



Burnout, Compassion Fatigue and Vicarious Traumatic Experiences Among Social Workers: Emotional Regulation as a Protective Factor

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ABSTRACT

This study was based on burnout, compassion fatigue and vicarious traumatic experience among social worker, and emotional regulation as a protective factor. The social workers were those who supported flood victims in different cities of Pakistan. The purpose of this study was to find the importance of emotional regulation among social workers in situations of burnout and compassion fatigue. Research participants were 200 individuals, with age range of 18 to 30 years (early adulthood). The data was collected from social welfare organizations. The study was quantitative in nature. Snowball sampling technique was used. The Emotional Regulation Questionnaire (ERQ) by Gross and John (Gross & John, 2003). Burnout, Compassion Fatigue and Vicarious Trauma Assessment by the Crisis & Trauma Resource Institute, were administered on the participants. To test the hypothesis regression analysis was used to determine the impact of emotional regulation on burnout, compassion fatigue and vicarious traumatic experience. Pearson Bivariate correlation analysis was used to determine the association between emotional regulation, vicarious trauma, compassion fatigue and burnout. Independent sample T Test was used to evaluate the gender differences in level of emotional regulation, burnout, compassion fatigue and vicarious traumatic experience. The result showed significant impact of emotional regulation on burnout, compassion fatigue and vicarious traumatic experience among social workers. The result also shows that there is significant negative correlation between burnout, compassion fatigue and vicarious traumatic experience. Hypothetical and actual results are closely related.

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1. Introduction

Social workers assist people in overcoming challenges and raising their standard of living. A work in social work can occasionally be difficult. However, social workers have a direct impact on improving people's lives. The fundamental concepts of social work involve serving others with empathy, promoting human rights, and respecting the dignity of every individual. The essential values alone demonstrate the significance of social work in the modern world since they have an impact on people, communities, and society. More than 1,700 people have died in Pakistan since June as a result of prolonged, intense monsoon rains, and more than 33 million people have been affected by flooding, concluding in the declaration of an emergency. Large portions of southern Pakistan were still under water weeks after the disaster, and the situation remained tense. Many groups were working to aid the affected people in the situation. The social workers had a significant and prominent role. As citizens and citizens of this society, social workers ensure that they provide their maximum effort at this time of distress.

In prior research social work is defined by Cree and McCulloch (2023) states that 'It is almost impossible to find a simple definition of social work with which everyone is likely to agree'. Thompson (Thompson, 2000) suggests 'Social work is what social workers do'. For Cree and McCulloch (2023), though the Thomson position is not seen by her to be very helpful, goes on to state that: We should not expect to find unanimity in books about social work, or even in accounts of social workers. Social work is always subject to competing claims of definition and practice, and cannot be separated from the society in which it is located. Rather social work has to be seen as a collection of competing and contradictory discourses that come together at a particular moment in time to frame the task of social work. Social work has always been subject to competing claims of definition and practice, as social workers, politicians, service users and policy makers have struggled to lay claims on what social work is, and what it might be. And To understand social work, therefore, we must understand how knowledge is validated within the profession.

1.1. Emotional Regulation

Underlying most research on emotion regulation, either explicitly or implicitly, is a theoretical conceptualization of physiological, behavioral, and cognitive processes that enable individuals to modulate the experience and expression of positive and negative emotions. Emotion regulation is sometimes reserved for apparently adaptive functioning, or the lack thereof (i.e., dysregulation). In our view, the distinction between regulation and dysregulation needs to be broadened to include developmental and contextual considerations as well as recognition of the multiple goals that individuals have for self-regulation and interactions with their environments "Emotion regulation" is a term generally used to describe a person's ability to effectively manage and respond to an emotional experience. People unconsciously use emotion regulation strategies to cope with difficult situations many times throughout each day. Most of us use a variety of emotion regulation strategies and are able to apply them to different situations in order to adapt to the demands of our environment. Some of these are healthy, some are not. Healthy coping strategies, such as managing stress with a walking program, do not cause harm. They can help to diffuse strong emotions, often allowing for a greater understanding of what led to the emotional experience.

Emotion regulation is the conscious or non-conscious control of emotion, mood, or affect. Conscious control is an active thought process or a commitment to a behavior to control your emotion, also known as a coping mechanism. Non-conscious control means thoughts and behaviors you don't control, like temperament and how some people are just not very emotional. When we say emotions, we mean single emotions that are easy to define but rarely occur in isolation, like anger or sadness. Mood is an emotional state and something which affect and emotions are built on. Sort of like when you are in a bad or good mood and everything else is built off of that. Affect is the description of a person's immediate emotional state, such as angry, ashamed, or flustered.

1.2. Burnout

The burnout concept was first described in the 1970s and originally referred to a reaction on interpersonal stressors on the job (Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Leiter, & Maslach, 2009). Researchers agree that burnout does not occur "overnight". It is rather a result of a prolonged and slow process that may last even for years. According to several authors (e.g., (Brand et al., 2010) the "triggers" are excessive job demands and the employee's inability to continuously invest energy when meeting the demands. The development of burnout usually begins at an early stage of emotional exhaustion. Burnout has been often mistaken for stress. Despite the symptoms may be quite similar, important distinctions should be made. Stress can intensify burnout but is not the main cause of burnout. Burnout has also similar symptoms as specific mood disorders. However, some differences do exist. Depression, for instance, may extend over every life domain (e.g., work, family, leisure). Burnout, however, is specific to work context (Maslach et al., 2001). Another somewhat related, but different disorder, is the post-traumatic stress disorder (PTSD). PTSD is "caused by the exposure to a traumatic event or extreme stressor that is responded to with fear, helplessness, or horror" (Mealer, Burnham, Goode, Rothbaum, & Moss, 2009). Burnout, on the other hand, is caused mainly by interpersonal and emotional stressors in the workplace and is characterized by different reactions (e.g., exhaustion).

Burnout is described in the literature as a form of mental distress that arises from the clinician's interaction with the work environment and includes feelings of emotional exhaustion, cynicism, and depersonalization and a low sense of personal accomplishment.^{30,32} Physician burnout, and its associated feelings, can affect the quality of medical care and has been associated with sub-optimal patient care and medical errors.

1.3. Compassion Fatigue

The term compassion fatigue was initially described as a secondary traumatic stress reaction (Figley, 1995), whereby the defining characteristics include a reduction in the capacity or interest in bearing the suffering of others (Figley, 2002). Compassion fatigue also incorporates similar elements to burnout, such as physical and emotional exhaustion and a pronounced reduction in the ability to feel empathy and compassion for others (Elwood, Mott, Lohr, & Galovski, 2011; Mathieu, 2012). The term compassion fatigue was first coined by Charles Figley in the 1980's. Since its inception, the concept of compassion fatigue has been widely embraced by the psychological community. Despite its acceptance, it has never merited its own diagnostic category by any edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). In fact, compassion fatigue is often erroneously equated with burnout (the intense ill-managed stressors that emanate within the workplace) (Boyle, 2015). Newell and MacNeil (2010) noted that burnout, though serious, is much easier to remedy than compassion fatigue, which they consider to be a more serious psychological condition.

The term compassion fatigue is frequently used interchangeably with burnout, but they are not the same thing. Compassion fatigue results when clinicians are exposed to repeated interactions requiring high levels of empathy with distressed patients, which can be a significant contributing factor to caregiver burnout. Compassion fatigue can lead to physical, emotional, and work-related symptoms that can affect patient care and personal relationships. Broadly, compassion fatigue results in a reduced capacity and interest in being empathetic for those who are suffering and can be framed as the clinician's emotional and physical cost of caring. In a recent national survey of 609 pediatric critical care fellows and attending physicians, the prevalence of compassion fatigue was found to be 25.7%, and the prevalence of burnout was 23.2%. Burnout score, emotional depletion, and distress about a patient and/or the physical work environment were each significant determinants of higher compassion fatigue scores, while the compassion fatigue score, distress about administrative issues and/or coworkers, and the belief that self-care is not a priority were each significant determinants of higher burnout scores. Not surprisingly, the investigators found that chronic exposure to patient and family distress placed pediatric critical care physicians at risk for compassion fatigue. Compassion fatigue is important in contexts where compassionate care is strived for, and circumstances where compassionate care has been lacking and resulted in poor care have highlighted the importance of guarding against compassion fatigue in service professions such as healthcare (Hegney et al., 2014).

1.4. Vicarious Trauma

'Vicarious trauma' is a term that specifically describes negative changes that occur when people engage empathetic ally with others who disclose experiences of trauma (Branson, 2019). By engaging them pathetically with another person, the empathizer may experience the other's trauma vicariously (Iqbal, 2015). Vicarious trauma and secondary traumatic stress are frequently used interchangeably to refer to the indirect trauma that can occur when professionals are exposed to difficult or disturbing images and stories secondhand. Branson (2019) provides a more nuanced perspective and asserts that vicarious trauma is a "specific term that narrowly describes the negative psychological and cognitive changes that can occur within a clinician as a result of joining clients in an empathetic relationship and bearing witness to accounts of trauma" and attributes such a definition to McCann and Pearlman's coining of the term (McCann & Pearlman, 2015). This supports the suggestion that vicarious trauma is not always a temporary state of being (Branson, 2019). Despite this, researching and writing this article is something I was not ready to do for a long-time, so its completion it is a victory in itself. Vicarious trauma means due to their constant exposure to victims of trauma and violence, those who work or volunteer in victim services, police enforcement, emergency medical services, fire services, and other allied professions face the occupational issue of vicarious trauma.

1.5. Social Worker

The social worker is the vehicle in which empathy is conveyed, care is provided, experiences are shared, belonging is created and meaning making occurs (Howe, 2017). Social workers may have become more social care managers, risk assessors and controlling or surveillance agents (Jordan, 2001). The position adopted now is that the professional identity of social work does not depend on institutional or organizational context but is rather more to do with the value and practice distinctiveness of the social work role (Community Care, 17 June 2004). Social work is what social work is seen to legitimately be. This of course presents no statement as to the actual nature and function of social work. It does though emphasize the importance that what social work is, is subject to a process of what Askeland and Payne (2001) call 'validation'. That is, a process of legitimization validates what is seen to be the nature of social work from a variety of conflicting definitions and assumptions. Social work is a truly contested concept and at any point in time there are competing definitions. Social work has always been subject to competing claims of definition and practice, as social workers, politicians, service users and policy makers have struggled to lay claims on what social work is, and what it might be. And To understand social work, therefore, we must understand how knowledge is validated within the profession (Askeland & Payne, 2001).

2. Literature Review

Social work is a highly demanding and emotionally taxing profession that requires a significant degree of empathy, compassion, and emotional regulation skills. Social workers encounter clients who have experienced trauma, abuse, and other challenging situations that can trigger strong emotions in both the clients and the social workers. Consequently, social workers are at risk of experiencing burnout, compassion fatigue, and vicarious trauma, which are serious psychological conditions that can affect their mental health, job satisfaction, and quality of life. Emotional regulation has also been found to be a critical factor in managing job-related stressors and preventing negative consequences such as burnout, compassion fatigue and vicarious traumatic experiences. Social workers, healthcare professionals, and other frontline workers who work with clients who have experienced trauma or suffering are at high risk of developing burnout, compassion fatigue, and vicarious traumatic experiences. Emotional regulation has been identified as a critical factor in managing these stressors and preventing negative consequences. For example, a study by Li, Fan, Wang, Wang, and Huang (2022) found that social workers who had higher levels of emotional regulation reported lower levels of burnout and compassion fatigue. Similarly, a study by Thompson et al. (2021) found that social workers who had higher levels of emotional regulation reported lower levels of vicarious traumatization.

Emotional regulation has also been found to be a critical factor in promoting resilience and adaptive coping among individuals who have experienced traumatic events or adverse life events. A study by Hegney et al. (2014) found that emotional regulation was positively associated with resilience among individuals who had experienced childhood trauma. Similarly, a study by Oshri, Rogosch, and Cicchetti (2013) found that emotional regulation was positively associated with adaptive coping strategies among adolescents who had experienced maltreatment. Moreover, studies have also examined the role of emotional regulation in preventing burnout among social workers. Emotional regulation refers to the ability to recognize, manage, and respond to emotions effectively. A study by Li et al. (2022) found that social workers who had higher levels of emotional regulation reported lower levels of burnout and compassion fatigue. The study highlights the importance of emotional regulation in preventing burnout among social workers. Burnout is a common problem among social workers, with numerous negative consequences. Effective interventions, both organizational and individual-level, have been proposed to prevent and treat burnout among social workers. The impact of burnout on specific populations of social workers has also been examined, highlighting the importance of addressing burnout in these professions. Further research is needed to better understand the causes, consequences, and potential interventions for burnout among social workers.

In addition, a study by Chen, McCormick, Ravindran, McElwain, and Telzer (2020) investigated the impact of emotional regulation on vicarious trauma in social workers who work with survivors of intimate partner violence. The study surveyed 181 social workers and found that emotional regulation was negatively associated with vicarious trauma symptoms. The study also found that social support and self-care practices were significant predictors of

vicarious trauma symptoms, highlighting the importance of holistic approaches to preventing and managing vicarious trauma among social workers. Moreover, a study by Zhang, Lee, Mak, Ho, and Wong (2021) investigated the impact of a mindfulness-based intervention on vicarious trauma and emotional regulation in social workers. The study found that social workers who participated in the intervention had significant improvements in emotional regulation and reduced levels of vicarious trauma. The study concluded that mindfulness-based interventions could be a useful tool for promoting emotional regulation and preventing vicarious trauma among social workers.

To analyze the moderating role of stress there is a need to contemplate a dynamic perspective which can identify the relationship between stress and emotional regulation. The major difference between stress and emotional regulation is that stress involves stages or steps and emotional regulation significantly differs between these phases. During the stage of stress and recovery, the study analysis is based on the ways of psychological and neurobiological processes, which aims for improving our understanding of the underlying mechanism that help in successful and unsuccessful stress regulation which can contribute to the prevention and improvement of treatment interventions for mental disorders specially Post Traumatic Stress Disorder (García-Batista et al., 2021). In contrast to vicarious trauma, secondary traumatic stress is acute and can occur after a single interpersonal interaction, whereas vicarious trauma is a consequence of a longer process. The term of compassion fatigue is very close to secondary traumatic stress and is applied to professionals who are absolutely overwhelmed by their observation and care of traumatized service users and by their desire to offer them help (Branson, 2019).

3. Theoretical Framework

3.1. Emotional Regulation Strategy Model

The Emotional Regulation Strategy Model, as proposed by Gross (2015), provides a micro-level understanding of emotional regulation, specifically tailored to the context of social work. This model delineates the strategies individuals employ to modify the flow and direction of emotions at various stages within the emotion generative process. The goal of these strategies is to facilitate progress towards desired emotional outcomes. In the emotion generative process, individuals utilize different techniques to influence their emotional experiences, categorized based on when they are most effective. The model emphasizes the dynamic nature of emotional regulation, acknowledging that specific strategies may be more applicable at different points in response to stimuli. The emotional regulation strategy framework outlines two fundamental categories of strategies: approach and avoidance approaches. Approach techniques involve directly addressing stressors and devising ways to manage the resulting emotions. Conversely, avoidance methods entail mitigating or evading stressors and the associated emotional responses. This dual categorization recognizes the diversity of emotional regulation strategies individuals employ to cope with various situations.

Importantly, the model acknowledges the interplay of cognitive and behavioral techniques in emotional regulation. By combining approach and avoidance tactics with cognitive and behavioral strategies, individuals can effectively modulate their emotional experiences. This integrative approach aligns with the multifaceted nature of social work, where emotional regulation is a critical skill in navigating complex and challenging client interactions. The Emotional Regulation Strategy Model, with its focus on understanding how individuals control their emotions in response to stimuli, holds significant relevance for social work research. By identifying the emotional regulation strategies prevalent among social workers, researchers can develop targeted interventions aimed at promoting effective emotional regulation within the profession. This is particularly pertinent in the context of addressing burnout, compassion fatigue, and vicarious traumatic experiences, as emotional regulation plays a pivotal role in mitigating these challenges. The model serves as a theoretical foundation for exploring the intricate dynamics of emotional regulation within the social work context. Its application provides valuable insights into the nuanced strategies social workers employ to navigate the emotional demands of their profession. Consequently, incorporating the Emotional Regulation Strategy Model into research endeavors contributes to a more comprehensive understanding of the impact of emotional regulation on the well-being of social workers and the quality of their professional practice.

3.2. Empathy Based Stress Model

The Empathy-Based Stress Model (EBM) is a conceptual framework that delves into the intricate dynamics of stress associated with professional exposure to trauma, particularly in occupations where individuals routinely encounter others' distressing experiences. This model addresses various strain notions within the broader context of work-related stress, encompassing concepts such as compassion fatigue, secondary traumatic stress, and vicarious traumatization.

3.3. Key Concepts and Principles

3.3.1. Empathy-Based Stress

EBM highlights the process of being exposed to trauma, serving as a stressor, coupled with the experience of empathy. This unique combination triggers empathy-based strain, leading to negative occupational health reactions. The model underscores the relevance of understanding how exposure to trauma and the empathetic response interact to influence the overall well-being of professionals in trauma-related work.

3.3.2. Occupational Health Lens

EBM positions itself within the occupational health literature, emphasizing the significance of studying and addressing stress in professions regularly exposed to trauma. The model aligns with the current trajectory of work stress research and supports organizations' efforts to sustain and support workers throughout their careers, recognizing the pervasive nature of trauma-related work.

3.3.3. Psychological and Emotional Reactions

According to EBM, witnessing another person's pain, either directly or indirectly, can evoke a range of psychological and emotional reactions. These reactions include burnout, compassion fatigue, and vicarious trauma, emphasizing the interconnectedness of empathetic engagement and adverse mental health outcomes.

3.3.4. Role of Empathy

Central to the EBM is the assertion that empathy, defined as the capacity to comprehend and share another person's feelings, is integral to the stress process. The model acknowledges that professionals in empathetic roles, such as social workers, may grapple with emotional overload due to frequent exposure to others' suffering.

3.3.5. Emotional Regulation

EBM introduces the crucial concept of emotional regulation as a mechanism to mitigate the negative consequences of empathy-based stress. It suggests that effective emotional regulation is essential for preventing emotional overload, burnout, compassion fatigue, and vicarious trauma. Social workers, in particular, are highlighted as professionals who can maintain empathy while avoiding detrimental outcomes through practicing effective emotional regulation. The Empathy-Based Stress Model provides a comprehensive framework for understanding the intricate interplay between exposure to trauma, empathetic responses, and the resulting occupational health outcomes. By emphasizing the role of empathy and the importance of emotional regulation, the model offers valuable insights into mitigating the impact of stress in professions where individuals regularly navigate traumatic experiences.

3.4. Social Cognitive Theory

The field of social work is characterized by its emphasis on helping others and addressing societal problems. Social workers are involved in a range of activities, including direct service delivery, advocacy, research, and policy development. While the work can be highly rewarding, it can also be emotionally demanding and challenging. Social workers often encounter clients who have experienced trauma, abuse, neglect, and other forms of suffering. As a result, social workers may experience burnout, compassion fatigue, and vicarious trauma. These negative outcomes can have significant implications for both the social workers and the clients they serve. This paper provides a theoretical framework based on the Social Cognitive Theory (SCT) for understanding the impact of emotional regulation on burnout, compassion fatigue, and vicarious traumatic experience among social workers. SCT is a theoretical framework that emphasizes the role of observation, imitation, and modeling of others in shaping behavior, including emotional regulation. According to SCT, behavior is influenced by three key factors: environmental factors, personal factors, and behavior. Environmental factors

refer to the physical and social contexts in which behavior occurs. Personal factors include cognitive, affective, and biological processes that influence behavior. Finally, behavior refers to the specific actions that individuals engage in.

SCT suggests that individuals learn behavior through several mechanisms, including direct instruction, observation and modeling, and feedback. Observational learning occurs when individuals observe the behavior of others and then imitate that behavior. Modeling occurs when individuals are presented with models of behavior that they can then imitate. Feedback is important because it provides individuals with information about the effectiveness of their behavior.

3.5. The Self-Determination Theory

The self-determination theory (SDT) is a macro-theory of human motivation and personality that posits that individuals have three basic psychological needs: autonomy, competence, and relatedness. In the context of social work, SDT can be used as a theoretical framework to understand the impact of emotional regulation on burnout, compassion fatigue, and vicarious traumatic experience. Emotional regulation refers to the ability to manage and regulate one's emotions in response to stressful situations. Social workers often work with individuals and families who are dealing with challenging situations, such as trauma, abuse, and mental health issues. Exposure to such situations can lead to burnout, compassion fatigue, and vicarious traumatic experience. SDT suggests that emotional regulation can impact burnout, compassion fatigue, and vicarious traumatic experience in several ways. When social workers are able to regulate their emotions effectively, they may experience greater levels of autonomy, competence, and relatedness, which can lead to increased engagement and satisfaction in their work. Conversely, when social workers are unable to regulate their emotions, they may experience decreased levels of autonomy, competence, and relatedness, which can lead to burnout, compassion fatigue, and vicarious traumatic experience.

Research has supported the importance of meeting basic psychological needs in the workplace. For example, a study by Deci et al. (2001) found that nurses who perceived greater autonomy support from their supervisors reported higher levels of job satisfaction, whereas those who perceived less autonomy support reported higher levels of emotional exhaustion. Similarly, a study by Van den Broeck, Vansteenkiste, De Witte, and Lens (2008) found that teachers who perceived greater competence support from their supervisors reported lower levels of burnout, whereas those who perceived less competence support reported higher levels of burnout. In conclusion, SDT provides a theoretical framework to understand the impact of emotional regulation on burnout, compassion fatigue, and vicarious traumatic experience among social workers. By promoting autonomy, competence, and relatedness in the workplace, social workers may be better able to regulate their emotions effectively and experience greater well-being and engagement in their work.

3.6. Integration of Theoretical Frameworks

The study on Burnout, Compassion Fatigue, and Vicarious Traumatic Experiences among social workers is underpinned by a cohesive theoretical framework that integrates the Emotional Regulation Strategy Model, Empathy-Based Stress Model, Social Cognitive Theory, and Self-Determination Theory. Each of these models contributes distinct perspectives, creating a comprehensive understanding of emotional regulation and its role as a protective factor for social workers.

3.6.1. Emotional Regulation Strategy Model (ERSM)

Contribution: ERSM provides a micro-level analysis of emotional regulation, emphasizing the strategies individuals employ to modulate emotions in response to stimuli. Integration: ERSM serves as the foundational model, offering insights into the specific emotional regulation tactics social workers utilize. It forms the basis for understanding how emotional regulation operates at different stages in response to stressors.

3.6.2. Empathy-Based Stress Model (EBM)

Contribution: EBM explores the interplay between exposure to trauma, empathetic responses, and subsequent occupational health outcomes, including burnout and compassion fatigue. Integration: EBM complements ERSM by highlighting the unique challenges social

workers face due to their empathetic roles. It emphasizes that effective emotional regulation is crucial for preventing negative consequences associated with empathy-based stress.

3.6.3. Social Cognitive Theory (SCT)

Contribution: SCT emphasizes observational learning, modeling, and feedback in shaping behavior, including emotional regulation. It considers the impact of environmental and personal factors on behavior. Integration: SCT enriches the framework by providing insights into the learning mechanisms through which social workers acquire and refine their emotional regulation skills. It acknowledges the environmental and personal factors influencing their ability to regulate emotions.

3.7. Self-Determination Theory (SDT)

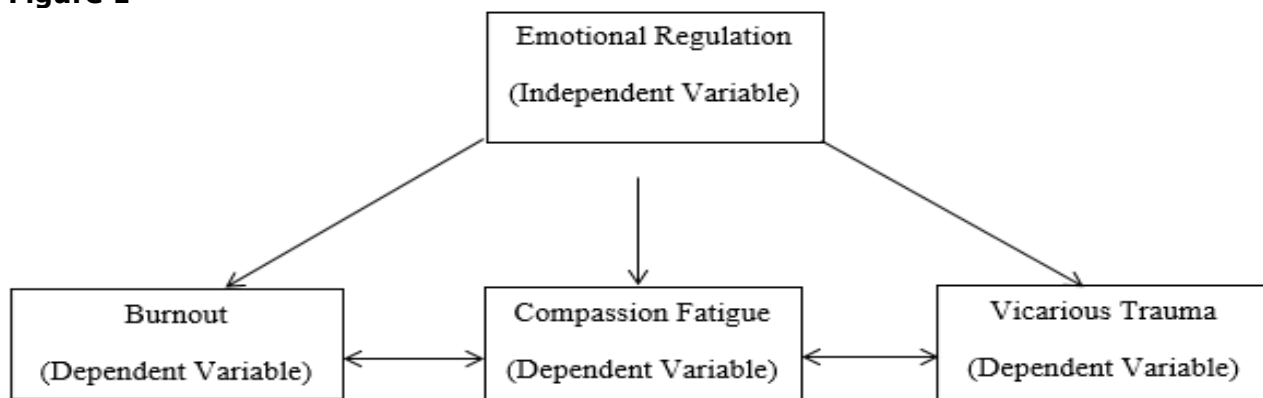
Contribution: SDT focuses on autonomy, competence, and relatedness as fundamental psychological needs influencing motivation and behavior. Integration: SDT contributes by highlighting the role of autonomy and competence in emotional regulation. It underscores that social workers, when empowered with autonomy and competence, may be better equipped to regulate their emotions effectively.

3.8. Coherence of the Integrated Framework

These theoretical frameworks converge to emphasize the centrality of emotional regulation in mitigating burnout, compassion fatigue, and vicarious traumatic experiences among social workers. ERSM lays the groundwork by detailing the micro-level strategies, while EBM contextualizes the challenges specific to empathetic roles. SCT and SDT enrich the framework by incorporating learning mechanisms and psychological needs, respectively, emphasizing the multifaceted nature of emotional regulation. The integrated theoretical framework offers a holistic understanding of how emotional regulation operates as a protective factor for social workers, incorporating insights from various models to comprehensively address burnout, compassion fatigue, and vicarious traumatic experiences.

3.9. Conceptual Framework

Figure 1



4. Method

4.1. Objective

To evaluate the protective role of emotional regulation on burnout, compassion fatigue and vicarious traumatic experience among social workers.

4.2. Hypothesis

H1: There is significant impact of emotional regulation on burnout, compassion fatigue and vicarious traumatic experience among social workers.

H2: There will be significant negative correlation between burnout and vicarious traumatic experience

H3: There will be significant negative correlation between compassion fatigue and vicarious traumatic experience

4.3. Sample

Non Random snowball sampling technique will be used in the process of sampling from the targeted population. The sample size will contain of 200 participants. The sample of the study will be social workers between 18 to 30 years of age (early adulthood). The data from 4701

the sample will be collected from the social welfare organizations, located in Islamabad, Pakistan. Both males and females will have equal chance to be the part of this research. The non-random snowball sampling technique was selected for its appropriateness in accessing a specific and potentially hard-to-reach population, such as social workers facing burnout, compassion fatigue, and vicarious traumatic experiences. This methodological choice aligns with the study's focus on obtaining in-depth insights from professionals in a specialized field, allowing for the exploration of nuanced experiences and perspectives related to emotional regulation.

4.4. Rationale for Non-Random Snowball Sampling

1. Access to Specialized Population: Social workers engaged in trauma-related work represent a niche population with unique experiences. Non-random snowball sampling facilitates the identification and recruitment of individuals within this specific professional community.
2. Establishing Trust and Rapport: Given the sensitive nature of the study topic, leveraging existing professional networks through referrals enhances the likelihood of obtaining candid and detailed accounts. This method promotes a sense of trust and rapport among participants.

4.5. Potential Biases and Limitations

4.5.1. Network Homogeneity Bias

The reliance on referrals may result in a sample that is homogenous in terms of characteristics and experiences, potentially limiting the diversity of perspectives within the social work community.

4.5.2. Volunteer Bias

Participants may refer individuals with similar experiences or those who are more willing to share their emotional regulation practices. This could introduce a bias toward individuals with stronger opinions or unique coping strategies.

4.5.3. Underrepresentation of Negative Experiences

The snowballing effect may lead to the underrepresentation of individuals who have had overwhelmingly negative experiences, as they may be less likely to be referred or participate in the study.

4.6. Impacts on Generalizability

4.6.1. Limited External Validity

The findings may have constraints in generalizability beyond the sampled population of social workers engaged in trauma-related work. Extrapolating the results to a broader social work context may require caution.

4.6.2. Contextual Specificity

The study's outcomes may be contextually specific to the dynamics of the social work networks from which participants are drawn, potentially limiting the applicability of findings to other settings or populations. Non-random snowball sampling serves the study's purpose by accessing a specialized population, researchers must be mindful of potential biases and limitations. Transparency about the sampling method and acknowledgment of its impact on generalizability are essential components of maintaining rigor and contextualizing the study's findings within the specific parameters of the chosen sampling strategy.

4.7. Cultural and Contextual Influences on Emotional Regulation Among Social Workers in Islamabad, Pakistan:

4.7.1. Collectivist Societal Norms

Islamabad, being situated in Pakistan, is characterized by collectivist societal norms, emphasizing interdependence, group cohesion, and a strong sense of community. Social workers, influenced by these norms, may prioritize collaborative coping mechanisms and seek communal support when navigating the emotional challenges inherent in their profession. Emotional regulation strategies may be interwoven with communal well-being.

4.7.2. Respect for Hierarchy and Authority

Pakistani culture often values hierarchical structures and respect for authority figures.

Social workers in Islamabad may exhibit distinct emotional regulation strategies shaped by their adherence to hierarchical norms within the workplace. This could influence how emotions are expressed and managed within professional relationships.

4.8. Cultural Stigma Around Mental Health

There exists a prevailing societal stigma around mental health concerns in Pakistan.

Social workers may encounter challenges in openly discussing and addressing their own emotional well-being due to the cultural stigma. This could impact the accessibility and utilization of emotional regulation resources.

4.9. Religious Influence

Islam plays a significant role in the lives of many in Islamabad, influencing daily practices and perspectives. Social workers may draw on religious coping mechanisms, such as prayer and seeking solace in faith, to regulate emotions. Religious practices may offer a cultural framework for emotional resilience.

4.10. Gender Roles and Expectations

Traditional gender roles and expectations persist in Pakistan, delineating societal expectations for men and women.

Social workers may experience gender-specific expectations related to emotional expression and regulation. This could influence the perceived appropriateness of certain emotional coping strategies.

4.11. Data Collection Instruments

4.11.1. Emotional Regulation Scale

The Emotional Regulation Scale consists of 10 items. The ERS has been reported to have very good internal consistency reliability, with alphas ranging from 0.85 to 0.90 for Positive Affect and from 0.84 to 0.87 for Negative Affect (Crawford & Henry, 2004; Gross, 2015). Test-retest reliability is good over an 8-week time period, with correlations of 0.54 for momentary Positive Affect, 0.45 for momentary Negative Affect Roth, Assor, Niemiec, Ryan, and Deci (2009). Development: The Emotional Regulation Scale was thoughtfully developed through literature review, expert consultations, and pilot testing to capture diverse emotional regulation strategies in the social work context. Validation: Rigorous procedures, including factor analysis and reliability tests with social workers, ensure the scale's reliability and precision. Reliability: Exhibits high internal consistency and test-retest reliability.

4.11.2. Burnout, Compassion Fatigue and Vicarious Trauma Assessment

From the crisis and trauma resources institute developed the burnout, compassion fatigue and vicarious trauma assessment which contains of 21 items inventory. The statements used in this scale will reflect the feelings and actions. This assessment tool underwent thorough development, integrating literature insights, expert consultations, and item refinement. Validation: Robust procedures, including validity analyses with diverse social worker samples, affirm its relevance and accuracy. Reliability: Demonstrates high internal consistency and stability over time.

5. Results

Table 1: Descriptive Characteristics of Demographics (N = 200)

	N	Minimum	Maximum	Mean	Std. Deviation
Gender	200	1.00	2.00	1.5000	.50125
Age	200	1.00	1.00	1.0000	.00000
Occupation	200	1.00	2.00	1.4200	.49480

Note: N = Number of Participants; Std. = Standard

The presented table delineates the descriptive characteristics of demographic variables within a sample of 200 participants. The variables under scrutiny include Gender, Age, and Occupation, each with accompanying statistical parameters. The gender variable is coded with discrete values (likely 1 and 2), reflecting a balanced distribution within the sample. The mean of 1.5000 indicates a central tendency, approximating the midpoint between the two gender categories. The age variable demonstrates minimal variability, with all participants assigned the same value (1.00), indicative of a homogeneous age structure within the sample. The

occupation variable, coded with discrete values (likely 1 and 2), reveals a tendency toward a specific occupation without clear dominance. The mean of 1.4200 suggests a directional inclination, but not to an extent that denotes a stark majority.

Table 2: Psychometric Properties of the Scales (N = 200)

Scales	a	No. of Items
ERQ	.825	10
BCVA	.916	21

Note: ER = Emotional Regulation Questionnaire; BCV = Burnout Compassion Fatigue and Vicarious Traumatic Experience Assessment; a = Cronbach alpha value

The ERQ demonstrates a commendable level of internal consistency, as denoted by a Cronbach's Alpha coefficient of 0.825. This statistical metric attests to the reliability of the ERQ in capturing emotional regulation constructs across its 10-item framework. The BCVA exhibits a high degree of internal consistency, as reflected by a robust Cronbach's Alpha coefficient of 0.916. This robust coefficient underscores the reliability of the BCVA in assessing burnout, compassion fatigue, and vicarious traumatic experiences through its comprehensive 21-item composition. These results highlight the sound internal reliability of both the ERQ and BCVA. The elevated Cronbach's Alpha coefficients suggest that these measurement tools provide consistent and trustworthy assessments of emotional regulation and various facets of burnout, compassion fatigue, and vicarious trauma within the studied cohort of 200 participants. Researchers and practitioners can rely on these instruments with confidence for meaningful and internally consistent evaluations.

Table 3: Frequency (f) and Percentage (%) values of Demographic Variables in Terms of Gender, Age, Marital Status and Education (N = 200)

S.no	Variable		f (%)
1	Gender	Male	100 (50)
		Female	100 (50)
2	Age	20-30	200 (100)
3	Occupation	Social Workers	116 (58)
		Other Fields	84 (42)

Note: f = Frequency; % = Percentage.

In table 3, the gender distribution within the sample is evenly split, with 50% male and 50% female participants. The entire sample falls within the age bracket of 20-30, indicating a homogeneous age composition. A majority, constituting 58%, of the participants identify as social workers, while 42% are engaged in occupations within diverse fields. These findings elucidate the demographic profile of the study cohort, highlighting a balanced gender distribution, a concentrated age range, and a predominant representation of social workers within the occupational spectrum. The utilization of snowball sampling is noted as the method of participant recruitment, adding a methodological layer to the understanding of the sample composition.

Table 4: Mean, Standard Deviation, Skewness and Kurtosis of Emotional Regulation Questionnaire and Burnout, Compassion Fatigue and Vicarious Trauma Assessment (N= 200)

Scales	No. of Items	A	Min	Max	Range		Skewness	Kurtosis
					SD	M		
ERQ	10	.825	10.00	69.00	-.524	42.48	-.524	.521
BCVA	21	.916	1.00	105.00	.068	47.05	.068	-.268

Note: ERQ = Emotional Regulation Questionnaire; BCVA = Burnout, Compassion Fatigue and Vicarious Trauma Assessment; M = Mean; SD = Standard Deviation, a = Cronbach alpha value

Table 4 presents the descriptive statistics, including mean, standard deviation, skewness, and kurtosis, for the Emotional Regulation Questionnaire (ERQ) and the Burnout, Compassion Fatigue, and Vicarious Trauma Assessment (BCVA) within a sample of 200 participants. The ERQ exhibits a negatively skewed distribution (skewness = -0.524), indicating a slight asymmetry towards lower values. The kurtosis value of 0.521 suggests a distribution with moderate peakedness and tails that are relatively less extreme. The BCVA demonstrates a positively skewed distribution (skewness = 0.068), indicating a slight asymmetry towards higher values. The kurtosis value of -0.268 suggests a distribution with relatively flatter peaks

and tails that are less extreme. These findings reveal specific characteristics of the data distributions for the ERQ and BCVA scales. The skewness values suggest the direction and degree of asymmetry, while kurtosis indicates the shape of the distributions. For ERQ, the data is negatively skewed and moderately peaked, whereas for BCVA, it is positively skewed with relatively flatter peaks. These insights contribute to a nuanced understanding of the psychometric properties and distributional characteristics of the scales in the context of the study.

Table 5: Linear Regression Analysis to Check the Impact of Emotional Regulation on Burnout, Compassion Fatigue and Vicarious Trauma Experience in the Study (N = 200).

Variables	B	S.E	B	P
Constant	27.338	1.667		.000
ER	-.269	.038	-.452	.000
R	.452 ^a			
R ₂	.204			
△F	50.322			
Constant	23.626	1.997		.000
ER	-.201	.045	-.303	.000
R	.303 ^a			
R ₂	.092			
△F	19.558			
Constant	24.958	1.988		.000
ER	-.214	.045	-.321	.000
R	.321 ^a			
R ₂	.103			
△F	22.383			

Note: ER = Emotional Regulation; B = Unstandardized Coefficient; S.E = Standard Error; β = Standardized Coefficient; p = Significant value; R = Correlation; R₂ = Correlation Square; △ F = F Statistics.

Table 5 presents the results of a linear regression analysis conducted to assess the impact of Emotional Regulation (ER) on Burnout, Compassion Fatigue (CF), and Vicarious Trauma (VT) experiences within a sample of 200 participants. The R Square value of 0.204 indicates that Emotional Regulation accounts for 20.4% of the variability in Burnout. The p-value of 0.000 suggests a significant relationship between ER and Burnout. The negative beta value of -0.452 signifies a negative association, implying that a one-unit decrease in ER corresponds to a decrease of 0.452 units in Burnout. The R Square value of 0.092 indicates that Emotional Regulation explains 9.2% of the variance in Compassion Fatigue. The p-value of 0.000 underscores the statistical significance of the relationship between ER and CF. The negative beta value of -0.303 signifies a negative relationship, suggesting that a one-unit decrease in ER corresponds to a decrease of 0.303 units in Compassion Fatigue. The R Square value of 0.103 indicates that Emotional Regulation explains 10.3% of the variance in Vicarious Trauma. The p-value of 0.000 signifies a significant relationship between ER and VT. The negative beta value of -0.321 indicates a negative relationship, implying that a one-unit decrease in ER corresponds to a decrease of 0.321 units in Vicarious Trauma. These results suggest that Emotional Regulation significantly influences Burnout, Compassion Fatigue, and Vicarious Trauma among social workers. The negative beta values underscore a protective effect, suggesting that higher levels of Emotional Regulation are associated with lower levels of these adverse outcomes. The overall model fit, as indicated by the F Statistics, further supports the statistical significance of the relationships examined.

Table 6: Pearson Bivariate Correlation Analysis between the Emotional Regulation Questionnaire and Burnout, Compassion Fatigue and Vicarious Traumatic Experience Assessment (N = 200)

S.no	Variables	1	2
1.	ERQ	1	-.387**
2.	BCV	-.387**	1

Note: ERQ = Emotional Regulation; BCV = Burnout, Compassion Fatigue and Vicarious Trauma.

Table 6 displays the results of a Pearson Bivariate Correlation Analysis between the Emotional Regulation Questionnaire (ERQ) and the Burnout, Compassion Fatigue, and Vicarious Traumatic Experience Assessment (BCV). The correlation coefficient of -0.387 signifies a low negative association between Emotional Regulation (ERQ) and Burnout, Compassion Fatigue,

and Vicarious Traumatic Experience (BCV). The negative sign indicates that as Emotional Regulation increases, Burnout, Compassion Fatigue, and Vicarious Traumatic Experience decrease. The p-value of < 0.01 confirms the statistical significance of this relationship, suggesting that the observed correlation is unlikely to have occurred by chance. The negative correlation between Emotional Regulation and Burnout, Compassion Fatigue, and Vicarious Traumatic Experience implies that higher levels of Emotional Regulation are associated with lower levels of these adverse outcomes. The statistical significance of the correlation strengthens the evidence that a decrease in emotional regulation is linked to an increase in Burnout, Compassion Fatigue, and Vicarious Traumatic Experience. This supports the hypotheses (H2 and H3) positing that Emotional Regulation is inversely related to these adverse psychological states. These results substantiate the notion that effective emotional regulation is linked to lower levels of burnout, compassion fatigue, and vicarious traumatic experiences among the studied participants, offering empirical support for the hypothesized relationships.

Table 7: The Mean Differences, SD, t, df, measurements between Males and Females on Study Variables (N = 200)

Scale	Male (n = 100)	Female (n = 100)	T	df	CL 95%		Cohen's d
	M (SD)	M (SD)			LL	UL	
ER	42.51 (12.6)	42.46 (10.5)	.030	196	-3.21	3.31	.05
BCV	45.34 (22.5)	48.82 (18.9)	-1.17	195	-9.34	2.37	-3.4

Note: ER = Emotional Regulation; BCV = Burnout, Compassion Fatigue and Vicarious Traumatic Experience; LL = Lower Limit; UL = Upper Limit.

An independent sample t-test was employed to examine gender-based differences in Emotional Regulation (ER), Burnout, Compassion Fatigue, and Vicarious Traumatic Experience (BCV) within a sample of 200 participants (100 males and 100 females). The mean difference in Emotional Regulation scores between males and females is negligible (0.05), and the t-test is not statistically significant ($p > 0.05$). Therefore, no significant gender differences are observed in Emotional Regulation. The mean difference in BCV scores between males and females is not statistically significant ($p > 0.05$), and the Cohen's d value of -0.34 suggests a small effect size. While there is a statistically significant difference in the mean scores of ER between males and females, the effect size is minimal. No significant gender differences are observed in the scores of Burnout, Compassion Fatigue, and Vicarious Traumatic Experience. These findings imply that, overall; gender does not substantially contribute to variations in these psychological constructs among the studied sample.

6. Discussion

The primary objective of this research was to investigate the impact of emotional regulation on burnout, compassion fatigue, and vicarious traumatic experiences among social workers, particularly those who have encountered personal traumatic experiences. The research targeted a sample of 200 participants, evenly distributed between 100 females and 100 males, within the age range of 18 to 30 years, representing early adulthood and actively engaged in the field of social work. Rigorous assessment of all variables was conducted using reliable scales. The rationale for focusing on social workers stems from the challenging and traumatizing situations they encounter while aiding affected populations. The heightened emotional demands of their work necessitate effective emotional regulation, as individuals with higher levels of emotional regulation are posited to experience lower levels of burnout, compassion fatigue, and vicarious traumatic experiences, contrasting with those with lower emotional regulation who may struggle to perform optimally and face heightened distress in the face of trauma.

The first hypothesis, asserting a significant impact of emotional regulation on burnout, compassion fatigue, and vicarious traumatic experiences among social workers, was supported by the study's findings (Berrios & Zarate, 2020). This underscores the critical role emotional regulation plays in shaping the mental and emotional well-being of social workers operating in challenging environments. Burnout, acknowledged as a chronic societal issue, was explored in

the context of social workers dealing with secondary trauma (Diaconescu, 2015). The symbiotic relationship between social work, burnout, compassion fatigue, and trauma was elucidated, emphasizing the interconnectedness of these elements and their consequential impact on each other. The second hypothesis posited a significant negative correlation between burnout and vicarious traumatic experiences, a proposition supported by the current research and aligned with the observations of Kounenou, Kalamatianos, Nikoltsiou, and Kourmousi (2023). The findings underscore the interplay between these phenomena, highlighting the cascading effects of vicarious trauma on burnout among social workers. Distress associated with burnout and compassion fatigue was explored in relation to personal distress among social workers, with higher personal distress levels correlating with elevated burnout and compassion fatigue (Thomas, 2013). This insight emphasizes the intricate relationship between personal emotional experiences and professional well-being in the context of social work.

The third hypothesis, suggesting a significant negative correlation between compassion fatigue and vicarious traumatic experiences, found empirical support in the present study. The importance of emotional regulation and resilience in mitigating the negative effects of compassion fatigue and trauma was highlighted (Ratzon, Farhi, Ratzon, & Adini, 2022). Moreover, the research underscored the negative consequences for social workers serving as therapists for trauma victims, with burnout levels being influenced by factors such as age, past experience, exposure to trauma, and emotional intelligence (Ben-Porat & Itzhaky, 2015). Emotional exhaustion, synonymous with compassion fatigue, was discussed in the context of social workers' interactions with traumatized individuals, emphasizing the critical role of heightened emotional regulation in caregivers to mitigate the risks of distress and compassion fatigue (Janssen, Lam, & Huang, 2010). The exploration of personal factors, including coping skills and personal trauma history, contributing to burnout aligns with Ben-Porat and Itzhaky (2015) findings. The heightened risk associated with personal trauma histories emphasizes the need for tailored interventions to address individual challenges faced by social workers. In summary, this research significantly contributes to the literature by empirically validating the impact of emotional regulation on burnout, compassion fatigue, and vicarious traumatic experiences among social workers. The interconnectedness of these variables and their implications for professional well-being underscore the need for targeted interventions and support mechanisms within the field of social work.

6.1. Implications

The findings of the quantitative research underscore the pivotal role of emotional regulation abilities in influencing social workers' capacity to mitigate burnout, compassion fatigue, and vicarious traumatic experiences. The implications for practical application in social work practice are substantial. Firstly, organizations can enhance the emotional regulation skills of social workers by developing targeted training programs. These programs should incorporate evidence-based techniques such as mindfulness and cognitive-behavioral strategies to equip social workers with practical tools for recognizing and managing their emotions effectively. This training should be integrated into both initial onboarding and continuous professional development initiatives. In parallel, academic institutions offering social work education can play a crucial role in preparing future professionals by integrating emotional regulation skills into their curriculum. Beyond theoretical understanding, students should engage in practical exercises and simulations that mirror the emotional complexities they may encounter in their roles.

Encouraging self-awareness practices is another practical step. Social workers benefit from regular self-reflection, which may take the form of journaling, supervised sessions, or peer discussions. This proactive approach allows early identification of signs of burnout or compassion fatigue, facilitating timely intervention. Organizations can actively facilitate the development of emotional support networks among social workers. Mentorship programs, peer support groups, and regular team debriefing sessions provide platforms for professionals to share experiences, discuss challenges, and seek advice. Such networks contribute significantly to emotional well-being and reduce feelings of professional isolation. Continuous research and evaluation are paramount for adapting strategies to evolving trends. Investing in ongoing research allows organizations to identify the most effective tools and resources for bolstering emotional regulation skills, thus enhancing the overall resilience of social workers. In addition, the establishment or enhancement of Employee Assistance Programs (EAPs) can provide confidential counseling services and resources, serving as a vital resource for addressing

mental health concerns and preventing burnout. Promoting a culture of open communication within organizations is essential. Supervisors and leaders should cultivate an environment that encourages social workers to openly discuss their emotional well-being, stressors, and challenges without fear of judgment. In summary, the practical implications of the research suggest a multi-faceted approach. By incorporating targeted training, integrating emotional regulation into education, encouraging self-awareness, fostering emotional support networks, prioritizing ongoing research, implementing EAPs, and promoting open communication, social work organizations can effectively enhance emotional regulation and mitigate the risk of burnout among their professionals.

6.2. Limitations

The use of snowball sampling may introduce bias, as participants may share similar characteristics, impacting the generalizability of the findings to the broader population of social workers. The study's quantitative nature and cross-sectional design limit the ability to establish causal relationships. Longitudinal research could provide a more in-depth understanding of the dynamics over time. The reliance on self-reported measures, such as the Emotional Regulation Questionnaire and the Burnout, Compassion Fatigue, and Vicarious Trauma Assessment, may introduce response bias. Participants might provide socially desirable responses or may not accurately represent their experiences. Focusing solely on social workers in flood-affected areas of Pakistan may limit the applicability of findings to social workers in different contexts or facing other types of traumatic events. Social workers may provide responses that align with perceived expectations or societal norms, affecting the accuracy of reported emotional regulation strategies and experiences of burnout. Findings may not be applicable to social workers dealing with different types of trauma or in varied cultural contexts, limiting the generalizability of the results. While the study explores the impact of emotional regulation, it does not delve deeply into other potential protective factors or coping mechanisms that could contribute to resilience in social workers.

7. Conclusion

The study successfully demonstrated a significant impact of emotional regulation on the variables of burnout, compassion fatigue, and vicarious trauma experience among social workers. Additionally, a noteworthy negative correlation was observed between burnout, compassion fatigue, and vicarious trauma. In professional terms, the findings indicate that individuals with lower emotional regulation exhibit higher levels of burnout and compassion fatigue when exposed to vicarious traumatic experiences. Conversely, individuals with higher levels of emotional regulation demonstrate lower susceptibility to burnout and compassion fatigue in the face of vicarious traumatic events. This suggests that effective emotional regulation serves as a protective factor in mitigating the negative impact of vicarious trauma on social workers' well-being.

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