

## Chapter #5

# COMPASSION SATISFACTION, COMPASSION FATIGUE AND PERSONALITY TRAITS IN SLOVAK HELPING PROFESSIONALS

**Miroslava Köverová**

*Department of Psychology, Faculty of Arts, Pavol Jozef Šafárik University in Košice, Slovakia*

### ABSTRACT

This chapter is focused on the personality correlates of compassion satisfaction (CS) and secondary traumatic stress (STS) in helping professionals. The aim of this study is to explore the relationships between selected personality variables, CS and STS among helping professionals in Slovakia. Three separate studies were conducted, each of which was focused on different personality variables (Study 1: optimism, self-esteem, emotional well-being, anxiety, depression; Study 2: Five-Factor personality traits; Study 3: interpersonal behavior). The participants (236 in Study 1; 101 in Study 2 and 94 in Study 3; helping professionals working in social-care institutions, health care and rescue services) completed the Professional Quality of Life scale, Life Orientation test – revised, Rosenberg Self-Esteem scale, Emotional Habitual Subjective Well-Being scales, State-Trait Anxiety Inventory, Beck Depression Inventory, NEO Five-Factor Inventory and Interpersonal Check List. The results showed that CS and STS were significantly correlated with, as well as predicted by, the selected personality variables. The findings highlight the importance of emotional well-being, conscientiousness and extraversion in promoting CS and the significance of emotional well-being and interpersonal behavior in reducing STS. This will be used as a background in the upcoming intervention programs for Slovak helping professionals which will be designed to help them increase CS and decrease STS.

*Keywords:* compassion satisfaction, compassion fatigue, personality traits, helping professionals.

### 1. INTRODUCTION

Professional helping is associated with a variety of positive and negative consequences such as compassion satisfaction, compassion fatigue, burnout, perceived stress and secondary traumatic stress. These have been well described in the scientific literature (Figley, 1995; Figley, 2002; Figley & Stamm, 1996; Maslach, 2003; Maslach, Schaufeli, & Leiter, 2001; Stamm, 2010). Compassion satisfaction (CS) refers to the positive feelings about work as a result of helping; a helper views his/her work as useful, meaningful and valuable and also feels positively about his/her colleagues (Stamm, 2010). On the contrary, compassion fatigue refers to the negative effects of helping in the cognitive, emotional and behavioral domain (Figley, 2002). These are connected with the helper's exposure to the problems and traumas of his/her clients or patients (Bride, Radey, & Figley, 2007; Figley, 1995; Figley, 2002). The symptoms of compassion fatigue are also described by the terms secondary traumatic stress (STS), secondary traumatic stress disorder, secondary victimization and vicarious traumatization (Bride et al., 2007; Figley, 2002; McCann & Pearlman, 1990). There is an emphasis on the indirect (secondary, vicarious) effect of the traumatic experience of clients/patients on the helper who can start to feel traumatized as a result of helping (Bride et al., 2007; Figley, 2002; McCann

& Pearlman, 1990). However, it is important to distinguish the STS experienced by helpers from the primary stress experienced by their clients/patients (Figley, 2002). STS is often associated with burnout (Figley, 1995; Figley, 2002). Burnout (BO), as part of compassion fatigue, has been defined as “a result of frustration, powerlessness, and inability to achieve work goals” (Figley, 2002, p. 19) and mainly refers to the symptoms of emotional exhaustion of a helper (Stamm, 1999; Stamm, 2010). The unidimensional conceptualization of BO by Figley (2002) and Stamm (1999; 2010) differs from the model of burnout by Maslach (2003) in which BO is viewed as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment.

## 2. BACKGROUND

Research studies have shown that the positive and negative consequences of helping (CS, compassion fatigue – BO and STS) are correlated with various psychological variables such as empathy (Figley, 2002), mastery (Adams, Boscarino, & Figley, 2006), helplessness (Killian, 2008), trauma history of a helper or his/her experience of negative life events (Adams et al., 2006; Killian, 2008), mindfulness and emotional separation (Thomas & Otis, 2010), wellness (Lawson & Myers, 2011), satisfaction with work and relationships in the workplace (Ray, Wong, White, & Heaslip, 2013; Stamm, 2010), anxiety and depression (Hegney et al., 2014; Köverová, 2016; Tremblay & Messervey, 2011), self-esteem, dispositional optimism and emotional well-being (Köverová, 2016; Köverová & Ráczová, 2017).

The role of personality traits (according to the Five-Factor Model and Leary's interpersonal circumplex model) in explaining the positive and negative effects of helping has also been supported in several studies (Alarcon, Eschleman, & Bowling, 2009; Armon, Shirom, & Melamed, 2012; Bakker, Zee, Lewig, & Dollard, 2006; David & Quintão, 2012; Geuens, Bogaert, & Franck, 2017; Judge, Heller, & Mount, 2002; Swider & Zimmerman, 2010; Yu, Jiang, & Shen, 2016; Zellars, Hochwater, Hoffman, Perrewé, & Ford, 2004). Alarcon et al. (2009) found that BO was significantly correlated with emotional stability, extraversion, conscientiousness and agreeableness. Armon et al. (2012) identified that neuroticism positively predicted global burnout and negatively predicted emotional exhaustion whereas conscientiousness negatively predicted global burnout and positively predicted emotional exhaustion. Bakker et al. (2006) reported that emotional exhaustion was predicted by emotional stability; depersonalization was predicted by emotional stability, extraversion and intellect/autonomy; and personal accomplishment was predicted by extraversion and emotional stability. Yu et al. (2016) found that conscientiousness and openness were correlated with high levels of CS whereas neuroticism predicted high levels of compassion fatigue and BO. Zellars et al. (2004) reported that neuroticism predicted high levels of emotional exhaustion and depersonalization whereas extraversion predicted high levels of personal accomplishment. Geuens et al. (2017) tested the relationships between burnout, personality traits (Five-Factor Model) and interpersonal behavior (interpersonal circumplex model). In their study, emotional exhaustion was predicted by neuroticism, submissive-friendly behavior and dominant-friendly behavior; depersonalization was predicted by neuroticism, conscientiousness, friendly behavior, submissive-friendly behavior and dominant-hostile behavior; and personal accomplishment was predicted by neuroticism, conscientiousness, openness and hostile behavior (Geuens et al., 2017).

Although our previous research (Köverová, 2016) has offered an insight into the psychological correlates of CS, BO and STS in Slovak helping professionals, little is known about the personality predictors of the positive and negative effects of helping in

this group. This chapter presents the results of three separate studies which examined the personality correlates and predictors of the positive and negative effects of helping (CS and STS) among Slovak helping professionals. In each study, different personality variables were tested: optimism, self-esteem, emotional well-being, anxiety, depression (Study 1); Five-Factor personality traits (Study 2) and interpersonal behavior (Study 3).

### **3. OBJECTIVES**

The objectives of the first study were (1) to explore the associations between selected psychological variables (optimism, self-esteem, emotional well-being, anxiety and depression) and the positive and negative consequences of helping (CS and STS); and (2) to identify the significant psychological predictors of CS and STS among Slovak helping professionals. It was hypothesized that optimism, self-esteem, emotional well-being, anxiety and depression would be (1) significantly correlated with and (2) would be able to predict CS and STS in Slovak helping professionals.

The objectives of the second study were (1) to test the relationships between the Five-Factor personality traits, CS and STS; and (2) to identify the significant Five-Factor personality predictors of CS and STS among Slovak helping professionals. It was hypothesized that the Five-Factor personality traits would be (1) significantly correlated with and (2) would be able to predict CS and STS in Slovak helping professionals.

The objectives of the third study were (1) to analyze the associations between interpersonal behavior, CS and STS; and (2) to identify the significant interpersonal predictors of CS and STS among Slovak helping professionals. It was hypothesized that interpersonal behavior would be (1) significantly correlated with and (2) would be able to predict CS and STS in Slovak helping professionals.

### **4. METHOD**

#### **4.1. Study 1**

##### **4.1.1. Participants**

The participants in the first study were 236 helping professionals: educators (47%), health professionals (30.1%), social workers (12.7%), psychologists (7.2%) and teachers (3%) employed in social-care institutions in Slovakia: children's homes (69.9%), health care and rescue services (30.1%). More women (89.8%) than men (9.7%) participated (1 person did not report their gender). The age of the participants was 20-61 years ( $M = 40.18$ ;  $SD = 11.44$ ) and the length of their working experience was 0-42 years ( $M = 11.26$ ;  $SD = 10.59$ ). Participation in the research was voluntary and anonymous.

##### **4.1.2. Instruments**

*The Professional Quality of Life scale* (ProQOL 5; Stamm 2010; Slovak adaptation Köverová, 2016; Köverová, in press). The ProQOL 5 is a 30-item self-report measure of compassion satisfaction (CS; e.g. "My work makes me feel satisfied."), burnout (BO; e.g. "I feel worn out because of my work as a helper.") and secondary traumatic stress (STS; e.g. "I feel as though I am experiencing the trauma of someone I have helped."). A 5-point scale is used to indicate the frequency of experiencing the positive and negative consequences of helping in the last 30 days (1 = never; 5 = always). A confirmatory factor analysis of the Slovak version of the ProQOL only supported the two-factor model of CS and STS (Köverová, in press). Therefore, only the two subscales were analyzed in this

study. The internal consistency estimates (Cronbach  $\alpha$ ) of CS and STS were 0.845 and 0.797, respectively.

*Life Orientation Test-revised* (LOT-R; Scheier, Carver, & Bridges, 1994; Slovak adaptation Köverová & Ferjenčík, 2013). The LOT-R is a 10-item self-report measure of dispositional optimism (e.g. "In uncertain times, I usually expect the best."). The answers are rated on a 5-point scale (0 = strongly disagree; 4 = strongly agree). In this study, the internal consistency estimate (Cronbach  $\alpha$ ) of the scale was 0.679.

*Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965; Slovak adaptation Halama & Bieščad, 2006). The RSES is a 10-item self-report measure of global self-worth (e.g. "I feel that I have a number of good qualities."). The level of positive and negative feelings about the self is rated on a 4-point scale (1 = strongly disagree; 4 = strongly agree). In this study, the Cronbach  $\alpha$  estimate of the scale was 0.794.

*Emotional Habitual Subjective Well-Being scales* (SEHP; Džuka & Dalbert, 2002). The SEHP is a 10-item self-report measure of emotional component of well-being consisting of two scales: the scale of the positive state of mind (4 emotions and physical states - joy, pleasure, happiness, energy) and the scale of the negative state of mind (6 emotions and physical states - fear, anger, sadness, shame, guilt, pain). A 6-point scale is used to indicate the frequency of experiencing the positive and negative emotions and physical states (1 = almost never; 6 = almost always). In this study, the internal consistency estimates (Cronbach  $\alpha$ ) were 0.769 (scale of positive state of mind) and 0.705 (scale of negative state of mind).

*State-Trait Anxiety Inventory, Trait version* (STAI X-2; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983; Slovak adaptation Müllner, Ruisel, & Farkaš, 1980). The STAI X-2 is a 20-item self-report measure of anxiety as a trait. A 4-point scale (1 = almost never; 4 = almost always) is used to indicate the frequency of the usual feelings of a person (e.g. "I am happy." - reverse coded). In this study, the Cronbach  $\alpha$  estimate of the scale was 0.863.

*Beck Depression Inventory* (BDI; Beck, Steer, & Brown, 1996; Slovak translation Praško, Buliková, & Sigmundová, 2009). The BDI is a self-report measure of the severity of depression. A 4-point scale is used to indicate the severity of 21 depression symptoms (0 = low severity; 3 = high severity). In this study, the Cronbach  $\alpha$  estimate of the scale was 0.833.

#### 4.1.3. Statistical analyses

IBM SPSS Statistics 21 software was used to analyze the data. Pearson correlations were used to test the relationships between the positive and negative consequences of helping (CS, STS) and selected psychological variables (optimism, self-esteem, emotional well-being, anxiety and depression). Two separate regression analyses (Enter method) were used to identify the predictors of CS and STS. The tested predictors were optimism, self-esteem, emotional well-being (positive and negative state of mind), anxiety and depression.

## 4.2. Study 2

### 4.2.1. Participants

The participants in the second study were 101 health professionals employed in hospitals and social-care institutions in Slovakia (40.6% nurses; 59.4% care assistants). More women (90.1%) than men (9.9%) participated. The age of the participants was 20-66 years ( $M = 41.55$ ;  $SD = 10.46$ ) and the length of their working experience was 0.5-47 years ( $M = 14.18$ ;  $SD = 11.18$ ). Participation in the research was voluntary and anonymous.

#### 4.2.2. Instruments

*The Professional Quality of Life scale* (ProQOL 5; Stamm 2010; Slovak adaptation Köverová, 2016; Köverová, in press) was used to measure the positive and negative effects of helping (CS and STS). (See 4.1.2. for a detailed description of this measure). In this study, the internal consistency estimates for CS were 0.570 (Cronbach  $\alpha$ ) and 0.786 (McDonald's  $\omega$ ); and the internal consistency estimates for STS were 0.535 (Cronbach  $\alpha$ ) and 0.710 (McDonald's  $\omega$ ).

*NEO Five-Factor Inventory* (NEO-FFI; Costa & McCrae, 1992; Slovak adaptation Ruisel & Halama, 2007). The NEO-FFI is a 60-item measure of personality traits based on the Five-Factor Model: neuroticism (N), extraversion (E), openness to experience (O), agreeableness (A) and conscientiousness (C). The answers are rated on a 5-point scale (0 = strongly disagree; 4 = strongly agree). In this study, the internal consistency estimates (Cronbach  $\alpha$ ) of the scales were 0.608 (N), 0.540 (E), 0.499 (O), 0.563 (A) and 0.616 (C). The internal consistency (McDonald's  $\omega$ ) of the scales were 0.639 (N), 0.606 (E), 0.521 (O), 0.564 (A) and 0.785 (C). Due to the values of  $\alpha$  and  $\omega$  coefficients, only the N, E and C scales were used in the analyses.

#### 4.2.3. Statistical analyses

Jamovi 0.8.1.13 and IBM SPSS Statistics 21 software were used to analyze the data. Pearson correlations were used to test the relationships between CS, STS and the three personality traits (N, E, C). Two separate regression analyses (Enter method) were used to test if N, E and C predicted CS and STS.

### 4.3. Study 3

#### 4.3.1. Participants

The participants in the third study were 94 helping professionals: nurses (52.1%), firemen (31.9%) and doctors (16%) working in health care and rescue services in Slovakia. In the sample, 58.5% were women and 41.5% were men. They were aged between 20-64 years ( $M = 37.50$ ;  $SD = 9.95$ ) and their length of working experience was 0-45 years ( $M = 15.38$ ;  $SD = 10.81$ ). Participation in the research was voluntary and anonymous.

#### 4.3.2. Instruments

*The Professional Quality of Life scale* (ProQOL 5; Stamm 2010; Slovak adaptation Köverová, 2016; Köverová, in press) was used to measure CS and STS. (See 4.1.2. for a more detailed description of this measure). In this study, the internal consistency estimates (Cronbach  $\alpha$ ) were 0.833 for CS and 0.866 for STS.

*Interpersonal Check List* (ICL; LaForge & Suczek, 1955; Slovak adaptation Kožený & Ganický, 1976). The ICL is a self-report measure of interpersonal behavior. From a list of 128 items, a person selects those which best describe his own interpersonal behavior. The results reflect the intensity of eight interpersonal behaviors. In this study, the internal consistency (split-half) estimates of the eight scales ranged from 0.664 to 0.833 (Table 5).

#### 4.3.3. Statistical analyses

IBM SPSS Statistics 21 software was used in the analyses. Pearson correlations were used to test the relationships between CS, STS and interpersonal behaviors. Two separate regression analyses (Enter method) were used to identify the interpersonal predictors of CS and STS.

## 5. RESULTS

### 5.1. Study 1

The descriptive statistics showed that the helping professionals in the first study experienced the positive consequences of helping more than the negative effects. They showed moderate to high levels of CS ( $M = 3.70$ ;  $SD = 0.58$ ), optimism ( $M = 2.51$ ;  $SD = 0.56$ ), and self-esteem ( $M = 3.20$ ;  $SD = 0.40$ ); moderate levels of a positive state of mind ( $M = 3.62$ ;  $SD = 0.81$ ); low to moderate levels of a negative state of mind ( $M = 2.28$ ;  $SD = 0.57$ ), anxiety ( $M = 2.08$ ;  $SD = 0.35$ ) and STS ( $M = 2.30$ ;  $SD = 0.54$ ); and low levels of depression ( $M = 0.25$ ;  $SD = 0.24$ ).

Table 1.

*Pearson correlations between compassion satisfaction (CS), secondary traumatic stress (STS) and selected psychological variables.*

	CS		STS	
	r	p	r	p
Optimism	0.307	<0.001*	-0.290	<0.001*
Self-esteem	0.237	0.001*	-0.365	<0.001*
Positive state of mind	0.499	<0.001*	-0.081	0.243
Negative state of mind	-0.156	0.024	0.378	<0.001*
Anxiety	-0.315	<0.001*	0.386	<0.001*
Depression	-0.347	<0.001*	0.248	<0.001*

Table 2.

*Predictors of compassion satisfaction (CS) and secondary traumatic stress (STS).*

	Predictors	R <sup>2</sup>	B	$\beta$	t	p
CS	Optimism	0.298	0.118	0.109	1.408	0.161
	Self-esteem		-0.084	-0.057	-0.719	0.473
	Positive state of mind		0.323	0.438	6.247	<0.001*
	Negative state of mind		-0.035	-0.033	-0.495	0.621
	Anxiety		0.118	0.070	0.738	0.461
	Depression		-0.514	-0.212	-2.799	0.006*
STS	Optimism	0.241	-0.063	-0.068	-0.842	0.401
	Self-esteem		-0.237	-0.184	-2.240	0.026
	Positive state of mind		0.106	0.166	2.284	0.023
	Negative state of mind		0.204	0.223	3.194	0.002*
	Anxiety		0.330	0.226	2.286	0.023
	Depression		-0.038	0.165	-0.227	0.820

The correlation analyses revealed several significant ( $p \leq 0.004$ ; after Bonferroni correction:  $p = 0.05/12$ ) weak to moderate relationships between the tested variables (Table 1). Optimism and self-esteem correlated positively with CS and negatively with STS. Anxiety and depression correlated negatively with CS and positively with STS. High

levels of a positive state of mind were associated with high levels of CS. High levels of a negative state of mind were associated with high levels of STS (Table 1).

The regression analyses (Enter method) revealed that optimism, self-esteem, a positive state of mind, a negative state of mind, anxiety and depression were significant predictors of CS and STS (Table 2). The amount of variance explained by the tested predictors was 29.8% for CS and 24.1% for STS. A Bonferroni correction ( $\alpha = 0.05/6$ ) was conducted to adjust the significance level of the p-value for each predictor to  $\leq 0.008$ . The significant predictors of CS were a positive state of mind ( $\beta = 0.438$ ;  $p < 0.001$ ) and depression ( $\beta = -0.212$ ;  $p = 0.006$ ). STS was significantly predicted by a negative state of mind ( $\beta = 0.223$ ;  $p = 0.002$ ).

## 5.2. Study 2

Helping professionals in the second study reported moderate to high levels of CS ( $M = 3.98$ ;  $SD = 0.69$ ) and low to moderate levels of STS ( $M = 2.30$ ;  $SD = 0.59$ ); moderate levels of neuroticism ( $M = 2.24$ ;  $SD = 0.55$ ) and extraversion ( $M = 2.93$ ;  $SD = 0.50$ ); and moderate to high levels of conscientiousness ( $M = 3.79$ ;  $SD = 0.62$ ).

Table 3.  
*Pearson correlations between compassion satisfaction (CS), secondary traumatic stress (STS) and Five-Factor personality traits (N, E, C).*

	CS		STS	
	r	p	r	p
Neuroticism	0.018	0.428	0.122	0.112
Extraversion	0.338	<0.001*	-0.031	0.380
Conscientiousness	0.387	<0.001*	-0.047	0.320

Table 4.  
*Five-Factor personality traits (N, E, C) as predictors of compassion satisfaction (CS) and secondary traumatic stress (STS).*

	Predictors	R <sup>2</sup>	B	$\beta$	t	p
CS	Neuroticism		0.284	0.226	2.288	0.024
	Extraversion	0.248	0.488	0.352	3.459	0.001*
	Conscientiousness		0.360	0.323	3.528	0.001*
STS	Neuroticism		0.145	0.135	1.198	0.234
	Extraversion	0.017	0.049	0.041	0.356	0.723
	Conscientiousness		-0.037	-0.039	-0.368	0.714

The analyses revealed that only CS was significantly correlated with, and predicted by, the Five-Factor personality traits (Table 3, Table 4). Statistically significant positive and moderate relationships ( $p < 0.008$ ; after Bonferroni correction  $p = 0.05/6$ ) were found between CS and conscientiousness ( $r = 0.387$ ;  $p < 0.001$ ), and between CS and extraversion ( $r = 0.338$ ;  $p < 0.001$ ). Extraversion and conscientiousness were also significant predictors of CS ( $p < 0.016$ ; after Bonferroni correction  $p = 0.05/3$ ). High levels of extraversion and conscientiousness predicted high levels of CS ( $\beta = 0.352$ ,  $p = 0.001$ ;  $\beta = 0.323$ ,  $p = 0.001$ , respectively).

No significant relationships were found between STS and the Five-Factor personality traits. Neither were N, E and C able to predict the levels of STS.

### 5.3. Study 3

Helping professionals in the third study reported moderate to high levels of CS ( $M = 3.87$ ;  $SD = 0.56$ ) and low levels of STS ( $M = 1.94$ ;  $SD = 0.59$ ). The descriptive statistics for the eight scales of interpersonal behavior are presented in Table 5.

*Table 5.*  
*Descriptive statistics for interpersonal behavior and Pearson correlations between compassion satisfaction (CS), secondary traumatic stress (STS) and interpersonal behavior.*

	M	SD	Spearman-Brown coefficient	CS		STS	
				r	p	r	p
PA - Autocratic	4.38	1.33	0.833	0.182	0.040	0.325	0.001*
BC - Narcissistic	3.97	1.06	0.727	0.228	0.014	-0.009	0.465
DE - Aggressive	3.70	1.26	0.720	0.067	0.260	0.258	0.006
FG - Distrustful	3.00	1.48	0.693	-0.143	0.084	0.288	0.002*
HI - Self-effacing	3.16	1.34	0.784	-0.238	0.010	0.080	0.221
JK - Dependent	3.97	1.14	0.785	-0.061	0.281	0.131	0.104
LM - Cooperative	4.93	1.22	0.664	0.068	0.256	0.012	0.453
NO - Responsible	4.90	1.18	0.829	-0.008	0.471	0.256	0.006

*Table 6.*  
*Octants of interpersonal behavior as predictors of compassion satisfaction (CS).*

Predictors		R <sup>2</sup>	B	$\beta$	t	p
CS	PA - Autocratic	0.203	0.082	0.193	0.991	0.325
	BC - Narcissistic		0.119	0.224	1.409	0.162
	DE - Aggressive		0.002	0.005	0.027	0.978
	FG - Distrustful		-0.061	-0.160	-1.074	0.286
	HI - Self-effacing		-0.107	-0.254	-1.472	0.145
	JK - Dependent		-0.068	-0.139	-0.693	0.490
	LM - Cooperative		0.158	0.343	1.959	0.053
	NO - Responsible		-0.086	-0.180	-0.913	0.364

No significant relationships were found between CS and interpersonal behavior (Table 5). Neither were the interpersonal traits able to predict the levels of CS (Table 6).

The analyses revealed that only STS was significantly correlated with, and predicted by, interpersonal behavior (Table 5, Table 7). Statistically significant ( $p < 0.003$ ; after Bonferroni correction  $p = 0.05/16$ ) low to moderate and positive relationships were found between STS, autocratic behavior ( $r = 0.325$ ;  $p = 0.001$ ) and distrustful behavior ( $r = 0.288$ ;  $p = 0.002$ ). Distrustful behavior was also the strongest statistically significant ( $p < 0.006$ ; after Bonferroni correction  $p = 0.05/8$ ) predictor of STS ( $\beta = 0.493$ ;  $p = 0.001$ ). The second most significant predictor of STS was narcissistic behavior ( $\beta = -0.417$ ;  $p = 0.005$ ). High levels of STS were predicted by high levels of distrustful interpersonal behavior and low levels of narcissistic interpersonal behavior.



Table 7.  
Octants of interpersonal behavior as predictors of secondary traumatic stress (STS).

	Predictors	R <sup>2</sup>	B	$\beta$	t	p
STS	PA - Autocratic		0.220	0.497	2.782	0.007
	BC - Narcissistic		-0.232	-0.417	-2.856	0.005*
	DE - Aggressive		-0.099	-0.212	-1.384	0.170
	FG - Distrustful	0.327	0.197	0.493	3.592	0.001*
	HI - Self-effacing		-0.097	-0.220	-1.390	0.168
	JK - Dependent		0.076	0.148	0.804	0.423
	LM - Cooperative		-0.119	-0.246	-1.526	0.131
	NO - Responsible		0.149	0.298	1.645	0.104

## 6. DISCUSSION

This research presents the findings of a national Slovak research project focused on the positive and negative consequences of professional helping. The aim of the studies presented in this chapter was to identify the significant personality correlates and predictors of CS and STS in Slovak helping professionals working in health-care and social-care institutions. Three separate studies were conducted, each of which was focused on different personality variables (Study 1: optimism, self-esteem, emotional well-being, anxiety, depression; Study 2: Five-Factor personality traits; Study 3: interpersonal behavior). It was found that CS and STS were significantly correlated with, as well as predicted by, the selected personality variables.

In Study 1 and in line with the results of previous studies (Hegney et al., 2014; Köverová, 2016; Tremblay & Messervey, 2011), significant correlations were found between CS and STS and optimism, self-esteem, emotional well-being (positive and negative state of mind), anxiety and depression. CS and STS were also predicted by the tested psychological variables and especially by emotional well-being (positive and negative state of mind). The important role of emotional well-being in the prediction of CS and STS among helping professionals was also observed by Köverová and Ráciová (2017) in another study.

In the first study, CS was most strongly correlated with, as well as best predicted by, a positive state of mind. Its second most significant predictor was the level of depression. This finding suggests that the absence of depression symptoms is associated with high levels of CS in helping professionals whereas an increased severity of depression symptoms can reduce the level of CS. STS was most strongly correlated with anxiety and negative state of mind while the latter was also its only and strongest significant predictor. These findings highlight the importance of emotional well-being in promoting CS and reducing STS in helping professionals. A high frequency of experiencing positive emotions at work (happiness, joy, pleasure, energy) is associated with high levels of CS. On the contrary, a high frequency of experiencing negative emotions at work (fear, anger, sadness, shame, guilt, pain) can increase levels of STS. However, it is important to consider the role of optimism, self-esteem, anxiety and depression in relation to CS and STS based on their mutual relationships.

In Study 2, the Five-Factor personality traits (extraversion and conscientiousness) were significantly correlated with the positive effects of helping. CS was also best predicted by extraversion and conscientiousness. These findings suggest that helping professionals with high levels of extraversion (sociable, talkative, active, assertive, happy, energetic, optimistic) and conscientiousness (reliable, effective, organized, systematic, goal-oriented) are more likely to experience high levels of CS. The relationships between the positive effects of helping (CS, personal accomplishment) and the Five-Factor personality traits (extraversion and conscientiousness) have also been supported in previous research (Bakker et al., 2006; Yu et al., 2016; Zellars et al., 2004). Although research has also demonstrated that neuroticism correlates with global burnout, emotional exhaustion and depersonalization (Alarcon et al., 2009; Armon et al., 2012; Bakker et al., 2006; Geuens et al., 2017; Zellars et al., 2004), no significant relationships were found between any of the Five-Factor personality traits and the negative effects of helping (STS) in Study 2.

In Study 3, interpersonal behavior was only significantly related to the negative effects of helping (STS). High levels of STS were correlated with autocratic behavior (PA) and distrustful behavior (FG), which was also the strongest predictor of STS. The explanation for the former finding could be that helping professionals with autocratic interpersonal behavior tend to have more control and influence over their clients and thus are more involved in helping (Kožený & Ganický, 1976). As a result, STS can start to develop faster. Helpers with distrustful behavior can be at risk of STS because they tend to keep a psychological distance from others which helps them maintain emotional stability (Kožený & Ganický, 1976). This interpersonal strategy seems inappropriate in professional helping since working with a traumatized client requires the closer engagement of a helper. Therefore, when a distrustful helper is confronted with trauma, STS can increase.

In the third study, low levels of STS were also predicted by narcissistic behavior (BC). This is described as self-oriented behavior, i.e. self-confident, independent, self-reliant, self-satisfied, egoistic (Kožený & Ganický, 1976). A helper with this interpersonal strategy is less able to understand the problems and feelings of the clients and will therefore experience low levels of STS. On the contrary, the high empathy of a helper is connected with high levels of secondary traumatic stress (Figley, 2002). Similar results were presented in the study by Geuens et al. (2017) who found that dominant-hostile (BC) behavior was able to predict depersonalization among nurses. Depersonalization describes the emotional distance of a helper from the clients and subsequent negative emotions and attitudes towards them (Maslach et al., 2001). Although empathy is an important ability for helping professionals, emotional distance and low empathy can be considered as protective factors of the negative effects of helping.

One of the limitations of the studies was the gender disproportion towards women in the samples. This reflects the predominance of women in helping professions in Slovakia and did not allow us to analyze the predictors of CS and STS separately for each gender. Secondly, different types of helping professions were involved in the studies. While all of them worked in institutions providing health care or social care, there could be some differences in the sources and predictors of CS and STS as a result of differing occupations. Future research should address these issues.

## **7. FUTURE RESEARCH DIRECTIONS**

The results of the three studies presented in this chapter highlight the importance of personality traits in explaining the positive and negative effects of professional helping. In particular, the findings point to the significance of emotional well-being, extraversion

and conscientiousness in promoting CS and to the role of emotional well-being and interpersonal behavior in reducing STS among Slovak helping professionals. It is helpful to understand which personality traits professional helpers should have in order to do their work well and to feel high compassion satisfaction and low compassion fatigue as a result of helping. Recruiters can benefit from information about personality traits of the applicants to identify the most suitable candidates for helping professions.

These findings are also helpful for trainers in prevention and intervention programs in order to identify those helping professionals who would benefit the most from prevention and intervention activities. Indeed, the results of the presented studies will be used in the upcoming evidence-based intervention programs for helping professionals in Slovakia. The programs will mainly be focused on working with emotions to promote CS and to reduce STS (e.g. identification of the sources of the positive and negative emotions at work; possibilities of promoting positive experiences at work; relaxation; autogenic training). Activities aimed at positive thinking development (optimistic expectancies) could be helpful as well. The training of professional competencies (communication, conflict management, assertiveness training, time management, coping with work stressors) to improve the interpersonal skills of helping professionals could also help them increase their CS and decrease STS. An important part of future research activities will be testing the effectiveness of these interventions.

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## KEY TERMS & DEFINITIONS

**Compassion satisfaction:** the positive feelings about work as a result of helping; a helper with high levels of compassion satisfaction views his/her work as useful, meaningful and valuable and also feels positively about his/her colleagues (Stamm, 2010).

**Compassion fatigue:** the negative effects of helping in the cognitive, emotional and behavioral domain (Figley, 2002). Compassion fatigue is a more user-friendly term for secondary traumatic stress disorder (Figley, 2002).

**Secondary traumatic stress:** the consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping (or wanting to help) a traumatized or suffering person (Figley, 1995).

M. Köverová

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## AUTHOR INFORMATION

**Full name:** Miroslava Köverová

**Institutional affiliation:** Department of Psychology, Pavol Jozef Šafárik University in Košice

**Institutional address:** Moyzesova 9, 040 59 Košice, Slovak Republic

**Email address:** miroslava.koverova@upjs.sk

**Short biographical sketch:** Miroslava Köverová is a researcher and lecturer at the Department of Psychology, Pavol Jozef Šafárik University in Košice, Slovakia. She teaches Personality psychology, Educational psychology and Psychopathology. Her research interests include compassion satisfaction, compassion fatigue, self-care, optimism and interpersonal teacher behaviour.