

The professional quality of life and its relation to self-care in mediation professionals

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Abstract. When people or groups in conflict initiate a mediation process to try to reach an agreement, painful and distressing feelings emerge. Mediation professionals facilitate and promote understanding despite the suffering that arises along the way. Previous research has confirmed the impact of professional quality of life and self-care on successful task performance. This research is a pioneering study in the occupational field of mediation. The purpose of this study was to analyse the efficacy of personal and professional self-care practices in relation to the quality of professional life of Spanish mediators. Mediators presented moderately high levels of compassion satisfaction but also had moderately high levels of burnout and compassion fatigue. Self-care positively correlated with compassion satisfaction and negatively with burnout and compassion fatigue. Positive associations were found between self-care and professional quality of life. Such a finding can help create personal and professional self-care practices to improve the lives of professionals.

Keywords: mediation; compassion fatigue; self-care; professional quality of life; mediators.

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Introduction

We live in a time of global change and crisis in which professional wellbeing debates are rising. Professionals accompany, heal, care for or support those who suffer directly or indirectly from events experienced. Professionals must also take care of themselves to offer their clients or patients the best care and help (Collins and Long, 2003; Cuartero-Castañer, 2018a; Cuartero-Castañer, 2018b).

The quality of professional life includes workers and their relationship with their work and their response to a traumatic event, experienced directly or indirectly, in their professional life (Stamm, 2010). Working in painful environments fosters negative factors impacting professional wellbeing, specifically compassion fatigue and burnout. There is also the positive factor of compassion satisfaction. The relationship between the two factors determines the professional quality of life and therefore, the wellbeing of workers.

Exhaustion due to empathy (compassion fatigue) is the personal negative cost of offering support services and helping others deal with painful or traumatic situations (Rothschild, 2006). Many professionals in fields related to building relationships and caring for those suffering are vulnerable to compassion fatigue, a phenomenon that generates emotional distress and can negatively affect the people they care for (Craig and Sprang, 2010; Cocker and Joss, 2016; Cuartero-Castañer and Campos-Vidal, 2019; Galiana et al., 2017). Furthermore, there is also a negative cost at a personal level, and professionals can develop symptoms that impair how they manage their private life. Faced with increased compassion fatigue, they adopt work and personal self-care strategies as protective factors (Martínez et al., 2016). One activity in which professionals experience compassion fatigue is mediation. Working in conflict situations demands a significant emotional investment.

The mediator's work focuses on creating a relational space that favours the resolution of conflicts between two opposing parties with different intentions and interests. This entails an enormous cognitive and emotional burden for the mediator, who must engage their empathy to attend to all parties equitably and neutrally (Kressell and Gadlin, 2009; Wall and Kressell, 2012; Zarankin et al., 2014).

The use of empathy in mediation is fundamental since, to meet the objectives of the intervention, the mediator must be impartial and adopt a position that leads to dialogue and consensus. A relationship based on trust and understanding between the mediator and the parties involved is necessary. Also, it is essential to mention the effects of cultural norms on conflict management (degree of adherence to them, use of humour, intercultural communication) (Adair et al., 2009; Ramirez et al., 2019), that can affect the result of the mediation and, therefore, suppose important adaptation efforts on the part of the mediator.

Theoretical framework

This study evaluates the prevalence of compassion fatigue among mediation professionals and the influence that self-care has on it.

Mediation

Moore (1986) defines mediation as a voluntary process of conflict resolution in which an individual or group helps people in conflict negotiate tangible and mutually acceptable agreements that resolve their differences. It can also help the disputing parties restore, redefine or transform their attitudes and interactions and move towards a more peaceful situation. According to Soares (2002), the mediator's task is to help all this happen. The mediator must be impartial, empathise with each of the protagonists, create a bond of trust, and seek the fairest solutions to reach agreements (Madrid, 2018). The final agreement reached between the people involved can never be imposed by the mediation professional. This could add an extra burden during intense conflict situations or when one of the participants is not cooperative.

To become a mediator in Spain, you must have a higher education qualification, for example social work, psychology or law. Mediation has demonstrated effectiveness in different areas and contexts of intervention such as, civil, commercial, labour, school, and family. (Ashford and Faith, 2004; Bradshaw et al., 2006; Druckman et al., 2004; Umbreit et al., 2004; Wall and Dunne, 2012).

Empathy is crucial in a mediator, who must understand the needs and motivations of both parties to perform their work correctly. Different studies of the resources used by mediators in their work highlight the role of empathy, either expressed or applied while listening, as a central element (Coleman et al., 2017; Curran and Coakley, 2018; Devinz, 2018; Goldberg, 2005; Kolb, 1985; Oberda, 2018; Riera et al., 2020; Zhang and Chen, 2017; Wissler and Weiner, 2017). However, negative phenomena can also emerge despite the advantages of showing empathy in any interaction.

Compassion fatigue

Exhaustion due to empathy, or 'compassion fatigue', was first recognised by Joinson in 1992, and Figley (1995a) describes it as the cost of offering a support service and helping other people who are dealing with pain or trauma. Figley adds that the effort to see the world through the eyes of a suffering person can also cause discomfort. Compassion can be defined as enduring or managing the suffering of others.

Figley later redefines compassion fatigue as a secondary traumatic stress disorder. This term describes how the syndrome puts therapists at greater risk and occurs

when a professional is faced with especially demanding situations (Figley, 1995b). Figley then redefines compassion fatigue as a secondary traumatic stress disorder. This term describes the effects produced in professionals by facing especially demanding emotional situations. Exhaustion due to empathy reduces our ability to withstand such suffering (Figley, 2002).

Both concepts (compassion fatigue and secondary traumatic stress disorder) are used interchangeably in numerous studies. However, Figley himself recognises that the term compassion fatigue is more practical and easier to use since it includes all the main characteristics of secondary traumatic stress: (1) Vicarious trauma, (2) Avoidance or emotional withdrawal related to trauma, and (3) Persistent arousal (Bride et al., 2007).

Compassion satisfaction

Although compassion fatigue is associated with a negative phenomenon that emerges after working with or supporting a person suffering, compassion satisfaction is the opposite. It is related to the professional's positive experiences from a helping relationship (Phelps et al., 2009). It should be noted that evidence has been found of an inverse relationship between compassion fatigue and compassion satisfaction (Ray et al., 2013). Therefore, the two concepts are related, which is very interesting to consider when establishing mechanisms for managing or preventing compassion fatigue.

Burnout

It is common to confuse compassion fatigue with 'burnout'. Both generally occur in work environments and have shared characteristics (negative perception of work activity) that require a clarification of the two terms. Burnout syndrome is a concept coined by Freudenberger in the United States in 1974 and was defined as a negative perception of working life as a result of an excessive workload. Based on this definition, burnout is a consequence of the amount of work that a person must do and is not associated with empathy. Burnout is related to exhaustion, however it is not clear what type of exhaustion needs to be present for burnout to appear, and so far, it has not been a much-discussed issue (Schaufeli, 2021)

Professional quality of life model: ProQOL

Currently, a question arises from a definition of professional quality of life as the set of positive and negative feelings a person has regarding their work (Stamm,

2010). Working with this definition, the ProQOL (Professional Quality of Life Scale) evaluates the quality of life of health professionals using the compassion fatigue, compassion satisfaction and burnout scales.

ProQOL scores represent the degree to which people are satisfied with their work and unaware or unexpressed needs. As we have described, compassion fatigue is a negative way of experiencing the consequences of a helping relationship. Therefore, this instrument helps help professionals dedicated to helping others. However, the ProQOL questionnaire provides information about preventing or addressing compassion fatigue. It is at this point that the concept of self-care enters.

Self-care

The concept of 'self-care' was introduced by Dorothea Orem in 1969 as 'a behaviour aimed at regulating the factors that affect your development and functioning for the benefit of your life, health or wellbeing' (Naranjo et al., 2017). Orem also developed the self-care deficit theory, a general scheme that consists of three interrelated theories: the theory of self-care, the theory of self-care deficit and the theory of nursing systems. Orem established the concept and idea that patients, or anyone in general, should be aware of themselves, their health, and the actions they should take to stay in a healthy state and avoid disease. As a result of Orem's theory, all health services, including those in Spain, provide guidelines so that patients suffering from any type of disease can have a reference regarding how to cope with their condition and improve their quality of life.

Self-care has become a fundamental aspect of occupational safety and health. As a result, companies create manuals and protocols for self-care and preventing occupational risks (Hernández, 2016). Studies dedicated to specific professions can also be found, including one that proposes the development of four areas of self-care for social workers (Campos et al., 2017). These four areas are as follows:

1. Develop positive relationships with users or patients. Creating limits in interpersonal relationships promotes satisfaction with the work done.
2. Nonspecific self-care includes all the general self-care that any person should carry out (healthy and enjoyable behaviours).
3. Intentional self-care is necessary to monitor the impact of one's practices as a professional.
4. Stress management strategies, such as mindfulness and relaxation, should be developed.

A study at the University of Loyola in Chicago observed that more-experienced mental health professionals engaged more frequently in self-care behaviours (Dorociak et al., 2017). According to this study, they are prepared to deal with any

professional situation and have more opportunities to develop self-care behaviours. On the other hand, as Barnett and Cooper (2009) emphasise, it is essential to establish a culture of self-care, that is to promote a generalised habit related explicitly to the work of the psychologist in any of their areas of work. This statement is based on the fact that fostering self-care behaviours will lead to better professional practice since doing so protects the psychologist, and therefore the patient, from negative phenomena derived from the intrinsic emotional burden of this work.

Therefore, self-care must be considered a fundamental part of any profession and becomes especially important when the individual's environment, context or health status poses risks to their wellbeing. This is the case for mediation professionals due to the high emotional demand involved in helping people who suffer in conflict situations. Hence, this study is important to supply the scarce scientific literature on this subject.

Various studies show that professionals working with others, who are experiencing discomfort or suffering, are especially at risk of professional burnout (Adams et al., 2006; Bourassa, 2009; Dekel and Baum, 2010; Jacobson et al., 2013; Naturale, 2007). In the area of mediation, a professional activity at the centre of the conflict, no research of this nature has been carried out.

Currently, we are observing a growing interest in improving professionals' quality of life through the development of self-care strategies in professionals. Cuartero-Castañer and Campos-Vidal (2019) investigated the use of the self-care practices of professionals in social work. These authors investigated self-care practices in professional social workers and found a strong relationship with the professional quality of life. The increase in these practices is considered a means of improving the services provided, customer satisfaction and the effectiveness of the professionals (Dasan et al., 2015; McHugh et al., 2011; Smart et al., 2014). However, few studies still demonstrate the effectiveness of self-care in managing or preventing compassion fatigue and burnout (Miller et al., 2017).

The present work, a pioneering study on this topic, aims to analyse the effectiveness of personal and professional self-care practices in relation to the quality of professional life of Spanish mediators. From this general objective, some research questions emerge:

1. What is the level of professional quality of life among Spanish mediators?
2. What are the most frequently used personal and professional self-care behaviours?
3. Are self-care practices effective for improving professional quality of life?

In the past few years, awareness of self-care practices among those in helping professions has begun to develop. Given the scarcity of research related to professional wellbeing in the field of mediation, we consider it necessary to know what self-care practices are carried out and how they impact mediation professionals.

Method

Sampling

A total of 180 mediators responded to an online survey. All respondents were contacted from official lists of mediators from various autonomous communities in Spain. This research was conducted via online questionnaires sent to mediators in the updated databases of the census of mediators.

The requirements to participate in the survey were:

1. Being a member of a mediation association or on a list of mediators in an autonomous community.
2. Having official accreditation to practice as a mediator.
3. Having a minimum of one month of experience in mediation.

The research procedures, instruments and participant's informed consent form were developed based on the guidelines established by the Organic Law 3/2018 of December 5; the Protection of Personal Data and the Guarantee of Digital Rights and the Regulation (E.U.) 2016/679 of the European Parliament; and the Council of April 27, 2016, on the protection of natural persons concerning the processing of personal data and the free movement of such data.

Instruments

The form consisted of three separate instruments:

1. The sociodemographic questionnaire, created especially for this research, had five items investigating the personal characteristics (age, sex, level of studies) of the mediators and data related to their work environment (years of experience and field of work).
2. The ProQOL scale (ProQOL-IV, Stamm, 2005) has 30 items with a 6-point frequency of responses, ranging from 0 (never) to 5 (always). The instrument has three dimensions: Compassion Fatigue, Compassion Satisfaction and Burnout. Depending on the total results, these dimensions can be classified as low, moderate or high. The ProQOL has been shown to have strong internal consistency (Smart et al., 2014; Stamm, 2010), with Cronbach's alphas ranging from 0.75 and 0.88 for each subscale. In the present study, Cronbach's alpha was satisfactory for compassion fatigue (0.83) and compassion satisfaction (0.82) but was poorer for burnout (0.59).
3. An adaptation of the Self-Care Behaviours Scale for Clinical Psychologists (EAP, Guerra et al., 2008). The EAP is a 10-item scale that includes questions about personal and professional care behaviours. It is evaluated with a frequency

scale with five alternatives ranging from 0 (never) to 4 (very frequently). The results can be analysed by question or by the total sum of the answers (from 0-40). This last option was the one that was used for this study. This instrument was selected for its simplicity and availability in Spanish. The present study's reliability levels were acceptable (Cronbach's α of 0.70).

Data analysis

All analyses were performed with the statistical programme SPSS (version 20). To determine the sociodemographic profile of the mediators, univariate descriptive analyses and multiple response tables were performed. Reliability (Cronbach's alpha) and normality (Kolmogorov-Smirnov) analyses were performed for each of the instruments and dimensions. To measure self-care, frequency tables were constructed, and the total score was calculated using qualitative measure defined by the author (Guerra et al., 2008) and another global quantitative measure resulting from the sum of the different behaviours. To determine the levels of compassion fatigue, burnout, and compassion satisfaction, two measurements were taken. These were a quantitative measurement using the overall score and a nominal qualitative measure based on the categories provided by the author (Stamm, 2005). Spearman's correlations were performed to determine whether the self-care practices performed were effective with respect to compassion fatigue, burnout, and compassion satisfaction.

Results

Since neither of the tests obtained a significance value greater than 0.05 on the Kolmogorov-Smirnov test, it was concluded that none of the variables followed a normal distribution. Therefore, non-parametric tests were applied.

Descriptive sociodemographic statistics

As Table 1 shows, most of the sample was comprised of women (76%), with the mean age of the sample being 47.37 years (SD = 9.84). The average work experience was 7.46 years (SD = 5.4/Min = 1, Max = 26). The participants were asked about their level of training, and 72% of them had completed training after their undergraduate studies. Regarding speciality, we observed great variety in the sample, although family mediation (66%) predominated over other specialities (34%)

Table 1
Sociodemographic Data of the Mediators (N = 180)

	N	%
Gender		
Male	43	24
Female	137	76
Education level		
Degree	51	28
Masters or PhD	129	72
Job speciality		
Family	119	66
Other (education, community)	61	34

Self-care behaviours

The sample of mediators scored a mean of 26.64 (SD = 5.1) on the self-care scale. The results indicate that 12% of the sample occasionally take care of themselves, 64% often do, and 24% do so very often. Table 2 shows the frequency of each self-care activity.

Table 2
Frequency of Personal and Professional Self-care Practices (N = 180)

Personal and professional self-care practices	%				
	Never	Hardly ever	Occasionally	Often	Very often
How often do you engage in work-related practices?	4	25	65	60	26
How often do you engage in case supervision?	5	28	50	67	30
Does your work environment allow for a good sense of humour?	1	9	21	75	74
How often do you talk to your work colleagues about your personal experience with your cases?	4	19	33	70	54
How often do you engage in leisure activities with your work colleagues?	18	47	58	46	11

How often do you participate in leisure time activities outside of work (with family and/or friends)?	0	6	19	59	96
How often do you exercise?	11	29	47	41	52
How often do you engage in activities for spiritual growth (meditation, yoga, mindfulness, etc.)?	32	43	43	36	26
How often do you keep a healthy diet?	1	5	39	72	63
How often do you feel your work's physical space is adequate (comfortable, intimate, quiet)?	3	10	38	74	55

A comparison test of means was performed to determine which personal and professional self-care activities contribute most to higher compassion satisfaction. Since there were groups with sample sizes less than 30, non-parametric tests such as the Kruskal-Wallis were chosen. Humour ($X^2(4) = 14.23, p < .01$), comfort in the workplace ($X^2(4) = 24.52, p < .01$) and doing activities with family and friends ($X^2(3) = 17.23, p < .01$), had the greatest impact on compassion satisfaction. When reviewing the average range of compassion satisfaction for each category, we determined that when these practices increase, the compassion satisfaction values are higher.

When the same statistical tests were applied to burnout and compassion fatigue, we found the opposite result. Significant values were obtained between using humour in the work environment ($X^2(4) = 16.41, p < .01$), engaging in recreational activities with family ($X^2(3) = 11.74, p < .01$) and comfort in the physical workspace ($X^2(4) = 14.01, p < .01$) and burnout. Significant values were also found for the relationship between the use of humour ($X^2(4) = 14.36, p < .01$), social activities outside the work environment ($X^2(3) = 15.34, p < .01$) and the physical workspace ($X^2(4) = 14.87, p < .01$) with respect to compassion fatigue. Thus, the mean values for burnout and compassion fatigue increase rarely when these three activities are performed. The remaining self-care activities were not significant for compassion satisfaction, burnout or compassion fatigue.

The most common professional self-care activity was the use of humour ($M = 3.18, SD = 0.86$) and the least common ($M = 1.92, SD = 1.07$) was recreational activities with co-workers. The most common personal self-care activity was spending time with family and friends ($M = 3.06, SD = 3.85$), and the least common ($M = 1.89, SD = 1.31$) was practising spiritual growth activities.

Compassion satisfaction, compassion fatigue and burnout

Analysing the results of the ProQOL-IV Scale, we observed that compassion satisfaction for most Spanish mediators is high (52%) or moderate (42%). A small percentage (6%) of the sample had low levels. Table 3 summarises the compassion fatigue, burnout and compassion satisfaction results.

Table 3

Levels of Compassion Satisfaction, Burnout and Compassion Fatigue (N=180)

	Compassion satisfaction		Compassion fatigue		Burnout	
	N	%	N	%	N	%
Low	10	6	24	13	43	24
Moderate	76	42	90	50	98	54
High	94	52	66	37	39	22

Troubling levels of high (37%) or moderate (50%) compassion fatigue were observed. Only 13% of the participants reported having low levels and therefore little concern. Continuing with the negative aspects of the quality of work-life, we observed that the levels of risk of burnout were also high (22%) or moderate (54%). Only 24% of the participants reported having low levels of burnout.

The mean compassion fatigue score was 15.47 (SD = 7.76), and the mean burnout score was 21.69 (SD = 6.01). Regarding the positive aspects of working as a mediator, mean values of 40.99 (SD = 5.27) for compassion satisfaction were observed. The sample presented moderate to high levels of compassion satisfaction, burnout and compassion fatigue.

Bivariate analysis

Reviewing the results between self-care behaviours and gender, we observed that women had better self-care behaviours (M = 26.89; SD = 5.04) than men did (M = 25.84; SD = 5.31). Weak significant differences were found between the variable's age and self-care behaviours (Spearman's rho = -.0160, p = .001) and years of professional experience (Spearman's rho = .210, p = .001). This indicates that self-care practices increase with increasing age and experience. No statistically significant differences were found between the ProQOL variables and age, years of experience, gender or work a speciality.

The results (Table 4) indicate a mean negative significant relationship between the total results for self-care behaviours and the negative aspects of professional quality of life. The results confirm that with greater self-care practices, the levels of compassion fatigue (Spearman's rho = -.272, p = .001) and burnout (Spearman's rho = -.308,

p = .001) decrease. Conversely, the Spearman's correlation test of the relationship between self-care behaviours and compassion satisfaction levels obtained positive mean results (Spearman's rho = .308, p =.001). We confirm that the greater the self-care practices are, the higher the satisfaction levels and the lower the burnout and compassion fatigue levels. A significant negative correlation (Spearman's rho = -.324, p =.001) was detected for the relationship between compassion satisfaction and burnout. Thus, the greater job satisfaction is, the lower the risk of experiencing burnout. Furthermore, a significant negative correlation (Spearman's rho=.170, p =.022) was found between results obtained in compassion fatigue and compassion satisfaction. The higher the level of satisfaction at work, the lower the risk of suffering from compassion fatigue.

Table 4. Correlations

Compassion Fatigue, Compassion Satisfaction, Burnout and Self-care (N=180)

		Compassion satisfaction	Compassion fatigue	Burnout	Self-care
Compassion satisfaction	Spearman's rho	1	-.170*	-.324**	.308**
	Sig.		.022	.000	.000
Compassion fatigue	Spearman's rho		1	.626**	-.272**
	Sig.			.000	.000
Burnout	Spearman's rho			1	-.308**
	Sig.				.000
Self-care	Spearman's rho				1
	Sig.				

Note * Correlation is significant at .05 / ** Correlation is significant at .01

Discussion

In this study, the sample mainly comprised middle-aged women. According to the data extracted from the Spanish Ministry of Justice census of mediators, the number of male mediators in Spain is similar to that of female mediators. In agreement with the literature regarding survey responses, gender is a factor that affects the probability of an answer. The cognitive resources of the individual, socialisation, involvement and political positioning are additional factors (Schuman & Presser, 1996).

The results of this study indicate that Spanish mediators take care of themselves. These results could be influenced by the fact that the sample was primarily female and middle-aged. Recent research (Cuartero-Castañer & Campos-Vidal, 2019)

indicates that women in Spain are more likely to practice self-care than men.

Comparing the levels of self-care reported by the participants in the current study, who responded to a previous questionnaire (Guerra et al., 2011), we observed that, generally, there was a good tendency toward self-care. Having a sense of humour in the organisational environment helps increase compassion satisfaction and reduce burnout and compassion fatigue (Hatzipapas et al., 2017). The use of humour was the most frequent self-care practice reported by the sample in the current study. Studies on helping professionals like social workers include a sense of humour as an occupational health indicator (Lee et al., 2020).

Our study indicates that Spanish mediators' least frequently reported activity was spiritual growth. On the other hand, practices such as mindfulness, meditation and yoga are booming as self-care practices, directly impacting personal wellbeing (Ahern et al., 2016; Brown et al., 2017; Crowder & Sears, 2017). Some companies are beginning to promote these practices among their employees. Interventions of this kind are found predominantly in health care services (Sansó et al., 2018; Sansó et al., 2019).

The participants showed moderate to high levels of compassion satisfaction along with medium to high levels of burnout and compassion fatigue. They find their work rewarding, and they feel most satisfied with the results, but at the same time, it creates significant costs. We compared the results of the present study with samples of other helping professionals, such as social workers (Autor and XXXX, 2019), health professionals (Galiana et al., 2015; Rourke, 2007) and psychotherapists (Guerra and Pereda, 2015). Mediators were found to have high levels of distress at work, suggesting they were at risk.

As in the studies by Cuartero-Castañer and Campos-Vidal (2019) and Ghesquiere et al. (2018), self-care positively affected compassion satisfaction and helped reduce burnout and compassion fatigue. Our study confirms that self-care practices ultimately and positively impact the professional quality of life of those who engage in them.

This study indicates that there is an inverse relationship between compassion satisfaction and burnout, which is congruent with several study results (Butler et al., 2017; Hunsaker et al., 2015; Ray et al., 2013). These researchers have found that when compassion satisfaction levels are positively affected, burnout levels are reduced. There is also a close relationship between burnout and compassion fatigue, both negative aspects of professional quality of life. We observed feedback between the two factors such that when the problems in the work environment increase, so do the emotional distress experienced by the mediator.

Limitations

This research is not without limitations. The main limitation of this study relates to self-selection, which could generate selection bias. As this was a voluntary study, the decision to participate may have been correlated with the characteristics of those participants who volunteered, which could have biased the results. Mediators with high levels of compassion fatigue or burnout may have declined to participate due to the syndrome. Thus, the most satisfied mediators could also be the most likely to participate in research studies. Another limitation is related to self-report measures because the person may respond while in a particular mood that does not represent their daily reality (Podsakoff et al., 2003). It is important to note that the results obtained may be influenced by environmental and personal characteristics. Given these and other limitations, the findings should be interpreted with caution. However, this study offers interesting results regarding the consequences of mediation work and supports the benefits of self-care practices.

Implications

The results of this research suggest the need to explore this topic further. Studies such as this could be helpful as evidence for companies and public administrations to promote self-care practices among their employees. The findings suggest that self-care practices may mitigate the emotional distress of mediators involved in helping to resolve family conflicts and crises. Introducing self-care practices regularly improves the wellbeing of professionals, which generates a better work environment and positively impacts clients and the work process.

Given the moderate to high levels of compassion fatigue and burnout experienced by mediators, serious measures should be taken to mitigate the adverse effects of these syndromes. Professionals require training in trauma and self-care to avoid situations of stress and anxiety. Only with the autonomy of the local authorities, government, and other professionals can these personal and professional care practices become part of the workplace culture rather than being limited to specific activities.

This research was conducted before the COVID-19 pandemic. The state of alarm and the confinement caused by the pandemic has led to multiple family conflicts that will end either in the courts or mediation centres, and there are forecasts of increased workloads in this sector. The worrying levels of burnout and compassion fatigue in mediators before the pandemic could be surpassed by the new situation. It is advisable to take urgent measures to address the health of mediators immediately to avoid future work absences in the sector due to compassion fatigue and burnout

Conclusions

Mediators are professionals who work to resolve other people's conflicts. Working and spending several hours a day immersed in conflict and family crises generates high levels of personal exhaustion that translate into burnout and compassion fatigue. Mediators are not immune to the pain of others. In fact, experiencing the suffering of others generates emotional exhaustion. Another vital component is the mediators' work environment, such as their relationships with colleagues or the complex bureaucratic steps they must follow in their day-to-day work. Self-care practices are a crucial element of professional quality of life. Thus, incorporating self-care practices helps increase the satisfaction of mediators, making them feel happier about their work, resulting in improvements in their performance and the work environment. Additionally, self-care practices help decrease compassion fatigue and burnout, which will help reduce absence due to work-related stress.

References

- Ahern, E. C., Sadler, L. H., Lamb, M. E., & Gariglietti, G. M. (2017) Wellbeing of professionals working with suspected victims of child sexual exploitation. *Child Abuse Review*, 26, 130-140. <https://doi.org/10.1002/car.2439>
- Adair, W. L., Taylor, M. S., & Tinsley, C. H. (2009) Starting out on the right foot: Negotiation schemas when cultures collide. *Negotiation and Conflict Management Research*, 2, 2, 138-163
- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006) Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 1, 103-108. <https://doi.org/10.1037/0002-9432.76.1.103>
- Ashford, J.B., & Faith, R.L. (2004) Testing models of justice and trust: A study of mediation in child dependency disputes. *Social Work Research*, 28, 1, 18-27
- Barnett, J.E., & Cooper, N. (2009) Creating a culture of self care. *Clinical Psychology: Science and Practice*, 16, 1, 16-20
- Bourassa, D. (2009) Compassion Fatigue and the Adult Protective Services Social Worker. *Journal of Gerontological Social Work*, 52, 3, 215-229. <https://doi.org/10.1080/01634370802609296>
- Bradshaw, W., Roseborough, D. & Umbreit, M.S. (2006) The effect of victim offender mediation on juvenile offender recidivism: A meta-analysis. *Conflict Resolution Quarterly*, 24, 1, 87-98
- Bride, B.E., Radey, M., & Figley, C.R. (2007) Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 3, 155-163
- Brown, C., Ong, J., Mathers, J., & Decker, J. (2017) Compassion fatigue and mindfulness: Comparing mental health professionals and MSW student interns. *Journal of Evidence-Informed Social Work*, 14, 3, 119-130. <https://doi.org/10.1080/23761407.2017.1302859>

- Butler, L.D., Carello, J., & Maguin, E. (2017) Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9, 4, 416–424. <https://doi.org/10.1037/tra0000187>
- Campos, J.F., Cardona, J., & Cuartero, M.E. (2017) Afrontar el desgaste: cuidado y mecanismos paliativos de la fatiga por compasión. *Alternativas. Cuadernos de Trabajo Social*, 0, 24, 119-136. <https://doi.org/10.14198/ALTERN2017.24.07>
- Cocker, F., & Joss, N. (2016) Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health*, 13, 618. <https://doi.org/10.3390/ijerph13060618>
- Coleman, P.T., Kugler, K.G., & Chatman, L. (2017) Adaptive mediation: An evidence-based contingency approach to mediating conflict. *International Journal of Conflict Management*, 28, 3, 383-406
- Collins, S., & Long, A. (2003) Too tired to care? The psychological effects of working with trauma. *Journal of Psychiatric and Mental Health Nursing*, 10, 17-27. <https://doi.org/10.1046/j.1365-2850.2003.00526.x>
- Craig, C.D., & Sprang, G. (2010) Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress & Coping*, 23, 3, 319-339. <https://doi.org/10.1080/10615800903085818>
- Crowder, R., & Sears, A. (2017) Building resilience in social workers: An exploratory study on the impacts of a mindfulness-based intervention. *Australian Social Work*, 70, 1, 17-29 <https://doi.org/10.1080/0312407X.2016.1203965>
- Cuartero-Castañer, M. E. (2018a) Desgaste por Empatía: cómo ser un profesional del Trabajo Social y no desfallecer en el intento. *Revista Cuaderno de Trabajo Social*, 11, 1, 9-31.
- Cuartero-Castañer, M. E. (2018b) *Estudio sobre la prevalencia del desgaste por empatía (compassion fatigue) en los/as trabajadores/as sociales de los centros de Servicios sociales de Mallorca*. Thesis. Universitat de les Illes Balears. Spain
- Cuartero-Castañer, M. E. & Campos-Vidal, J. F. (2019) Self-care behaviours and their relationship with Satisfaction and Compassion Fatigue levels among social workers. *Social Work in Health Care*, 58, 3, 274-290. <https://doi.org/10.1080/00981389.2018.1558164>
- Curran, D., & Coakley, A. (2018) Mediator behaviour: Demystifying what actually happens in the room. *Journal of Mediation & Applied Conflict Analysis*, 5, 1, 695- 710
- Dasan, S., Gohil, P., Cornelius, V., & Taylor, C. (2015) Prevalence causes and consequences of compassion satisfaction and compassion fatigue in emergency care: A mixed-methods study of UK NHS Consultants. *Emergency Medicine Journal*, 32, 588-594. <https://doi.org/10.1136/emered-2014-203671>
- Dekel, R., & Baum, N. (2010) Intervention in a shared traumatic reality: A new challenge for social workers. *British Journal of Social Work*, 40, 1927-1944
- Devinatz, V.G. (2018) What makes a good mediator? Insights from a mediation training program participant. *Employee Responsibilities and Rights Journal*, 30, 3, 181-201
- Dorociak, K.E., Rupert, P.A., & Zahniser, E. (2017) Work-life, wellbeing, and self-care across the professional lifespan of psychologists. *Professional Psychology: Research and Practice*,

- 48, 6, 429-437
- Druckman, D., Druckman J.N., & Arai, T. (2004) E-mediation: Evaluating the impacts of an electronic mediator on negotiating behaviour. *Group Decision and Negotiation*, 13, 6, 481–511
- Figley, C.R. (1995a) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised*. Brunner-Mazel
- Figley, C.R. (1995b) Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed., *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28) Sidran
- Figley, C.R. (2002) Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58, 11, 1433-1441
- Galiana, L., Oliver, A., Sansó, N., & Benito, E. (2015) Validation of a new instrument for self-care in Spanish palliative care professionals nationwide. *The Spanish Journal of Psychology*, 18, E67. <https://doi.org/10.1017/SJP.2015.71>
- Ghesquiere, A., Plichta, S., McAfee, C., & Rogers, G. (2018) Professional quality of life of adult protective service workers. *Journal of Elder Abuse & Neglect*, 30, 1, 1-19. <https://doi.org/10.1080/08946566.2017.1352550>
- Goldberg, S.B. (2005) The secrets of successful mediators. *Negotiation Journal*, 21, 3, 365-376
- Guerra, C., Rodríguez, K., Morales, G., & Betta, R. (2008) Validación preliminar de la escala de conductas de autocuidado para psicólogos clínicos [Preliminary validation of the Self-care Behaviors Scale for clinical psychologists]. *Psykhé* (Santiago), 17, 2, 67-68. <https://doi.org/10.4067/S0718-22282008000200006>
- Guerra, C., Mujica, A., Nahmias, A., & Rojas, N. (2011) Análisis psicométrico de la escala de conductas de autocuidado para psicólogos clínicos. *Revista Latinoamericana de Psicología*, 43, 319–328
- Guerra, C., & Pereda, N. (2015) Estrés Traumático Secundario en psicólogos que atienden a niños y niñas, víctimas de malos tratos y abuso sexual: un estudio exploratorio. *Anuario de Psicología*, 45, 177–188
- Hatzipapas, I., Visser, M. J. & van Rensburg, E. J. (2017) Laughter therapy is an intervention to promote the psychological wellbeing of volunteer community care workers working with HIV-affected families. *Sahara Journal of Social Aspects of HIV-AID*, 14, 1, 202–212. <https://doi.org/10.1080/17290376.2017.1402696>
- Hernández, M.R. (2016) Autocuidado y promoción de la salud en el ámbito laboral. *Revista Salud Bosque*, 5, 2, 79-88
- Hunsaker, S., Chen, H.C., Maughan, D., & Heaston, S. (2015) Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47, 186-194. <https://doi.org/10.1111/jnu.12122>
- Jacobson, J. M., Rothschild, A., Mirza, F., & Shapiro, M. (2013) Risk for burnout and compassion fatigue and potential for compassion satisfaction among clergy: Implications for social work and religious organisations. *Journal of Social Services Research*, 39, 4, 455-468. <https://doi.org/10.1080/01488376.2012.744627>

- Kolb, D.M. (1985) To be a mediator: Expressive tactics in mediation. *Journal of Social Issues*, 41, 2, 11-26.
- Kressel, K. & Gadlin, H. (2009) Mediating among scientists: A mental model of expert practice. *Negotiation and Conflict Management Research*, 2, 4, 308-343. <https://doi.org/10.1111/j.1750-4716.2009.00043.x>
- Lee, J.J., Miller, S.E., & Bride, B.E. (2020) Development and initial validation of the Self-Care Practices Scale. *Social Work*, 65, 1, 21-28. <https://doi.org/10.1093/sw/swz045>
- Madrid, S. (2018) Mediación motivacional: hacia una relación de acompañamiento en los conflictos. Editorial Reus
- Martínez, L. M., Catalá-Miñana, A., & Peñaranda, M. C. (2016) Necesidades percibidas en el trabajo doméstico y de cuidados: un estudio cualitativo. *Psychosocial Intervention*, 25, 3, 169-178. <https://doi.org/10.1016/j.psi.2015.11.001>
- McHugh, M.D., Kutney-Lee, A., Cimiotti, J.P., Sloane, D.M., & Aiken, L.H. (2011) Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*, 30, 2, 202-210. <https://doi.org/10.1377/hlthaff.2010.0100>
- Miller, J., Lianekhammy, J., Pope, N., Lee, J., & Grise-Owens, E. (2017) Self-care among healthcare social workers: An exploratory study. *Social Work in Health Care*, 56, 10, 865-883. <https://doi.org/10.1080/00981389.2017.1371100>
- Moore, C.M. (1986) El proceso de mediación. Granica
- Naranjo, Y., Pacheco, C., Alejandro, J., & Rodríguez, M. (2017) The self-care deficit nursing theory: Dorothea Elizabeth Orem. *Gaceta Médica Espirituana*, 19, 3)
- Naturale, A. (2007) Secondary traumatic stress in social workers responding to disasters: Reports from the field. *Clinical Social Work Journal*, 35, 173–18. <https://doi.org/10.1007/s10615-007-0089-1>
- Phelps, A., Lloyd, D., Creamer, M., & Forbes, D. (2009) Caring for carers in the aftermath of trauma. *Journal of Aggression, Maltreatment & Trauma*, 18, 3, 313-330
- Podsakoff, P.M., MacKenzie, S.B., Lee, J.Y., & Podsakoff, N.P. (2003) Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88, 5, 879–903. <https://doi.org/10.1037/0021-9010.88.5.879>
- Oberda, K. (2018) Emotional intelligence in the process of mediation. *International Journal of Arts & Sciences*, 11, 1, 103-113
- Ramirez, J., Olekalns, M., & Adair, W. (2019) Normatively speaking: Do cultural norms influence negotiation, conflict management, and communication? *Negotiation and Conflict Management Research*, 12, 2, 146-160. <https://doi.org/10.1111/ncmr.12155>
- Riera, J., Cuartero-Castañer, M. E. & Montaña, J. (2020) Mediators' and Disputing Parties Perceptions of Trust Building in Family Mediation. *Negotiation and Conflict Management Research*, 13, 2, 151-162. <https://doi.org/10.1111/ncmr.12167>
- Rothschild, B. (2006) *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. WW Norton & Company
- Rourke, M.T. (2007) Compassion fatigue in pediatric palliative care providers. *Pediatric Clinics of North America*, 54, 5, 631-644. <https://doi.org/10.1016/j.pcl.2007.07.004>

- Sansó, N., Galiana, L., González, B., Sarmentero, J., Reynes, M., Oliver, A., & Garcia-Toro, M. (2019) Differential effects of two contemplative practice-based programs for health care professionals. *Psychosocial Interventions*, 28, 3, 131-138. <https://doi.org/10.5093/pi2019a12>
- Sansó, N., Galiana, L., Oliver, A., Cuesta, P., Sánchez, C., & Benito, E. (2018) Evaluación de una intervención mindfulness en equipos de cuidados paliativos. *Psychosocial Interventions*, 27, 2, 81-88. <https://doi.org/10.5093/pi2018a7>
- Schaufeli, W. (2021) The burnout enigma solved? *Scandinavian Journal of Work, Environment & Health*, 47, 3, 169-170
- Schuman, H. & Stanley, P. (1996) *Questions and Answers in Attitude Surveys*. Academic Press
- Smart, D., English, A., James, J., Wilson, M., Daratha, K.B., Childers, B., & Magera, C. (2014) Compassion fatigue and satisfaction: A cross-sectional survey among U.S. healthcare workers. *Nursing & Health Sciences*, 16, 1, 3-10. <https://doi.org/10.1111/nhs.12068>
- Stamm, B.H. (2005) The ProQOL manual: The professional quality of life scale: Compassion satisfaction, burnout & compassion fatigue/secondary trauma scales. <http://www.compassionfatigue.org/pages/ProQOLManualOct05.pdf>
- Stamm, B.H. (2010) The Concise ProQOL Manual (Second edition) <http://www.proqol.org>
- Suares, M. (2002) *Mediando en sistemas familiares*. Paidós
- Umbreit, M.S., Coates R.B. & Vos, B. (2004) Victim-offender mediation: Three decades of practice and research. *Conflict Resolution Quarterly*, 22, 1-2, 279-303.
- Wall, J.A., & Dunne, T.C. (2012) Mediation research: A current review. *Negotiation Journal*, 28, 2, 217-244
- Wall, J. & Kressel, K. (2012, Research on mediator Style: A summary and some research suggestions. *Negotiation and Conflict Management Research*, 5, 4, 403-421. <https://doi.org/10.1111/j.1750-4716.2012.00117.x>
- Wissler, R.L., & Weiner, G. (2017) How do mediator actions affect mediation outcomes? *Dispute Resolution Magazine*, 24, 1, 26-30.
- Wong, C., White, D., & Heaslip, K. (2013) Compassion satisfaction, compassion fatigue, work-life conditions, and burnout among frontline mental health care professionals. *Traumatology*, 19, 4, 255-267. <https://doi.org/10.1177/1534765612471144>
- Zarankin, A., Wall, J.A., Jr & Zarankin, T.G. (2014) Mediators' cognitive role schema. *Negotiation and Conflict Management Research*. 7, 2, 140-154. <https://doi.org/10.1111/ncmr.12030>
- Zhang, Y., & Chen, L. (2017) Exploration of factors leading to successful mediation. *International Journal of Conflict Management*, 28, 1, 24-49. <https://doi.org/10.1108/IJCMA-12-2015-0087>