

Vicarious Trauma and its Relation with Psychological Resilience among Psychologists working in Mental Health Centers in Gaza Governorates

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Abstract

This study aimed to identify the level of vicarious trauma and psychological resilience among psychologists who work in mental health centers in Gaza governorates and to find out the nature of the relationship between vicarious trauma and psychological resilience. The study sample consisted of (56) psychologists from mental health centers in Gaza. The study found that the psychologists had a low degree of vicarious trauma and high degree of psychological vicarious resilience.

Keywords: vicarious traumas - psychological resilience- psychologists.

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I. Introduction

The Palestinian society has his own privacy which makes it different from the other societies due the continuousness suffers from Israeli occupation. The high level of stressors and psychological suffering affected negatively on the different categories on different ways due to siege and accumulated wars. As a result, there is a common state of fears, loss and destruction over Palestinian people, so, many researches define Gaza as a Trauma community

The issue of psychological trauma disorders has received a big attention of researchers in the various branches of clinical psychology, physiology, and psychiatry as well .due to the spread of conflicts on wild range around the world, which results in an imbalance in the environmental balance surrounding individuals, which reflects badly on their psycho physiological state, Global research and studies have focused their efforts on their diagnosis and treatment.

The impact of the trauma to which individuals are exposed comes in different forms and shapes , so , who are exposed directly to the trauma show criteria of PTSD , while those who are exposed to it indirectly, especially those working in the humanitarian field, appear in different names such as: "secondary trauma, burned out , emotional stress, and vicarioustrauma. "

When talk about the vicarioustrauma , which will be studied by the research of psychologists, it comes through hearing stories and exposure to trauma objects from cases studied by the psychologist, and this type of trauma occurs in many professions in which dealing with those who have been traumatized whether they are doctors Judges, media professionals, psychologists, etc. (Rodrigo, 2005)).

This is confirmed by many studies that trauma does not require confrontation (directly), as it may be indirect through television, reading newspapers and hearing stories.

In the context of studying vicarious trauma, it was necessary to address psychological resilience as another variable in the study, especially that the trait of resilience is an essential aspect of mental health that helps the individual to deal with the stresses and trauma experienced, and diligence in difficult times, and maintain a large amount of balance in Life, so it was necessary to study the resilience of the psychologist who is exposed to trauma repeatedly in his community and in his work, and highlight the impact of resilience on overcoming many work stresses and reducing the impact of patient's trauma .

Therefore, through this research, researcher will study the level of trauma transmitted by psychologists and its relationship to psychological resilience and some variables.

Study Problem :

Transfer trauma is one of the important topics with a serious negative impact on workers in the humanitarian fields, both inside and outside the work, and the psychologist is one of the jobs that are exposure to a great and different pressures, and this is why the researchers wanted to contribute on study the trauma which transmitted to this category, perhaps the results help them in dealing with these pressures, so , through this study the researchers aim to reach results and interpretations of **the following questions:**

1. What is the level of trauma transmitted and the level of psychological resilience among psychologists working in mental health centers in Gaza?
2. Is there a correlational relationship with statistically significant difference between transmitted trauma and psychological resilience among psychologists working in mental health centers in Gaza?

Study objectives :

- The study aimed to identify the level of vicarious trauma and the level of psychological resilience among psychologists in Gaza.
- Know the relationship of the level of vicarious trauma to psychological resilience.

Study significance:

- Contributing to enriching the Arab library with more theoretical knowledge about vicarious trauma, as the researchers contributed to translating many references about trauma transmitted in the Arabic language that were not available in the Arabic language. In addition, it was enriched with tools for relatively recent variables, where the researchers prepared a tool for measuring the vicarious trauma.
- Use the current study to theoretically identifying the conditions of the category of psychologists in their dealings with cases of psychological trauma and its implications for their social and personal conditions, and in their work problems.
- Contribute to assessing the social and professional status of psychologists, and develop plans for their advancement and treatment of their problems.
- Also provide recommendations to psychologists and humanitarian fields in general to prepare self-care programs, and programs to adapt to different cases of patients.

Definitions:

VICARIOUS TRAUMA: is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time, this process can lead to changes in your psychological, physical, and spiritual well-being. (Pearlman, & McKay, 2008).

Operational definition: Negative changes that affect all or some aspects of the lives of humanitarian workers, because of their repeated exposure to stories and trauma materials during their work with the category of trauma survivors.

Psychological resilience: The American Psychological Association defines mental resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors (APA, 2014).

Operational definition: The individual's ability to form an emotional behavioral response to coexistence in a positive and proper way, with the different circumstances and pressures that the individual faces in his life, without losing that feeling of self-confidence, dream for a better future, and proceeding to achieve his goals.

The Psychologist : the one who have at least a Bachelor's degree in Psychology and works in a mental health center, so that he is able to contribute to the diagnostic and psychological treatment processes by applying and interpreting psychological tests, studying individual cases and conducting clinical interviews (Rabiah 2007).

Limitation of the study:

This study was limited to studying trauma and its relationship to mental resilience among psychologists in the governorates of Gaza, where this study was applied in mental health centers: (Gaza Mental Health Program, Palestine Center for Trauma, Psychiatric Hospital, governmental mental health clinics) in the time period between 2017 – 2018.

Theoretical framework and Literature Review :

First: The Theoretical Framework:

- Many people decide to become humanitarian workers for various reasons, and some come to this work because of a personal commitment to social change, some want adventure, others want to leave the house, usually people come to humanitarian work expecting exciting challenges, meaningful work, and opportunity To make the world different, few people truly understand that their lives will likely change forever through their experiences. (Ludick & Alexander & Carmichael, 2007).

Most of the studies and researches of trauma around the world, in general, focused on victims of all ages, and the different causes of trauma, but recently more attention and concern have begun about work pressures faced by specialists, especially psychologists and social worker, and those workers in humanitarian services with different professional titles, on the impact of these services on their mental health, and the extent of the impact of hearing and repeated exposure of trauma of others. Milton Erickson used to tell his patients: "My voice will go with you." What he did not say is that the voices of our clients go with us, too. Their stories become part of us, part of our daily lives and our dreams at night. In fact, not all stories are negative, many of them are inspiring, the point is It changed us anyway (Mahoney, 2003).

The vicarious trauma comes from hearing the stories from the clients we serve, whether they are the witness, the victim or even the perpetrator (Deville, et al., 2009)., and just as the symptoms of the trauma appear completely natural, so are the symptoms of the trauma, which are transmitted to us because of that compassionate and sympathetic nature of others, so that makes us good in our work as well but on the other hand puts us at risk, and this is really how the trauma that you hear affects the task you perform, as other factors contribute to increasing the risk of being traumatized, such as lack of experience (Bell, et al., 2003), exposure to the essence of customer trauma(Jenkins & Baird, 2002), sympathy forward trauma survivors (Canfield, 2005)., insufficient recovery time(Gerding, 2012), unsolved personal trauma(Jordan, 2010), as well as the absence of adapt skills .(Bober&Regehr, 2006), they occur in many different occupations, The important point here is not about what you do, but about who you serve and stories you hear, and you bear witness to (Deville, et al., 2009)

But the impact of trauma in different causes leads to similar symptoms, so it is very important not to confuse the symptoms of trauma and other types of trauma or problems resulting from dealing with the traumatized, so psychologists should be aware about the signs and symptoms of trauma and the possible emotional effects of working with survivors from trauma.

The symptoms of trauma are divided according to their effect into symptoms related to feelings, behavior, perception and organizational aspect. (Martin, 2009)

In Gaza Strip in particular, and Arab world in general, we are most needed to these studies, due to the miserable conditions we experienced recently, and who lived a series of continuous wars that left bad effects of all categories, especially the great damage that affected the psychological side to everyone at society, including psychologists who care about the trauma of others in addition to their personal trauma as citizens suffering within society, which made them special different cases of any psychologist around the world, as a result of being part of traumatized society that is constantly exposed to trauma that particularly similar to their clients trauma which caused by war, and this makes the specialist in the case of constantly re-testing his own trauma, and this may be a positive reason to make the psychologist able to deal more resilience with customer crises (Tedeschi & Calhoun, 1996), or makes him vulnerable to test his personal trauma, which makes it more difficult for him (Jordan, 2010).

When we talk about the stressors in any society, they are completely different on Gaza Strip in particular and Palestine in general, where the Palestinians - regardless of his religion or educational and social level - they face systematic pressure against a society and an entire nation, so we see them living under political economic and social pressure in all respects, and this is reflected in the whole society.

In this study, the researchers focused on the subject of psychological resilience in the psychologists at Gaza Strip and the relationship of vicarious trauma to it, because of the importance of the resilience in showing the ability of the specialist who is a part of the system of this society that is subject to continuous, direct and indirect traumas in addition to his role as a psychologist in treating people who survived the trauma .Psychological resilience is an important central construct in understanding how individuals respond to stress in work environment, and it appears to be a major determinant of whether unfavorable outcomes such as psychological burning, emotional stress, anxiety, and depression result from this(Edward, 2005). However, psychological resilience is a multidimensional structure, and its relationship to other variables such as nervousness, psychosis, self-efficacy, and adaptation in the context of stress in the workplace is not clear. Workplace stress has serious implications for the quality of employee work and their overall psychological performance, and research conducted on the relationship between psychological resilience and the results of the workforce has consistently demonstrated that psychological resilience is closely related to levels of psychological distress(Fink, 2009).

The internal and external factors of the psychologist are the controlling of whether the stress will turn into harmful stress or keep it in the acceptable range of stress, and some of these factors are the result of early experiences in childhood or are due to innate reasons, but of course in both cases it is possible to make intended improvements to it (McKay, 2007), And the ability of the psychological specialist to tolerate harmful stress and face it can be increased through many methods such as maintaining and developing his social relationships, especially the family and friends who depend on them for support in times of need(Ozbay, et al ., 2007), as well as self-confidence, and the development of self by learning the skills needed to increase efficiency(McGee, 2006), and to believe that he is able to manage the aspects of his life with skill and make change and influence in his surroundings, especially in his humanitarian work with survivors of trauma(Benight&Bandura, 2004), as the love and respect for his services in the humanitarian field represent to the specialist a strong and continuous motivation in working for others, and his feeling of satisfaction and happiness with services he provides to others, and this makes his outlook on work and what it contains a positive view and not as a negative burden (Pearlman, & McKay, (2008) and do not forget that the psychological specialist cares about his physical health and physical fitness, because it is considered the main driver of work and the continuation of giving, because any deterioration in his physical health will hinder his work and reduce

the efficiency of performance , And This is what gives the specialist great negative feelings. (Durmer & Dinges. (2005)

II. Literature Review

Despite the importance and seriousness of the topic of trauma, there is a dearth of Arab studies on this subject, with the exception of a few studies, so the researchers tried to benefit from the available studies, whether Arab or foreign, **such as:**

A study (Sui & Padmanabhanunni 2016) entitled "Vicarious trauma: The psychological impact of working with survivors of trauma for South African psychologists".

This study aimed to explore the experiences of a group of South African psychologists who work predominantly with trauma survivors. Individual semi-structured interviews were conducted with six psychologists (females = 67%). The predominant type of trauma encountered by participants in clinical practice was interpersonal trauma in the form of physical and sexual abuse (83%). Data were analysed using thematic analysis. All participants reported symptoms of vicarious trauma including disruption in cognitive schemas, symptoms characteristic of post-traumatic stress disorder, and somatic symptoms. Participants also reported vicarious post-traumatic growth including an enhanced sense of interpersonal connectedness and positive changes in their philosophy of life and self-perceptions. The findings serve to sensitise psychologists to the impact of working with trauma survivors so as to enhance the efficiency of psychological service delivery to traumatised populations.

Also a study (Quitangon, et al., 2016) entitled: "Vicarious Trauma in Mental Health Professionals Following the 9/11 Terrorist Attacks."

This pilot study was conducted following the unprecedented terrorist attacks in New York City on September 11, 2001. Objectives: 1) To identify risk and protective factors of VT in a sample of mental health professionals who provided services to victims of 9/11. 2) To compare and contrast the findings of the survey with other published studies. Method: A group of mental health professionals who provided services to New York City residents affected by 9/11 were surveyed on the first year anniversary of the terrorist attacks. Risk and protective factors of VT were identified using correlation and chi-squared analyses. Findings of this survey were compared with other published studies on VT in mental health clinicians who worked with 9/11 survivors. Results: History of personal trauma, fewer years of professional experience, fewer hours of individual supervision, and larger caseloads were identified as probable risk factors for VT. Conclusions: An increased risk of VT was associated with a number of work-related and personal variables. Enhanced professional and social supports may decrease the risk of VT in mental health professionals who provide services in the context of disasters and mass psychological trauma

A study (Thabet, Elhelou & Vostanis, 2015) entitled: "Exposure to war traumatic experiences, post traumatic growth and resilience among university students in Gaza."

This study aimed to establish the association between war traumatic experiences, post traumatic growth and resilience among university students in the Gaza Strip after war on Gaza. Method: The sample consisted of 381 randomly selected students representing the four major universities in Gaza Strip. Students completed the following self-rated questionnaires: Gaza Traumatic Events Checklist, Resilience scale, and Posttraumatic Growth Inventory. Data collection was done on March-April 2015. Males had significantly more post traumatic growth than females and females had significantly more spiritual changes than males. For resilience, mean resilience was 55, personal competence was 22.32, positive acceptance was 13.49, trust in one's instincts was 16.30, control was 7.96, and spiritual influences were 7.31. There were gender differences on resilience subscale. Males had significantly more positive acceptance than females, trust in others, control, spiritual influences, and females had significantly more spiritual changes than males. Traumatic events had no association with post traumatic growth and total resilience. However, resilience was positively correlated with post traumatic growth. Conclusion: University students still experienced high levels of distress few months following war on Gaza, although they remained reported trauma. Trauma was not related to resilience and post traumatic growth.

(Shilpa & Srimathi, 2015) study:

Role of Resilience on Perceived Stress among Pre University and Under Graduate Students

The aim of the present study was to examine the difference in perceived stress among Pre University and Under Graduate students, as well studying the relationship between perceived stress and resilience among Pre University and Under Graduate students. Sample size of 50 Pre university students and 50 Under Graduate students were administered with Resilience scale and Perceived Stress Scale. The data was statistically analyzed and results indicated Pre University students had high level of Perceived stress and low level of resilience and Under Graduate students had moderate level of Perceived stress and high level of resilience. These findings indicated that Perceived stress is high among Pre University students compared to Under Graduate students; as well there existed a high negative relationship between Perceived stress and resilience.

Study (Li, Y., et al., 2015) entitled:

Nursing students' post-traumatic growth, emotional intelligence and psychological resilience.

This study aimed to investigate the relationships among post-traumatic growth, emotional intelligence and psychological resilience in vocational school nursing students who have experienced childhood adversities, a cross-sectional research design with anonymous questionnaires was conducted and self-report data were analysed. The Childhood Adversities Checklist (Chinese version), Posttraumatic Growth Inventory, Emotional Intelligence Scale and the 10-item Connor-Davidson Resilience Scale were used. Survey data were collected from 202 Chinese vocational school nursing students during 2011. Post-traumatic growth was associated with emotional intelligence and psychological resilience. Results indicated a curvilinear relationship between emotional intelligence and post-traumatic growth, and between psychological resilience and post-traumatic growth. Moderate-level emotional intelligence and psychological resilience were most associated with the greatest levels of growth. The results imply that moderate resilience and emotional intelligence can help nursing students cope with adversity in their future clinical work.

Study procedures

Study Approach:

In this study, the two researchers followed the descriptive analytical approach, because it fits the nature of the goals to be achieved.

Study population:

The study population is composed of all the psychological specialists working in mental health centers in the governorates of Gaza, and they are (69) specialists, (47) specialists in government centers (15) in Gaza Health Program, and (8) from the Palestine Trauma Center, including (22) males and (35) Females.

The study sample:

The sample of the study consists of two samples, as follows:

• Pilot sample:

The researchers took an exploratory sample consisting of (30) of workers in the psychological field, and it was used to identify the psychometric properties of the study tools, which are the questionnaires of the study: (transmitted psychological trauma, psychological resilience), where the validity and reliability coefficients of the study tools were verified.

• Emperical Sample:

The researchers used the comprehensive survey method to collect data from all general psychologists in mental health centers, the number of study sample individuals reached 57 from psychologists working in mental health centers, where the researchers distributed questionnaires to (64) individuals, with a recovery rate of (89%), and the following is the distribution of the respondents according to demographic, demographic, and occupational characteristics:

Demographic characteristics of the actual sample:

To know the demographic, family, educational, and practical characteristics of the respondents, the related results will be presented through the following:

Table (1) Distribution of respondents according to demographic, population, educational, and practical characteristics:

percentage%	Number	Classification	variable	percentage%	numb	classification	variable
68.4	39	Permanent	Contract	38.6	22	Males	sex
31.6	18	Temporary		61.4	35	females	
100.0	57	Total	Study degree	100.0	57	Total	age
43.9	25	Bcs'd		28.6	16	Less than 30	
56.1	32	Master		44.6	26	31-40	
100.0	57	Total		26.8	15	More than 41	
17.9	10	Porder Gaza	Location	100.0	57	Total	Marital state
82.1	46	City		78.9	45	Married	
100.0	56	Total		21.1	12	Single	
14.0	8	Rafah	Governorate	100.0	57	Total	Experience years
14.0	8	Khanyunis		29.8	17	Less than 5	
15.8	9	Middle Gaza		38.6	22	5-10	
40.4	23	Gaza		31.6	18	More than 10	
15.8	9	North Gaza		100.0	57	Total	
100.0	57	Total					

Note: The total number is 57, and the number is missing due to the respondents' failure to fully fill in the data

Study tools:

First / the vicarious trauma scale: (prepared by the two researchers)

1- Description of scale:

The scale included in its initial image (37) items, which the researchers developed after examining a number of studies and measures that dealt with vicarious trauma, and among the most important of these measures, and after presenting it to a number of arbitrators, the number of paragraphs of the scale became (34) paragraphs, and the scale contains five dimensions, : (Behavior, feelings, personal beliefs, job performance, and personal relationships), as each paragraph on the scale is related to the psychological trauma transmitted by psychologists who practice the therapeutic process.

Table (2) the dimensions of the vicarioustrauma scale and the paragraphs of each dimension separately

Number of paragrahps	The dimensions	#
8	Behavior	1-
7	Feelings	2-
6	Personal beliefs	3-
6	Functionality	4-
7	Personal relationships	5-
34	Sum	

2- Correcting the scale:

The scale ranges between (0-102) degrees, and the answer to the scale falls in four levels, namely: (often, sometimes, rarely, never) where the high score on the scale indicates the high level of psychological trauma transmitted by psychologists who practice psychotherapy in Mental health centers in the governorates of Gaza.

1- The symmetric properties of the scale

- First, credibility of the scale:

To check the coefficients of truth for the scale, the researchers calculated the verb in three ways: Arbitrators believed, constructive truthfulness, internal consistency

- Second, the truthfulness of the arbitrators

The researchers presented the scale to a group of arbitrators from members of the faculty of both (Islamic University, Al-Aqsa University, Al-Esraa University, Al-Quds Open University, Gaza community Mental Health Program)

- Third, Structure Validity

Structural Validity is one measure of the validation of the tool that measures the achievement of the goals that the tool wants to reach, and shows how each dimension of the scale relates to the overall standard of the scale, and the results are shown in the following table:

Table (3) Pearson correlation coefficients between the dimensions of vicarious trauma scale with the overall scale score:

Probability value	Pearson correlation coefficient	The dimension	Numb
**0.001	0.63	Behavior	-1
**0.001	0.67	Feelings	-2
**0.001	0.64	Personal beliefs	-3
**0.001	0.67	Functionality	-4
**0.001	0.71	Personal relationships	-5

** Function at 0.01 * is a function at 0.05 // that is not a function

The above table shows that the dimensions of vicarious trauma have strong correlation coefficients and statistical function at a signal level less than (0.01), where the correlation coefficients for the dimensions of the scale between (0.63 - 0.71). This shows that the scale has a high-Validity factor.

Fourth, Validity of internal consistency:

Internal consistency has been verified by finding the correlation coefficients between the paragraphs of each dimension with the overall score of each dimension. The researchers calculated the Pearson correlation coefficient between each paragraph of the scale and the overall degree of distance to which it belongs, and the results of the truth coefficients are described by the following:

Table (4) Pearson correlation coefficients between the vertebrates of each dimension and the overall dimension of the vicarious trauma scale

First dimension " Behavior "					
Significance level	Pearson correlation coefficient	Numb	Significance level	Pearson correlation coefficient	Numb
**0.001	0.61	5	**0.001	0.48	-1
**0.001	0.68	6	**0.001	0.58	-2
**0.001	0.66	7	**0.001	0.47	-3
**0.005	0.37	8	**0.001	0.62	-4
Fifth dimension " Personal relationships "			Second dimension " Feelings "		
Significance level	Pearson correlation coefficient	Numb	Significance level	Pearson correlation coefficient	Numb
**0.001	0.51	1	**0.001	0.68	-1
**0.001	0.59	2	**0.001	0.55	-2
**0.001	0.65	3	**0.001	0.59	-3
**0.001	0.65	4	**0.001	0.44	-4
0.001	0.60	5	.0030 μ	0.39	-5
**0.001	0.68	6	**0.001	0.64	-6
**0.001	0.49	7	**0.001	0.49	-7
Fourth dimension " Functionality "			Third dimension " Personal beliefs "		
Significance level	Pearson correlation coefficient	Numb	Significance level	Pearson correlation coefficient	Numb
.0300* μ	0.29	1	0.003**	0.38	-1
**0.001	0.56	2	**0.001	0.42	-2
**0.001	0.57	3	**0.001	0.71	-3
**0.001	0.64	4	**0.001	0.78	-4
.0820// μ	0.23	5	**0.001	0.50	-5
**0.001	0.68	6	**0.001	0.58	-6

** Function at 0.01 * Function at 0.05 // Not a function

The results shown in the previous table showed that the dimension paragraphs have statistically significant link coefficients at an indication level (0.01, 0.05), indicating that the dimensions of the vicarious trauma scale have a very good degree of validity.

Second , stabilization factors for the scale of vicarious trauma :

To check the stability for the vicarious trauma scale, the researchers calculated stability in two ways: The alpha-carnbach method and the half-segmentation method, and we will display it in detail through the following:

Table (5) Alpha-Kronbach persistence coefficients and the half-segmentation method of the scale of vicarious trauma :

half-segmentation method		Alpha Kronbach coefficient	number of paragraphs	Dimensions of scale	Num b
Sperman Brown	correlation coefficient				
0.60	0.43	0.67	8	Behavior	-1
0.60	0.43	0.61	7	Feelings	-2
0.48	0.31	0.58	6	Personal beliefs	-3
0.60	0.42	0.52	5	Functionality	-4
0.75	0.60	0.67	7	Personal relationships	-5
0.66	0.45	0.81	33	The overall of vicarious trauma	

** The modified Sperman Brown equation = $r^2 / r+1$

1. Alpha-Kronbach stability coefficients:

The previous table found that the alpha-carnbach coefficient of the total measure was 0.81, which is evidence that the scale has a high stability factor, and since the scale has five dimensions, the stability parameters for the scale dimensions ranged from 0.52-0.67. This is sufficient evidence that the dimensions of the scale have a good stability factor.

2. half-segmentation stability parameters:

The stability parameters were calculated in half-segmentation, where the Perseon association transaction reached degrees for the overall metric in this way (0.45), and after the use of the modified Siberian-Brown equation, the stability factor (0.66) became, which is evidence that the scale has a good stability. Since the scale has five dimensions, the stability parameters for the dimensions ranged from (0.48 - 0.75), indicating that the scale with its dimensions has good stability coefficients.

Second: Psychological resilience scale: (Abu Nada, 2015m)

1- scale Description:

The scale in its final form (25) contains a paragraph.

Scale correction:

The scale ranges from 0-75 degrees, and the high degree indicates a high level of psychological resilience in psychiatric professionals working in mental health centers.

2_the cymetric properties of the scale:

First, credibility of the scale:

To verify the truthfulness coefficients of the scale, the researchers calculated the truth by trusting the internal consistency, and we will display it in detail through the following:

- **Internal consistency:** Internal consistency was verified by finding the correlation coefficients between the scale paragraphs with the overall measure score, as the researchers calculated the Pearson correlation coefficient between the scale and the overall scale of the scale, and the results of the true-verb coefficients are described by the following:

Table (6) Pearson's association coefficients between the scale paragraphs and the overall score :

Psychological resilience scale					
Significance level	Pearson correlation coefficient	Numb	Significance level	Pearson correlation coefficient	Numb
//0.623	0.07	14	**0.001	0.47	1
*p.0430	0.27	15	**0.001	0.60	2
//p.0820	0.23	16	**0.001	0.59	3
//p.1270	0.20	17	**0.001	0.45	4
**0.001	0.44	18	**0.001	0.49	5
**0.004	0.37	19	**0.001	0.48	6
//p.0960	0.22	20	//0.365	0.12	7
**0.001	0.49	21	**0.001	0.47	8
**0.001	0.58	22	**0.001	0.58	9
*p.0260	0.30	23	**0.001	0.55	10
**0.001	0.49	24	**0.001	0.56	11
//0.154	0.19	25	**0.001	0.50	12
			**0.006	0.36	13

** Function at 0.01 * Function at 0.05 // Not a function

The results shown in the previous table showed that the Psychological resilience have statistically significant correlation coefficients ranging from 0.27 to 0.60, indicating that the scale vertebrae has a very good degree of validity , so that researchers are assured that the scale is applicable to the study sample. Except for the following paragraphs (7, 14, 16, 17, 20, 25), they are not statistical, so they should be deleted from the scale.

Second, the stability parameters of the psychological resilience scale:

To check the stability parameters of the psychological resilience scale, the researchers calculated stability in two ways: The alpha-carnbach method and the half-segmentation method, and we will display it in detail through the following:

Table (7) Alpha-Kronbach stability coefficients and psychological resilience scale half-segmentation:

half-segmentation method		Alpha-Kronbachcoefficient	number of paragraphs	scale
Spearman Brown	correlation coefficient			

0.76	0.61	0.81	19	The overall scale of psychological resilience
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• **Alpha-Kronbach stability parameters:**

The previous table shows that the total alpha-carnbach coefficient of the scale was 0.81, which is evidence that the scale has a high stability factor.

• **half-segmentation stability parameters:**

Stability coefficients were calculated in half-segmentation, where the scale items were divided in half, so the correlation coefficient was calculated between the sum of the first half paragraphs and the sum of the second half of the scale, where the Perseon association with the overall scale scores in this way (0.61). After the use of the modified Spearman-Brown equation, the stability factor (0.76) became, which is evidence that the scale has a high stability.

Results of study questions:

Results of the first question: What is the level of psychological trauma of psychologists working in mental health centers in Gaza governorates?

In order to determine the level of psychological trauma of psychologists working in mental health centers in Gaza governorates, meta-statistics were found, including averages, standard deviations, relative weight of the scaleand dimensions of traumatic stress, and the results of this question are described in the following table:

Table (8) computational averages, standard deviations, and relative weights of vicarious trauma scale taken by psychologists working in mental health centers

In Gaza governorates (n=57):

Arrangement	Relative weight%	standard deviation	arithmetic average	Overall grade	number of paragraphs	Dimensions	#
5	19.2	3.3	4.6	24	8	Behavior	-1
1	28.1	3.1	5.9	21	7	Feelings	-2
3	21.3	2.7	3.8	18	6	Personal beliefs	-3
4	21.2	2.4	3.2	15	5	Functionality	-4
2	23.7	3.7	5.0	21	7	Personal relationships	-5
	22.7	10.1	22.5	99	33	The overall scale of vicarious trauma	

The relative weight is calculated by dividing the mean of each dimension by the total degree of each dimension and then multiplying the product by 100

The results showed that the average grade of the sample individuals on vicarious trauma scale was (22.5) degrees, with a standard deviation of (10.1) degrees and relative weight (22.7%). This indicates that the level of vicarious trauma experienced by psychologists working in psychiatric centers as a result of the therapeutic process was low according to the relative weight standard, and to determine more accurately the level of vicarious trauma experienced by psychologists. The standard for the scale was adopted by dividing the scale scores into three levels (low 0-33, medium 34-67, high 68-102), as it showed that 89.5% of the sample population experienced low-grade vicarious trauma, While 10.5% of the sample members were moderately traumatized, no individual was observed in the sample with a high degree of vicarious trauma, depending on the scale, and the level of vicarious trauma experienced by the psychologists employed was low. Since the scale has five dimensions, it came first after feelings with a relative weight of 28.1%, followed by personal relationships with a relative weight of 23.7%, followed by personal beliefs with a relative weight of 21.3%, followed by job performance with a relative weight of 21.2%, followed by behavior with a final rank of 19.2%.

Table (9) levels of vicarious trauma for psychologists working in mental health centers in Gaza governorates:

%	N	Levels of vicarious trauma
89.5	51	Low
10.5	6	Medium
100.0	57	Total

This can be attributed to the fact that the Gazan community is a society that lives in continuous trauma, and these trauma experienced by all members of the people, including psychologists, and this of course had a great impact on the specialists, as most of them have their own experiences, whether on their personal level or at the level of family and friends, which It may be similar to patients' experiences, especially in trauma related to repeated attacks from the Israeli occupation, and this contributed to increasing their ability to separate their feelings when listening to patients' stories, as well as this experience they have known helped them deal with them without being negatively affected, and this is what I confirmed The theory of information processing, as the theory of information analysis confirms the limit and then alerts and experiences outside the framework of information stored in the affected person, so trauma occurs in the person where these new stimuli are outside the cognitive framework stored in the individual, while here the psychologist is the expert External is among the information he has in the cognitive framework he has inventory so he is able to process these stimuli and new information, and this explains the low level of vicarious trauma .

In addition to the existence of supervision programs, whether individual or group, which enhances their skills that help them in maintaining a balance between work and the personal life of specialists in clinics, and this was confirmed by the Quitangon, et al., 2016 study that supervision is an important factor in reducing the level of trauma among specialists.

Also, one of the important factors that led to a decrease in the level of vicarious trauma according to the opinion of the researchers among the specialists is the specialist's view of his work as a humanitarian work through which he can provide help and support to others, especially as he is so full of his feeling of performing a service that he provides to the homeland by helping the people of this country in Withstanding and continuing to live in the painful conditions in which he lives, especially since this specialist is an integral part of this collective pain imposed on the entire society.

On the other hand, the specialist also feels that he is performing his duty from a religious point of view, as the teachings of the Islamic religion urges helping and supporting others in their problems and sorrows. It reduces the possibility of being affected negatively by patients, which explains the low level of trauma among specialists.

Results of the second question: What is the level of psychological resilience among psychologists working in mental health centers in the governorates of Gaza?

To know the level of psychological resilience among psychologists working in mental health centers in the governorates of Gaza, descriptive statistics have been found, including averages, standard deviations and the relative weight of the measure of psychological resilience, and the results of this question are explained through the following table:

Table (10) arithmetic averages, standard deviations and relative weights for psychological resilience scale among psychologists working in mental health centers in the governorates of Gaza (n = 57):

Relative weight%	standard deviation	arithmetic average	Overall grade	number of paragraphs	dimension
78.8	6.8	44.9	57	19	The overall score for the scale of psychological resilience

The results showed that the average scores of the sample individuals on psychological resilience scale reached (44.9) degrees, and with a standard deviation of (6.8) degrees and relative weight (78.8%), and this indicates that psychologists working in mental health centers enjoy psychological resilience with a high degree according to the weight criterion Relative, and to determine the level of psychological resilience of psychologists more accurately, a standard was adopted for the scale by dividing the scale scores into three levels: (low 0-18, medium 19-37, high 38-57), it was shown that 82.5% of The sample members had a high level of psychological resilience, while 17.5% of the sample members had an average level Of psychological resilience, whereas we did not notice any individual in the sample who got a low degree of psychological resilience.

Table (11) psychological resilience levels for psychologists working in psychological health centers in Gaza governorates:

%	N	Levels of psychological resilience
17.5	10	Medium
82.5	47	High
100.0	57	Total

The researchers attribute this result to the specificity of this category where mental health is considered one of the most important characteristics and conditions of the psychologist, where mental resilience is one of the most important characteristics of mental health, and this is confirmed by Issawi in that resilience is one of the most important characteristics of mental health and is one of the characteristics of the person The psychologist and the nature of the work and specialization of this group make them aware of themselves and their keenness to be characterized by mental health characteristics in general and psychological resilience in particular, in order to perform their work in the best way, especially in light of the work pressures they are experiencing in a way that Continuing and the nature of the category they are dealing with - the category of patients and traumatize people .

One important reason not to be overlooked is that as a result of working with people who have experienced a lot of stress and psychological problems, including trauma, this has been positively reflected in them by learning the resilience and adaptive techniques of trauma survivors, as some have shown. The studies are called "vicarious resilience", i.e. resilience transmitted from patients to specialists, as confirmed by (Hernandez, Gangesi, Ingstrom, 2007,) where they confirmed by interpreting the results from several studies that therapists often prescribed how to monitor their clients in overcoming obstacles. Helped them change their own attitudes, emotions, and behavior.

In light of human theory, Rogers emphasized that a sound, resilient personality indicates harmony between oneself and experiences, as mentally healthy individuals are able to perceive themselves and their environments as they are in reality, and they are open freely to various experiences, and they are free to achieve themselves in moving forward to be integrated people in the performance of their tasks It is not necessary that they change the face of the world. Rather, it is sufficient for a person to be creative even in a small thing, and this is really what we see in our Palestinian society, as psychologists have sufficient awareness of themselves and the environment in which they live, whether it is the work environment or the environment in which they live, which They have the ability to adapt to these environments, including painful experiences and constant pressures. The Palestinian people, including psychological specialists, suffer from difficult living conditions, and that is represented by repeated Zionist wars, and the blockade imposed for years, in addition to political contradictions, all of which imposed on the person to face Those conditions, and to adapt to it by trying to find effective strategies that help the individual to prevent reaching the stage of mental disorders, especially psychological trauma through psychological resilience and various methods of adjustment.

It can also be explained in the light of the protective factors that characterize the members of the sample, as psychologists are among the most able to foresee what is happening with them, and thus employ protective sources that contribute to increasing psychological resilience.

The system of psychological clinics followed can lead to a preventive role for psychologists, in order to provide them with the necessary individual and group supervision, and to train them in self-care skills to get rid of psychological pressures resulting from their exposure to the stories of patients, as well Stresses on their personal life, and trying to solve problems and psychological distress that they might

It affects the specialist in his work with certain cases with the assistance of the supervisor.

Study hypothesis Result:

There is no statistically significant correlation at an indicative level (α 0.05) between the vicarious trauma and psychological resilience of psychologists working in mental health centers in Gaza governorates.

To validate this hypothesis, (Pearson's correlation coefficients) were found

The following table shows the nature of the relationship between vicarious trauma and psychological resilience in the psychologists working in the Gaza governorates, and the results of this hypothesis are shown through the following table:

Table (12) Pearson correlation coefficients to reveal the relationship between vicarious trauma and psychological resilience among working psychologists in mental health centers in the governorates of Gaza:

The overall grade of psychological resilience scale		
Significance level	Pearson correlation coefficient	dimension
**0.004	-0.374	Behavior
//0.087	-0.229	Feelings
**0.001	-0.521	Personal beliefs
**0.001	-0.456	Functionality
**0.001	-0.494	Personal relationships
**0.001	-0.616	The overall grade of the scale of the vicarious trauma

**statistically significant at 0.01 * statistically significant at 0.05 \ \ not statistically significant

The results shown in the previous table showed a statistically significant inverse relationship ($\alpha < 0.01$) between the total degree of mental resilience and the total degree of transitional psychological trauma and its following dimensions: (behavior, personal beliefs, job performance, personal relationships) among psychologists working in mental health centers in Gaza governorates, this indicates that the higher one of them The other decreased, while it was found that there was no statistically significant relationship ($\alpha > 0.05$) between the degree of trauma transmitted in the feelings and the psychological resilience of the psychologists working in mental health centers in the governorates of Gaza.

The researchers see: The existence of the inverse relationship between the vicarious trauma and psychological resilience is due to the fact that the trauma in all its forms weakens the ability of a person to face pressures, especially as it affects his perception and his interpretation of things as this is reflected on his behavior, and this is what causes the person to see life in only two colors black and white and does not see the middle matters , And thus loses the ability to live without conflict with himself and his surroundings, so the impact of the trauma was inversely, the higher the trauma transmitted, the less the level of psychological resilience, and the less trauma the greater the psychological resilience, while there was no statistically significant relationship between the degree of trauma traversed in the feelings and my N is the psychological resilience of specialists, because feelings are an important part that exists within each individual and it is difficult for most people to be able to control and control their feelings, but specialists may be able to manage people their feelings in a correct way so that they can separate what they feel from their behavior so that their behavior and perception are not affected With those feelings, and they run their lives in a flexible manner according to their ideas and beliefs.

Study recommendations:

Based on the previous presentation of the theoretical framework and studies related to the study variables to the separation of procedural steps and the presentation and interpretation of the results, the researchers reached several recommendations:

III. Recommendations:

- Emphasize self-care strategies for the psychologist to protect himself from the negative impact of his work. -
- The need to pay attention to psychological resilience as one of the main pillars that help to reduce the severity of negative vulnerability, which increases the ability of the psychologist to adapt to different circumstances and thus plays a big role in excellence, success and a sense of satisfaction towards his work.
- The need to expand studies dealing with indirect trauma such as secondary trauma, compassion fatigue and other types of trauma.
- Attention to the study of different categories of humanitarian workers such as emergency workers, paramedics and criminal investigators, as these groups are among the most likely to have negative repercussions on them.
- Attention to professional (individual or collective) supervision of employees working in humanitarian fields by institutions.

IV. Conclusion

The findings of this study have implications for psychologists who work with trauma survivors. It is clear that the factors of psychological resilience have a significant impact in reducing the degree of vicarious trauma, it is evident that prolonged exposure to the trauma material presented by clients has psychological consequences for therapists in that it can lead to symptoms of vicarious trauma. But due to the nature of the society in which the psychologists do his work and lives in, that's makes his ability to adapt with trauma much better and the degree of affected by the cases from traumatized people less. However, working with trauma survivors does not only entail negative reactions. Trauma work can provide a vicariously rewarding experience as it allows the psychologists to witness growth and resilience. It is important to note that the reactions associated with vicarious traumatization should be normalized and understood as a natural and inevitable consequence of working with challenging populations. Trauma practitioners should be aware of the signs of vicarious trauma and utilize effective coping strategies to ameliorate such impact. We recommend including content on vicarious trauma and self-care in training programmes so as to sensitive new therapists to the implications of working within the field of trauma.

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