A Correlational Study between Coping Strategies and Compassion Satisfaction among Crisis Helpline Volunteers

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ABSTRACT

Introduction

Within the recent years, crisis helpline organizations in Malaysia have been experiencing a surge in calls, and with the current worldwide anxiety caused by Covid-19, these call volumes are expected to rise. Therefore, volunteers who staff these helplines are continuously placing their Professional Quality of Life (ProQoL) at risk due to the ongoing stressors involved in this service. However, it has been previously noted that the utilization of coping strategies may contribute to the enhancement of a volunteer's ProQoL. Hence, this study focuses on examining the relationship between three types of coping strategies and the positive aspect of ProQoL, which is compassion satisfaction.

Methods

Through the use of a cross-sectional survey design, a total of 118 crisis helpline volunteers within the Klang Valley responded to a self-report online questionnaire consisting of the Coping Strategy Indicator (CSI) and the Professional Quality of Life Scale Version 5. Pearson's correlation analysis and multiple regression analysis were used to analyse the relationship between the variables.

Results

Problem-solving coping and social support coping demonstrated a positive correlation with compassion satisfaction (r = .677, p < .001) (r = .261, p = .002), whereas avoidance coping demonstrated a negative correlation (r = -.572, p < .001). Correspondingly, problem-solving coping was revealed to be the best predictor towards compassion satisfaction through the regression analysis.

Conclusion

The findings of this study suggests that utilizing adaptive coping mechanisms may produce a more favourable outcome among crisis helpline volunteers as it correlates to a higher satisfaction level. Consequently, organizations would be able to positively benefit from a high satisfaction level within their volunteers as it would reinforce their motivation and efforts to continue engaging in this noble service.

Keywords: *coping strategies, professional quality of life, compassion satisfaction, crisis helpline.*

Introduction

Crisis and non-crisis intervention efforts that include readily available support are an important service that is made available for the general public in their times of distress (Henson, 2018). A common mode of communication that is used to provide this service worldwide is through a non-clinical hotline intervention (Kitchingman, Wilson, Caputi, Wilson, & Woodward, 2018), whereby the helpers responsible for providing such service include lay individuals who undergo months of intensive training before being certified as crisis helpline volunteers. As a volunteer, common roles and responsibilities would include providing a non-judgemental listening ear, creating safety plans for suicidal callers, para-counselling, and more (Willems, Drossaert, Vuijk, & Bohlmeijer, 2020). Within the Malaysian context, a few non-governmental organizations that provide such services include the Befrienders; who provides a 24-hour hotline to individuals in distress and with suicidal thoughts, and the Women's Aid Organization; who provides support to victims of gender-based violence.

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Interestingly, in a recent report that was released in 2019, the executive director of Befrienders Kuala Lumpur stated that the organization received a total of 30,075 calls by the end of 2018 and these numbers are known to increase steadily each year (Razak, 2019). Research has indicated that attaining support through such services have been proven to significantly reduce suicidal tendencies, enhance an individual's mental well-being, and support an individual to attain further assistance where it is necessary (Shaw & Chiang, 2018). This finding could explain the reason behind the influx of calls in addition to the free basis of support that is provided, convenience, and anonymity (Shaw & Chiang, 2018). Although fairly beneficial to the general public, helpline organizations in Malaysia have been experiencing a far greater surge in calls, specifically by 27% up until 2019 (Ibrahim, 2019), and with the global pandemic occurring in year 2020, the percentage of calls have increased to 38% (Augustin, 2020), and are assumed to continue to rise. Augustin (2020) states that this has prompted volunteers to augment their role as a helper and increase the amount of engagement with distressed callers. Hence, while providing support to these callers, volunteers are simultaneously placing themselves at risk of facing some distress of their own, such as experiencing vicarious trauma and a decline in mental well-being as they are secondhandedly exposed to their callers' crises which often include highly complex topics (e.g., suicidality, abuse, etc.) (Vattoe, DeMarinis, Haug, Lien, & Danbolt, 2019). Due to the ongoing risk of developing personal distress symptoms, a volunteer's ability in providing support may be hindered (Benedek, Fullerton, & Ursano, 2007), therefore, it is crucial to understand how the utilization of protective strategies may or may not influence a volunteer's professional quality of life in order to prevent such issues from arising (Henson, 2018).

In an effort to understand the effectiveness of protective strategies, it was found that a plethora of past studies have identified the frequent use of adaptive coping mechanisms such as problem-solving and seeking social support to demonstrate a significant positive link with an enhanced professional quality of life, whereas the frequent use of maladaptive coping such as avoidance demonstrated a negative link (Barmawi et al., 2019; Henson, 2018; Kitchingman et al., 2018). However, it is vital to note that these studies have mainly focused on a sample of professionals that provide face-to-face intervention to clients, such as psychologists or practitioners (Raynor & Hicks, 2019). Therefore, research on helpers that engage in a fairly different and restricted mode of communication, such as crisis helpline volunteers, have been especially sparse. Despite presenting a variety of distinctive stressors within their line of work, such as having a lack of control over traumatic or major crisis calls (Coman, Burrows, & Evans, 2001), there is still a deficiency in the body of existing knowledge regarding the relationship between coping and professional quality of life within this unique population (Henson, 2018). Moreover, studies in the past were more likely to report on the negative findings related to professional quality of life; such as compassion fatigue, and were less likely to focus on the positive findings; such as compassion satisfaction, which could alternatively serve as a protective factor against suffering from fatigue (Kitchingman et al., 2018).

Thus, the objective of this current study is to explore the relationship between three types of coping strategies; problem-solving, social support, and avoidance, and the positive aspect of professional quality of life; which is compassion satisfaction, among crisis helpline volunteers in Malaysia.

Materials and Methods

Study Design: A cross-sectional survey design was employed in this study to examine the relationship between coping strategies and compassion satisfaction among crisis helpline volunteers.

Sample Size and Participants: The sample size for this study was calculated based on G*Power 3.1.9.2 power analysis (Faul, Erdfelder, Buchner, & Lang, 2009), where it was revealed that a sample of 115 with a power of 95% would suffice in detecting an effect size of .30. Therefore, a total of 118 crisis helpline volunteers were recruited through a non-probability, purposive sampling method from different non-governmental organizations across the Klang Valley. These selected organizations had a crisis helpline number which was staffed by volunteers and based on the crisis intervention theory and practice, they handled calls that typically evoked a strong and similar emotional reaction among responders; which includes emotional distress calls, suicidal calls, and gender-based violence calls (Smith, 1977). As an inclusion criteria, volunteers needed to have at least six months of experience in handling the types of calls mentioned above in order for them to have developed enough exposure and preparedness for the job at hand (Amirkhan, 1994; Joyce, Oladotun, Afolabi, & Blessing, 2016). Volunteers who have only provided assistance on forwarding referrals and have not provided any support or an intervention of their own to a caller were excluded from this study.

Instruments

Demographic Questionnaire: This instrument was used to collect information on the participants' gender, age, ethnicity, years of experience, and past formal education in psychology as a form of descriptive data.

Coping Strategy Indicator (CSI): Participants' coping methods were assessed using the Coping Strategy Indicator which was developed by Amirkhan (1994) with a Cronbach alpha reliability of .85. It is a 33-item questionnaire, which consists of three types of coping subscales comprising of 11 items each; the problem-solving subscale, seeking social support subscale, and the avoidance subscale. The responses to the items were based on a three-point Likert's scale, ranging from 1 = "not at all" to 3 = "a lot". The items were scored individually within each subscale and scores ranged between 11 to 33, with a higher score reflecting a more frequent use of that particular coping strategy.

The Professional Quality of Life Scale Version 5 (ProQoL-5): Participants' compassion satisfaction levels were assessed using the ProQoL-5 which was developed by Stamm (2015) with a Cronbach alpha reliability of .89. This scale comprises of 30 items that are used to measure an individual's compassion satisfaction and compassion fatigue levels through the use of three subscales; compassion satisfaction, burnout, and secondary traumatic stress (Stamm, 2015). For the purpose of this study, only the ten questions relating to the compassion satisfaction subscale was utilized. The responses to the items were based on a five-point Likert's scale, ranging from 1 = "Never" to 5 = "Very Often". Scores ranged between 10 to 50 and higher scores would indicate a higher level of compassion satisfaction.

Procedure

Prior to the commencement of this study, an approval from the ethics committee was obtained. The questionnaires were then distributed to an officer from each of the organizations through an online Google Form link which was then disseminated to all the volunteers. Data entry and data analysis was then completed using SPSS Version 25. Pearson's correlation analysis was

conducted to determine the relationship between coping and satisfaction with a decision criterion set at an alpha level of .05, whereas a multiple regression analysis was conducted to determine the best predictor among the coping strategies.

Results

Participants: The demographic data of the participants involved in this study are presented in Table I. There were more females (66.9%) compared to males (33.1%), and a majority of the participants presented with having more than six years of experience as a crisis helpline volunteer (45.8%). The ages of participants ranged from 19 to 88 years old with the highest number of respondents comprising of volunteers above the age of 51.

Pearson's Correlation Analysis: Pearson's correlation coefficient was carried out to test the relationship between problem-solving coping, social support coping, and avoidance coping with compassion satisfaction. Based on the results of the correlation analyses displayed in Table II, problem-solving coping was found to have a significant moderate positive correlation with compassion satisfaction, $r(116) = .677$, $p<.001$, whereas social support coping was found to have a significant weak positive correlation with compassion satisfaction, $r(116) = .261$, $p=.002$. Conversely, avoidance coping was found to have a significant moderate negative correlation with compassion satisfaction, $r(116) = -.572$, $p<.001$.

Multiple Regression Analysis: A multiple regression analysis was conducted to identify the best predictor among the coping strategies. Based on Table III, it was found that the overall regression model, which included avoidance, social support, and problem solving, was a significant predictor of compassion satisfaction, $F(3, 114) = 53.702$, $p<.001$. A further analysis was conducted to determine the degree to which individual predictor variables contributed to the regression model, and the analysis showed that only avoidance, $t=-5.787$, $p<.05$, and problem-solving, $t=7.772$, $p<.05$, significantly predicted compassion satisfaction whereas social support did not significantly predict compassion satisfaction, $t=-.833$, $p>.05$. Among these variables, problem-solving was found to be the best predictor, whereby an increase of 1 standard deviation in problem-solving coping, results in an increase of .615 standard deviation in compassion satisfaction based on the unstandardized coefficients value.

Discussion

This study aimed to examine the relationship between three different types of coping strategies and compassion satisfaction among crisis helpline volunteers. Based on the analyses that were conducted, the findings of this study showed that there was a significant positive relationship between problem-solving coping and social support coping with compassion satisfaction; and a significant negative relationship between avoidance coping and satisfaction. Furthermore, problem-solving coping was found to be the best predictor when it was entered into a regression model which suggests that volunteers of this particular study best achieved higher levels of satisfaction through the frequent utilization of problem-solving strategies within their line of work. However, an interesting finding was that social support coping produced a significant, but weak relationship through the correlation analysis.

In regards to problem-solving coping, the results of this study suggested that as volunteers frequently engaged in this coping mechanism, their compassion satisfaction scores were higher. This is supported by studies that also indicated a positive relationship between problem-

solving coping and satisfaction (Barmawi et al., 2019; Cicognani, Pietrantoni, Palestini, & Prati, 2009; Furlonger & Taylor, 2013).

Through the existing limited research on crisis helpline volunteers, it was revealed that a major aspect of their work involves dealing with uncertainties such as attending to high-risk suicidal calls or callers who have previously or are currently going through a traumatic event (Kitchingman et al., 2018). Additionally, due to the "one-shot nature" of a crisis hotline and the emotional impact that it has on helpers, volunteers are often engulfed with feelings of inadequacy or hopelessness due to the restricted mode of communication and the lack of active intervention; all of which inevitably jeopardizes their satisfaction levels (Vattoe et al., 2019). Therefore, the ability for volunteers to actively cope with the emotional impact of this service through a problem-solving approach is known to increase a volunteer's motivation to remain in this service as it reinforces their beliefs that they are contributing to the well-being of society (Hector & Aguirre, 2009).

As for social support coping, the results of this present study demonstrated a weak relationship between this coping mechanism and compassion satisfaction. However, it would still suggest that as the frequency of engagement in social support coping increased, so did compassion satisfaction levels. This is consistent with past research that also revealed a significant relationship between these variables (Brewin, Andrews, & Valentine, 2000; Montero-Marin, Prado-Abril, Piva, Gascon, & Garcia-Campayo, 2014; Ozer, Best, Lipsey, & Weiss, 2003; Furlonger & Taylor, 2013), whereby the findings from these studies supported the notion that having a strong support system and relying on them as a coping mechanism during times of distress is beneficial in enhancing satisfaction levels.

However, the weak relationship that was found in this present study can be further supported through a research conducted by Prati, Pietrantoni, and Cicognani (2011) which concluded that there may be slight negative influences that are related to utilizing social support as a form of coping. Prati et al. (2011) suggests that this form of coping is dependent on the quality of support that is provided rather than the quantity, and in certain scenarios, individuals may receive a judgemental reaction from the person that they are confiding in instead of an encouraging response. Alternatively, low levels of venting and seeking support from friends and family may be indicative of a more repressive form of coping as it may lead an individual to consciously avoid bringing up thoughts and emotions that are unpleasant, and use this support system as an escape-distraction instead (Ortega-Campos et al., 2020). In other words, volunteers are less likely to bring up situations that are causing them distress, so that they do not have to deal with their unpleasant feelings. Although these findings contradict the significant relationship that was found in this present study, it may be able to support the weak correlation that was found between social support coping and compassion satisfaction among respondents.

To counterbalance the positive findings; with reference to avoidance coping, the results of this study suggest that as volunteers frequently engaged in this coping mechanism, their compassion satisfaction levels decreased. This finding is in line with past research that also concluded a negative relationship between these variables (Cicognani et al., 2009; Furlonger & Taylor, 2013; McCain, McKinley, Dempster, Campbell, & Kirk, 2017; Yu, Jiang, & Shen, 2016), whereby these studies indicated that frequent engagement in maladaptive coping styles regularly led to an increase in the distress or fatigue levels among individuals.

Consistent exposure to distressed, suicidal, and abused callers, and exposure to graphic descriptions of a caller's presenting problem could lead to an increase in distress levels as volunteers secondarily experience the trauma of these callers (Kitchingman et al., 2018; Stukas, Hoye, Nicholson, Brown, & Aisbett, 2014). Consequently, they are prone to exhibit negative affective responses to their subsequent callers which may lead to a further increase in distress or burnout symptoms (Stukas et al., 2014). As opposed to adopting helpful coping mechanisms to deal with the negative and emotionally heavy consequences of this service, implementing avoidance strategies instead, such as using self-distraction, repressing negative emotions, blaming oneself for the distress of others, and denial, has shown to significantly increase compassion fatigue levels, in turn decreasing satisfaction levels (McCain et al., 2017; Vu & Bodenmann, 2017). Avoidance coping is also known to cause additional stress to an already high-stress situation, anxiety, and a decreased sense of self-efficacy, which can lead to the lack of feeling of fulfilment among crisis helpline volunteers (Henson, 2018). Additionally, McCain et al. (2017) has suggested that developing low levels of satisfaction could be the consequence of unidentified symptoms of burnout or secondary traumatic stress which may be detrimental to both the helper and the caller.

Therefore, these said findings could further support the negative relationship that was found between avoidance and satisfaction in this present study, and is able to postulate that implementing the aforementioned coping style is not sufficient in promoting satisfaction among crisis helpline volunteers.

Limitations

The main limitation of this research was the use of a cross-sectional design, where data was only collected once and may only be applicable to the time that it was collected, and not to another time (Guthrie, 2010). Future studies can employ a longitudinal method in order to observe changes in coping strategies and satisfaction levels over a longer time span. Furthermore, a cross-sectional design is only able to collect statistical data and does not delve into the causal explanations of the variables that are being studied. Ideally, a mixed-method approach such as conducting in-depth interviews can be adopted in the future which will allow the researcher to explore coping strategies, compassion satisfaction, as well as other potential confounding predictors in much greater depths; such as the exact approaches used within each coping strategy and how it differs according to each volunteer's unique training and experience.

Conclusion

Through the close guidance of past researches and theories, this study was able to explore the relationship between coping strategies and compassion satisfaction among this unique population within the helping profession. Overall, it can be deduced that engaging in adaptive coping strategies are more favourable as it leads to positive consequences, whereas maladaptive coping strategies would only jeopardize this and lead to negative consequences. Thus, the findings from this study can assist helpline volunteers and organizations in working together to implement the necessary steps to maintain their professional quality of life, which would also aid with the retainment of volunteers. Similarly, promoting their satisfaction levels would only contribute to the favourable impact that this service has towards the general public as it would reinforce the volunteers' current efforts in providing the best form of care in order to continuously make a positive change within the society.

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Conflicting interest

The authors declare no conflicting interest.

REFERENCES

Amirkhan, J. H. (1994). Criterion validity of a coping measure. Journal of Personality Assessment, 62(2), 242-261.

Augustin, R. (2020, April 14). Tears and fears of lonely and depressed virus victims. Free Malaysia Today. Retrieved from https://www.freemalaysiatoday.com/category/nation/2020/04/14/tears-and-fears-of-lonely-and-depressed-virus-victims/

Barmawi, M. A., Subih, M., Salameh, O., Sayyah, N. S. Y., Shoqirat, N., & Jebbeh, R. A. E. (2019). Coping strategies as moderating factors to compassion fatigue among critical care nurses. Brain and Behavior. doi:10.1002/brb3.1264

Benedek, D. M., Fullerton, C., & Ursano, R. J. (2007). First responders: Mental Health Consequences of Natural and Human-Made Disasters for Public Health and Public Safety Workers. Annual Review of Public Health, 28, 55-68. doi:10.1146/annurev.publhealth.28.021406.144037.

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. Journal of Consulting and Clinical Psychology, 68(5), 748-766. doi:10.1037/0022-006X.68.5.748

Cicognani, E., Pietrantoni, L., Palestini, L., & Prati, G. (2009). Emergency workers' quality of life: The protective role of sense of community, efficacy beliefs, and coping strategies. Social Indicators Research, 94, 449-463. doi:10.1007/s11205-009-9441-x

Coman, G. J., Burrows, G. D., & Evans, B. J. (2001). Telephone counselling in Australia: Application and considerations for use. British Journal of Guidance and Counselling, 29, 247-258. doi:10.1080/03069880124904

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. Behavior Research Methods, 41, 1149-1160.

Furlonger, B., & Taylor, W. (2013). Supervision and the management of vicarious traumatization among Australian telephone and online counsellors. Australian Journal of Guidance and Counselling, 23, 82-94. doi:10.1017/jgc.2013.3

Hector, L., & Aguirre, R. T. P. (2009). Why do people choose to volunteer for crisis hotlines? International Journal of Volunteer Administration, 26(3), 42–50.

Henson, C. T. (2018). The role of self-care as it pertains to compassion satisfaction, burnout, and secondary traumatic stress among suicide prevention crisis hotline staff (Doctoral dissertation). Western Kentucky University.

Ibrahim, I. N. (2019, August 26). Now that calls to Befrienders are free, more reaching out for help. The Malay Mail. Retrieved from https://www.malaymail.com/news/malaysia/2019/08/26/now-that-calls-to- befrienders-are-free-more-reaching-out-for-help/1784193

Joyce, O., Oladotun, A., Afolabi, A., & Blessing, U. (2016). Compassion fatigue and adopted coping strategies of mental health service providers working in a regional psychiatric hospital in Nigeria. Journal of Behavior Therapy and Mental Health, 1(2), 38-48. doi:10.14302/issn.2474-9273. jbtm-16-1195

Kitchingman, T. A., Wilson, C. J., Caputi, P., Wilson, I., & Woodward, A. (2018). Telephone crisis support workers' psychological distress and impairment: A systematic review. Crisis, 39(1), 13-26. doi:10.1027/0227-5910/a000454

McCain, R. S., McKinley, N., Dempster, M., Campbell, W. J., & Kirk, S. J. (2017). A study of the relationship between resilience, burnout, and coping strategies in doctors. Postgraduate Medical Journal, 1-5. doi:10.1136/postgradmedj-2016-134683

Montero-Marin, J., Prado-Abril, J., Piva, M. M., Gascon, S., & Garcia-Campayo, J. (2014). Coping with stress and types of burnout: Explanatory power of different coping strategies. PLoS ONE, 9(2). doi:10.1371/journal.pone.0089090

Ortega-Campos, E., Vargas-Roman, K., Velando-Soriano, A., Suleiman-Martos, N., Canadas-de la Fuente, G., Albendin-Garcia, L., & Gomez-Urquiza, J. L. (2020). Compassion fatigue, compassion satisfaction, and burnout in oncology nurses: A systematic review and meta-analysis. Sustainability, 12(1). doi:10.3390/su12010072

Ozer, E., Best, S., Lipsey, T., & Weiss, D. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. American Psychological Association, 129(1), 52-73. doi:10.1037//0033-2909.129.1.52

Prati, G., Pietrantoni, L., & Cicognani, E. (2011). Coping strategies and collective efficacy as mediators between stress appraisal and quality of life among rescue workers. Sport, Exercise, and Performance Psychology, 1, 84-93. doi:10.1037/2157-3905.1.S.84

Raynor, D., & Hicks, R. (2019). Empathy and coping as predictors of professional quality of life in Australian Registered Migration Agents (RMAs). Psychiatry, Psychology, and Law, 26(4), 530-540. doi:10.1080/13218719.2018.1507846

Razak, R. (2019, September 9). Children as young as 10 seeking help for depression, says Befrienders. The Malay Mail. Retrieved from https://www.malaymail.com/news/malaysia/2019/09/09/children-as-young-as-10-seeking-help-for-depression-says-befrienders/1788725

Shaw, F. F. T., & Chiang, W. H. (2018). An evaluation of suicide prevention hotline results in Taiwan: Caller profiles and the effect on emotional distress and suicide risk. Journal of Affective Disorders. doi:10.1016/j.jad.2018.09.050

Smith, L. L. (1977). Crisis Intervention Theory and Practice. Community Mental Health Review, 2(1), 1-13. doi:10.1300/J257v02n01_01

Stamm, B. H. (2015). Professional quality of life elements theory and measurement. Retrieved from http://www.proqol.org

Stukas, A. A., Hoye, R., Nicholson, M., Brown, K. M., & Aisbett, L. (2014). Motivations to Volunteer and Their Associations with Volunteers' Well-Being. Sage Journals. doi:10.1177/0899764014561122

Vattoe, I. E., DeMarinis, V., Haug, S. H. K., Lien, L., & Danbolt, L. J. (2019). Emotional stressors among volunteers operating a diaconal suicide-prevention crisis line in Norway: A qualitative study. British Journal of Guidance & Counselling. doi:10.1080/03069885.2019.1646409

Vu, F., & Bodenmann, P. (2017). Preventing, managing and treating compassion fatigue. Swiss Archives of Neurology, Psychiatry, and Psychotherapy, 168(8), 224-231. doi:10.4414/sanp.2017.00525

Willems, R., Drossaert, C., Vuijk, P., & Bohlmeijer, E. (2020). Impact of crisis line volunteering on mental wellbeing and associated factors: A systematic review. International Journal of Environmental Research and Public Health, 17(5). doi:10.3390/ijerph17051641

Yu, H., Jiang, A., & Shen, J. (2016). Prevalence and predictors of compassion fatigue, burnout, and compassion satisfaction among oncology nurses: A cross-sectional survey. International Journal of Nursing Studies, 57, 28-38. doi:10.1016/j.ijnurstu.2016.01.012

Appendix

Table I

Demographic Data of Respondents

Category	Frequency	Percentage
Gender		
Male	39	33.1
Female	79	66.9
Ethnicity		
Chinese	62	52.5
Indians	28	23.7
Malays	10	8.5
Others	18	15.3
Age		
19-34 years old	40	33.9
35-50 years old	33	28.0
Above 51 years old	45	38.1
Psychology Education		
Yes	30	25.4
No	88	74.6
Years of Experience		
Less than 1 year	13	11.0
1 to 3 years	34	28.8
4 to 6 years	17	14.4
More than 6 years	54	45.8

Table II

Pearson's correlation for Problem-Solving, Social Support, Avoidance, and Compassion Satisfaction

	Compassion Satisfaction	Problem-Solving	Social Support	Avoidance
Compassion Satisfaction	1			
Problem-Solving	.677**	1		
Social Support	.261**	.484	1	
Avoidance	-.572**	-.357	-.112	1

Note: ** p < .01, one-tailed. N = 118.

Table III

Multiple Regression Analysis of Coping Strategies and Compassion Satisfaction

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3018.935	3		53.702	.000[b]
	Residual	2136.217	114	1006.312		
	Total	5155.153	117	18.739		

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.765a	.586	.575	4.329

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	34.059	2.933		11.611	.000
	Problem Solving	.615	.079	.571	7.772	.000
	Social Support	-.076	.091	-.058	-.833	.407
	Avoidance	-.435	.075	-.374	-5.787	.000