

Psychometric properties of the Slovak version of the professional quality of life scale: Preliminary results

Miroslava Koverova*, Department of Psychology, Faculty of Arts, P.J. Safarik University in Kosice, 040 01 Kosice, Slovakia

Suggested Citation:

Koverova, M. (2016). Psychometric properties of the Slovak version of the professional quality of life scale: Preliminary results. *Global Journal of Psychology Research: New Trends and Issues*. 6(2), 086–093.

Received from; revised from; accepted from;

Peer-review under responsibility of the organizing committee of GLOBE-EDU 2015.

©2015 The Authors. Published by Elsevier Ltd.

Abstract

The model of professional quality of life distinguishes two aspects of working in helping professions: positive (compassion satisfaction) and negative (compassion fatigue consisting of burnout and secondary traumatic stress), which represent possible effects of helping on the lives of the helpers. Students of social work in external study form who worked in the field of social care and people working in helping professions (counsellors and social workers) participated in the research and completed Professional quality of life scale, Life orientation test—revised, Emotional habitual subjective well-being scales, Rosenberg self-esteem scale, State-trait anxiety inventory and Beck depression inventory. It was hypothesised that higher level of compassion satisfaction would be linked with optimism, self-esteem, higher frequency of experiencing positive emotions (joy, happiness, pleasure and energy), lower frequency of experiencing negative emotions (anger, fear, sadness, shame, guilt and pain) and low levels of anxiety and depression.

Keywords: Professional quality of life scale, reliability, validity, slovak version.

* ADDRESS FOR CORRESPONDENCE: **Miroslava Koverova**, Department of Psychology, Faculty of Arts, P.J. Safarik University in Kosice, 040 01 Kosice, Slovakia. *E-mail address:* miroslava.koverova@upjs.sk; miroslava.koverova@gmail.com /
Tel.: +421 55 234 7148; +421 55 234 7166

1. Introduction

Working in helping professions might have both positive and negative impact on the helping person. International research on positive and negative effects of helping on the helper is represented by the concept of the professional quality of life consisting of compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress) (Figley, 1995; 2002; Stamm, 2010).

Compassion satisfaction represents positive effects of helping in terms of pleasure resulting from ability to help others through the work (Stamm, 2010). Helper can also feel positively about colleagues and workplace or about contributing to the greater good of society through helping (Stamm, 2010). Compassion satisfaction is associated with higher levels of mindfulness and emotional separation of the helper (Thomas & Otis, 2010).

Compassion fatigue, consisting of secondary traumatic stress and burnout, represents negative consequences of helping which are connected with helper's exposure to trauma of his clients or patients (Bride, Radey & Figley, 2007; Figley, 1995; 2002; Stamm, 2010). Increase in compassion fatigue is associated with the lower level of emotional separation (Thomas & Otis, 2010). Helper is at risk of compassion fatigue when his emotional connection with people, he helps, is high, and therefore has difficulties with distinguishing between his own feelings and feelings of the person he helps.

Secondary traumatic stress as a part of compassion fatigue is work-related stress resulting from secondary exposure of the helper to traumatic experience through helping people who experienced extremely stressful events (Stamm, 2010). It is important that helper does not experience traumatic events primarily, on his own, but indirectly by helping those who suffered (Figley, 2002; Stamm, 2010). Vicarious traumatization of the helper is a result of his empathetic engagement with traumatic material of his clients (Figley, 2002). Helpers are at risk of developing secondary traumatic stress disorder as a result of helping and of being emotionally affected by traumatic experience of patients or clients (Figley, 2002). Symptoms of secondary traumatic stress disorder are similar to those of post-traumatic stress disorder—sleep difficulties, intrusive images, avoidance of the events or things that reminds helper of traumatic experiences of those he helped (Stamm, 2010). Increase in post-traumatic stress symptoms is correlated with lower compassion satisfaction (Lauvrud, Nonstad & Palmstierna, 2009).

Burnout as a part of compassion fatigue is associated with negative symptoms in various domains: cognitive (apathy, rigidity, lower self-esteem and preoccupation with trauma); behavioural (impatience, sleep difficulties and withdrawal); emotional (anxiety, fear, guilt, depression and hopelessness); spiritual (loss of purpose, loss of faith and questioning meaning of life); relational (isolation and mistrust); somatic (breathing difficulties, sweating and pain) and work (lower motivation and conflicts with colleagues) (Figley, 2002). Helper is exhausted, frustrated, feels that his work makes no difference, his workload is high and work environment is non-supportive (Stamm, 2010). Burnout is associated with lower levels of mindfulness and emotional separation (Thomas & Otis, 2010).

Professional quality of life scale (Stamm, 2005) is the most common measure of compassion satisfaction and compassion fatigue and has been translated into several languages. Slovak version of the instrument is not available yet. Objectives of present research were, therefore, to present preliminary results of on-going research study aimed at examination of psychometric properties of the Slovak version of the Professional quality of life scale. Paper is focused on the analyses of internal consistency and constructs validity of the instrument.

Compassion satisfaction was expected to be significantly positively correlated with optimism, self-esteem, positive state of mind (frequency of experiencing positive emotions) and negatively with negative state of mind (frequency of experiencing negative emotions), anxiety and depression.

Compassion fatigue, burnout and secondary traumatic stress were expected to be significantly positively correlated with negative state of mind (frequency of experiencing negative emotions), anxiety and depression and negatively with optimism, self-esteem and positive state of mind (frequency of experiencing positive emotions).

2. Method

2.1. Participants and procedure

The sample consisted of 81 participants. Fifty-three (65.4 %) were students of social work in external form of study at Pavol Jozef Safarik University in Kosice, who worked in social care as social workers and 28 (34.6%) were people working in helping professions as counsellors and social workers in orphanages and counselling. All participants were female, aged 20–57 ($M = 31.56$; $SD = 9.05$) with 1–32 years of experience in helping professions ($M = 3.89$; $SD = 6.65$).

Participants received the informed content. Their participation was voluntary and anonymous. They were asked to complete professional quality of life scale, Life orientation test—revised, Emotional habitual subjective well-being scales, Rosenberg self-esteem scale, State-trait anxiety inventory and Beck depression inventory.

2.2. Measures

2.2.1. Professional quality of life scale

Professional quality of life scale (Stamm, 2010) is a 30-item measure for assessing level of positive (compassion satisfaction) and negative (compassion fatigue—burnout and secondary traumatic stress) effects of working in helping professions on the lives of the helpers. Respondents are asked to indicate frequency of positive and negative experience in their helping profession using five-point scale (1 = never; 5 = always). Three overall scores referring to the level of compassion satisfaction, burnout and secondary traumatic stress are calculated (responses to five items are reverse coded). Higher scores indicate higher levels of positive and negative effects of helping. Internal consistency estimates of Compassion satisfaction, Burnout and Secondary traumatic stress scales were 0.87, 0.90 and 0.87, respectively (Stamm, 2005).

English version of the Professional quality of life scale (Stamm, 2009) was translated into Slovak language using forward-translation and back-translation. Forward translation was conducted by professional counsellor speaking both English and Slovak language. Slovak translation was given to bilingual expert for back-translation into English language. Forward-translation, back-translation and original English version of the instrument were compared. Bilingual expert gave some suggestions for changes of the items of the Slovak version of the instrument in order to achieve its better conceptual equivalence with the original version.

2.2.2. Life orientation test—revised

Slovak adaptation of the Life orientation test—revised (Koverova & Ferjencik, 2013) was used to assess dispositional optimism. Life orientation test—revised is a 10-item measure for assessing dispositional optimism, i.e., generalised expectancies of good *versus* bad outcomes (Scheier & Carver, 1987; 1993). Items are answered using five-point scale (0 = strongly disagree; 4 = strongly agree). Three items are reverse coded, total score is obtained as a sum of scale responses to six items (four items are fillers). Higher scores indicate higher level of optimism as a one-dimensional construct (Koverova & Ferjencik, 2013). Internal consistency estimates of the Life orientation test—revised were acceptable: 0.73 (Koverova & Ferjencik, 2013); 0.78 (Bailey, Eng, Frisch & Snyder 2007; Scheier, Carver & Bridges, 1994). Cronbach alpha of Life orientation test—revised in our research was 0.707.

2.2.3. Emotional habitual subjective well-being scales

Emotional component of habitual subjective well-being was measured by original Slovak adaptation of Emotional habitual subjective well-being scales (Dzuka & Dalbert, 2002). Two separate scales (scale of positive state of mind and scale of negative state of mind) measure frequency of experiencing four positive (joy, happiness, pleasure and energy) and six negative (anger, shame, sadness, fear, guilt and pain) emotions or physical states (Dzuka & Dalbert, 2002). Respondents are asked to indicate the frequency of experiencing 10 emotions or physical states using six-point scale (1 = almost never; 6 = almost always). Two separate scores indicate the frequency of experiencing positive and negative emotions. Higher scores indicate higher frequency of experiencing positive and negative emotions. Internal consistency (Cronbach alpha) was 0.74 and 0.77 for scale of negative state of mind and scale of positive state of mind, respectively (Dzuka & Dalbert, 2002). In our research, Cronbach alpha estimates of scale of positive state of mind and scale of negative state of mind were 0.819 and 0.763, respectively.

2.2.4. Rosenberg self-esteem scale

Self-esteem was assessed by Slovak adaptation of Rosenberg self-esteem scale (Halama & Biescad, 2006). Ten items are answered by four-point scale indicating the level of agreement with the statement (1 = strongly disagree, 4 = strongly agree). Scale responses to five statements are reverse coded before sum of the overall score. Higher scores refer to higher level of self-esteem. Rosenberg self-esteem scale has adequate internal consistency ($\alpha = 0.76$; Halama & Biescad, 2006; $\alpha = 0.83$; Hatcher & Hall, 2009). Cronbach alpha of Rosenberg self-esteem scale in our research was 0.819.

2.2.5. State-trait anxiety inventory

Slovak version of State-trait anxiety inventory, part X-2 (STAI X-2; Mullner, Ruisel & Farkas, 1980) was used to assess trait anxiety, i.e., tendency of a person to experience anxiety in situations perceived as threatening. Twenty items of STAI X-2 refer to usual feelings of the person and are answered using four-point scale ranging 1–4 (1 = almost never, 4 = almost always). Sum of the scale responses to all items refers to the level of trait anxiety (seven items are reverse coded). High scores indicate high level of trait anxiety. State trait anxiety inventory, trait version is a reliable instrument for assessing trait anxiety ($\alpha = 0.91$; Bados, Gomez-Benito & Balaguer, 2010; $\alpha = 0.88$; Heretik, Ritomsky, Novotny, Heretik & Pecenak, 2009). Internal consistency of STAI X-2 in our research was 0.879.

2.2.6. Beck depression inventory

Slovak translation of Beck depression inventory (Prasko, Bulikova & Sigmundova, 2009) was used to assess the severity of depression. It consist of 21 groups of statements, each consisting of four items rated 0–3 according to severity of depression symptoms. Sum of scale responses refer to severity of depression. Higher scores indicate increasing severity of depression. Beck depression inventory is a reliable measure of depression ($\alpha = 0.90$; VanVoorhis & Blumentritt, 2007; $\alpha = 0.94$; Joe, Woolley, Brown, Ghahramanlou-Holloway & Beck, 2008). Cronbach alpha of Beck depression inventory in our research was 0.817.

2.3. Statistical analyses

Data were analysed using SPSS Statistics 20 software. Reliability of Professional quality of life scale was tested in terms of internal consistency (Cronbach α). To test construct and discriminant validity of Professional quality of life scale, bivariate correlation analyses (Pearson correlations) were computed.

3. Results

Descriptive statistics (means, standard deviations) and internal consistency estimates (α) for all measures are presented in Table 1. Scores on Professional quality of life scale were moderate for

Compassion satisfaction scale ($M = 36.62$; $SD = 4.99$) and Compassion fatigue ($M = 45.16$; $SD = 8.02$), lower to moderate for Burnout scale ($M = 24.08$; $SD = 4.08$) and lower for Secondary traumatic stress scale ($M = 21.07$; $SD = 5.00$).

Reliability estimates (Cronbach α) of Compassion satisfaction scale and Secondary traumatic stress scale were adequate (0.806 and 0.754, respectively). Internal consistency of Burnout scale was lower (0.556). Internal consistency estimate of Compassion fatigue (burnout items together with secondary traumatic stress items) was 0.785.

To test construct validity of Professional quality of life scale, Pearson correlations between measures were computed. Results of the correlation analyses are presented in Table 2.

Compassion satisfaction correlated positively with optimism ($r = 0.277$; $p < 0.05$), self-esteem ($r = 0.384$; $p < 0.01$) and positive state of mind, i.e., frequency of experiencing positive emotions ($r = 0.458$; $p < 0.01$). Compassion fatigue, burnout and secondary traumatic stress were positively correlated with negative state of mind, i.e., frequency of experiencing negative emotions ($r = 0.284$; $p < 0.05$; $r = 0.273$; $p < 0.05$ and $r = 0.232$; $p < 0.5$, respectively), anxiety ($r = 0.493$; $p < 0.01$; $r = 0.565$; $p < 0.01$ and $r = 0.329$; $p < 0.01$, respectively) and depression ($r = 0.389$; $p < 0.01$; $r = 0.454$; $p < 0.01$ and $r = 0.252$; $p < 0.05$, respectively). Convergent validity of the Slovak version of the Professional quality of life scale was supported.

Results of correlation analyses also supported discriminant validity of the Slovak version of the Professional quality of life scale. Compassion satisfaction was negatively correlated with anxiety ($r = -0.314$; $p < 0.01$) and depression ($r = -0.225$; $p < 0.05$). Compassion fatigue was negatively associated with optimism ($r = -0.324$; $p < 0.01$) and self-esteem ($r = -0.257$; $p < 0.05$). Negative relationships were found between burnout and optimism ($r = -0.347$; $p < 0.01$), self-esteem ($r = -0.310$; $p < 0.01$) and positive state of mind, i.e., frequency of experiencing positive emotions ($r = -0.271$; $p < 0.05$). Secondary traumatic stress and optimism were negatively correlated ($r = -0.236$; $p < 0.05$).

However, significant negative correlations between compassion satisfaction and negative state of mind did not emerge, neither did negative correlations between secondary traumatic stress, self-esteem and positive state of mind, nor negative associations between compassion fatigue and positive state of mind (see Table 2).

Table 1. Means, standard deviations and internal consistency (α) of used measures

Measure	Mean	SD	α
PROQoL_CS	36.62	4.99	.806
PROQoL_CF	45.16	8.02	.785
PROQoL_B	24.08	4.08	.556
PROQoL_STS	21.07	5.00	.754
LOT-R	15.08	3.46	.707
RSES	32.25	4.22	.819
SPSM	14.60	3.50	.819
SNSM	13.04	3.88	.763
STAI	41.46	7.94	.879
BDI	4.65	4.41	.817

Note: PROQoL_CS = professional quality of life scale—compassion satisfaction; PROQoL_CF = professional quality of life scale—compassion fatigue; PROQoL_B = professional quality of life scale—burnout; PROQoL_STS = professional quality of life scale—secondary traumatic stress; LOT-R = life orientation test—revised; RSES = rosenberg self-esteem scale; SPSM = scale of positive state of mind; SNSM = scale of negative state of mind; STAI = state-trait anxiety inventory, trait version; BDI = beck depression inventory.

Table 2. Pearson correlations among measures

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. PROQoL_CS	-	-0.224*	-0.356**	-0.068	0.277*	0.384**	0.458**	0.018	-0.314**	-0.225*
2. PROQoL_CF		-	0.855**	0.906**	-0.324**	-0.257*	-0.151	0.284*	0.493**	0.389**
3. PROQoL_B			-	0.556**	-0.347**	-0.310**	-0.271*	0.273*	0.565**	0.454**
4. PROQoL_STS				-	-0.236*	-0.159	-0.021	0.232*	0.329**	0.252*
5. LOT-R					-	0.491**	0.222*	-0.153	-0.492**	-0.354**
6. RSES						-	0.217	-0.192	-0.522**	-0.475**
7. SPSM							-	0.028	-0.228*	-0.011
8. SNSM								-	0.374**	0.323**
9. STAI									-	0.668**
10. BDI										-

Note: PROQoL_CS = professional quality of life scale—compassion satisfaction ; PROQoL_CF = professional quality of life scale—compassion fatigue; PROQoL_B = professional quality of life scale—burnout; PROQoL_STS = professional quality of life scale—secondary traumatic stress; LOT-R = life orientation test—revised; RSES = Rosenberg self-esteem scale; SPSM = scale of positive state of mind; SNSM = scale of negative state of mind; STAI = state-trait anxiety inventory, trait version; BDI = beck depression inventory.

* $p < 0.05$. ** $p < 0.01$.

4. Discussion

Objective of the present research was to examine psychometric properties (internal consistency and construct validity) of the Slovak version of the Professional quality of life scale on the sample of people working in helping professions. Preliminary results of on-going research showed that the Slovak translation of the instrument was reliable (in terms of internal consistency). Internal consistency estimates of Compassion satisfaction and Compassion fatigue were acceptable. However, when reliability estimates of the Compassion fatigue subscales (Secondary traumatic stress scale and Burnout scale) were analysed separately, Cronbach alpha of Burnout scale decreased. These results suggest that the Compassion fatigue scale of the Slovak translation of the Professional quality of life scale is more reliable as a whole.

Results also supported both convergent and discriminant validity of the instrument. Based on Figley's (2002) categorisation of compassion fatigue symptoms, we focused primarily on emotional (anxiety, depression, positive and negative states of mind) and cognitive (optimism, self-esteem) correlates of professional quality of life in the analyses.

Higher levels of compassion satisfaction were associated with higher levels of optimism and self-esteem, higher frequency of experiencing positive emotions (joy, happiness, pleasure and energy) and lower levels of anxiety and depression. These findings correspond with Stamm's (2010) conceptualisation of compassion satisfaction that emphasises mainly its positive emotional consequences on the life of the helper. Our findings brought evidence that compassion satisfaction is associated not only with positive emotional, but also with positive cognitive outcomes (optimism and self-esteem).

Higher levels of compassion fatigue (burnout and secondary traumatic stress) were associated with lower levels of optimism and self-esteem, higher levels of depression and anxiety and more frequent negative state of mind (i.e., experiencing negative emotions—fear, anger, shame, sadness, guilt and pain).

Higher levels of burnout were related to higher levels of anxiety and depression, more frequent negative emotional state (feelings of anger, shame, sadness, fear, guilt and pain), less frequent positive emotional state (feelings of joy, happiness, pleasure and energy) and lower levels of optimism and self-esteem.

Higher levels of secondary traumatic stress correlated with higher levels of anxiety and depression, more frequent negative emotional state (feelings of anger, shame, sadness, fear, guilt and pain) and lower levels of optimism. Our findings on emotional and cognitive correlates of compassion fatigue, burnout and secondary traumatic stress are supportive of their theoretical definitions (Figley, 1995; 2002; Stamm, 2010). Corresponding with Figley (2002), negative consequences of helping were associated with negative effects in both emotional and cognitive domain.

Present study has several limitations. Firstly, research sample was of smaller size and non-representative of the population of people working in helping professions. Therefore, results reported in this paper cannot be generalised beyond the study sample. However, it is important to remind that the collection of the data for validation study of the Slovak version of the Professional quality of life scale is still in progress. Only data collected from the first part of the research sample were presented in this paper and are, therefore, considered preliminary. Number of participants was insufficient to analyse the factor structure of the instrument and data for test-retest reliability of the instrument are not available yet. Subsequent analyses on larger samples will be aimed at testing factor structure of the Slovak version of the Professional quality of life scale and its stability over time. Preliminary results yet suggest that Slovak version of the Professional quality of life scale is reliable and valid instrument for assessing positive and negative consequences of working in helping professions.

Funding

This research was supported by Slovak research and development agency under the contract no. APVV-14-0921.

References

- Bados, A., Gomez-Benito, J. & Balaguer, G. (2010). The state-trait anxiety inventory, trait version: Does it really measure anxiety? *Journal of Personality Assessment*, 92, 560–567.
- Bailey, T. C., Eng, W., Frisch, M. B. & Snyder, C. R. (2007). Hope and optimism as related to life satisfaction. *The Journal of Positive Psychology*, 2, 168–175.
- Bride, B. E., Radey, M. & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 155–163.
- Dzuka, J. & Dalbert, C. (2002). Elaboration and verification of emotional habitual subjective well-being scales (SEHP). *Ceskoslovenska Psychologie*, 46, 234–250.
- Figley, C. R. (1995). *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Routledge.
- Figley, C. R. (2002). *Treating compassion fatigue*. New York, NY: Routledge.
- Halama, P. & Biescad, M. (2006). Psychometric analysis of Rosenberg's self-esteem scale by using methods of classical test theory (CTT) and item response theory (IRT). *Ceskoslovenska Psychologie*, 50, 569–583.
- Hatcher, J. & Hall, L. A. (2009). Psychometric properties of the Rosenberg self-esteem scale in African American single mothers. *Issues In Mental Health Nursing*, 30, 70–77.
- Heretik, A., Ritomsky, A., Novotny, V., Heretik, A. & Pecenak, J. (2009). Restandardization of State-trait anxiety inventory X-2 - trait-anxiety. *Ceskoslovenska Psychologie*, 53, 587–599.
- Joe, S., Woolley, M. E., Brown, G. K., Ghahramanlou-Holloway, M. & Beck, A. T. (2008). Psychometric properties of the Beck depression inventory-II in low-income, African American suicide attempters. *Journal of Personality Assessment*, 90, 521–523.
- Koverova, M. & Ferjencik, J. (2013). Slovak adaptation of Life orientation test (LOT-R): psychometric characteristics. *Ceskoslovenska Psychologie*, 57, 461–473.
- Lauvrud, C., Nonstad, K. & Palmstierna, T. (2009). Occurrence of post traumatic stress symptoms and their relationship to professional quality of life (ProQoL) in nursing staff at a forensic psychiatric security unit: a cross-sectional study. *Health and Quality of Life Outcomes*, 7, 1–6.

Koverova, M. (2016). Psychometric properties of the Slovak version of the professional quality of life scale: Preliminary results. *Global Journal of Psychology Research: New Trends and Issues*, 6(2), 086-093.

- Mullner, J., Ruisel, I. & Farkas, G. (1980). *Dotaznik na meranie uzkosti a uzkostlivosti*. Bratislava, Slovakia: Psychodiagnosticke a didakticke testy.
- Prasko, J., Bulikova, B. & Sigmundova, Z. (2009). *Depresivni porucha a jak ji prekonat*. Praha, Czech Republic: Galen.
- Scheier, M. F. & Carver, C. S. (1987). Dispositional optimism and physical well-being: the influence of generalized outcome expectancies on health. *Journal of Personality*, 55, 169–210.
- Scheier, M. F. & Carver, C. S. (1993). On the power of positive thinking: the benefits of being optimistic. *Current Directions in Psychological Science*, 2, 26–30.
- Scheier, M. F., Carver, C. S. & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): a reevaluation of the Life orientation test. *Journal of Personality and Social Psychology*, 67, 1063–1078.
- Stamm, B. H. (2005). *The ProQOL Manual. The professional quality of life scale: compassion satisfaction, burnout & compassion fatigue/secondary trauma scales*. Sidran Press.
- Stamm, B. H. (2009). *Professional quality of life scale (ProQOL): Compassion satisfaction and compassion fatigue (ProQOL) Version 5*.
- Stamm, B. H. (2010). *The concise ProQOL Manual*. Pocatello, Idaho.
- Thomas, J. T. & Otis, M. D. (2010). Intrapyschic correlates of Professional quality of life: mindfulness, empathy, and emotional separation. *Journal of the Society for Social Work and Research*, 1, 83–98.
- VanVoorhis, C. R. W. & Blumentritt, T. L. (2007). Psychometric properties of the Beck depression inventory-ii in a clinically-identified sample of Mexican American adolescents. *Journal of Child & Family Studies*, 16, 789–798.