Irish social work: mindfulness, maintenance of emotional separation and professional quality of life.

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Title

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Abstract

A study of 103 social workers (male =12, female=90, missing response=1) currently working in Ireland and aged over 18 years of age was conducted to explore the relationships of mindfulness and maintenance of emotional separation with the three subscales of the Professional Quality of Life Scale (Stamm, 2010); compassion satisfaction, secondary traumatic stress and burnout. The study was a mixed design study with correlational and cross sectional aspects. The study found social workers with higher levels of mindfulness exhibited higher compassion satisfaction and lower burnout. It also found those higher in maintenance of emotional separation were also higher in compassion satisfaction, lower in secondary traumatic stress and lower in burnout. Within demographic groups statutory social workers showed higher levels of compassion satisfaction but there were no significant differences based on area or work or gender. Social workers with high and low levels of mindfulness and emotional separation showed significant differences in levels of professional quality of life overall. Those showing higher levels of mindfulness also showed higher emotional separation.

Introduction

Social work is one of a variety of helping professions that involves the use of self in the course of their daily work. The importance of the relationship and the process, including being able to reflect on experience are key skills that social worker possess. Ruch (2005, p.113) states that "it could be argued that all social work practice is by its definition relationship based". With such connection comes vulnerability to the negative aspects of caring such as secondary traumatic stress and burnout and the erosion of the worker's capability to sustain their compassion for their clients. With exposure to the most traumatic of client social issues, a priority for the worker must be to practice self-care to sustain themselves in their work.

The purpose of this study is to explore the relationships of maintenance of emotional separation (referred to as emotional separation hereafter) and mindfulness on levels of compassion satisfaction, secondary traumatic stress and burnout. In particular, this study will focus on these areas in an Irish social work context and explore whether levels of mindfulness or emotional separation are related to compassion satisfaction, secondary traumatic stress and burnout within their work.

Social work profession

> Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.
>
> (International Federation of Social Workers, 2014, August 6)

Social workers practice in a variety of settings in Ireland such as child protection, probation and welfare services, community social work, hospitals and disability services. One common factor in the work that social workers do is that they often are working with people in times of crisis, where people are in stress, have received life changing news or are under threat from the social work service themselves.

Lloyd, King and Chenoweth (2002, p. 255) state that "social work is a highly stressful occupation, with stress deriving in particular from role conflict between client advocacy and meeting the agency needs". Within areas of work such as child welfare work tasks such as hearing children's accounts of abuse, reading case files documenting abuse and working with

involuntary clients such as perpetrators "are work related tasks that can make a child protection worker vulnerable to work-related distress (Sprang, Craig & Clarke, 2011, p. 150)". Medical social workers are exposed to patients that have experienced traumatic events or illness (Dane & Chachkes, 2001; Pockett, 2003 as cited in Badger, Royse & Craig, 2008, p.63) and "need to address their patients' pain and trauma as well as their own reactions and feelings" (Badger et al., 2008, p. 63). Bride (2007, p. 63) reports that "secondary traumatic stress is becoming viewed as an occupational hazard of providing direct services to traumatized populations". Social workers are thus at the forefront of being susceptible to primary and secondary trauma by the very nature of their work.

Secondary traumatic stress

Secondary traumatic stress (also known as compassion fatigue) is often termed the emotional cost of caring (Figley, 1995 as cited in Slocum-Gori, Hemsworth, Chan, Carson & Kazanjian, 2013, p.173). Secondary traumatic stress is the negative emotional and behavioural effects that supporting and listening to a person having experienced a traumatic event can cause. Some of these effects are described by Stamm (2010, p. 13) as "fear, sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences". The trauma is indirect, in other words the helper does not experience the trauma directly, however the effects are similar according to Figley (1995 in Bride, Radley & Figley, 2007, pp. 155-156).

Social workers are one of a number of professionals that are exposed to indirect (and sometimes direct) trauma in the course of their work. Bride (2007, pp. 67) found 97.8% of social work study respondents reported their patients had been traumatized and 88.9% of workers address trauma related concerns as part of their work. Thus is can be seen that the potential for secondary traumatisation is substantial.

Rossi et al. (2012, pp. 933-938) assessed compassion fatigue as a component in their study based in Italy and found that social workers and psychiatrists had the highest level secondary traumatic stress and burnout of all workers studied in four community mental health clinics. Slocum-Gori et al. (2011, pp.172-178) studied a palliative care workforce and allied health professionals (of which social work is a part) were found to have the second highest level of compassion fatigue. They also found that professions that identified their role as assistance with provision of relief from physical, emotional and/or spiritual pain or distress, or provision of psychosocial support to their families (of which social work would identify) reported higher levels of compassion fatigue. Conrad and Kellar-Guenther (2006, p. 1076) found that over 50% of a sample of 363 child protection workers had a high or extremely high risk of compassion fatigue. Secondary traumatic stress can develop from exposure to traumatic events, but burnout can be seen to be a culmination of such events.

Burnout

Along with secondary traumatic stress, burnout is another negative aspect of caring. Maslach and Jackson (1981, p.99) identified that working with people under circumstances of

psychological/physical and/or social problems can lead to chronic stress and burnout. They report burnout presenting as emotional exhaustion, cynicism, being no longer able to give at a psychological level and evaluating oneself negatively. Maslach and Jackson (1981, p.100) report that the consequences can be numerous and serious, such as deterioration in quality of care, staff turnover, low morale, absenteeism, increased indices of personal distress such as alcohol and drug abuse for example. Stamm (2010, p. 13) speaks of burnout being more associated with "feelings of hopelessness and difficulties in dealing with work or in doing your job effectively".

Despite social workers being engaged with clients that present with complex social problems research has indicated that burnout, whilst high in the social work population, is not as prevalent as compassion fatigue. Rossi et al. (2012, pp. 933-938) found in their study of mental health professionals that mean burnout scores were highest in social workers on a mental health multidisciplinary team.

Within the social work profession, child welfare work has garnered significant research interest. Sprang et al. (2011, p. 163) note that "CW (child welfare) workforce affiliation proved to be very significant as a predictor of burnout as compared to any other professional group". Interestingly Conrad and Kellar-Guenther's (2006, p. 1078) study on Colorado child protection workers showed that only 7.7% reported burnout, this was thought to be due to the possibility that social workers experiencing burnout may protect themselves by leaving or changing employment. This study and others also allude to the risk of burnout

being decreased “due to the high potential for compassion satisfaction” (Conrad & Kellar-Guenther, 2006, p. 1078).

Compassion satisfaction

The feeling of a job well done and pleasure in the work of caring for others is known as compassion satisfaction. Stamm (2010, p. 21) describes compassion satisfaction as “being satisfied by one’s job and the feeling of helping itself” and describes the feeling of the worker having “happy thoughts, are happy with the work they do, want to continue it, and feel they can make a difference”.

Research studies add to the growing body of evidence that compassion satisfaction is inversely related to secondary traumatic stress and burnout, and that burnout and secondary traumatic stress are positively correlated (Conrad & Kellar-Guenthar 2006, p. 1076; Rossi et al., 2012, p. 936; Slocum-Gori et al., 2011, p. 175; Smart et al., 2014, p.7).

Other factors such as age, years of service and gender have also been found to influence professional quality of life. Demographically it has been reported that younger and female workers reported higher levels of secondary traumatic stress and burnout than male, older workers according to Van Hook and Rothenburg (2009, pp. 46-47). Rossi et al. (2012, p. 937) report that in their study the longer a person was working in the mental health service the greater their levels secondary traumatic stress, however Horwitz (as cited in Michel, Bosch & Rexroth, 2014, p. 40) did not find a significant difference in this respect. Thomas

and Otis (2010, p. 179) found workplace to be a significant predictor of workplace compassion satisfaction and burnout in a social work sample, but not with secondary traumatic stress.

There have been many studies seeking to explore whether other factors influence an individual's compassion satisfaction, compassion fatigue and burnout levels. Studies have investigated whether an individual's state of mindfulness (Decker, Brown, Ong & Siney-Ziskind, 2015, pp. 28-42; Thielemann & Cacciatore, 2014, pp. 34-41), empathy, emotional separation, occupational stress and social support (Badger, Royse & Craig, 2008, pp. 63-71) influence their levels of compassion fatigue. This study will explore two factors; mindfulness and maintenance of emotional separation in relation to their influence on secondary traumatic stress, compassion satisfaction and burnout. Maintenance of emotional separation is an important construct in social work that firstly must be discussed in the context of empathy.

Maintenance of emotional separation

Empathy is a "personality characteristic that describes the ability to affectively and cognitively respond to others with objectivity (Williams, 1989, as cited in Badger et al., 2008, p. 64). Effective social work demands that the worker display empathy towards the client in the process of their work. Empathy has to be balanced with a degree of emotional separation so that the worker maintains their own sense of self and does not become entrenched in the client's difficulties so much so that it has a negative impact on the social worker's well-being. Maintaining a balance between empathic connection and emotional separation is a complex

balance. Being unable to manage this emotional distance can mean a worker has less emotional distance from their client and is more susceptible to secondary traumatic stress.

Corcoran (1982, p. 63) defines maintenance of emotional separation (or self-other differentiation) as “the separation between the therapist's affect and the client's”. He explored the relationship between empathy and emotional separation and found that the greater degree of empathy the lesser degree of emotional separation. He subsequently went on to find (Corcoran, 1989 as cited in Thomas & Otis, 2010, p.162) that increased empathy and emotional separation were significantly negatively associated with burnout. This would suggest that a person self-distances as part of the burnout trajectory.

In a more recent study, Badger et al. (2008, p. 69) found emotional separation was associated with a reduction in secondary traumatic stress, but due to the correlational nature of the study there were uncertain as to whether separation was in response to trauma or pre-emptive. Nevertheless, they state that “teaching social workers how to differentiate from their patients and maintain the balance of emotional distance and empathy at the onset of their work may help with the provision of caring interventions”. Hence emotional separation can be seen as a positive protective trait against the negative aspects of caring. Thomas and Otis (2010, p.105) found significant relationships between emotional separation and the three variables of professional quality of life. Higher emotional separation was related to higher levels of compassion satisfaction, lower secondary traumatic stress and lower burnout.

In a practical approach, Michel et al. (2014, pp. 733-754) used a mindfulness intervention with employees in a cognitive-emotional segmentation strategy and found that there was a significant difference in psychological detachment between participants and the control group. Indeed, the very attributes of a being mindful such as non-reactivity and non-judging of inner experience support being able to maintain emotional separation effectively by their very nature.

Mindfulness

Mindfulness is a practice that originated thousands of years ago in Asia and is coming to prominence in modern western societies. Kabat-Zinn (2003, p. 145) defines mindfulness as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience by the moment". It can be viewed in three perspectives, as a state, practise or disposition. As a state, mindfulness is:

> a naturalistic mindset characterised by an attentive and non-judgemental metacognitive monitoring of moment-by-moment cognition, emotion, perception, and sensation without fixation on thoughts of past and future.
>
> (Garland, 2013, pp. 439-448)

Mindfulness practices typically work by focussing a person's attention on an object and letting go of distracting thought. Such objects can be one's breathing, objects such a leaf or candle flame, or mental contents. Different types of mindfulness practice have been

developed such as mindfulness based stress reduction or acceptance and commitment therapy (Garland, 2013, pp. 439-448). Thirdly, mindfulness can be viewed as a disposition where repeated practice and fostering of the practice of mindfulness can engender mindfulness as a disposition and yield benefits in many areas.

Areas where exploration into the effects of mindfulness have had positive outcomes are workplace stress (Huang, Li, Huang & Tang, 2015, pp. 1-15), prisoner's hostility, self-esteem and mood disturbance (Samuelson, Carmody, Kabat-Zinn & Bratt, 2007, pp. 254-268), lower medical student's anxiety and depression levels, higher levels of empathy and spirituality in the same group (Shapiro, Schwartz & Bonner, 1998 as cited in Irving, Dobkin & Park, 2009, p. 63). Kabat-Zinn (2003, p. 151) also tells of the effects of mindfulness on a small study of people with psoriasis whereby light therapy paired with mindfulness medication during treatment showed skin cleared faster than those in a control group, hence giving visual evidence to the effects of the treatment.

Assessing the effects of the state of mindfulness is difficult to account for other than relying on self-report psychometric testing on its effects. There are many studies that review pre- and post- mindfulness intervention levels of variables as outlined above, however mindfulness and its application is a recent construct in the field of social work. There are few studies that explore the relationship between mindfulness as a state on professional quality of life in the helping professions, even less specifically relating to the profession of social work.

Thieleman and Cacciatore (2014, pp. 34-41) explore the relationship between bereavement workers (both volunteer and professional), the professionals being social workers. They found that workers had significant positive relationships between mindfulness and compassion satisfaction. They also found significant inverse relationships between mindfulness with secondary traumatic stress and burnout. Decker et al. (2015, pp. 28-42) supported Thieleman and Cacciatore's findings with their study on social work interns. They also found that higher levels of mindfulness related to lower levels of compassion fatigue and higher compassion satisfaction and lower levels of burnout. With a growing interest in this area in relation to social work and limited studies to date, this research aims to contribute to this area and explore this subject further, particularly in an Irish context.

It is evident from the literature that amongst healthcare professionals, social workers are placed as having one of the highest stress professions (Lloyd et al., 2002, p. 255). In addition, there is clear evidence that they are one of the highest risk groups for secondary traumatic stress (Rossi et al., 2012, p. 52). Finding ways in which social workers can manage their own self-care, enhancing the positive aspects of their work such as compassion satisfaction, and vulnerability proofing themselves from compassion fatigue and burnout is key to maintaining a successful and rewarding career. Clear identification of self-other has been identified as one such way of protecting oneself from becoming overinvolved and subsequently overwhelmed with the level of trauma being secondarily exposed to.

Mindfulness has been well documented as being associated with lower compassion fatigue and higher compassion satisfaction, of feeling of self-worth, enjoyment and feeling of doing a good job. There are few studies documenting the effects of being mindful as a state on a person's professional quality of life.

The aim of this study is to explore the relationship of mindfulness and emotional separation with compassion satisfaction, secondary traumatic stress and burnout in an Irish social work population. Stemming from a review of the literature the following research questions and hypotheses have been developed:

Will mindfulness have a significant relationship with the variables of the professional quality of life scale? Hypothesis on (H1): That there will be significant relationships between mindfulness and the subscales of the professional quality of life scale.

Will emotional separation have a significant relationship with the subscales of the professional quality of life scale.? Hypothesis two (H2): That there will be significant relationships between emotional separation and the subscales of the professional quality of life scale.

Will there be a difference between social workers high and low in mindfulness and emotional separation in relation to professional quality of life? Hypothesis three (H3): There

will be a significant difference between social workers high and low in both mindfulness and emotional separation on the group named ‘professional quality of life’.

Will there be significant relationships between the subscales of the professional quality of life scale? Hypothesis four (H4): That there will be significant relationships between the subscales of the professional quality of life scale.

Will there be a difference between males and females on professional quality of life subscales? Hypothesis five **(**H5): There will be a significant difference between males and females on professional quality of life subscales.

Is there a difference between statutory and non-statutory workers on professional quality of life subscales? Hypothesis six (H6): There will be a significant difference between statutory and non-statutory social workers on professional quality of life subscales.

Is there a relationship between age and years of employment and subscales of professional quality of life? Hypothesis seven (H7): There will be significant relationships between age and years of employment on professional quality of life subscales.

Method

Participants

Participants of this study were a self-selecting sample recruited by using a snowballing method. Inclusion criteria for the study was being over 18 years of age and currently employed as a social worker in the Republic of Ireland. 103 social workers currently working in the Republic of Ireland took part in this study.

The online questionnaire used to collect data in this study was developed using Google Forms, an online survey tool and was replicated on Surveymonkey, another online tool. This was due to Google Forms being inaccessible for those with strict firewall settings. The study was shared on a social networking website and also by email. People were asked to share the study with their respective online social media contacts or email contacts. Participation was entirely voluntary and they could withdraw from the study at any time before its final submission. Due to the anonymous nature of the study once participants had submitted their responses they were no longer able to withdraw and this was explained on the information page of the online questionnaire.

Design

The study was of mixed design nature consisting of correlational and cross-sectional aspects. A correlational design was used to explore the hypotheses of the study that pertain to relationships for hypotheses H1, H2, H4 and H7:

H1: That there will be significant positive relationships between mindfulness (PV) and the subscales of the professional quality of life scale (CV). H2: That there will be significant positive relationships between emotional separation (PV) and the subscales of the professional quality of life scale (CV). H4: That there will be significant relationships between the subscales of the professional quality of life scale (both PV and CV). H7: There will be significant relationships between age and years of employment (PV) on professional quality of life subscales (CV).

A cross-sectional design was used for the hypotheses H3, H5 and H6. H3: There will be a significant difference between social workers high and low in both mindfulness and emotional separation (IV) on the group of subscales 'professional quality of life' (DV). H5: There will be a significant difference between males and females (IV) on professional quality of life subscales (DV). H6: There will be a significant difference between statutory and non-statutory social workers (IV) on professional quality of life subscales (DV).

Materials /Apparatus

Data was collected using an online survey tool Google Forms (www.docs.google.com/forms) and replicated in Surveymonkey (www.surveymonkey.com). Due to some participant's firewall settings Google Forms was not appropriate to use in all settings, hence the need to replicate in another online survey tool. Data analysis was

conducted using SPSS22 (Statistical Software for the Social Sciences). In addition to other information the questionnaire consisted of three scales described below**:**

The Professional Quality of Life Scale (Stamm, 2010) measured the positive and negative effects of those who experience suffering and trauma. The scale consists of 30 items with some items reverse scored. Respondents answered by marking one of five responses for each question; Never, Rarely, Sometimes, Often and Very Often. The questionnaire consists of three subscales, each consisting of 10 items. The scale can be seen at *appendix iii*.

The first subscale measures compassion satisfaction, which is "the pleasure you derive from being able to do your work well" (Stamm, 2010, p. 12). Higher scores on this scale represent greater satisfaction at being able to be an effective caregiver in your work role. Example of statements relating to this subscale are "I get satisfaction from being able to help people" and "My work makes me feel satisfied".

The second and third subscales come under the umbrella term of compassion fatigue and consist of secondary traumatic stress and burnout. These two 10 item subscales represent different and distinct aspects of compassion fatigue. Workers that are exposed to others traumatic events as a result of their work can experience secondary traumatic stress. Higher scores on this scale represent higher levels of secondary traumatic stress. Items such as "I am preoccupied with more than one person I help" and "I find it difficult to separate my personal

life from my life as a social worker" are included in the scale. The burnout scale is the last 10 item subscale of three in the Professional Quality of Life Questionnaire. Those experiencing feelings of hopelessness and having difficulties at work such as being able to carry out their job effectively could be experiencing burnout. Higher scores on this scale represent higher risk for burnout. An example of an item from this scale is "I feel trapped by my job as a social worker". Cronbach's α for the subscales are .81 for secondary traumatic stress, .88 for compassion satisfaction and .75 for burnout (Stamm, 2009 as cited in Thielemann and Cacciatore, 2014, p. 37). Cronabch's α for the professional quality of life subscales based on this study's data were .89 for compassion satisfaction, .90 for secondary traumatic stress and .81 for burnout.

The second questionnaire used in this study was the Five Facet Mindfulness Questionnaire (Baer, Smith, Hopkins, Krietemeyer and Toney, 2006). This questionnaire (*appendix i)* was developed from a factor analytic study of five different questionnaires and consists of 39 items, some of which are reverse scored. The scale consists five subscales that represent different elements of mindfulness; observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to experience. The questionnaire includes items such as "I'm good at finding words to describe my feelings" and "I watch my feelings without getting lost in them".

Answers are scored on a Likert scale ranging from never or very rarely true to very often or always true. A person's mindfulness is measured at a point in time and for the

purpose of this study the questionnaire scores were taken in their totality as a continuous score to represent a person's level of mindfulness. Higher scores on the scale represent higher levels of mindfulness. Alpha coefficients for all facets in all samples were adequate-to-good ranging from .72 to .92 (Baer et al., 2006, pp. 27-45 as cited in Thomas & Otis, 2010, p.84). Cronbach's α for the mindfulness scale data in this study was .92.

The final questionnaire used was the Emotional Separation Questionnaire (*appendix ii)* developed by Corcoran (1982). This self-report measure explores the level of emotional separation a person demonstrates. The scale consists of seven items including "I often get so involved with my friends' problems that I lose sight of my own feelings" and "When I talk with a depressed person, I feel sad myself for quite some time after the conversation". Respondents rate their answer from "one- completely false for me" to "six-completely true for me", with all but one item being reverse scored for data analysis. The seven item questionnaire has a Cronbach's α of .71 (Corcoran, 1982, p.65). Cronbach's α was .82 for the data used in this study.

Procedure

Participants taking part in the study clicked on a website link to either the Surveymonkey or Google Forms survey (identical in structure). Respondents then were presented with an initial information consent page (*appendix iv)* explaining the nature of the study, confidentiality information and that by proceeding to the next page they were consenting to participation in the study.

Respondents then answered demographic questions such as age, area of work, whether they are working as a social worker in the Republic of Ireland and years employed as a social worker. On the following pages participants answered questions from the Professional Quality of Life Scale, the Emotional Separation Scale and the Five Factor Mindfulness Questionnaire. At the top of each set of questionnaire section was a brief description of the nature of each scale. When participants had completed all sections of the questionnaire they viewed a final page that provided information on how to access support if the participant was affected by any of the topics in the study. Following this, respondents clicked the final button to finish the questionnaire and submit their form. The study took 10-15 minutes to complete in total.

The study was confidential and anonymous which meant that once information was finally submitted participants could not withdraw from the study and their data was non-identifiable. This was communicated to participants on the initial consent page. Once the study was complete, participants' data was downloaded to an excel spreadsheet and subsequently uploaded to SPSS statistical data analysis software package for purposes of recoding and data analysis.

Results

Descriptive statistics

The study consisted of 103 respondents that identified as currently working as a social worker in the Republic of Ireland. Of this sample, 12 respondents were male and 90 were female. Gender data was missing for the remaining participant. 34 social workers identified as working in statutory social work. Of these, 29 were female and 5 male. 68 social workers identified as working in a non-statutory social work setting. Of these 61 were female and 7 were male. The remainder of respondents did not answer this question.

The age range of participants was 22 years to 64 years, the mean age being 36. 91 (37 years old). Participants were employed from 0.17 months to 40 years with the mean length of employment as a social worker being 10.26 years. Table 1. situated below illustrates this.

Table 1 *Descriptive Statistics of Demographic Variables*

Variable	N	Mean	SD	Min	Max
Age	102	36.91	9.39	22	64
Years emp.	102	10.26	8.19	.17	40

Table 2. outlines the demographic data in relation to the psychological variables researched in this study. Males had higher mean scores (M=136) than females (M=126.89) for mindfulness, higher emotional separation (M=31.6) than females (M=29.18) and compassion satisfaction (M=52.62) than females (48.16). They exhibited lower scores on secondary traumatic stress (M=48.55) and burnout (M=46.05) than females (M=48.95 and M=49.79 respectively). The number of male participants in this study, was lower than the average male employment based on TUSLA and HSE figures of 15% (male participation in this study 11.76%) (Gartland, F., 2016, February 22nd). Due to the low response rate of males, findings relating to gender should be interpreted with caution.

Table 2 *Descriptive Statistics of Psychological Measures*

Variable	N	Mean	SD	Min	Max
Mindfulness		129.01	18.94	75	180
MES		30.50	5.74	12	41
CS		50	10	16.22	69.45
STS		50	10	32.88	67.40
BO		50	10	29	77.26

Statutory social workers (M=130.10) had higher mean scores in mindfulness than non-statutory social workers (M=128.45), slightly lower mean scores for emotional

separation (M=30.40) than non-statutory social workers (M=30.55), higher secondary traumatic stress (M=50.81) that non-statutory social workers (M=49.29), higher burnout (M=52.12) than non-statutory social workers (48.36) and lower compassion satisfaction (M=46.81) than non-statutory (M=51.63). Figure 1. illustrates this.

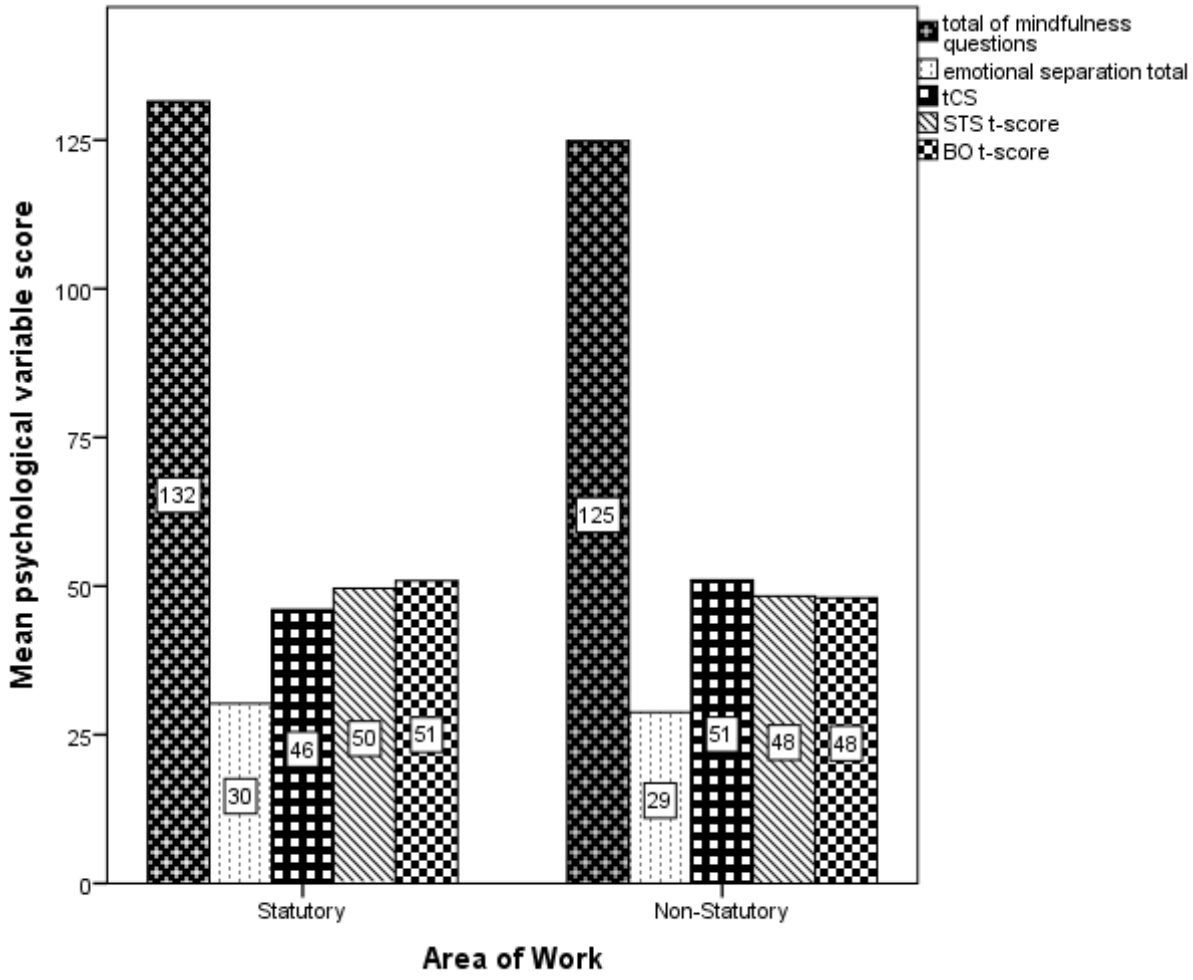

Figure 1. Means scores of psychological variables

Inferential statistics

Data analysis was conducted to investigate the hypotheses outlined earlier. The Professional Quality of Life subscale variables were standardized to *t*-scores as per the scoring instructions for the Professional Quality of Life Scale (Stamm, 2010). Tests for normality, linearity, skewness and kurtosis were conducted on psychological and scale demographic variables. One extreme outlier was removed for multivariate analysis following examination of mahalanobis distance. All following tests were two-tailed unless otherwise stated.

H1- That there will be significant positive relationships between mindfulness and the subscales of the professional quality of life scale.

A Pearson's correlation matrix was used to explore the relationships between mindfulness with compassion satisfaction (CS), secondary traumatic stress (STS) and burnout (BO). Pearson's product-moment coefficient found that there was a moderate positive significant relationship between mindfulness (M = 129.01, SD = 18.94) and compassion satisfaction (M = 50, SD = 10) ($r(73) = .34$, $p = .003$), a moderately negative significant relationship between mindfulness (M = 129.01, SD = 18.94) and burnout (M = 50, SD = 10) ($r(51) = -.45$, $p = .001$) but no significant relationship with secondary traumatic stress (M = 50, SD = 10) ($r(45) = -.25$, $p = .088$). The null was partially accepted.

H2 - That there will be significant positive relationships between maintenance of emotional separation(MES) and the subscales of the professional quality of life scale.

The same Pearson's product-moment coefficient was used to explore the relationship of emotional separation with the variables of compassion satisfaction, secondary traumatic stress and burnout. Emotional separation (M = 30.5, SD = 5.74) was found to have a weak positive significant relationship with compassion satisfaction (M = 50, SD = 10) ($r(78) = .3$, $p = .003$), a moderately negative significant relationship with secondary traumatic stress (M = 50, SD = 10) ($r(45) = -.60$, $p < .001$) and a moderately negative significant relationship with burnout (M = 50, SD = 10) ($r(53) = -.45$, $p = .001$). The null was rejected and this data can be seen below in Table 3.

Table 3: *Correlation table*

Variable	Mindfulness	MES	CS	STS	Burnout
Mindfulness					
MES	.339**				
CS	.340**	.299**			
STS	-.251	-.601**	-.401**		
BO	-.446**	-.444**	-.671**	.736**	

*****.*** *Correlation is significant at the 0.01 level (two-tailed)*

Given the above results multiple regression was conducted to investigate whether mindfulness and emotional separation together were predictors of compassion satisfaction, secondary traumatic stress and burnout in social workers. In relation to the predictor variable of compassion satisfaction the results of the multiple regression analysis indicated that two predictors explained 16% of the variance (R^2= .16, *F* (2,71) = 7.96, *p* <.001). It was found that emotional separation significantly predicted compassion satisfaction (β = .558, *p* = .015, 95% CI = .111-1.005) but mindfulness did not (β = .102, *p* = .149, 95% CI = -.037 - .240).

The multiple regression also found that mindfulness and emotional separation explained 33% of the variance in relation to secondary traumatic stress (R^2= .33, *F* (2,44) = 12.46, *p* <.001). Emotional separation was again found to significantly predict secondary traumatic stress (β = -1.01, p <.001, 95% CI = -1.46 - -.56) with mindfulness not (β = .004, p = .952, 95% CI = -.13 - .14).

Finally, a multiple regression was used to explore whether mindfulness and emotional separation predict burnout. The two predictors explained 28% of the variance (R^2 = .28, *F* (2,50) = 10.99, *p* <.001). Emotional separation significantly predicted burnout (β = -.31, p = .008, 95% CI = -.98 - -.16) as did mindfulness (β = -.17, p = .019, 95% CI = -.31 - -.03).

H3 – There will be a significant difference between social workers high and low in both mindfulness and emotional separation on the group of subscales 'professional quality of life'.

A one -way multivariate analysis of variance (MANOVA) was conducted to explore whether there were differences in level of professional quality of life (consisting of three variables contained in the professional quality of life scale) based on area of employment, level of mindfulness and level of emotional separation. Differences based on area of employment for this group analysis was not a main hypothesis but was included. The compassion satisfaction variable was reverse scored so all three variables included were scored with lower scores indicating positive quality of life indicators. Age initially was thought to be a covariate but found not to be.

The MANOVA showed that there was a significant difference in levels of professional quality of life between social workers high and low in mindfulness (F (3, 33) = 3.77, p = .020, effect size = .26) and social workers high and low in emotional separation (F *(3, 33*) = 7.60, p = .001, effect size = .41). There were no significant differences based on area of employment (F (3,33) = 2.42, p = .084, effect size = .18). The null was accepted in relation to mindfulness and emotional separation group differences.

Following a Bonferroni adjustment to .017, for the groups of mindfulness and emotional separation, a significant difference was found for mindfulness with burnout (F (1,35) = 7.16, p = .011, effect size = .17) but no significant difference for the mindfulness

group on compassion satisfaction (F (1, 35) = 3.14, p = .085, effect size = .08) or secondary traumatic stress (F (1,35) = .02, p = .887, effect size = .00). Between the emotional separation group there was no significant difference on compassion satisfaction (F (1,35) = 5.69, p = .023, effect size = .14), but there were significant differences for secondary traumatic stress (F (1,35) = 19.06, p < .001, effect size = .35) and burnout (F (1,35) = 18.66, p < .001, effect size = .35).

H4- That there will be significant relationships between the subscales of the professional quality of life scale.

A Pearson correlation found that there was a strong positive significant relationship between secondary traumatic stress (M = 50, SD = 10) and burnout (M = 50, SD = 10) (r (42) = .74, p <.01). Compassion satisfaction (M = 50, SD = 10) was found to have a moderately strong negative significant relationship with burnout (M = 50, SD = 10) (r (51) = -.67, p = <.01) and a moderately strong negative relationship with secondary traumatic stress (M = 50, SD = 10) (r (43) = -.4, p = .006). The null is rejected in each of these hypotheses.

H5 – There will be a significant difference between males and females on professional quality of life subscales.

Due to unequal sample sizes of gender a non-parametric Mann-Whitney U was conducted and revealed that with a mean rank of 24.27 for females and 21.7 for males there

was no significant difference of gender on secondary traumatic stress (z = -.399, p = .691). It also found that females had a mean rank of 28.55 and males a mean rank of 24.21 for

burnout. This again was found not to have significant difference (z = -.67, p = .502). For compassion satisfaction females had a mean rank of 41.07 and males had 37.29. The Mann-Whitney U revealed that there was no significant difference between males and females on compassion satisfaction (z = -.52, p = .603). The null was accepted.

H6- There will be a significant difference between statutory and non-statutory social workers on professional quality of life subscales.

The study also explored whether there are differences in compassion satisfaction (CS), secondary traumatic stress (STS) and burnout (BO) depending on area of employment. Non-statutory social workers (M = 51.63, SD = 8.37) were found to have higher levels of compassion satisfaction that statutory social workers (M = 46.80, SD = 12.15). An independent samples t-test found that there was a statistically significant difference in compassion satisfaction levels of the statutory and non-statutory social work groups. There was no significant difference between statutory and non-statutory social workers in secondary traumatic stress or burnout. The null was partially rejected. Please refer to Table 4. below for statistics.

H7 – There will be significant relationships between age and years of employment on professional quality of life subscales.

There were no significant relationships with age (M = 36.91, SD = 9.39) for any of the variables of compassion satisfaction (M = 50, SD = 10) (r (78) = .07, p = .547), secondary traumatic stress (M = 50, SD = 10) (r (45) = .097, p = .521) and burnout (M = 50, SD = 10) (r (53) = .02, p = .898) when a Pearson's correlation was conducted. Years employed as a social worker (M = 10.26, SD = 8.19) for any of the variables of compassion satisfaction (M = 50, SD = 10) (r (78) = .04, p = .733), secondary traumatic stress (M = 50, SD = 10) (r (45) = .12, p = .451) or burnout (M = 50, SD = 10) (r (53) = .05, p = .728) were not found to be significant from conducting a Pearson's correlation and the null is accepted for hypothesis seven.

Table 4: *An Independent Samples T-test table displaying the differences between the Statutory and Non-statutory groups for the various variables.*

Variables	**Groups**	**Mean**	**SD**	***t***	***df***	***p***
CS	Statutory	46.80	12.15	-2.08	78	.041
	Non-stat	51.63	8.37			
STS	Statutory	50.81	10.29	.514	45	.610
	Non-stat	49.29	9.89			
BO	Statutory	52.12	10.92	1.4	53	.168
	Non-Stat	48.36	9.07			

Further findings

In addition to findings relating to the above hypothesis, Pearson's correlation revealed a significant moderate positive relationship between mindfulness (M = 129.01, SD = 18.94) and emotional separation (M = 30.5, SD = 5.74) (r (82) = .34, p = .003). Mindfulness (M =

129.01, SD = 18.94) also had a weak positive relationship with years employed as a social worker (M = 10.26, SD = 8.19) (r (83) = .25, p = .021).

Discussion

The aim of this research is to explore the relationship of mindfulness and emotional separation with compassion satisfaction, secondary traumatic stress and burnout in a sample of social workers currently employed in the Republic of Ireland.

Summary of findings

The study found that higher levels mindfulness and emotional separation were significantly associated with higher levels of compassion satisfaction and lower levels of burnout. Emotional separation was also significantly associated with secondary traumatic stress. Multiple regression showed that mindfulness and emotional separation whilst significantly predicting compassion satisfaction, secondary traumatic stress and burnout, upon univariate analysis only burnout was significantly predicted by both mindfulness and emotional separation combined.

Following this analysis there is partial support for the hypothesis one that there are significant relationships between mindfulness with compassion satisfaction and burnout but not with secondary traumatic stress. Previous research has found mindfulness significantly correlates with all three variables of professional quality of life (Decker et al., 2015, p.36; Thielemann & Cacciatore 2014, pp. 34-41). This study adds to the growing body of literature stating that those with higher levels of mindfulness have greater compassion satisfaction in their work and lower levels of burnout. Interestingly the study did not show those with higher

levels of mindfulness with lower levels of secondary traumatic stress. This is in interesting in that the study showed below that those with higher compassion satisfaction had lower secondary traumatic stress overall. Notwithstanding this, higher levels of mindfulness do have a positive impact on some areas of professional quality of life and this is important due this being a variable that can be manipulated by training. This is demonstrated in studies such as that of Kabat-Zinn (2003, p. 151) that used a mindfulness intervention to improve psoriasis, and Huang et al. (2015, pp. 1-15) that did the same for workplace stress.

There was full support for hypothesis two (H2) that higher emotional separation was associated with compassion satisfaction, lower secondary traumatic stress and lower burnout. Emotional separation is a complex variable that might be less susceptible to influence or learning, however from this study it appears to have a more consistent relationship with the professional quality of life variables. The research findings in relation to emotional separation were consistent with the findings of this study. Corcoran (1989 as cited in Thomas & Otis, 2010, p.162) found that higher emotional separation was associated with lower burnout and later studies such as Badger et al. (2008, p. 69) found it was associated with lower secondary traumatic stress. Thomas and Otis (2010) found emotional separation related to higher compassion satisfaction, lower secondary traumatic stress and lower burnout. Badger et al. (2008, p.69) noted uncertainty as to whether emotional separation is an inherent trait to protect those with higher levels of it from professional adversity or whether it is a learned coping response to trauma and burnout. Further research in this area is needed.

Multiple regression analysis conducted after the correlation analyses showed that together mindfulness and emotional separation significantly predicted the three variables of professional quality of life. Further analysis showed emotional separation predicted all three variables of compassion satisfaction, secondary traumatic stress and burnout. This supports Badger et al.'s (2008, p.68) finding that emotional separation predicts secondary traumatic stress. Mindfulness only predicted burnout. Overall the variances for compassion satisfaction, secondary traumatic stress and burnout were low at 16% ,33% and 28% respectively. This would suggest there is merit in further research looking into other factors that may contribute to professional quality of life that were not address in this study for example personality.

Participants with higher levels of compassion satisfaction were found to have lower secondary traumatic stress and lower burnout whilst those with lower secondary traumatic stress showed lower burnout levels. The null was fully rejected for this hypothesis. The findings of this hypothesis were in keeping with past research that demonstrated the same findings for these variables (Conrad & Kellar-Guenthar 2006, p. 1076; Rossi et al., p. 936; Slocum-Gori et al., 2011, p. 175; Smart et al., 2014, p.7). This supports the idea that if a social worker can foster practices that improve one variable such as compassion satisfaction that the others could also be affected by this intervention, such as in the case with emotional separation.

A multivariate analysis of variance conducted to explore whether high and low levels of both mindfulness and emotional separation on the group variable named 'professional quality of life' found that there were significant differences in professional quality of life

levels based on levels of mindfulness and emotional separation. When this was explored further mindfulness significantly affected burnout only and emotional separation influenced only secondary traumatic stress and burnout significantly. There was support for the hypothesis that that there would be significant differences in professional quality of life scores based on high or low mindfulness and emotional separation.

There was very limited data in respect of mindfulness and emotional separation differences on a group variable of professional quality of life from previous research. However, it was assumed from significant relationships on the subscale variables with mindfulness (Decker et al., 2015pp. 28-52; Thielemann & Cacciatore 2014, pp. 34-41) and emotional separation (Badger et al., 2008, pp. 63-71; Thomas & Otis, 2010) from previous research that there would be significance in differences in a group effect analysis. Whilst this was the case, upon univariate analysis burnout and secondary traumatic stress contributed to the main effect for emotional separation with burnout only contributing to the main effect for mindfulness.

In the remaining analysis based on hypothesis six, seven and eight, the only significant difference was between statutory and non-statutory social workers on compassion satisfaction. There were no other significant differences in compassion satisfaction, secondary traumatic stress and burnout based on gender, area of work or age despite there being mean differences of each group. Van Hook and Rothenburg (2009, pp. 46-47) found young, female workers had higher secondary traumatic stress and burnout however that was not supported in this study. Age related data should be interpreted with caution as the male

response rate was very low in this study. Research was limited in relation to area of social work in this particular area but significant differences based on area of work were expected due to the nature of statutory being typically with involuntary clients and having a legal mandate. Thomas and Otis (2010, pp.143-144) found area of work differences in their study however their categories were dissimilar and hence direct comparisons cannot be made. Statutory social workers had higher mean scores on secondary traumatic stress and burnout but the differences were not significant and thus the hypothesis was not supported in this study. Potential study limitations that could have affected this finding are discussed below.

Potential problems in the study

A potential problem during the study was in relation to accessibility to online survey tools due to firewall settings on some computers, specifically in relation to Google Forms. This problem was identified early in the study and a solution found by replicating the study in Surveymonkey, another online survey tool that did not pose this issue.

Strengths and weakness of research

The study sample was recruited using a snowballing method. Due to this the person completing the study was not completely random and thus could be seen to be not truly representative of the social work population in Ireland. Even though again the study was confidential and the data was anonymous, the study being shared by colleagues and friends, and the study relying on self-report measures could lead to social desirability bias.

Male numbers of participants in the study was very low. Traditionally the social work profession has lower numbers of males however even compared to this this study did not compare favourably. Due to this the data relating to gender should be interpreted with extreme caution as the risk of accepting the null in error was possible. Gender sample size issues appeared to be a problem with many of the social work studies consulted for this piece of research. In future research it may be useful to consider gender quotas.

A final limitation of this study is that area of work was not looked at in greater detail. Doing this would have allowed for richer exploration of impact of specific area of work. A better spread of age range in the population would have allowed for richer analysis of the impact of age on various other factors in the study.

Overall the completion rate of the study was very good however the numbers of full completed studies was not as good. Better full completions rates would have led to more reliable data.

Ideas for future research stemming from your findings

Research in the area of mindfulness and social work is limited in Ireland. Future research directions could be to explore whether specific mindfulness interventions increase level of mindfulness and subsequent levels of professional quality of life in this population.

It has been shown in this research that emotional separation has a relationship with the variables related to professional quality of life. This is a complex issue as past research has

focussed on empathy and emotional separation (Corcoran, 1982, pp.63-68). Those higher in empathy seem to be less able to maintain emotional separation. Being able to demonstrate empathy is a key social work skill and is a large part of the role. Further research would be useful in this area to explore whether, through intervention or experiment, it would be possible to maintain emotional separation through training or learning emotional separation. Other research could also look at the effect of enhancing practices such as mindfulness, and in doing so exploring the effect this has on a social worker's empathy.

On a practical level future research could also ensure equal numbers of males and females so as best to explore the issues accurately from a gender perspective. Another limitation was the study's scope. Mindfulness and emotional separation only account for a small percentage of professional quality of life. Further factors could influence a person's professional quality of life such as personality traits, coping or perceived social support hence further research would be beneficial to explore other factors in an Irish social work context.

Implications of the results and applications of research

This research supports the growing body of interest in the area of mindfulness. Mindfulness is a simple practice that needs little resources to do and leads to enhanced well-being. This research will perhaps provide further evidence for inclusion in social work programs to enhance a person's self-care practices or for practitioners to incorporate it into their lives for self-care purposes. It could also be used to negotiate for better self-care management programs within social work agencies. On an academic level the research can be used to promote awareness of this subject through conferences and presentations.

This study showed that mindfulness and emotional separation are related to compassion satisfaction and burnout with emotional separation also being related to secondary traumatic stress. When the variables of compassion satisfaction, secondary traumatic stress and burnout were analysed as a group, there were significant differences in professional quality of life between those with high and low levels of mindfulness and emotional separation. The study also found non-statutory social workers have greater levels of compassion satisfaction than statutory social workers.

This study contributes to the growing body of literature in relation to mindfulness and overall well-being, specifically in relation to professional quality of life. It also highlights the importance of maintenance emotional separation and how further research in this area could prove beneficial for practitioner self-care into the future.

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Appendix

Appendix i

Five Facet Mindfulness Questionnaire

Description: This instrument is based on a factor analytic study of five independently developed mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. More information is available in:

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
never or rarely true	very rarely true	sometimes true	often true	very often always true

_____ 1. When I'm walking, I deliberately notice the sensations of my body moving.

_____2. I'm good at finding words to describe my feelings.

_____3. I criticize myself for having irrational or inappropriate emotions.

_____ 4. I perceive my feelings and emotions without having to react to them.

__ ___ 5. When I do things, my mind wanders off and I'm easily distracted.

_____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.

_____ 7. I can easily put my beliefs, opinions, and expectations into words.

_____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.

_____ 9. I watch my feelings without getting lost in them.

_____ 10. I tell myself I shouldn't be feeling the way I'm feeling.

_____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.

_____ 12. It's hard for me to find the words to describe what I'm thinking.

_____ 13. I am easily distracted.

_____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

_____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.

_____ 16. I have trouble thinking of the right words to express how I feel about things

_____ 17. I make judgments about whether my thoughts are good or bad.

_____ 18. I find it difficult to stay focused on what's happening in the present.

_____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.

_____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.

_____ 21. In difficult situations, I can pause without immediately reacting.

_____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.

_____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.

_____24. When I have distressing thoughts or images, I feel calm soon after.

_____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.

_____ 26. I notice the smells and aromas of things.

_____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.

_____ 28. I rush through activities without being really attentive to them.

_____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.

_____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.

_____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.

_____ 32. My natural tendency is to put my experiences into words.

_____ 33. When I have distressing thoughts or images, I just notice them and let them go.

_____ 34. I do jobs or tasks automatically without being aware of what I'm doing.

_____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.

_____ 36. I pay attention to how my emotions affect my thoughts and behavior.

_____ 37. I can usually describe how I feel at the moment in considerable detail.

_____ 38. I find myself doing things without paying attention.

_____ 39. I disapprove of myself when I have irrational ideas

Scoring Information:

Observe items: 1, 6, 11, 15, 20, 26, 31, 36

Describe items: 2, 7, 12R, 16R, 22R, 27, 32, 37

Act with Awareness items: 5R, 8R, 13R, 18R, 23R, 28R, 34R, 38R

Nonjudge items: 3R, 10R, 14R, 17R, 25R, 30R, 35R, 39R

Nonreact items: 4, 9, 19, 21, 24, 29, 33

Reference: Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using selfreport assessment methods to explore facets of mindfulness. Assessment, 13, 27

Appendix ii

Maintenance of Emotional Separation Scale

For each item listed below, use the following rating scale to determine and record the extent to which the statement is true for you. (Corcoran, 1989)

1 2 3 4 5 6

Completely false for me Completely true for me

_____ 1. I often get so emotionally involved with my friends' problems that I lose sight of my own feelings.

_____ 2. When I talk with a depressed person, I feel sad myself for quite some time after the conversation.

_____ 3. Sometimes I get so involved in other people's feelings; I seem to lose sight of myself for a while.

_____ 4. When friends describe an emotional problem, I am in touch with their feelings without becoming too emotionally involved

_____ 5. I usually take the problems of others home with me.

_____ 6. After listening to a friend tell of a scary experience, I have a difficult time studying or working.

_____ 7. When the worries experienced by my friends concern me, I temporarily feel these worries but don't really get upset myself.

Appendix iii

Professional Quality of Life Scale (ProQOL)

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.

Appendix iv

Information contained on information and consent page of online survey:

Mindfulness, emotional separation and professional quality of life.

My name is Michelle Ruddy and I am conducting research through the Department of Psychology, Dublin Business School. This study explores the relationship of mindfulness and emotional separation on professional quality of life in relation to social workers currently working in the Republic of Ireland. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing this online anonymous survey. While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. If any of the questions do raise difficult

feelings for you, information and advice on how to seek support can be found on the final page of this survey. The survey should take 15 minutes to complete at most.

Participation is completely voluntary and you are not obliged to take part.

Participation is anonymous and confidential. Thus responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the online survey has been completed.

The data gathered from the online survey will be securely stored in electronic format on a password protected computer.

It is important that you understand that by proceeding to the next page you are consenting to participate in the study.