

## **PROFESSIONAL QUALITY OF LIFE AND COPING IN A REFERENCE HOSPITAL FOR VICTIMS OF SEXUAL VIOLENCE**

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### **ABSTRACT**

**Objective:** to verify the relationship between professional quality of life scores and coping strategies in the multidisciplinary health team that assists children and adolescents victims of sexual violence.

**Method:** a cross-sectional study carried out in a public hospital of Porto Alegre, Brazil. Data collection took place from July to October 2018, using the Professional Quality of Life Scale and the Inventory of Coping Responses at Work. The analysis was performed using the Kruskal-Wallis test and Pearson's Correlation Coefficient. Regression was used for independent variables with  $p \leq 0.05$  in the bivariate analyses.

**Results:** the professionals showed a medium level in the *compassion satisfaction* dimension (54.2%), medium level for secondary traumatic stress (50.8%), and medium level for Burnout (61%). Regarding the coping strategies, the *decision-making* strategy showed a weak correlation with the compassion satisfaction dimension (0.261), and the emotional extravasation strategy showed a moderate correlation with secondary traumatic stress (0.485) and Burnout (0.399). The female gender was associated with secondary traumatic stress ( $p=0.002$ ).

**Conclusion:** the identification of coping strategies such as decision-making can help the professionals to increase the levels of compassion satisfaction. In situations of suffering in daily work, management to avoid emotional extravasation should take place, preventing high levels of compassion fatigue. Such information is important to support public policies on occupational health, as well as programs to promote occupational health.

**DESCRIPTORS:** Worker's health. Health staff. Compassion fatigue. Psychological adaptation. Child abuse, sexual.

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## QUALIDADE DE VIDA PROFISSIONAL E COPING NUM HOSPITAL DE REFERÊNCIA PARA VÍTIMAS DE VIOLÊNCIA SEXUAL

### RESUMO

**Objetivo:** verificar a relação entre os escores de qualidade de vida profissional e as estratégias de *coping* na equipe multiprofissional em saúde que atende crianças e adolescentes vítimas de violência sexual.

**Método:** estudo transversal, realizado em um hospital público de Porto Alegre, Brasil. A coleta dos dados ocorreu de julho a outubro de 2018, através da Escala de Qualidade de Vida Profissional e do Inventário de Respostas de *Coping* no Trabalho. A análise foi realizada por meio do teste de Kruskal-Wallis e o Coeficiente de Correlação de Pearson. Regressão foi utilizada para variáveis independentes com  $p \leq 0,05$  nas análises bivariadas.

**Resultados:** os profissionais apresentaram nível médio na dimensão *satisfação por compaixão* (54,2%), nível médio para estresse traumático secundário (50,8%) e nível médio para *Burnout* (61%). Em relação às estratégias de *coping*, a estratégia *tomada de decisão* apresentou correlação fraca com a dimensão *satisfação por compaixão* (0,261) e a estratégia extravasamento emocional correlação moderada com estresse traumático secundário (0,485) e *Burnout* (0,399). O sexo feminino apresentou associação com estresse traumático secundário ( $p=0,002$ ).

**Conclusão:** a identificação de estratégias de enfrentamento como a tomada de decisão pode auxiliar os profissionais a aumentarem os níveis de *satisfação por compaixão*. Em situações de sofrimento no cotidiano laboral, o manejo para evitar o extravasamento emocional deverá ser desenvolvido, impedindo altos níveis de fadiga por *compaixão*. Estas informações são importantes para subsídio de políticas públicas em saúde do trabalhador, bem como de programas de promoção à saúde ocupacional.

**DESCRITORES:** Saúde do trabalhador. Pessoal de saúde. Fadiga por *compaixão*. Adaptação psicológica. Abuso sexual na infância.

## CALIDAD DE VIDA PROFESIONAL Y COPING EN UN HOSPITAL DE REFERENCIA PARA VÍCTIMAS DE VIOLENCIA SEXUAL

### RESUMEN

**Objetivo:** verificar la relación entre los puntajes de calidad de vida profesional y las estrategias de *coping* en el equipo multiprofesional de salud que atiende a niños y adolescentes víctimas de violencia sexual.

**Método:** estudio transversal, realizado en un hospital público de Porto Alegre, Brasil. La recolección de datos tuvo lugar entre julio y octubre de 2018, a través de la Escala de Calidad de Vida Profesional y del Inventario de Respuestas de *Coping* en el Trabajo. El análisis se realizó por medio de la prueba de Kruskal-Wallis y del Coeficiente de Correlación de Pearson. Se utilizó regresión para variables independientes con  $p \leq 0,05$  en los análisis bivariados.

**Resultados:** los profesionales presentaron un nivel medio en la dimensión de *satisfacción por compasión* (54,2%), nivel medio para el estrés traumático secundario (50,8%) y nivel medio para *Burnout* (61%). En relación a las estrategias de *coping*, la estrategia *toma de decisiones* presentó una correlación débil con la dimensión *satisfacción por compasión* (0,261) y la estrategia de desborde emocional se correlacionó moderadamente con el estrés traumático secundario (0,485) y *Burnout* (0,399). El sexo femenino presentó una asociación con el estrés traumático secundario ( $p=0,002$ ).

**Conclusión:** identificar estrategias de enfrentamiento como la toma de decisiones puede ayudar a los profesionales a aumentar los niveles de *satisfacción por compasión*. En situaciones de sufrimiento en la rutina laboral, se deberá desarrollar un buen manejo para evitar el desborde emocional, impidiendo así niveles elevados de fatiga por *compasión*. Estas informaciones son importantes para subsidiar políticas públicas de salud laboral, como así también programas de promoción de la salud ocupacional.

**DESCRIPTORES:** Salud del trabajador. Personal de salud. Fatiga por *compasión*. Adaptação psicológica. Abuso sexual en la infancia.

## INTRODUCTION

Health professionals who deal with the suffering and pain of their patients can be exposed to indirect psychological trauma, resulting from the relationship of empathy and compassion established in the therapeutic contact, which may interfere with performance and professional well-being. However, it is possible to maintain a balance between positive and negative feelings related to work. This balance is called Professional Quality of Life (PQoL).<sup>1</sup>

PQoL incorporates two aspects: compassion satisfaction (positive feelings) and compassion fatigue (negative feelings).<sup>1-3</sup> Compassion satisfaction is characterized by feelings of well-being and pleasure obtained through work.<sup>1</sup> It is the satisfaction people feel when helping others who have experienced a traumatic event and the ability to contribute to a healthy work environment, or even to society. In contrast, compassion fatigue results from prolonged exposure to compassion stress and is divided into two dimensions: burnout and secondary traumatic stress.<sup>1,4</sup> A number of studies suggest that compassion fatigue is the main threat to the mental health of health professionals.<sup>4-5</sup>

Burnout corresponds to a psychological syndrome in response to chronic stressors present in the workplace and features feelings such as emotional exhaustion, depersonalization, frustration, and inability to work effectively. On the other hand, secondary traumatic stress is defined as a state of exhaustion and biopsychosocial dysfunction, due to continuous exposure to trauma victims.<sup>6</sup> Symptoms of secondary traumatic stress include difficulty sleeping, intrusive images, anxiety, and cognitive-emotional symptoms similar to those of the traumatized person.<sup>2,5</sup>

Faced with stressful events resulting from the work demand, the health professionals use several strategies in order to minimize the impact of suffering and stress on their lives. A number of studies show coping strategies as predictive of occupational health, as they are decisive in the prevention of work-related diseases, in addition to being the center of psychological well-being. They are considered a set of cognitive and behavioral efforts used consciously by the individuals to adapt to harmful or stressful situations.<sup>7</sup>

The use of these strategies can mediate the symptoms caused by compassion fatigue, as stressful situations in the workplace are one of the main risks for the psychosocial well-being of the professionals.<sup>2,8</sup> These strategies are essential to maintain the balance between pleasure and suffering in daily work, helping professionals to recover their well-being and work performance in a short period of time.<sup>9</sup>

Health professionals who assist children and adolescents who are victims of sexual violence can be exposed to compassion fatigue.<sup>10-11</sup> Care for this population mobilizes several feelings of suffering and emotions in the practitioners, as it involves moral, ethical, ideological and cultural issues. The negative feelings reported by the professionals related to care include sadness, anguish, indignation, anger, fear, and impotence.<sup>12-13</sup>

Awareness of child sexual abuse has grown exponentially over the past five decades.<sup>13</sup> Worldwide, it is estimated that one out of five girls has been a victim of sexual violence and, in African countries, this proportion is higher, with one out of three girls.<sup>14</sup> The multidisciplinary health team is directly involved in the process of confronting violence, which generates professional exhaustion, as the practitioners share the victims' suffering.<sup>15</sup>

In 2017, mental and behavioral disorders were the fifth leading cause of absence from work in Brazil.<sup>16</sup> It is known that, every year, the number of reports of sexual violence against minors has increased, which means a greater number of exposed practitioners, as well as a greater number of exposures for the same practitioner. In Brazil, in 2011, 17,176 cases of sexual violence against children and adolescents were reported, while, in 2017, the number of reports rose to 31,435 cases.<sup>17</sup>

In the city of Porto Alegre, Rio Grande do Sul, Brazil in one of the reference hospitals for the care of children and adolescents who are victims of sexual violence, the total number per month is 1,480 cases, mobilizing nearly 241 professionals throughout the hospital.<sup>18</sup> Given this fact, it is necessary to investigate the professional quality of life of these practitioners, as well as the strategies to deal with the daily work in a healthy way and prevent the negative effects of compassion fatigue. Based on the above, this study aims to verify the relationship between the professional quality of life scores and coping strategies.

## METHOD

A cross-sectional study conducted in a reference hospital for the care of children and adolescents victims of sexual violence in a city in southern Brazil. The institution is managed by the city and offers 100% of care through the Unified Health System (*Sistema Único de Saúde*, SUS).

The population consisted of 241 health professionals who worked in direct assistance to the patients, distributed in the sectors of pediatric emergency, pediatric hospitalization, outpatient clinics, and obstetric center. The sample size calculation was done using as a parameter a study that compared the scores of the secondary traumatic stress domain among professionals who worked in reference centers for the care of trauma victims ( $24.86 \pm 9.37$ ) and scores of professionals who worked in general hospitals ( $19.44 \pm 6.83$ ).<sup>4</sup> The sample size sufficient to detect a minimum difference of approximately five points in the score of quality of professional life, with 80% power and 5% alpha, resulted in 178 participants, including losses.

The selection of the participants was random and included social workers, nurses, physiotherapists, physicians, nutritionists, psychologists, and nursing technicians. Health professionals who were working in direct assistance to patients during data collection were included, and those who reported never having assisted children and adolescents victims of sexual violence were excluded.

The ProQol-BR instrument translated and validated for Brazil by Lago was used to assess the Professional Quality of Life scores. This instrument has 28 questions divided into three factors: compassion satisfaction, burnout, and secondary traumatic stress. The answer scale of the instrument is of the *Likert* type, ranging from 0 to 5, with higher scores on compassion satisfaction indicating better professional quality of life, and higher scores on burnout and secondary traumatic stress indicating worse professional quality of life.<sup>4</sup> According to the Manual of the fifth version of ProQol, the criteria of quartiles is used to establish cutoff points, classifying in low, medium and high levels in each dimension.<sup>1</sup>

The coping strategies were assessed using the Inventory of Coping Responses at Work (*Inventário de Respostas de Coping no Trabalho*, IRC-T), validated by Peçanha. This instrument has 48 items, in which the answers are grouped into two categories and four subcategories: Coping Responses - logical reasoning, positive reassessment, guidance/support, decision-making; and Avoidance responses - elusive rationalization, resigned acceptance, compensatory alternatives, and emotional extravasation. The questionnaire score is assessed on a *Likert* scale (0-3); the higher the score on each answer, the greater the use of these coping strategies.<sup>19</sup>

Data collection was carried out between July and October 2018, through self-administered questionnaires, individually, in the professionals' workplace. The data obtained were organized and entered twice in the form of tables in the Excel program from *Microsoft Windows 2010*, and processed and analyzed in the SPSS (*Statistical Package for the Social Sciences*), version 22.0, in which the statistical analysis was carried out.

The data were tested for the type of distribution and summarized using descriptive statistics. Analytical statistics were calculated using the Kruskal-Wallis test and Pearson's correlation coefficient. The independent variables that obtained a  $p$ -value  $\leq 0.05$  in the bivariate analyses were included in the regression model. The level of statistical significance adopted in all analyses was 5%.

The research was approved by the institution's Research Ethics Committee, observing the ethical precepts. The professionals were presented with a Free and Informed Consent Form, informing the content and objectives of the research and guaranteeing their anonymity and freedom to participate and leave the research at any time.

## RESULTS

The sample consisted of 11 social workers, 26 nurses, 6 physiotherapists, 47 physicians, 2 nutritionists, 10 psychologists and 76 nursing technicians, who were working in direct assistance to patients during the data collection period. Of these, an instrument was excluded because it was filled inappropriately, totaling 177 professionals.

It was verified that 138 (78%) were female, with a mean age of  $40.55 \pm 10.35$  years old; nearly 115 (65%) participants of the multidisciplinary health team reported that they had not received institutional training to work with this theme, and 135 (76.3%) did not undergo psychological counseling (Table 1). Table 1 shows the characterization of the studied sample:

Table 2 presents the result of the evaluation of the Professional Quality of Life according to gender, in which it is possible to observe that secondary traumatic stress is higher in female professionals in relation to male professionals ( $p=0.002$ ).

Table 3 shows the correlations between ProQol-BR and the Coping Strategies, identifying that the correlations were weaker in the coping responses than in those of avoidance, and emotional extravasation showed a direct and moderate correlation with compassion fatigue ( $r=0.485$ ;  $p<0.001$ ) and burnout ( $r=0.399$ ;  $p<0.001$ ), respectively.

According to the multivariate model (Table 4), age was associated with compassion satisfaction and, for each additional year of life, the probability of decreasing satisfaction is 3% (PR=0.97; 95% CI [0.30; 1.60];  $p=0.033$ ).

The female gender was 3.5 times more likely to have high levels of secondary traumatic stress than the male gender (PR=3.50; 95% CI [1.20; 10.20];  $p=0.022$ ). The professional categories 'social worker' and 'psychologist' were 2.4 times more likely to have high scores in the Burnout dimension (PR=0.24; 95% CI [0.11; 0.51];  $p=0.001$ ) (Table 4).

**Table 1** – Frequency distribution of the characterization variables of the multi-professional health team. Porto Alegre, RS, Brazil, 2018. (n=177)

<b>Variables</b>	<b>n (%)</b>
Gender	
Female	138 (78)
Male	39 (22)
Marital status	
Has a partner	114 (64.4)
Number of children	
0	74 (41.8)
1	45 (25.4)
2 or more	58 (32.8)
Religion	
Has	98 (55.4)
Professional category	
Social Worker	11 (6.2)
Nurse	26 (14.7)
Physiotherapist	6 (3.4)
Physician	47 (26.6)
Psychologist	10 (5.6)
Nursing technician	75 (42.4)
Nutritionist	2 (1.1)
Postgraduate Course	
No	106 (59.9)
Work unit	
Pediatric emergency	73 (41.2)
Pediatric hospitalization	61 (34.5)
Obstetric Center	15 (8.5)
Outpatients	17 (9.6)
Others	11 (6.2)
How many days ago did you handle the last case of sexual violence?	
0 days	8 (4.5)
0 – 10 days	14 (7.9)
10 – 15 days	25 (14.1)
15 – 20 days	23 (12.9)
20 – 25 days	2 (1.1)
25 – 30 days	74 (41.8)
> 30 days	31 (17.5)

**Table 2** – Dimensions of the Professional Quality of Life (ProQol-BR) according to gender. Porto Alegre, RS, Brazil, 2018. (n=177)

Variables	n (%)	Female* (n=138)	Male* (n=39)	p-value
Compassion satisfaction †				
Low (<47)	39 (22.0)	33 (23.9)	6 (15.4)	0.220
Medium (47-53)	96 (54.2)	76 (55.1)	20 (51.3)	
High (>53)	42 (23.7)	29 (21.0)	13(33.3)	
Secondary traumatic stress †				
Low (<9)	44 (24.9)	27 (19.6)	17 (43.6)‡	<b>0.002</b>
Medium (9-20)	90 (50.8)	71 (51.4)	19 (48.7)	
High (>20)	43 (24.3)	40 (29.0)‡	3 (7.7)	
Burnout †				
Low (<6)	34 (19.2)	24 (17.4)	10 (25.6)	0.450
Medium (6-10)	108 (61.0)	85 (61.6)	23 (59.0)	
High (>10)	35 (19.8)	29 (21.0)	6 (15.4)	

\*N (%); †Interquartile Range; ‡Statistically significant association by testing the residuals adjusted to 5% significance.

**Table 3** – Correlation between the domains of the Professional Quality of Life (ProQol-BR) and the coping strategies used by the health professionals. Porto Alegre, RS, Brazil, 2018. (n=177)

Coping	Compassion satisfaction	Secondary Traumatic Stress	Burnout
Coping Responses (0-72)	0.164*	0.134	0.204†
Logical Reasoning (0-18)	0.072	0.113	0.258†
Positive reassessment (0-18)	0.065	0.107	0.135
Guidance/Support (0-18)	0.122	0.227†	0.264‡
Decision-making (0-18)	0.261‡	-0.034	-0.014
Avoidance Responses (0-72)	-0.094	0.355‡	0.360‡
Elusive rationalization (0-18)	-0.067	0.170*	0.137
Resigned acceptance (0-18)	-0.058	0.269‡	0.322‡
Compensatory alternatives (0-18)	0.018	0.094	0.169*
Emotional extravasation (0-18)	-0.163*	0.485‡	0.399‡
Total (0-144)	0.054	0.272‡	0.319‡

Data analyzed by means of Pearson's Correlation Coefficient considering the following significance levels: \*p<0.05; †p<0,01; ‡p<0,001; Correlations: 0-0.3: weak; 0.3-0.7: moderate; 0.7-0.9: strong; 0.9-1.0: very strong.

**Table 4** – Multivariate model with factors associated with the risk of developing compassion satisfaction, secondary traumatic stress or burnout. Porto Alegre, RS, Brazil, 2018. (n=177)

	PR*	95%CI†	p-value ‡
<i>Compassion satisfaction</i>			
Profession ††	0.69	[0.30; 1.60]	0.390
Age	0.97	[0.95; 1.00]	<b>0.033</b>
Gender ††	1.56	[0.70; 3.36]	0.274
Psychological counseling ††	0.58	[0.26; 1.28]	0.179
Emotional extravasation	1.06	[0.95; 1.17]	0.314
Decision-making	0.91	[0.84; 0.99]	<b>0.033</b>
<i>Secondary traumatic stress</i>			
Profession ††	1.49	[0.46; 4.88]	0.510
Age	0.98	[0.95; 1.00]	0.130
Gender ††	3.50	[1.20; 10.20]	<b>0.022</b>
Psychological counseling ††	0.79	[0.37; 1.72]	0.556
Guidance/Support	1.02	[0.93; 1.12]	0.705
Resigned acceptance	1.03	[0.89; 1.20]	0.661
Emotional extravasation	1.18	[1.09; 1.27]	<b>&lt; 0.001</b>
Elusive rationalization	1.03	[0.92; 1.16]	0.559
<i>Burnout</i>			
Profession ††	0.24	[0.11; 0.51]	<b>&lt; 0.001</b>
Age	0.95	[0.92; 0.98]	<b>&lt; 0.001</b>
Gender ††	1.18	[0.51; 2.77]	0.698
Psychological counseling ††	0.83	[0.35; 1.97]	0.670
Guidance/Support	1.06	[0.92; 1.22]	0.427
Resigned acceptance	1.17	[1.05; 1.30]	<b>&lt; 0.006</b>
Compensatory alternatives	0.99	[0.91; 1.09]	0.878
Emotional extravasation	1.04	[0.91; 1.19]	0.548
Logical reasoning	0.89	[0.78; 1.03]	0.110

\*PR = Prevalence Ratio; †CI = Confidence Interval; ‡Poisson Regression; ††Profession = The categories of social worker and psychologist were considered; Gender = Female; Psychological counseling = Individuals who were seeing a counselor.

## DISCUSSION

In this study there was predominance of adult women, with stable marital relationships and with children, similar to the sociodemographic profile of the health teams of the Brazilian hospitals.<sup>20–21</sup> Although some authors have shown that sociodemographic and professional factors are not related to compassion fatigue,<sup>3,22–23</sup> the literature indicated that few qualifications, lower levels of schooling, workload and long working hours are related to low professional quality of life, especially to compassion fatigue.<sup>3,22,24</sup>

The predominance of professionals with a medium and high level of compassion satisfaction in the sample can be explained by the high psychological demand to develop work activities in health care for children and adolescents victims of sexual violence, added to the lack of institutional training and lack of psychological counseling.<sup>25</sup> Other factors can also influence the increase in the psychological demand of the practitioners, such as the lack of institutional support, work overload, and the complexity of the activities carried out in the work environment.<sup>20</sup>

This sample revealed professionals with a medium level of secondary traumatic stress, with women being associated with high levels of secondary traumatic stress. Although the relationship between secondary traumatic stress and gender is still controversial, other studies have also found the same association.<sup>5,21,26</sup> The hypothesis for this association is the fact that women may be more susceptible to developing secondary traumatic stress because they experience more situations of sexual violence in childhood when compared to men.<sup>14,17</sup>

Given the above, female professionals who assisted children who are victims of sexual violence can relive traumas experienced in childhood, making them more vulnerable to develop symptoms of secondary traumatic stress. However, the relationship between gender and secondary traumatic stress is not well established in the literature.<sup>5,27-28</sup> It is known that the time of traumatic exposure, the duration of the appointments, and the number of cases are directly related to the development of secondary traumatic stress, contributing to an increased risk of the professional developing the same symptoms as the victim.<sup>2,5</sup>

In contrast, a study carried out with 192 professionals who worked with sheltered children revealed that individuals with more childhood traumatic experiences had greater compassion satisfaction and lower burnout rates. In addition, the number of childhood trauma was not significantly related to secondary traumatic stress. Often, the individual's own experiences can be considered a motivational factor when choosing a profession. Due to their traumatic experiences, these professionals have a higher level of empathy and concern for the children and families, as they identify themselves with the situations.<sup>27-28</sup>

Another interesting finding was that more than half of the sample had a medium level in the burnout dimension, which can be related to stressful conditions at work, lack of resources and support, and short deadlines to perform certain tasks.<sup>29</sup> The professional categories 'social worker' and 'psychologist' were associated with the burnout dimension, indicating that dealing with more complex cases, in which social and emotional aspects are involved, can contribute to developing compassion fatigue. A number of studies indicate that performing some type of non-therapeutic work or dealing with patients who have not been victims of trauma is configured as protection.<sup>12,27,30</sup>

In the professionals studied, age was a protective factor for burnout, in which, for every year of life, there was a 5% reduction in the likelihood of high burnout. Some studies corroborate this result, indicating that younger professionals are at increased risk of developing compassion fatigue.<sup>2,6</sup> There is a possibility that, over time, the professionals develop more efficient strategies to deal with the work demands.

On the other hand, age was also associated with levels of compassion satisfaction, where, for every year of life, the probability of having lower scores in this dimension decreases by 3%. This fact can be explained due to the years of experience at work, since more experienced professionals have professional maturity, job security and control in stressful situations, favoring compassion satisfaction.<sup>30-31</sup> This result is in line with a survey carried out in the United States, with nurses with different expertise, in which professionals aged between 21 and 33 years old presented high levels of burnout and secondary traumatic stress, as well as low compassion satisfaction when compared to nurses aged between 34 and 65 years old.<sup>30</sup>

In a meta-analysis carried out with nurses, the estimated prevalence rate for compassion fatigue was 53%, with nurses working in psychiatric units having higher fatigue rates than compassion satisfaction.<sup>29</sup> Another study carried out with mental health professionals evidenced that the estimated prevalence of emotional exhaustion was 40%; of depersonalization, 22%; and of low personal achievement, 19%. In this study, older age was associated with a greater risk of depersonalization, but also with a high sense of professional achievement.<sup>32</sup>

Factors related to work, such as workload and relationships among the team professionals, contribute to burnout, while clarity of roles, professional autonomy, and supervision were considered protective factors. Social work professionals were at greater risk of developing burnout when compared to other professions.<sup>29,33</sup>

Among the coping strategies used, the avoidance responses category showed a moderate correlation with secondary traumatic stress and burnout, in line with evidence from the literature that denial strategies increase the risk of THE professionals developing compassion fatigue.<sup>2,34</sup> Peer support and leadership oversight were described as protective factors against secondary traumatic stress and burnout.<sup>5,27</sup> Work environments that do not have support from the boss, lack of team work, and lack of welcoming by THE colleagues after a practitioner deals with an emotionally stressful case were related to high rates of compassion fatigue.<sup>8</sup>

In this sample, the coping responses category and the decision-making subcategory showed a moderate correlation with the dimension of compassion satisfaction. This finding is in line with another study carried out with 400 mental health professionals in Italy, which identified three factors positively influencing the professionals in the levels of compassion satisfaction: continuous training, quality in team meetings, and perceived risks for the future (losing the job). Holding meetings in a systematic way, in which case discussions and the sharing of emotions are possible, reinforces motivational aspects at work.<sup>32</sup>

## CONCLUSION

The research identified a predominance of professionals with a medium level of compassion satisfaction, secondary traumatic stress and burnout. This finding indicates that health professionals who deal with children and adolescents who are victims of sexual violence are at higher risk of developing compassion fatigue, which can compromise the quality of care provided to children and families.

These findings emphasize the need for health institutions to pay due attention to the psychosocial well-being of the professionals in the workplace, so that they can offer effective care to children and adolescents who are victims of sexual violence, in addition to promoting social and family quality of care. Some factors that favor the development of compassion fatigue identified in this study could be modified through actions implemented by the institution's managers, in order to offer adequate and effective support to these professionals.

The identification of positive and negative coping mechanisms, as well as the identification of professionals with high levels of secondary traumatic stress and burnout could help managers to develop strategies for the professionals to handle daily work in a healthier way.

The analysis of the coping strategies in different professional categories may offer important information to assist in the development of public policies on occupational health, as well as to prevent illness and develop programs to promote occupational health. It is necessary to develop practices to strengthen the coping strategies and ongoing institutional training programs related to sexual violence against children and adolescents, considering that this issue involves ethical, moral, ideological and cultural issues.

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## NOTES

### ORIGIN OF THE ARTICLE

Extracted from the thesis - Professional quality of life and coping of health professionals in the care of children and adolescents victims of sexual violence, presented to the Graduate Program in Nursing Universidade Federal do Rio Grande do Sul, in 2019.

### CONTRIBUTION OF AUTHORITY

Study design: Dornelles TM, Souza SBC.

Data collect: Dornelles TM, Souza SBC.

Data analysis and interpretation: Dornelles TM, Souza SBC.

Discussion of the results: Dornelles TM, Souza SBC.

Writing and/or critical review of content: Dornelles TM, Macedo ABT, Souza SBC.

Review and final approval of the final version: Dornelles TM, Macedo ABT, Souza SBC.

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### APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research with Human Beings of the *Hospital Materno Infantil Presidente Vargas*, HMIPV-RS, opinion number 2,727,906, Certificate of Presentation for Ethical Appraisal 86700318.3.3001.5329.

### CONFLICT OF INTEREST

There is no conflict of interest.

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