Vicarious Exposure to Trauma in Australian Migration Agents: The Role of Empathy and Psychological Capital in Compassion Satisfaction

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Abstract— **Australian migration agents may be under pressure in their work helping migrants affected by the global refugee crisis obtain their visas. The present research explored the factors that facilitate positive outcomes from work with traumatised people. Compassion satisfaction is essential for helping professionals, as it enables them to obtain pleasure from being able to help others and to sustain in their work. The current cross-sectional study aimed to examine how empathy and psychological capital affect compassion satisfaction in migration agents. Online survey data was collected from 158 Australian Registered Migration Agents aged 18 to 78 years who had worked with trauma-exposed people. The current research suggested psychological capital as a predictor of compassion satisfaction and it was the first to test a population of migration agents. The present study found evidence that empathy and psychological capital may be important means for promoting compassion satisfaction. Further studies are recommended with larger and more representative samples to confirm the findings and further explore the complex relationship between empathy, psychological capital, and compassion satisfaction.**

Keywords—empathy; psychological capital; compassion satisfaction; migration agents; helping professionals

I. INTRODUCTION

More men, women, and children are seeking asylum in today's world than at any time since World War II [1]. To address this global refugee crisis, Australia offered 13,750 humanitarian places for the 2015-16 financial year with increases planned to 18,750 places in the 2018-19 financial year [2]. The rate of "protection visa" applications steadily increased from 4,726 in July-September 2015 to 20, 861 in July-December 2016 [3,4]. Immigration lawyers and Registered Migration Agents (RMAs) help migrants to submit their visa applications and represent the applicants during the administrative process while their visas are being assessed. With the increase of humanitarian places in years to come, it is expected that RMAs will have greater exposure to traumatised clients in the future.

The literature recognises that working with trauma-exposed people impacts various helping professionals, including social workers and legal professionals [5, 6]. However, migration agents have not been the focus of research despite performing similar work, in many regards, to lawyers and social workers. Furthermore, most studies in the field of trauma have been conducted mainly on sexual abuse survivors, war veterans, and Holocaust survivors [7]. Nevertheless, the symptoms of trauma are also common among forcibly displaced people, including refugees [7]. The effect of working with such clients has yet to be investigated.

Working with traumatised people can affect not only the service providers' psychological wellbeing, but also their ability to perform in their professional capacity [8]. This might result in their impaired workplace performance [9]. Professional wellbeing in helping practitioners is often assessed by the measure of professional quality of life (ProQOL), which is defined as the quality individuals experience in relation to their work as a helper [10]. Helping professionals providing assistance and support to the victims of trauma are vicariously exposed to disturbing experiences through their work [11]. Such exposure to the clients' traumatic narratives has been shown to activate natural human processes of compassion fatigue or resilience [12]. Compassion fatigue involves physical and emotional fatigue and can negatively affect the professionals' psychological wellbeing [13]. Resilience can trigger compassion satisfaction, which refers to a feeling of wellbeing and growth originated from helping others [10].

As maintaining the positive attitude towards helping others might reduce the negative effects related to work with traumatised clients [14], this research focused on compassion satisfaction. The research literature suggests several variables that are positively associated with compassion satisfaction.

Empathy and psychological capital are among them and were shown to be related to higher compassion satisfaction and lower compassion fatigue (e.g., psychological capital: 15; empathy: 16). However, the research in this area is very limited and the role of empathy and psychological capital, which might lead to compassion satisfaction, has not been fully investigated.

A. Registered Migration Agents

Australian RMAs work with various types of people including clients who have survived traumatic events. As at 31 December 2014, there were 5,452 migration agents registered in Australia [17]. This number has increased to 6,172 at 31 December 2015 and to 6,684 at 31 December 2016 [18; 4]. The number of Refugee and Permanent Protection visa applications lodged by RMAs also increased from 14% in December 2015-March 2016 [18] to 20% in July-December 2016 [4]. Under the present legislative requirements, RMAs might have increased exposure to traumatised clients in future years. The large number of the RMAs in Australia and an increased demand for their service in the current world situation indicate the necessity for investigation of the professional wellbeing of Australian migration agent workforce.

B. Professional Quality of Life and Compassion Satisfaction

Compassion satisfaction may be considered the opposite of compassion fatigue, where hopelessness and overtiredness take over one's work and can lead to burnout [10]. Burnout is another negative aspect of ProQOL, which is defined as feelings of emotional exhaustion and professional insufficiency resulting from demanding workplaces and relationships with clients [10]. Maintaining compassion satisfaction is an effective approach to reduce compassion fatigue and burnout as compassion satisfaction provides stamina, desire to be empathetic to clients, increased professional capacity, and motivation to help and service others (14; 10).

The framework for the current study originated from ProQOL models designed by Stamm [10] and Yu, Jiang, and Shen [19]. The general concept of ProQOL is complex as it is associated with various characteristics, such as the work environment, helper and client environment, and exposure to trauma [10]. Yu, Jiang, and Shen [19] extended Stamm's [10] model and added demographic, psychological, and social factors as possible predictors of ProQOL. They included empathy, personality, and coping style into the psychological category. In their study, empathy was found to act as a predictor leading to compassion satisfaction, and further exploration of other potential predictors was recommended. The present research examined further empathy's capacity to predict compassion satisfaction. In addition, the current study extended the psychological category suggested by Yu, Jiang, and Shen [19] by proposing another possible predictor of compassion satisfaction, psychological capital, for its potential to enable people to flourish in stressful situations [20] and to predict work attitudes and behaviours [21]. The model of compassion satisfaction was adapted from Yu, Jiang, and Shen [19] and psychological predictors were extended as showed on Figure 1.
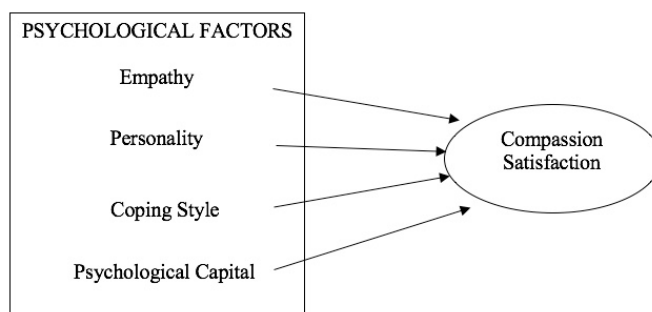

Figure 1. Extended model of psychological predictors of compassion satisfaction (based on the hypothetical model of professional quality of life by Yu, Jiang, & Shen [19])

C. Empathy

Empathy is an important skill in social work practice and other helping professions and refers to the capability to empathise with other people, particularly clients [22]. Empathy is a multidimensional process comprising affective and cognitive components of understanding and identifying with the feelings, thoughts, and emotional states of others [23].

Recent progress in social cognitive neuroscience has acknowledged the physiological mechanism of empathy and specified main components that together build the complete array of empathy [24]. The current study used the measure of empathy produced by cognitive neuroscience, psychology, and social work that identifies five affective and cognitive components: affective response, self-other awareness, perspective-taking, emotion regulation, and affective mentalising [24].

Affective response refers to an unconscious ability to mirror another person's actions, such as crying [25]. Self-other awareness is a cognitive process of understanding one's own emotions and distinguishing the self from other people [26]. Perspective taking consists of a cognitive ability to comprehend other person's experiences whilst keeping awareness of the self [25]. Emotion regulation involves a cognitive process of controlling one's emotions [27]. Affective mentalising is a cognitive process of imagining and appraising the emotions or experience of another person [28]. Hearing a story leads to visualising the actions, which triggers the mirror neuron system giving the physical sensation of performing the action [24]. Affective mentalising is a bridge between unconscious and conscious processes and a pathway to complex social living [24].

Figley [29] described empathy as a risk factor for compassion fatigue. Vicarious traumatisation may occur if professionals are overly engaged empathetically with trauma survivors [30]. However, positive effects of empathic care and its association with professional satisfaction in helping professionals have also been reported [31]. Empathy improves psychological wellbeing and provides a basis for pro-social behaviour [32, 33]. Thus, empathy is viewed as a "double-edged sword", as it is both a channel of vulnerability and a protective factor for helping practitioners [34]. Past research was mainly conducted on negative impacts of working with distressed people, while a protective role of empathy that might

lead to compassion satisfaction has not been fully investigated [16].

The research on the relationship between empathy and compassion satisfaction is very limited. However, there are several studies investigating the connection between empathy and compassion satisfaction. Gleichgerrcht and Decety [34] found that compassion satisfaction was strongly related to empathy. Moreover, empathy, as measured by scores on self-other awareness and affective response, was found to act as a significant positive predictor of compassion satisfaction [16]. Research by Duarte, Pinto-Gouveia, and Cruz [35] and Yu, Jiang, and Shen [19] showed that empathy explained 23-26% of variance in compassion satisfaction.

D. Psychological Capital

In positive organisational behaviour literature, psychological capital (PsyCap) refers to a person's positive psychological state of development and includes self-efficacy, hope, resilience, and optimism [36]. The purpose of the term "capital" is to highlight the nature of this construct as a resource that can be invested and improved in striving for achievement and sustainability in organisations [36]. Self-efficacy refers to personal confidence in the ability to accomplish a difficult task and is related to workplace productivity [37]. Hope is about both agency (willpower) thinking, such as setting realistic and clearly defined goals, and pathway (waypower) thinking, such as redirecting pathways to goals when necessary, while persevering towards goals [38]. Optimism involves seeing the world positively and anticipating success [39]. Finally, resilience refers to the capability to bounce back in adverse situations [36]. These four resource capacities are conceptually distinct, however, when in combination, they build a higher-order, core construct of PsyCap [36].

The PsyCap construct has emerged recently and does not have considerable research foundation [40]. However, each of its four facets is based on substantial theory and research that contributed to the development of an integrative theoretical basis for PsyCap. Moreover, Fredrickson's [20] broaden-and-build theory of positive emotion also contributed to the theoretical development of PsyCap by stating that individuals with high PsyCap have a greater likelihood of having positive emotions and building capacities, helping them to be resilient and flourish in stressful situations.

A review of past literature showed that research examining the interrelationship between PsyCap and compassion satisfaction was lacking. A limited number of studies were conducted predominantly on nurses and investigated associations between PsyCap and compassion fatigue [15] and PsyCap and burnout [41]. For example, the study by Bao and Taliaferro [15] appears to be the first attempt to examine a relationship between PsyCap and compassion fatigue. Their results revealed that PsyCap was negatively related to compassion fatigue and burnout and positively to compassion satisfaction.

As research on how empathy and PsyCap influence compassion satisfaction is limited, the current study extended research and addressed its limitations by examining a sample of Australian RMAs exposed to traumatised clients to investigate the role of empathy and PsyCap in predicting compassion satisfaction. This study was part of a larger project involving additional variables.

Based on the literature review, Hypothesis 1 predicted that levels of empathy would predict levels of compassion satisfaction; Hypothesis 2 predicted that levels of PsyCap would predict levels of compassion satisfaction; Hypothesis 3 predicted that both empathy and PsyCap would together contribute significantly to compassion satisfaction.

II. METHOD

A. Participants

A convenience sampling method was used in the present study with participants being recruited around Australia via online advertisement. Participants were 158 Registered Migration Agents recruited from Australian Law Societies and RMA national professional associations.

The sample consisted of 50 (31.7%) males and 103 (65.2%) females with five (3.2%) participants not specifying their gender. The age ranged from 18 to 87 years old. There were 85 (53.8%) participants from Australia, two participants (1.3%) from New Zealand, and 71 people (45%) from other countries, including England, South Africa, China, and Malaysia. Time practicing as an RMA varied from one year to over 36 years. Inclusion criteria for the present study specified that participants needed be an Australian RMA with present or past experience in working with the Migration Regulations, 1994 Commonwealth of Australia.

B. Materials

1) Empathy. The 22-item Empathy Assessment Index (EAI: [42]) was used to measure five components of empathy: affective response, perspective taking, self-other awareness, emotion regulation, and affective mentalising. Respondents were asked to rate each statement using six-point Likert scale ranging from 1 (never) to 6 (always) to describe their feelings or beliefs. In the current research, the total score for all five subscales was used to measure migration agents' level of empathy.

Thorough evaluation and revision of the EAI and its components were performed through multiple administrations in different studies where the EAI demonstrated acceptable to excellent internal consistency of its facets with Cronbach alpha coefficient values ranging from .64 to .83 [43; 44]. In the present study, the Cronbach's alpha for the full scale was .88.

2) Psychological Capital. The 24-item Psychological Capital Questionnaire (PCQ: [36]) was used to measure four facets (self-efficacy, hope, optimism, and resilience) with six items for each subscale. Specialists were asked to rate each statement on a six-point Likert response scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). In the present study, the total PCQ was used to measure migration agents' level of PsyCap.

Psychometric evaluation of the PCQ established its validity and stability in various disciplines and demonstrated the scale's adequate psychometric properties [15]. The scale's developers

confirmed the higher-order factor structure for the PCQ and reported its acceptable to high internal consistency with observed Cronbach's alpha values ranging from .65 to .92 for the facets and total scale [40]. In the current research, Cronbach's alpha for the full scale was .93.

3) Compassion Satisfaction. The 30-item Professional Quality of Life Scale (ProQOL: [10]) is a self-report scale designed to reflect the quality someone feels relating to their work as a helper. ProQOL consists of three subscales: Compassion Satisfaction, Compassion Fatigue / Secondary Traumatic Stress, and Burnout. The subscales are independent and a total score is not derived [10]. The 10-item Compassion Satisfaction subscale was used in the current research to measure respondents' sense of pleasure associated with their ability to perform their work well. Participants were asked to rate each statement on a five-point Likert response scale ranging from 1 (never) to 5 (very often). The scoring range is from 10 to 50, with scores below 22 indicating low satisfaction and scores higher than 42 indicating high satisfaction with work [10].

Research has demonstrated ProQOL scale's sound psychometric properties. Its developers indicated high internal consistency of the Compassion Satisfaction subscale with observed Cronbach's alpha of .87 [10]. In the current sample, it was recorded at .90.

4) Demographic information. The RMAs were asked to specify their gender, age, employment status, time practicing as a RMA, and country of origin. To screen the individuals to ensure eligibility for the current research, respondents were asked to provide information about their exposure to traumatised clients, assessed by an item based on the work of Finklestein, Stein, Greene, Bronstein, and Solomon [45]. Participants were asked to specify on a five-point Likert scale from 1 (never) to 5 (very often) how frequently they work with traumatised clients.

From the original data set of 330 participants, 121 participants were removed as they had not completed the measures beyond the demographic questionnaire. Next, 51 participants who had not worked with trauma-exposed clients and whose exposure was unknown were excluded from the sample. The remaining 158 cases formed the basis for further analyses.

The present study was correlational research with no manipulation of variables. Sampling was from a national pool of RMAs working with trauma-exposed clients. Participants completed the questionnaires through a secure web-survey platform (Psychdata) over a period of June - September 2017.

III. RESULTS

Data diagnostics and assumption examination were performed. Gender and education did not influence the predictor or outcome variables, but age did, resulting in controlling for age in the hierarchical regression analysis. All results were interpreted at alpha level of .05 unless otherwise specified. As seen in Table 1, all key variables in the study were significantly correlated with each other and the mean score for

Compassion Satisfaction ($M = 37.41$, $SD = 7.19$) fell in the middle range [10].

TABLE 1. SUMMARY OF INTERCORRELATIONS, MEANS, AND STANDARD DEVIATIONS

Variables	1	2	3	4	5	M	SD
Age	-						
Time in Profession	.45*** [.31, .59]	-					
Compassion Satisfaction	.27** [.12, .42]	.14 [-.02, .29]	-			37.41	7.19
Empathy	.20* [.05, .36]	.06 [-.09, .22]	.44*** [.30, .58]	-		98.12	12.89
PsyCap	.31* [.16, .46]	.13 [-.02, .29]	.66*** [.54, .78]	.52*** [.39, .66]	-	107.36	17.03

Note. N = 158. 95% confidence intervals for intercorrelations are presented in brackets.
*p < .05. **p < .01. *** p < .001.

A. Hierachical Multiple Regression Analysis

A hierarchical multiple regression was run to examine whether the addition of empathy and then PsyCap would improve the prediction of compassion satisfaction over and above age (refer to Table 2).

TABLE 2. HIERARCHICAL MULTIPLE REGRESSION ANALYSIS

Predictor	ΔR^2	β	B	SE B	95% CI for B
Step 1	.07**				
Constant			32.28	1.56	[29.20, 35.37]
Age		.27**	1.46	0.42	[0.64, 2.29]
Step 2	.15***				
Constant			11.98	3.94	[4.19, 19.77]
Age		.19*	1.02	0.39	[0.25, 1.80]
Empathy		.40***	0.22	0.04	[0.14, 0.30]
Step 3	.23***				
Constant			3.29	3.50	[-3.61, 10.20]
Age		.07	0.36	0.34	[-0.31, 1.03]
Empathy		.12	0.07	0.04	[-0.01, 0.15]
PsyCap		.58***	0.24	0.03	[0.18, 0.30]
Total R^2 = .45***					

Note. N = 158. CI = confidence interval.
** p < .01. *** p < .001.

When all the variables had been entered into the regression equation, a significant amount of variance in compassion satisfaction was accounted for, $R^2 = .45$, adjusted $R^2 = .44$, $F(3, 154) = 42.64$, $p < .001$, which demonstrated that 45% of the variance in compassion satisfaction was predicted by age, empathy, and PsyCap. Age accounted for a significant 7% of the variance in compassion satisfaction, $F_{change} (1, 156) = 12.33$, $p = .001$. After controlling for the effects of age, empathy accounted for an additional 15.3% of the variance in compassion satisfaction, $F_{change} (1, 155) = 30.55$, $p < .001$. After controlling for the effects of age and empathy, PsyCap accounted for an additional 22.8% of the variance in compassion satisfaction, $F_{change} (1, 154) = 64.25$, $p < .001$. With all three predictors entered into the equation at the final step, PsyCap was the only significant predictor of the outcome variable**.** In terms of unique variance, PsyCap contributed 22.8% of unique variance ($sr^2 = .23$, $p < .001$) to compassion satisfaction. There was an additional 22.2% in shared variability.

IV. DISCUSSION

A. The Hypotheses

Consistent with the first hypothesis, a medium to large effect size was found for the significant positive relationship between empathy and compassion satisfaction. Empathy acted as a significant and positive predictor of compassion satisfaction, explaining an additional 15.3% of variance after controlling for the effects of age. These findings are in line with past research in other professions. For example, in the studies by Yu, Jiang, and Shen [19] and Duarte, Pinto-Gouveia, and Cruz [35], empathy explained 23-26% of variance in compassion satisfaction.

Understanding the paradoxical relationship of empathy with ProQOL may suggest a valuable resource of professional endurance and longevity. The findings of the present study support the notion that empathic relationships with people might be a protective factor for helping professionals, which diminishes the risk of compassion fatigue [31]. Previous research has mainly focused on negative effects of working with people in challenging situations. The present study added to the growing body of literature suggesting positive outcomes of empathic care.

Regarding the second hypothesis, a large effect size was found for the significant positive relationship between PsyCap and compassion satisfaction. PsyCap acted as a significant and positive predictor of compassion satisfaction, explaining an additional 23% of variance after controlling for the effects of age and empathy. Despite the recognised connections of PsyCap with work-related outcomes [21; 40], there is a lack of research assessing the relationship between PsyCap and compassion satisfaction with the majority of the existing studies being on the relationships between PsyCap and compassion fatigue [15] and PsyCap and burnout [41]. The present study extended the current research in this area and suggested PsyCap to be a strong positive predictor of compassion satisfaction. This supports the theoretical proposition that PsyCap might act as a protective factor helping to build "a reservoir" of psychological resources that can be used to overcome stress and challenges [20].

The results of the present study did not support the third hypothesis, that both empathy and PsyCap would add significant variance, showing that PsyCap was the only significant predictor of compassion satisfaction at the final step of the regression analysis. This might indicate that PsyCap mediates the relationship between empathy and compassion satisfaction and requires further investigation.

B. Limitations

The current research had several limitations. This study utilised a sample of migration agents in Australia and its results may not be applicable to other professions and regions. Additionally, the use of the convenience sampling method does not provide direct representation of the relevant population. These issues limit generalizability of the study results. Due to a cross-sectional design of this research, care must be undertaken when interpreting the results as this design does not allow inferences of causality between the study variables. To address these limitations more studies are required with larger and more representative samples through recruiting participants internationally, preferably using a probability sampling method.

Nevertheless, the present study examined compassion satisfaction, empathy, and PsyCap, which are on the forefront of current research, and provided the information on their measurement and outcomes. Moreover, the current study investigated positive aspects of helping work by exploring the potential protective factors in compassion satisfaction, extended the research on positive outcomes of empathic care, suggested PsyCap as a predictor of compassion satisfaction, and it was the first to test a population of RMAs.

V. CONCLUSION

The topic of compassion satisfaction and its connection to empathy and PsyCap deserves further exploration, especially among migration agents who have not been considered by researchers before. However, there are close to seven thousand RMAs in Australia and their number is increasing every year [17, 3, 4]; thus, these professionals and their wellbeing deserve researchers' attention. Compassion satisfaction in Australian migration agents is currently at a moderate level. However, in the modern world, which is full of political and economic crises, wars, and growing globalisation, the probability of working with traumatised clients is increasing, placing migration agents at risk of developing higher levels of compassion fatigue. This indicates a growing need for migration agents to be able to help their distressed clients without experiencing compassion fatigue but acquiring positive outcomes and personal growth. The findings of the current research might have applications for migration agents through workplace policies, training, and practices, which should focus on maintaining and even increasing levels of compassion satisfaction. Developing empathy and PsyCap qualities may be important for promoting compassion satisfaction that might help to maintain psychological and professional wellbeing of migration agents and their retention in the profession.

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