

Chapter #11

NEGATIVE CONSEQUENCES OF HELPING AND THE LENGTH OF WORK EXPERIENCE

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ABSTRACT

The research study presents the partial results of a broader study investigating the negative consequences of helping, their sources and prevention possibilities. The main aim of the research was to explore the differences in the level of burnout, perceived stress and compassion fatigue among helping professionals with different lengths of practice. It was hypothesized that less experienced helpers would report lower levels of burnout, perceived stress and compassion fatigue than more experienced helpers. Helping professionals who work in institutions providing social care in Slovakia participated (n = 748), and completed the Maslach burnout inventory (Maslach, Jackson, & Leiter, 1996), Perceived stress scale (Cohen, Kamarck, & Mermelstein, 1983) and Professional quality of life scale - Compassion fatigue subscale (Stamm, 2010). A one-way MANOVA showed that helping professionals with 10 or more years of experience reported higher levels of burnout (exhaustion) and compassion fatigue compared with their colleagues who were at the beginning of their careers (0-3 years of practice). These research findings suggest that the length of experience at work is an important factor in experiencing the negative consequences of helping. The results form a basis for the preparation of prevention and intervention programs for specific groups of helping professionals in Slovakia.

Keywords: burnout, perceived stress, compassion fatigue, helping professionals, length of work experience.

1. INTRODUCTION

The main purpose of helping professionals is to help or provide care to people. Helping professions include fields such as medicine, nursing, psychotherapy, psychological counselling, social work, education and other direct-service roles. These types of professions often involve regular and intense interpersonal interactions. Therefore, one of the most important aspects of helping professionals are the helper's daily and direct contact with his/her clients and the provision of physical, psychological and social care. Individuals in these work areas constantly extend themselves outward to the service of helping others. Helpers have to meet specific requirements for the performance of their professions, namely in terms of qualifications and personality. These types of work have many positive aspects in the context of personal and professional growth and can be a motivation for performing this job. On the other hand, helping professions are also considered to be demanding and risky (Deville, Wright, & Varker, 2009; Gorgievski-Duijvesteijn & Hobfoll, 2008; Hegney et al., 2014; Maslach, Schaufeli, & Leiter, 2001; Volpe et al., 2014). Providing help to others professionally can cause an overload and exhaustion to the internal and external resources of the helper (Lambert, Lambert, & Yamase, 2003; McVicar, 2003). Therefore, the prolonged impact of the negative effects of helping can threaten the physical and mental health of helping professionals.

The present study is mainly focused on the negative effects of helping that helping professionals deal with most often: burnout, perceived stress and compassion fatigue (Barnett & Cooper, 2009; Figley, 2002; Stamm, 2010). More specifically, the research deals with the differences in the negative consequences of helping among helping professionals with different lengths of experience in Slovakia. The findings of the present research are particularly important as a basis for the further preparation of evidence-based prevention and intervention programs for specific groups of helping professionals in Slovakia.

2. BACKGROUND

2.1. Burnout syndrome

One of the most common adverse effects of helping is burnout syndrome. According to Maslach, Jackson, and Leiter (1996), burnout is a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment. Emotional exhaustion, as a key component of burnout syndrome, refers to depletion of emotional resources where helpers "feel they are no longer able to give of themselves at a psychological level" (Maslach et al., 1996, p. 192). Depersonalization can be viewed as a mechanism by which helping professionals feel an emotional distance from their clients and develop negative emotions and attitudes towards them (Maslach et al., 1996). Reduced personal accomplishment refers to a helper's tendency to view work negatively, to experience a decline in feelings of work competence and success and to feel dissatisfied with his/her work achievements (Maslach et al., 1996). Exhaustion and depersonalization affect not only work satisfaction, but also personal satisfaction (Maslach et al., 1996; Maslach et al., 2001).

Burnout was previously conceptualized as the reaction to job stress generated by the demands of helping clients (Barnett & Cooper, 2009; Maslach et al., 1996). However, the current research (e.g. Jenkins & Baird, 2002) has provided clarification where burnout is considered as a defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain. This concept describes a successive, pathological process and a unique emotional response through symptoms of emotional exhaustion, physical and cognitive fatigue. These can develop due to the psychological effort of working with multiple stressors and exposure to trauma which is considered as part of the daily work overstrain (Jenkins & Baird, 2002; Tosone, Nuttman-Shwartz, & Stephens, 2012).

Over the past 40 years of research, there has been an increased interest in burnout. This term is not limited to only working with clients but is also related to work settings (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Schaufeli & Taris, 2005). In the course of research into burnout, a new stream has emerged, in particular, the search for a positive counterpart of burnout syndrome. The combined efforts of several researchers (e.g. Leiter & Maslach, 2008; Schaufeli, Salanova, González-Romá, & Bakker, 2002) have come up with a positive burnout pole called engagement. Burnout syndrome, according to these authors, is based on an uncontrollable and unproductive relationship towards work while burning or liveliness (engagement) express the state of being full of energy, enthusiasm and deployment. While burnout can cause negative health consequences especially among helping professionals (Gabassi, Cervai, Rozborowsky, Semeraro, & Gregori, 2002; Havrdová & Šolcová, 2012), engagement is primarily related to the positive attitudes towards life and work (meaningfulness, endurance, responsibility, dedication, vigour) (e.g. Bosman, Rothmann, & Buitendach, 2005).

2.2. Perceived stress

One of the significant factors associated with the development of burnout syndrome is perceived stress. In the present study, perceived stress has been defined as experienced levels of stress, i.e. the degree to which situations in one's (work) life are appraised as stressful (Cohen, Kamarck, & Mermelstein, 1983).

Research has shown that prolonged exposure to high levels of work stress and a high workload are correlated with burnout (Maslach et al., 2001; Stamm, 2010; Volpe et al., 2014). According to Devilly et al. (2009), burnout is a significant predictor of affective distress (i.e. symptoms of depression, anxiety and tension/stress). Burnout syndrome arises as a result of the depletion of all means to manage chronic stress (Gabassi et al., 2002). Barnett and Cooper (2009) report that workers in helping professions are also very often threatened by undue stress.

Edwards et al. (2003) note that helping professionals deal with specific sources of stress and burnout such as the problems of their clients/patients, caring for their emotional needs, professional self-doubts, poor supervision, difficulties with time management, heavy workload, conflicts or personal stresses. These characteristics of helping professions can be the source of the negative consequences of helping. They can not only lead to a higher incidence of burnout and stress among helpers but also to a higher prevalence of compassion fatigue which is another negative effect of helping (Adams, Boscarino & Figley, 2006; Stamm, 2010; Edwards et al., 2003).

2.3. Compassion fatigue

Similar symptoms of burnout and stress are reflected in the concept of compassion fatigue which consists of secondary traumatic stress and burnout (Cunningham, 2003; Figley, 1995; Figley, 2002; Mann, 2004; Stamm, 1999; Stamm, 2005; Stamm, 2010). However, there are some differences in the conceptualization of the two elements of compassion fatigue in comparison to the concepts of burnout by Maslach et al. (1996) and perceived stress by Cohen et al. (1983). A key component of compassion fatigue is secondary traumatic stress which refers to the indirect (vicarious) traumatization of the helper as a result of his/her exposure to the trauma of his/her clients or patients (Figley, 2002; Stamm, 2010). Burnout as the second part of compassion fatigue mainly refers to the symptoms of emotional exhaustion and fatigue (Figley, 1995; Figley, 2002; Stamm, 2010). By using these similar concepts of burnout and stress, the current study has tried to capture a wider range of symptoms of the negative consequences of helping.

2.4. The length of work experience

The results of some research studies have shown that higher age and longer experience at work are connected with higher levels of burnout and perceived stress among helping professionals (Hricová, Nezkusilová, & Mesárošová, 2017; Śliwiński et al., 2014; Tuveson, Eklund, & Wann-Hansson, 2011). However, Edwards et al. (2006) found that younger mental health nurses experienced higher levels of burnout on the depersonalization subscale. On the contrary, Kebza (2005) has reported that negative consequences of helping usually occur after years of practice, when work is less exciting and the helper can experience stagnation, frustration and depression. Chrestman (1999) has indicated that increased work experience is related to increased secondary traumatic stress symptoms. Hayter (2000) has reported no relationship between burnout (emotional exhaustion, reduced personal accomplishment and depersonalization), age and length of time in practice among clinical nurses.

3. OBJECTIVES

Research into the relationship between the length of time in practice and negative consequences of helping in Slovakia has been scarce. Therefore, the purpose of the present research was to explore the differences in the level of burnout, perceived stress and compassion fatigue among helping professionals with different lengths of experience. Although the research findings in this area have been ambiguous, most studies have provided evidence for the positive relationship between the length of experience and negative consequences of helping (Chrestman, 1999; Hricová et al., 2017; Kebza, 2005; Śliwiński et al., 2014; Tuvešson et al., 2011). It was therefore hypothesized that less experienced helpers would demonstrate lower levels of burnout, perceived stress and compassion fatigue than more experienced helpers.

4. METHOD

4.1. Research sample and procedure

The present research is part of a national Slovak research project investigating the resources and the prevention possibilities of the negative consequences of helping. The project is focused on helping professionals working in institutions providing social care in Slovakia (i.e. social workers, psychologists, health professionals, educators). Up to date, 748 helping professionals in Slovakia have participated. The participation was voluntary and anonymous.

Among the participants, 88.4% were female, 10.8% were male, and 0.8% did not report their gender. The age of participants ranged from 20 to 65 ($M = 44.07$; $SD = 10.34$). The length of experience in helping professions ranged from 1 to 44 years ($M = 13.1$; $SD = 10.49$); eight participants did not report the length of their work experience.

4.2. Instruments

The helping professionals completed the following questionnaires:

The Maslach burnout inventory (MBI; Maslach et al., 1996), Slovak translation. The instrument consists of 22 items measuring the level of burnout syndrome, i.e. the level of emotional exhaustion (e.g. *"I feel emotionally drained from my work."*), depersonalization (e.g. *"I don't really care what happens to some recipients."*) and reduced personal accomplishment (reverse coded, e.g. *"I feel I'm positively influencing other people's lives through my work."*). Respondents indicate the frequency of experiencing work-related feelings using a 7-point scale (0 = never; 6 = every day). The internal consistency estimates (Cronbach alpha) for emotional exhaustion, depersonalization and personal accomplishment were .90, .79 and .71, respectively (Maslach et al., 1996). In the current research, the Cronbach alpha estimates were .878 for emotional exhaustion, .601 for depersonalization and .768 for personal accomplishment. The validation study of the Slovak translation of the instrument is in process.

The Perceived stress scale (PSS; Cohen et al., 1983). The Slovak translation of this 10-item measure was used to assess the level of perceived stress among helping professionals. Respondents are asked to indicate the frequency of their feelings and thoughts during the last month on a 5-point scale (1 = never; 5 = very often); e.g. *"In the last month, how often have you felt nervous and 'stressed'?"*. A higher score indicates a higher level of perceived stress. The Cronbach alpha estimates of the instrument were acceptable (Cohen et al., 1983). In this research, reliability (Cronbach alpha) of the perceived stress scale was .79. The validation of the Slovak version of the instrument is in process.

Professional quality of life scale (ProQOL; Stamm, 2010; Slovak adaptation Köverová, 2016). The professional quality of life scale consists of 30 items measuring the level of the positive effects of helping (compassion satisfaction - 10 items, e.g. "I get satisfaction from being able to help people.") and the level of the negative effects of helping (compassion fatigue consisting of burnout - 10 items, e.g. "I feel trapped by my job as a helper."; and secondary traumatic stress - 10 items, e.g. "I think that I might have been affected by the traumatic stress of those I help."). The answers are rated on a 5-point scale (1 = never; 5 = always). Higher scores indicate higher levels of compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress). For the purposes of this study, only compassion fatigue subscales were used in the analyses. Stamm (2005) has reported adequate internal consistency estimates (Cronbach alpha) for burnout (.90) and secondary traumatic stress (.87). The Cronbach alpha estimates of compassion fatigue, burnout and secondary traumatic stress in the Slovak adaptation of the instrument were .785, .556, and .754, respectively (Köverová, 2016). In the present study, the Cronbach alpha estimates were .822 for compassion fatigue, .690 for burnout and .764 for secondary traumatic stress.

4.3. Data analysis

A one-way MANOVA was used to measure the differences in the level of burnout (total score, exhaustion, depersonalization, personal accomplishment), perceived stress and compassion fatigue (burnout and secondary traumatic stress) among four groups of helping professionals according to the length of their helping experience (*group 1* = 0-3 years of experience, $n = 154$; *group 2* = 3.1-9.9 years of experience, $n = 181$; *group 3* = 10-19.9 years of experience, $n = 190$; *group 4* = 20 or more years of experience, $n = 200$). IBM SPSS Statistics 21 software was used for the data analysis.

5. RESULTS

Descriptive statistics (means, standard deviations) and the results of the multivariate analysis of variance are presented in Table 1. The four groups of helping professionals reported low levels of burnout ($M = 1.495 - 1.734$), low to moderate levels of exhaustion ($M = 1.725 - 2.250$), low levels of depersonalization ($M = .816 - .869$), moderate to high levels of personal accomplishment ($M = 4.303 - 4.458$), moderate levels of perceived stress ($2.481 - 2.634$) and low to moderate levels of compassion fatigue ($M = 2.200 - 2.455$ for burnout; $M = 2.055 - 2.352$ for secondary traumatic stress).

A one-way MANOVA revealed that there were statistically significant differences in the levels of the negative consequences of helping among the four groups of helping professionals ($F_{(18, 2025)} = 3.487$, $p < .001$; Wilk's $\lambda = .917$, partial $\eta^2 = 0.028$). Tests of between-subject effects using the Bonferroni correction indicated significant differences ($p < .007$) among the four groups in exhaustion ($F_{(3,721)} = 7.164$, $p < .001$) and compassion fatigue subscales ($F_{(3,721)} = 10.076$, $p < .001$ for burnout; $F_{(3,721)} = 10.748$, $p < .001$ for secondary traumatic stress) (Table 1).

Scheffe post-hoc tests indicated differences in the mean exhaustion scores among Group 1, Group 3 and Group 4. The mean exhaustion score for Group 1 ($M = 1.725$, $SD = 1.079$) was significantly lower than Group 3 ($M = 2.249$, $SD = 1.223$, $p = .001$) and Group 4 ($M = 2.250$, $SD = 1.246$, $p = .001$). Helping professionals with longer experience reported higher levels of exhaustion than helping professionals at the beginning of their career.

For the compassion fatigue subscales, a Scheffe post-hoc test indicated that the mean burnout score for Group 1 ($M = 2.200$, $SD = .413$) was statistically significantly lower than Group 2 ($M = 2.387$, $SD = .436$, $p = .003$), Group 3 ($M = 2.407$, $SD = .461$, $p = .001$) and Group 4 ($M = 2.455$, $SD = .489$, $p < .001$). The mean secondary traumatic stress score for Group 1 ($M = 2.055$, $SD = .455$) was significantly lower than Group 2 ($M = 2.213$, $SD = .525$, $p = .042$), Group 3 ($M = 2.275$, $SD = .527$, $p = .001$) and Group 4 ($M = 2.352$, $SD = .485$, $p < .001$). The difference in the mean level of secondary traumatic stress between Group 2 and Group 4 was also statistically significant ($p = .042$). Helping professionals at the beginning of their career reported lower levels of compassion fatigue (burnout and secondary traumatic stress) than helping professionals with longer practice.

Table 1.
Differences in burnout (MBI), perceived stress (PSS) and compassion fatigue (ProQOL) among helping professionals with different length of work experience.

| Group (n) | 1 (n = 154) | | 2 (n = 181) | | 3 (n = 190) | | 4 (n = 200) | | ANOVA | |
|------------|-------------|------|-------------|------|-------------|------|-------------|------|--------|------|
| | M | SD | M | SD | M | SD | M | SD | F | p |
| MBI_total | 1.49 | .72 | 1.62 | .76 | 1.73 | .79 | 1.66 | .77 | 2.860 | .036 |
| MBI_exh | 1.72 | 1.07 | 2.05 | 1.20 | 2.24 | 1.22 | 2.25 | 1.24 | 7.164 | .000 |
| MBI_dep | .84 | .96 | .85 | .85 | .86 | .90 | .81 | .85 | .130 | .942 |
| MBI_pa | 4.35 | .99 | 4.37 | .98 | 4.30 | .95 | 4.45 | .92 | .865 | .459 |
| PSS | 2.48 | .52 | 2.56 | .49 | 2.63 | .48 | 2.63 | .45 | 3.615 | .013 |
| ProQOL_B | 2.20 | .41 | 2.38 | .43 | 2.40 | .46 | 2.45 | .48 | 10.076 | .000 |
| ProQOL_STS | 2.05 | .45 | 2.21 | .52 | 2.27 | .52 | 2.35 | .48 | 10.748 | .000 |

Note: MBI_exh = exhaustion; MBI_dep = depersonalization; MBI_pa = personal accomplishment; ProQOL_B = burnout; ProQOL_STS = secondary traumatic stress

No significant differences in the levels of depersonalization and personal accomplishment were found among the four groups ($F_{(3,721)} = .130$, $p = .942$; $F_{(3,721)} = .865$, $p = .459$; respectively). Regardless of the length of work experience, helping professionals indicated low levels of depersonalization and high levels of personal accomplishment (Table 1).

Using the Bonferroni correction, the differences in overall MBI score and PSS score among the four groups were no longer significant ($F_{(3,721)} = 2.860$, $p = .036$ for overall MBI score; $F_{(3,721)} = 3.615$, $p = .013$ for perceived stress). However, according to the mean scores presented in Table 1, there is also a slight increase in the levels of burnout and perceived stress among more experienced helping professionals.

6. DISCUSSION

The present research findings are part of a national Slovak research project investigating the resources and the prevention possibilities of the negative consequences of helping. The aim of the research study was to explore the level of burnout, perceived stress and compassion fatigue (burnout and secondary traumatic stress) among helping professionals in Slovakia with regard to their length of practice. It was found that helping professionals with longer work experience (10 or more years) indicated higher levels of the

negative consequences of helping - burnout, perceived stress and compassion fatigue - than less experienced helpers (0-3 years of helping practice). These results are consistent with previous research studies which have indicated the role of age and length of practice in experiencing negative effects of helping (Śliwiński et al., 2014; Tuvešson et al., 2011). The current research is the first to address this issue among helping professionals in Slovakia and brings evidence that the length of work practice is an important factor for experiencing the negative consequences of helping - burnout, stress and compassion fatigue - also among professionals in Slovakia.

A higher incidence of the negative consequences of helping among more experienced helping professionals was expected. However, only differences in compassion fatigue (burnout and secondary traumatic stress) and burnout (exhaustion) were found to be significant with regard to the length of practice. The differences in perceived stress and burnout (total score and depersonalization) among the groups of helping professionals with different lengths of experience were insignificant. Nevertheless, the data revealed that there was a slight increase in the levels of total burnout score and perceived stress among helping professionals with longer work experience. Therefore, attention should also be paid to overall burnout and perceived stress among more experienced helping professionals.

As was explained in the theoretical background, burnout was measured using two instruments; the Maslach burnout inventory (MBI; Maslach et al., 1996) and Professional quality of life scale (ProQOL; Stamm, 2010). The two conceptualizations enabled the capturing of more symptoms of burnout. Maslach et al. (1996) view burnout as a syndrome of exhaustion, depersonalization and reduced personal accomplishment. Figley (1995; 2002) and Stamm (2010) identify burnout as part of compassion fatigue and operationalize it in terms of work exhaustion and dissatisfaction with life and work. Since significant differences among the groups of helping professionals with different length of experience were only found in the MBI exhaustion subscale and ProQOL burnout subscale, the results indicate that exhaustion (in its various forms) is the most relevant aspect of burnout among helping professionals when considering the length of practice.

The results indicate that the tenth year of experience in the helping professions can be important in relation to the increase of the negative consequences of helping. Helping professionals with 10 or more years of work experience are at higher risk of developing burnout, stress and compassion fatigue in comparison with their colleagues at the beginning of their career (0-3 years of experience with professional helping). However, some studies have provided evidence that burnout can also develop among early career helping professionals (Volpe et al., 2014) and even among students of helping professions (Michalec, Diefenbeck, & Mahoney, 2013). Therefore, the length of practice should be considered important, but not the only factor related to burnout, perceived stress and compassion fatigue among helping professionals.

There are several possible explanations for these findings. Helping professionals with longer practice can experience and report higher levels of burnout (exhaustion), perceived stress and compassion fatigue because their longer work experience in the helping profession is associated with longer experience with problems, pain or traumas of their clients or patients. Therefore, the more experienced the helping professional is, the more the negative consequences of helping (burnout, perceived stress, compassion fatigue) he/she can report. Helping professionals at the beginning of their career can report lower levels of the negative consequences of helping for the opposite reason; less experience at work is associated with less experience with problems or traumas of their clients/patients.

An increase in the level of the negative consequences of helping among more experienced helping professionals can also be a result of their empathy and engagement in

the early years of their career. Some research studies have suggested that higher levels of compassion fatigue are connected to the helper's empathy and his/her higher emotional connection with clients/patients (Figley, 2002; Thomas & Otis, 2010). Longitudinal studies have shown that the level of empathy is more or less stable over one's lifetime although cross-sectional analyses have indicated that younger adults are more empathetic than older adults (Grühn, Rebucal, Diehl, Lumley, & Labouvie-Vief, 2008). Therefore, it can be suggested that higher levels of empathy and engagement among early-career helping professionals can turn into burnout later when they become more experienced. This explanation is in line with the perspective of Schaufeli, Leiter, and Maslach (2009) who view burnout as an "erosion of engagement" (p. 216). However, further research is needed to examine this process and to identify the protective and risk factors of burnout, perceived stress and compassion fatigue among helping professionals throughout their career.

It is important to note that there was only a small increase in the reported levels of burnout, perceived stress and compassion fatigue among more experienced helping professionals, as compared with the helpers at the beginning of their career. Therefore, all four groups of helping professionals reported equal (low to moderate - moderate) levels of the negative consequences of helping. The study suggests that burnout, perceived stress and compassion fatigue do not increase rapidly among more experienced helpers because they have more professional skills and better strategies that help them cope with the negative aspects of their helping professions.

Other possible protective factor of developing burnout, stress and compassion fatigue among helping professionals can be the provision of self-care activities (Alkema, Linton, & Davies, 2008; Bloomquist, Wood, Friedmeyer-Trainor, & Kim, 2015; Killian, 2008; Köverová & Ráczová, 2017; Lawson & Myers, 2011). More experienced helping professionals can engage more in self-care activities that help them cope with the negative aspects of their professional life. Śliwiński et al. (2014) have argued that satisfaction with life, work and family can also prevent burnout among helping professionals. However, future research is needed to recognize other protective factors for developing the negative consequences of helping. It is also important to investigate the differences in coping strategies among helping professionals with different lengths of work experience and to explore the impact of coping on the level of burnout, perceived stress and compassion fatigue among helping professionals.

The results of the present study have also shown that helping professionals, regardless of the length of experience, reported higher levels of personal accomplishment and lower levels of exhaustion and depersonalization. Helping professionals in all four groups reported equal, moderate to high, levels of personal accomplishment. These findings suggest that helping professionals at any level of their career experience more personal accomplishment and less burnout, stress and compassion fatigue. Whereas personal accomplishment seems to be more stable over time, burnout (exhaustion), perceived stress and compassion fatigue can slightly increase. It is possible to assume that only a slight increase of the negative consequences of helping in time can be a result of the helper's stable positive attitudes towards helping work.

There are also some limitations to the study. The differences in burnout, perceived stress and compassion fatigue were analysed among the four groups of helping professionals according to the length of their experience, regardless of gender and the type of helping profession. More females than males participated in the research, reflecting the prevalence of women working in helping professions in Slovakia. Gender differences in the negative consequences of helping were not analysed due to the gender disproportion of the sample.

Regarding the type of helping profession, social workers, psychologists, health professionals and educators participated in the research. Nevertheless, all helping professionals worked in institutions providing social care in Slovakia and therefore worked with similar types of clients or patients. However, it is possible that some types of helping professions are at higher risk of developing burnout, stress and compassion fatigue. Further research is therefore needed to analyse the differences in experiencing the negative consequences of helping among helping professionals with regard to gender and the type of their profession. This is necessary to identify the groups of helping professionals that are most threatened by burnout, stress and compassion fatigue.

7. FUTURE RESEARCH DIRECTIONS

These findings form a basis for the further preparation of evidence-based prevention and intervention programs for specific groups of helping professionals in Slovakia with regard to the length of their experience. The prevention programs for helpers at the beginning of their career (0-3 years of experience) should be aimed at the prevention of burnout, stress and compassion fatigue. The intervention programs for helping professionals with longer work experience (10 or more years) should help them decrease the levels of negative effects of helping, and thus improve their professional quality of life, helping skills and competence. Further research is also required to test the effectiveness of the prevention and intervention programs for helping professionals in Slovakia.

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KEY TERMS & DEFINITIONS

Burnout: a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach et al., 1996).

Compassion fatigue: a more user-friendly term for secondary traumatic stress disorder (Figley, 2002). Secondary traumatic stress refers to the consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995).

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Depersonalization: a mechanism by which helping professionals feel an emotional distance from their clients and develop negative emotions and attitudes towards them (Maslach et al., 1996).

Emotional exhaustion: depletion of emotional resources where helpers "feel they are no longer able to give of themselves at a psychological level" (Maslach et al., 1996, p. 192).

Perceived stress: experienced levels of stress, i.e. the degree to which situations in one's (work) life are appraised as stressful (Cohen et al., 1983).

Reduced personal accomplishment: a helper's tendency to view work negatively, to experience a decline in feelings of work competence and success and to feel dissatisfied with his/her work achievements (Maslach et al., 1996).

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