported from social workers to be a simple way to make

practitioners feel understood (Caringi et al., 2017). To add to these findings, Choi (2011) explains that agency support in organizations looks like providing a safe work-space, giving adequate resources to practitioners to offer to clients, and implementing training opportunities to increase competency. Both of these studies emphasize that support from one's workplace in addressing and validating the realities of working with vulnerable populations can act as a protective factor for the agency as a whole, the practitioners, and the consumers.

Choi's (2011) study also indicated that practitioners who had access to information such as workflow, productivity, and environmental factors that have effects on the agency reported lower levels of secondary traumatic stress. All of these can be discussed during supervision, which according to Kulkarni et al. (2013) can assist in increasing professional quality of life. The supervision should entail a supportive environment that assists practitioners in addressing the negative effects of trauma work as well as ensuring that the practitioner has an active role in organizational decisions (Kulkarni et al., 2013). Both studies indicated that a work environment that values supervision, shared power, and respect for everyone's individual role at the agency can help to reduce levels of burnout as well as reduce other negative effects of trauma work on a practitioner.

Studies Focusing on Professional Quality of Life

There is minimal research that focuses on the factors that are positively impacting the professional quality of life of mental health practitioners. Therefore, this study reviewed research conducted on professional's quality of life in general to identify gaps that would assist to increase the professional quality of life amongst trauma-based practitioners.

As mentioned before, the study conducted by Caringi et al., (2017) sought to identify factors that negatively or positively impact the overall professional quality of life of licensed clinical social workers (LCSW) in the state of Montana. The authors found common themes such as personal characteristics of the individual's life, personal self-care, family support, agency support, workplace structure, and mastery of professional duties as supporting factors that determined the increase or decrease of the practitioner's professional quality of life in the research conducted. However, a limitation of this study is the broadness of the participants. Due to the author's recruitment of participants from the list of registered LCSWs in the state of Montana, the authors did not have control over the sample focus resulting in the findings representing LCSWs working in different agencies and different roles. The current study being proposed aimed to fill this research gap by recruiting specifically mental health practitioners providing direct trauma work (i.e. providing therapy).

Similarly, in another study, authors Sprang, Clark, and Whitt-Woosley (2007) examined the factors impacting the quality of life of licensed mental health

practitioners exposed to trauma in a quantitative manner. The authors utilized the ProQOL along with a 102-item survey to gather information regarding the participants' trauma knowledge, practice methods, barriers to effective treatment, and quality of life. The study highlighted gender, trauma training, caseload, and location as all contributing to the professional quality of life of the licensed practitioners. However, a limitation of this study is that the findings represent only licensed practitioners working full-time in trauma-based practice excluding those working part-time. By including part-time practitioners, the study would have addressed how education levels and school stress may contribute to the professional quality of life of the mental health practitioners. Therefore, this current study aimed to include full-time and part-time mental health practitioners providing trauma-based work.

Theories Guiding Conceptualization

Two theories used to conceptualize the ideas in this study were Trauma-Informed Approach and the Compassion Satisfaction and Compassion Fatigue Model.

The Trauma-informed approach as summarized by authors Hepworth, Rooney, Rooney, and Strom-Gottfried (2017), is an evidence-based practice utilized by mental behavioral and mental health practitioners for clients with a history of trauma. The authors further describe the model as a form of recognizing and acknowledging the individual's history of trauma by validating

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the individual's experience, assisting in restoration, motivating the individual to continue progress, increasing self-empowerment, and providing hope.

Though the model is normally utilized by practitioners on clients, the model can also be utilized to understand the role of vicarious trauma on the practitioner because of the many challenges the mental health practitioners face. The effectiveness of the trauma-informed approach will increase awareness from both the practitioner and the agency to further take steps to prevent vicarious trauma and provide sufficient support (Hepworth et al., 2017).

Along with the trauma-informed approach, the Compassion Satisfaction and Compassion Fatigue model is used to conceptualize the ideas in this study. Author Stamm (2010) describes the model as the positive and negative aspects that are associated with providing services in the human services sector. The author further explains the model was created as a form of gathering data and further understanding of what aspects affect compassion satisfaction and compassion fatigue in practitioners. The model is composed to measure three key elements that were found to be associated with compassion satisfaction and compassion fatigue: a) work situation and environment, b) the environment of the client receiving services, and c) personal environment brought to work (Stamm, 2010).

Additionally, Stamm (2010) emphasized that the negative aspects experienced by practitioners are not diagnosable. Meaning, practitioners who are exposed to secondary trauma will not meet the criteria for a psychological

disorder though the symptoms will seem similar to those of Posttraumatic Stress Disorder (PTSD), for example. Stamm (2010) also noted the importance of understanding how compassion fatigue can be the cause of a psychological disorder if not treated or prevented. Therefore, the model was created to explain the negative symptoms of compassion fatigue experienced by practitioners.

Summary

There are individual and agency factors that contribute to increasing the professional quality of life of those impacted by trauma work. Although limited, the research supports that self-care strategies, professional boundaries, agency support, workplace structure, and proper supervision can act as protective factors for practitioners in the field. The current study aimed to add to past research findings in order to work towards creating tangible preventative strategies to be implemented with trauma-based practitioners in the human services sector.

CHAPTER THREE

METHODS

Introduction

This study sought to explore the individual and agency factors that help to increase the professional quality of life of mental health practitioners who are exposed to trauma work. This chapter entails the way in which this study was carried out. The sections that will be included in this chapter are study design, sampling, data collection, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to explore both the individual and agency factors that help to increase a mental health practitioner's professional quality of life. By exploring this, the researchers hoped to increase knowledge on the topic in order for the human services sector to intervene before the impacts of low professional quality of life intensify. The authors of this paper proposed a mixed-method approach that entailed both quantitative and qualitative data methods. The quantitative aspect of data collecting for this research question was the research participant's scores on the Professional Quality of Life Scale (ProQOL). The qualitative aspect of data collecting for this research was the in-depth responses to exploratory questions via Qualtrics survey.

One of the strengths of utilizing a self-report measure survey, such as the ProQOL, was that there was little to no chance of researcher subjectivity. This meant that the responses from the participants were straightforward, which helped to eliminate the chances of researcher bias. To add, the ProQOL operationalized the different aspects of professional quality of life, which allowed for precise results. These results gave the researchers an accurate understanding of where participants fell in relation to one another's professional quality of life. However, self- report measure surveys do not allow for in-depth exploration as well as limits the flexibility of participant responses.

Due to the limitations mentioned above, the researchers utilized exploratory questions in the questionnaire as a means to better understand the research topic. These exploratory questions as an addition to ProQOL scores permitted the researchers to get a clearer understanding of the factors that helped to increase this group's professional quality of life. Exploratory questions allowed for flexibility of participants' responses and allowed for self reflection. However, exploratory questions can also have limitations such as a researcher's subjective understanding of the participants' responses.

Sampling

This study utilized a non-probability purposive sample of full-time mental health practitioners doing trauma work as well as Master of Social Work (MSW) students doing trauma work. The full-time mental health practitioners were

recruited from a nonprofit agency. These respondents were primarily female, a mixture of social workers and marriage and family therapists (MFT), and were primarily of Latino descent. The MSW students were also recruited to represent part-time mental health practitioners. These respondents were primarily female, primarily of Latino descent, and were advanced year students. The researchers planned for the sample size to be 40 participants to complete the Qualtrics survey, which contained the ProQOL and in-depth exploratory questions.

The researchers selected a total combination of 48 full-time trauma workers as well as part-time trauma workers in order to comprehend the different scores on ProQOL's and the different responses to exploratory questions. The researchers will be able to analyze the data and take a closer look at what helps to increase professional quality of life for mental health practitioners in the field today.

Data Collection

Due to the COVID-19 pandemic, the researchers conducted data collection via technological sources. Both the quantitative and qualitative data of the study was collected via a Qualtrics survey. This survey included demographic questions, the ProQOL, and exploratory questions that required in-depth responses. For this particular study, the independent variable was trauma-based mental health work and the dependent variable was the professional quality of life.

The researchers utilized the ProQOL because of its known use to support positive change and prevent negative effects for both the practitioner and the agency. The scale has been broken down into 3 sections measuring Compassion Satisfaction, Burnout, and Compassion Fatigue separately and uniquely (Stamm, 2010). The alpha reliability for the scales has been measured to be alpha = .87 for Compassion Satisfaction, alpha = .72 for Burnout, and alpha .80 for Compassion Fatigue (Stamm, 2010). These alpha scores indicate acceptable, good, and almost excellent internal consistency, therefore indicating that a person utilizing the ProQOL rates similarly for all questions. This high internal reliability of this measurement tool allows researchers to trust that the ProQOL is measuring professional quality of life in a consistent way. On top of this, Stamm (2010) argues that ProQOL's validity is evident due to the measurement's ability to be translated into Spanish, Portuguese, and Hebrew.

The qualitative aspect of the study entailed in-depth responses to exploratory questions via Qualtrics survey. For this particular study, some questions that were asked of the participants included: 1) Are you able to maintain a balance between work life and personal life? If so, what does that look like? 2) how would you describe the quality of your relationships with your coworkers? 3) how large is your caseload? 4) What does your agency administration do to support you and your coworkers when one of you experiences mental health problems? Researchers consulted with fellow faculty advisor and MSW peers in regard to the questions being asked of the

participants and it was established that the interview questions were congruent with the research topic.

Procedures

The researchers first contacted the nonprofit agency via email to get permission to conduct research with practitioners employed in the agency. This email included the purpose, role of the study, data collection methods, and the type of participants needed. This process was repeated for the recruitment of MSW students at the university. Once researchers received agency approval letters to conduct research with participants, researchers created Qualtrics survey which was then distributed to participants.

The Qualtrics survey included demographic information, ProQOL, and exploratory questions that fostered in-depth responses. Once finalized, researchers formulated a recruitment email that was sent to agency leaders, who assisted in distributing the Qualtrics survey to participants. The participants had three weeks to complete the survey before the researchers closed the data collection. From here, utilizing SPSS, the researchers were able to run statistical tests and frequencies that assisted in data analysis. Once the data analysis was complete, researchers reported back findings to agencies in order to give insight into the professional quality of life of their staff or students.

Protection of Human Subjects

Researchers provided informed consent and confidentiality to participants, and obtained an X-mark signature in the beginning of the survey. It was imperative for participants to understand that the identity of the participants was to be kept completely confidential. The participants were informed that participation was voluntary, and one was able to withdraw at any point in time ensuring self-determination. Completed data was kept on a USB in a locked cabinet to comply with HIPAA guidelines. Once the completion of the research, the USB files will be deleted.

Data Analysis

As stated above, this study utilized a mixed methods approach. The qualitative aspect of this research included participants' demographic information as well as scores on the ProQOL. More specifically, this research was interested in the differences between the scores of full-time staff versus part-time staff. Therefore, the independent variable was work status (full-time, part-time) and the dependent variable was the score on the ProQOL. The researchers wanted to compare two independent groups therefore data analysis included a t-test for independent samples.

The t-test allowed the researchers to compare the means of each independent group for the purposes of identifying which group had higher levels of professional quality of life. Researchers did the same t-test analysis which

compared the ProQOL scores of those with/without children and another t-test which compared the scores between those who are/are not licensed practitioners. In addition to the t-tests, a One-Way ANOVA was utilized to compare scores of three different ethnic groups as well as a One-Way ANOVA to compare scores of three different religion types.

For the qualitative aspect of the data collection, researchers read and recorded participants in-depth responses to exploratory questions. The researchers analyzed the responses by identifying common themes in participant's responses to the questions. Based on findings from past research potential themes that may come up include self care strategies, professional boundaries, safe workspace, professional training opportunities, and adequate supervision.

<center>Summary</center>

To summarize, the researchers chose a mixed methods approach for the purposes of gaining more detailed exploratory information on the subject at hand. By utilizing both full-time and part-time mental health staff as participants, the data collected allowed researchers to see the differences in professional quality of life amongst these two populations. Due to the current pandemic, the researchers were mindful that participants were to be recruited, given informed consent, and other data collection requirements were to be done virtually in order to ensure the safety of the participants.

CHAPTER FOUR

RESULTS

Introduction

This chapter will provide an overview of the demographics of the

participants, significant findings, and tables to help clarify the results found. The

researchers collected data from 48 full-time and part-time mental health

practitioners providing direct services (i.e. therapy) to consumers who have

experienced trauma. As stated before, the researchers utilized a mixed-methods

approach to the study, indicating that there will be quantitative data (scores on

ProQOL) discussed as well as qualitative data (responses to in-depth questions)

discussed.

Demographic Overview

The study gathered responses from a total of 48 participants who are

currently mental health practitioners providing direct services to consumers who

have experienced trauma. Some participants left certain questions blank

resulting in some missing values, which will be highlighted in the tables provided.

Table 1 represents the overall demographics of the participants in the study. Of

these participants, 81.3% identified as female, 8.3% identified as male, and 2%

preferred not to answer. When looking at ethnic identification, 47.9% identified

as Latinx, 16% identified as Caucasian, 16% identified as two or more ethnicities,

and 4.2% identified as Asian. Data showed that 31% identified as Catholic, 25%

identified as Christian, 25% identified with no religion, 4% identified with other

religions, and another 4% preferred not to say.

The data shown below also highlighted that 58% indicated having no

children, 14% had two children, 10% had one child, 4% had three children, and

2% had six children. Data showed that of the participants, 58% indicated working

full-time and 31% indicated working part-time. Lastly, the data examined the

frequency of participants who are licensed practitioners or non-licensed

practitioners. Of the participants, 75% were non-licensed and16% indicated

licensure obtainment.

Table 1. Participants' Demographic Characteristics

	n	%
Gender Identification		
Male	4	8.3
Female	39	81.3
Prefer not to	1	2.1
Ethnic Identification		
Caucasian	8	16.7
Latinx	23	47.9
Asian	2	4.2
Two or more	8	16.7
Religious Affiliation		
Catholicism	15	31.3
Christianity	12	25
No religion	12	25
Other religion	2	4.2
Prefer not to say	2	4.2
Frequency of Children		
No children	28	58.3
1 child	5	10.4
2 children	7	14.6
3 children	2	4.2
6 children	1	2.1
Work Status		
Full-time work	28	58.3
Part-time work	15	31.3
Licensure Status		
Licensed	8	16.6
Unlicensed	36	75

Significant Findings/Data

The first part of the survey that was administered by the researchers contained the ProQOL, which was created by Stamm (2010). This item can be seen in Appendix A. The scale has been broken down into three sections measuring Compassion Satisfaction, Burnout, and Compassion Fatigue separately and uniquely (Stamm, 2010). Based on responses to each question, the ProQOL is able to measure the level of each phenomenon for each participant. The three different levels of each phenomenon are low, average, and high.

The second part of the survey contained open-ended exploratory questions that allowed participants to provide in-depth responses. The questions were intended to encourage participants to reflect on current factors that may help to mitigate the negative impacts of trauma work. These questions were tailored to explore both individual factors and agency factors. The question guide can be found in Appendix B which was created by the researcher of this study. Through analysis, researchers were able to find common themes of protective factors, both individual and agency that helped contribute to practitioners' overall professional quality of life.

When examining the quantitative data, researchers collapsed some variables' answer options into a smaller number of meaningful categories to increase the number of respondents in a smaller number of categories to run

SPSS statistical tests. Table 2 outlines participants scores on compassion satisfaction, burnout, and secondary trauma. Participants scored either low or average on burnout and secondary trauma. Positively, there were no participants who scored high on either of these scales. Results also highlighted that participants scored either high or average on compassion satisfaction. Indicating there were no participants who scored low on this scale.

The first independent t-test ran was examining differences in ProQOL scores between part-time staff and full-time staff. Table 3 highlights that there were no significant differences in scores between these two groups. Next, researchers conducted another independent t-test that compared the ProQOL scores of licensed practitioners and non-licensed practitioners which can be seen in Table 4. Results indicated there were no significant differences between the scores of these two groups as well.

Researchers ran another independent t-test examining scores between respondents with children and respondents without children. Table 5 demonstrates that there was a statistically significant difference (p = .012) in mean scores between these two groups on "Burnout Levels". Results also indicated a near-significant difference in mean scores between these two groups on the "Compassion Scale" (p = .067) and "Secondary Trauma Levels" (p =.071).

Lastly, a one-way ANOVA was run to look at differences in scores between the top three religious' affiliations (Catholicism, Christianity, no religion). As seen in above in Table 6, results indicated there was a near-statistically

significant difference between these groups on the "Secondary Trauma Scale" (p= .056). This study aimed to examine differences in ProQOL scores between part-time mental health practitioners and full-time practitioners. Data showed no significant findings between these two groups. Comparatively, the data highlighted significant findings when looking at other groups (i.e. children v. no children, Catholic v. Christianity v. No religion) therefore adding to past research. More importantly, the qualitative aspect of the study which entailed responses to exploratory questions regarding agency and individual factors contributing to professional quality of life offered researchers a more in-depth understanding.

Table 2. ProQOL Scores Amongst Participants

	n	%
Compassion Levels		
Average	27	56.3
High	16	33.3
Missing	5	10.4
Burnout Levels		
Low	25	52.1
Average	17	35.4
Missing	6	12.5
Sec. Trauma Levels		
Low	23	47.9
Average	19	39.6
Missing	6	12.5
Total	48	100

Table 3. Part-time Work versus Full-time Work t-test

	n	M	SD	*t*	*p*
Compassion Satisfaction					
Full-time work	28	2.36	.49	.00	1.0
Part-time work	14	2.36	.51	.00	
Burnout					
Full-time work	27	1.41	.50	-.127	.809
Part-time work	14	1.43	.51	-.126	
Secondary Trauma					
Full-time work	27	1.44	.51	-.330	.686
Part-time work	14	1.50	.52	-.328	

Table 4. Licensed versus Non-licensed t-test

	N	Mean	SD	*t*	*p*
Compassion Satisfaction					
Licensed	8	2.38	.52	.018	.971
Not licensed	35	2.37	.49	.018	
Burnout					
License	7	1.43	.53	.137	.807
Not licensed	35	1.40	.50	.131	
Secondary Trauma					
Licensed	8	1.50	.53	.294	.745
Not licensed	34	1.44	.50	.283	

Table 5. Children versus No Children t-test

	N	Mean	SD	*t*	*p*
Compassion Satis. Scale					
Children	16	40.7	5.77	-.300	.067
No children	27	40.2	4.02	-.328	
Burnout Levels					
Children	15	1.27	.46	1.39	.012*
No children	27	1.48	.51	1.35	
Sec.Trauma Levels					
Children	16	1.31	.48	1.45	.071
Not children	26	1.54	.51	1.43	

* Statistically significant at the p < .05 level

Table 6. One-way ANOVA Secondary Trauma

	Sum of Squares	*df*	Mean Square	F	Sig
Between groups	116.379	2	58.189	3.148	.056
Within groups	628.432	34	18.483		
Total	744.811	36			

Statistically significant at the p < .05 level

<u>Individual Factors Identified</u>

There was a total of three questions that explored individual factors that can contribute to professional quality of life. The first question explored specific types of self-care that participants of the study were practicing. Major themes found included exercise, body care, spiritual practices, entertainment, and socialization. There was 32 times when respondents mentioned entertainment such as watching movies, watching Netflix, listening to music, shopping, crocheting, and crafting were part of their self-care. To add, there was 24 times when respondents indicated that exercise such as walks, hiking, and dancing were forms of self-care. Socialization such as spending time with family, phone calls, and hanging out with friends was mentioned 19 times as part of respondents' self-care.

The next question explored respondent's ability to balance work and home life, specifically what they do to maintain the balance. Organization of daily tasks such as creating daily schedules was mentioned 10 times as assisting respondents in balancing work and home life. Setting boundaries was mentioned 13 times by respondents. Specifically, respondents reported that boundaries looked like "turning off my work phone when I get home" and "mentally leaving work at work". Respondents also indicated that a transition period between the end of work and arriving home as well as consultation with colleagues were a part of the balance.

<u>Agency Factors Identified</u>

There was a total of eight exploratory questions that aimed to examine agency factors that helped to contribute to increasing the professional quality of life of respondents. Respondents reflected on their perception of the helpfulness of trainings offered by their workplace. There was a total of 31 out of 48 (64%) participants that indicated that trainings were "good". One specific respondent indicated that the trainings offered at their agency "helped support career goals and were helpful in learning new techniques". A total of eight (16%) respondents indicated trainings were not helpful specifically, one participant reflected "due to the COVID-19 many trainings have been canceled or are occurring online, which feels less conducive to learning a new topic".

Respondents were then asked to reflect on the quality of relationships with colleagues. There was a total of 26 out of 48 (54%) respondents who reported that their relationships with colleagues was "good" and then did not further explain. Some participants gave further detail of the nature of their relationships with their colleagues reflecting that they were "mutually respectful," "supportive," "safe," and "secure." Eleven (22%) participants reflected that due to COVID-19 pandemic, relationships with colleagues were not good or unable to be established.

Additionally, the researchers asked participants to reflect on how supportive administration is to them individually. There was a total of 34 out of 48 (70%) respondents reported that the administration was "supportive". More

specifically, these participants indicated that the administration supported staff by checking in, encouraging self-care, encouraging staff to take needed time off, and were understanding of life stressors impacting employees. Four (8%) respondents indicated that the administration was not supportive of employees. This leads to the next question that explored what specifically the administration did to support staff with their own mental health issues. The most common response from participants was that agency administration encouraged staff to seek MH services (i.e. therapy, paid time off, mental health days). Another common response from participants was consultations with a supervisor as a specific way administration supported staff. Lastly, staff support groups were also a common response to this question.

The next two questions explored how participants would describe the quality of individual and group supervision offered at the workplace. A total of 28 (58%) participants indicated having "good" individual supervision. More specifically, participants described the quality of supervision as consistent, allowed for open communication, supportive, understanding, and fostered a personal and professional relationship with a staff member. A total of 28 (58%) participants also indicated that group supervision was "helpful". More specifically, these participants indicated that group supervision had open communication, time to learn new techniques, and check-ins with fellow peers.

Table 7. Common Themes Amongst Respondents

Exploratory Questions	Common Themes Amongst Respondents
Do you practice self-care? If so, what specifically do you do for your self-care?	Exercise, body care, spiritual practices, socialization, entertainment
Are you able to maintain a balance between work life and personal life? If so, what specifically do you do to maintain this balance?	Organization of daily tasks, personal and professional boundaries, consultation with supervisor or colleagues, the transition period between work and home
How would you describe the quality of your relationships with your coworkers?	Mutual respect, connection, safe, secure, supportive, open
How supportive would you say your agency's administration is to you?	Administration checks in on staff, encourage self-care for staff, encouraging staff to take needed time off, understanding life stressors
What does your agency administration do to support you and your coworkers when one of you experiences mental health problem?	Encourage staff to seek MH services, consultation, staff support group
What is your perception of the helpfulness of the professional trainings offered to you and your coworkers by your agency?	Help support career goals, helpful in learning new techniques
How would you describe the quality of individual supervision offered at your agency?	Consistent, open communication, supportive, understanding, personal and professional relationship with one another
How would you describe the quality of group supervision offered to you by your agency?	Open communication, time to learn new techniques, check-ins with fellow peers

Summary

The chapter highlighted the data analysis process for this research study. The demographics of the population of the study were identified and reported. The quantitative data was analyzed through the use of statistical tests such as t-tests and a one-way ANOVA. Significant and non-significant findings were reported. The researchers were able to analyze the qualitative data through the use of identifying common themes amongst respondents' in-depth reflections. Common themes found were reported.

CHAPTER FIVE

DISCUSSION

Introduction

This study explored the individual and agency factors that assist in mitigating the negative impacts of trauma work on the professional quality of life of mental health practitioners. Additionally, this study aimed to fill the gap in research by including both part-time workers and full-time workers in the population sample. This chapter will provide a discussion and examination of the results found in the study. Researchers will utilize outside sources to explain significant and non-significant findings in the quantitative data. Themes identified in the qualitative portion of data collection will be further explored in better detail as well. Lastly, limitations and recommendations for future research and social practice will be provided.

Discussion

The purpose of this study was to explore individual and agency factors that assist in increasing a mental health practitioner's professional quality of life. More specifically, this study utilized both part-time and full-time mental health practitioners as participants in order to assess for differences in ProQOL scores. As stated above, there were no significant differences between part-time mental health as well as full-time mental health practitioners. Additionally, there were no

significant differences in scores between participants who were licensed and those who are non-licensed.

A study conducted on nursing students found that these participants experienced average levels of compassion fatigue, burnout, and compassion satisfaction (Mathias & Wentzel, 2017). The authors emphasize that as students in the field there came unique struggles that do not exist when one is out of school. Mathias and Wentzel (2017) argue that these unique struggles are emotional exhaustion from courses, preparing for exams, long clinical hours, fear of making mistakes, and first-time exposure with death. When analyzing data from the present research, this could explain why there were no differences between full-time and part-time mental health practitioners. Although students are not working as many hours, the additional academic workload can contribute to burnout, compassion satisfaction, and compassion fatigue levels that are similar to those working in the field full-time.

Additionally, there were no significant differences in scores between licensed and non-licensed practitioners. To further understand this finding the researchers considered the impact of COVID 19 on healthcare workers also known as first responders. Lasalvia et al. (2020) found that healthcare workers reported higher levels of stress in the workplace during the COVID-19 pandemic. The authors found that due to the pandemic healthcare workers experienced increased conflict with colleagues, increased workload outside of job responsibilities, increased exhaustion, and increased mental health related

symptoms (Lasalvia et al., 2020). When looking at present data from the current research, a possible explanation could be that COVID-19 impacted all healthcare workers regardless of experience in the field due to its unique and unprecedented circumstances.

Findings from the current study indicated there were significant differences in burnout levels between participants with children versus those without children. Findings also indicated near statistically significant differences in compassion satisfaction and secondary trauma. Craig and Churchill (2020) conducted a study to investigate the effects of COVID-19 on working parents. The authors found that due to COVID-19, many parents were forced to work from home which resulted in increased household duties and stressors (i.e. homeschooling, caregiving, household chores). More specifically, mothers reported higher levels of stress and dissatisfaction due to the increased need to balance home and work life. These findings could explain the current data collected in this study in that practitioners who are parents have added stress due to school closures and working from home compared to their counterparts.

Furthermore, data collected showed near statistically significant differences in vicarious trauma levels between three different religious types (Catholicism, Christianity, No Religion). A possible explanation for this finding could be that religion may act as a protective factor for mental health symptoms. Fabricatore et al. (2004) argue that religious practices and religious coping (i.e. volunteering, prayer, participating in services) can act as mediators between life

stressors and psychological effects on a person. Specifically, the authors argue that religious coping goes beyond identification with religion but rather focuses on the integration of religious values in daily living. Again, these findings could explain current data in that religious practices can act as a mitigating factor of negative impacts of trauma work.

The qualitative aspect of the study explored in-depth individual and agency factors that contribute to mitigating the negative effects of lower levels of professional quality of life. This current study utilized past research to identify what these factors were in order to explore them more in detail with participants. When participants explored self-care practices, researchers found that entertainment (i.e. Netflix, watching movies, video games, listening to music, crafting) were of the highest frequency. Due to COVID-19 pandemic, participants were forced into quarantine and some even transitioned to work via Telehealth from home, which could explain the increase in self-care activities that occur indoors. The second highest frequency of self-care activities was exercise-related (i.e. walks, dancing, hiking, working out). The third highest frequency was socialization, which respondents described as spending time with loved ones or phone calls with friends. Again, due to the pandemic and forced isolation from those closest to them, it seems as though respondents relied on activities that can be done alone and at home versus activities done in groups and outdoors.

Past research identified that professional boundaries could act as a protective factor for burnout and compassion fatigue but lacked the ability to

further explain what boundaries look like. The current study filled this research gap by exploring how respondents describe the process of setting professional boundaries as mental health practitioners. According to respondents in the current study, setting boundaries was described as "turning off my work phone when I get home", "consulting with a supervisor when overwhelmed", and "socializing with those who are not in the field in order to be able to talk about other topics other than work". Respondents described boundaries as specific acts done to mentally separate work from home life. Respondents also indicated that a transition period between work and home (i.e. car ride home) often assisted in setting the boundary. It is important to identify and note that due to telecommuting, some respondents reflected that setting professional boundaries was difficult as there was a blurry line between work and home.

In regard to agency factors explored with respondents, researchers found that common themes included a supportive, safe, open, and positive work environment that contributed to practitioners' professional quality of life. Specifically, the majority of respondents reflected that relationships with fellow staff members were good due to feeling connected and safe with team members. Respondents described administrative support for oneself and colleagues as specifically looking like admin providing proper trainings, providing mental health resources, providing staff support groups, encouraging self-care, allowing for mental health days, and constant check-ins with staff about overall wellbeing.

These findings were congruent with past findings that reported that a supportive environment can help to increase the professional quality of life of a practitioner.

When reflecting on individual supervision, a common theme amongst respondents was that supervision was supportive largely due to its consistency. For this current study's population, processing of client trauma, being able to address countertransference, and ability to decompress in a safe space with supervisor on a consistent basis increased the quality of supervision. On top of this, respondents reflected that group supervision was supportive in that it allowed for learning new techniques and processing cases with fellow peers. Again, a supportive and consistent environment for supervision whether individual or group contributed to respondents' perception of helpfulness of admin.

On the contrary, it is necessary to report that researchers did find that a small portion of practitioners described relationships with colleagues, trainings offered by the agency, and admin support as poor due to feeling disconnected. A common theme in these respondent's reflections indicated that due to COVID-19, the use of technology to connect with colleagues and supervisors made it difficult to foster supportive relationships. Although not a part of the current study's research question and objective, it is evident in the exploratory data that COVID-19 had effects on participants' responses and lived experiences.

Limitations

In this current study, the researchers have identified several limitations that should be addressed in further research. The first limitation of this study is that the population sample size was small. This limitation could have contributed to the difficulty in finding statistically significant differences between groups. On top of this, the sample size consisted of narrow demographic frequencies such as primarily female and Latinx respondents. Furthermore, the sample size consisted of advanced year MSW students only and full-time children's therapists only. This lack of diversity limited the range of information gained from respondents and their lived experience in the mental health field.

The qualitative aspect of the study contained limitations as well. The researchers recognize that subjectivity and perception of questions can act as a barrier for some respondents. Although researchers tried to remain as concise and clear as possible, there is an understanding that some meaning could be missed. To add, the way in which researchers conceptualized participants' responses are also subjective and can lead to error. Due to respecting the time of the respondent, researchers were unable to explore other agency and individual factors to gain more insight.

Lastly due to this study being exploratory, a major limitation due to COVID-19 and time restraints, researchers were unable to conduct in-person interviews to gain needed insight into respondent's answers to questions.

Researchers would have been able to explore more in-depth and assess for affect, body language, and thought process.

Recommendations

Research

In order for research to get a more general understanding of the professional quality of life factors, researchers suggest that future studies should focus on increasing sample size and diversifying demographics of the population. On top of this, future research should include students in the field as part of the research sample when looking at the professional quality of life as this population faces unique struggles as compared to their counterparts. By doing so, future research will be able to provide universities with suggestions and interventions to help support graduate students. Results indicated significant differences between practitioners with children versus no children, therefore future research should be mindful of this special population and how COVID-19 had unique impacts on working parents.

It would be beneficial to future research if the qualitative aspect of the research was conducted via an interview in order to gain a more in-depth understanding of the topic at hand. Researchers also suggest adding more exploratory questions geared towards caregiving and the impacts of parenting on burnout levels. Future research should continually be assessing for and

considering the impacts of COVID-19 on the professional quality of life of mental health providers as this a new phenomenon unfolding every day.

<u>Social Work Practice and Policy</u>

One recommendation for social work practice gained from this current research study is adapting to change. Due to COVID-19, the way in which social work and mental health services were performed had to be adjusted in order to meet clients where they are at. Not only does the social work field need to address how COVID-19 impacts direct services to clients but also how this phenomenon impacts relationships in the workplace. Agencies should be prepared to address how telecommuting creates social and emotional distance for some practitioners. Agencies should implement more informal group gatherings and other team-building activities that follow CDC regulations. Also, social work practice needs to increase competencies in specific telecommuting interventions and learning new engagement skills via technology.

Furthermore, this study highlighted that MSW students had similar levels of compassion satisfaction, burnout, and secondary trauma as compared to full-time mental health practitioners. A recommendation for social work policy is that universities identify, address, and provide interventions to assist graduate students in feeling supported. Specifically, graduate programs should implement trainings, classes, and seminars on the unique struggles of being a student while also being new to the field. Researchers suggest that universities are more

involved in advocating for student's mental health and ensuring students have access to quality services at the university.

Conclusion

This study aimed to explore individual and agency factors impacting the professional quality of life of mental health practitioners. More specifically, this study aimed to explore differences in ProQOL scores between full-time and part-time practitioners. Results indicated that there were no significant differences between these groups, which could be explained by the unique struggles faced by students new to the field. Results did find a statistically significant difference in scores on "Burnout levels" between those with children and without, which could be explained by the unique effects on parenting due to the COVID-19 pandemic (i.e. school closures, homeschooling, added home duties). The exploratory aspect of the study provided researchers with in-depth understanding of individual and agency factors that help to mitigate the negative impacts of trauma work. More important, this in-depth information gained furthers past research by providing specifics of possible interventions to be implemented by individuals and agencies in the future in order to increase the professional quality of life of mental health practitioners.

APPENDIX A

PROFESSIONAL QUALITY OF LIFE SCALE

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

_____ 1. I am happy.

_____ 2. I am preoccupied with more than one person I [help].

_____ 3. I get satisfaction from being able to [help] people.

_____ 4. I feel connected to others.

5. I jump or am startled by unexpected sounds.

_____ 6. I feel invigorated after working with those I [help].

7. I find it difficult to separate my personal life from my life as a [helper].

_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].

9. I think that I might have been affected by the traumatic stress of those I [help].

10. I feel trapped by my job as a [helper].

_____ 11. Because of my [helping], I have felt "on edge" about various things.

12. I like my work as a [helper].

_____ 13. I feel depressed because of the traumatic experiences of the people I [help].

_____ 14. I feel as though I am experiencing the trauma of someone I have [helped].

15. I have beliefs that sustain me.

_____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.

_____ 17. I am the person I always wanted to be.

_____ 18. My work makes me feel satisfied.

_____ 19. I feel worn out because of my work as a [helper].

20. I have happy thoughts and feelings about those I [help] and how I could help them.

_____ 21. I feel overwhelmed because my case [work] load seems endless.

22. I believe I can make a difference through my work.

_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].

24. I am proud of what I can do to [help].

_____ 25. As a result of my [helping], I have intrusive, frightening thoughts.

26. I feel "bogged down" by the system.

_____ 27. I have thoughts that I am a "success" as a [helper].

28. I can't recall important parts of my work with trauma victims.

_____ 29. I am a very caring person.

30. I am happy that I chose to do this work.

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work

may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reversed scored". If you score the item as a 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way. They can tell us more in their negative form. For example question *1 "I am happy" tells us more about the effects of not helping when you are not happy so you reverse the score.

*1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

3

*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

Total: _____

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

4

APPENDIX B

IN-DEPTH QUESTION GUIDE

1. Do you practice self-care? If so, what specifically do you do for your self-care?

2. Are you able to maintain a balance between work life and personal life? If so, what specifically do you do to maintain this balance?

3. How would you describe the quality of your relationships with your coworkers?

4. How large is your caseload?

5. How supportive would you say your agency's administration is to you?

6. What does your agency administration do to support you and your coworkers when one of you experiences mental health problems?

7. What is your perception of the helpfulness of the professional trainings offered to you and your coworkers by your agency?

8. How would you describe the quality of individual supervision offered at your agency?

9. How would you describe the quality of group supervision offered to you by your agency?

APPENDIX C

DEMOGRAPHIC SHEET

What is your current age? Type in a number.

_____

What gender do you identify as?

A. Male
B. Female
C. Non-binary/Non-conforming
D. Transgender
E. Other
F. Prefer not to answer.

Please specify your ethnicity

A. Caucasian
B. African-American
C. Latinx
D. Asian
E. Native American
F. Pacific Islander
G. Two or More
H. Other/Unknown
I. Prefer not to say

If applicable, please specify your religion

A. Catholicism
B. Christianity
C. Judaism
D. Islam
E. Buddhism
F. Other
G. None
H. Prefer not to say

What is your current level of education? If you are currently a student, what will your level of education be once you complete your current degree program?

A. Bachelor's degree
B. Master's degree
C. PhD

Do you currently work and/or intern for a total of 30 or more hours per week (Full-time), or less than a total of 30 hours per week (Part-time)?

A. I currently work and/or intern for a total of 30 or more hours per week.
B. I currently work and/or intern for a total of less than 30 hours per week.

How long have you been providing direct clinical services? Please type in a number.

_____

Are you a currently a licensed professional?

A. Yes
B. No

How many children do you have? Please type in a number.

_____

APPENDIX D

INFORMED CONSENT FORM

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the individual and agency factors that assist in increasing the professional quality of life of mental health practitioners. The study is being conducted by Ana Chagolla and Ashley Larios, graduate students, under the supervision of Dr. Herb Shon, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore both the individual and agency factors that help to increase a mental health practitioner's professional quality of life.

DESCRIPTION: Participants will be asked to complete a Qualtrics survey. The survey will include demographic information and the Professional Quality of Life Scale (ProQOL) which includes ratings in the areas of compassion satisfaction, burnout, and secondary traumatic stress. Lastly, the Qualtrics survey will prompt participants to complete an in-depth questionnaire in relation to professional quality of life.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and final data will not include identifiable information.

DURATION: It will take between 30-40 minutes to complete the Qualtrics survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: Benefits include increased self awareness of participant's level of professional quality of life. For participants who score low on the scale, researchers will provide resources for the purposes of ensuring overall wellness of the individual. Findings from the study will also contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Herb Shon via email at herb.shon@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after May 2021

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in this study.

Place X mark here_____ Date_____

APPENDIX E

INTERNAL REVIEW BOARD APPROVAL

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-69

Herbert Shon Ashley Larios, Ana Chagolla
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Herbert Shon Ashley Larios, Ana Chagolla:

Your application to use human subjects, titled "Factors Associated with the Professional Quality of Life of Mental Health Practitioners " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-69 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

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ASSIGNED RESPONSIBILITIES

For the purposed research study, the researchers Ana Campos Chagolla and Ashley Larios will be collaborating to complete the tasks required for the research project, such as: Introduction, Literature Review, Methods, Results, and Conclusion. The researchers will share equal responsibilities and will contribute to the formatting, editing, and revision process throughout the completion of the study.