

When the clothes make the man: the stress-mitigating effect of the professional role

The main aim of the present thesis was to assess how professional identity helps caregivers and law enforcers cope with the adversity inherent to their work. Through the four objectives, it was demonstrated that professional identity, which encompasses individual and organizational factors, influences how caregivers and law enforcers deal with stressors specific to their work. The stressors assessed in this study were exposure to workplace aggression, exposure to traumatic material and accountability stress. Explicitly and implicitly, professional identity was found to have a stress-mitigating effect that protects the mental health of workers. However, it was also found that professional identity may amplify the psychological consequences of work-related stress when it inhibits coping strategies such as support-seeking. Overall, gender differences were also found concerning the perceptions of these stressors and the consequences engendered by these stressors on the mental health of workers. Findings related to the four objectives are summarized in the next section and then discussed in a global perspective articulated through the criminologist profession.

Objective 1. The first objective of this thesis was to propose a theoretical framework that encompasses workplace aggression, exposure to traumatic material and felt accountability as well as compassion satisfaction and fatigue as measures of the mental health of workers operating in public services. This objective was addressed in the article *Rethinking Compassion Fatigue Through the Lens of Professional Identity*. By integrating notions from identity theory to Figley's (1995) compassion fatigue model, it was possible to add a subjective perspective in the understanding of the development of compassion fatigue. Contrasting with the deterministic approach of C.R. Figley (1995), it was argued that workers have a certain control over how they experience work-related stress since they may interpret these stressors positively or negatively. However, it was also stipulated that this interpretation is not completely relative; it is highly influenced by social structures such as occupational culture, codes and regulations guiding the provision of services, organizational policies and professional orders.

The consideration of this social structural influence on professional identity also made possible the integration of a fourth variable in Figley's (1995) model: accountability stress. Since compassion fatigue is specific to work-related situations (Adams et al., 2006), it is argued that this type of stress can affect workers as much as other traumatic stress present in Figley's (1995) model.

By relying on professional identity theories, it was possible to discuss the impact of role conflicts on compassion fatigue for caregivers working in authoritarian settings. Caring and controlling at the same time may lead to intrapersonal or interpersonal conflicts that create additional stress which in turn, amplify compassion fatigue (Boyd & Pasley, 1989). Moreover, research has shown that accountability to different instances often creates clashes, requiring prioritization and thus, may result in role conflict (Hall et al., 2006).

Finally, it was proposed that the self, which is comprised of multiple identities, modulates the impact of compassion state on mental health in a bidirectional relation. Therefore, individuals and organizations may adopt and promote strategies that soothe or exacerbate the effects of compassion fatigue on mental health.

Objective 2. The second objective was to empirically test some of the hypotheses proposed in the first article. This objective was addressed in the article *Towards an integrated and adapted model of compassion fatigue: a quantitative examination of the Professional Quality of Life model of child protection workers*. More precisely, this article empirically tested

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an adapted version of the *Professional Quality of Life* model (Stamm, 2009) for child protection work. As hypothesized in the first objective, high exposure to workplace aggression and high felt accountability were associated with heightened levels of compassion fatigue in a representative sample of child protection workers. Adherence to professional identity, masculinity and confidence in coping with client aggression were revealed to be protective factors, decreasing the impact of work-related stressors. Sex differences were not significant in this study but gender role (e.g. masculinity in this case) had a mediating impact, demonstrating the added value of considering gender in the understanding of compassion fatigue. In other words, masculine attitudes were found to dampen the effects of exposure to workplace aggression and felt accountability on compassion fatigue.

Objective 3. The third objective was to test the notion of professional identity in two other professions: healthcare workers and law enforcers. The aim was thus to investigate how individual and organizational factors – which refer to professional identity - influence perceptions/meanings given to workplace aggression, and more precisely, trivialization of workplace aggression. This objective was answered in the article *Predictors of trivialization of violence among workers of two at-risk sectors*. Using a convenience sample of 1141 caregivers and law enforcers, evidence was found that professional identity influences how workers perceive workplace aggression. The results also revealed gender differences in these perceptions. As such, male participants were more likely than female participants to think that workplace violence was normal, that it was “part of the job”. Law enforcers were more likely than caregivers to refrain from complaining about violence because they feared being stigmatized as incompetent, since the expected professional identity of being “cool” in the face of violence was not displayed. This last result was especially significant for female law enforcers, whose odds of tabooing violence were twice as high, suggesting that women working as law enforcers can be affected by an added level of stigmatization: being a woman in “man’s” job (Breakwell, 1986; Johnson, Greaves, & Repta, 2007). Organizational factors (violence prevention training, support from colleagues and supervisors, ‘zero tolerance’ management policy and safe physical environment) were all significant negative predictors of tabooing violence. In sum, this article demonstrated how professional identity may be the nexus between individual, organizational and cultural factors that help understand the perception of work-related stressors.

Objective 4. Still rooted in the concept of professional identity, the fourth objective was to assess how meanings given to workplace aggression can affect mental health at work. Expanding upon the third objective, the fourth was then to assess the gender-differentiated impact of trivialization of workplace aggression on psychological consequences of caregivers and law enforcers who have experienced a severe violent act. This objective was addressed in the article *The Effects of Trivialization of Workplace Aggression on its Victims: Is Gender an Issue?* Using a subsample from the same convenience sample than that of the third objective, tabooing violence was found to increase psychological consequences following a severe violent act and this, in a multivariate model accounting for individual and organizational factors. When models were specified based on gender, predictors differed for male and female respondents, especially for the trivialization variables. Normalization decreased psychological consequences while tabooing had no effect for male participants. Tabooing increased psychological consequences while normalization was not significant for female participants. Not explicitly emphasized in the article, these findings once again provide evidence of the influence of professional identity in mental health at work. Individual (e.g. gender, past victimization) and organizational (e.g. policies, support) factors as well as occupational culture – which refer again to professional

identity – shape how one interprets work-related stressors or how one may cope with them. In this case, it has been shown that the interaction between professional and gender identities may result in different outcomes and coping strategies. In sum, women are more negatively affected by the taboo surrounding violence while men may benefit from its normalization.

Contributions

This thesis may contribute to the advancement of scientific knowledge on different topics. Theoretical and methodological contributions are first discussed. Then, potential policy and clinical advancements are summarized. Finally, accomplished and upcoming knowledge transfer is presented.

Theoretical contributions. With the two articles on compassion fatigue and the review of the different concepts associated with it, this thesis offered a clearer definition of compassion fatigue and its principal features. By combining a constructivist approach (professional identity) to a concept that has been studied from a more deterministic approach (Alderson, 2004), it was possible to include a subjective perspective in the understanding of compassion fatigue. Since the identification of external causes does not explain stressors' psychological impacts on its own, this thesis expands on Thoits's (1999) work which relied upon self and identity concepts in the study on mental health. In fact, the present thesis introduced the notion of professional identity in the understanding of compassion fatigue among child protection workers which simultaneously includes a subjective and an objective perspective. Thus, merging two theories embedded in different epistemological positions was fruitful and allowed for an enhancement of the compassion fatigue concept.

Furthermore, the introduction of professional identity allowed for the consideration of felt accountability, which was not present in the Figley's (1995) model. As initially demonstrated by Ferris, Mitchell, Canavan, Frink, and Hopper (1995) and then by many others (Hall et al., 2006; W. Hochwarter, Kacmar, & Ferris, 2003; W. A. Hochwarter, Perrewé, Hall, & Ferris, 2005; Ito & Brotheridge, 2007; Siegel-Jacobs & Yates, 1996), felt accountability may represent a stressor because of its potentially anxiety-provoking effects. This thesis then included this stressor in Figley's (1995) compassion fatigue model in order to illustrate its effect on child protection workers.

Not only the findings of this thesis propose a new theoretical framework to understand compassion fatigue, but it also support the empirical validity of Stamm's *Professional Quality of Life model* in a multivariate model. When accounting for all stressors, findings revealed that felt accountability was impacting compassion fatigue, thus enhancing current knowledge. Not only did they confirm that felt accountability was indeed a work-related stressor as proposed by Ferris et al. (1995), but they specified that it can result in compassion fatigue for child protection workers. Thus, negative outcomes of felt accountability may be experienced as PTSD-like symptoms and burnout-like symptoms, which specify the strain reactions described by Ferris et al. (1995).

Multivariate analysis, however, demonstrated that vicarious trauma may not be associated to compassion fatigue when other stressors are controlled, contrasting with Charles R Figley (1995) and Stamm (2009) original propositions. Indeed, integrating all stressors and mediating variables in one model to consider compassion fatigue and satisfaction jeopardized the assumed impact of vicarious trauma on the mental health of caregivers. This thesis then answered Kadambi and Ennis (2004) argument that the conceptualization of vicarious trauma and its impact on the development of trauma in caregivers should be considered in light of the

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contributions of the subjective interpretation and condition of the caregiver. In fact, this thesis evaluated how professional identity influences perceptions of work-related stressors and how these perceptions amplify or dampen the impact on the mental health of workers.

Mediating variables were also found in the *Professional Quality of Life model* Stamm (2009), thus specifying how each stressor really affects compassion fatigue and satisfaction. As such, this thesis was consistent and reinforced studies that demonstrated that a strong professional identity contributes to psychosocial adjustment, wellbeing, and life satisfaction while decreasing levels of depression and anxiety (Christiansen, 1999; Kroger, 2006; McKeague, Skorikov, & Serikawa, 2002; Skorikov, 2008; Vondracek, 1995). Furthermore, it nuanced findings of Schauben and Frazier (1995) and van Minnen and Keijsers (2000) on the association between coping strategies and compassion fatigue. Indeed, positive appraisal was found to be positively associated with compassion satisfaction instead of being negatively linked to compassion fatigue. In addition, contrary to Badger, Royse, and Craig (2008) and Figley (2002), avoidance was found to be a positive predictor of compassion fatigue, not a negative one. Moreover, it confirmed the positive effect of self-confidence in managing workplace aggression. This result endorsed the dissemination of violence minimization and de-escalation training programs, which have been shown to increase self-confidence (Allen & Tynan, 2000; Collins, 1994; Farrell & Cubit, 2005).

Trivialization workplace aggression and its impact were revealed and bolster the consideration of subjective appraisal of stressors to understand their impact on mental health. Consistent with Åkerström (2002) and Thoits (1999), this thesis empirically and quantitatively demonstrated that differing perceptions of a given situation may dampen or amplify the impact of stress related to the aggression. Regarding trivialization of workplace aggression, this thesis also proposed a bidimensional definition of trivialization of workplace aggression (i.e. normalizing and tabooing), which was inexistent in the literature.

By relying on professional identity explicitly and implicitly throughout the four articles, this thesis also demonstrated the importance of simultaneously assessing individual and organizational factors. As demonstrated by Geoffrion & Ouellet (2013), it is imperative to consider individual and organizational factors when studying workplace aggression since both influence how one copes with this stressor. Moreover, it shows the relevance of gender-differentiated analysis. As such, this thesis is part of an emerging stream which incorporates the concept of sex and gender in the scientific study of various phenomena (Johnson et al., 2007).

Methodological contributions. By using a theoretical framework rooted in symbolic interactionism, which traditionally relies upon qualitative methods, this thesis demonstrated that quantitative methods may be used to evaluate how meanings given to situations influence mental health. In this vein, this study was conceptualized according to Blumer (1969)'s conditions for using quantitative methods in a symbolic interactionist framework. Indeed, by relying upon self-report and maximizing the use of validated measurement instruments, this thesis (a) treated individuals, and not the variables, as agents of action (e.g. variables were used to represent how participants think, interpret and act), (b) extrapolated that social causation lies not in variables or statistical models, but rather in the interpretative process that lead individuals to define the situations they live and act accordingly and (c) reduced the conceptual distance between the measurement scales and measured phenomena. In the same vein, it has methodologically contributed to the sociology of occupation which, similarly to symbolic interactionism, relied traditionally on ethnographies.

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The second article provided evidence of internal, discriminant, discriminative and exportability validity (Haynes, 2001) of our translated version of the *Perception of Prevalence of Aggression Scale*, *Felt Accountability*, *Confidence in coping with patient's aggression* and the *Professional Identity Scale*. The POPAS-FRC (French Canadian), the FA-FRC (French Canadian), the CONF-FRC (French Canadian) and the PIS (French Canadian) appear to be valid and reliable instruments to assess their respective construct.

Policy and clinical implications. Based on all the findings demonstrating the influence of professional identity on mental health at work, this thesis lead to multiple policy and clinical implications that were reported in each article. Overall, this thesis suggested that individuals may have control over the meaning given to work-related stressors and may therefore be able to preserve their mental health. Moreover, it showed that organizational strategies may also influence these meanings. Thus, restructuring meanings given to stressful work situations in the boundaries of the profession may help caregivers and law enforcers to cope. As such, Klerx-van Mierlo and Bogaerts (2011) stated that health care workers who use cognitive coping are less vulnerable to client aggression than those who use behavioral coping. Cognitive coping may thus be related to reconsideration of meanings given to stressful situations in ways that protect mental health (Åkerström, 2002) or that enable identity negotiations to preserve the self (Thoits, 1999). Coping styles might also be related to involvement in aggressive encounters. Indeed, studies have shown that individuals who use behavioral/emotion-focused coping styles are more likely to be involved in an aggressive situation than individuals who use cognitive/problem-focused coping styles (Winstanley & Whittington, 2002).

Another implication that emanates from this thesis is that sex and gender matters when developing policy and strategies that aim to care for the mental health of workers. Indeed, sex differences were found in the perception of workplace aggression and in consequences following violent victimization in caregiving and law enforcement settings. Normalization of workplace aggressions was found to help men cope with this stressor while tabooing increased the traumatic symptoms for female victims of workplace aggression. Thus, it has been suggested that training and supervision should be adapted for men in order to help them interpret violence in the boundaries of their work. On the other hand, it was suggested that organizations keep on disseminating policies that aim to counter workplace aggression since these policies diminish the taboo around workplace aggression and therefore, may help women to reach out for support.

In child protection settings, gender role was found to help workers cope with their exposure to work-related stress. Indeed, masculine attitudes were found to protect workers from the impact of exposure to workplace aggression. It has then been argued that, during hiring procedures, management may screen for individuals who are able to deal with risk-taking, defend their decisions and are self-confident; individuals showing masculine traits. Also, management can accompany others who correspond to those traits to a lesser extent with risk-management and decision-making through clinical supervision or by providing standardized clinical tools.

Since the impact of accountability has been demonstrated, this finding now urges managers to support their workers in coping with this stressor. During the different procedures and knowledge transfer conferences at the CJM, the author realized that even though accountability was experienced as a stressor for child protection workers, few workers could really explain to what extent they were accountable. Even though they knew of the existence of sanctions, they were clueless about the severity of their application and about the available

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resources to counter them. Managers should therefore start by defining the boundaries of accountability and describing sanctions and resorts to diminish the effects of this stressor.

Overall, the findings of this thesis should urge organizations to develop training programs and sensitization workshops adapted to sex and gender differences and promote professional identity. Moreover, clinical supervision or monitoring of personnel should be adapted to these differences, should promote “good” professional identity while emphasizing cognitive coping strategies such as positive appraisal and problem-solving. Management could conduct promotional campaigns to enhance a sense of belonging to the profession.

Knowledge transfer and application. This thesis was conducted within an applied research perspective. Indeed, the common objective was to improve practices within the field in a perspective of enhancing the mental health of workers who are regularly exposed to aggression and are held accountable. Four major partners were involved in the realization of this research and in the dissemination of the results: the *Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales* (ASSTSAS), the *Association paritaire pour la santé et la sécurité du travail, secteur «affaires municipales»* (APSAM), the *Institut universitaire en santé mentale de Montréal* (IUSMM) and finally, the Centre Jeunesse de la Montérégie (CJM). Collaboration with these partners lead to different knowledge transfer and applications that are detailed in the following section.

A web tool to sensitize workers. First, the findings regarding trivialization of workplace aggression have guided the creation of an interactive web tool that aims to sensitize workers on workplace aggression and its consequences (www.violenceautravail.ca). Developed by the VISAGE (Violence in the workplace according to sex and gender) research team in collaboration with the previously named partners, this technological tool (e.g. e-learning) responds to a need in the healthcare and law enforcement sectors. The two main objectives of the tool are (1) to sensitize workers to the psychological consequences of workplace aggression and (2) to incite them to seek help from colleagues and the employer when they experience such situations. Specifically, sensitization helps workers psychologically prepare for a possible victimization and promotes the adoption of safe behaviors during an incident. As for the help-seeking objective, it aims to break the isolation that some victims of workplace aggression are experiencing. More precisely, the target audience of this objective was women since the present thesis revealed that they are more affected by the taboo surrounding workplace aggression. By speaking of their victimization or officially declaring it, victims will find support for their needs and contribute to improving the care of victims of workplace violence. Therefore, they will decrease the risk of being "victimized", and a culture change is possible.

The web tool was launched in August 2014. According to the partners that have disseminated the instrument in their organizations, the web tool has responded to a mental health need by breaking the silence around workplace aggression. At the IUSMM, managers have become aware of their role in supporting victims of violence, which allowed for a more appropriate and adapted response to the different needs of their male and female caregivers. Following the launch of the web tool and its promotion at the CJM, the direction of human resources was able to testify about the positive impact of this tool on its members. In this vein, the CJM has sought the author of the thesis to develop a sensitizing workshop.

A sensitizing workshop. Based on the findings of this thesis, the workshop aims to raise awareness and educate child protection workers on the gender-differentiated effects of their work on their mental health. The content is based on validated theoretical models and evidence based practices in order to promote coping strategies and attitudes that foster good mental health. With

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lectures using an interactive format, the participant is asked to identify attitudes and strategies for positive mental health. It also introduces participants to self-evaluation in order to assess the impact of potentially traumatic events and then, to seek the appropriate coping strategy. At the end of the workshop, participants are able to identify personal coping strategies that protect them from the inherent effects of their work as child protection workers. In sum, this workshop, adapted to the child protection profession, aims to sensitize workers to the psychological impact of their work while stimulating the tendency to self-evaluate mental health.

To date, the author of this thesis has presented the workshop to more than 700 child protection workers and managers of the CJM. This institution has then initiated procedures to perpetuate the workshop to new employees by including it in their curriculum. Thus, the author will have to form a group of trainers that will present the workshop on their own.

The ProQol in clinical supervision. Still based on this, the CJM asked the author to incorporate an assessment tool in their supervision practices in order for managers to detect compassion fatigue and support their workers. To do so, the *Professional Quality of Life Scale* (Stamm, 2010) was implanted and instructed to clinical supervisors. This scale, based on empirical studies and evidence-based practices, offers assessment of compassion fatigue and satisfaction. After the interpretation of scores on each scale, the *Professional Quality of Life Scale Manual* proposes evidence-based interventions that managers can deploy to help their workers enhance compassion satisfaction while decreasing compassion fatigue. Thus, it provides decision-making guidelines adapted to the compassion “state” of the worker.

Intervening in a criminological setting: simultaneously caring and controlling

Since this study focuses primarily on the worker and on the effects of his or her work on mental health, this thesis may be related to issues of criminological interventions when professionals have to simultaneously care and control. Indeed, some constraints of the criminological intervention in this setting can significantly affect the individual. Thus, findings from the present thesis may well be applicable to the criminological profession. So, what about the professional role of criminologists hinders or protects their mental health?

Exposure to workplace violence. A certain type of clientele served by criminologists has difficulties in their interpersonal relationships. As can be expected, this clientele’s troubled feelings and distorted cognitions towards power and authority, that may have arisen in earlier stages of development, will be exacerbated by the authoritarian context of the criminological intervention (Rothman & Papell, 1990). Furthermore, the mandatory context of the intervention also labels the client as deviant, which reinforces deficient or damaged self-perceptions. Typically, clients are not aware of the choices or alternatives that could be present in their lives; instead, they are more likely respond with anger and blame others, especially authority and society, for their trouble (Rothman & Papell, 1990). These attitudes and factors therefore increase the odds of exposure to Type II violence in the context of the criminological intervention. Thus, workplace aggression and violence in general may be considered as part of the curriculum and therefore, trivialized. As demonstrated, this trivialization, which is influenced by professional identity, may protect or amplify the impact of workplace aggression on the criminologist.

Exposure to traumatic material. In addition, criminological interventions in authoritarian settings lead to high exposure to traumatic material. Indeed, clients narrate their histories of trauma on multiple occasions. As argued by Saakvitne and Pearlman (1996), doing work that others avoid and helping people that are not valued in our society, such as sexual

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delinquents, contribute to the appearance of compassion fatigue. When interviewing them, criminologists are then exposed to stories of cruelties committed on others or experienced by delinquents. Thus, they are exposed to traumatic material.

Accountability. Furthermore accountability stress is a reality for criminological interventions in authoritarian settings. Acting under certain legal powers and abiding to codes and regulations, these criminologists are accountable for their professional acts. This may impact the mental health of the worker above and beyond the effects of exposure to workplace aggression. Derived from the findings on accountability stress, it may also be hypothesized that the authority of the criminologist, which is closely linked to his accountability, may also heighten failures and successes because the reputation of the criminologist is as much as stake as the people receiving services. The organizations employing criminologists are ones where the public eye is attentive and prone to criticize the interventions that are made in this context of authority. Therefore, most organizations respond by implanting follow-up procedures in order to demonstrate the effectiveness of their work and therefore reach optimal external legitimacy. This particular context significantly increases accountability stressors among intervening criminologists.

Role conflict. Importantly, a particularity of the professional identity of criminologists is the presence of role conflict: in intervention, these professionals must aid the marginalized in authoritarian settings. As argued in the theoretical statement articulated around child protection work, the criminologist has to deal with the dualism of his role which is providing help as well as controlling. This apparent role conflict can affect the criminologist as well as the helping relationship by increasing the hostility of the client, as exposed by role theory (Katz & Kahn, 1978). This position of authority and felt accountability may exaggerate the place that the intervening criminologist takes in the lives of others thus misinterpreting the expected roles and attitudes of the caregiver. This may then result in the criminologist trespassing the boundary of his work. Adopting such a professional identity, some criminologists may react with self-rejection (e.g. compassion fatigue), while others may react by forcing things too far (resulting in violence by or against the authority). Thus, role conflict represents another stressor that impacts the mental health of the criminologist. The professional identity of the criminologist has to be consistent with the mandate of the work while proportionally responding to occupational expectations and to the clientele's needs. Moreover, it has to promote a flexible position between caring and controlling in order to be effective (Rothman & Papell, 1990).

Strengths and limitations of the thesis

This research has several noteworthy strengths. First, two different samples of caregiving and law enforcing professions totaling 1451 workers were incorporated. All of these workers had to cope with workplace aggression and accountability in their daily routine. Such a strategy maximizes the external generalizability of the research (Scandura & Williams, 2000). It is important to recall that the child protection worker sample was representative. Further, this mixture of different samples allowed to attend to Ganster and Schaubroeck's (1991, p. 240) contention that, "In general, studies that have examined particular occupations in depth have not produced data that contribute new insights about the more general process of job stress." Thus, it was beneficial to employ samples that possessed contextual diversity. Occupations included in the child protection study were educators and human relation agents. In the studies on trivialization, caregivers ranged from orderlies to professionals and, among law enforcers, from security agents to police officers.

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The context of the thesis also represents a strength. Participants of the different studies were able to respond anonymously in the setting of their choosing (Boruch, 1971). Given the potentially charged nature of the research measures, this procedure may have enhanced the accuracy of responses. This procedure also reduced the potential influence of social desirability bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). The ability to consider the influence of control variables (e.g., age, gender, nature of the job, work environment) while assessing individual and organizational factors simultaneously is a strong point of this study as well.

The use of a social psychological theoretical framework to study a psychological problem was fertile. Indeed, this introduced a phenomenological perspective in the understanding of mental health at work. Thus, the theoretical propositions and empirical findings may be fruitful for other professions. Even though the articles focused on particular professions, the suggested model and findings may be adapted to other occupations with similar issues, such as penitentiary work. Moreover, the emphasis on sex and gender differences may also inform female-dominant occupations (education, for example) and male-dominant occupations (construction trades, for example).

Like all studies, this thesis has limitations. Despite the incorporation of multiple samples, the thesis relied only on self-report data. This introduces the possibility of measurement bias. The effects of method bias should result in consistent structural links among study variables. However, recent research has suggested that the net effect of such bias is typically minor (Meade, Watson, & Kroustalis, 2007). In addition, incorporation of multisource methods does not necessarily remove the potential for bias effects in the results (Avolio, Yammarino, & Bass, 1991). Since survey instruments were used to collect all of the data, immediate concerns can be raised regarding common method variance. However, common method variance would be a legitimate concern if spuriously high relationships between independent and dependent variables were evident in this thesis (James, Gent, Hater, & Coray, 1979). An examination of the correlation matrix fails to suggest such a generally inflating mechanism ($\rho=.55$ for PIS and CS in the examination in chapter 4 represents the highest correlation). Although it is impossible to completely rule out common method variance effects, they do not appear to be overly influential in the current thesis.

Two articles were based on a convenience sample. This may have introduced another bias since data may have been collected only from people who were willing to discuss or complain about workplace aggression. It is also possible that the distribution of the questionnaire by a member of a joint association for health and safety at work and the nature of the survey may have influenced the reported prevalence.

Finally, the cross-sectional nature of the data appears as a limit since constructs of the present study are dynamic and fluctuate through time. Thus, longitudinal research would have increased the generalizability of study results and conclusions while monitoring the effect of time on mental health at work.

Questions raised and directions for future research

If the findings of this thesis have clinical and policy outcomes, they also raise questions that could be fruitful for scientific advancement. Indeed, the impact of role conflicts on mental health at work has only been mentioned in the theoretical paper. It should be further investigated in empirical studies. Future studies should also assess the extent to which the context of authority contributes to workplace aggression. The bidirectional link between compassion “state” and the

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self has only been hypothesized. Thus, studies should be undertaken to assess how identity repositioning could prevent compassion fatigue from leading to psychological distress.

Even though this thesis assessed individual and contextual factors in a multivariate model, a missing aspect could also provide useful knowledge on mental health at work: the biological influence. For example, many studies have demonstrated associations between trauma-related psychiatric disorders, such as PTSD and major depressive disorder, and hypothalamic—pituitary—adrenal (HPA)-axis dysregulation (De Kloet et al., 2006; Shea, Walsh, Macmillan, & Steiner, 2005). Bureaucratic constraints and institutional contingencies should also be included in multivariate models since they may affect mental health at work.

Research on the helping relationship in authoritarian settings have also highlighted the importance of considering macrosystem factors (e.g., ideologies, policies), the immediate environment of the helping relationship (e.g., physical setting, guardians) as well as the individual characteristics of the caregiver and care recipient (Orsi, Lafortune, & Brochu, 2010). In this thesis, professional identity captured macrosystem factors and individual characteristics of the caregiver. Future research should then consider the immediate environment of the helping relationship as well as the characteristics of the care recipient since these factors could influence the occurrence of aggression. For example, working in inpatient settings could increase exposure to workplace aggression, there augmenting psychological distress, since inpatient workers spend more time with the clientele than outpatient workers. Time spent with the clientele has been associated with higher exposure to violence in institutional settings (Gadon, Johnstone, & Cooke, 2006). Accountability should also be further assessed as it relates to mental health at work. Qualitative inquiry may be a good approach to gather more information on what represents accountability for caregivers and law enforcers, how it affects them and how they cope with it.

Nonetheless, future research should utilize a prospective and longitudinal research design. In doing so, it would be possible to measure how identity repositioning can be an adequate coping strategy in the face of work-related stressors. Further, such a design could assess the fluctuation of mental health at work through time and then, capture the effects of variables that would not have been otherwise accessible in cross-sectional data. Future research should also incorporate a variety of methods (including qualitative analysis) and data (official vs. self-report) to further validate the relationships found in this study.

All in all, this thesis has inspired the author to pursue research on mental health at work and workplace aggression. In the five years to come, the author will further investigate the relations between the mental health of child protection workers and the services they provide. This research will assess how the quality of child protection systemic interventions affects the “maltreatment trajectory” or “delinquent trajectory” of youths placed in readaptation centers. The same research will also allow for the examination of the environmental features of the readaptation unit that contribute to or dampen aggression. In parallel, a final objective will be to evaluate the potential impact of PTSD treatment for youths in terms of their level of aggression, restraint and isolation on the unit. The outcomes of such a research program will not only help to prevent the victimization of child protection workers, but it will also benefit the youths while increasing treatment success. In sum, it will contribute to the clinical mandate of Youth Centers.

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