

Indirect effect of secondary traumatic stress on well-being among trauma professionals: the mediating roles of social support and self-efficacy change

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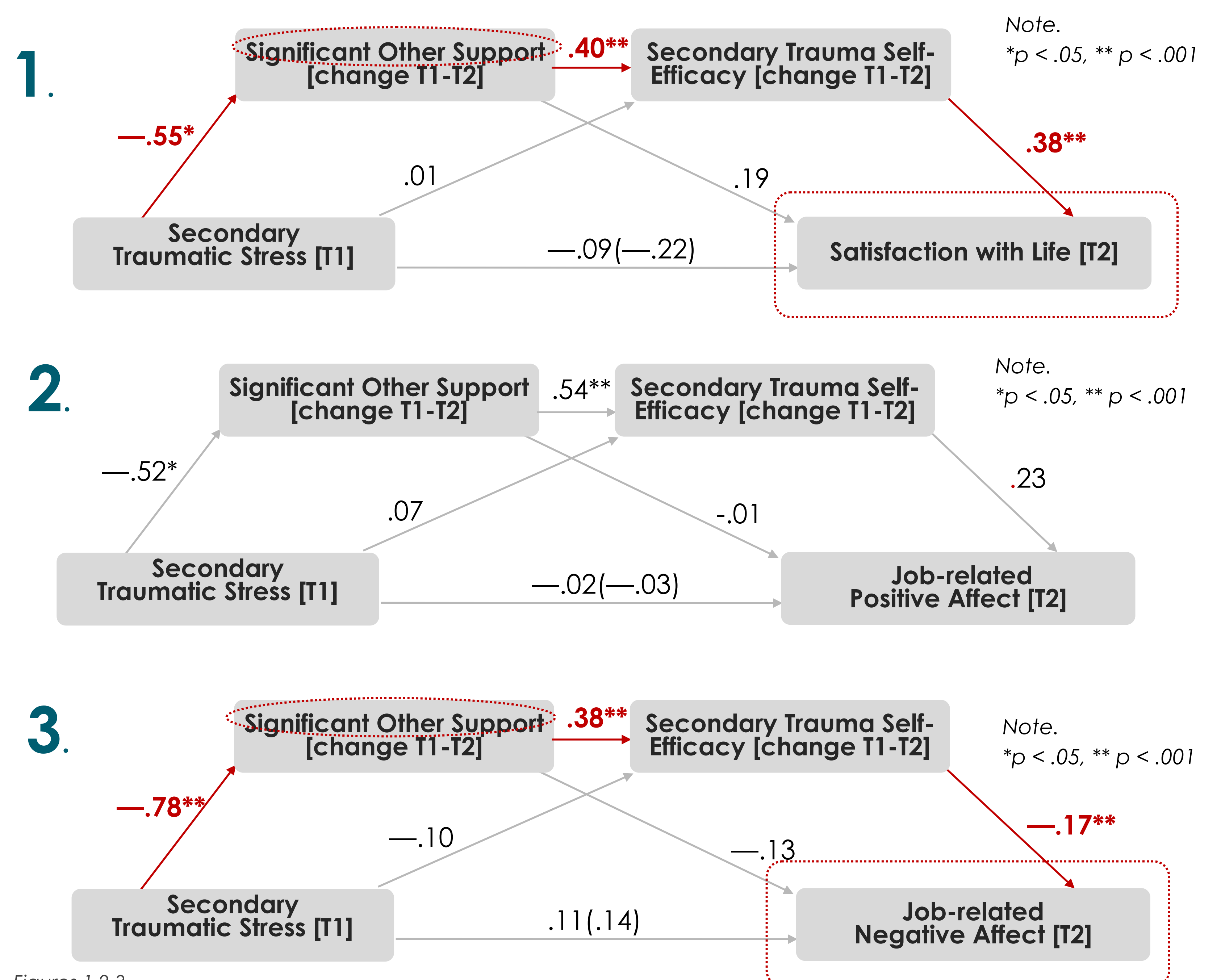
BACKGROUND

Work-related indirect exposure to traumatic content has been recognized to have adverse effects on professionals' mental health leading to possible negative psychological outcomes such as **secondary traumatic stress** (Bride, Robinson, Yegidis, & Figley, 2004) and **comorbidities: job-burnout** (Cieslak et al., 2014), **depression and anxiety** (Hegney, et al. 2014), or **subjective well-being collapse** (Perstling i Rothman, 2012). General and mental health providers working with trauma survivors are particularly at risk of indirect traumatization. In line with Conservation of Resources Theory (COR; Hobfoll, 1989) indirect traumatization and its aftermaths may result from **the loss of valuable resources including personal resources such as secondary trauma self-efficacy**, i.e. appraisals of own ability to cope with indirect exposure and its consequences (Cieslak, et al., 2013) and **perceived social support** from various sources (Shoji et al., 2014; Hensel, et. al, 2015). The enabling hypothesis (Schwarzer & Knoll, 2007) suggests that **social support and self-efficacy are related**: social support triggers self-efficacy within the stress and coping process. **In this study we tested the enabling hypothesis in the context of work-related indirect traumatization and subjective well-being among trauma professionals.**

STUDY AIMS

- ✓ To examine the indirect effects of secondary traumatic stress on subjective well-being measured by satisfaction with life and job-related positive and negative affect via two mediators: perceived social support (from family, friends, significant other) and secondary trauma self-efficacy, operating separately and sequentially.
- ✓ **Main Hypothesis:** secondary traumatic stress may lead to the decrease in well-being via the sequential loss in resources: first in social support, and next in secondary trauma self-efficacy.

RESULTS



Figures 1, 2, 3
Single and sequential mediating effects of Significant Other Support and Secondary Trauma Self-Efficacy changes in the relationship between Secondary Traumatic Stress T1 and Satisfaction with life T2, Job-related Positive Affect T2, and Job-related Negative Affect T2, after controlling for, respectively: Satisfaction with Life T1, Job-related Positive Affect T1, and Job-related Negative Affect T1.

METHODS

Participants

Trauma professionals from Turkish healthcare centres (N = 100); 81 females (81%); age range: 23-53 (M = 32.3, SD = 7.17); work experience (yrs.): M = 5.95, SD = 6.57; weekly worktime (hrs.): M = 44.52, SD = 10.66.

Procedure

Prospective two-wave study: T1 & T2 (3-months interval); online self-administered questionnaires.

Measures

- **Secondary Traumatic Stress Scale** (STSS, Bride et al., 2004). 17 items measuring secondary posttraumatic stress symptoms; response scale 1 to 5 ($\alpha_{T1} = .79$, $\alpha_{T2} = .91$).
- **Satisfaction With Life Scale** (SWLS, Diener, et al., 1985). 5 items measuring global cognitive judgments of satisfaction with life; response scale 1 to 7 ($\alpha_{T1} = .88$, $\alpha_{T2} = .88$).
- **Job-Related Affective Well-Being Scale** (JAWS, van Katwyk et al., 2000). 20 items measuring job-related positive and negative affect; response scale 1 to 5 ($\alpha_{T1} = .71$, $\alpha_{T2} = .73$).
- **Multidimensional Scale of Perceived Social Support** (MSPSS, Zimet, et al., 1988). 12 items measuring perceived support from: family, friends, and significant other; response scale 1 to 5 ($\alpha_{T1} = .94$, $\alpha_{T2} = .96$).
- **Secondary Trauma Self-Efficacy Scale** (STSES, Cieslak, et al., 2013). 7 items measuring perceived ability to cope with secondary trauma experiences and related posttraumatic symptoms; response scale 1 to 7 ($\alpha_{T1} = .83$, $\alpha_{T2} = .88$).

Analysis

Multiple regression analysis (sequential mediation model) with bootstrapping using PROCESS macro (Hayes, 2013).

	Indirect effects pathways: Secondary Traumatic Stress on Satisfaction with Life, Job-related Positive Affect, and Job-related Negative Affect via different sources of Social Support & Self-Efficacy changes		Sources of Support	B	SE	BC 95% CI	
	Lower	Upper					
1. Satisfaction with Life T2	Secondary Traumatic Stress T1 ⇒ Social Support change ⇒	Family	-.022	.030	-.116	.014	
	Secondary Trauma Self-Efficacy change ⇒	Friends	-.052	.040	-.164	.002	
	Significant Other	-.040	.031	-.135	-.002		
2. Job-related Positive Affect T2	Secondary Traumatic Stress T1 ⇒ Social Support change ⇒	Family	-.032	.035	-.130	.018	
	Secondary Trauma Self-Efficacy change ⇒	Friends	-.046	.039	-.156	.008	
	Significant Other	-.048	.035	-.153	.007		
3. Job-related Negative Affect T2	Secondary Traumatic Stress T1 ⇒ Social Support change ⇒	Family	.030	.031	-.007	.127	
	Secondary Trauma Self-Efficacy change ⇒	Friends	.040	.034	-.007	.132	
	Significant Other	.040	.039	.005	.117		

WHAT WE FOUND

- ✓ A significant **indirect effect** of secondary traumatic stress on well-being **via the resource loss** in sequential mediation model;
- ✓ **Greater secondary traumatic stress relates to lower satisfaction with life and higher job-related negative affect via the decrease in perceived support from significant other and secondary trauma self-efficacy;**
- ✓ **No evidence** for mediating roles of **family and friends support;**
- ✓ **No evidence** for indirect effect of secondary traumatic stress on **job-related positive affect;**
- ✓ Results **support the enabling hypothesis** in the context of indirect traumatization.

CONCLUSIONS

- ✓ Indirect traumatization and its aftermaths such as well-being collapse may refer to the process of continued loss in social and personal resources ("loss spiral"; Hobfoll, 2001);
- ✓ Secondary trauma self-efficacy enabled particularly by perceived significant other support may be the crucial resource responsible for the deterioration of well-being in the context of secondary traumatization;
- ✓ Focusing on life partners support systems and enhancement of secondary trauma self-efficacy may be a key strategy for maintaining well-being among professionals indirectly exposed to trauma.

