

# Secondary Traumatic Stress, Romantic Relationship Satisfaction and Burnout Syndrome in Psychologists and Doctors in Maharashtra

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**Abstract:** *In the mental health field, “stress” is often considered a topic of interest, an important constituent of an individual’s overall well-being. However, more often than not, there is not much emphasis laid on how stress can affect healthcare workers when one is encountered with stress as a secondary receiver, i. e, secondary traumatic stress. It can also be seen in the context of doctors. Two major factors that seem to be closely related to secondary traumatic stress are Burnout Syndrome and Personal relationship satisfaction. This stress can have either one of the two outcomes: workplace burnout or relationship dissatisfaction, or both. These factors have prevailed ever since these types of careers (psychologists and doctors) have come into existence. It is hence extremely crucial to study the effects of secondary traumatic stress in professionals as their mental health and overall well-being are of grave importance to mere functioning of the society. This research aimed to investigate-a) whether secondary traumatic stress is negatively correlated to relationship satisfaction; b) whether secondary traumatic stress is positively correlated to burnout syndrome; c) whether relationship satisfaction is negatively correlated to burnout syndrome. A sample of 60 doctors and psychologists (25 doctors, 35 psychologists) in Maharashtra were chosen randomly as participants of the study. The participants attempted a total of 3 tests-the Relationship Assessment scale (RAS) (Hendrick, S. S.1988), the Secondary Traumatic Stress Scale (STSS) (Brian. E Bride), the Maslach Burnout Inventory (MBI-HSS). The results, calculated using Pearson’s product moment correlation coefficient, indicated that for RAS and STSS  $r=-0.62$ , while for STSS and BOS  $r=-0.13$ , and for RAS and BOS  $r=0.28$ , thus indicating a significant negative correlation for Relationship satisfaction and Secondary Traumatic stress; a non significant negative correlation between secondary traumatic stress and burnout, and a non significant positive correlation between RAS and BOS. This paper also discusses the limitations of the research and recommendations for further study in the area.*

**Keywords:** Secondary Traumatic stress, Burnout Syndrome, Romantic Relationship Satisfaction, Compassion Satisfaction, Compassion Fatigue

## 1. Introduction

Empathy is a leading factor that determines the extent to which a person will experience secondary traumatic stress in a clinical work environment. Generally people with a higher understanding of others’ feelings get into fields like psychology and medicine in order to help people.

The psychological effects of direct exposure to extreme and traumatic stressors are well documented. There have been hundreds of articles, researches, and studies on traumatic stress, however nearly all of these reports focus solely on those who were directly traumatized, excluding those who were indirectly or secondarily exposed.

*As the field of traumatic stress has grown, it has become increasingly apparent that the effects of traumatic events extend beyond those directly affected. The term secondary traumatic stress has been used to refer to the observation that those who come in continued close contact with trauma survivors, face secondary traumatic effects. (Brian. E. Bride, et. al, January 2004)*

Secondary traumatic stress basically arises from compassion fatigue caused by uncontrolled experiences of being empathetic, and honestly there is no limit to the amount of energy that goes into being empathetic towards patients, as illnesses, deaths and bad encounters are countless, on a daily basis.

Moving on, it is of grave importance to study the effect of

stress from the workplace on a healthcare professional’s personal life and relationships, as compassion fatigue really drains out the motivation of taking extra efforts in being nice.

It’s safe for us to assume that after working for someone throughout the day, we need to feel like we’re in charge of our lives and sometimes, the lives of our family members as well. But instead it creates more problems for us, when everyone wants the same thing and no one can actually get what they want.

Relationships are the most important parts of our lives. Even for people who are good at compartmentalizing their life, they always seek stability in relationships when other aspects of life might seem hard to deal with. In order to have a stable relationship where one can rely on their partner for support, it is essential to be with someone who is compatible.

Assessing relationship satisfaction has been made easy and has been broken down into a simple set of questions in the form of a self report questionnaire to get an overview on the participants’ romantic relationship satisfaction.

## 2. Review of Literature

### 2.1 Secondary traumatic stress

- 1) A study by Brian E. Bride, Robinson, M. M., Yegidis B. N., & Figley, C (2004, January), to describe the development and validation of the STSS, designed to

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measure intrusion, avoidance, and arousal symptoms associated with indirect traumatic events in one's professional relationship with traumatized clients, proved that the STSS fulfills the requirement for a valid instrument that specifically measures the negative impact of working with traumatized populations.

- 2) Francesca M. B. Frontin, Elizabeth C. Pino, James hang and Elizabeth Dungan in their study sought to describe the prevalence of compassion fatigue and compassion satisfaction (burnout and STS) among 93 caseworkers. The research was concluded with the analysis that those who work in a single program setting experienced significantly lower STS than those who worked in both a community and hospital setting ( $p=0.01$ ). (2020, November 3)
- 3) Grant J Devilly, Renee Wright, Tracey Varker, in their research to perform an assessment for STS, VT & workplace burnout for the Australian Mental Health professionals involved in clinical practice found out that patients' traumatic material did not affect STS, VT, or Burnout contradicting the theory of the originators of STS and VT.
- 4) Patrick Meadors, Angela Lamson, Mel Swanson, Mark White, Natalia Sira in their research to explore the overlap and differences between the concepts related to PTSD, secondary traumatic stress, alongwith their secondary aim to examine the impact of ST and some of the personal and professional elements that affect how pediatric healthcare providers experience PTSD, STS, Compassion fatigue and burnout., resulting in proving the importance of considering the difference between STS and compassion fatigue and that it should not be confused as one. (2010, March 1)
- 5) Indirect exposure to client trauma and the impact of trainee clinical psychologists: STS or vicarious traumatization? Rakhee Makadia, Rachel Sabin Farell, Graham Turpin, in their research to find the relationship between exposure to trauma work and well being (general psychological distress, trauma symptoms and disrupted beliefs in trainee clinical psychologists) 564 trainee clinical psychologists participated. The study provided support for STS but lacks evidence to support belief changes in vicarious trauma.
- 6) "Vicarious traumatization and secondary traumatic stress: A research synthesis" a study by Dr. Katie Baird, Amanda C Kracen, This study clarifies the definitions of VT and STS and uses levels of evidence analysis to synthesize the research findings to date. Originally planned as a meta-analysis, the study was re-designed as methodological issues in the literature became apparent that would call into question the validity of a meta-analysis. Findings indicate that persuasive evidence exists for personal trauma history, reasonable evidence for perceived coping style, and some evidence for supervision experiences, as important predictors of VT. Persuasive evidence for the amount of exposure to trauma material and reasonable evidence for personal trauma history are indicated as important in the development of STS. (2006, November 21)
- 7) "Secondary Traumatic Stress in Oncology Staff" Quinal, Leonida RN, OCN; Harford, Stephanie RN, OCN; Rutledge, Dana N. PhD, RN. This correlational descriptive study examined STS among oncology staff at a 500-bed Magnet-designated community hospital by determining the presence of individual symptoms and frequency with which diagnostic criteria for STS are met. Also determined were associations between STS demographic characteristics and specific stress-reduction activities. In this study, 43 staff members from an inpatient oncology unit completed mailed surveys. (2009, January 15)
- 8) "Secondary traumatic stress in the emergency department" Lindy E. Morrison BN (Hons) MSc (Med Sci) RN, Jane P. Joy BSc MSc RN studied the prevalence of secondary traumatic stress among Emergency nurses in the West of Scotland and explore their experiences of this. Quantitative data were collated via postal questionnaire, from a convenience sample of Emergency nurses. Qualitative data were subsequently collated from a focus group constituting a random sample of these Emergency nurses. Descriptive statistics were computed and thematic analysis conducted. All data were collated during February 2013. Secondary traumatic stress is a prevalent phenomenon among Emergency nurses in the West of Scotland and if not managed appropriately, could represent a significant barrier to the mental health of this group and their capacity to provide quality care. (2009)
- 9) "Prevalence of Secondary Traumatic Stress among Emergency Nurses" Elvira Dominguez-Gomez RN, BSNDana N. RutledgeRN, PhD studied the prevalence of STS in emergency nurses. Exploratory comparative design, with 67 emergency nurses from three general community hospitals in California. Survey instruments included a demographic tool and the STS Survey (STSS). Nurses were most likely to have Arousal symptoms (irritability reported by 54% of nurses), followed by Avoidance symptoms (avoidance of patients 52%), and Intrusion symptoms (intrusive thoughts about patients 46%). The majority of nurses (85%) reported at least one symptom in the past week. Utilizing Bride's algorithm to identify STS, 15% of nurses met no criteria, while 33% met all. Nurse participation in stress management activities was associated with less prevalence of STS symptoms. (2008, July 15)
- 10) "Secondary traumatic stress among emergency nurses: a cross-sectional study" Emer Duffy, Gloria Avalos, Maura Dowling studied to measure emergency department nurses' self-reported levels of secondary traumatic stress. Registered nurses ( $n = 117$ ) working at three emergency departments in the Western geographical region of Ireland were invited to complete the secondary traumatic stress scale (STSS). A response rate of 90% ( $n = 105$ ) was achieved. Most participants ( $n = 67/64\%$ ) met the criteria for secondary traumatic stress. A statistically significant finding was that the highest proportion (82%) of secondary traumatic stress existed in the staff nurse group ( $p = 0.042$ ). (2015, April)

## 2.2 Compassion fatigue

- 1) "Compassion Fatigue among healthcare providers" Ashfaq Ahmed Khan, Muhammad Alamgir Khan, Nasir

Javed Malik in their study to find out the frequency of compassion fatigue in healthcare providers in military hospitals, found out that Compassion Fatigue is higher in doctors as compared to para medical staff, irrespective of gender. Reliability of the questionnaire they used was determined by Cronbach's alpha which was calculated to be 0.81.31.1% participants showed low compassion fatigue, 66.1% showed moderate compassion fatigue and 2.8% showed high compassion fatigue. (2015, April 30)

- 2) "Addressing physician quality of life: understanding the relationship between burnout, work engagement, compassion fatigue and satisfaction. Angelina Om Chan, Yiong Huak Chan, Kee Puay Chang, Joyce SC Ng, Patricia SH Neo in their study to measure relationship between burnout, work engagement, compassion fatigue, compassion satisfaction among doctors, they also studied the relationship between these and 4 intrinsic human factors: self efficacy, resilient personality type, sense of gratitude and work calling. They found out: a mild but significant negative correlation between burnout and engagement and a poor negative correlation between compassion fatigue and compassion satisfaction. Only intrinsic human factors were significantly correlated to burnout, work engagement, Compassion fatigue and compassion satisfaction.

### 2.3 Burnout and burnout syndrome

- 1) Burnout Syndrome in health workers and relationship with personal and environmental factors. In a study on prevalence of burnout syndrome in hospital health workers and to determine its relationship with personal and environmental factors, Gaceta Sanitaria interviewed 2290 health workers from 5 hospitals in Spain, using the Spanish version of Maslach Burnout Inventory, 1095 health workers responses were noted and it was concluded that burnout in terms of emotional exhaustion and depersonalisation were high. (2005, November 1)
- 2) Lusine Poghosyan, Linda H. Aiken, Douglas M Sloane, in their research on factor structure of the Maslach Burnout Inventory-an analysis of data from large scale cross sectional surveys on nurses from 8 countries, came to the conclusion that MBI can be used to study nurse burnouts correlated globally. Also, factor analysis of nurse surveys from 8 countries demonstrated that 22 time MBI has similar factorial structure across countries with differently organized and financed health systems and different languages. (2009, April 10)
- 3) Social Workers in Israel: compassion fatigue and spillovers into married life. Ricky Finzi Dotter and Michal Berckovitch Kormosh, in their study of the moderating role of traumatic life events (contextual resources) on compassion fatigue and on its spillover into marital quality, 202 social workers completed. 7 self report questionnaires. The results indicated high compassion satisfaction and professional self esteem contributed to the participant's marital quality. Family traumatic life events intensified the effect of spillover on marital quality.
- 4) Assessing the impact of burnout syndrome on romantic

relationship satisfaction: the dark side of workplace bullying-Panteha Farmanesh, Parisa Gharibi Khoshkar, Gabriel Nweke in their study addressing the issue whether occupational burnout syndrome is associated with Romantic relationship dissatisfaction among academics, also expected that workplace bullying moderates the relationship between these variables. Questionnaires were used in the cross sectional study across 320 university lecturers, and a negative association between burnout syndrome and romantic relationship satisfaction was seen, where high burnout results in low relationship satisfaction. (2020, April).

- 5) Job stress and burnout syndrome among critical care healthcare workers: Noha Selim Mohamed elshaer, Mona Shawky Aly Moustafa, Mona Wagdy Aiad, marwa Ibrahim Eldesoky Ramadan. This study was done to determine the relationship between job stress and Burnout syndrome in nurses and critical care healthcare workers of the ICU at Alexandria University Hospital. Cross sectional approach was used to conduct the study from October 2014 to March 2015.82 nurses and healthcare technicians participated (response rate= 80.39%).
- 6) Data was collected by an interview questionnaire. Results indicated higher levels of emotional exhaustion reported by the majority of participants (80%), while less than one-third reported either higher levels of depersonalisation or low levels of personal accomplishment domains of Burnout syndrome.
- 7) Psychiatry trainee burnout in United Kingdom-the burnout syndrome study. Junior doctors have high susceptibility to burnout reflected in the high prevalence identified in previous work. Data collected included demographic data and information related to working hours, bullying, harassment and stalking, supervision, suicidal ideation, depression (PHQ-9), and a personality trait assessment. MBI-general scale was used.

### 2.4 Romantic Relationship Assessment

- 1) Romantic relationship Satisfaction, age, course load, satisfaction with income and parental status as predictors of instructor's burnout: evidence from a correlational study. The study aimed to investigate the predictors of foreign language instructor's burnout levels specifically to examine whether relationship satisfaction could predict instructor's burnout controlling for age, course load and perception of course load. Correlational design was employed to answer the research questions on 3 subdivisions of burnout. Two hundred and thirty four foreign language instructors working at state and private universities in Ankara participated in this study. They filled out a personal information sheet, Maslach Burnout Inventory and Hendricks Relationship Assessment scale. Results revealed that the fact the group of variables having predicted the subscale of burnout was significantly different, which indicates the necessity to research this elaborate phenomenon. (2017, December 5)
- 2) Relationship Satisfaction and Conflict Style in Romantic Relationships-Duncan Cramer (Taylor &

Francis online)

The aim of the study was to determine to what extent the association between relationship satisfaction and negative conflict style in romantic relationships may be due to the frequency of conflict or of conflict not satisfactorily resolved. The relationship Assessment scale by Hendrick was used along with an 11 item conflict scale created by the author of this study for a group of young british adults, 65 women and 30 men, concerning their current romantic relationships, all of which were heterosexual. Results indicated that negative conflict style was significantly associated with relationship satisfaction when either conflict or conflict not satisfactorily resolved was controlled. Conflict not satisfactorily resolved was also significantly correlated with relationship duration. (2010, April 1)

- 3) Relationship Satisfaction and conflict over minor and major issues in ROMantic relationships-Duncan Cramer: (Taylor and Francis online).  
In this study the question of whether conflicts over minor and major issues were equally strongly related to satisfaction in romantic relationships were examined. 64 women and 29 men completed the Relationship Assessment Scale for Romantic relationship and 12 item conflict scale (Cramer) for minor and major issues. all relationships were heterosexual. Satisfaction was significantly and exactly negatively correlated with conflict over major and minor issues suggesting whether an issue is of major or minor importance does not affect satisfaction or dissatisfaction in a romantic relationship.
- 4) "The utility of the relationship assessment scale in multiple types of relationships" Keith D. Renshaw, Patrick McKnight, Catherine M. Caska, Rebecca K. Blais. This scale was tested in a series of four research protocols with over 1000 undergraduate students. The scale demonstrated good internal consistency, item reliabilities, test—retest reliability, and factorial validity across diverse types of close relationships, with preliminary evidence supporting its convergent and predictive validity as well. These results suggest that the Relationship Assessment Scale can briefly and adequately assess satisfaction in multiple types of relationships. (2011, May 24)
- 5) "A Generic Measure of Relationship Satisfaction" Susan S. This article describes the development of such a measure. In Study I, the 7-item Relationship Assessment Scale (RAS) was administered to 125 subjects who reported themselves to be "in love." Analyses revealed a unifactorial scale structure, substantial factor loadings, and moderate intercorrelations among the items. The scale correlated significantly with measures of love, sexual attitudes, self-disclosure, commitment, and investment in a relationship. In Study II, the scale was administered to 57 couples in ongoing relationships. Analyses supported a single factor, alpha reliability of .86, and correlations with relevant relationship measures. They found out that RAS is a brief, psychometrically sound, generic measure of relationship satisfaction. (1998, Feb)
- 6) "Empathy and Romantic Relationship Quality among Cohabiting Couples: An Actor-Partner Interdependence Model" Emilio C. Ulloa, Julia F. Hammett, Nicole A.

Meda, Salvador J. Rubalcaba studied the association between partners' empathy and relationship quality among cohabiting couples. Data were collected from 374 cohabiting but unmarried couples who were participants in the Wave 3 romantic pairs subsample of the National Longitudinal Study of Adolescent Health (Add Health). Men's higher empathy was related to their own perceptions of better relationship quality and women's higher empathy was related to their own as well as their partner's perceptions of better relationship quality. These findings show that individuals' abilities to be understanding, compassionate, and sympathetic may be related to the overall feeling of satisfaction and love in romantic relationships. (2017, May 22)

### 3. Methodology

- a) Sample-60 doctors and psychologists were surveyed for studying secondary traumatic stress and relationship burnout. The technique that was used was snowball sampling, as doctors and psychologists always know other doctors and psychologists. This helped in getting better results. The questionnaire was sent around Maharashtra.
- b) Tools-i. Maslach Burnout Inventory was used to study burnout in the personal lives of the doctors and psychologists. It is a 29 item scale. The original MBI was developed by Christina Maslach and Susan E. Jackson with the goal of assessing an individual's experience with burnout. The instrument takes 10 minutes to complete. The MBI measures three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Following the publication of the MBI in 1981, new versions of the MBI were gradually developed to apply to different groups and different settings. There are now five versions of the MBI: Human Services Survey (MBI-HSS), Human Services Survey for Medical Personnel (MBI-HSS (MP)), Educators Survey (MBI-ES), General Survey (MBI-GS), and General Survey for Students (MBI-GS [S]). ii. Secondary traumatic stress scale was used to study secondary traumatic stress in the doctors due to their work life. It is a 17 item scale that has questions to be answered in the format of likert scale. Secondary traumatic stress scale by Brian E. Bride et. al iii. Relationship Assessment Scale (RAS) was used to study how the participants perceive their relationships, so that it can be correlated with the secondary traumatic stress due to work, in case it has any spill out into their personal lives.
- c) Procedure-the survey questionnaire was solved by doctors and clinical psychologists. The first part of the questionnaire is the relationship assessment scale for romantic relationships, followed by the secondary traumatic stress scale and at last the Maslach burnout inventory for measuring workplace burnout.

### 4. Results

- 1) The first null hypothesis: there will be no correlation between STS and RAS in doctors and psychologists. The alternate hypothesis: there will be a negative correlation between STS and RAS "r" (STS and RAS) = -0.62  
Z calculated = 0.2676

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Decision rule for 1 tailed (negative correlation) = reject null hypothesis if  $z$  calculation is  $\leq 1.645$

Therefore null hypothesis is rejected.

2) The second null hypothesis: there will be no relationship between BOS and RAS in doctors and psychologists. The alternate hypothesis: there will be a relationship between BOS and RAS (2 tailed, nondirectional)

“ $r$ ” (BOS and RAS) = 0.28

Z calculated = 0.6103

Decision rule for 2 tailed (positive correlation): reject null hypothesis if  $z$  is  $\geq 1.960$  or  $z \leq -1.960$  Therefore null hypothesis is not rejected, since  $0.6103 < 1.960$

3) The third null hypothesis: there will be no relationship between STS and BOS in doctors and psychologists. The alternative hypothesis: there will be a relationship between STS and BOS (2 tailed, non directional)

“ $r$ ” (STS and BOS) = 0.13

Z calculated = 0.4483

Decision rule: Decision rule for 2 tailed (positive correlation): reject null hypothesis if  $z$  is  $\geq 1.960$  or  $z \leq -1.960$

Therefore the null hypothesis is not rejected, since  $1.960 > 0.4483$

## 5. Discussion

Data analysis and statistics of this study indicate that secondary traumatic stress, romantic relationship satisfaction and burnout syndrome in healthcare workers especially doctors and psychologists are very closely linked to a person's overall functioning and well being. These variables have proven to be interdependent and significantly influence the presence of each other.

The sample size is 60, doctors and psychologists in Maharashtra, who are either married or in a long term relationship. Some participants ( $n=16$ ) scored high in the relationship satisfaction scale and low on secondary traumatic stress scale, and almost negligible on burnout syndrome scale.

Others ( $n=24$ ) scored low on the relationship satisfaction scale and higher on the burnout syndrome scale.

The hypothesis aimed at finding out the correlation between Secondary traumatic stress and relationship satisfaction, which came out to be a high negative correlation, but it was anticipated that the population will have a higher level of secondary traumatic stress, resulting in low relationship satisfaction. Whereas the results show otherwise.

A possible explanation for this occurrence tends to point towards the higher importance given to personal relationships these days.

The burnout syndrome scale, used to find out whether doctors and psychologists in Maharashtra suffered from workplace Burnout that might have resulted from Secondary

traumatic stress, failed to show any results confirming the same. Participants who scored high on secondary traumatic stress scale ( $n=10$ ) did not score anywhere near the burnout score (94). This result is in accordance with the conclusion we came to about the negative correlation between STS and RAS. Since the STS level is significantly low in our sample, it naturally reduces the chances of workplace burnout in this study.

The insignificant relationship between Relationship Satisfaction and Burnout syndrome for this population also conforms to the same reason as for STS.

## 6. Conclusion

Secondary traumatic stress, despite being a very important variable affecting an individual's mental health and wellbeing, remains largely under-studied, especially in the Indian population. The subtle ways in which it can bring about enormous changes in a healthcare workers' personal life make it a crucial topic to be studied and related with other concerned aspects of the individual's well-being. India being a developing country, there are still some doubts about mental health issues and the fact that there are professionals who are trained to help us get through difficult mental phases in our life. Hence the study of mental well-being of those professionals is even more farsighted, but important. This research will contribute to the understanding of the significance of the mental health of the professionals who help take care of the mental and physical health of the citizens of this country.

## 7. Suggestions

The scope of this study was restricted to doctors and psychologists in Maharashtra, but it can also be used to study the same variables for nurses, other healthcare professionals in Maharashtra and the rest of the states in the world. Despite these results, we cannot rule out the possibility of the positive relationship between secondary traumatic stress and burnout syndrome, and the negative correlation between relationship satisfaction and burnout syndrome, as with a slightly varied population that might consist of more participants with higher levels of STS and result in cases of burnout.

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## Author Profile



**Jui Chitale** is a student of Psychology Honors. Deeply passionate about cognitive neuroscience and all things brain! Eager to pursue research and teaching in Cognitive Neuroscience.