

Abstract

The present study investigated the mediation effects of secondary trauma self-efficacy and perceived social support in the relationship between job burnout and job engagement among healthcare providers indirectly exposed to trauma through their work. Cultivation and enabling hypotheses are two alternative explanations that involve self-efficacy and social support as mediators. We tested these two hypotheses using a longitudinal design in two studies. Results showed that the cultivation hypothesis was supported in both Study 1 and 2, whereas the enabling hypothesis was not supported in either study. Implications of the results on future research and the importance of coping self-efficacy in supportive interventions are discussed.

Introduction

Many healthcare providers are consistently exposed to indirect trauma through their working with clients. Evidence suggests that there is a number of negative consequences of indirect trauma exposure, including secondary traumatic stress (Bride et al., 2011), job burnout (Kadambi & Truscott, 2007) and low work engagement. However, little is known about the relationship between job burnout and job engagement among healthcare providers who are exposed to indirect trauma. Less is known concerning the psychological processes that mediate this relationship. In social cognitive theory, coping self-efficacy is a key component in the internal-evaluative process of adaptation to challenge and uncertainty. Social support is a critical environmental resource that helps individuals manage stress. The directionality of relationship between these two resources has important implications for understanding and intervening on the job burnout-work engagement relationship.

Cultivation and enabling hypotheses are two alternative explanations that involve the mediation effects of social support and self-efficacy in the relationship between stress and its consequences. The cultivation hypothesis suggests that self-efficacy facilitates social support, whereas the enabling hypothesis states that social support enhances and protects self-efficacy. **This two-study longitudinal investigation examined the indirect effects of job burnout on work engagement via perceived social support and secondary trauma self-efficacy among healthcare providers.**

Method

Participants

The study was a part of a larger project investigating secondary trauma, work-related demands, and resources among healthcare providers.

Inclusion criteria

- Working at least one year as a healthcare provider (e.g., physician, nurse), clinical psychologist, counselor, or social worker.
- Being indirectly exposed to trauma through interaction with patients.
- Study 1: Providing services for a military population.

Study 1 (N at T1 = 293, N at T2 = 131): Mental healthcare providers working with the U.S. military personnel suffering from trauma.

Study 2 (N at T1 = 298, N at T2 = 189): Healthcare and social workers providing services for civilian survivors of traumatic events in Poland.

Table 1. Measures

Variable	Measurement	α			
		Study 1		Study 2	
		Time 1	Time 2	Time 1	Time 2
Job burnout	Oldenburg burnout Inventory (Halbesleben et al., 2005)	.81	.85	.81	.78
Perceived Social Support	Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)	.94	.94	.96	.96
Secondary Trauma Self-Efficacy	Secondary Trauma Self-Efficacy Scale (Cieslak et al., 2013)	.87	.91	.89	.88
Work Engagement	Utrecht Work Engagement Scale-9 Item Version (Schaufeli et al., 2006)	.91	.90	.89	.89
Organizational Constraints	Organizational Constraints Scale (Spector & Jex, 1998)	.90	.90	.85	

Procedures

Participants responded to online questionnaires that assessed work engagement, job burnout, perceived social support, secondary trauma self-efficacy, and organizational constraints for Time 1 and Time 2. Mean time elapsed between Time 1 and Time 2 was 193.95 days for Study 1 and 161.91 days for Study 2.

Results

Goodness-Of-Fit Indices Comparisons (Table 2).

- For Study 2, a change score in chi-square values indicated that the model without pathway between secondary trauma self-efficacy at Time 1 and perceived social support at Time 2 had a significantly higher chi-square score than did the hypothesized model, indicating the model without this pathway had worse model fit than did the hypothesized model.
- The model without pathway between perceived social support at Time 1 and secondary trauma self-efficacy at Time 2 was not significantly different than the hypothesized model for both Study 1 and 2.
- When both of these pathways were excluded from the model, a chi-square score for the model was significantly larger than that of the hypothesized model for Study 2, suggesting the model without these pathways had worse model fit than did the hypothesized model.

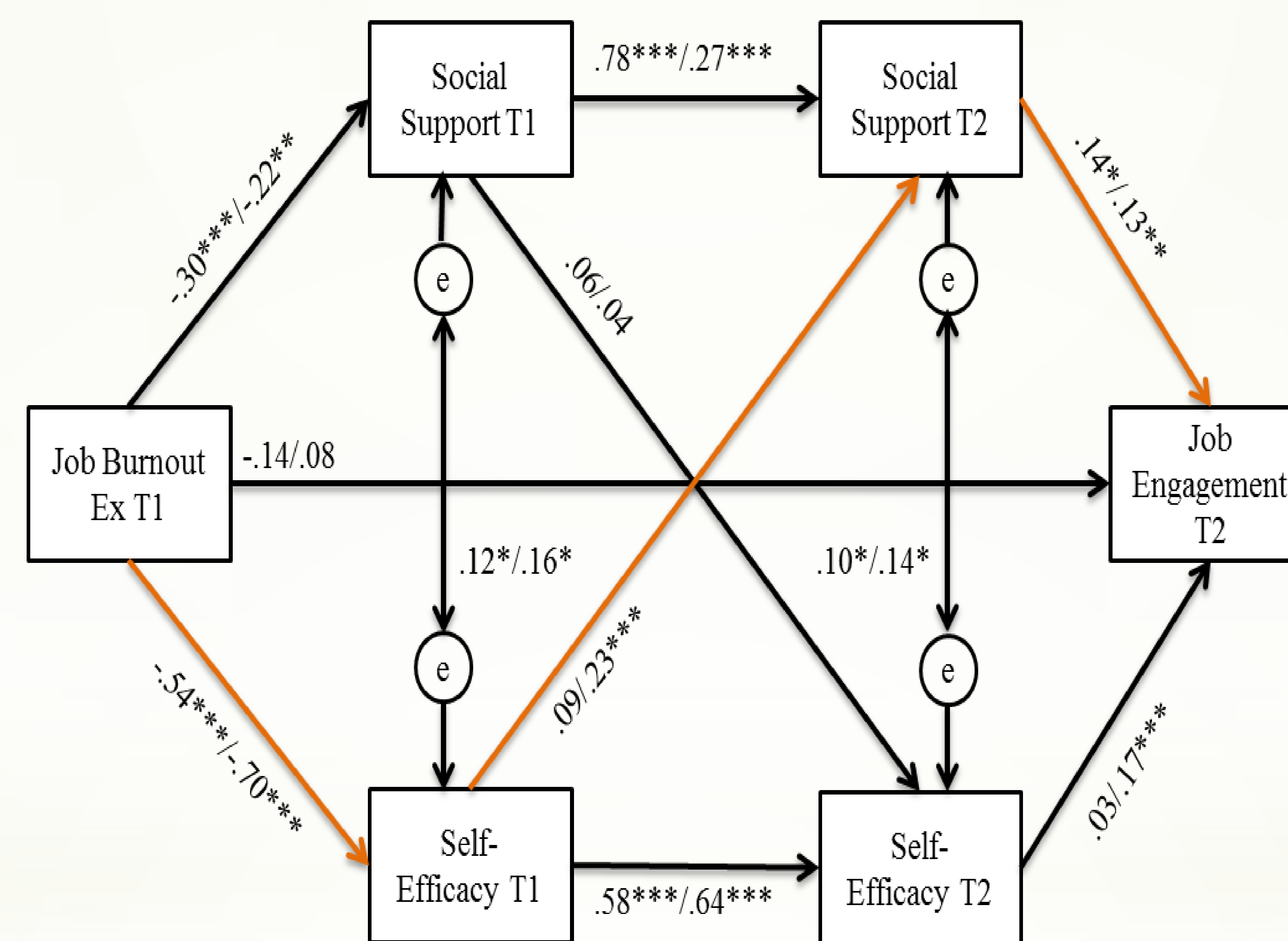


Figure 1. Cross-Lagged Analysis Testing the Cultivation and Enabling Hypotheses.

Note: * $p < .05$, ** $p < .01$, *** $p < .001$. The orange line indicates a serial mediation effect. Values before the slash indicate values for Study 1. Values after the slash indicate values for Study 2.

Table 2. Goodness-of-Fit Statistics for Comparisons of the Models

Model Description	χ^2	χ^2/df	RMSEA	CFI	SRMR	GFI	NFI	$\Delta\chi^2$	ΔNFI
Study 1									
Hypothesized Model	36.17	2.26	.098	.963	.072	.947	.938	-	-
Model without SE1-SS2 Pathway	39.03	2.30	.100	.959	.077	.943	.933	2.87	.005
Model without SS1-SE2 Pathway	36.80	2.17	.095	.964	.074	.945	.937	0.64	.001
Model without Both Pathways	39.87	2.22	.097	.960	.081	.941	.931	3.71	.006
Study 2									
Hypothesized Model	44.80	2.80	.098	.953	.057	.954	.931	-	-
Model without SE1-SS2 Pathway	55.08	3.24	.109	.938	.070	.945	.916	10.28***	.016
Model without SS1-SE2 Pathway	45.32	2.66	.094	.954	.058	.953	.931	0.52	.001
Model without Both Pathways	55.82	3.10	.106	.939	.072	.944	.915	11.02***	.017

Note. ** $p < .01$, *** $p < .001$. The $\Delta\chi^2$ indicates a change in a χ^2 from the hypothesized model. A significant $\Delta\chi^2$ value indicates that the model was significantly different from the hypothesized model. SE1: Secondary trauma self-efficacy at Time 1. SE2: Secondary trauma self-efficacy at Time 2. SS1: Perceived social support at Time 1. SS2: Perceived social support at Time 2.

Discussion

Results of Study 1 partially supported the cultivation hypothesis, and results of Study 2 fully supported this hypothesis. The enabling hypothesis was not supported in either Study 1 or Study 2. The support for the cultivation hypothesis suggests that enhancing self-efficacy facilitates perceived social support in a long term, and higher perceived social support is an important factor to foster job engagement.

A slightly different results for the cultivation hypothesis between Study 1 and 2 may be due to cultural differences and the contexts in which these studies were conducted (i.e., military trauma vs. civilian trauma). It may be that social support resources within a military provider context are less connected to one's perceived individual coping capabilities.

The present study showed a psychological process involving secondary trauma self-efficacy and social support as mediators in the relationship between job burnout and job engagement among healthcare providers. The present study is uniquely different from other studies supporting the enabling hypothesis (e.g., Benight et al., 1999; Cieslak et al., 2009) in that the present study investigated the population exposed to indirect trauma through their work as opposed to populations exposed to direct trauma. In addition, the present investigation is the first study to show the long-term cultivation process in the effect of job burnout on job engagement.

Healthcare workers exposed to indirect trauma may benefit from an educational support program that involves importance of enhancing self-efficacy to facilitate social resources and job engagement in a long-term. Educating healthcare workers about the psychological process of the effect of job burnout on job engagement may be beneficial to foster job engagement as well.

References

- Benight, C. C., Swift, E., Sanger, J., Smith, A., & Zeppelin, D. (1999). Coping self-efficacy as a mediator of distress following a natural disaster. *Journal of Applied Social Psychology, 29*, 2443-2464. doi:10.1111/j.1559-1816.1999.tb00120.x
- Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice, 14*, 27-35. doi:10.1177/1049731503254106
- Cieslak, R., Benight, C. C., Schmidt, N., Luszczynska, A., Curtin, E., Clark, R. A., Kissinger, P. (2009). Predicting posttraumatic growth among hurricane Katrina survivors living with HIV: The role of self-efficacy, social support, and PTSD symptoms. *Anxiety, Stress and Coping, 22*, 449-463. doi:10.1080/10615800802403815
- Cieslak, R., Shoji, K., Luszczynska, A., Taylor, S., Rogala, A., Benight, C. C. (2013). Secondary trauma self-efficacy: Concept and its measurement. *Psychological Assessment*. Advanced online publication. doi:10.1037/a0032687
- Halbesleben, J. R. B., & Demerouti, E. (2005). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. *Work and Stress, 19*, 208-220. doi:10.1080/02678370500340728
- Kadambi, M. A., & Truscott, D. (2007). Vicarious trauma among therapists working with sexual violence, cancer and General Practice. *Canadian Journal of Counselling and Psychotherapy / Revue canadienne de counseling et de psychothérapie, 38*. Retrieved from http://cjc.synergiesprairies.ca/cjc/index.php/rcc/article/view/261
- Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire. *Educational and Psychological Measurement, 66*, 701-716. doi:10.1177/0013164405282471
- Spector, P. E., & Jex, S. M. (1998). Development of four self-report measures of job stressors and strain: Interpersonal Conflict at Work Scale, Organizational Constraints Scale, Quantitative Workload Inventory, and Physical Symptoms Inventory. *Journal of Occupational Health Psychology, 3*, 356-367. doi:10.1037/1076-8998.3.4.356
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52*, 30-41. doi:10.1207/s15327752jpa5201_2