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**Managing Job-related Stress among Child Protection Social Workers in
Egypt: The Role of Religion and Social Support**

Thesis Submitted to
Department of Psychology
in partial fulfillment of the requirements for
the degree of Master of Arts in Community Psychology

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January 2019

DEDICATION

I dedicate this thesis to my family. My father, Amin Sabala, thank you for all your support and encouragement. I wouldn't have done this without you. You are my role model. My mother, Hoda El Tayar, thank you for always being here for me and for your unconditional love. You are my life. My husband, Abdelhamid Suidan, you've been with me through thick and thin, thank you for your support. My sister, Alia Sabala, I couldn't have finished my masters without you. My brother, Mahmoud Sabala, thank you for encouraging and believing in me. Last, but not least, this is to my children, Khadiga and Selim Suidan, I love you more than anything in my life. I hope I make you proud as I'm proud of you both.

I am grateful to have you all in my life.

ACKNOWLEDGMENTS

I would like to thank my thesis advisor, Dr. Carie Forden, for all her help and support not just in my thesis but since I started the master's program. I am so grateful to you; I know I could not have achieved this without you. You were, and still are, an inspiration to me. I am also thankful to Dr. Mona Amer and Dr. Ghada Barsoum for accepting to be on my committee, your feedback and support was invaluable. Dr. Mona Amer, I truly admire you, you are one of the very few professors that left their mark in my life. Dr. Ghada Barsoum, it is my honor to know you and a great pleasure to have you on my thesis committee. I would also like to thank Dr. Hassan Zaki for his support and his help in my time of need.

I would also like to thank my colleagues Baher Ibrahim, Germeen Riad, Farah Elshiaty, Ziad Akl, and Reem Deif for their friendship and support. You have made my years in the program much more enjoyable.

ABSTRACT

In order to better understand stress and coping among Egyptian child protection social workers, this study aimed to: 1) assess the levels of burnout, secondary trauma and compassion satisfaction they experience; 2) discover to what extent they relied on religion and social support to cope with stress; and 3) to see if religion and social support along with gender and years of experience explained levels of burnout, secondary trauma and compassion satisfaction. A total of 80 male and female child protection social workers who had varying years of experience were given scales that measured their overall job-related stress levels (measured by ProQOL, version 5) as well as their use of religious and emotional and instrumental social support coping strategies (measured by two scales from the COPE Inventory). In addition, participants listed the top three things they did when feeling work-related stress. It was found that child protection social workers exhibited average levels of job-related stress (burnout and secondary traumatic stress) and high levels of compassion satisfaction. It was also found that they used religious coping more than coping through emotional or instrumental social support. Gender and years of experience did not have a significant effect on use of the three types of coping strategies. To see if the coping strategies of instrumental social support, emotional social support and religion along with gender and years of experience were predictors of burnout, secondary traumatic stress and compassion satisfaction, multiple regression analyses were run. Only the model for secondary trauma was significant with gender the only significant predictor, as women experienced higher levels of secondary trauma than men. The implications of this research for reducing stress and supporting successful coping are discussed.

TABLE OF CONTENTS

DEDICATION	ii
ACKNOWLEDGMENTS	iii
ABSTRACT	iv
LIST OF TABLES	vii
Managing Job-related Stress among Child Protection Social Workers in Egypt: The Role of Religion and Social Support.....	1
Child Protection in Egypt	2
History of Social Work in Egypt	5
The State of Social Work Education in Egypt	8
Challenges Faced by Social Workers	11
Stress among Child Protection Social Workers	13
Burnout.....	15
Secondary and Vicarious Trauma.....	16
Compassion Satisfaction.....	16
Factors Impacting Stress.....	17
Strategies for Coping with Stress	17
Religion.....	20
Social support.....	23
Research Questions.....	25
Methods	26
Participants.....	26
Measures	26
Professional Quality of Life Scale.....	27
The COPE Inventory Subscales.....	28
Sociodemographic and general coping questions.....	30
Procedures.....	30
Data Analysis	31
Results	31

Professional Quality Life Scale.....	31
The COPE Inventory (Religious coping, emotional and instrumental social support).....	32
Relationship between Coping Strategies and Professional Quality of Life	33
Coping Strategies (Thematic Analysis)	36
Discussion	38
Impact of Gender and Experience	39
Moderate Levels of Stress and High Compassion Satisfaction.....	39
Religious Coping	41
Social Support.....	43
Coping in the Egyptian Context	45
Recommendations.....	46
Limitations and Suggestions for Future Research	48
Conclusion	50
References	52
Appendix A	66
Appendix B.....	68
Appendix C.....	70
Appendix D	74
Appendix E.....	78

LIST OF TABLES

Table 1. Multiple Regression Analysis for Burnout	34
Table 2. Multiple Regression Analysis for Secondary Traumatic Stress	35
Table 3. Multiple Regression Analysis for Compassion Satisfaction	35

Managing Job-related Stress among Child Protection Social Workers in Egypt: The Role of Religion and Social Support

All children, from any country, race, age, and/or socioeconomic status deserve and have the right to be protected from abuse and neglect. Child well-being is essential for ensuring strong and thriving societies, and child protection is of great importance as it allows children to grow, develop, and reach their full potential as adults. We must strive for a world where children live free from abuse, neglect, violence, and exploitation. According to UNICEF (2011), millions of children around the world, from all socioeconomic backgrounds, from all ages, religions, and cultures suffer from abuse, violence, and exploitation; and millions more are at risk. The World Health Organization (WHO) estimates that around 40 million children suffer from abuse and neglect worldwide (WHO, 2004).

The failure to protect children is a global crisis and a major public health problem worldwide (Antai et al., 2016; Pinheiro, 2006) and there is an abundance of evidence that shows that child maltreatment, abuse, and exploitation affects children's physical and mental health, impairing their abilities, and adversely affecting their transition into adulthood (Antai et al., 2016; Elsaied & Alsehly, 2017; NCCM & UNICEF, 2015; Pinheiro, 2006; Sealey, 2015; UNICEF, 2011). Child abuse affects children physically, psychologically, and socially. Physically, the injuries may range from bruising, swelling, burns, to fractured or broken bones, and even to death (Sealey, 2015). Psychologically, child abuse and neglect have been shown to have an association with many psychiatric problems/illnesses. According to Elsaied & Alsehly (2017), the psychiatric morbidity of child abuse includes, but is not limited to, attachment disorders, anxiety, depression,

suicide, and cognitive and developmental impairment. Furthermore, socially, problems of maladjustment, trouble in school, conduct and delinquency problems have also been closely related to child abuse and neglect (NCCM & UNICEF, 2015; Sealey, 2015).

Consequently, the protection of children from such abuse and neglect is paramount to ensure that children grow up healthy and reach their full potential as adults. In Egypt as elsewhere, social workers are usually the front-line professionals who deal with protecting children from abuse. It is therefore crucial to ensure that social workers are well-supported in carrying out their child protection duties. Working in child protection is challenging and stressful, and child protection social workers are vulnerable to burnout, secondary trauma, and compassion fatigue (Ausbrooks, 2011; Dane, 2000; Griffiths et al., 2017; Hamama, 2012a; Hamama, 2012b; Horwitz 1998; Nissly, Barak & Levin, 2005; Salloum et al., 2015; Schelbe, Radey, & Panisch, 2017; Shier et al., 2012; Travis, 2016).

This research will assess the experience of job-related stress among child protection social workers working in orphanages in Egypt and examine the coping strategies they employ. The results will be used to develop recommendations on strategies for coping with stress that should enhance the ability of child protection social workers to work effectively with children and their families and promote the best interests of the child.

Child Protection in Egypt

According to the Central Agency for Public Mobilization and Statistics (CAPMAS) children constituted 37.1% of Egypt's population in 2016 (CAPMAS & UNICEF, 2017). Despite the fact that Egypt established a Child Law in 1996 to ensure

the protection of children, abuse is still common. Significant amendments to the child protection law were passed in 2008, and, after the 2011 revolution, Egypt adopted a new constitution that showed positive developments in child protection and greater legal protection for children from violence, abuse, and exploitation. Among the amendments in 2008 and the new constitution were establishing the minimum age of marriage for both sexes to be 18 years, raising the age of criminal responsibility from 7 to 12, prohibiting child labor, and criminalizing female genital mutilation (FGM) (UNICEF, 2010; UNICEF, 2014). Child abuse and neglect however, continues due to the fact that the implementation of the Child Law has been slow because there has not been a comprehensive strategy by the government and civil society to implement it, nor there has been the suitable institutional infrastructure and resources to fully implement the requirements of the Child Law (UNICEF, 2014).

In the Egyptian context, acts of punishing children by hitting or slapping are often considered acts of child discipline. Additionally, psychological and emotional abuse are the most common form of abuse experienced by children in Egypt according to a study done by the National Council for Childhood and Motherhood (NCCM) and UNICEF (2015), verbally insulting children at home or in public is also seen as a norm. According to CAPMAS and UNICEF (2017), levels of corporal punishment and verbal abuse of children in Egypt reached a staggering 93%.

There is a dearth of research in Egypt regarding the rates and statistics on issues such as child abuse, street children, child labor, juveniles, and orphaned/institutionalized children to name a few (UNICEF, 2010). However, despite the scarcity of statistics regarding these issues in Egypt, there is some research, mainly from organizations such

as the United Nations and CAPMAS that provide us with an idea regarding child abuse and neglect in Egypt. For example, despite the gradual decline in FGM, Egypt still ranks among the highest countries in the world where this practice is widely performed (CAPMAS & UNICEF, 2017). Regarding “street children”, estimates are varying and highly inconsistent ranging from 18,000 (UNICEF, 2010) to one million (UNICEF, 2005). Social workers in NGOs working on street children projects attribute these inconsistencies to the nature of street children’s constant mobility which makes monitoring them more difficult (Privat et al., 2013). Additionally, according to nationally representative samples, it is estimated that around seven percent of children in Egypt are involved in child labor (CAPMAS & UNICEF, 2017).

Regarding juveniles and juvenile delinquency in Egypt, there is almost non-existent research concerning statistics and numbers of children who are deprived of their liberty and placed in juvenile detention centers. Most reports come from unilateral organizations such as UNICEF. In 2016, UNICEF’s Annual Report on Egypt estimated that every year more than 20,000 children come in conflict with the law (UNICEF, 2016). Furthermore, there is a great need to advocate for a more child-friendly legal system and to promote alternatives to the deprivation of the liberty of children and to provide them with adequate legal assistance (Privat et al., 2013; UNICEF, 2016). Lastly, the number of orphans in Egypt is also highly contested; however, according to UNICEF, based on a representative population, around 4% of children in Egypt are left in inadequate care (CAPMAS & UNICEF, 2017). Another study of the care and treatment of orphans in Egypt puts the number of orphans at around 1.7 million (Ethnasios, 2012). Despite its

importance, there continues to be a lack of accurate statistics, worldwide, on the number of children living in alternative care (Petrowski, Cappa, & Gross, 2017).

Children are not just abused in their homes but also in schools and other institutions such as orphanages and juvenile detention centers. In cases of abuse and neglect, child protection social workers in institutions, whether governmental or non-governmental, should be equipped to, first and foremost, prevent the maltreatment of children and to properly and effectively deal with it when it occurs. Although children from higher socioeconomic classes and well-educated parents are slightly less likely to suffer from abuse and neglect (Antai et al., 2016; Elsaied & Alsehly, 2017, Pinheiro, 2006), child abuse occurs in all socio-economic levels. Perpetrators of child abuse are usually, and sadly, the child's parents or caretakers such as teachers, relatives, and others who are responsible for the child's health and welfare (Sealey, 2015).

History of Social Work in Egypt

Social work as a profession has been around since the turn of the twentieth century in Eastern Europe and North America (Jurkowski, 2015). After World War II the profession was globalized as schools of social work expanded throughout colonized countries like Egypt (Al-Krenawi and Graham, 2003; Graham, 2006). Historically, Egypt has had a strong tradition of social justice, volunteerism, and charity dating back as far as the time of the Pharaohs and afterwards during the Islamic empires. Social services were, and still are, rooted in religious practices and were largely based on volunteerism and charity. NGOs have existed in the same general form that they do today since at least the nineteenth century (Abouzahr, 2006; Walton & Abo El Nasr, 1988).

The Ministry of Social Affairs (currently named The Ministry of Social Solidarity, abbreviated as MoSS), was established in 1939 (Abo El Nasr & Eltaiba, 2016; Megahead, 2015). In the 1950's when Egypt moved from a kingdom to a republic, a shift towards nationalization occurred with the country adopting a socialist ideology. From the 1950's through the 1970's Egypt was a welfare state with the government responsible for providing the basic needs of the citizens including health care, employment, public education, and housing (Soliman & Abdelmegied, 2010; Walton & Abo El Nasr, 1988). During that period there was an increased demand for social services and social work professionals. From the 1970's onwards due to then-president Anwar El Sadat's policies on economic liberalization and free market economy the situation in Egypt shifted again. This shift was accompanied by an increase in poverty, and that, combined with the decrease in government support, caused a rise in the formation of NGOs and similar organizations (Abouzahr, 2006; Ethnasios, 2012). Additionally, economic privatization policies established by presidents Sadat and Hosni Mubarak caused a decrease in public sector employment, and government spending on social services was reduced. This also resulted in lower wages and higher prices and existing social welfare programs were cut (Abouzahr, 2006; Ethnasios, 2012).

In recent decades, globalization and neoliberal economic policies have caused a further increase in poverty and social inequalities and also challenged the rights-based nature of social services. This period has been characterized by reduced government support for social services, including social work (Abouzahr, 2006; Ibrahim, 2018; Soliman & Abdelmegied, 2010). In Egypt, the last decades have seen a breakdown of social cohesion in the community. In the past, the extended family has played a central

role in the lives of Egyptians. However, Amin (2000) argues that with the gradual increase in industrialization and globalization, the role of the extended family as well as the tight-knit nature of the neighborhood began to diminish. In addition, Egypt witnessed a rise in internal migration from rural to urban areas (Amin, 2000). Adding to the disintegration of social solidarity was the increased rate of poverty and the fast pace of life that accompanied the industrialization era. In response to this change and to the new social problems brought about by it, the need for social services provided by social workers, whether governmental or non-governmental, increased (Walton & Abo El Nasr, 1988). Therefore, the profession of social work grew to address the multitude of societal problems that came with the rise in industrialization and urbanization such as poverty, unemployment, drug abuse, child labor, AIDS, and so on (Soliman & Abdelmegied, 2010).

Social workers, as well as other helping professions, play an important role in any society, providing a range of social services to its members. In Egypt, NGOs fill a great gap of services that might otherwise be offered by the government. In a developing country like Egypt, the government struggles to provide for the majority of its citizens who suffer from inequalities at the social, political, and economic levels (Abo El Nasr & Eltaiba, 2016; Abouzahr, 2006). Even though there are laws establishing social welfare programs, they are largely ineffective at enhancing or bettering the standards of living for the Egyptian people. Egypt suffers from vast social and economic problems including, but not limited to, poverty and inequality; under/unemployment; lack of education; poor public healthcare; lack of affordable housing; lack of sanitation. More recently, after the 2011 revolution, the government imposed new restrictions on civil society and NGO

activities, affecting the implementation and funding of many programs and limiting the activities of local and international NGOs (Truwit, 2016; UNICEF, 2016). Social work in Egypt falls under the jurisdiction of MoSS. Apart from working in governmental sites such as orphanages or juvenile centers, hospitals, and schools, social work professionals usually work in non-governmental organizations (NGOs) or in community-based organizations (CBOs) that are registered with the ministry. The ministry is required to send each organization at least one qualified social worker to act as a mediator between the organization and the ministry (Megahead, 2015).

Social work in Egypt is not a licensed profession (Abouzahr, 2006; Forden, 2016; Jurkowski, 2015) and therefore it is unregulated with minimum government oversight (Jurkowski, 2015). The lack of licensure also adds to the low status of the profession. Societal recognition of social work is weak according to recent studies of social work in universities in the MENA (Middle East and North Africa) region, including Egypt (Abo El Nasr & Eltaiba, 2016; Ibrahim, 2018).

The State of Social Work Education in Egypt

To judge the state of a profession, one must first gauge the state of education of a country and its population in general, and gauge more specifically the state of the education of the field in question. Education is an indication of an advanced society. It encourages scientific research and in turn this increases community development (Ibrahim, 2018). Since the beginning of the twentieth century Egypt has played a leading role in the development of social work practice and social work education among Arab countries (Abo El Nasr & Eltaiba, 2016; Ibrahim, 2018; Walton & Abo El Nasr, 1988).

Social work education in Egypt began at the baccalaureate level in the mid-1930s when the Undergraduate Diploma of Social Work (UDSW) was established (Megahead, 2015). As in many developing and previously colonized countries, social work education in Egypt has been greatly influenced by Western scholarship, principles, and ideals that are unsuited for the Egyptian society and context (Al-Krenawi & Graham, 2003; Megahead, 2015). Egypt is a collectivistic society and Western, individualistic principles do not always apply. Ways of viewing psychosocial problems, of articulating them, and even help-seeking behaviors are distinctly different in cultures that emphasize the individual than in cultures that emphasize the group. As Al-Krenawi and Graham (2003) noted, there are many examples of Western biases in research and practice in the Muslim and Arab world. They explain how the profession of social work emerged in the early twentieth century in North America and Europe with strong assumptions about the primacy of the individual with values of autonomy, self-actualization, and personal needs and goals surpassing the values and needs of the group. Consequently, Western social work is steeped in individualism and has fewer theoretical and practical insights into how to work with people who are inherently collectivistic (Al-Krenawi & Graham, 2003).

In Egypt and the Arab world, the family and the extended family are valued and viewed as a continual source of support (Ahmed, Amer, & Killawi, 2017; Soliman, 2013). Family involvement in an individual life may be viewed as over-protection and co-dependency from the perspective of the West and according to Western social work theory. Whereas, in Egypt and other collectivist societies, a family's lack of involvement may be regarded as neglect and abandonment of a person in time of need. Additionally, Al-Krenawi and Graham (2003) have rightly noted that the heavy influence of Western

scholarship in social work education has made social work in the Arab world to have questionable compatibility with cultural, economic, political, and social realities. In addition, Ibrahim (2018) states that this Western influence carries the risk of potentially perpetuating colonialism in terms of exporting Western, “minority-world” assumptions, theories, and cultural practices that have little or no bearing on local realities. Another example related to child protection in particular that illustrates the difference between Eastern and Western cultures is that, in the West, a child can report his or her parents for abuse to the authorities and he/she will be taken seriously. On the other hand, this is rare to find in countries like Egypt.

There is a clear and overwhelming need to modernize social work curricula and to adapt it to the Egyptian cultural, political, and economic situation (Soliman & Abdelmegied, 2010). To increase the effectiveness of social work training, many researchers of social work advocate an integration of Western social work theory while at the same time deriving principles from Arab cultural and religious practices so that a more locally responsive and culturally appropriate model of professional intervention is formed (Al-Krenawi & Graham, 2003; Ibrahim, 2018; Megahead, 2015; Soliman & Abdelmegied, 2010; Walton & Abo El Nasr, 1988).

In addition to adapting the western social work curriculum to the Egyptian culture, there is also a need to modernize it (Ibrahim, 2017). This call for modernization not only includes updating textbooks and course content to reflect current best international practices, but also demands a change in teaching methods from rote learning to a more participatory approach (Ibrahim, 2017; Soliman, 2013; Soliman & Abdelmegied, 2010). Attempts to change social work in Egypt education during the past

decade have been met with resistance from educational institutions (Soliman, 2013). However, more recently, it has been required for accreditation that social work educational institutions change to meet international standards in order to meet quality benchmarks and accreditation requirements or face a number of sanctions (Soliman, 2013).

There is also a clear need for training social workers already working in the field (Forden, 2016; Soliman, 2013). UNICEF in collaboration with the Ministry of Social Solidarity, the American University in Cairo and the National Council for Childhood and Motherhood proposed a comprehensive initiative to build the capacities of Egyptian child protection social workers. A key element of this initiative to promote child welfare was the development of a training curriculum for social workers working with children. In preparation for the development of the curriculum was an assessment of training needs to over 500 social workers and their supervisors in four of Egypt's governorates: Cairo, Giza, Alexandria, and Assiut. The result of the assessment showed a strong need for comprehensive training, including training on job-related stress (Forden, 2016).

Challenges Faced by Social Workers

Social workers are not given a high status in the Egyptian culture and worldwide. Their pay grade is low, many have very poor and limited resources to work with, they are understaffed, inadequately trained and suffer from high job insecurity and high turnover rates (Forden, 2016; Kim, 2011; Soliman & Abdelmegied, 2010; Travis, Lizano & Mor Barak, 2016.). The profession is also characterized by limited opportunities for career advancement (Forden, 2016). Numerous studies, especially in the West, of child protection social workers have indicated that there are 10 key trends that lead child

welfare social workers to leave their jobs and experience decreased job satisfaction. These are: high workloads, bureaucratic and punitive organizational practices, lack of resources, lack of intellectual challenge, lack of satisfaction with promotional opportunities including salary and benefits, exclusion in the workplace, role ambiguity, lack of work-life balance, lack of organizational support, and finally, lack of perceived organizational fairness (Ausbrooks, 2011; Shier et al., 2012). Based on the researcher's first-hand observations of hundreds of social workers in governmental and non-governmental organizations in four of the largest governorates in Egypt as part of her year-long internship with a nation-wide capacity building initiative led by UNICEF, many of these factors apply to the Egyptian context. As previously mentioned, social work in Egypt is not a licensed profession and career development is limited. Working environments that are fraught with uncertainty, inadequate pay, and disregard of the profession's contributions by the society, all pose challenges to social work practitioners' well-being, job satisfaction, and turnover rates (Shier & Graham, 2015). In addition, in a study by Huxley et al. (2005), it was found that the most unsatisfactory aspect of the job among mental health social workers arose from "not feeling valued by their employers and wider society" (p. 1064).

The social work profession is also characterized by high levels of stress (Shier & Graham, 2010). In a study of job-related stress across occupations, Johnson and colleagues (2005) state that there are five sources of stress at work. Factors such as work overload, role ambiguity, lack of job security and career development, poor relationships at work, and little involvement in decision-making, have been linked to higher levels of

job-related stress (Johnson et al., 2005). All of these are among the challenges Egyptian social workers face.

Both organizational and personal factors play a significant role in causing as well as protecting against job-related stress. High workloads, bureaucratic and punitive agency practices, lack of resources, lack of intellectual challenge, dissatisfaction with promotional opportunities including salary and benefits, poor working relationships with colleagues and/or supervisors, exclusion in the workplace, role ambiguity, role conflict, lack of organizational support, poor physical working conditions, and lack of perceived organizational fairness are among the organizational factors that lead to stress, burnout, and high turnover rates among child protection social workers (Shier et al., 2012; Shier & Graham, 2010; Johnson et al., 2005). Also, resilience and self-care were found to be among the personal characteristics or factors that buffer and protect against job-related stress (Horwitz, 1998; Ausbrooks, 2011).

Stress among Child Protection Social Workers

Social work in Egypt and in other countries, as in other helping professions, is a profession that entails high levels of stress due to the nature of the work and also due to the complexity of the social problems that social workers face on a daily basis. In fact, research has shown that, worldwide, social workers encounter higher levels of stress and job burnout than other helping professions (Lloyd, King & Chenoweth, 2002).

Social workers may consequently suffer from vicarious trauma, burnout, secondary traumatic stress, and compassion fatigue (Newel & MacNeil, 2010, Wooten, Kim, & Fakunmoju, 2011). Numerous studies have linked social work with high levels of stress. The literature is full of research supporting this claim (Johnson et al., 2005; Kim,

2011; Kim & Stoner, 2008; Leake, Rienks, & Obermann, 2017; Lloyd et al., 2002; Newel & MacNeil, 2010; Wooten et al., 2011). Job-related stress can contribute to both physical and mental well-being. High stress levels have been linked to poor physical health results such as coronary heart disease (Griffiths, Royse, & Walker, 2018). Additionally, after conducting a systematic meta-review of the literature, Harvey and colleagues (2017) concluded that high job demands, stress, and low social support in the workplace can lead to a higher risk of developing anxiety and depression symptoms.

In the helping professions such as social work, an employee's professional quality of life is "the quality one feels in relation to their work as a helper. Both the positive and negative aspects of doing one's job influence one's professional quality of life" (Stamm, 2010, p. 8). The positive aspect, compassion satisfaction (CS), is the positive feelings and pleasure that one derives from doing their job well and helping others through their work. The negative aspect, on the other hand, is known as compassion fatigue (CF) and it is comprised of two elements: burnout and secondary traumatic stress (STS). Burnout is characterized by feelings of emotional exhaustion, hopelessness, and difficulties of effectively doing one's job. It's usually gradual in onset and associated with a very high workload and a non-supportive work environment. The second element of CF is STS which refers to the "work-related, secondary exposure to people who have experienced extremely or traumatically stressful events" (Stamm, 2010, p. 13). Dealing with and listening to other people's traumatic events can give rise to STS. The feelings associated with STS are usually fear, insomnia, or intrusive images about the upsetting event and its symptoms have a sudden and/or rapid onset and are associated with a particular event (Stamm, 2010).

Burnout. Child protection social workers in particular, often handle difficult social issues such as child abuse, child crime, street children, child labor, orphans, juvenile delinquency, and more, making them more susceptible to experiencing stress (Ausbrooks, 2011; Dill, 2007; Horwitz, 1998; Travis, Lizano & Mor Barak, 2016). Of all the helping professions, child protection workers are among the highest to be at risk of burnout (Leake et al., 2017). Burnout, an element of CF, has three dimensions: emotional exhaustion which is characterized by reduced energy and feeling emotionally drained, depersonalization which is a stress response to emotional exhaustion causing a person to detach him/herself from the needs of the clients, and lastly, reduced personal accomplishment which manifests as feelings of inefficacy (Leake et al., 2017). A study comparing public child protection social workers and their counterparts in private organizations and social workers in other fields of practice found that public child protection social workers had higher workloads, higher role conflict, depersonalization (a dimension of burnout), and lower personal accomplishment than social workers in other practice settings. Public child welfare workers even had significantly higher depersonalization scores than child welfare workers in private organizations (Kim, 2011). According to Boyas & Wind (2010), child protection social work is a very challenging field and despite the commitment and effectiveness of employees in the field, they repeatedly face stressors that often result in job stress and burnout. This is due to both the stressful nature of the work and to the presence of organizational stressors such as high workloads and the negative climate that are often characteristic of public agencies. Burnout occurs when the stresses encountered by an individual exceeds his or her personal and social resources.

Secondary and Vicarious Trauma. The terms secondary traumatic stress and vicarious trauma are used interchangeably in the literature as they both refer to trauma suffered from secondary exposure to traumatic events as opposed to primary exposure such as the case of police officers, for example. STS refers to “the presence of re-experiencing increased arousal and/or avoidance symptoms with rapid onset, following at least one indirect exposure to traumatic material” (Sprang, Craig, & Clark, 2011, p. 151). STS is an inevitable byproduct of working in the field of child protection. Unfortunately, STS appears in the social work literature as an “occupational hazard” especially within the area of child protection (Sprang et al., 2011). According to Sprang and colleagues (2011), empirical studies have emerged showing that the nature of child protection social work increased the risks of developing symptoms of secondary traumatic stress.

Compassion Satisfaction. As previously stated, CS refers to the positive feelings and pleasure that one derives from doing their job well and helping others through their work (Stamm, 2010; Sprang, Clark, & Woolsey, 2007). Despite the challenges child protection social workers meet in their day to day work, when they do possess the personal and social resources to help them face these challenges and perform their jobs effectively, they experience happiness stemming from the fact that they were able to help a child who is suffering. In a study of trauma treatment therapists, Craig and Sprang (2010) found that years of experience was the most significant predictor of CS, in line with previous research. It is assumed that “maturity and professional experience may act as buffers against the deleterious effects of secondary trauma exposure” (Craig & Sprang, 2010, p. 335).

Factors Impacting Stress. Socio-demographic factors such as age, gender and years of experience (among others) have been shown to affect the levels of job-related stress in numerous studies on employees in the helping professions such as trauma treatment therapists, child protection social workers, and mental health providers (Craig & Sprang, 2010; Griffiths et al., 2017; Sprang et al., 2007). For instance, some studies have shown that as age increased, the risk for vicarious trauma, secondary traumatic stress, and burnout decreased (Sprang et al., 2007). An explanation for this could be that maturity and professional experience may act as buffers or protective factors against stress. Another explanation could be that with maturity and experience social workers' sense of self-efficacy increases and thus they feel better equipped to handle the complexities and stressors in their work. Increased self-efficacy has been linked to reduced stress (Schelbe et al., 2017). Other studies of mental health providers and other helping professions that are routinely exposed to trauma during the course of their work have shown that females were at significantly higher risk of secondary traumatic stress and vicarious trauma, and other studies have indicated that years of experience was associated with a decreased potential for vicarious trauma (Sprang et al., 2007).

Strategies for Coping with Stress

The term stress was first used in physics to describe how a man-made structure must be designed to resist deformity when an external pressure or force is applied to it. The term was then transitioned from physics to the behavioral sciences (Krohne, 2002). Stress has been described as comprising three processes, according to Lazarus who was the first to present a comprehensive theory of stress (Collins, 2008; Krohne, 2002). Primary appraisal consists of the process of perceiving a threat, secondary appraisal

consists of the process of thinking of a potential response to that threat, and lastly, coping is the process of executing that response. Coping has been defined as the “person's constantly changing cognitive and behavioural efforts to meet specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Collins, 2008, p.1177). It refers to a variety of cognitive and behavioral strategies individuals use to manage their stress (Folkman & Moscovitz, 2004). Coping has been seen as very important to the extent that “stress itself as a concept pales in significance ... compared with coping and without giving attention to coping we cannot understand how stress works” (Collins, 2008, p.1177).

In general, coping strategies are defined in either one of two ways. First, problem focused coping, also called active coping, is aimed at problem solving, or doing something to change the source of the stress to prevent or control it. Second, emotion-focused coping is aimed at reducing or managing the emotional distress associated with the situation (Carver et al., 1989). Problem-focused coping tends to be used when something constructive can be done, whereas emotion-focused coping is usually employed when the person has no control over the stressful situation (Collins, 2008). When it comes to coping, there is no right or wrong way, only helpful and unhelpful, adaptive or maladaptive coping strategies. And one strategy might be helpful in one situation but not helpful in the other (Carver et al., 1989). An example of this may be illustrated by considering ‘denial’ as a coping strategy. It can be argued that denial may be useful in minimizing stress and thus facilitating coping or it might be argued that denial will only create additional problems. In general, denial may be seen as a negative form of coping as opposed to acceptance (Carver et al., 1989; Collins, 2008).

At this point it is worth noting that the definitions chosen for this study were largely dictated by scales commonly used to measure the different variables of stress levels and coping strategies. The definitions of job-related stress are numerous and vary from one study to the other. In other words, job-related stress is sometimes referred to as burnout, as compassion fatigue, as vicarious trauma, or as secondary traumatic stress. In fact, Stamm (2010) states that the problems with these definitions were, and continue to be, a “taxonomical conundrum” (p. 9). The same is true for coping. For example, problem-focused coping is referred to by different writers as problem solving, problem-focused, planning, active, and cognitive, etc. Future research may want to come up with an operational definition of job-related stress and different coping strategies or unify the definition of stress. Additionally, a term such as ‘burnout’ for example, consists of three folds: emotional exhaustion, depersonalization, and reduced personal accomplishment. Yet, some studies do not measure burnout by combining all three aspects but instead choose to measure only emotional exhaustion. Perhaps Mor Barak and colleagues (2001) explain it best when they state that “study results are often inconsistent with each other, perhaps reflecting the complexity of defining and measuring the multifaceted predictor and outcome constructs as well as differences among the varying work contexts” (p.629).

To sum, both individual and organizational factors, along with coping strategies, affect employees’ levels of stress. When the number and types of stressors experienced exceed an individual’s ability to cope, then this job-related stress may leave the individual more vulnerable to burnout and secondary trauma (Boyas & Wind, 2010).

Among the many recurring protective factors against the negative effects of job-related stress and burnout, this paper will focus on the role of religion and the role of

social support. The researcher chose to focus on these factors for two reasons. First, both religion and social support are important in the Egyptian context and in the lives of the Egyptian people. In fact, in the face of globalization pressures and neoliberal politics, religion seems for many to be the “antidote” to the erosion of social relations and societal cohesion, and the majority of people perceive religion as a crucial and positive factor in society (Rommelspacher, 2017). Second, both religion and social support have been shown to have strong buffering and protective effects against job-related stress (Chaney & Church, 2017; Tugsal, 2017a; Tugsal, 2017b).

Religion. Issues of religion and spirituality have long been generally avoided in the sciences and in academic research. Religion is rarely discussed in social work literature (Askeland & Dohlie, 2015; Crisp, 2011; Graham, 2006; Hodge, Baughman, & Cummings, 2006). It was commonly believed that, for social scientists at least, the notion of evidence-based practice was the very antithesis of faith-based practice (Husain, 2017). One prominent social work researcher and professional recalled that 15 years ago journals politely refused to publish work involving religion or spirituality (Graham, 2006). Graham (2006) state that since social work was founded up until the mid-1980s, issues of faith were totally disregarded from the discourse as though it neither had a place in people’s lives nor did it matter to professionals and clients.

Social work principles and values are in accordance with many of the major faiths. Social work is underpinned by values of social justice. All the major faiths, including Islam, place a high regard for charity and the importance of giving to the poor and those in need (Abo El Nasr & Eltaiba, 2016; Chaney & Church, 2017; Soliman, 2013). In a study examining if the Islamic belief system and the ethics of the social work

profession align, researchers found many parallels between the National Association for Social Work's (NASW) Code of Ethics and Islamic values and principles (Chaney & Church, 2017). Findings of the study showed notable similarities between the NASW Code of Ethics and Islamic principles in that they both value service, both are rooted in social justice, both believe in the universal value of human beings, both believe in the mutual interdependence of individuals and societies, both value human relations, both value mutual trust and integrity, and finally both aspire for professional and/or personal improvement (Chaney & Church, 2017; Soliman, 2013). Additionally, the NASW Code of Ethics contains four standards that explicitly mention religion, and at least three that refer to religion implicitly (Hodge et al., 2006).

A study examining the visibility of faith groups, particularly evangelical Christians and Muslims, in 71 influential social work textbooks found that they are essentially invisible in the literature and in instances where they were mentioned, they were depicted in a biased and spiritually insensitive manner (Hodge et al., 2006). Social work occurs in multi-cultural and multi-religious settings and while culture has become an integrated topic in social work, religion is hardly mentioned and highly disregarded. Issues of religion are only considered when they are perceived as problematic and only as a part of culturally-competent practice rather than understanding it as a potential resource or strength (Askeland & Dohlie, 2015; Crisp, 2011).

Prior to 2001, Muslims and Islam were rarely included in the social work literature (Husain, 2017). However, more recently, the topic is increasing in popularity and gaining more attention especially with the recent emphasis on culturally-relevant, culturally-competent, and locally responsive practice (Abdel-Khalek, 2012; Abu-Hilal,

Al-Bahrani, & Al-Zedjali, 2017; Askeland & Dohlie, 2015). *The Journal of Religion and Spirituality in Social Work: Social Thought*, previously called *Social Thought* from 1975 up until 2003, only recently, in 2004, changed its name. Issue 36 for the year 2017 was a special double volume dedicated to social work and Islam titled “Islam in the 21st Century: Challenges & Opportunities for Social Work with Muslims,” which aimed to bridge this aforementioned gap in the literature. The special issues yielded work that reflected the views of academics, researchers, and practitioners from seven countries and four continents (Husain, 2017). This goes to show how interest in social work literature in religion in general and Islam in particular has increased over the past years (Abo El Nasr & Eltaiba, 2016).

The conceptual links between Islam and social work are discussed in an article using the ecological approach to human behavior to examine culturally-competent social work practice with American Muslims. In this paper, the researchers draw parallels between the social work perspective of the person-in-environment fit and tenets of Islam (Ahmed, Amer, & Killawi, 2017). Like social work, Islam believes in the importance of a person’s context and environment in shaping human behaviors and experiences. Individual’s well-being is affected by the multiple systems in which they interact at micro, mezzo, and macro-levels (Ahmed et al., 2017). Therefore, the ecological approach is significant in that it provides for a deeper understanding of a person’s experiences and since religion is important in many people’s lives, it is imperative that it be included in the academic and professional discourse. In fact, as Crisp (2011) stated, the failure to address religion may potentially result in unethical practice.

Religion is central to people's lives in Egypt and the Arab world. A person's spirituality and religion often serve as a framework for his or her life experiences in the same way that race, gender, ethnicity, and sexual orientation do (Askeland & Dohlie, 2015; Hodge et al., 2006). Hodge and colleagues (2006) confirm this, stating that there is a growing body of research indicating that spirituality and religion are in fact important strengths. Not just that, religion and faith have been shown to serve as a protective factor in helping child protection social workers cope with stressors in their line of work (Ausbrooks, 2011). A qualitative assessment of strengths and challenges faced by Egyptian social workers found that faith and religion were seen as important for maintaining motivation in the face of the tragedies witnessed on a daily basis (Forden, 2016).

The protective nature of religion and spirituality has been shown in studies of diverse psychological disorders and contextual stressors. In one of the first studies of its kind to examine the effects of discrimination and spirituality on depression among American Muslims, Hodge, Zidan, and Husain (2017) found that spirituality may serve as a protective factor against depression. Religion was also found to be a coping strategy to fight oppression in South Africa and some Latin American countries (Askeland & Dohlie, 2015). Religion was also seen as a source of coping for American Muslim women who suffered domestic abuse (Ahmed et al., 2017). Additionally, people have been found to often rely on religion to help them cope in times of intense stress and uncertainty (Chaney & Church, 2017).

Social support. Social support and solidarity is also important in Egypt and the Arab world. It is inherent both in the region's cultural traditions and religions. Support

from colleagues, supervisors, family, friends, and from organizations have been shown to help cope with stress among social workers and other professions (Shier et al., 2012; Tugsal, 2017a; Tugsal, 2017b). Shier et al. (2012) found that social support from colleagues and supervisors was a coping strategy that played a role in preventing burnout among child welfare social workers, and that psychological and emotional support from family and friends served as a buffer against the harmful effects of job-related stress and burnout. Social support is arguably the most well-known situational variable that has a buffering effect on job-related stress and burnout (Tugsal, 2017b). Social support, defined as the supportive interactions of people in formal and informal settings, was shown to dramatically reduce job-related stress, burnout, and turnover intention (Kim & Stoner, 2008). Lack of job autonomy combined with the lack of social support increased the likelihood of turnover despite the worker's level of burnout (Kim & Stoner, 2008). In another study of child protection social workers, workers with social support were less likely to leave their jobs (Mor Barak, Nissly, & Levin, 2001; Mor Barak et al., 2006; Nissly, Mor Barak, & Levin, 2005). It has been repeatedly shown that social support, when present, is one of the most important resources in fighting against burnout (Bakker, Demerouti, & Verbeke, 2004; Glasberg, Eriksson, & Norberg, 2007; Lindblom et al., 2006). Additionally, Huxley et al. (2005) found that some of the most satisfactory aspects of the job of mental health social workers come from the support of their colleagues and supervisors. Other studies also showed that support from the organization significantly reduced job-related stress among child protection social workers (Boyas & Wind, 2010; Boyas, Wind, & Ruiz, 2015; Hamama, 2012b).

Carver and colleagues (1989) suggest that people generally seek social support for two reasons. One is seeking support for instrumental reasons, for instance, seeking advice, assistance or information. The second is seeking support for emotional reasons, namely getting moral support, sympathy and/or understanding. Numerous studies have demonstrated the importance of social support, whether instrumental or emotional, in protecting against the negative effects of job stress (Johnco et al., 2014; Mor Barak et al., 2001; Mor Barak et al, 2006). Both have had their fair share of discussion in the literature. Despite knowing the importance of these factors, little is known about how they work or interact to mitigate stress. Two studies (Mor Barak et al., 2001; Mor Barak et al., 2006) examining the high turnover rates among child protection social workers found that job-related stress is shown to consistently be one of the strongest predictors of child protection social workers' intention to leave their jobs. They also state that social support, especially from supervisors, was extremely helpful in reducing child protection workers intention to leave their work. A more recent meta-analysis of turnover among child protection social workers (Kim & Kao, 2014) showed that organizational support was the strongest predictor of intentions to leave. Child protection workers who had and perceived more support were more likely to remain in their jobs. Additionally, another study showed that one of the significant buffers against job-related stress and burnout was perceived organizational support (Boyas & Wind, 2010).

Research Questions

In order to effectively support Egyptian social workers in the important work they do protecting children, it is necessary to understand the levels of job-related stress they are experiencing, how they are coping with that stress, and whether their coping

strategies are actually reducing their levels of stress. Therefore, this research investigated the following questions: 1) How much stress do Egyptian child protection social workers experience as a result of their work? 2) Do the personal characteristics of gender and years of experience impact their levels of stress? 3) What coping strategies are they currently using to deal with work-related stress? and 4) In particular, given the importance of religion and social support in Egyptian culture, to what extent are child protection social workers relying on religion and social support strategies to cope, and do these strategies significantly lower their levels of stress?

Methods

Participants

The participants for this research were 80 child protection social workers working in orphanages in Cairo and Giza; 54% ($n=43$) of the sample were females, while 46% ($n=37$) were males. Their ages ranged from 21 years of age to 45 years, with a mean age of 27.5 years ($SD = 4.28$). Participants' years of experience on the job ranged from one year to 16 years, with a mean of 5 years ($SD = 3.5$).

Measures

To assess social workers' levels of stress, the Professional Quality of Life Scale (ProQOL) was used. To assess the coping strategies of religious coping, seeking instrumental social support, and seeking emotional social support, three corresponding scales from the COPE Inventory were used. In addition to these two scales, background information on gender and years of experience as well as an open-ended question on coping strategies were included as part of the measures.

Professional Quality of Life Scale. The ProQOL scale (Appendix A) is a 30-item self-report measure that is one of the most commonly used scales to measure both the positive and negative effects of helping people who have experienced trauma and suffering. It is used to assess levels and potential for burnout, secondary traumatic stress (STS), and compassion satisfaction (CS). Burnout and secondary traumatic stress are both elements of compassion fatigue (CF) (Stamm, 2010). Burnout is associated with feelings of hopelessness and difficulty in dealing with work or doing the job effectively, whereas secondary traumatic stress (STS) is concerned with the negative consequences of work-related, secondary exposure to extreme and traumatically stressful events (Stamm, 2010). Compassion satisfaction (CS) is defined as the pleasure one derives from doing their jobs well, from helping others and contributing to the greater good.

The ProQOL scale consists of a list of 30 statements that respondents answer using a 5-point Likert-type rating where 1=*Never*, 2=*Rarely*, 3=*Sometimes*, 4=*Often*, and 5=*Very Often* (Stamm, 2012; Sprang et al., 2007). The ProQOL scale is divided into three equal sections. There is no composite score as the relationship between burnout, secondary traumatic stress (STS), and compassion satisfaction is not fully understood; therefore the ProQOL produces three subscale totals that must be analyzed individually (Rochelle & Buonanno, 2018; Stamm, 2010). The range of raw scores on each subscale is between 10 and 50, with higher scores indicating higher levels of stress or satisfaction. An example of a statement used to measure compassion satisfaction is “I get satisfaction from being able to *help* people”. An example of a statement to measure burnout is “I feel worn out because of my work as a *helper*”. Finally, an example of a statement to measure

secondary traumatic stress is “I feel as though I am experiencing the trauma of someone I have helped”.

The ProQOL scale has been used for over 20 years in many countries (Stamm, 2010; Stamm, 2012). The scale has good demonstrated construct validity and adequate internal consistency. The scale was available in Arabic and had previously been used with Egyptians, but had not yet been validated on this population (Appendix B).

Cronbach’s alphas for the present study were .73 for Burnout, .64 for Secondary Traumatic Stress, and .87 for Compassion Satisfaction, showing good internal consistency and reliability.

The COPE Inventory Subscales. The COPE Inventory (Appendix C) is a multidimensional coping instrument that assesses the different ways in which people respond to stress (Carver, Scheier, & Weintraub, 1989). It is a self-report measure. The COPE Inventory consists of a total of 15 subscales with 4 items per scale. Each subscale measures a conceptually distinct aspect of coping. In general, there are five scales that measure what is termed as problem-focused coping and these include: Active Coping, Planning, Suppression of Competing Activities, Restraint Coping, and Seeking of Instrumental Social Support. There are five scales that measure what may be viewed as emotion-focused coping and these include: Seeking of Emotional Social Support, Positive Reinterpretation, Acceptance, Denial, and Turning to Religion. Finally, there are four scales that measure arguably less useful or maladaptive coping responses such as Alcohol and Drug Use, Behavioral Disengagement, Mental Disengagement, and Focusing on and Venting of Emotions (Carver et al., 1989).

For the purposes of this study, the following COPE subscales were used: Turning to Religion, Seeking Instrumental Social Support, and Seeking Emotional Social Support. When Carver and colleagues (1989) were trying to decide how to treat or conceptualize “turning to religion” as a coping strategy, they were faced with a dilemma. This was because people under stress might turn to religion for varying reasons. For example, religion may serve as a source of emotional support, as a means for positive growth, or as a means for active coping with the stressor. Therefore, there was the possibility for having multiple religion-related scales to measure each of these functions. However, Carver and colleagues opted instead to use a single scale that assessed, in a general way, “the tendency to turn to religion in times of stress” (Carver et al., 1989, p.270). Regarding social support, people generally tend to seek social support for one of two reasons, instrumental and/or emotional. Seeking social support for instrumental reasons is a form of problem-focused coping in which people ask for advice, for help, and/or information. Whereas seeking social support for emotional reasons is where people seek moral support, sympathy, and/or understanding and this is considered an aspect of emotion-focused coping (Carver et al., 1989).

As previously mentioned, each subscale consists of four items. For example, under the scale that measures turning to religion, statements include “I put my trust in God” and “I try to find comfort in my religion”. Under the subscale of seeking emotional support, statements include “I talk to someone about how I feel”; “I try to get emotional support from friends or relatives”. Response options for the scales range between 1 and 4 depending on how often the participants have been using the coping strategies, where 1 indicates “*I usually don’t do this at all*”, 2 “*I usually do this a little bit*”, 3 “*I usually do*

this a medium amount”, and 4 “*I usually do this a lot*”. Scores for each subscale are totaled, with a range of for each subscale of 4-16, with higher scores indicating greater use of the coping strategy.

The subscales from the COPE Inventory were translated to Arabic. The initial translation was conducted by a professional translator and the translation was reviewed by the researcher to ensure accuracy of meaning.

Cronbach’s alphas for the present study were .43 for religion, .69 for emotional social support, and .39 for instrumental social support showing adequate internal consistency and reliability, given the small number of items for each subscale.

Sociodemographic and general coping questions. In addition to the ProQOL and the three selected subscales from the COPE Inventory, participants were asked three socio-demographic questions, namely: age, gender, and years of experience. There was also a qualitative question asking participants to list the top three things they do when they feel stressed from work. The English version of the survey used in the current research can be found in Appendix D, while the Arabic version can be found in Appendix E.

Procedures

A convenience sample was recruited with the support of a local NGO that frequently interacts with social workers at a national level and through a personal contact, who was a social worker. In both cases, the researcher was put in contact with orphanages and child protection organizations who then allowed her to ask their employees, either at their workplace or at a training, if they would be willing to participate in the research. The survey was administered to groups of social workers,

either at their workplace or a training site. Participants were reassured that their participation was voluntary and they were given an informed consent form to sign. After signing the consent form, participants were given the packet of measures which took about 10-15 minutes to complete. Lastly, participants were informed that they would be provided a summary of the results of this study, including recommendations, to help them cope with job-related stress.

Data Analysis

Statistical analysis was performed using the IBM SPSS Statistics 20 (Statistical Package for the Social Sciences) program. The scales were analyzed using descriptive statistics to assess levels of stress and coping. A one-way ANOVA was used to test for the effect of years of experience on use of coping strategies, and a t-test was used to test for the effect of gender on use of coping strategies. Multiple regression was used to test for the effects of gender, years of experience, religion and social support on job-related stress. Lastly, qualitative analysis was performed for the question listing the top three things participants do when they are stressed.

Results

Professional Quality Life Scale

Normative data for the ProQOL scale is available from the manual (Stamm, 2010). The researchers have raw data from hundreds of studies using the ProQOL scale in their data bank and they have run analyses and comparisons by country and types of participants, such as rural/urban and male/female. The normative distribution for the scale across all three dimensions of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress is that an average score is 50, with 25% of people scoring higher than

57 and 25% of people scoring lower than/below 43. As a result, a score of 43 or less is considered low, a score around 50 is considered average and a score of 57 or more is considered high (Stamm, 2012).

In the current study, for Burnout, the mean score was 34.6 ($SD=4.6$), with a range between 26 and 46. One percent ($n=1$) of the sample scored low on burnout. 92% ($n=73$) scored average, and 6% ($n=5$) scored high on burnout.

For Secondary Traumatic Stress, the mean was 28.6 ($SD=5.8$), with a range between 18 and 42. Fifteen percent ($n=12$) scored low on secondary traumatic stress. 82% ($n=64$) scored average on secondary traumatic stress, and 3% ($n=2$) scored high on secondary traumatic stress. Lastly, for Compassion Satisfaction, the mean was 43.2 ($SD=5.8$) with a range between 28 and 50. Two percent ($n=2$) of the sample scored low on compassion satisfaction, 41% ($n=32$) scored average, and 57% ($n=45$) of the sample scored high on compassion satisfaction

The COPE Inventory (Religious coping, emotional and instrumental social support)

From the COPE Inventory, descriptive statistics for the variables of religious coping, seeking emotional social support, and seeking instrumental social support were computed.

For religious coping, the mean level was 14.1 ($SD=1.7$) with a range between 9 and 16. For seeking emotional social support, the mean was 12 ($SD=2.9$) with a minimum score of 4 and a maximum score of 16. For seeking instrumental social support, the mean was 12.7 ($SD=1.7$) with a minimum score of 8 and a maximum score of 16.

There is no normative data available for the COPE Inventory; however, more than two-thirds ($n=51$) of participants had their highest score for coping on religion. It was found that participants endorsed high rates of religious coping.

A one-way ANOVA was used to test for differences in coping strategies based on years of experience. There was no significant difference in use of coping strategies based on years of experience. A t-test was used to test for differences in coping strategies based on gender. Again, there was no significant difference in use of coping strategies based on gender.

Relationship between Coping Strategies and Professional Quality of Life

A multicollinearity diagnostics was performed to see if there was any correlation between the dependent variables. The VIF scores lay between 1 and 10 suggesting no multicollinearity between the variables. Additionally, an outlier diagnostic was performed using SPSS, which defines outliers as 1.5 times the interquartile range above the upper quartile and below the lower quartile. Two values were removed from age, two from CS, one from burnout, one from STS, and three from instrumental social support.

Multiple regression was used in order to identify the strength of the effect that the independent variables of gender and years of experience along with instrumental social support, emotional social support and religious coping had on the dependent variables of burnout, STS, and CS. Use of multiple regression also made it possible to predict how much the dependent variables would change in response to changes in the independent variables

It was found that for burnout, the five predictors explained 10.9% of the variance ($R^2 = .109$, $F(5, 65) = 1.59$, $p = .175$). It was also found however, that religion predicted higher levels of burnout ($B = .251$, $p = .046$). Emotional social support and instrumental social support were not significant predictors of burnout. See Table 1 for multiple regression analysis for burnout.

Table 1

Multiple regression analysis for Burnout

Variable	<i>B</i>	<i>SE B</i>	<i>B</i>	<i>t</i>	<i>P</i>
Gender	-0.08	1.12	-.01	2.03	-.073
Years of Experience	-0.32	0.29	-.14	-1.12	.264
Religious Coping	0.67	0.33	.25	2.04	.046
Emotional Coping	0.27	0.21	.16	1.27	.210
Instrumental Coping	0.08	0.34	.02	0.22	.826

The model for STS was significant with the F-test showing a p-value of .007. In other words, the independent variables reliably predict the dependent variable of STS. For STS, the five predictors explained 21.8% of the variance ($R^2 = .218$, $F(5, 63) = 3.50$, $p = .007$). Meaning, approximately 22% of the variability in STS is accounted for by the (independent) variables in the model. It was found that only emotional social support predicted higher levels of STS; instrumental social support and religion were not significant predictors of secondary traumatic stress. See Table 2 for multiple regression analysis for STS.

Table 2

Multiple regression analysis for STS

Variable	<i>B</i>	<i>SE B</i>	B	<i>t</i>	<i>P</i>
Gender	1.05	1.37	.09	0.77	.446
Years of Experience	-0.41	0.35	-.14	-1.18	.241
Religious Coping	-0.17	0.40	-.05	-0.42	.677
Emotional Coping	0.95	0.26	.43	3.68	.000
Instrumental Coping	-0.35	0.41	-.10	-0.86	.395

The model for CS was also significant indicating the independent variable reliably predicting CS with the F-test showing a p-value of .000. For CS, it was found that the five predictors explained 39% of the variance ($R^2 = .390$, $F(5, 63) = 8.07$, $p = .000$). It was found that both religion ($\beta = .417$, $p = .000$) and instrumental social support ($\beta = .399$, $p = .001$) significantly predicted higher levels of compassion satisfaction, while emotional social support was not a significant predictor. Years of experience and gender were not significant predictors for any of the measures of stress. See Table 3 for the multiple regression analysis of CS.

Table 3

Multiple regression analysis for CS

Variable	<i>B</i>	<i>SE B</i>	B	<i>t</i>	<i>P</i>
Gender	-0.75	1.07	-.07	-0.70	.487
Years of Experience	0.29	0.27	.11	1.05	.296
Religious Coping	1.29	0.31	.42	4.09	.000
Emotional Coping	-0.17	0.21	-.09	-0.82	.414
Instrumental Coping	1.32	0.36	.40	3.67	.001

Coping Strategies (Thematic Analysis)

Participants were asked to list the “top three things they did when they felt stressed from work”. Thematic analysis, a type of qualitative analyses, was conducted in order to identify the main themes that emerged/recurred from the participants’ answers. Thematic analysis is “a method for identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). A theme “captures something important about the data in relation to the research question(s), and represents some level of *patterned* response or meaning within the data set” (Braun & Clarke, 2006, p. 82).

The researcher adhered to the six-step method employed by Braun & Clarke (2006). The process of analysis usually involves a progression from description, where the data is just organized to show patterns, to the data summarized, and finally to interpretation, where there is an attempt to theorize the significance of the patterns, their wider meaning and implications, and their relevance to the research questions. The process started with translating the participants’ answers to English (the responses were in Arabic) and getting familiar with the data while noting initial ideas. This was followed by generation of preliminary codes. Those preliminary codes were tallied; any answer that was repeated went with the most suitable code. After the generation of the preliminary codes, themes were searched for and identified. The themes were then reviewed, named and defined.

A particular focus was paid to the themes of Turning to Religion, of Seeking Instrumental Social Support, and of Seeking Emotional Social Support, because of the research hypotheses. According to Braun & Clarke (2006), themes or patterns within the data can be generally identified in one of two ways: an inductive or ‘bottom-up’ approach or a deductive or ‘top-down’ approach, also called ‘theoretical’. In other words,

‘theoretical’ (as opposed to ‘inductive’) thematic analysis is driven by the researcher’s theoretical or analytic interest in the topic and so it is more explicitly “analyst-driven” (Braun & Clarke, 2006). It is important to note that, as Braun & Clarke (2006) duly posit, “an account of themes ‘emerging’ or being ‘discovered’ is a passive account of the process of analysis, and it denies the active role the researcher always plays in identifying patterns/themes, selecting which are of interest, and reporting them to the readers” (p. 80).

Nonetheless, an added advantage of qualitative data is that unanticipated and unexpected findings may emerge. And so four other themes were also identified, namely: Detachment, Asking/Taking Time off/Holiday/Vacation, Resorting to Leisure Activities, and Remembering the Value of Work. Therefore, the total number of themes that were identified in the qualitative analysis was seven.

- (1) *Religion*: Total N=30. Defined as the general tendency to turn to religion in times of stress included answers such as “I turn to God” ($n=5$), “I pray” ($n=14$), “I renew my “Neyya” intentions to God” ($n=2$), “I do ‘Zekr’ a form of prayer” ($n=3$), “I listen to/read the Quran” ($n=3$), and “I remember ‘Thawab’ reward from God” ($n=2$).
- (2) *Seeking Emotional Social Support*: Total N= 35. Defined as seeking moral support, sympathy, and/or understanding included answers such as “Talking to close people/friends” ($n=10$), “Talk to colleagues and supervisors” ($n=4$), and visit relatives ($n=4$).
- (3) *Seeking Instrumental Social Support*: Total N= 9. Defined as seeking advice, help, and/or information included answers such as “Turn to people who can

help” ($n=1$), “Try to find/ask for solutions” ($n=4$), and “Talk to colleagues and supervisors” ($n=4$).

(4) *Detachment*: Total $N=25$. Detachment was not previously defined, however, it included answers such as “Be alone/sit by myself” ($n=10$), “Sleep” ($n=12$), and “Escape/detach from reality” ($n=2$).

(5) *Time-off/Vacation/Holiday*: Total $N=19$. This theme’s answers were exactly either “I ask for or I take time-off/vacation/holiday” ($n=19$)

(6) *Resorting to Leisure Activities*: Total $N=35$. This theme included answers such as “I read/draw/listen to music” ($n=12$), “Play with phone/PlayStation” ($n=4$), “Take a trip/entertainment” ($n=8$), “Meditate” ($n=4$), “Play with phone/PlayStation” ($n=4$), and “Watch TV” ($n=5$).

(7) *Remembering the Value of Work/ Being valued*: Total $N=13$. This answer was almost exactly phrased like the title of this theme. Participants’ memories of the value of their work are reward enough to use it as a reminder when they get stressed from work.

Discussion

This study aimed to assess the levels of job-related stress (burnout and STS) and compassion satisfaction among a sample of child protection social workers in Egypt. It also examined how social workers deal with stress; in particular to what extent they relied on religion and social support for coping. It was found that Egyptian child protection social workers exhibited average levels of job-related stress (burnout and secondary traumatic stress) and high levels of compassion satisfaction. It was also found that they endorsed high rates of religious coping. Additionally, for this sample, gender and years of

experience did not have a significant effect on stress or coping strategies. Regression models found that instrumental and emotional social support, religious coping, years of experience and gender did not predict levels of burnout, but did predict secondary traumatic stress and compassion satisfaction. While the overall regression model was not significant for burnout, religious coping was a significant predictor on its own. For the regression model of secondary traumatic stress, emotional support was the sole significant predictor, while both religion and instrumental social support were significant predictors of compassion satisfaction. Lastly, it was found that in addition to religion and emotional and instrumental social support as coping strategies, there were four additional coping strategies used by participants; namely: taking time-off, resorting to leisure activities, remembering the value of their work and being valued, and detachment.

Impact of Gender and Experience

Some studies have found that years of experience and gender impact levels of stress and coping strategies (Boyas & Wind, 2010; Boyas, Wind & Ruiz, 2015; Hasan, 2017); while others like the present study, found no impact (Dix, 2017). One reason for the finding that experience had no effect on this sample might be that there was not much variability in years of experience. Participants' years of experience ranged from one year to 16 years, with an average of only 5 years. A larger representation of more experienced social workers might have changed the results.

Moderate Levels of Stress and High Compassion Satisfaction

Despite the fact that Egyptian child protection social workers are underpaid, overworked, and undervalued they appear to experience moderate levels of burnout and

secondary trauma, and surprisingly high levels of compassion satisfaction. According to the ProQOL manual (Stamm, 2010), this is the “most positive” result. Ideally, social workers should have high compassion satisfaction and moderate burnout and secondary trauma. According to the manual, this particular combination means that respondents have confidence in their abilities to help, are happy in their jobs, and have no serious concerns about being “bogged down” by the system (Stamm, 2010).

One explanation for the average levels of stress in these results may be that the high level of compassion satisfaction present in this sample protects against burnout and secondary trauma. Stamm (2010) argues that despite not knowing much regarding the relationships between burnout, STS, and CS, we do know that CS serves as a moderator, if not a mediator, of compassion fatigue and secondary trauma. Although there are many studies that show child protection social workers having low job satisfaction and high stress levels (Johnson et al., 2005; Kim, 2011; Kim & Stoner, 2008; Leake, Rienks, & Obermann, 2017; Lloyd, King & Chenoweth, 2002; Newel & MacNeil, 2010; Wooten, Kim, & Fakunmoju, 2011), there are also studies that show that in the process of helping others, social workers find intrinsic satisfaction and reward from their work (Collins, 2008; Huxley, 2005). A study by Mor Barak and colleagues (2006) examining why child protection social workers stay in their jobs found that among the many factors “by far the most important single reason that draws workers to – and keeps them in – the child welfare system is their devotion to the children and families they serve and the success they achieve in making a difference in their clients’ lives” (p. 567). Good social relationships at work, making a difference in people’s lives, and feeling appreciated were also among the positive factors found in that study. Similarly, in a study of Egyptian

nurses, Hasan (2017) found moderate levels of job-related stress. Among the coping strategies employed by the nurses were reminding themselves of the value of their work, discussing problems with colleagues, having a sense of purpose, venting to close people, and distraction.

It is also possible that the reason the present study found average levels of burnout and STS and high levels of compassion satisfaction was simply a function sampling bias. The researcher was not able to reach child protection social workers working in very impoverished institutions where organizational stressors are likely to be higher than in the sampled institutions. Inclusion of such social workers in the research might have raised levels of secondary trauma and burnout and lowered levels of compassion satisfaction.

Religious Coping

Another explanation for the finding that Egyptian social workers experienced only moderate levels of burnout and secondary trauma and high levels of compassion satisfaction may be their high use of positive religious coping strategies. A meta-analysis of 49 studies on the relationship between religious coping and psychological adjustment to stress, found that positive religious coping was related to positive outcomes after stress (Ano & Vasconcelles, 2005). One form of positive religious coping identified by Ano & Vasconcelles (2005) was “religious helping”. When social workers cope by reminding themselves that their work will be appreciated and valued they may be connecting to a belief that God will reward them for the good they do through easing the pain of those who suffer and those who are less fortunate (Hasan, 2017). In Islam for example, helping those who are less fortunate and suffering is mandated and rewarded by God (Soliman, 2013). Being “valued” and remembering the value of their work to others was a recurrent theme in the qualitative data on coping strategies. Similarly, Hasan (2017) found that

mental health professionals in Muslim countries reported that reminding themselves that their work would be appreciated was a coping strategy they used to deal with stress resulting from their jobs.

Another factor that has been shown to affect STS, burnout and compassion satisfaction in previous research was empathy (Baum, 2016; Wagaman et al., 2015). The ability to empathize is an important skill in social work and other helping professions. In a study examining the role of empathy in burnout, secondary traumatic stress and compassion satisfaction it was found that there is a significant relationship between empathy and compassion satisfaction (Wagaman et al., 2015). Religion urges people to be empathetic towards others, to feel for those who are less fortunate. This may explain the results of the current study that shows that higher use of religious coping significantly predicted higher levels of CS.

There is debate as to whether significance in a predictor should be reported when the overall regression model is insignificant. Because the independent variables were found to be generally uncorrelated and religion on its own was hypothesized to be a factor in coping with burnout, it may make sense to address this finding. Contrary to the predicted direction, the results of the current study indicated that levels of burnout increased with increased use of religious coping. The literature regarding religious coping and psychological adjustment to stress has produced mixed findings. While many studies show that religious coping lead to positive outcomes, other studies have shown the opposite (Ano & Vasconcelles, 2005). One possible reason for findings that show negative psychological outcomes to religious coping is the use of negative religious coping strategies such as spiritual discontent, passive religious deferral, reappraisal of

God's powers, and punishing God reappraisal (Ano & Vasconcelles, 2005). It may be that participants who had high levels of religious coping in the present study showed increased levels of burnout because they were using negative rather than positive religious coping strategies. The COPE Inventory religion subscale does not capture styles of religious coping, so there is no way to assess if this was the case.

In their meta-analysis of the literature on the topic, Ano & Vasconcelles (2005) note that the majority of the studies used crude measures that oversimplified the construct of religion, many studies had only a single question to assess religiosity. Therefore, despite the importance of religious coping, results such as those found in the current study may not say much about how religion is actually used as a coping mechanism. Moreover, high levels of religious coping for this sample could be due to the particular questions on the COPE Inventory. The religion subscale questions might have not have captured differences in religiosity in Egypt as daily prayer, turning to God and other religious coping strategies are deeply integrated into the culture. Additionally, because religion is so much a part of the culture, social desirability may have caused participants to respond more positively to religious coping items than is actually the case. It may be that to assess religious coping in Egypt, a more sensitive measure that can effectively capture differences in religiosity, needs to be employed.

Social Support

Social support, including both instrumental and emotional support has been shown to reduce job-related stress (Tugsal, 2017a). Workplace support such as from supervisors and in trainings, a form of instrumental support has been shown to be a

protective factor against STS (Baum, 2016). However, in the present study, seeking emotional social support actually increased STS. Perhaps seeking emotional support to deal with STS may lead the individual, especially in the Egyptian context, to have his feelings of stress reinforced. Another possibility is that a lack of trained supervisors to support social workers may mean that social workers who seek emotional support from their supervisors are not getting their needs met. Research on emergency department nurses found that low levels of manager support predicted higher levels of compassion fatigue and burnout (Hunsaker, Chen, Maughan & Heaston, 2015). Further, it may be that social workers in the present study are seeking emotional support because they are not able to adequately regulate emotions on their own. Effective emotional regulation, in particular, cognitive reappraisal, where events are reframed in order to reduce negative emotions, has been shown to lower levels of secondary traumatic stress and is correlated with compassion satisfaction (Mairean, 2016).

Regarding compassion satisfaction, higher instrumental support, but not emotional support, predicted higher levels of CS for this study. An explanation for this is that seeking instrumental social support aims at doing something to alleviate stressors; this may in turn increase compassion. Compassion satisfaction was shown to buffer against STS and burnout (Stamm, 2010).

While both religion and emotional support were listed by many of the participants and methods they used to cope with stress, leisure activities and vacations were also top choices as well as detachment. Similarly, in a study of child welfare workers on their perspectives and recommendations for improvement in rates of retention, Johnco and colleagues (2015) found that child protection workers asked that they be given their

vacation times and stated that a decrease in workload would enable them to have time off for self-care. Moreover, resorting to leisure activities can also be a form of self-distraction which is a common coping strategy (Carver et al., 1989). Finally, similar to the present study, detachment emerged as a theme to cope with stress in another qualitative study of child protection social workers (Dane, 2000).

Coping in the Egyptian Context

This study is unique in that it focuses on stress and coping among social workers in the Egyptian context. Within that context, high levels of religious coping and the use of social support to cope with stress is not surprising. The first, because Egypt identifies as a Muslim country with its laws guided by the Islamic religion. Egypt also has a large Coptic Christian population. Both religions advocate doing good and giving back. The second, because Egypt is a collectivist society (Hasan, 2017) and social cohesion is one of its features. Communities and families in Egypt are usually tight-knit. Therefore, as predicted, religion and social support are important to Egyptians as strategies for coping with stress. In a study examining the subjective well-being (SWB) of 104 Israeli Muslim parents of children with cancer, in particular the contributions of religious coping and social support to their subjective well-being, found that higher scores on both positive religious coping and social support were correlated with higher scores on life satisfaction (Abu-Raiya, Hamama, Fokra, 2015). In Muslim countries religion is usually positively associated with various indicators of good mental and psychological well-being (Gardner, Krogeloh, & Henning, 2014).

Recommendations

Research into the psychological health and well-being of child protection social workers in Egypt has the potential to positively impact the children and families they serve. Understanding the relationship between job-related stress and coping strategies will allow for the development of appropriate interventions to address the problem of job-related stress. These interventions should help social workers perform their jobs more effectively and reduce turnover, thus positively impacting the organizations they work for and the clients they serve.

- 1- Given that Egyptian social workers appear to rely on religion as a key coping mechanism, it may be important to incorporate issues of religion and/or spirituality in social work education and training (Spencer, 1961). Social work educators and trainers may find it helpful to acknowledge that most humans have spiritual needs and that religion can play an important role in individual, family, and community systems while of course, keeping in mind that each individual is free to hold his or her own beliefs (Soliman, 2013; Spencer, 1961). Encouraging professionals to attend to their emotional and spiritual needs while catering to the demands and needs placed on them by their clients, is likely to be beneficial to their well-being and that of their clients (Wagaman et al., 2015).
- 2- Organizations employing child protection social workers may wish to consider prioritizing employees' days off work and vacation time, and make sure that their staff takes the some time off in order to cope with stressors arising at work. Wagaman and colleagues (2015) for example, argue that taking breaks at work may reduce burnout risk.

- 3- Given that Egyptian social workers make use of both instrumental and emotional social support to cope, it is likely to be valuable for the organizations they work in to facilitate social support, whether formal or informal, organizational or personal social support (Johnco et al., 2014; Mor Barak et al., 2001; Mor Barak et al., 2006). Some studies suggest that casework teaming can be a good way to develop support systems (Kim & Kao, 2014; Salloum, 2018). Also, support from colleagues helps to reduce and alleviate secondary trauma (Baum, 2016; Wagaman, 2015).
- 4- Several participants mentioned that a way they coped with stress was to remember that their work was valuable to the children they served. Supervisors may wish to remind their staff of the value of their work to children and families. Organizations and professional associations may find it useful to advocate for the societal recognition of the efforts of child protection social workers. Being “valued” mitigates the effects of job-related stress (Hasan, 2017; Johnco et al., 2014).
- 5- Educators and trainers may will to incorporate self-care, including leisure activities, into their curricula. Resorting to leisure activities emerged as a prominent theme in the qualitative analysis. Baum (2016) in his meta-review on STS reports that STS can be prevented and alleviated through self-care. Self-care strategies such as attending to one’s personal, emotional, and spiritual needs have been proposed as effective in reducing burnout and STS. Generally maintaining one’s health with adequate exercise, sleep, nutrition, and recreation helps reduce the susceptibility to burnout and STS (Wagaman et. al, 2015).

6- Understanding important components of stress and coping should prove beneficial to child protection social workers (Collins, 2008; Wagaman et al., 2015). Increasing their understanding of stress and coping related issues including burnout, secondary traumatic stress, compassion satisfaction, problem-focused coping, emotion-focused coping, and the use of religion, is likely to help them deal with stress more effectively. Newell and MacNeil (2010) advocate the inclusion of up to date information about the key features, signs, and symptoms of burnout and STS in social work education in efforts of raising awareness and preventing burnout and STS among social workers rather than treat it after it occurred. It is of concern that there is little literature on stress and coping available in Arabic which is the main language used by social workers in Egypt. It is important to make such resources available in Egypt and the Arab world to child protection social workers

Limitations and Suggestions for Future Research

There are several limitations in this study. One is the use of self-report measurements. All variables measured with self-report instruments are susceptible to what is known as the common method bias (Podsakoff et al., 2003). The common method bias includes *social desirability*, which refers to the ‘need of social approval and acceptance and the belief that it can be attained by the means of culturally acceptable and appropriate behaviors’ (Podsakoff et al., 2003, p. 881). These threats were sought to be minimized by ensuring the anonymity of respondents to avoid social desirability bias.

Another limitation is that it was not a random sample that represented all child protection social workers in Egypt but a sample of convenience based on the availability

of the participants and therefore it's not clear to what extent the results can be generalized. Additionally, the age range of the participants was not varied, with the average age of 27 years old. This, in turn, affected the variable of 'years of experience' with average experience of five years. Therefore, future research may want to aim to have a larger sample that is random and representative of the population of interest. In other words, the sample should represent the child protection social workers populations in terms of demographic, social, and personal variables.

Another limitation is that there are problems with measuring coping strategies with questionnaires or surveys (Folkman & Moskowitz, 2004). Some of the problems are the inadequate sampling of coping inherent in checklist approaches and response keys that are sometimes difficult to interpret, variations in recall periods, changes in meaning of a coping strategy depending on when it occurs or where (context or culture). Another problem in the measurement of coping strategies using scales is that the questions require retrospective recall on coping behaviors (Folkman & Moskowitz, 2004). Therefore, some authors propose shortening of the recall period in the instruments that measure coping behavior and this was done in the current study by including in the instructions that respondents answer in a manner that 'honestly reflects how frequently they experienced these things in the last 30 days'. The same could be said of seeking social support. In other words, to which extent does the required social support is actually available to social workers when they need it? It is recommended that future research use more qualitative, in-depth measures to assess coping strategies as they depend also on the context and this cannot always be conveyed by checklists and questionnaires. For

example, in the current study, the use of qualitative methods yielded new themes that would not have otherwise come up.

As previously mentioned, there are challenges with the numerous and often varying definitions of both job-related stress and coping strategies. Sometimes, stress is referred to as burnout, as compassion fatigue, or as secondary traumatic stress. The same is true for coping. Active coping, planning, and problem-focused coping are all used in the same category (Craig & Sprang, 2010).

Finally, other variables than the ones examined in this study affect stress and coping. For instance, people with a history of prior exposure to trauma have a higher risk of developing STS (Sprang et al., 2011). Also, age has been a factor associated with burnout (Craig & Sprang, 2010; Sprang et al., 2007). Additionally, factors such as education and marital status have been linked to turnover which is associated with job-related stress (Johnco et al., 2014). Future research may want to focus on these factors.

Conclusion

Despite relatively recent interest in the social work literature regarding issues of job-related stress (Folkman & Moscovitz, 2004), there is still little and/or inconclusive research targeting the area of social workers in child protection. The current study added to our understanding of the stress experienced by Egyptian child protection social workers and their coping strategies. It will be important in moving forward to build on the strengths these social workers find in religious and social support coping strategies and to support them in creating a social work system that incorporate the resources to use these strategies effectively.

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Appendix A

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *helper*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=*Never* 2=*Rarely* 3=*Sometimes* 4=*Often* 5=*Very Often*

1. I am happy.
2. I am preoccupied with more than one person I *help*
3. I get satisfaction from being able to *help* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *help*
7. I find it difficult to separate my personal life from my life as a *helper*
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *help*.
9. I think that I might have been affected by the traumatic stress of those I *help*.
10. I feel trapped by my job as a helper.
11. Because of my *helping* I have felt "on edge" about various things.
12. I like my work as a *helper*
13. I feel depressed because of the traumatic experiences of the people I *help*.

14. I feel as though I am experiencing the trauma of someone I have helped.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *helping* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *helper*
20. I have happy thoughts and feelings about those I *help* and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *help*.
24. I am proud of what I can do to *help*.
25. As a result of my *helping*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *helper*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Appendix B
Professional Quality of Life Scale (ProQOL)
Arabic Version

تقييم جودة الحياة المهنية

هذا نص من مقياس جودة الحياة المهنية : وهو مقياس يقيس جودة الحياة المهنية .
تم تطويره من قبل : (2009)

حينما تساعد من حولك يتكون لديك ارتباط مباشر بحياتهم، وسوف يؤثر عليك تعاطفك تجاههم بشكل أو آخر سواء إيجابي أو سلبي. لذا دعنا نستعرض هنا بعض الأسئلة عن تلك التجربة التي تعيشها مع الآخرين، تأمل كل سؤال من الأسئلة المطروحة أدناه وفكر كيف ينطبق على وضعك الراهن وعلى عملك، واختر الرقم الذي يعبر بصدق عن مدى مرورك بهذه التجربة على مدار الثلاثين يوماً الماضية.

١ = أبداً	٢ = نادراً	٣ = أحياناً	٤ = غالباً	٥ = في كثير من الأحيان
-----------	------------	-------------	------------	------------------------

- | | |
|--|-------|
| ١. أنا سعيد | _____ |
| ٢. أنا منشغل بأكثر من شخص أساعده | _____ |
| ٣. أشعر بالرضا حينما أقدم يد العون للآخرين | _____ |
| ٤. أشعر أنني متصل بالآخرين | _____ |
| ٥. أقفز من مكاني أو أشعر بالفزع حينما أسمع أصوات غير متوقعة | _____ |
| ٦. أشعر بالنشاط والحماس بعد العمل مع من أساعدهم | _____ |
| ٧. أجد صعوبة في فصل حياتي الشخصية عن حياتي العملية كمقدم مساعدة | _____ |
| ٨. أصبحت أقل إنتاجية في العمل بسبب قلة نومي نتيجة انغماسي في التجارب الصدمية للشخص الذي أساعده | _____ |
| ٩. أعتقد أنني قد تأثرت بالصدمات والضغوط العصبية التي يعاني منها من أساعدهم | _____ |
| ١٠. أشعر وكأنني محاصر بحكم عملي الذي يحتم على القيام بمساعدة الآخرين | _____ |
| ١١. أشعر بالتوتر والعصبية تجاه أشياء كثيرة في حياتي بسبب عملي كمقدم خدمة ومساعد للآخرين | _____ |
| ١٢. أحب عملي كشخص يساعد الغير | _____ |
| ١٣. أشعر بالاكئاب بسبب ما يعانیه العملاء من تجارب مؤلمة | _____ |
| ١٤. أشعر وكأنني أمر بنفس الصدمة والمعاناة التي مر بها شخص ساعدته | _____ |

١٥. لدي من الإيمان ما يقويني ويشد أزمي _____
١٦. يسعدني مدى قدرتي على مواكبة التقنيات والبروتوكولات الخاصة بالمساعدة _____
١٧. أنا الشخص الذي رغبت دوماً أن أكونه _____
١٨. عملي يشعرني بالرضا _____
١٩. أشعر بالإنهاك التام بسبب عملي القائم على تقديم المساعدة للآخرين _____
٢٠. لدى أفكار ومشاعر سعيدة عن أساعدهم وعن كيفية تقديم يد العون لهم _____
٢١. أشعر أنني مثقل لأن أعبائي الوظيفية تبدو وكأنها بلا نهاية _____
٢٢. أعتقد أن من خلال عملي أستطيع أن أحقق فارقاً _____
٢٣. أتجنب بعض الأنشطة أو المواقف لأنها تذكرني بالتجارب المخيفة التي مر بها الناس الذين أساعدهم _____
٢٤. أنا فخور بما أستطيع أن أفعله للمساعدة _____
٢٥. تغمرني أفكار مخيفة جراء ما أقوم به _____
٢٦. أشعر بأن النظام من حولي يخنقني _____
٢٧. أفكاري عن نفسي هي أنني شخص ناجح بفضل عملي في تقديم المساعدة _____
٢٨. لا أستطيع أن أتذكر أجزاء مهمة من عملي مع ضحايا الصدمات _____
٢٩. أنا شخص مراعي جداً للآخرين _____
٣٠. أنا سعيد باختياري لهذا المجال الوظيفي _____

Appendix C

The COPE Inventory

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

1 = I usually don't do this at all

2 = I usually do this a little bit

3 = I usually do this a medium amount

4 = I usually do this a lot

1. I try to grow as a person as a result of the experience.
2. I turn to work or other substitute activities to take my mind off things.
3. I get upset and let my emotions out.
4. I try to get advice from someone about what to do.
5. I concentrate my efforts on doing something about it.
6. I say to myself "this isn't real."
7. I put my trust in God.

8. I laugh about the situation.
9. I admit to myself that I can't deal with it, and quit trying.
10. I restrain myself from doing anything too quickly.

11. I discuss my feelings with someone.
12. I use alcohol or drugs to make myself feel better.
13. I get used to the idea that it happened.
14. I talk to someone to find out more about the situation.
15. I keep myself from getting distracted by other thoughts or activities.
16. I daydream about things other than this.
17. I get upset, and am really aware of it.
18. I seek God's help.
19. I make a plan of action.
20. I make jokes about it.

21. I accept that this has happened and that it can't be changed.
22. I hold off doing anything about it until the situation permits.
23. I try to get emotional support from friends or relatives.
24. I just give up trying to reach my goal.
25. I take additional action to try to get rid of the problem.
26. I try to lose myself for a while by drinking alcohol or taking drugs.
27. I refuse to believe that it has happened.
28. I let my feelings out.
29. I try to see it in a different light, to make it seem more positive.
30. I talk to someone who could do something concrete about the problem.

31. I sleep more than usual.
32. I try to come up with a strategy about what to do.
33. I focus on dealing with this problem, and if necessary let other things slide a little.
34. I get sympathy and understanding from someone.
35. I drink alcohol or take drugs, in order to think about it less.
36. I kid around about it.
37. I give up the attempt to get what I want.
38. I look for something good in what is happening.
39. I think about how I might best handle the problem.
40. I pretend that it hasn't really happened.

41. I make sure not to make matters worse by acting too soon.
42. I try hard to prevent other things from interfering with my efforts at dealing with this.
43. I go to movies or watch TV, to think about it less.
44. I accept the reality of the fact that it happened.
45. I ask people who have had similar experiences what they did.
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.
47. I take direct action to get around the problem.
48. I try to find comfort in my religion.
49. I force myself to wait for the right time to do something.
50. I make fun of the situation.
51. I reduce the amount of effort I'm putting into solving the problem.
52. I talk to someone about how I feel.
53. I use alcohol or drugs to help me get through it.

54. I learn to live with it.
55. I put aside other activities in order to concentrate on this.
56. I think hard about what steps to take.
57. I act as though it hasn't even happened.
58. I do what has to be done, one step at a time.
59. I learn something from the experience.
60. I pray more than usual.

Appendix D
The Survey used in the Present Research Study (English)



Documentation of Informed Consent for Participation in Research Study

Project Title: Managing Job-related Stress among Child Protection Social Workers in Egypt: The Role of Religion and Social Support

Principal Investigator: Yasmine Sabala, yasminesabala@aucegypt.edu, 01001614297.

You are being asked to participate in a research study. The purpose of the research is to assess work-related stress among Egyptian child protection social workers and to identify the coping strategies they use to deal with this stress. The results will be used to develop recommendations to assist Egyptian child protection social workers in effectively managing their job-related stress, and the findings may be published and presented. The expected duration of your participation is approximately 15 minutes.

The procedures of the research will be as follows: You will be asked to fill out a survey.

There are no risks or discomforts associated with this research. However, you will be provided with a contact to a counselor if the questions asked incur any personal distress due to the recollection of stressful job experiences or if you are generally experiencing stress at work and need to talk to someone.

The research may benefit you by giving you an opportunity to have a summary of the results of the recommendations on how to best cope with job-related stress. Your participation will also benefit other social workers and children who will benefit from the results.

The information you provide for purposes of this research is confidential. Your answers to the questions are anonymous and you will not be identified in any description or publication of this research. Only the researchers will have access to the surveys and your responses will be kept in a locked file.

For questions or concerns about the research, please contact the principal investigator, Ms. Yasmine Sabala, yasminesabala@aucegypt.edu, 01001614297.

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue

participation at any time without penalty or the loss of benefits to which you are otherwise entitled.

Signature _____

Printed Name _____

Date _____

Section 1

- Gender: _____
- Age: _____
- Years of experience: _____

Section 2

When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I help
3. I get satisfaction from being able to help people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I help
7. I find it difficult to separate my personal life from my life as a helper

8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.
9. I think that I might have been affected by the traumatic stress of those I help.
10. I feel trapped by my job as a helper.
11. Because of my helping I have felt "on edge" about various things.
12. I like my work as a helper
13. I feel depressed because of the traumatic experiences of the people I help.
14. I feel as though I am experiencing the trauma of someone I have helped.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with helping techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a helper
20. I have happy thoughts and feelings about those I help and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
24. I am proud of what I can do to help.
25. As a result of my helping, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a helper.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Section 3

Name the top 3 things you do when you feel stressed from work:

- 1.
- 2.
- 3.

Section 4

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

You should treat each item separately from every other item, there are no right or wrong answers, and responses should indicate what you do rather than what "most people" do.

1 = *I haven't been doing this at all*

2 = *I've been doing this a little bit*

3 = *I've been doing this a medium amount*

4 = *I've been doing this a lot*

1. I seek God's help.
2. I get sympathy and understanding from someone.
3. I try to get emotional support from friends or relatives.
4. I ask people who have had similar experiences what they did.
5. I talk to someone about how I feel.
6. I pray more than usual.
7. I talk to someone who could do something concrete about the problem.
8. I try to find comfort in my religion.
9. I try to get advice from someone about what to do
10. I discuss my feelings with someone.
11. I talk to someone to find out more about the situation.
12. I put my trust in God.

Appendix E
The Survey used in the Present Research Study (Arabic)

الجامعة الأمريكية بالقاهرة 

استمارة موافقة مسبقة للمشاركة في دراسة بحثية

عنوان البحث : إدارة الإجهاد المتعلق بالوظيفة بين الأخصائيين الاجتماعيين العاملين في مجال حماية الطفل في مصر: دور الدين والدعم الاجتماعي
الباحث الرئيسي: ياسمين سبلة
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انت مدعو للمشاركة في دراسة بحثية عن إدارة الإجهاد المتعلق بالوظيفة بين الأخصائيين الاجتماعيين الاجتماعيين العاملين في مجال حماية الطفل في مصر: دور الدين والدعم الاجتماعي
هدف الدراسة هو تقييم الإجهاد والضغط المتعلق بالوظيفة بين الأخصائيين الاجتماعيين لحماية الطفل في مصر؛ وتحديد الاستراتيجيات والأساليب التي يستخدمونها للتعامل مع هذه الضغوط.

نتائج البحث سوف تستخدم لتطوير التوصيات لمساعدة العاملين الاجتماعيين لحماية الطفل في مصر حتى يتمكنوا من إدارة الضغوط المتعلقة بالوظيفة بفاعلية، ومن المحتمل أن تنشر النتائج في دوريه متخصصه أو مؤتمر علمي أو ربما كليهما.

المدة المتوقعة للمشاركة في هذا البحث هي حوالي 15 دقيقة.

إجراءات الدراسة تشتمل على ملئ استبيان.

المخاطر المتوقعة لا توجد أي مخاطر مصاحبة لهذا البحث، وسوف يتم تزويدك بطريقة اتصال بمشير قد تستعين به في حالة وجود أي مضايقات شخصية نتيجة استرجاع التجارب الصعبة السابقة، أو إذا كنت عادة ما تعاني من ضغوط في العمل وكنت في حاجة إلى التحدث مع شخص ما.

الاستفادة المتوقعة من المشاركة في البحث: تمنحك المشاركة الفرصة للتعرف على ملخص نتائج التوصيات المتعلقة بكيفية التعامل مع الضغوط المتعلقة بالوظيفة؛ كما تفيد العاملين الاجتماعيين الآخرين والأطفال الذين سوف يستفيدوا من النتائج.

السرية واحترام الخصوصية: المعلومات التي ستدلى بها في هذا البحث سوف تكون سرية وهويتك فيها غير محددة لن يفصح عن هويتك في أي من المنشورات لهذا البحث؛ فالباحثون فقط هم من يسمح لهم بالاطلاع على الاستبيانات وسيتم حفظ الإجابات في ملف مغلق.

للحصول على مزيد من المعلومات عن البحث، رجاء الاتصال بالباحث الرئيسي، السيدة/ ياسمين سبلة، yasminesabala@aucegypt.edu، رقم الهاتف: 01001614297

إن المشاركة في هذه الدراسة ماهي إلا عمل تطوعي، حيث أن الامتناع عن المشاركة لا يتضمن أي عقوبات أو فقدان أي مزايا تحقق لك. ويمكنك أيضا التوقف عن المشاركة في أي وقت من دون عقوبة أو فقدان لهذه المزايا.

التوقيع:

اسم المشارك :

التاريخ :/...../.....

القسم الأول

- النوع:
- السن:
- عدد سنوات الخبرة:

القسم الثاني

عندما تساعد الناس تكون على اتصال مباشر بحياتهم؛ وقد تكون اكتشفت أن التعاطف والاهتمام بهم قد يؤثر عليك إيجابا وسلبا. فيما يلي بعض الأسئلة المتعلقة بخبراتك، الإيجابية والسلبية، كمساعد. برجاء النظر إلى كل من الأسئلة التالية المتعلقة بك وبعملك الحالي، وقم باختيار الرقم الذي يعكس بصدق كم واجهت هذه التجارب ومدى تواتر خبرتك في هذه الأمور في الثلاثين يوما الماضية

1=أبدا، 2= نادرا، 3=أحيانا، 4=غالبا، 5=أحيانا كثيرة

5 أحيانا كثيرة	4 غالبا	3 أحيانا	2 نادرا	1 أبدا	
					1. أنا سعيد
					2. أنا منشغل بأكثر من شخص أساعده
					3. أشعر بالرضا حينما أقدم يد العون للآخرين
					4. أشعر أنني متصل بالآخرين
					5. أفزع من مكاني أو أشعر بالفزع حينما أسمع أصوات غير متوقعة
					6. أشعر بالنشاط والحماس بعد العمل مع من أساعدهم
					7. أجد صعوبة في فصل حياتي الشخصية عن حياتي العملية

					كمقدم مساعدة
					8. أصبحت أقل إنتاجية في العمل بسبب قلة نومي نتيجة انغماسي في التجارب الصدمية للشخص الذي أساعده
					9. أعتقد أنني قد تأثرت بالصدمات والضغوط العصبية التي يعاني منها من أساعدهم
					10. أشعر وكأنني محاصر بحكم عملي الذي يحتم على القيام بمساعدة الآخرين
					11. أشعر بالتوتر والعصبية تجاه أشياء كثيرة في حياتي بسبب عملي كمقدم خدمة ومساعد للآخرين
					12. أحب عملي كشخص يساعد الغير
					13. أشعر بالافتقار بسبب ما يعانيه العملاء من تجارب مؤلمة
					14. أشعر وكأنني أمر بنفس الصدمة والمعاناة التي مر بها شخص ساعدته
					15. لدي من الإيمان ما يقويني ويشد أزمي
					16. يسعدني مدى قدرتي على مواكبة التقنيات والبروتوكولات الخاصة بالمساعدة
					17. أنا الشخص الذي رغبت يوماً أن أكونه
					18. عملي يشعرنني بالرضا
					19. أشعر بالإرهاك التام بسبب عملي القائم على تقديم المساعدة للآخرين
					20. لدى أفكار ومشاعر سعيدة ممن أساعدهم وعن كيفية تقديم يد العون لهم
					21. أشعر أنني مثقل لأن أعبائي الوظيفية تبدو وكأنها بلا نهاية
					22. أعتقد أن من خلال عملي أستطيع أن أحقق فارقاً
					23. أتجنب بعض الأنشطة أو المواقف لأنها تذكرني بالتجارب المخيفة التي مر بها الناس الذين أساعدهم
					24. أنا فخور بما أستطيع أن أفعله للمساعدة
					25. تغمرني أفكار مخيفة جراء ما أقوم به
					26. أشعر بأن النظام من حولي يخنقني
					27. أفكاري عن نفسي هي أنني شخص ناجح بفضل عملي في

					تقديم المساعدة
					28. لا أستطيع أن أتذكر أجزاء مهمة من عملي مع ضحايا الصدمات
					29. أنا شخص مراعي جداً للآخرين
					30. أنا سعيد باختياري لهذا المجال الوظيفي

القسم الثالث

أذكر أكثر ثلاثة أشياء تقوم بها عندما تشعر بالضغط من العمل.

1.

2

3

القسم الرابع

نهتم بمدى استجابة الناس عندما يواجهوا أحداث صعبة وضغوط في حياتهم؛ فهناك طرق كثيرة للتعامل مع الضغوط. وضح ماذا تفعل وكيف تشعر عند مواجهة ضغوط ما، وذلك في الاستبيان التالي. فالحقيقة إن الأحداث المختلفة ينتج عنها مختلف ردود الأفعال، وفكر فيما تفعله عادة عندما تكون تحت ضغط شديد.

تعامل مع كل بند منفصلاً عن الآخر، لا توجد إجابات صحيحة أو خاطئة، بل يجب أن توضح الإجابات ماذا تفعله أنت وليس ما يفعله "معظم الناس".

1 = لم أفعل ذلك البتة.

2 = قمت بفعل ذلك بشكل بسيط

3 = قمت بفعل ذلك بمقدار متوسط

4 = قمت بفعل ذلك كثيراً

4	3	2	1	
				1. ألجأ الي الله / أسعى إلى مساعدة الله لي
				2. أجد تعاطف وتفهم من شخص ما
				3. أحاول أن أجد دعم عاطفي من الأصدقاء أو الأقارب
				4. أسأل من مر بتجارب مشابهة ماذا فعلوا
				5. أتحدث مع شخص ما عما أشعر به

				6. أصلي أكثر من المعتاد
				7. أتحدث مع شخص قادر على القيام بعمل شيء ملموس بشأن المشكلة
				8. أحاول أن أجد الراحة في ديانتي
				9. أحاول أن أجد النصيحة من شخص ما فيما يتعلق بما يلزم عمله
				10. أناقش مشاعري مع شخص ما
				11. أتحدث مع شخص ما لأكتشف المزيد عن الموقف
				12. أضع ثقتي في الله