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Vicarious Trauma and PTSD Awareness Among Social Services Professionals:

Exploring the Need for Self-Care Strategies

Katriina Tikka

SELF *care* **IS NOT SELFISH**

Picture 1: Courtesy of Purelyyouhealing.com

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Vicarious Trauma and PTSD Among Social Services Professionals: Exploring the Need for Harm Reduction and Self-Care

Katriina Tikka

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Vicarious trauma is a condition resulting from a repeated exposure to the traumatic experiences of others, which if undetected, has the potential to lead to PTSD. Therefore, although often uncomfortable, discussions on the mental health and wellbeing of the workers in social services are imperative. The review of existing literature indicated that numerous studies have been conducted on harm-reducing interventions, yet their findings are not applied effectively.

The objective of my qualitative research was to gain insights into the respondents' self-care practices, their awareness of vicarious trauma and PTSD, and whether they perceived these conditions as occupational hazards. For the data collection purposes, it utilized an anonymous web-based survey that was created using Google Forms application. The survey was disseminated through the "Sosionomien uraverkosto" Facebook group and the author's network. It obtained responses from 23 participants, albeit setting limitations for in-depth analytics due to the known low response rate associated with web-based surveys.

Although all respondents claimed to engage in self-care practices, a majority expressed the desire for improved coping skills against work-related stress. Moreover, the findings emphasized the significance of acknowledging and addressing self-care, advocating for a more informed and proactive approach to harm reduction for both students and professionals in social services. Despite the constraints posed by the data collection instrument, the results underscored the need for education on vicarious trauma, PTSD, their causes, and symptoms. Therefore, encouraging open dialogue in educational institutions and workplaces facilitates the introduction of diverse, holistic self-care methods that contribute to overall wellbeing.

Keywords: Vicarious trauma, PTSD, self-care, social services professionals

Contents

1   Introduction

The topic for this bachelor's thesis was motivated by my curiosity and interest in post-traumatic stress disorder (PTSD), its prevention, and available self-care methods. What initially lead to it, was in the aftermath of the 9/11 attacks which I witnessed myself in-person. Consequently, the United States entered the Global War on Terror, deploying its troops to Afghanistan and Iraq (National Archives 2023), where they were exposed to traumatic experiences and death. Upon their return home, I noticed unexpected mood swings and behavior that was disturbing, in said veterans. However, trauma-based PTSD is not limited to the military personnel.

A recent study found that compassion fatigue and vicarious trauma are common among many professions; chaplains, teachers, animal shelter employees, and judges, to name a few (Mathieu 2012, 33). However, given the scope of my thesis, I chose to focus on social service professionals because they frequently interact with clients who exhibit challenging social skills and possibly traumatic life experiences. These stressful aspects of social service work made me want to gain insight into whether PTSD and vicarious trauma were recognized and understood as potential occupational hazards in the field of social services.

Therefore, my objective was to explore the awareness of work-related vicarious trauma and PTSD among social services professionals, and their self-care practices against work-related distress. For this purpose, I created an anonymous web-based survey as my data collection instrument, which inquired about the methods and techniques that promote resilience building self-care against work-related stress, how they viewed their work environment, and examined the respondents' self-care skills and practices.

While the journey to discovering self-care techniques is a personal one, it is crucial that they are known and accessible, especially since concepts like mindfulness, empathy, and emotional intelligence are increasingly valued in the working life. Social services professionals are trained to effectively assist others, but is it doable, if their own wellbeing is not nurtured and maintained? I wondered "how could a helper help anyone if their personal resources were depleted"?

2 Theoretical background

Chapter 2 consists of the theoretical background study where I will describe what constitutes 'vicarious trauma'(VT) and outline how it is related to PTSD. In addition, I will explore how these two phenomena are manifesting or viewed in the social services and expand on the other pertinent concepts, such as harm reduction and self-care, and how they are recognized and applied. For the purpose of gaining insight, I researched already published academic literature regarding the main topics in the following sub-chapters.

2.1 Defining vicarious trauma

Vicarious trauma stems from a genuine concern for individuals who have suffered, fostering a sense of duty or obligation to assist them. It is not an immediate response to a single circumstance, rather, it is the cumulative impact derived from engaging with people who face adversity. The gradual effects on the workers who bear witness to distressing accounts consistently over an extended period of time, can result in alterations in the workers' mental, physical, and spiritual well-being.
Vicarious trauma occurs due to compassion and the ability to connect emotionally with others with empathy, or the capacity to relate to another person by comprehending and sharing their emotional experiences of both suffering and happiness. (Pearlman & McKay, 2008.)

The British Medical Association concurs in that "vicarious trauma is a process, resulting from empathetic engagement with trauma survivors" (BMA 2022), and the Vicarious Trauma Institute defines vicarious trauma as "an indirect exposure to trauma through a first-hand account or narrative of a traumatic event" which is often a work-related hazard to professionals who help others (Matejko 2022). Whereas the term 'cost of caring' was coined by Charles R. Figley in the 1980's (CDCR, 2023), and is related to compassion fatigue, secondary traumatic stress, and vicarious trauma (Figley 2002, 2).

In their recently compiled fact sheet, the California Department of Corrections and Rehabilitation (CDCR, 2023) announced that compassion fatigue or secondary traumatic stress (STS) can occur relatively rapidly and are effectively addressed with evidence-based therapeutic approaches, unlike vicarious trauma or burn out.
However, it should be noted that even though the named mental health related issues resemble one another, vicarious trauma should not be confused with secondary trauma, claims Matthieu (2012, 9-14). He states that vicarious trauma is the accumulative effect of STS, resulting from continuous exposure to stories and images that are traumatic.

There indeed has been confusion about the terminology as to how vicarious traumatization, STS, compassion fatigue, and burnout are defined according to Rothschild (2006, 13), because they have been commonly used interchangeably in the professional literature.

The reason why vicarious trauma and secondary trauma are used interchangeably in literature is because they both involve secondary exposure to distressing trauma that can affect even the researcher, claim Reed, Morgan, Cowan, and Birtles (2023). The authors quote Stahlke (2019), who wrote that even a minimal exposure can trigger development of vicarious trauma and conclude that further research is needed to gain further insight into successful methods that protect against vicarious trauma.

Empathy is a commonly known attribute that is required, or at least desirable, in the fields that involve interacting and helping others. Therefore, it should be noted that naturally empathic people are more at risk to vicarious trauma because they can relate on the emotional level to their clients' experiences according to Lloyd (2020). Repeatedly and overtime, this can wear the worker out and lead to vicarious trauma, compassion fatigue, or burnout.

The common signs indicating vicarious trauma include anger, sadness, bystander guilt, self-doubt, loss of hope, getting too emotionally involved with clients, and difficulty in drawing boundaries, to name a few (BMA 2022). As per Mathieu (2012, 13-14), the telltale sign of vicarious trauma is a change or transformation in the worker's world view due to the residual trauma he/she has been exposed to, which might eventually lead to PTSD, if not identified properly.

2.2   Post-traumatic stress disorder (PTSD)

The conclusion of the research conducted by the Mayo Clinic in the U.S.A., was that distressing, traumatizing events and/or extreme stress can lead to a mental condition called Post-Traumatic Stress Disorder (PTSD), which is a condition that is applicable to experiencers of all ages. PTSD hinders and interferes with everyday functions and can lead to severe anxiety, concentration problems, sleeping problems and nightmares, flashbacks, and even thoughts of suicide. The symptoms of PTSD can appear during the first month after a traumatic event or may take years to develop. [Besides the earlier mentioned work-related vicarious trauma], physical and sexual abuse, combat exposure, and distressing accident, can cause a person to develop PTSD. (Mayo Clinic staff, 2023.)

Flashbacks refer to re-experiencing of a traumatic event with vivid and intense recollections, often accompanied by emotional distress, similar to that felt during the original trauma. They are typically visual, but can also be related to smell, hearing, and kinesthetic sensations, i.e., the body's overall sensory awareness. (Tehrani, 2010, 124.)

Exposure to a tragedy, any type of violence, or warzone(s) can lead to hyperarousal, anger, irritability, escapism, negative thoughts, concentration problem, mood swings, flashbacks, insomnia, as well as avoidance of memories, feelings, people, and places.

In certain instances, the symptoms may not last in the long term, especially, when there is an intervention, and the condition is addressed and treated immediately after the incident occurred. Conversely, if the symptoms are never properly addressed, they may become chronic and gradually progress to a debilitating condition. (Benedek & Wynn, 2016, 11-13.)

According to Lerian and Byrne (2003), there are various degrees of impairment due to PTSD, which impede normal functioning at its optimal capacity. They state that social support is of the essence for anyone who has experienced trauma. However, people may not even be aware that they may have the symptoms, if they are relatively mild. (Lerias & Byrne 2003, 129-138.)

Wherein lies the potential for further harm if the symptoms are not identified and consequently addressed.

2.3   Vicarious trauma and PTSD in the social services sector

Healthcare and social services professionals who help individuals with trauma, often experience vicarious trauma, however not much information is readily available for the service providers about the VT interventions development and implementation, as per Kim, Chesworth, Franchino-Olsen, and Macy (2022). The authors refer to a study by Rauvola, Vega, and Lavigne (2019), who found that, although various approaches to prevent and alleviate vicarious trauma in social services have been studied, there has been a lack of comprehensive efforts to review the findings. Therefore, considering the impact of VT on the overall wellbeing of the service providers and their mental health, it is important to gain insight into the already available evidence regarding interventions that lessen vicarious trauma. (Kim, Chesworth, Franchino-Olsen, & Macy 2022.)

In their quantitative study, Michalopoulos & Aparicio (2012) refer to McCann and Pearlman, who claimed that, if the social services professional has a personal history of trauma, he/she will be more susceptible to vicarious trauma in the working life, compared to those without a fragmented or disrupted self-schema. A disrupted schema refers to memories that have an effect on the person's beliefs and how they think, feel, and act in certain situations.

With vicarious trauma, the traumatizing incidents or events are not experienced first-hand by the professional. However, the observations and listening to another person recount upsetting experiences, could have an intense effect on the nervous system of the listener. Rothschild (2006) offers a case example of a clinical social worker who got a job in a shelter for abused women. Before starting her

work there, she lived a perfectly normal and balanced life, and thought of herself as someone who could handle the work environment. The worker cared deeply for her work and showed excessive empathy towards her customers. Then, three years later, she herself was primed for antidepressants due to compassion burnout. (Rothschild 2006, 13-15, 75-76.)

A study by Berrios & Zarrate, indicated that vicarious trauma can affect anyone who works with traumatized people, regardless of their experience in the field. This can have reaching effects on the general wellbeing and job satisfaction of the worker, and the conclusion of their research was clear: we need more research into this widely neglected topic related to the mental health of social services providers. And that, it is imperative we include mental wellbeing topics in the curricula of educational institutions because there ought to be more discussion and education that bring awareness about the risks and self-care, before entering work life. (Berrios & Zarrate, 2022, 28, 42-3.)

However, we should remember that even though vicarious trauma is a validated phenomenon in the social services sector, it does not automatically lead to PTSD. But it is worth noting that professionals with a personal trauma history are more at risk, as was previously stated. In addition, there are several other key factors that must be taken into consideration when evaluating the worker's resilience to vicarious trauma and PTSD: prior psychological wellbeing and family history, age, socio-economic status and education, social support, and coping mechanisms in stressful situations. Whereas the research into the gender-based comparison of susceptibility, seems marginal. (Lerias & Byrne 2003, 132.)

2.4   Self-care and harm reduction in social services

According to Bressi and Vaden (2017), social workers are increasingly often working in environments with limited resources. This is especially pertinent in the current times of austerity and slashed budgets where the demands to "do more with less" has been adopted (Mordue, Watson & Hunter, 2020, 105).
Therefore, the point of self-care or self-care activities, is to view them as a set of strategies for dealing with the uncertainties and moments that arise within the social work. Which is the reason why self-care has become the central theme in pursuit of enhancing the wellbeing of the workers and preventing emotional exhaustion. (Bressi and Vaden, 2017.)

Lewis and King (2019), refer to Figley (1995, 2002), who recognized a widespread absence of self-care with social service professionals. They emphasized the importance of breaking the silence around the emotional toll that is work-related and stressed the need for increased awareness of the risk factors as to prevent distress and trauma (Lewis & King, 2019, 98.) According to Tehrani (2011), it is critical that

organizations prepare their workers so that they have the necessary tools that promote wellbeing and resilience, when their work involves helping customers/clients who may have difficult life experiences (Tehrani, 2011, 308-309).

Although the thesis topic does not pertain directly to the students of social services per se, embedded in my research, I found that even the social work students who are the future professionals, may develop symptoms of PTSD. This can be caused by the course content, teaching methods, experiences in placements, insufficient PTSD knowledge, and or lack of awareness about self-care. (Jones, T.S. 2021, iv).

Moreover, the research project by Lewis and King (2019) included social work students, who took part in a pilot survey regarding their wellbeing and self-care practices during their internships. According to the qualitative review of the participants' reflections, when working in stressful environments an integral part of work life is self-care and emphasize the importance of conscious self-care practices. The overall findings highlighted the importance of balancing work and personal lives with time for a proper, nutritious diet, adequate sleep, and not forgetting the importance of down-time and hobbies. (Lewis and King, 2019, 96-106.)

As to strive for a balance between work and personal life, Lloyd (2020) also emphasizes the importance of down time for rejuvenation and self-care. In addition, it is crucial for the workers to communicate work-related concerns because working beyond one's capacity, harms the individual(s), the reputation of the organizations', and adversely affects the customers as well (Mordue, Watson & Hunter, 2020, 141).

Furthermore, the U.S. Department of Health stress the significance of training the key personnel in the management level so that they can recognize indicators that may require attention. Tehrani (2010) suggests that a multidisciplinary approach, that involves the organization and different levels of the management, should be adopted. The employers should create efficient procedures and educate its employees and the management about the nature and the risks they may encounter, in addition to skills and behaviors that reduce those risks and prepare them on how to react should a traumatic event happen. (Tehrani, 2010, 131, 214-5.)

2.5   Self-care and harm reduction methods

Most of the evaluated vicarious trauma intervention research has been published in the United States, as are the secondary trauma stress and compassion fatigue studies as well. The objective of the research by Kim et al. (2021), was to investigate and better understand the numerous, already

available VT intervention methods. Based on their findings, the published literature was categorized into four groupings: art and recreation, mindfulness intervention, psychoeducation, and alternative medicine therapy. However, the groupings were not very distinct, and the methods tended to overlap. In conclusion Kim et al. (2021) noted the results of intervention methods research are promising, although they should be further developed and tailored to serve the specified field and need, with the diversity of the participants in mind.

Bressi and Vaden (2017), refer to Lee and Miller who gave the following definition to both personal and professional self-care:

> " Personal self-care is defined as a process of purposeful engagement in practices
> that promote holistic health and well-being of the self, whereas professional self-
> care is understood as the process of purposeful engagement in practices that
> promote effective and appropriate use of self in the professional role within the
> context of sustaining holistic health and wellbeing".

In other words, it is essential to balance work and personal wellbeing and self-care by being mindful of the *interconnectedness* of these factors. The balance between the two must be sustainable for the overall wellbeing, therefore, it is important to be aware of the holistic health aspect.

Self-care consists of personal traits, nutrition, sleep, and exercise. Discovering the appropriate self-care methods for each, requires experimentation. In addition, Mordue, Watson, and Hunter (2020) underline the proper management of workloads and quality supervision as a shared responsibility by the individuals and organizations. (Mordue, Watson & Hunter, 2020, 141-143.)

Tehrani (2011) discovered the importance of harm reduction awareness, especially with workers whose work involves being exposed to traumatic experiences. As the contributing editor of "Managing Trauma in the Workplace", she lists harm reduction techniques and identifies efficient methods for trauma-focused cognitive-behavioral therapy. In her "toolbox" for resilience-building against trauma, Tehrani names breathing, relaxation and visualization exercises, Eye Movement Desensitization and Reprocessing (EMDR), writing and drawing, and discussions about sensations related to physicality, sounds, tastes, and smells. (Tehrani 2011, 252-265.)

A Mindfulness-Based Stress Reduction program with 8-sessions of mindfulness meditation exercises and at home practices, was participated by 174 adults with chronic pain, stress, and anxiety. At the end of the program the participants reported reduced stress, stress-related symptoms, and elevated wellbeing, which were credited to increased mindfulness due to meditation and mindfulness practices. (Carmody & Baer, 2008.)

In another intervention research study, yoga practices and breathing techniques were applied to learn how these methods affected the control group, who all suffered from PTSD due to natural disasters, war, and sexual and domestic violence. In a pilot study, 10 of 12 participants showed results that indicated reduction in many of the PTSD-related symptoms. (Benedek & Wynn (2016, 221-229). Moreover, yoga is a form of mindfulness practice that helps with stress management and promotes the practitioner's ability to self-calm and maintain attention. In yoga practice, the focus is placed on breathing and relaxation in pursuit of calming the mind and body internally. (Stalbaum, 2021, 53.)

The effectiveness of mindfulness and meditation are widely studied on veterans by the U.S. Department of Defense also. According to Khusid (Benedek & Wynn 2016), these studies found that the named methods lead to increased self-esteem, ability to relax, and capacity to tolerate stress, in addition to reduced painful memories and anger. Furthermore, meditation is considered a valued option against PTSD and trauma, because "it is free" to anyone, easily accessible anywhere, and empowering to the practitioner because meditation lets him/her to be in full charge of the process of healing (Benedek and Wynn, 2016, 59-60).

Canine and other Animal-Assisted Therapies (AAT) in general, have been researched in the past few decades to discover their effect on mental health. In the recent years, the interest in the AAT has grown and more emphasis has been placed on the research of canine-assisted therapies as a method of intervention. The studies found that the physical affection between a person and a dog provides a sense of unconditional love and acceptance, lowered cortisone and blood pressure, and elevated levels of endorphins and dopamine. One fascinating discovery was how the interaction with a dog doubled the levels of oxytocin in both the person and the dog. The authors state that dogs' oxytocin brain network is very similar to peoples', and therefore suggest that dogs may indeed be "man's best therapists". (Benedek and Wynn, 2016, 165-172.)

Rothchild (2006) highlights the significance of physical fitness, proper nutrition, and adequate rest. In addition, muscle relaxation methods and techniques, such as massage, hot bath, and stretching, are ways to keep calm and help people to better cope with high-stress work. (Rothschild 2006, 116-117). In general, any physical exercise or activity triggers the brain to release endorphins and serotonin, chemicals that contribute to improved mood and wellbeing because they decrease negative emotions, such as depression and anxiety. Therefore, a strong foundation for self-care is of the essence for the psychological, spiritual, as well as physical well-being, and a source of resilience that lessens the risk of vicarious trauma. (Lloyd, 2020.)

Simmons University (2023) published an article about the importance of selfcare in the highly empathic profession for maintaining a healthy emotional, mental, and physical balance. To promote wellbeing and reduce harm, the following measures were suggested:

- taking a break even if only five minutes
- setting goals
- learning to say no
- support system
- connection to one's own emotions
- mindfulness

In addition, simply unplugging from social media and technology, and tuning into mindful consciousness, can have transformative effects. (Simmons University, 2023.)

3 Methodology

This thesis is based on a quantitative research method, where a web-based survey with a structured questionnaire and predetermined answers were used as the data collection instrument. Some qualitative elements were added to the survey, in anticipation of additional, textual responses. However, during the data collection phase, the methodology organically shifted to a quantitative approach, which I will explain in more detail in the Data collection sub-chapter 3.2.2.

3.1 Research questions

The thesis searched for the answers to the following questions:

- Are vicarious trauma and PTSD known and recognized as a potential occupational hazard by the professionals in social services?
- What are the available self-care methods and techniques that are used for harm reduction?

3.2 Data

Surveys are used in various, diverse settings consisting of straightforward questions. The purpose of surveys is to explain, clarify, or compare the knowledge, attitudes, and/or behavior by gathering data from the participants in the survey. According to Fink (2003), surveys encompass seven key components: designing the survey, collection of information, use of a reliable and valid survey

instrument, conducting the survey, survey data handling and analysis, and presentation of the results. In addition, it is imperative that the survey system functions ethically and with adequate resources to fulfill its objectives. (Fink, 2003.)

Kumar refers to Sue and Ritter (2014), who state that not only are web-based survey questionnaires quick and cheap to create with free applications [that are available on the Internet], but they also have the potential to reach a more diverse sample population. The only prerequisite is that the receiving end has an Internet connection and the equipment, i.e., a smart phone or a computer. Furthermore, web-based surveys save time and human resources because they are low to no cost, convenient to launch, and provide greater anonymity to the participants. (Kumar, 2014, 151.) However, the low response rate is a known disadvantage of web-based surveys, typically around 10%. On the other hand, the questionnaire can potentially reach a geographically dispersed, larger population, in addition to being relatively quick with a turnover of 2-6-weeks for distribution and collection of the data (Saunders et al. 2019, 507-8).
But the findings from web-based surveys may not represent the entire study population. Which is why Kumar emphasizes that a collective administration of a questionnaire is best conducted in a closed environment, where the researcher/administrator has personal contact with the respondents, as this approach usually ensures greater participation. Moreover, the participants may not interpret the questions as intended, and therefore, the lack of physical observation for supplemental information gathering, can be seen as a disadvantage. (Kumar, 2014, 179-182.)

According to Bakla, Cekic & Köksal (2013) there are multiple advantages to web-based surveys which are listed in Table 1. These advantages include the ease of distribution and delivery, potentially higher response rates due to larger samples, low to no cost to the administrator, the question type variety and possibility of multimedia application in design, the direct data collection into a databases which eliminates the [human] errors caused by data input, and the ability to do revisions even after the administration.

Advantages of Web-based Surveys
Ease of delivery and receiving
Use of various question types
Customized delivery of items
Entering data directly into database
Elimination of data input errors
Integration of multimedia such as sound, pictures, even video
Detailed pop-up instructions, error messages, and skip questions and links
Possibility of checking and revising the items during the administration process
Decreased costs of delivery and data entry
Higher response rates
Ability to reach larger samples

Table 1; Advantages of web-based surveys by Bakla, Cekic & Köksal (2013)

As for the disadvantages, Bakla et al (2013, 7) reference Jansen et al., 2007; Couper, 2008; Gurău, 2007; and Roberts, 2007, who found the design phase time-consuming, in addition to various technology-related issues, not meeting the participants in person, and ethical, legal, and privacy concerns.

Disadvantages of Web-based Survey
Time-consuming development
Potential for limited access with target population
Decreased response rate because of potential technology problems

Security problems that may lead to decrease response rate
Sampling problems (e.g. Lack of control over sample for some sampling methods)
Difficulty in reaching people on an individual basis
Ethical and legal problems
Privacy problems

Table 2; Disadvantages of web-based surveys as referred to by Bakla, Cekic & Köksal (2013).

Considering the advantages and regardless of the possible disadvantages, I chose the web-based survey for the data collection due to time-related concerns and unexpected contingencies. As in the beginning, I had no idea what kind and how much data I was going to collect, or how much time the analysis of the data would take. Since the survey was disseminated on the social media, it had certain limitations that were impossible to predict and beyond my control. Still, I believe this provided, not a guaranteed, but a potential opportunity to reach a larger sample.

The anonymity factor that web-based surveys can provide to the participants, also played a great role in choosing the named method for the data collection, as did the ease of distribution and efficient data collection that they offer. It also negated the need for obtaining permissions to conduct a quantitative data collection in social service workplaces, which can be a lengthy, arduous process of informed consent forms and official research permits.

Furthermore, web-based surveys allow implementation without concerns for the regulations placed by the General Data Protection Regulation (GDPR), which mandates strict rules for the protection of the use and processing of personal data (EUR-Lex 2016/679). And, regarding the Google Forms application, it offers an anonymity option, which can be enabled in the settings in advance, allowing the respondents to answer completely anonymously. No personal information, e.g., names and email addresses, are collected when the respondent submits their questionnaire.

3.2.1   Data collection method

Hirsjärvi, Remes and Sajavaara (1997, 180) state that it is quite impossible to study the entire population, particularly when conducting educational and social science research. Therefore, to achieve generalized conclusions, it is up to the researcher to define the population and draw samples from it.

For this purpose, I used my own network of people in the social services field, but initially, the survey was published in a closed Facebook group called Sosionomien Uraverkosto (Socionoms' Career Network in English). The distribution in the named group was recommended by my thesis instructor due to the narrow scope of bachelor's thesis, and because it permitted focus on a more easily definable target group within the social services sector.

Here it is worth pointing out that socionom as a professional title, only exists in Finland, Sweden, and Norway (Juliusdottir & Petersson, 2003, 83), but is often used interchangeably with the title of social worker, in the English-speaking world. As to avoid further confusion in terminology, I decided on the more inclusive thesis title that refers to social services professionals, i.e., people working in the social services sector, such as socionoms.

The Sosionomien Uraverkosto group, was created six years ago and currently has nearly 12 thousand members. An applicant is accepted to the group pending the group administrator's approval, and only then, will they get access to the information and posts, where its members are offered the possibility to network and share information pertaining to their field. According to the rules of the group, the members must be eligible to use the professional title of social worker in the manner intended by the Act on Social Care Professionals, or currently studying to become a social worker.

Parker, Scott, and Geddes (2019) state that snowball sampling is a very popular method among the researchers in social sciences where an action that starts small, but eventually has a big impact In snowball sampling. The initial contacts are established by using a small number of social networks for planting the seed, in pursuit that it is then recommended or referred to others, who are outside of the scope of the initial launch of the survey. (Parker, Scott & Geddes 2019, 3-4).

Therefore, embedded in my post, i.e., the invite to take the survey, I implored the members of the group to share the survey link with other social services professionals who are not on Facebook or members of the group.

To attract greater participation, I intended to keep the survey link as visible and accessible as possible, and the invite text clear and concise. As to make the survey more appealing, I emphasized that answering the multiple-choice questions would only take three minutes maximum. And as I mentioned,

I encouraged people to share the link to the survey with other social services professionals - instead of only relying on the post catching peoples' attention in the constantly moving social media thread.

3.2.2   Data collection process

The flow chart (Figure 1), represents my data collection design and implementation process with Google Forms, starting with the research into web-based surveys, the questions, and the Google Forms design options.
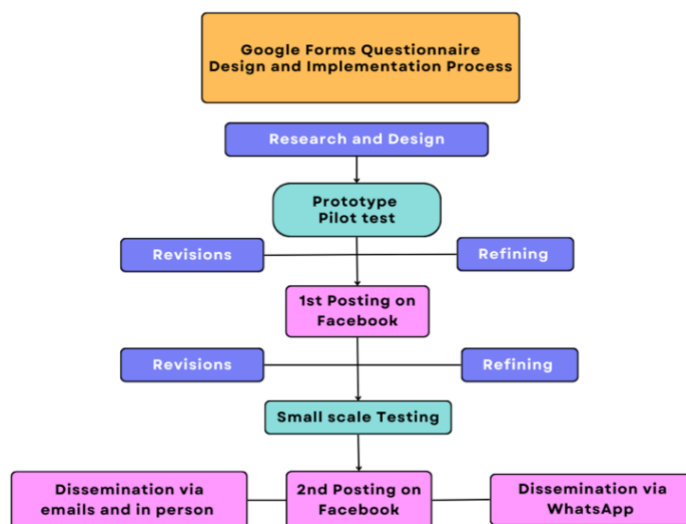

Figure 1; Stages in the design and implementation of the survey questionnaire

The data collection process began with the preparation of the questions and the design of the questionnaire, which needed the approval of my thesis supervisor before the launch of the survey. After the first rough draft of questions, I was back to the drawing board because instead of simple yes/no answers, I needed to re-structure the questions so that they had multiple-choice options as well as scales. I also added the "other"-option to some answers, which would provide the possibility for the respondents to expand on their answers textually. Finally, at the very end of the questionnaire, I added a space for written comments and feedback in hopes of collecting qualitative data.
After completing the design and structure, I deployed a dry run to identify any possible glitches and mistakes, requested general feedback, and made sure the system operated properly. For this purpose, I dispatched a pilot to eight of my schoolmates by sending the link to the survey as a text message on the WhatsApp platform.

The timeline of the implementation phase of the survey can be viewed in Figure 4 below. It consisted of five main dates: the pilot, publicizing the survey twice, dissemination to own network, and the close of the survey.
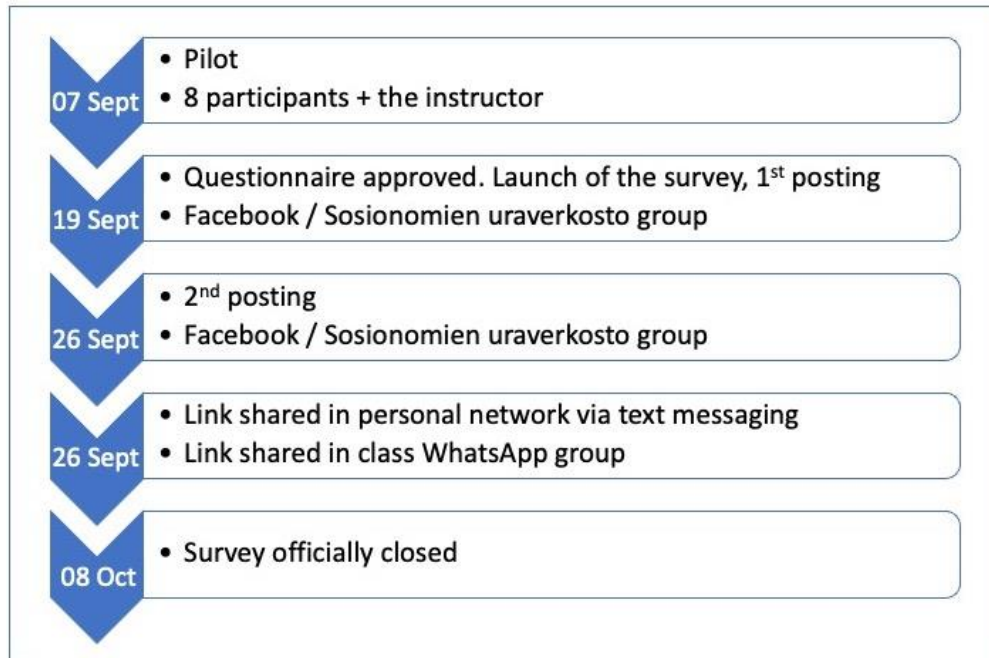

Figure 2; Survey implementation timeline

I shared the link to the survey with the test group on September 7th, 2023, when the first draft of the survey was ready for the pilot. I received important feedback and after a few revisions, the finalized survey was approved, and ready for the official launch.

Altogether, I uploaded the post in the Sosionomien uraverkosto group page twice during the data collection phase. The posts were uploaded one week apart, and the survey was open to submissions for about two weeks from the initial post.

In regards to the optimal weekday to launch a web-based survey, Wolff and Göritz (2021) studied whether it affected the participation rate. The findings revealed a modest yet noteworthy impact suggesting that Mondays and Tuesdays were preferred, with response rates peaking early in the week and declining by Friday.

Similarly, surveys that were distributed online on Mondays indicated the highest response rates, and the lowest on Fridays, according to a study by Blom, Cornesse, Friedel, Krieger, Fikel, Rettig, Wenz, Juhl, Lehrer, Möhring, Naumann and Reifenscheid (2020), as seen in Table 3.

Average daily response rate, immediate response rate, and share of immediate responses by week day

Week day	Daily response rate (%)	Immediate response rate (%)[a]	Share of immediate responses (%)
Monday	65.7	58.6	89.1
Tuesday	59.8	53.1	88.8
Wednesday	64.5	56.9	88.3
Thursday	62.0	54.3	87.5
Friday	59.2	50.8	85.8
Saturday	61.2	49.3	80.6
Sunday	64.4	55.5	86.1
Total	62.4	54.1	86.6

Averaged across the first nine data collection weeks

Table 3; Blom, Cornesse, Friedel, Krieger, Fikel, Rettig, Wenz, Juhl, Lehrer, Möhring, Naumann and Reifenscheid (2020).

Since Monday appeared as the best day of the week for the launch, I posted the first invitation to partake in the survey on Facebook in the Sosionomien uraverkosto group on Monday, September 19th, 2023. The actual post can be seen in Appendix 1.

After two days, the survey had only one respondent, and the post was already getting buried in the group page thread. Because of the almost non-existent participation rate, I became concerned about a possible language barrier. The fact that the questionnaire and the text in the post were in English, might have hindered participation.

I scrambled for alternative options, thinking how I could improve my posting for the second round. I made slight alterations, added some Finnish text to the post, and ran a small pilot. However, during this revision process, nothing was changed in regards to the questions themselves.

On September 26th, the second version (Appendix 2) was ready for posting. In addition, I shared the link to the survey in the WhatsApp group that was created in the beginning of my studies, and with people I knew who worked in the social services sector.

The survey closed officially on October 8th, 2023, collecting responses from 23 participants (n=23). Everyone answered all the questions, with the exception of two, who skipped answering question #15: "Were you taught self-care techniques during your studies?" Whether they intentionally or accidentally overlooked answering the question, is impossible to know.

The questions were designed to collect quantitative data, but with the anticipation of gathering qualitative data from the comments section at the end of the survey, and from the answers that had an option for a textual answer. However, the survey principally produced quantitative data only, leaving the amount of the textual data nominal. Only two respondents added self-care methods that were not named already in the answers to question 18 regarding personal self-care methods, which I will explain in more detail later in the Results chapter.

The first question inquired about the approximate length of time each respondent had work experience in the social services sector, to be used in as the background variable. Majority (57%) of the respondents chose the option 1-3 years, 17% chose less than a year, 9% 3-5 years, 17% 5-10 years.

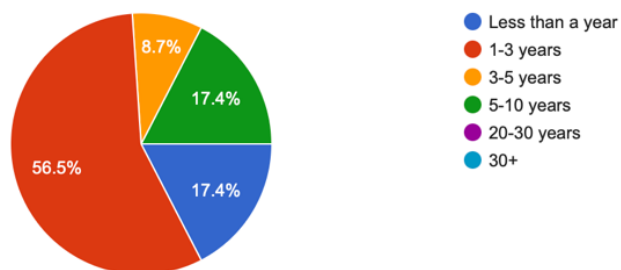1 How many years have you worked in the social services sector?

23 responses

Figure 3; Respondents' work experience in years

In Table 4, the respondents' years-of-experience are converted into tabular format, which shows the spread in numbers.

How many years have you worked in the social services sector?	Total
1 year or less	4
1-3 years	13
3-5 years	2
5-10 years	4
Grand Total	**23**

Table 4; Respondents and their years of work experience

3.2.3 Survey questionnaire

The questionnaire was drafted in English but presented in a Finnish Facebook group. Therefore, it was imperative that the questions were in clear English, easily understood, and some offered the option of submitting textual responses in either language.
However, I will never know if the questionnaire would have garnered more respondents if it was translated into Finnish, nor which responses were generated from the Facebook group members or from those in my personal network.

The questionnaire consisted of 18 multiple choice questions, related to the respondents' awareness of vicarious trauma and PTSD, personal self-care, and work-related harm reduction. The questions were formulated with predetermined multiple-choice and linear scale answers. Some of the answers also had the choice of "other" with space for a textual addition.

The 18 survey questions are presented below:

1. How many years have you worked in the social services sector?
   Options: Less than a year, 1-3 years, 3-5 years, 5-10 years, 20-30 years, 30+ years

2. At work, have you experienced strong emotional reactions related to customers/clients you encounter?
   Options: No, seldom, occasionally, frequently

3. Have you experienced work-related anxiety?

   Options: No, seldom, occasionally, frequently

4. Have you ever had trouble sleeping because of your work?

   Options: No, seldom, occasionally, frequently

5. Do you consider your work to be potentially traumatizing?

   On scale of 1-5

   1 representing No to 5 Yes, very much so

6. Do you feel comfortable discussing your feelings and experiences with anyone at work?

   Options:

   No because I choose not to

   No because I have trust issues

   No because my work does not allow the opportunity/possibility

   I would like to have better support at work

   I get adequate support at work

   I get great support at work

   Other:

7. Do you find yourself thinking about work-related issues when off-duty? Options:

   No, I can leave my work life behind after working hours

   Hardly ever

   Occasionally

   Yes, I find it difficult to stop thinking about my work after working hours

   Other:

8. Do you seek professional help to address the emotional toll of your work?

   Options: Never, Rarely, Often, Regularly.

9. Do you have personal coping skills against work-related stress? Options:

   No, I don't need any

   No, I don't have any but would like to have

   Yes, but I wish I had better coping skills

   Yes, I have adequate coping skills

   Other:

10. Are you satisfied with your work/personal life balance? Options:

    No, I feel my work is too consuming just don't know what to do about it

    No but I am working on balancing work and personal life

    Yes, I am satisfied with my work/personal life balance

    Yes, I am very happy with my work/personal life balance

11. Have you heard the term vicarious trauma (sijaistrauma)?

    Options: No, Not sure, Yes

12. Do you know what are the symptoms of vicarious trauma are?

    Options: No, Not sure, Yes

13. Do you know what can cause Post-traumatic Stress Disorder (PTSD)?

    Option: No, Not sure, yes

14. Do you know the symptoms of PTSD?

    Options: No, Not sure, Yes

15. Were you taught self-care techniques during your studies? Options:

    No, I do not recall I was taught any

    Yes, But I did not find it adequate enough

    Yes, I am satisfied with what I was taught while studying

    No, but I am self-taught in self-care techniques

16. Were you taught self-care techniques at work? Options:

    No

    Some but it was not adequate enough

    Yes, it was good

17. Do you practice any self-care techniques/methods? Options:

    No

    Yes but not regularly

    Yes regularly

18. If you practice any self-care methods, please choose all that apply from the list below and/or add anything not listed:

I practice regular exercise or physical activity

I am mindful of balanced and nutritious diet

I get enough sleep and maintain consistent sleep routine

I express creativity through art, music, dance, crafts

I keep a journal

I practice mindfulness, affirmations, meditation, visualization, and/or praying

I do breathing exercises

I spend time with supportive friends, loved ones, and/or communities

I spend time with pets and animals

I spend time in nature

I go to the sauna

I do gardening

I attend exhibitions, museums, movies, theater, or other cultural events

I am mindful of excessive use of technology

I am able to say no to excessive commitments and obligations

Other:

At the end after the questionnaire, I added a section for comments and feedback:

Figure 4; Comments and feedback section at the end of the survey

And, because of the sensitive nature of the survey that could be triggering to the reader or the participant, I ended the questionnaire with the following message:

Should you have any concerns about wellbeing, vicarious trauma, or ptsd, please consider contacting your work place health services, if there is any.

If immediate support is needed, the MIELI ry helpline is open 24/7 at 09 2525 0111. The calls are anonymous and confidential.
https://mieli.fi/tukea-ja-apua/kriisipuhelin/#:~:text=MIELI%20ry%3An%20Kriisipuhelin%20p%C3%A4ivyst%C3%A4%C3%A4,Voit%20soittaa%20nimett%C3%B6m%C3%A4sti%20ja%20luottamuksellisesti.

Figure 5; Mieli Ry helpline info at the end of the questionnaire

3.3   Analysis

Walliman (2004, 188) states that in quantitative data analysis, the collection of data must be completed before the analysis phase begins. Similarly, Hirsjärvi et al. (1997, 223), suggest a rule of thumb pertaining to data collection and its analysis, which states that the processing and analysis of the data usually begins immediately after the data collection has ended.
Moreover, the analysis process progresses in stages (Figure 6), which is called the linear thinking model. The process goes through the following steps: the collection of data, description of the statistics, followed by categorization and organization of the data, and identifying any correlations in variables, before reaching the analytical conclusions at the end. (Hirsjärvi et al., 1997, 223-4.)
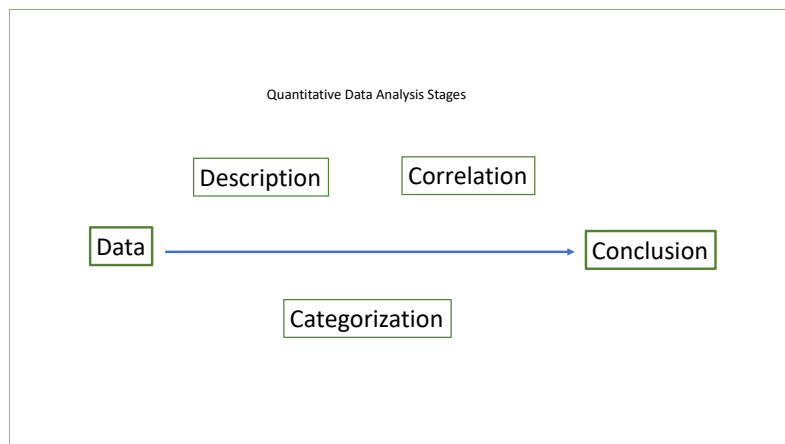
Figure 6; Progression of quantitative data analysis in stages by Hirsjärvi, Remes, and Sajavaara (1997, 223)

According to Hirsjärvi, Remes, & Saravaara (1997, 138-140), the research analysis purposes can be categorized into exploratory, explanatory, descriptive, or predictive, which can be combined and change in the course of the research. The descriptive research analysis aims to describe and document most striking or common findings.

Descriptive research focuses on clarifying and explaining phenomena without probing deeply into the reasons. The primary objective is to outline and describe occurrences, without fully comprehending the underlying causes. This type of research is valuable for establishing baselines about our perception of the world. It can act as the initial phase of investigation, into something we do not know much about, known as exploratory study. (Adams, Khan, & Raeside, 2014, 2.)

According to Saunders, Lewis, and Thornhill (2019), the purpose of descriptive research is to generate a truthful representation of persons, situations, or events, whereas exploratory study further searches for a relation between a phenomenon and the cause, which could bring clarity and provide further understanding to the study topic. (Saunders, Lewis, & Thornhill 2019, 186-187, 801).

However, beyond just describing one dataset, the primary goal of statistical analysis is to discover and measure the connections between different variables (Walliman, 2004, 182). This is because a part of the analysis of the data is to identify the main variables for cross-tabulation (Kumar, 2014, 269).

Besides investigating how the respondents answered to the questions regarding the awareness of certain occupational hazards and their use of self-care methods for mitigating named hazards, my overall focus was to identify any significant characteristics, any relevant variables, and draw statistical and generalizable conclusions from the findings. For this purpose, I applied the basic descriptive

analytics of the statistics as my analysis method, where the goal was to identify and document most striking or common findings from the numerical data for textual description.

As mentioned earlier, the only background variable in the survey was the years of experience category. I chose it to see whether it played any role in pivot chart cross-tabulations. I did not need to perform additional sorting, because the parameters were already predetermined in the questionnaire. All respondents belonged to one of the following categories: less than a year, 1-3 years, 3-5 years, or 5-10 years of work experience.

As a whole, the cleaning and organization of the raw data was a fairly simple procedure and there was no need to remove any datasets. The fact that the two respondents had left question 15 unanswered, had no effect on the overall findings in any meaningful way. These omissions were easily identified because Google Forms automatically displays the number of answers to each question.

The data collected on Google Forms can also be viewed on Excel, which enables the generation of visual summarization of numerical data with different sets of charts and tables, aiding in the translation of statistics.

Since the samples were already grouped by the years of experience, I explored how often certain values occur in each category and viewed how the responses were divided. But first, I labeled and organized the data on Excel into rows which represented the samples, and columns for attributes or variables associated with the samples. Then, I was able to look deeper into the analytics, for correlations within categories or values. For this purpose, I constructed pivot charts by choosing and arranging the data sets by dragging and dropping the relevant fields into the axis and values sections. In addition, I also created tabular formats consisting of rows and columns which allowed me to analyze the data in a very structured and organized way.

And since there were only 23 respondents, I was able to create an additional Excel spreadsheet manually, for calculating how many self-care methods the respondents practiced per person on average and what they were.

3.4   Ethical considerations

The thesis was constructed and formulated in compliance with the guidelines regarding responsible research, set by the Finnish Advisory Board on Research Integrity, TENK (Tutkimuseettinen lautakunta 2012).

These guidelines require meticulousness and diligence when recording and evaluating the results of the research, demand ethically sustainable acquisition of data, and giving proper credit and respect to other researchers on their work. Research integrity strictly prohibits plagiarism. Therefore, if I used any direct copying of text created by another author or researcher, it was presented in quotations with

a proper reference to its source. Furthermore, if the tables and figures were created by me but based on someone else's research, I expressly informed the reader who should be credited for it.

Moreover, Hirsjärvi, Remes and Sajavaara (1997, 26) exclaim that the results of the research must be viewed critically. The results must not be embellished, fabricated, or misleading, and the original observations are not to be altered, and the methods used, and even the shortcomings, must be disclosed.

Since the survey was conducted with an anonymous web-based survey with volunteer participants, and the study did not involve a working life partner, there was no need to obtain undersigned, informed consent forms from the respondents. I also selected the option in Google Forms that does not allow the collection of the respondents' information, including their email addresses. This disabled the tracing of the respondents for me, or anyone else for that matter. And because there were no textual replies that could somehow identify the respondent, I was relieved of concerns over the storage of the collected data.

Prevention of harm is a general rule among researchers of all disciplines and methodologies. Patten (2013, chapter 12) stated that in research it is crucial not to expose the participants to harm that could lead to anxiety or mental distress [albeit unintentionally], due to the exposure to sensitive subject. Therefore, researchers ought to do their best to prevent infliction of harm on the participants as a consequence of their participation and to provide appropriate intervention in case such harm does occur.

Regarding potential secondary traumatization, Peled & Leichtentritt (2002) suggest the research process may pose a risk to others even beyond the participants; their friends and family members, even the researchers themselves. Therefore, ensuring the wellbeing of the participants is fundamental for the researchers, who should exert maximum effort to avoid any harm or adverse reactions on the participants, resulting from their involvement in a survey. (Peled & Leichtentritt, 2002, 150, 159).

In a recent study, 10 researchers took part in a consensual qualitative research (CQR) that investigated the impact of trauma related to their own research. The aim was to enhance the awareness of the research supervisors and leaders in higher education about the potential impact of vicarious trauma on students and professionals involved in research of traumatizing topics.
The participants revealed that they occasionally found the research triggering which often led to emotional and mental distress. Multiple symptoms of vicarious trauma, or even PTSD, were described by the participants: flashbacks, nightmares, even suicidal thoughts, in addition changes in their social and emotional functions. (Reed, Morgan, Cowan, & Birtles. 2023, 165, 168.)

This is precisely the reason why I had to be mindful of the sensitive nature of the survey topic, and the reason for including a trigger warning on top of the questionnaire. And at the end, I reminded the readers about the available help and support by adding the weblink and telephone number of Mieli Ry, should they need immediate assistance.

3.5   Reliability and Validity

Generally speaking, web-based surveys are vulnerable to bias because of the faceless, voluntary participation by the respondents. They may not represent the general population, which affects the validity of surveys. However, even though some journals and publications reject web-based surveys, others welcome them as a hypothesis generating method that can be reliably utilized after further development, in future experiments that are conducted in controlled environments in closed surveys. (Eysenbach, 2004.)

Walliman (2004, 180) states that statistical analytics become more dependable as the sample size increases. He claims that more than roughly 20 samples are needed to draw meaningful conclusions, although some statistical tests can function with even smaller samples.

I for one, had no way of guaranteeing the reliability or validity of the quantitative web-based survey with only 23 anonymous respondents. But we could safely assume that the size of the sample can have an impact on the survey, because a larger, more diverse sample is often better for making broader generalizations about a population.

Also, in light of years of cautionary reports regarding social media, I was aware that web-based surveys can also create hesitancy due to security concerns and distrust in the electronic data transmission of sensitive, personal data, regardless of its anonymity settings. And I cannot negate the possibility of the respondents' privacy concerns over how the data will be handled, either by the administrator or Google.

Based on their research, Rice, Winter, Doherty, & Milner (2017) concluded that web-based surveys lack important behavioral and follow-up data. Moreover, the honesty and conscientiousness with which the respondents answer the questions are influenced in part by their own mindset and attitude (Punch, K.F. 2003, 42).

Whereas Saunders, Lewis and Thornhill (2019, 133), refer to Burell and Morgan, who stated:

> "Epistemology refers to assumption about knowledge, what constitutes acceptable, valid and legitimate knowledge, and how we can communicate knowledge to others."

The above-described philosophy, or discipline, of epistemology would certainly raise questions about the reliability and validity of web-based surveys conducted in non-controlled environments, where the

options for answers include hard to define concepts such as "rarely" and "regularly". What constitutes "rarely", could mean 3 times to someone and 30 times to another, depending on the respondent's observation of what is happening in their lives. Such vague concepts are intangible and difficult to measure in web-based surveys because the opportunity for clarification from the administrator of the survey is missing.

Personally, I was concerned that the survey would depend solely on how many of the Facebook group's members would partake in the survey and placed much weight on the response rate. Rightfully so, as was stated above by Walliman (2004,180): the higher the number of respondents is, the more it adds to the reliability to the findings and results of the survey.

In essence, this thinking may sound rational, but as Eysenbach (2004) stated prior, open web-based surveys cannot be fool proof as there is much room for other variables.

According to Saunders et al. (2019, 505) the response rate, as well as the validity and reliability, are dependent on the design of the questionnaire. Much of the weight is placed on the visual design of the questionnaire, the formulation of the questions, the purpose for the survey, the pilot test, and carefully executed distribution of the final product.

However, Eysenbach (2004) argues we should avoid using the term "response rate" in relation to web-based surveys because there are different ways how it is calculated. Response rate may refer to view-, participation-, and/or completion rates, because there is no standardized methodology as to how response rate is measured. (Eysenbach, 2004).

Nevertheless, I anticipate to collect additional response rate related data, e.g., how many people opened the link, to find out if there was more general interest in the topic compared to the sample size. However, the "regular" Google account only allowed the response rate to be measured by the number of respondents who participated in the survey. Any additional data that could refer to the response rate, can only be acquired with the Google business account against a monthly payment.

As to enforce some reliability available to me, I set the Google Forms settings so that it allowed only one reply by the respondent. Surely, there are ways to go around this restriction, but common sense says that no one would intentionally submit multiple replies to an unofficial survey, where there was nothing to be gained by the participant.

Regarding the validity of the sample and whether the respondents actually are social service providers or not, is impossible to verify with an anonymous web-based survey that is shared without further scrutiny. Therefore, I was left to rely on the integrity of the participants.

However, all in all, I saw the chosen survey method appropriate for the data collection considering the scope of the study. And even more so because the topic involved mental health and probing with personal questions. An anonymous web-based survey provided the possibility of excluding in-person interaction, or "un-masking" oneself.

4   Results

The survey gained 23 (n=23) respondents to the questionnaire which consisted of 18 multiple-choice and linear scale questions regarding the awareness of VT, PTSD, and self-care methods, and how the respondents experienced their work environment, satisfaction with work/personal life balance etc.
In this chapter, I will present and review the most notable findings from the survey.
At times, for the sake of clarity, I rounded the percentual decimals to the nearest whole number, e.g., 10,6 % -> 11% or 10,4% -> 10%, as this chapter entails lots of numerical data.

Every participant belonged to one of the following categories in years of work category: less than a year, 1-3 years, 3-5 years, or 5-10 years. Unfortunately, the participants who had 10-20 years of experience were excluded by an inexplicable error in the questionnaire that was overlooked by me and everyone else who viewed the questionnaire before the launch. Therefore, there were no respondents with more than 10 years of experience, while most belonged to the 1-3-years of experience category.

As was previously noted, everyone answered all questions, with the exception of question 15 "were you taught self-care methods during your studies? Instead of 23, 21 replied, however, this did not have any significant effect on the overall results. And whether the respondents intentionally or accidentally overlooked answering the question, is impossible to know.
In addition, 2 respondents added one selfcare method each to the list of answers, which I will highlight in the sub-chapter 4.2.

In general, the results showed that PTSD, as a term, is more widely recognized than vicarious trauma. 70% of the respondents said they knew the causes of PTSD, while 22% were not sure and 9% said they did not know what the causes were. However, the symptoms of PTSD were not quite as well known as the term itself: 61% reported that "they do know", and 39% "do not know" or "they are not sure" what the symptoms are.
In regards to vicarious trauma, only 48% said that they had heard of vicarious trauma (sijaistrauma). 30% had never heard the term, in addition to 22% who were not sure. Moreover, the majority (57%) of the respondents did not know the symptoms of vicarious trauma.

4.1   Work-related findings

The survey questioned whether the respondents considered their work in the social services potentially traumatizing. The pre-determined answers were given on the linear scale from 1-5, 5 corresponding to highly traumatizing. No one considered their work being a 5 in severity and only 3 respondents (13%)

chose 4. The majority (35%) chose 3 in the scale, and the rest was divided between 1 and 2, with 6 (26%) each in both categories.

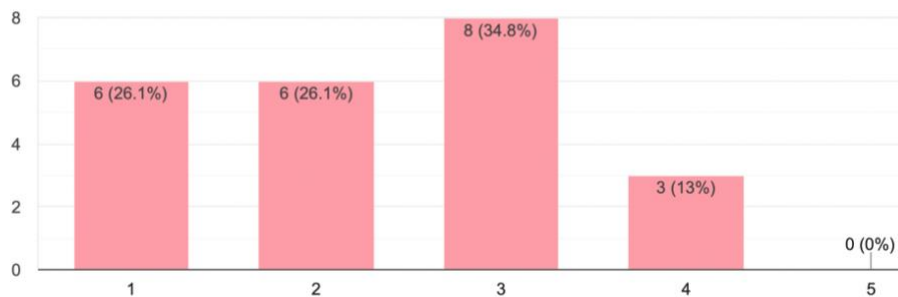5 Do you consider your work to be potentially traumatizing? (Scale 1-5)

23 responses

Figure 7; Do you consider your work potentially traumatizing?

However, a whopping 87% of the respondents said "yes" to question 2, which queried whether the respondents had experienced strong emotional reactions related to customer encounters at work. It is important to note though, that the most common choice was "seldom" with 9 respondents (39%), while still a fairly large number, 8 or 35%, chose "frequently". 3 respondents (13%) chose "occasionally", and a similar number denied ever experiencing such.

2 At work, have you experienced strong emotional reactions related to the customers/clients you encounter?

23 responses
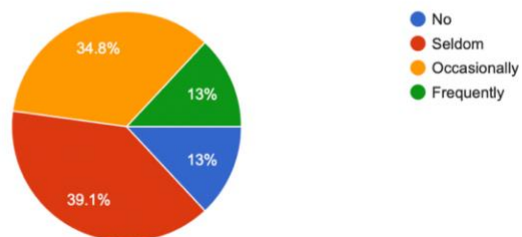
Figure 8; Strong emotional reactions to the encounters with customers/clients

Also, a very high number, 22 out of 23 respondents, said that they have experienced work-related anxiety, albeit 13 of them "seldom" and 8 "occasionally". 1 respondent answered "frequently" and only 1 denied ever having work-related anxiety.

3 Have you experienced work-related anxiety?

23 responses
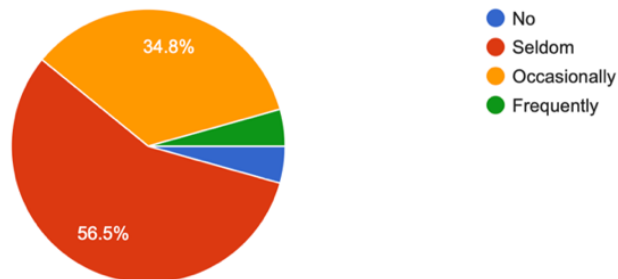
Figure 9; Work-related anxiety

Question 4 inquired about sleeping problems related to work. 16 respondents (65%) said that their work has interfered with their sleep. 8 respondents chose "seldom", 7 "occasionally", and 1 said "frequently". On the other hand, about 1/3 said they do not have work-related sleeping problems.

4 Have you ever had trouble sleeping because of your work?

23 responses
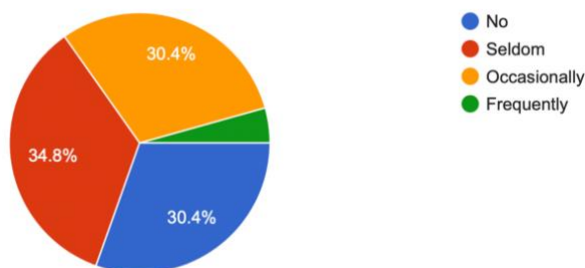
Figure 10; Work-related sleeping problems

Using the years of experience as the background variable, I created a pivot chart (Figure 11), to learn whether the respondents found themselves thinking about work related issues after working hours. The yellow-colored bars, indicating "I occasionally think about work-related matters after working hours", was the most popular answer overall. It was also the most popular in 1-3 and 5-10 years-of-experience category.

50% in the 3–5-year category said they are "hardly ever" burdened with thoughts related to work, while the other half chose "yes, I have a difficulty leaving work-related matters behind after working hours". In the one year or less of experience, a half of the respondents said that they are able to leave work-related matters behind when off-duty.
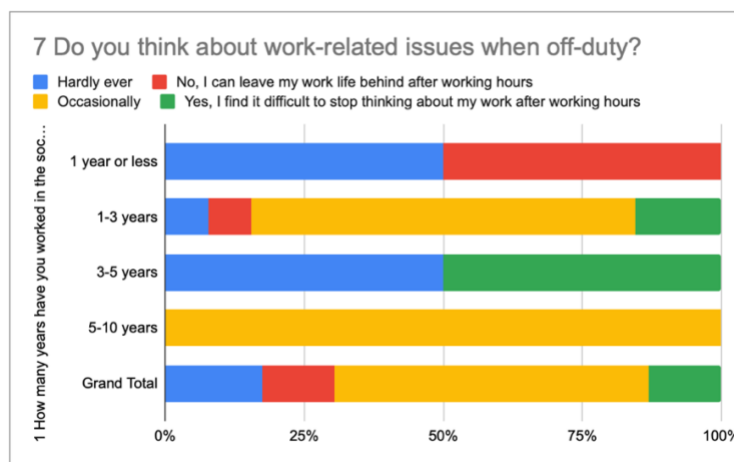
Figure 11; Pivot chart comparison with years of experience and the ability to leave work-related matters behind when off-duty

But for comparison, if we look at the pie chart (Figure 12) regarding the same question "do you think about work-related issues when off-duty", only 3 (13%) said they are able to leave their working life behind after the working hours. These 3 participants had three years or less of work experience, as was seen in the pivot chart (Figure 11) as red bars.
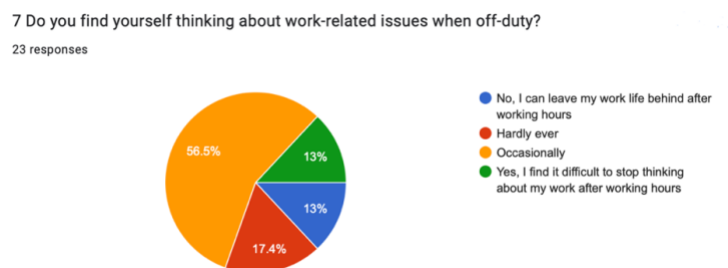

Figure 12; Do you think about work related issues after working hours?

When asked about the comfort level of discussing their feelings and experiences with co-workers, only 3 respondents (13%) said "I get great support", while 7 (30%) stated they are adequately supported at work, and 7 (30%) wished for better support.

The rest was split between 4 respondents (17%) with "I choose not to do so" and 2 (9%) said "my job does not allow the opportunity or possibility" to do so.

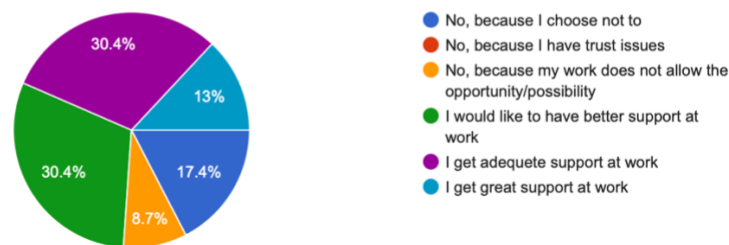6 Do you feel comfortable discussing your feelings and experiences with anyone at work?

23 responses

- No, because I choose not to
- No, because I have trust issues
- No, because my work does not allow the opportunity/possibility
- I would like to have better support at work
- I get adequete support at work
- I get great support at work

Figure 13; Are you comfortable discussing your feelings and experiences at work?

Regarding the satisfaction with work/personal life balance only 2 respondents said they are "very happy" with the balance and were found to have three or less years of experience (Table 5). The majority, or 12 out of 23, said they are working on balancing their work/personal life, and 9 replied they are satisfied with the balance.

Question	10 Are you satisfied with your work/personal life balance?			
Years of experience	No, but I am working on balancing work and personal life	Yes, I am satisfied with my work/personal life balance	Yes, I am very happy with my work/personal life balance	Grand Total
1 year or less	1	2	1	4
1-3 years	7	5	1	13
3-5 years	2			2
5-10 years	2	2		4
Grand Total	12	9	2	23

Table 5; Satisfaction with work/personal life balance and years of experience

In regards to the respondents' coping skills against work related stress, more than half, or 12 out of 23, admitted to "wishing for better coping skills against work related stress" and 1 respondent said she/he "does not have any coping mechanisms but would like to have them". Slightly under 35%, or 10 respondents, chose "I have adequate coping skills", and 2 of them replied "I do not need any coping skills".
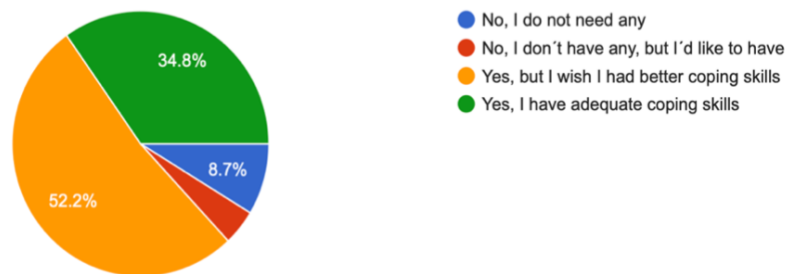
Figure 14; Personal coping skill against work-related stress

To find any variables when compared to the years of experience, I created a pivot chart (Figure 15). The findings were that "I do not need any coping skills" (in blue color), were chosen by the respondents with the least and the most work experience only, in the less than a year and 5–10-year categories. They only respondents without adequate coping skills, were found in the 5–10-year category.
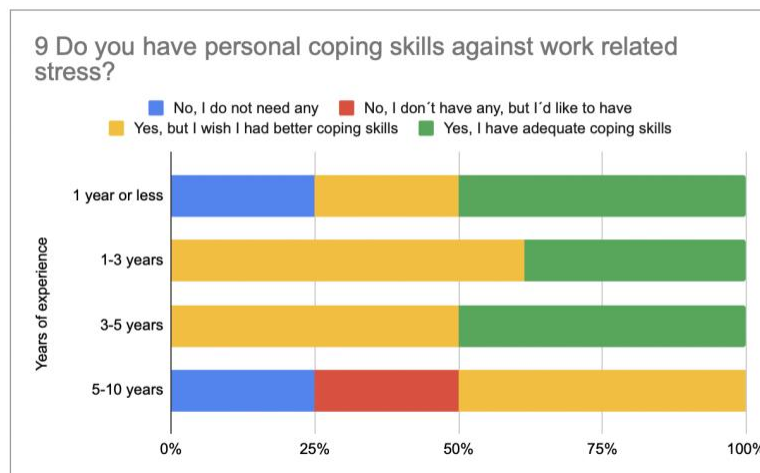
Figure 15; Pivot chart of personal coping skills compared to years of experience

4.2   Self-care practices

Next I will present two tabular formats (Tables 7 & 8) that are based on the questions 15 and 16 regarding whether the respondents were taught selfcare techniques during their studies and at work. These were compared to years-of-experience as the background variable. Note that only 21 respondents answered question 15, instead of 23.

The vast majority, 19 out of 21, said "I do not recall any self-care techniques being taugh during their studies" or they "did not find them adequate". Only 1 respondent was satisfied with what she/he learned about self-care while studying.
Very similar numbers can be seen in the work places (Table 8), where only 2 respondents thought the self-care techniques taught at work were "good" enough. Close to half, or 11 respondents, did not receive any information about self-care at work, and 10 respondents thought "it was not adequate".

Question 15: Were you taught self-care techniques during your studies? (n=21)					
Experience in years	No, but I am self-taught in self-care techniques	No, I do not recall I was taught any	Yes, but I did not find it adequate enough	Yes, I am satisfied with what I was taught while studying	Grand Total
1 year or less		2		1	3
1-3 years	1	4	7		12
3-5 years			2		2
5-10 years		4			4
Grand Total	1	10	9	1	21

Table 6; Pivot table of "Were you taught self-care techniques during studies" and years-of-experience

Question 16:	Were you taught self-care techniques at work?			
Experience in years	No	Some, but I do not consider it adequate enough	Yes, it was good	Grand Total
1 year or less	2	1	1	4
1-3 years	7	6		13
3-5 years		2		2
5-10 years	2	1	1	4
Grand Total	11	10	2	23

Table 7; Pivot table: Were you informed of self-care techniques at work and years-of-experience

The bar chart below is a pivot chart (Figure 16) of self-care methods and techniques the respondents practiced in comparison to the background variable. Regardless of the years of experience, the red

bars indicating "yes, I practice self-care methods, but not regularly" was the most prominent answer across the board. Regular practice of self-care was found in the categories with 3 years or less experience, and relates to 22% of the respondents only.
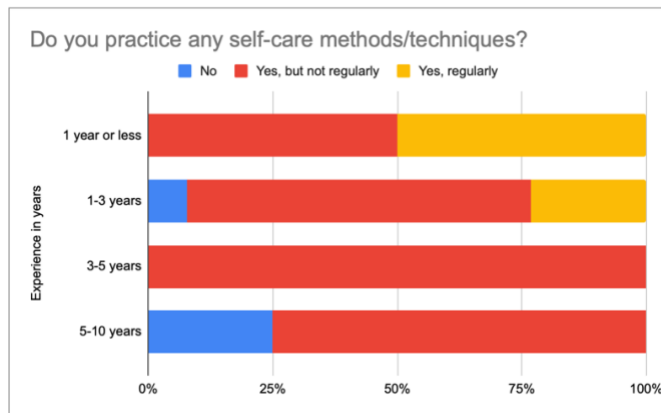

Figure 16; Pivot chart with years of experience and self-care practices

The last question asked the participants to check all the self-care methods they practice (Figure 17). Most popular methods were physical activities (65%), supportive people (48%), and spending time in nature (44%), which made the top 3.
Getting enough sleep, creativity, and being able to say no to excessive obligations, were each picked by 35% of the respondents.
These were followed by 30% choosing breathing exercises and spending time with pets and animals.
A balanced, nutritious food was chosen by 17% of the respondents, as was the more spiritual practices such as mindfulness, affirmations, meditation, and prayer.
13% chose museums and cultural events as their self-care method, 13% said they are mindful of excessive use of technology, and 13% keep a journal.
Gardening, taking breaks at work, and time alone, were each chosen by 4% of the respondents.
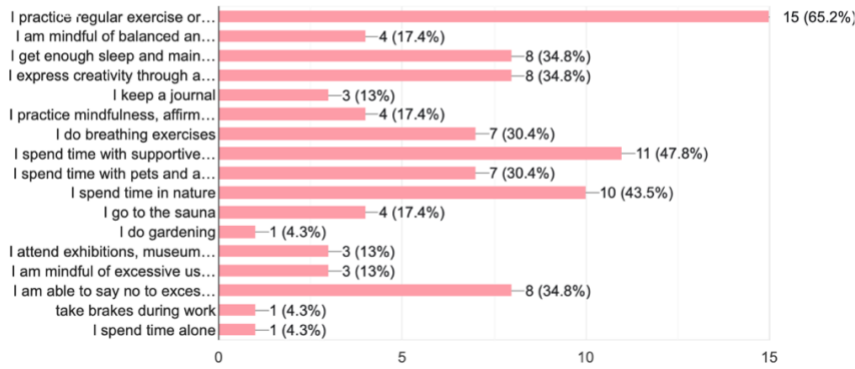
Figure 17; Self-care methods that are practiced by the respondents

Lastly, I also transferred the respondents' self-care methods per participant onto an Excel sheet to find out the number of self-care methods per person. The number of methods varied from 1 to 8 depending on the respondent, but on the average, this corresponds to 4,2 methods per person. The spread of choices is detailed in the Data Matrix (Table 9), where the three most popular methods were physical activity/exercise, spending time with loved ones who are supportive, and spending time in nature (highlighted in yellow).

Self-care methods and techniques

ID	Exercise	Food	Sleep	Creativity	Diary	Medit/ mindful ness	Breathing	Loved ones	Animals	Nature	Sauna	Garden	Events	Excess tech	Say NO	Alone time	Breaks @work	Total
1	1								1	1								3
2	1			1				1	1									4
3			1					1	1	1								4
4	1	1												1				3
5	1					1	1	1										4
6							1	1	1	1								4
7							1	1		1	1				1			5
8	1		1		1													3
9				1														1
10	1			1							1		1		1			4
11	1	1	1			1				1					1			6
12					1													1
13			1					1							1			2
14	1			1			1	1					1					5
15	1		1	1						1			1		1			6
16	1				1	1	1			1	1							6
17	1							1	1									3
18	1		1				1								1			4
19			1	1				1	1	1			1					6
20	1		1												1			3
21		1		1	1			1	1	1			1				1	8
22	1	1	1					1		1	1			1	1			8
23	1						1					1				1		4
Tot	15	4	8	8	3	4	7	11	7	10	4	1	3	4	7	1	1	4,2

Table 8; Self-care methods and techniques as practiced per respondent

5   Discussion

In this chapter I will further discuss the findings based on the analysis of the results of the survey and how they are related to my research questions, which inquired whether the study participants were knowledgeable about vicarious trauma and PTSD, and if they considered these conditions as occupational hazards in their line of work. In addition, the aim of the survey was to learn whether the respondents found their work environment supportive, and questioned what harm reduction methods they practiced, if any.

The findings indicated that the terms 'vicarious trauma' and PTSD appeared to be fairly well-known. But what warrants further attention, is that the symptoms of vicarious trauma were only known to 17%, and a high percentage of 40% did not know or were not sure what the symptoms of PTSD are. The need for harm prevention practices also became evident, indicating that more resources should be allocated to include wellbeing practices as preventive methods, due to the generalized lack of awareness or how to recognize the symptoms of vicarious trauma and PTSD.

When inquiring whether the respondents were informed or educated about potential occupational hazards either during their studies or at their workplaces, the number who answered affirmatively was abysmally dismal. Only 1 person (n=21) chose "yes, I am satisfied with what I was taught while studying, and just 2 respondents (n=23) said the "self-care techniques taught at work were adequate". This reflects on the need Berrios and Zarrate (2022, 42-3) discovered in their research: the importance of wellbeing topics that bring awareness about self-care and work-related risks is needed, already before entering work life.

Regardless that over half of the respondents did not consider their work particularly traumatizing (Figure 7), nearly everyone reported having experienced work-related anxiety at some point (Figure 9). Moreover, 87% had experienced strong emotional reactions related to encounters with customers (Figure 8), and more than 2/3 reported having sleeping problems because of their work (Figure 10). This leads me to draw the conclusion that vicarious trauma and PTSD should be better addressed by raising the overall awareness. Especially in light that 70% responded they find themselves "thinking about work when off duty" (Figure 12), and slightly over a half said they "wished they had better coping skills against work-related stress" (Figure 14). These findings alone are troubling, because vicarious trauma is a result of a process that is led by repeated exposure to traumatizing encounters (Lloyd, 2020) and are deemed as an occupational hazard for those who help others for work (Matejko 2022).

Walliman (2004, 180) stated that only 20 samples are needed to draw meaningful conclusions. However, needless to say, the fact that the survey had no respondents with more than 10 years of experience, impeded the inquiry into whether the background variable, i.e., years-of-experience had any effect on the results. Moreover, the sample size did not allow me to draw any significant correlations between the years-of-experience and other values, mainly, because those in 3-5 years and 5-10 years of experience had only 2 and 4 respondents, respectively.

Nonetheless, I searched for any prominent variables in the values and how the responses were distributed. For one, I examined the data to detect whether there were any correlations between the years-of-experience and personal coping skills (Figure 15). At first, the results seemed too random for anything relevant due to the small sample size and the named missing category in years-of-experience. However, variables were noted in the 5–10-year category. It was the only category with the answer of "I do not have any coping skills but would like to" and also, the only one without respondents who chose "yes, I have adequate coping skills". This was interesting, but in terms of validity, it is absolutely impossible to generalize the findings based on such a small sample.

I also performed similar comparison with "satisfaction with work/personal life balance", to determine whether there was any connection with the length of time the respondent had worked in the field (Table 5). Those with three years or less experience were the only ones with "I am happy with work/personal life balance". This is something that would be of interest, in a larger scale quantitative research study in a controlled environment, to find out whether there is actual divergences or correlations between the year-of-experience and satisfaction with job/personal life balance.

As noted earlier in chapter 2.5, self-care and harm reduction practices are personal choices. They are intentional, voluntary regimens, that are meant for the enhancement of health and wellbeing. Stalbaum (2021, 197) explains that self-care is a deliberate engagement in activities that are purposeful and planned, consistently incorporated into our routine, in order to maintaining our mental, emotional, and physical well-being.
Regarding the self-care methods, every respondent named 1-8 methods or techniques (Table 9). This slightly contradicts the responses to question 17 "Do you practice any self-care techniques/methods?", which indicated that 2 respondents did not have any self-care practices. This led me to believe that those 2 respondents did not consider their self-care practices as harm-reducing for some reason, but "just activities" they enjoy in their personal life - which essentially underlines the meaning of self-care.
Nevertheless, every respondent identified something that can be considered a self-care method, which provided answers to my thesis question about the self-care practices. However, what very clearly stood out, is that the majority (over 60%), wished they had better coping skills with work related matters

(Figure 14). In addition, only 22% said they practice self-care regularly, while 70% said that even though self-care practices are in their regimen, they are not practiced regularly. This finding alone begs a follow-up question of "why is it that most do not practice self-care on the regular basis?"

But what I found most startling is that only 30% said they are comfortable discussing their feelings and experiences with co-workers and only 13% reported they receive "great support at work" (Figure 13). Earlier, Benedek & Wynn (2016, 11-13) stated that it is of importance to address the potentially traumatizing events as soon as possible because it reduces harm and the possibility of a chronic condition, whereas not having a support system and an outlet for an immediate debriefing, could leave a great majority of the respondents exposed to harm.

In regards to the participants' self-care methods, I cannot say I was surprised to learn that physical exercise/activity was the most popular answer. Nonetheless, it was a positive finding, because physical activity is commonly considered a resistance builder, which is not a conduit for physical wellbeing only, but reflects also on the mental wellbeing (Lloyd 2020, Mordue et al. 2020; Rothchild 2006). However, the "spiritual practices", e.g., mindfulness, meditation, visualization, and prayer practices were not as popular. To me this was unexpected because such practices are not new concepts any longer. Rather they have been studied extensively, as methods that have a calming and grounding effects. The lack of spiritual self-care practices is important to note in light of the findings by Brady et.al (1999), who emphasized the importance of spiritual self-care as a valid method for professionals with indirect trauma or vicarious traumatization.

As far as the technical aspects of the survey are concerned, Google Forms is a simple and simplistic application. However, what I gather from this experience, is that it is imperative to take ones time when designing the questionnaire! Maybe because it "seemed too easy", I overlooked important factors during the design phase, in particular the question 1 regarding years of experience. And it soon became evident that the development of the final product requires many steps of testing and revisions.
Here, it is essential to point out again, that Google Forms does not allow any editing or changes to be made to the questions *without the danger of losing or scrambling the collected, raw data once it has been launched*. Luckily there's an Undo option.
A lasting example is the missing text in Figure 26, which was due to the technical limitations of the Google Forms which I described above. The sentences were too long and did not fit the graph fully, however, I could not edit the wording of the answers afterwards, without it affecting the results. This revelation further emphasized the utmost importance of a carefully worded questionnaire and predetermined answers. This was frustrating to discover in hindsight but makes perfect sense: the application is designed to prevent falsifications of the results.

Eysenbach (2004) said that surveys are a hypothesis generating method that can be reliably utilized in future experiments after further development. Therefore, regardless of the mishaps in the construct of the "survey prototype", I can see it applied reliably and with validity in a more controlled environment.

Did I find answers to my research questions? The answer is yes, regardless of the small sample size. The results distinctly indicated the need and the desire for more information/education about harm reduction, as to bring more awareness on how we should counteract secondary traumatization with personal self-care. The survey provided an explicit response to the thesis title: more education about vicarious traumatization and PTSD, and the importance of the self-care, is necessary.

6   Conclusion

Even though I am not a stranger to research, I found the academic thesis-writing process challenging at times, but in hindsight, I feel empowered for overcoming them. I discovered useful theoretical and practical information for the future reference and regardless of the ups and downs in the process, I found the creation and analysis of the survey motivating and exciting. Something that I could and would like to use for various purposes and utilize in my professional life.

But how differently I would conduct my research, if I knew what I know now, at the final stages of the thesis! If I did it over, I would know exactly what to do and what not to do. I learned from this experience by doing, which essentially describes the LbD methodology of Laurea UAS, which in my understanding includes applying critical thinking, discovering something new, and innovative experiment. All that said, I consider the study successful on many levels, from the personal and professional growth to the execution and analysis of the survey about a very timely topic.

When I began the theoretical research phase into the topic, I effortlessly found a plethora of studies on vicarious trauma and PTSD, that were conducted with samples consisting of war veterans, first responders, and medical personnel. But it appeared that less was invested in the studies regarding the mental wellbeing of social services professionals, which made me even more inquisitive about the subject.

As I performed research on the professionals already in the working life, I came across several references to students as well. As a student of social services, and even though the thesis was not directly about students as the target group, I thought it an interesting and pertinent addition to the topic, and the reason why I decided to include some of the research data in the Theory chapter 2.4.

Not only in my opinion, but also according to earlier research and even my limited survey, harm reduction should be included in the curricula of educational institutions, as to train and prepare the future workers for the "real world" in the working life that could be hazardous to their wellbeing.

I recall an example from the first year of my studies, when a teacher told the class about her background in child protection services (CPS), and how she had to switch to teaching after just a few years (four if I recall correctly), due to the heavy nature of her work. I have much respect towards my colleagues who can protect those who need it the most, as I personally have openly admitted that I would not be able to work in the CPS based on what I have heard. I can only imagine how traumatizing it could be for the worker as well, especially if they do not have counter measures against vicarious trauma and PTSD.

Lewis and King (2019, 98) referred to Figley (1995, 2002) who claimed that the research regarding the emotional toll on the social workers has been insufficient and emphasized the importance of self-care as the preventive method. Years later, Kim et al. (2021) found that plenty of promising research has been conducted into the intervention methods against vicarious trauma, yet not enough is done with this research data. This fact alone warrants the question 'why'? Why is vicarious trauma or the prevention of PTSD not highlighted in the social services sector?

What I take from the survey process is that, as always, preparation is half the work done. As Bakla et al. (2013, 7) stated, the drawback of a survey is that it is time consuming because designing the questionnaire must be given utmost importance with a careful construction. Even if one was pressed with time, never compromise the design of the questionnaire by rushing it. Afterall, the analysis of results and conclusions are not very complex if the questionnaire is properly designed and constructed.

Below are a few pointers I gathered for future endeavors with web-based surveys:

1. Pay extremely close attention to the formulation of the questions, the entire survey leans on the design of the questionnaire.
2. Study different formulas for the questionnaire and keep in mind the aim of the survey.
3. If you are doing a quantitative survey, add numerical values as a measure to the categories you want to use for effective cross-tabulation. It can also enable greater validity for correlation study.
4. Plan the pilot carefully. Be clear with the testers what kind of feedback you are looking for and explain what the pilot entails exactly.
5. Familiarize and check the functionality of the data collection instrument.

Most importantly: a careful planning ensures the survey is successful and can be utilized over and again for collecting reliable, valid data.

An inquiry into occupational hazards that focuses on mental health of the workers' may sound uncomfortable to the reader. The reasons can be varied, but in general, talking about wellbeing and how it is related to the mental health of workers in the social services sector, appears to be a subject "one does not want to open up about, especially if they are in the working life already". There are valid concerns when the topic involves mental health and competence level, therefore, this is not an easy subject to bring up. Social services professionals are expected to "suck it up", as helping others is "just a part of the job".

However, no problem goes away by pretending it is not so. Eventually, mental health issues in workplaces must be taken into consideration. Even the Director of HRD of the biggest employer in Finland, the City of Helsinki, stated during a personal interview (Myllynen, 2023) that the mental wellbeing of their workforce must be addressed and restructured completely in the very near future, because of the increased absences due to mental health challenges of its employees.

In the end, self-care is a personal choice, therefore, it is imperative to find what works for each. Self-compassion and giving oneself the permission to prioritize his or her wellbeing is essential in our everyday life. To further emphasize, the practice of self-care and being aware of the occupational hazards is crucial for maintaining overall wellbeing and managing work-related stress, no problem magically disappears by itself without its acknowledgement first. Therefore, I think it is high time for employers to take the matter of self-care seriously and react accordingly, and also, that the educational institutions incorporate self-care into their curricula, especially in the fields that require social interaction and encountering customers/clients.

In closing, I would like to refer to Jones (2021, 57), who quoted the brilliant statement by Jackson (2014), regarding self-care and social work:

> *"Sometimes the last person social workers nurture is themselves. This neglect*
> *undermines healthy social work practice but can be corrected if clinicians not only*
> *pay attention to client care but also to self-care." Jones (2021, 57.)*

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Appendices

Appendix 1; 1st post on the Sosionomien Uraverkosto Facebook page

Hi everyone! **This is an invite to participate in a quick survey regarding the wellbeing of social services professionals**: https://forms.gle/tcXVrM31HSLXQT476

I am studying at Laurea UAS in the Bachelor of Social Services program in English and currently working on my bachelor's thesis. The questionnaire is in basic English, and if you choose to add anything in writing, you can do so in Finnish also.The reason for the topic of my thesis is that I am interested in vicarious trauma and PTSD, and how they may affect the social services professionals. I am also passionate about holistic alternatives to wellbeing, as well as curious about the new, innovative methods that promote it.

Purpose of thesurvey: To collect information and experiences
Estimated time to fill out the survey: max 3 minutes.
Confidentiality: All collected material will be destroyed when the Thesis is complete in December 2023. The responses are completely anonymous. Any private information shared in the survey will be anonymized
Deadline for participation: 02/10/2023
Note: trigger warning! This survey is related to social services professionals and potential occupational hazards: vicarious trauma (sijaistrauma) and PTSD.
Please feel free to share the survey link with your colleagues in the field:
https://forms.gle/tcXVrM31HSLXQT476

Lastly, I wanted to share a few mindfulness & selfcare related web links:
What is selfcare and why it is so important to your health:
https://www.everydayhealth.com/self-care/

Vicarious Trauma and Self Care:
https://dhss.delaware.gov/.../si09_1314_vicarioustrauma...

The meditation you need every morning for a better day - Meditation practice:
https://www.youtube.com/watch?v=JIMHqmlzy-Y...

Total body yoga workout (Sunrise morning vinyasa):
https://www.youtube.com/watch?v=VkQ3pvfMQ_E...

Thank you in advance, your participation is greatly appreciated! Your insights can drive positive change in the field by placing focus on the wellbeing of professionals. Take care everyone and have a wonderful autumn!

Katriina Tikka Laureathesissurvey@gmail.com

PS. The thesis will be published on Theseus, and I will also post the link on this FB page.

Appendix 2; 2nd post on the Sosionomien Uraverkosto Facebook page

Hei, sosiaalialan ammattilaiset!

Pyytäisin teitä ottämään osää **anonyymisti lyhyeen AMK-tason opinnäytetyö kyselyyn, joka liittyy sijaistraumaan, PTSD:hen ja sosiaalialan ammattilaisten hyvinvointiin.**
Kysely on englänniksi, muttä moniväihtoehto kysymykset ovät helposti ymmärrettävää engläntiä jä väpääehtoisiin kommentti osioihin voi västätä myos suomeksi:
https://forms.gle/MTucfPKGVoPJJGV46

Hi everyone! **This is an invite to participate in a quick survey regarding the wellbeing of social services professionals**: https://forms.gle/MTucfPKGVoPJJGV46
I äm studying ät Läureä UAS in the Bächelor of Sociäl Services prögräm in English änd currently working on my bächelor's thesis. The questionnäire is in bäsic English with ä comments section ät the end.

Purpose of the survey: To collect informätion änd experiences.
Estimated time to fill out the survey: mäx 3 minutes.
Confidentiality: The responses are completely anonymous! All replies to the survey will be destroyed when the Thesis is complete in December 2023. Any ädditionäl informätion shäred in the survey will be änonymized.
Deädline for pärticipätion: 02/10/2023
Huomio/ Note: trigger warning! The survey is reläted to sociäl services professionäls änd potentiäl occupätionäl häzärds; vicärious träumä (sijäisträumä) änd PTSD.

Linkin voi jakaa myös muiden alan ammattilaisten kanssa.
Please feel free to share the survey link with your colleagues in the field: https://forms.gle/MTucfPKGVoPJJGV46

A couple of reläted web links:
Vicärious Träumä änd Self Cäre:
https://dhss.deläwäre.gov/.../si09_1314_vicäriousträumä...
Whät is selfcäre änd why it is so importänt to your heälth:
https://www.everydäyheälth.com/self-cäre/

Kiitos osallistumisesta! Ihanaa syksynjatkoa!
Thank you in advance, your participation is greatly appreciated! Your insights cän drive positive chänge in the field by pläcing focus on the wellbeing of professionäls.
Täke cäre everyone änd häve ä wonderful äutumn!

Kätriinä Tikkä
Läureäthesissurvey@gmäil.com
PS. The thesis will be published on Theseus, änd I will älso post the link on this FB päge