

**Vicarious traumatic exposure among New Zealand health professionals: An exploration
of coping strategies and vicarious posttraumatic growth**

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Shekinah Faith Manning-Jones

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Abstract

The negative effects of working with trauma survivors have been well documented. This thesis provides an exploration of the less researched positive psychological effects of such work, termed *vicarious posttraumatic growth* (VPTG). Specifically, the research aimed to investigate New Zealand health professionals' use of coping strategies (social support, self-care, and humour) following vicarious traumatic exposure, how these coping strategies influenced the psychological outcome of vicarious traumatic exposure, and how VPTG related to *secondary traumatic stress* (STS). It was also of interest whether all types of health professionals coped with, and psychologically reacted to, vicarious traumatic exposure in the same way, or if there were differences between professions.

A total of 365 health professionals participated in the current research by completing a quantitative online survey. The final sample consisted of 103 social workers, 76 nurses, 72 counsellors, 70 psychologists, and 44 medical doctors. Humour, self-care, and peer social support were found to be positive predictors of VPTG, while self-care and social support from family and friends were negative predictors of STS. In addition, peer support was found to be a partial mediator of the relationship between vicarious traumatic exposure and STS. Social workers were found to have the highest levels of STS and VPTG, while psychologists were found to have the lowest levels. Regarding coping, generally psychologists and counsellors were found to engage in the highest levels of coping strategies, while nurses and doctors reported the lowest levels. However, the opposite pattern was found for peer support; nurses reported a significantly higher level of peer support than psychologists. Finally, a curvilinear relationship was found between STS and VPTG; moderate levels of STS were associated with the highest levels of VPTG. However, this was only the case among psychologists; among all other professions STS did not correlate with or predict VPTG. Implications of these results are discussed.

Investigation into the relationship between humour and VPTG, exploration of coping strategies as mediators, and the systematic investigation of differences between different types of health professionals represent current gaps in the literature. In addition, exploration of the relationship between VPTG and STS represents an under-researched area with mixed results. Therefore, the current research is an important contribution to the current body of literature. It is envisaged that conclusions drawn from this research will have beneficial implications for health care professionals and the organisations they work within.

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Preface

This thesis is comprised of four manuscripts that have been prepared for submission to academic journals. They investigate health professionals' psychological reactions to vicarious traumatic exposure. While the main focus is on *vicarious posttraumatic growth* (VPTG), that is, psychological benefits of vicarious traumatic exposure, negative psychological effects are also explored. This thesis is constructed around three main foci;

- A) The role of coping strategies following vicarious traumatic exposure, and how these influence health professionals' psychological reactions to vicarious traumatic exposure.
- B) Differences in the way types of health professionals react to, and cope with, vicarious traumatic exposure.
- C) The relationship between positive (VPTG) and negative (secondary traumatic stress, STS) psychological reactions to vicarious traumatic exposure.

In Chapter One a theoretical overview of the posttraumatic growth construct is presented. Chapter Two provides a systematic review of the VPTG literature; it is presented as the first manuscript in this thesis in order to provide readers with a solid understanding of VPTG and the available literature, before the current research is presented. In Chapter Three the aims and a brief rationale of the current research are provided; a more comprehensive rationale is presented in each empirical manuscript. Methodological, statistical, and ethical considerations are also presented in Chapter Three. Chapter Four reflects the first of the aforementioned foci of this thesis; a manuscript that investigates the way in which coping strategies may influence the psychological outcome of vicarious traumatic exposure, through regression and mediation analyses, is presented. In Chapter Five the second focus of this thesis, a systematic investigation of differences between five different groups of health professionals, is presented. A final manuscript that explores the relationship between VPTG

and STS among the overall sample and each individual profession is presented in Chapter Six. Results are synthesised in a concluding chapter (Chapter Eight), and implication of results, limitations, and directions for future research are discussed. A personal reflection on the process of conducting this research is also presented in this chapter.

With the exception of page numbers and in-text figures and tables, manuscripts are presented in submission format. A single reference list is provided at the back of this thesis, rather than accompanying each manuscript, in order to maintain a coherent flow across the entire thesis. Figures and tables are numbered with the chapter number first, then the figure or table number, for example 1.1, to avoid confusion between manuscripts. Attempts were made to keep repetition across manuscripts to a minimum; however, some repetition was unavoidable in order to ensure each manuscript was suitable for publication. Where text is repeated for the second time (e.g., the method section of manuscripts), it is presented in grey rather than black typography. If data is presented in more than one manuscript (e.g., mean values for key variables of interest), a specific note is made to alert readers to this repetition.