

LCC: HV1-9960

MENTAL HEALTH PROBLEMS AND JOB SATISFACTION AMONGST SOCIAL WORKERS IN THE UNITED ARAB EMIRATES

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ABSTRACT

Social workers are susceptible to mental health problems that could lead to develop burnout symptoms and traumatic stress. This study examined the prevalence of secondary traumatic stress and burnout and its relationship to the job satisfaction in 180 social workers who work in schools, hospitals, welfare centers, and NGOs, in Abu Dhabi (39%) and Al Ain (61%) cities, (mean age=36.4). The percentage of male and female participants were (46.4%) and (53.6%), respectively, and 81% of them were married. Measures used were the professional Quality of Life Questionnaire (ProQOL; Stamm, 2005) and interviews. ProQOL was factor analyzed, and it yielded three factors; compassion satisfaction (CS), secondary traumatic stress (STS/or compassion fatigue), and burnout. Correlation analysis showed that age is negatively related to burnout and secondary traumatic stress and positively related to compassion fatigue. Burnout was positively related to place of work. Analysis of variance results showed significant differences related to place of work in burnout. Social workers work in social welfare centers were at high risk of burnout. Interviews reported that school social workers were dissatisfied. Longitudinal study was recommended for future research.

Key words: burnout, compassion satisfaction, secondary traumatic stress, social worker

1. INTRODUCTION

Social work as a profession had been introduced to the United Arab Emirates in the academic year 1972-1973 when the Ministry of Education recruited two school social workers for schools in Sharjah and Dubai emirates (1). School social work was highly emphasized by the federal government and accordingly, school social workers were hired and departments of social work and psychology were established in each educational district in the seven emirates. Social work had been introduced to other federal ministries such as Ministry of Health and Ministry of Social Affairs. Social work had been practiced in fields other than education, for example, rehabilitation of people with special needs, social development, and non governmental organizations (NGOs).

Social workers who come to know the stories of fear, pain, and suffering of victims may feel similar feelings because they care. This makes them vulnerable to secondary traumatic stress (STS)/ compassion fatigue (2). Secondary traumatic stress/ or compassion fatigue is a term developed by traumatologist Charles Figley (3). According to Figley, secondary traumatic stress is "the natural behaviour and emotion that arises from knowing about traumatizing events experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person" (3). The symptoms may include avoiding things reminding you of the event, having difficulty sleeping, or being afraid (4). Researchers and practitioners have recently acknowledged that professionals who work with or help traumatized persons are indirectly or secondarily at risk of developing the same symptoms as persons who are exposed directly to the trauma (5).

Burnout is "the loss of enthusiasm, excitement, and a sense of mission in one's work" (6). Maslach (7) describes burnout as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind". According to Stamm burnout is "associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively" (4). 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 work load or a non-supportive work environment". Burnout symptoms can be categorized into five groups, namely, emotional, interpersonal, physical, behavioral, and work-related components, Salama (8). The emotional component includes feelings such as depression, anxiety, irritability, and helplessness. The interpersonal category comprises self-distancing, social withdrawal, and inefficient communication. The physical element involves sleep difficulties, fatigue, exhaustion, headaches, and stomachaches. The behavioral part includes alcohol abuse, aggression, pessimism, and cruelty. The work-related element includes poor performance, tardiness, and absenteeism.

Compassion Satisfaction is a term developed by Stamm H. B., she defines the term as "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" (4). Stamm had researched the issue of whether compassion satisfaction mitigates burnout and Secondary traumatic stress /compassion fatigue. Conrad and Guenther-Kellar (2) studied compassion satisfaction, compassion fatigue, and

burnout amongst Colorado child protection workers using the compassion satisfaction / Fatigue Self Test. Results revealed that about 50% of the protection staff experienced high or very high levels of compassion fatigue and low levels of burnout. High compassion satisfaction was associated with reduced fatigue and lower levels of burnout. Most of participants (70%) conveyed high rates of compassion satisfaction. The authors concluded that compassion satisfaction might alleviate the effects of burnout.

2. METHOD

2.1 Participants

Participants in this study were 180 social workers operating in Abu Dhabi (39%) and Al Ain (61%) cities. The sample was randomly selected from social workers who work in schools (74%), social welfare centers (14%), hospitals (6%), and charity organizations (6%). The percentage of males and females participants were (46.4%) and (53.6%) respectively. Their ages ranged between 24 and 65 years (mean age=36.4, $SD=9.64$). Eighty one percent of participants were married, 15.1% single, 1% widow, and 3% divorcee. Participants had a mean of 5.4 years of experience in the profession. Social workers with 2 years of experience or less accounted for 23.3% ($n=42$) and 57.8% ($n=96$) reported at least 8 years of experience or more.

2.2 Materials and Procedures

The goal of the study and its importance were explained to the participants. They were requested to fill and complete the 30-Item Professional Quality of Life Questionnaire (ProQOL; Stamm 2005). In this study, the ProQOL average score was 83.47 ($SD=11.19$; alpha reliability= 0.64) measures three aspects: i) compassion satisfaction, compassion fatigue (secondary traumatic stress), and burnout. Using equal variance (weights) as prior communality estimates, the ProQOL was factor analyzed. Factor Analysis was used to extract the factors and this was followed by a Varimax Orthogonal Rotation.

In this study only the first three factors displayed eigenvalues greater than 1 and the results of scree test also suggested that only the first three factors were retained for rotation. Hence, combined factors 1, 2, and 3 accounted for 38.8% of the total variance. Questionnaire items and corresponding factor loadings are presented in table 1. In interpreting the rotated component pattern, an item was said to load on a given factor if the factor loading was 0.35 or greater for that factor, and was less than 0.35 for the other. Following this criteria, 11 items were found to load on the first factor which was subsequently labeled compassion satisfaction (CS). CS is about the positive feeling you derive from being able to do your work well (4). Sample items include "I get satisfaction from being able to help people" and "I feel connected to others". Participants were asked to indicate how frequently they experienced the characteristics in the last month (0-never to 5-very often). The average score on CS scale was 43 ($SD=5.09$, alpha reliability=0.68). Higher score on CS indicates greater satisfaction with one's ability to be an effective social worker, while having low score indicates that you may either find problems with your job or having satisfaction driven from activities other than your job (4).

Eleven items loaded on the second factor, which was labeled secondary traumatic stress (STS) /or compassion fatigue (CF). STS/or CF is about having secondary exposure to extremely stressful events as a result of your work as a care giver, such as working in emergency room (4). Sample items include "I feel trapped by my work as a helper" and "I feel depressed as a result of my work as helper". Participants were asked to indicate how frequently they experienced the characteristics in the last month (0-never to 5-very often). The average score on secondary traumatic stress /or CF was 22.39 ($SD=8.79$ alpha reliability=0.74) instead of having cutoff scores to indicate relative risks or protective factors, Conservative Quartile Method was used for screening and to indicate relative risks or protective factors, that is, high (top 25%), middle (50%), and bottom (25%), So those who have high score may need to think about what at work may be frightening to them or there might be other reason for the elevated score (4).

Four items loaded on the third factor, which was labeled burnout. Burnout is about negative feelings you derive in doing your work or dealing with it such as feelings of hopelessness and difficulties. Sample items include "I am preoccupied with more than one person I help" and "Because of my work as a helper, I feel exhausted". Participants were asked to indicate how frequently they experienced the characteristics in the last month (0-never to 5-very often). The average of score on burnout was 15.23 ($SD=4.24$, alpha reliability=0.66). High scores on this factor may let you think about what it makes you feel like you are not effective in your position. High scores indicate that you are at higher risk for burnout (4).

To measure better the level of satisfaction for the participants, the study divided the participants into three groups; i) those with higher levels/scores of compassion satisfaction (high and good potential for compassion satisfaction- top & middle quartile) and ii) those with lower levels/score (low potential for satisfaction-bottom quartile). The former group was labeled satisfied while the latter was labeled less satisfied.

3. RESULTS

Factor analysis yielded three factors; compassion fatigue/secondary traumatic stress, burnout, and compassion satisfaction. These factors were consistent with those of Stamm (4), however, their reliability was a bit lower. In this study, the quartile method revealed that 25% of participants scored below 17 on compassion fatigue/ secondary traumatic stress, and about 25% of them scored higher than 28. Concerning compassion satisfaction (CS), about 25% of participants scored higher than 46 and about 25% of them scored below 40. As for burnout, about 25% of participants scored below 12 and 25% scored higher than 17.

Table 1. Factor Analysis of Professional Quality of Life Questionnaire (ProQOL)

ProQOL Three Factors	Eigenvalues (loadings)	Mean Values
Compassion satisfaction		
1- I get satisfaction from being able to help people.	.57	4.66
2- I feel connected to others.	.56	1.86
3- I like my work as a helper.	.68	4.68
4- I have beliefs that sustain me.	.55	4.00
5- I am pleased with how I am able to keep up with helping techniques and protocols.	.43	2.01
6- I am the person I always wanted to be.	.70	4.20
7- My work makes me feel satisfied.	.64	4.12
8- I have happy thoughts and feelings about those I help and how I could help them.	.67	3.89
9- I believe I can make a difference through my work.	.64	3.43
10- I plan to be a helper for a long time.	.67	4.02
11- I have thoughts that I am a 'success' as a helper.	.69	4.30
Burnout		
1- I am preoccupied with more than one person I help.	.55	3.92
2- Because of my work as a helper, I feel exhausted.	.68	2.96
3- I feel overwhelmed by the amount of work or the size of my caseload I have to deal with.	.74	3.63
4- I feel 'bogged down' by the system.	.64	2.43
Secondary Traumatic Stress(STS)/Compassion Fatigue/		
1- I feel invigorated after working with those I help.	.48	1.97
2- I find it difficult to separate my personal life from my life as a helper.	.57	1.38
3- I am loosing sleep over a person I help's traumatic experiences.	.61	1.97
4- I think that I might have been 'infected' by the traumatic stress of those I help.	.73	1.31
5- I feel trapped by my work as a helper.	.58	2.03
6- Because of my helping, I feel 'on edge' about various things.	.43	1.75
7- I feel depressed as a result of my work as helper.	.57	1.11
8- I feel as though I am experiencing the trauma of someone I have helped.	.62	1.58
9- I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	.50	1.84
10- As a result of my helping, I have intrusive, frightening thoughts.	.65	1.87
11- I am unduly sensitive person.	.40	3.14

Correlation analysis showed that compassion fatigue/ secondary traumatic stress was positively related to burnout and negatively related to compassion satisfaction (see table 2). Age was positively related to compassion satisfaction and negatively related to burnout and compassion fatigue (see table 2). The older participants experienced more satisfaction and less burnout and compassion fatigue.

Table 2. The coefficients of correlation between different variables

Variable	Burnout	Compassion satisfaction	Secondary traumatic stress
Age	.28**	-.19**	-.23**
Burnout	-	-	.37**
Compassion satisfaction	-	-	-.27**

Note: * <0.05, ** <0.01

The *t* test results indicated significant differences between the two groups of compassion satisfaction (satisfied and non-satisfied) in secondary traumatic stress/or compassion fatigue ($t=3.66$, $df=178$, $p<.01$). The group of those who was less satisfied ($n=38$) scored higher ($M=24.24$, $SD=9.66$) than the group who was satisfied ($M= 17.91$, $SD=8.58$). No

significant sex differences were found in compassion satisfaction, burnout, and secondary traumatic stress /or compassion fatigue.

Analysis of variance results showed significant difference related to place of work in burnout ($F= 4.28$, $df=3$, 172 , $p< .01$). Participants who work in social welfare centers ($n=25$) reported high score ($M=14.8$, $SD=3.65$), while the lowest score ($M=10.6$, $SD=2.67$) was reported by those who work in hospitals ($n=10$). ANOVA post hoc (Scheffe) results showed that the above two groups were significantly different in their mean burnout ($MD=4.2$, $p< .05$). Participants work in social welfare centers were the leading group.

4. DISCUSSION

In the present study, the quartile method- suggested by Stamm (4) yielded 25% of the participants scored higher than 28 (high top quartile) on secondary traumatic stress/ compassion fatigue. According to Stamm (2005), higher scores do not mean that an individual has a problem, they are an indication that s/he may want to examine how s/he feels about his/her work and work environment. The person may wish to discuss this with his/her supervisor, a colleague, or a health care professional (4). However, only the less satisfied group of social workers reported high scores in compassion fatigue and this support Stamm's assumption (9) that compassion satisfaction is critical in reducing compassion fatigue and mitigating burnout. In this study, participants working in hospitals and social welfare centers referred the least scores of compassion fatigue by the majority of participants to the training sessions they undertaken on how to minimize the impact of traumatic experiences of their clients. Past research explained why social workers are at high risk of secondary traumatic stress/ compassion fatigue. For example, (10) assert that social workers might assume their position with compassion fatigue because of their own experience of trauma in their personal life or in a prior helping relationship. Several reasons explain why social workers or professionals working with traumatized victims are at increased risk of developing secondary trauma, these according to Perry (5) are:

a) Empathy: Empathizing with victims leads social workers to become vulnerable to internalize some of the victim's trauma-related pain; b) Insufficient recovery time: social workers would have to listen to the same or similar stories over and over again without sufficient recovery time; c) Unsolved personal trauma: Many social workers have had some traumatic experiences in their own life, the pain of such experiences can be reactivated when they work with an individual who has suffered a similar trauma.

Concerning compassion satisfaction, the majority of participants were satisfied. They referred their satisfaction to their internal sense of achievement and religious beliefs. This justification is supported by Friedman (11), when he asserted that compassion satisfaction could result from seeing one's job as an internal belief motivating the individual to do the work despite the many hardships involved. In this study, however, participants working in schools expressed their less satisfaction because there is no recognition- in terms of promotion- for what they are doing. Social workers in schools complaining for doing tasks that are not part of their job description as social workers, for example, they have to report the attendance of the students and in some cases to punish students. Hence, the satisfaction reported by school social workers might be driven from activities other than their job.

The positive relationship between burnout and secondary traumatic stress/compassion fatigue supports the findings of Stamm when she stated that "...there is a particularly distressing combination of burnout with trauma" (4). Burnout and secondary traumatic stress/compassion fatigue are similar in creating feelings of helplessness, loneliness, and depression; however, they are dissimilar in a number of ways. For example, burnout is a process in which previously committed professional might quit his/her job due to stress and strain (6). STS/compassion fatigue may lead to burnout. And the recovery rate from STS is faster than from burnout (3). The negative association between burnout and compassion satisfaction is consistent with previous research of Conard and Keller-Guenther (2). That is, compassion satisfaction decreases the risk of burnout.

The negative and positive associations of age with burnout; secondary traumatic stress /compassion fatigue; and compassion satisfaction (respectively) suggest that age may moderate the impact of secondary traumatic stress, burnout and dissatisfaction on social workers. Older social workers may be more mature in their responding to various demands and associated stress of their profession (12). Participants working in social welfare centers were at high risk of burnout and this might be due to the type of work that is, working with traumatized victims. According to Perry (5), Empathizing with victims leads social workers to become vulnerable to internalize some of the victim's trauma-related pain. Participants working in these centers referred this result to several reasons as follow: i) cases load is high for each worker, ii) social workers have to be on call during weekends, iii) they have to conduct outdoor activities such as lectures and field visits, iv) the centers are newly established and regulations and policies are not stable, v) technical aids are insufficient and not helpful.

Limitations

There are three limitations for this study: First, the findings do not explain why the participants were potential for compassion satisfaction. The sample for this study was social workers in one emirate (state) of the seven emirates of the United Arab Emirates. The time-frame of the study makes it impossible to measure how much burnout, secondary traumatic stress /compassion fatigue, and compassion satisfaction participants had when they entered the profession.

5. CONCLUSIONS AND IMPLICATIONS

This study provides vital information for social work practice in the United Arab Emirates. It highlights several serious adjustment problems encounter social workers in the emirate of Abu Dhabi. Majority of social workers enjoy high rate of satisfaction, not necessarily driven from their profession, and low rate of compassion fatigue and burnout. School social workers were dissatisfied with their current status of the profession which has not a scale for promotion like other professions in the field of education. Social workers in social welfare centers complaining for not having supportive conditions in their work environment. This study implies that future study should cover all seven emirates and to be longi-

tudinal. Ministry of Education should improve the work environment for school social workers and provide them with administrative scales that qualify them for promotion.

ACKNOWLEDGEMENT

This research was financially supported by the Research Affairs at the UAE University under a contract no. 01-08-1-11/08. The author would like to extend his gratitude to the following agencies and their social workers who participated in the study:

- 1-Abu Dhabi Educational District-Abu Dhabi city
- 2-Alain Educational District-Alain city
- 3-Ministry of Social Affairs-Alain city
- 4-Dept. of Social work- Twam Hospital
- 5-Dept. of Social work-Alain Hospital
- 6-Social Support Center- Alain city

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