International Journal of Social Work and Human Services Practice
Vol.7. No.3 December, 2019, pp. 40-48 Horizon Research Publishing

The Effect of Psychological Resilience on Secondary Traumatic Stress in Social Workers

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Received November 19, 2019; Revised December 16, 2019; Accepted December 30, 2019

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Abstract In this study, it is aimed to determine whether secondary traumatic stress as a result of the interactions between social workers and clients is affected by psychological resilience. 191 social workers participated in the study. The data were obtained from the participants via e-mail and face-to-face interviews. Personal and professional information forms were filled out by the participants to determine their socio-demographic characteristics. The "Post Traumatic Stress Disorder Symptoms Scale – Self-Report Version" Form (PSS-SR) was used to measure secondary traumatic stress and "Psychological Resilience Scale for Adults" (PRSA) was used to measure psychological resilience. The SPSS package program was used to analyze the data. Multiple regression analysis was performed to determine the effect of psychological resilience on secondary traumatic stress. According to the findings obtained from the analyses, self-perception and social competence, which are among the sub-scales of psychological resilience, had an effect on total score of the PSS-SR and they were found to be significant negative predictors of arousal cluster. It was found that self-perception had a significant negative effect on re-experiencing and avoidance clusters. As a result of the study, it was found out that psychological resilience of social workers had an effect on secondary traumatic stress.

Keywords Secondary Traumatic Stress, Psychological Resilience, Social Worker, Client

1. Introduction

Social workers interact with client groups as a change agent system within a charity relationship and as a result of this interaction they are exposed to traumatic life experiences of the clients.

Most social work practices are directed to client groups with traumatic experiences, which may lead to secondary traumatic stress in social workers. Psychological resilience, which acts as a protective mechanism against secondary traumatic stress, can help social workers overcome the experience of secondary traumatic stress. In this context, examining psychological resilience, which refers to the ability to preserve well-being against traumatic experiences and to stand against difficulties, together with secondary traumatic stress is considered important in terms of carrying out some studies within organizational structures for preventing or reducing the traumatization.

Supporting social workers within the organizational structure against the risk of traumatic impacts of the practices of the profession, directed to the client systems, with damaged biopsychosocial functionality, and increasing their psychological resilience may make it necessary to carry out studies to reduce the trauma experience, which is a professional risk. Therefore, the study is considered important in terms of revealing this need. It can be stated that the study may contribute to the formation of support mechanisms within the organizational structure to meet such a need.

Most of the professional practices of social workers are for client groups with traumatic experiences. In addition, they bring high-level stress, unsettling and undesirable images belonging to the trauma, sleep disorders and high-level anxiety (Cunningham, 2003). In the literature, it is stated that not only people who directly suffer from trauma but also those who interact with people suffering from trauma may suffer trauma in various ways (Weiss et al., 1995). Secondary traumatic stress is defined as a kind of stress which arises from the transference of the information about experiences by people who directly suffer trauma to another person, and shapes around the

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symptoms of post-traumatic stress disorder (PTSD) (Galovski & Lyons, 2004). These symptoms are re-experiencing, avoidance and over-arousal.

In re-experiencing, social workers may involuntarily recall the client or the client's experiences and see unsettling images and dreams. S/he may experience tediousness against stimuli that remind the traumatic event or client. While recalling clients and social work interventions, followings may happen: increase in heartbeats, experiencing negative events that the client told, feeling sad emotions created by places, people or other materials reminding working with client systems with similar problem areas, thinking unpreventable thoughts regarding working with clients at different time periods, seeing unsettling images relating to clients, and being unable to avoid this imagination. Interfering thoughts, nightmares and widespread anxiety are inseparable parts of re-experiencing (Cerney, 1995). As in the re-experiencing symptoms in the post-traumatic stress disorder, it is likely to live the trauma experience in the stories of victims again and again (Figley, 1995). These memories have a potential of revival, which may cause more distress, anxiety or depression.

"Avoidance" is one of the important determinants of secondary traumatic stress. In avoidance, social workers may avoid stimuli that remind the client and problem area (Haley, 1974; Courtois, 1988; Bride, Robinson, Yegidis & Figley, 2004). Avoidance shapes around the loss of the feeling of empathy to clients, giving way to despair about the future, a decrease in interest in other people, avoiding personal relationships or conflicts, the loss of patience to colleagues, having trouble with doing daily activities, being less active than usual (Zimberoff & Hartman, 2014).Alienating from people, numbing in company with the extensive despair feeling may occur due to the secondary traumatic stress (Salston & Figley, 2003).

In the literature, stimuli reaction or over-arousal, belonging to secondary traumatic stress, is summarized as the outbreak of sleep problem, having trouble in falling asleep or frequent interruptions during sleep, heightened startle responses, feeling of tension, having difficulty in concentrating, easily emergence of rage or anger, and expecting that something will go wrong (Bride, 2007). In addition, there may be overreaction to the various arousal (e.g. hitting door abruptly etc.). Consequently, the symptoms of post-traumatic stress disorder, arising in the victims of trauma, may also occur in the professionals, who maintain the helping relationship.

With the outbreak of secondary traumatic stress, there may be some changes in the psychosocial well-being of professionals. These changes may affect adversely the relationship between professionals and their families, friends and relatives, and inhibit their organizational and occupational productivity. Professionals cannot fulfil their occupational requirements and show some undesirable behaviors such as absenteeism, being late to and leaving office early, forgetting important routine works, or they may start to look for a new career (Zimberoff & Hartman, 2014).

Secondary traumatic stress may also damage the professional relationship between the client and the social worker. Because of the nature of social work, social workers exhibiting secondary traumatic stress symptoms are under risk in terms of impeding facto in comparison with their colleagues who do not exhibit these symptoms (Rudolph, Stamm & Stamm, 1997). These risks may occur as misevaluating the clients, failing in the social work-specific intervention plans, not being able to demonstrate professional skills and behaviors, setting a negative example in terms of social work ethics. While this traumatized effect has a potential to harm the interactions between social workers and sub-systems, the psychological resilience can ensure a resistance against the traumatization.

Psychological resilience focuses on the capacity of a person to cope with the problems. Therefore, the psychological resilience, which emphasizes the strengths of an individual against trauma experience and leads it to discover and develop the protective mechanisms, refers to being able to stand against negative life experiences posing a risk of harming the bio-psychological functionality of the individual. It is also a process in which risk and protective mechanisms interact with each other and defined as the capacity of adaptation of an individual with the changes in its life (Karaırmak, 2006).

Psychological resilience not only focuses on the positive capacity but also has an important influence on the solution of metal health problems (Luthans, 2002). Psychological resilience in the professional life refers to being able to resist against the risk factors in the environment, with which professional interacts and maintains the well-being.

While psychological resilience helps people cope with stress, it also enables them to latch on their work or service (Akova & Turan, 2015; Kobasa, 1982). In the literature, it is stated that people with high psychological resilience against stressful factors believe that they maintain the controllability on their works (Um & Harrison, 1998), which brings taking responsibility and decreases the pressure on people. In several studies about social workers, it was found out that psychological resilience, including effective coping strategies, positively affects job satisfaction (Soderstrom, Dolbier, Leiferman & Steinhardt, 2000). Psychological resilience can be protective against indirect traumatization, including secondary traumatic stress. Hence, this study aims to analyze the effect of psychological resilience of social workers on the secondary traumatic stress.

2. Method

The study was designed with the correlational model

which is among survey models. The correlational model is defined as the research model which aims to determine the existence or degree of co-change between two and more variables. The research was designed to be a predictive correlation study. In this research method, the relationships between variables are examined and one (criterion) of the variables is tried to be predicted with the help of the other (predictor) and regression is used in the analyses.

3. Materials

In this section, the study group, measures, procedure, and statistical analyses are mentioned. The data of the study were obtained from a total of 191 participants that actively worked with the clients at micro and mezzo levels in different social work fields in Istanbul, Ankara and Izmir between 2016 and 2017. 116 of the participating social workers in the study group were female and 75 were male. It was found out that 121 of the participants were between 20-35 years, 46 were between 35-45 years, 10 were between 46-50 years, and 14 were 50 years and above. 97 of the participants were married, 81 were single, 12 were divorced, and 1 of them was widow. 165 of the participants had bachelor's degree, and 26 had master's degree. The average income of the participants was determined as TRY 3.426. 55 of the participants worked in the field of child welfare, 40 worked in the field of medical and psychiatric social work, 44 worked in the field of forensic social work, 9 worked in the field of elderly welfare, 15 worked in the field of disabled welfare, 24 worked in the field of social and economic support, and 4 worked in the field of woman welfare.

As data collection tools in the study, an extensive interview form, prepared by the researcher, and the "Post Traumatic Stress Disorder Symptoms Scale – Self-Report Version" Form (PSS-SR) (Aydın, Barut, Kalafat, Boysan & Beşiroğlu, 2012), whose validity and reliability studies were carried out by Aydın et al. (2012), were used to measure the symptoms of secondary traumatic stress of the participants. Besides, the "Psychological Resilience Scale for Adults" (PRSA) (Basım & Çetin, 2011), whose validity and reliability studies were carried out by Basım and Çetin (2011), was used to measure the psychological resilience of the participants. Hereinafter, the Personal and Professional Information Form, the PSS-SR Form, and the PRSA Form will be explained. The Personal and Professional Information Form: A personal and professional information form was prepared by the researcher to identify the personal and professional characteristics of participants who were willing to participate in the study. There were 30 questions in the form. The reason for using the personal and professional information form is that there is a relationship between the demographic and professional characteristics and secondary traumatic stress and psychological resilience.

The Post-Traumatic Stress Disorder Symptom Scale-Self Report Version (PSS-SR): In this study, the Turkish version of "Post Traumatic Stress Disorder Symptoms Scale – Self-Report Version" Form (PSS-SR), whose validity and reliability studies were conducted by Aydın et al. (2012), was used to measure the secondary traumatic stress. The reason for using this scale in this study is the assumption that this scale may reveal the structure of secondary traumatic stress because the symptoms of it have similar characteristics with the symptoms of the post-traumatic stress disorder. The PSS-SR Form was developed by Foa et al. (1993) to make the symptoms visible in the Diagnostic and Statistical Manual of Mental Disorders and it is a self-assessment scale. The PSS-SR consists of 26 items with 4 sub-subscales of over-arousal, avoidance, re-experiencing symptoms, and functionality.

The first 17 questions were designed according to the four-point Likert scale and aimed to measure the symptoms of post-traumatic stress disorder. Accordingly, the scoring of the scale is as (0) none, (1) rarely (once or less per week), (2) to some degree (2 to 4 times per week), and (3) almost always (5 or more per week). The 9 questions are responded as "Yes" or "No" and predict which aspects of psychosocial interactions with the social environment are affected by the 17 items that measure post-traumatic stress disorder. While questions 13, 14, 15, 16, and 17 measure over-arousal, questions 6, 7, 8, 9, 10, 11, and 12 measure avoidance, and questions 1, 2, 3, 4, and 5 measure re-experiencing. Among the questions predicting the effect of post-traumatic stress disorder on psychosocial functionality, the first nine questions are related to working life, responsibilities about home, friendship relations in the close social environment, leisure activities, school life, family relations, sexual life general life satisfaction, and general functionality, respectively.

For the total scale score with high internal consistency values, which were 0.90 for the total scale and between 0.72 and 0.82 for the subscales, 15-days test-retest technique was used and the correlation was calculated as 0.66 by Aydın et al. (2012) In this study, (α) value was determined as 0.89 for the total PSS-SR and between 0.72-0.82 for the subscales. Consequently, it can be said that the PSS-SR is a reliable and valid scale to be used to measure secondary traumatic stress levels of participants.

Psychological Resilience Scale for Adults: In the study, "Psychological Resilience Scale for Adults" (PRSA), whose validity and reliability studies were carried out by Basım and Çetin (2011), was used to measure the psychological resilience of the participants. The scale was developed by Fribog et al. (2005) and translated into Turkish by Basım and Çetin (2011). According to Basım and Çetin (2011), the scale was designed in a way of including the subscales of "personal power", "structural style", "social competence", "family cohesion", and "social resources". However, the scale was structured as a

6-dimensional form (Verplanken et al., 2007) by Fribog et al. (2005) in their study named "Resilience in Relation to Personality and Intelligence". In this form, the subscale of "personal power" includes "self-perception" and "perception of future". Basım and Çetin (2011) stated that it vigorously explains the psychological resilience with its six-dimensional structure including the original version of the scale.

The PRSA consists of 33 questions. It was designed according to the 5-point Likert scale for which one can do scoring in the range of 1 and 5 points. Questions 3, 9, 15, and 21 are related to the structural style, questions 4, 10, 16, 22, 25, and 29 are related to the social competence, questions 5, 11, 17, 23, 26, and 32 are related to the family cohesion, questions 6, 12, 18, 24, 27, 30, and 33 are related to social support (resources), questions 1, 7, 13, 19, 28, and 31 are related to self-perception, and questions 2, 8, 14, and 20 are related to perception of future (Basım & Çetin, 2011, p.108).

The test-retest technique was used to provide the internal consistency and reliability of the scale and the internal consistency coefficients of subscales were measured between 0.66 and 0.81. It was observed that the reliability coefficients of test-retest varied from 0.68 to 0.81 (Basım & Çetin, 2011). In this study, (α) value was calculated as 0.94 for the total PRSA and as 0.37-0.84 for the subscales.

Moreover, a comprehensive form was prepared to gather personal and professional information of the participants that participated in the study voluntarily. A consent form, which explains the scope of the study and contains a statement that participating in the study should totally be voluntary, was attached to the scale forms. The Post-Traumatic Stress Disorder Symptoms Scale – Self Report Version Form followed the personal and professional form. This order was important for the study. The participants were asked to fill the PSS-SR by considering their clients and social work interventions. Subsequently, they were asked to complete the Psychological Resilience Scale for Adults.

The necessary approval was obtained from the Social Sciences and Humanities Ethics Committee of Yildirim Beyazit University on 22nd February 2017 to be able to use the form that includes Personal and Professional Information Form, Informed Consent Form, the "Psychological Resilience Scale for Adults", and the "Post-Traumatic Stress Disorder Symptoms Scale – Self Report Version".

All the questions in the question form and scales were responded by the participants. This process lasted almost 30-60 minutes. All the data were obtained between June 2016 and August 2017.

Statistical analyses: The SPSS statistical program was used in the statistical analyses of the data. Whether the subscales of the PRSA (self-perception, perception of future, structural style, social competence, family cohesion, and social resources) predict the total and the subscales of the PSS-SR (re-experiencing, avoidance, over-arousal, functionality) were determined with enter code in multiple regression analysis. In the analyses of data, the significance level was adopted as 0.05. Firstly, the assumptions were tested for multivariate statistical analysis of the PSS-SR and the PRSA.

4. Results

In this study, a multiple regression analysis was conducted to test whether the subscales of the PRSA (self-perception, perception of future, structured style, social competence, family cohesion, and social resources) has an effect on the Post Traumatic Stress Disorder Symptoms Scale – Self-Report Version" Form (PSS-SR) and its subscales. The results of the analyses are shown in the Table 1 below.

Table 1. Beta Correlation Coefficients of Variables and Significance Levels

Part 1	Variable	B	SE	β	T	p	Binary r	Partial r
$R=0.605$ $R^2=0.366$ $F(6,183)=17.576$ $p=.000$	Invariant	34.708	2.652	_	13.090	.000	_	_
	Self-perception	-0.749	0.170	-0.478	-4.399	.000	-0.309	-0.259
	Perception of future	-0.227	0.223	-0.109	-1.016	.311	-0.075	-0.060
	Structural styles	-0.051	0.185	-0.022	-0.278	.781	-0.021	-0.016
	Social competence	-0.322	0.158	-0.187	-2.047	.042	-0.150	-0.120
	Family cohesion	-0.053	0.151	-0.035	-0.353	.725	-0.026	-0.021
	Social resources	0.268	0.185	0.181	1.454	.148	0.107	0.086
Part 2								
$R=0.439$ $R^2=0.193$ $F(6,183)=7.292$ $p=.000$	Invariant	1.674	.204	_	8.203	.000	_	_
	Self-perception	-0.039	0.013	-0.367	-3.000	.003	-0.216	-0.199
	Perception of future	-0.005	0.017	-0.039	-0.319	.750	-0.024	-0.021
	Structural styles	-0.003	0.014	-0.021	-0.239	.811	-0.018	-0.016
	Social competence	-0.028	0.012	-0.235	-2.285	.023	-0.167	-0.152
	Family cohesion	-0.005	0.012	-0.050	-0.446	.656	-0.033	-0.030
	Social resources	0.026	0.014	0.259	1.840	.067	0.135	0.122
Part 3								
$R=0.501$ $R^2=0.251$ $F(6,183)=10.230$ $p=.000$	Invariant	1.635	0.170	_	9.615	.000	_	_
	Self-perception	-0.038	0.011	-0.416	-3.523	.001	-0.252	-0.225
	Perception of future	-0.028	0.014	-0.226	-1.937	.054	-0.142	-0.124
	Structural styles	-0.004	0.012	-0.027	-0.314	.754	-0.023	-0.020
	Social competence	-0.012	0.010	-0.122	-1.235	.218	-0.091	-0.079
	Family cohesion	0.011	0.010	0.117	1.089	.278	0.080	0.070
	Social resources	0.017	0.012	0.193	1.426	.155	0.105	0.091
Part 4								
$R=0.610$ $R^2=0.372$ $F(6,183)=18.100$ $p=.000$	Invariant	2.595	0.197	_	13.174	.000	_	_
	Self-perception	-0.051	0.013	-0.439	-4.068	.000	-0.288	-0.238
	Perception of future	-0.009	0.017	-0.056	-0.524	.601	-0.039	-0.031
	Structural styles	-0.002	0.014	-0.013	-0.164	.870	-0.012	-0.010
	Social competence	-0.017	0.012	-0.134	-1.482	.140	-0.109	-0.087
	Family cohesion	-0.011	0.011	-0.100	-1.020	.309	-0.075	-0.060
	Social resources	0.008	0.014	0.069	0.554	.580	0.041	0.032
Part 5	Variable	B	SE	β	T	p	Binary r	Partial r
$R=0.517$ $R^2=0.268$ $F(6,183)=11.14$ $p=.000$	Invariant	10.857	0.732	_	14.828	.000	_	_
	Self-perception	0.213	0.047	0.528	4.527	.000	0.508	0.317
	Perception of future	- 0.068	0.062	-0.127	-1.105	.271	0.363	-0.081
	Structural styles	0.022	0.051	0.036	0.431	.667	-0.280	0.032
	Social competence	0.043	0.043	0.097	0.994	.321	0.389	0.073
	Family cohesion	0.023	0.042	0.059	0.556	.579	0.359	0.041
	Social resources	- 0.023	0.051	-0.060	-0.448	.655	0.395	-0.033

In the study, it was initially tested, whether the subscales of the Psychological Resilience Scale for Adults (PRSA) (self-perception, perception of future, structural style, social competence, family cohesion, and social resources) predict the total and the subscales of the Post-Traumatic Stress Disorder Symptoms Scale – Self-Report Version (PSS-SR) with the help of the multiple regression analysis.

A moderate significant relationship was found between the scores obtained from the subscales of the PRSA and the total score of the PSS-SR form ($R=0.605$, $R^2= 0.37$, $p<.01$). The aforementioned 6 variables explained 37% of the total variance of the Post-Traumatic Stress Disorder Symptoms Scale – Self-Report Version. The results of T-test regarding the significance of the regression coefficients revealed that self-perception ($t=-4.399$ $p<.01$) and social competence ($t=-2.047$, $p<.05$) were negative significant predictors of the total PSS-SR.

In part 2, the multiple regression analysis was performed to get whether the subscales of the Psychological Resilience Scale for Adults (PRSA) (self-perception, perception of future, structural style, social competence, family cohesion and social resources) predicted over-arousal, one of the subscales of the Post-Traumatic Stress Disorder Symptoms Scale – Self-Report Version (PSS-SR). There was a low significant relationship between the subscales of the PRSA and the over-arousal subscale ($R=0.439$, $R^2= 0.19$, $p<.01$). The aforementioned 6 variables explained 19% of the total variance of the over-arousal subscale. The results of T-test regarding the significance of the regression coefficients revealed that self-perception ($t=-3.000$ $p<.01$) and social competence ($t=-2.285$, $p<.05$) were negative significant predictors of over-arousal.

In part 3, the multiple regression analysis was performed to see whether the subscales of the Psychological Resilience Scale for Adults (PRSA) (self-perception, perception of future, structural style, social competence, family cohesion, and social resources) affected the re-experiencing subscale. It was found that there was a low significant relationship between the subscales of the PRSA and the re-experiencing subscale ($R=0.501$, $R^2= 0.25$, $p<.01$). The aforementioned 6 variables explained 25% of the total variance of the re-experiencing subscale. The results of T-test regarding the significance of the regression coefficients, it was found out that self-perception was a negative significant predictor of re-experiencing ($t= -3.523$, $p<.01$).

In part 4, the multiple regression analysis was performed to see whether the subscales of the Psychological Resilience Scale for Adults (PRSA) (self-perception, perception of future, structural style, social competence, family cohesion, and social resources) affected the avoidance subscale. It was discovered that there was a moderate significant relationship between the subscales of the PRSA and the avoidance subscale ($R=0.610$, $R^2= 0.37$, $p<.01$). The aforementioned 6 variables explained 37% of the total variance of the avoidance subscale. The results of T-test regarding the significance of the regression coefficients showed that self-perception was a negative significant predictor of re-experiencing ($t= -4.068$, $p<.01$).

In part 5, the multiple regression analysis was performed to see whether the subscales of the Psychological Resilience Scale for Adults (PRSA) (self-perception, perception of future, structural style, social competence, family cohesion, and social resources) affect the functionality subscale. There was a moderate significant relationship between the subscales of the PRSA and the functionality subscale ($R=0.517$, $R^2= 0.27$, $p<.01$). Aforementioned 6 variables explained 27% of the total variance of the functionality subscale. The results of T-test regarding the significance of the regression coefficients showed that self-perception was a positive significant predictor of functionality ($t=4.527$, $p<.01$).

5. Discussion

The findings of the study revealed there was a moderate significant relationship between the scores obtained from subscales of the PRSA and the total score of the PSS-SR form ($R=0.605$, $R^2= 0.37$, $p<.01$). The aforementioned 6 variables explained 37% of the total variance of the Post-Traumatic Stress Disorder Symptoms Scale – Self-Report Version. The results of T-test regarding the significance of the regression coefficients revealed that self-perception ($t=-4.399$ $p<.01$) and social competence ($t=-2.047$, $p<.05$) were negative significant predictors of the total PSS-SR. There was a low significant relationship between the subscales of the PRSA and the scores of the over-arousal subscale ($R=0.439$, $R^2= 0.19$, $p<.01$). The aforementioned 6 variables explained 19% of the total variance of the over-arousal subscale. The results of T-test regarding the significance of the regression coefficients revealed that self-perception ($t=-3.000$ $p<.01$) and social competence ($t=-2.285$, $p<.05$) were negative significant predictors of over-arousal. There was a low significant relationship between the subscales of the PRSA and the subscale of re-experiencing ($R=0.501$, $R^2= 0.25$, $p<.01$). The aforementioned 6 variables explained 25% of the total variance in the re-experiencing subscale. The results of T-test regarding the significance of the regression coefficients showed that self-perception was a negative significant predictor of re-experiencing ($t= -3.523$, $p<.01$). There was a moderate significant relationship between the subscales of the PRSA and the avoidance subscale ($R=0.610$, $R^2= 0.37$, $p<.01$). The aforementioned 6 variables explained 37% of the total variance of the avoidance subscale. The results of T-test regarding the significance of the regression coefficients revealed that self-perception was a negative significant predictor of re-experiencing ($t= -4.068$, $p<.01$).

There was a moderate significant relationship the

subscales of the PRSA and the functionality subscale ($R=0.517$, $R^2= 0.27$, $p<.01$). It was found that the self-perception was a positive significant predictor of functionality ($t=4.527$, $p<.01$). Therefore, positive self-perception adopted by social workers may increase their functionality.

To sum up, the results obtained in this study revealed that the subscales of self-perception and social competence negatively predicted the total PSS-SR; the self-perception subscale negatively predicted the subscales of avoidance and relieve; and the subscales of self-perception and social competence negatively predicted the over-arousal subscale. In the light of these findings, it can be said that psychological resilience affects the secondary traumatic stress.

According to the results of the study, the PSS-SR, which was used to measure the secondary traumatic stress, and its over-arousal subscale were affected negatively by the subscales social competence and self-perception; the subscales of re-experiencing and avoidance were affected negatively by self-perception. The high level of social competence could negatively affect the secondary traumatic stress and the over-arousal subscale. Professionals, whose social competence is strong, can be honest with themselves, feel their needs, control themselves, act in a teamwork, and show responsible behaviors towards clients, organization, and other employees in the work environment. Hence, there occurs a decrease in the secondary traumatic stress and at the over-arousal level of secondary traumatic stress. Aforementioned subscales are also related to the ethical principles, knowledge, and skills required by the social work profession. Reinforcement studies regarding the development of social competence may help social workers develop their professional skills and can be protective against the secondary traumatic stress.

Self-perception, one of the sub-scales of psychological resilience can be defined as emotions, attitudes, and beliefs of a person regarding herself/himself from the viewpoint of the social group to which s/he belongs as a result of the interaction with the environment (John & Robins, 1994). In other words, attaching value on oneself can be affected by the reactions of surrounding people (Geçtan, 2002) and s/he develops an internal attitude towards herself/himself as a result of these reactions. Self-perception is used for the reflection of a general emotional self-evaluation and reflects her/his attitude towards herself/himself. It is closely related to self-respect. Feedbacks from other people affect the features of sense, state of emotion, cognitive processing, and coping methods (Joseph, Williams & Yule, 1997). Positive self-perception, shaped by the positive emotions, shows itself as a protective mechanism in the field of mental and social behavior (Pearlman & McKay, 2008). In the literature, positive self-perception is assessed as a factor that increases psychological resilience (Masten & Coatsworth, 1998). On the other hand, negative self-perception reduces the resilience of people against the negative experiences and the vigor of recovery in relation to the negative attitudes of a person towards herself/himself, working life, daily practices, and other people (Pines & Aronson, 1988). In addition, negative self-perception leads mental health problems such as depression, anxiety, violence, high-risk behaviors, and substance use (Mann et al., 2004). While positive self-perception causes secondary traumatic stress and its sub-dimensions to decrease, negative self-perception causes them to increase. Considering that psychological resilience is not a constant structure but a transformable and improvable one, interventions towards the development of self-perception in a positive way can enhance the primary and secondary protections against indirect traumatization and secondary traumatic stress (Durğun, 2015). The results of this study are in parallel with the results of studies in the trauma literature. According to the results of the study carried out by Sakarya and Güneş (2011), where the relationship between the post-traumatic stress disorder and psychological resilience of the victims of Van earthquake was examined, it was found out that there was a negative relationship between the subscales of self-perception, perception of future and over-arousal, re-experiencing of post-traumatic stress disorder.

In a cross-sectional study carried out by Lee et al. (2016), it was investigated whether selfdom was a protective mechanism against the post-traumatic disorder. Police officers aged 49 years and over from 15 counties, who do rotation between the patrol and office duties, participated in the study. All participants filled out a form on stress regarding the job, depression, selfdom, and the symptoms of PTSD. According to the prevalence of the symptoms of PTSD, it was predicted that the intensity and prevalence of exposure to trauma would be more common in the police officers working in the urban areas. This study shows that selfdom would be a protector against the symptoms of post-traumatic stress disorder.

In the study carried out by Christensen et al. (2004) with 124 students, where the relationship between interpersonal perception and post-traumatic stress disorder was examined, it was found out that post-traumatic stress disorder was related to self-respect and negative beliefs regarding selfdom, which may affect the relationship between people.

In a study carried out by Temitope and Williams (2015) with 129 professionals in New Zeeland, the effect of psychological resilience on traumatic stress and burnout was investigated. The participants were asked about secondary traumatic stress, burnout, psychological resilience, social support, the degree of exposure to trauma and personal trauma history in the study. According to the results of the study, it was found out that there was a statistically significant relationship between burnout and secondary traumatic stress, and between psychological resilience and secondary traumatic stress.

6. Conclusions

Psychological resilience, which serves as a protective mechanism against secondary traumatic stress, can help social workers overcome the secondary traumatic stress experience. Organizational designs and practices based on empowerment of professionals around social policy and organizational support may increase psychological resilience as psychological resilience can be improved and affected by environmental factors. Hence, it is recommended to teach secondary traumatic stress and other indirect traumatization to undergraduate social work students, to start to conduct studies to increase the psychological resilience of professionals from the very beginning of undergraduate education and to include subjects such as indirect traumatization, increasing psychological resilience with the protective mechanisms, human behavior, and social environment in the curriculum.

Unavoidable secondary traumatic stress may pose negative consequences for the social worker, institution and client system. While social workers suffer from biopsychosocial health issues, quits, disturbances, the decline in productivity may also have negative effects on social work practices. Psychological resilience not only helps individuals cope with stress but also enables them to engage in the work or service (Akova and Turan, 2015; Kobasa, 1982). It is stated in the literature that individuals with high psychological resilience against stress-causing factors have beliefs that they maintain controllability in their work (Um and Harrison, 1998). This also brings taking responsibility and reduces the tension on the individual. In many studies conducted with social workers, it was found that psychological resilience including effective coping strategies had a positive effect on job satisfaction (Soderstrom et al., 2000). Therefore, psychological resilience can be protective against indirect traumatization involving secondary traumatic stress. The adoption of institutional policies that increase psychological resilience in social service organizations where welfare services are provided can help social workers be more productive in a more effective and efficient working environment.

As the results of the study, it is considered important to conduct informing, awareness-raising, and reinforcement studies on secondary traumatic stress and other indirect traumatization with the cooperation of university and professional organizations to increase the psychological resilience of professionals performing social work for applicants, to form organizational support mechanisms to increase the psychological resilience of professionals according to the groups of clients that each institution serves, and to focus on social work approaches in the field of employee welfare within the discipline of social work. Therefore, this study is also valuable to have examined psychological resilience, referring to well-being against traumatic experiences and standing against difficulties, together with secondary traumatic stress and to have revealed the necessity of performing studies within the organizational structures to prevent or reduce the traumatization.

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