

# Promoting Professional Wellbeing in an Emancipatory Perspective. A Research-Training Experience among Professionals Working with Vulnerable Children and their Families<sup>1</sup>

Natascia Bobbo<sup>2</sup>, Marco Ius<sup>3</sup>, Paola Rigoni<sup>4</sup>

## Abstract

Although most professionals who have chosen to work with children and families living in vulnerable situations are motivated by a genuine desire to care for people, when they go through some emotionally challenging experiences, they are also exposed to various syndromes such as *compassion fatigue*, vicarious trauma and burnout. The aim of this article is to present a research-training course that has been implemented to promote greater professional wellbeing and the co-construction of supportive working communities among social work professionals. In line with a critical-emancipatory approach, a research-training pathway was chosen, which also allowed the outcomes of the pathway to be evaluated using qualitative interviews and validated tests. The study involved 75 professionals from central-northern Italy. The analysis of the data collected showed that workshops and various activities proposed gave the professionals the opportunity to share their vulnerability with others, and to feel a greater sense of belonging to a supportive community.

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<sup>1</sup> The Authors discussed this contribution collegially. More specifically, Natascia Bobbo is the Author Paragraphs 1, 3, 4, and *Conclusions*; Marco Ius is the Author, with Natascia Bobbo, of *Introduction*; Paola Rigoni is the Author of the Paragraph 2. *Unless otherwise specified, footnotes are edited by the Authors*, Editor's Note.

<sup>2</sup> Associate Professor in Social and Health Pedagogy at the Philosophy, Sociology, Pedagogy and Applied Psychology ("FISPPA") Department of the University of Padua.

<sup>3</sup> Fixed-termed-type B ("RTD-B") Junior Researcher in General and Social Pedagogy at the Department of Humanities of the University of Trieste.

<sup>4</sup> PhD Student in Pedagogical Science of Education and Training, at the Philosophy, Sociology, Pedagogy and Applied Psychology ("FISPPA") Department of the University of Padua.

**Keywords:** emotional labour, professional wellbeing, research-training path, self-care strategies, compassion fatigue.

### Abstract

Anche se la maggior parte dei professionisti che hanno scelto di lavorare con i bambini e le famiglie che vivono in situazioni di vulnerabilità sono motivati da un genuino desiderio di prendersi cura delle persone, quando vivono alcune esperienze emotive sfidanti, vengono ugualmente esposti a varie sindromi, come la *compassion fatigue*, il trauma vicario e il *burnout*. L'articolo si propone di presentare un percorso di ricerca-formazione realizzato per promuovere tra i professionisti del lavoro sociale un maggiore benessere professionale e la co-costruzione di comunità di lavoro solidali. In coerenza con un approccio critico-emancipativo si è scelto un percorso di ricerca/formazione che ha consentito anche di valutare i risultati del percorso utilizzando interviste qualitative e test validati. Lo studio ha coinvolto 75 professionisti del centro-nord Italia. L'analisi dei dati raccolti ha evidenziato come i *workshops* e le varie attività proposte hanno dato ai professionisti l'opportunità di condividere la propria vulnerabilità con gli altri e di percepire un maggiore senso di appartenenza a una comunità supportiva.

**Parole chiave:** lavoro emotivo, benessere professionale, percorsi di ricerca e formazione, strategie di autocura, *compassion fatigue*.

### Introduction

Despite the dominant neoliberal culture within social work context and organizations, most professionals who have chosen to work with children and families living in vulnerable situations are motivated by a genuine desire to care for people (Hill & Laredo, 2020). However, when they are confronted with experiences and situations that are particularly challenging from an emotional point of view, due to the level of suffering and fragility people they work with communicate, they have to face to «peak events in the family history that require caution and careful work on explanation, attribution of meaning» (Formenti, 2010, p. 145)<sup>5</sup>.

This complex and demanding work – which is becoming more and more necessary every day due to the constant shortage of economic and human resources for public services – can lead them to experience feelings of anxiety, worry and discomfort to the point of exposing them to a state of stress or distress, when working conditions challenge all their will and ability to express their competences to the best of their ability (Figley, 1995; Mirowsky & Ross, 1986). According to Bertetti (2014), to

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<sup>5</sup> Author's translation, Editor's Note.

understand what stress is, it is necessary to consider the stressors (that are the stimuli that activate stress), and the reactions that the different subjects manifest to these stimuli. According to this Author, the problem has a relational matter, between the stimuli and the person: between the nature, intensity, and duration of the stimuli and the person's skills, personality, representation of the situation. Within a bio-psycho-socio-ecological matrix (Bronfenbrenner, 1979, 2005), even the setting in which stressor and professionals meet each other is important, from spatial and temporal, involving the work environment, the organisational characteristics, the social and relational contexts, the way time is thought and lived by the collective (Ungar, 2020).

Every day, every help worker expresses, consciously or unconsciously, an emotional work, which can be defined as the set of gestures, actions, choices, reflections and words used to manage or express one's own emotions and to manage those of others in appropriate manner, according to the expectations of one's role. Depending on the nature of the task assigned, or the personal role, practitioners know that a set of rules, more or less explicit, expect them to express or manage certain emotions, both towards the people they are trying to help, and towards colleagues or superiors. They also know that, over time, they will have to learn to manage the emotions that can arise from observing particularly traumatic or painful situations and which, as such, are likely to undermine their well-being as a person, even more than as a professional (Brotheridge & Grandey, 2002; Hochschild, 1983).

Emotional labour and repeated and continuous exposure to the suffering, difficulties, and fragility of other human beings may expose social workers and health professionals to the development of one or more vicarious disorders, such as emotional dissonance (Glomb, Tews, 2002), *compassion fatigue* (Barks *et al.*, 2023; Figley, 1995), vicarious trauma (Pearlman, 1999), burnout (Maslach & Leiter, 2008). All too often, help workers are confronted with difficult or ambiguous situations for which they feel incompetent or inadequate: child abuse perpetuated by parents, parents who neglect the basic needs of their sons and daughters because of poverty or lack of resources, children addicted to drugs or alcohol.

In this way, any relationship can become the source of feelings of unease, frustration, malaise, and loss of faith in the humanity of persons (Yakhlef & Basic, 2023). Professionals know that the emotions that can arise from these experiences force them to pretend in order to do their best work, but if they do not face these inner experiences, they expose themselves to emotional dissonance that can create in them a form of

dissociation from their true inner life (Glomb & Tews, 2002; Nielsen *et al.*, 2023). Sometimes, when the experiences they witness are particularly horrific because of the abuses or violences they have to deal with, they may even lose faith in their own values and see their own horizons of meaning crumble, affected by vicarious trauma (Murcia Álvarez, 2024; Pearlman, 1999).

At the same time, workers can become involved in the emotional problems of the families they are trying to help, and the constant exposure to these kinds of compassionate experiences can lead to the abovementioned compassion fatigue, a kind of exhaustion resulting from the accumulation of anxieties and worries shared with vulnerable families (Figley, 1995). Each of these syndromes can damage them from an emotional, psychological, behavioural, and personal perspective producing disaffection to one's work and de-accountability, sense of guilty and a drop of self-esteem, which are the premises of burnout (Maslach & Leiter, 2008).

However, it is emphasised that a good level of compassion satisfaction (i.e. the perception of doing something meaningful for the vulnerable families), together with the perception of being part of a supportive community, a good awareness of one's own resources and limits, and a good level of emotional self-awareness, may be protective factors for professional well-being in helping work. (Drigas & Papoutsi, 2018; Jiang & Jiang, 2024; Stamm, 1999). Any professional can develop and implement these skills and attitude activating some self-care strategies, which are «the abilities of individuals, families and communities to promote health, prevent disease and maintain health» (WHO, 2013, p. 15).

In the context of professional and organisational wellbeing, self-care can be conceptualized as some attitudes, behaviours, and strategies (deliberately or unconsciously activated) that everyone learns and expresses during his or her life, in order to cope successfully with the various and numerous challenges that the daily routine of one's work and private life, places on one. Basically, these strategies can be defined as *defensive* and *constructive*: as defensive, they aim to help people resist the shocks of life, thus preserving those inner, psychological, emotional and cognitive resources that are useful in overcoming these challenges; as constructive or resilient, they aim to protect the individual so that he or she can still find the strength and determination not to be overwhelmed by events and to learn how to face future challenges, thereby strengthening self-confidence (Cyrulnik, 2001).

Starting from these knowledges, during the spring of 2022, a training/research project was carried out with the aim to create and imple-

ment an accompanying path for the autonomous implementation of activities which could promote professional wellbeing throughout the activation and reinforcing of some self-care strategies as well as promoting mutual, supportive work communities. The pedagogical intention of this pathway was to promote processes of self-reflective and meaningful learning among professionals about their capacity for self-protection and resilience (Calaprice, 2020; Cyrulnik, 2001). In particular, the training/research approach was chosen because researchers would be able to implement a pathway that would meet, from a pedagogical point of view, some conditions: the immediate usefulness of the knowledge that these activities could promote; a fully active role of the actors involved; the consensual production and legitimation of knowledge. These premises could make the pathway a real opportunity for learning and empowerment for all the actors involved, both operators and researchers (Formenti, 1998).

In this way, the researchers played a role in accompanying individuals and groups both in the design phase and in the implementation and evaluation of the activities designed and carried out by the coordinators within their work group, also following the participatory and transformative evaluation method (Serbati & Milani, 2013).

### 1. *Research Design*

In order to understand the results of the realised training path, a mixed qualitative-quantitative approach was chosen, according to a critical emancipatory paradigm (Denzin & Lincoln, 2019; Freire, 1968, It. Tr. 2022), since the intention of the training path was to stimulate, first in the coordinators and then in the professionals working with them, a deeper awareness of their respective personal and group capacity to create a mutually supportive working community (Maytum *et al.*, 2004), to reach a better emotional awareness, and to find more satisfaction in their working setting and relationships. In addition, the training tools applied and shared aimed to create the conditions for them to discover their personal strengths and abilities to be well in the places and times of work (Adams, 2018; Folkman & Greer, 2000; Yassen, 1995; Yoder, 2010).

Although the study also included qualitative tools, this paper focuses only on the quantitative data. For the quantitative assessment, a group of validated questionnaires were chosen, to assess attitudes that are particularly relevant for the well-being of both the person and the worker,

also from a pedagogical point of view. These attitudes have been identified with a good level of satisfaction perceived by the operators in the exercise of their helping work, a developed emotional intelligence, the ability to be kind to oneself and to share one's difficulties with others, combined with a good awareness of one's inner life and meaning.

These dimensions are the conditions that allow a person to continue to grow in the face of the difficulties and problems that arise from life or work. When people have to face suffering, they should have the strength not to avoid the emotions that can arise from it, but to accept them, to remain in them, to seek the point of equilibrium, in which they can exist as human beings in that pain. In this way, the lack of meaning, the guilt, the loss of hope can only be faced if they are known, accepted, and shared with others, in order to understand how to move forward with the intention of helping vulnerable being or families (Mortari, 2017).

In other words, the study aimed to understand if the strategies implemented by the path can influence these dimensions (compassion satisfaction, emotional intelligence, and self-compassion), exploring and identifying in the participants signs of development from a personal and communitarian point of view. The questionnaires were collected at Time 0 and Time 1 (T0-T1) before and after the participation at the professional wellbeing paths organized in each service involved in the study.

## 2. *Materials and Methods*

The benchmark literature analysed shows that social workers are exposed to various risk factors for their mental and physical balance. At the same time, the perceived level of performance (*endogenous* factor) and the level of performance demanded by the environment (*exogenous* factor) lead to harsh judgments of their own and their colleagues' performance.

Three validated instruments were chosen for this research: namely, *ProQol* by Stamm and collaborators (2010), for the evaluation of the quality of professional life, the *IRI-Interpersonal Reactivity Index* (Davis, 1983; Contardi *et al.*, 2018) for the evaluation of the empathetic attitude; finally, the *SCS-Self-Compassion Scale* (Neff, 2004; Veneziani *et al.*, 2017), to assess the levels and quality of intrapersonal awareness.

The *ProQoL* is a validated quantitative instrument, applicable in all social work and health care contexts, consisting of 30 items on a 5-point Likert scale assessing three dimensions: Compassion Satisfaction, Burn-

out, and Compassion Fatigue. All three dimensions have a double cut-off between 22 and 42 points.

The IRI, which consists of 28 items with a 5-point Likert scale, makes it possible to assess four dimensions: a) Perspective Taking, which refers to the cognitive ability to adopt the other's point of view; b) Fantasy, i.e. the tendency to imagine oneself in fictional situations; c) Empathic Concern, i.e. the emotional response associated with sharing the other's experience; d) Personal Distress, or the discomfort experienced in response to the suffering of the other or in relational situations from an emotional point of view. The first two dimensions refer to the cognitive component of empathic expression, the last two to the emotional component. The average of the scores on each dimension is taken as an indication of its consistency.

The *Self-Compassion Questionnaire* consists of 26 items, with a 5-point Likert scale, and allows the assessment of six dimensions, two of which are opposed to each other: a) Self-Kindness and Self-Judgement: the former measures the attitude of being kind and understanding to oneself, despite one's limitations and mistakes made; the opposite refers to a strong self-criticism; b) Common Humanity and Self-Isolation: the former assesses levels of awareness of personal negative experiences as part of one's humanity and as shared with all human beings; the latter refers to the feeling that one's problems and difficulties are unique and enormous; c) Mindfulness and Over-Identification: the former defines a balanced sense of awareness of personal limitations, while its opponent assesses the person's tendency to identify only with the negative parts of the self and with one's own difficulties, which become a recurring and unique thought. Again, the mean value of each dimension defines its relevance.

Finally, a form to collect some biographical data completed the protocol. Except for the biographical data sheet, the protocol consisting of the three validated instruments was administered before the start and at the end of the path. An alphanumeric identification code allowed a pre-post comparison to be made, while fully protecting the privacy of the participants.

### 3. Results

The study involved 75 professionals from nine different contexts of social services of north-central Italy. The demographic characteristics of the sample are shown in Table n. 1.

Table. 1: Demographic characteristics of the sample

	20-30	31-40	41-50	51-60	All	
M			3		3	4%
F	13	25	24	10	73	95%
All	13	25	27	10	76	
	17%	33%	36%	13%		

The sample was predominantly female (95%) and aged between 31 and 50 years (69%).

The professional characteristics of the sample are described in Table n. 2.

Table. 2: Professional characteristics of the sample

	< 5 years	6-10 years	> 10 years	All	
Social Worker	16	13	37	66	88%
Educator/ Pedagogist		2	4	6	8%
Psychologist			3	3	4%
	16	15	44	75	100%
	21%	20%	59%	100%	

Social workers were the most consistent group of professionals, and they were mostly with more than ten years of service. The second group, for consistency, were the educators, which is six persons who were in service from more than six years; lastly, there were the psychologists, only three persons with a high length of service.

Concerning the results of the statistical analysis realised on the data coming from the validated tools, there is no statistical significance in the distribution of the means for the three dimensions that the *ProQoL* let assess confronting T0 and T1.

As it can be seen in the table below (Table n. 3), Compassion Satisfaction, even if with a little variation, is before and after the path at a moderate level, while Compassion Fatigue remains at a low level. It is the exposure to burn-out dimension that remains at a high level both before and after the path.



Table. n. 3: Comparison of the results between T0 and T1 for the dimensions of *ProQoL*

	T0		
	<b>CS</b>	<b>BO</b>	<b>CF</b>
T0	33,85	27,55	19,04
T1	34.12	27.21	18.27

Regarding the data collected from the IRI questionnaire, there are no statistical significances in the distribution of means in the different dimensions between T0 and T1. The results are shown in Table n. 4.

Table. 4: Comparison of the results between T0 and T1 for the dimensions of IRI questionnaire

	T0			
	<b>EC</b>	<b>PD</b>	<b>PT</b>	<b>Fantasy</b>
T0	3,712	2,56	3,71	3,35
T1	3.63	2.45	3.7	3.33

All the results are at a medium level, both in T0 and in T1. Fantasy reaches the lower levels, but this is something that is quite common. There is evidence of PD at low levels in T0 and T1, but this is a positive sign because of the negative significance of this dimension.

As for the results obtained from the analysis of the data collected with the Self-Compassion Questionnaire and the confrontation at T0 and T1. The results are presented in Table n. 5.

Table. 5: Comparison of the results between T0 and T1 for the dimensions of *Self-Compassion questionnaire*

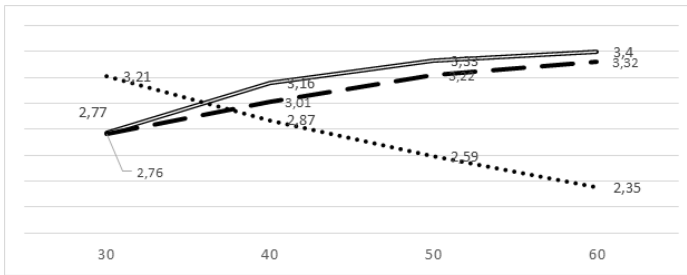
	Self-K	Self-J	CH	Self-I	Md	OI	Self-C
T1	2,98	3,11	3,12	2,93	3,22	2,82	3,08
T2	3.06	3.11	3.12	2.95	3.19	2.75	3.09

The results seem to have some differences only for Self-K, which increases from T0 to T1 (from 2.98 to 3.06), and OI, which decreases (from 2.82 to 2.75).

Some interesting results were found in the data collected at T1 regarding the differences in the distribution of the media among the groups considered according to age, length of service and profession.

The ANOVA analysis revealed some significant variations in the level of some dimensions with increasing age, as described in Graph n. 1.

Graph. 1: variation of Md (double line), OI (dotted line) and Self-C (dashed line) at the increasing of age of professionals involved.



In T1, the level of Md increases from the youngest to the oldest (from a mean of 2.77 to a mean of 3.4;  $p=0.024$ ); OI, on the other hand, decreases with increasing age (from a mean of 3.21 to a mean of 2.35;  $p=0.025$ ); Self-Compassion increases with increasing age (from a mean of 2.76 to a mean of 3.32;  $p=0.017$ ).

The ANOVA analysis allowed us to identify a significant difference in the distribution of the Common Humanity average among the different professionals involved in the T1 collection (social workers  $M=3.06$ ; psychologists  $M=3.63$ ; educators  $M=3.83$ ;  $p=0.019$ ).

There are also some significant differences as the length of service increases, especially for the level of Md and Self-C. The level of both Md (from mean 2.86 to mean 3.39;  $p=0.001$ ) and Self-C increases (from mean 2.87 to mean 3.22;  $p=0.02$ ). All these significances are not present in the data collected at T0.

The analysis of the differences in the distribution of means between men and women, even if it showed some significance, could not be considered for the small sample of men (three persons).

The last analysis that offers some significant results is the confrontation between the bivariate correlations identified in T0 and those of T1.

The correlations established at T0 are described in Table n. 6.

Table. 6: Significant bivariate correlations evidenced in T0

	PD	Self-K	Self-J	CH	Self-I	Md	OI	Self-C
CS	<b>-,393**</b>	<b>,346**</b>		<b>,313**</b>	<b>-,328**</b>	<b>,357**</b>	<b>-,361**</b>	<b>,438**</b>
<i>p</i>	<,001	0,002		0,006	0,004	0,002	0,001	<,001
Bo	<b>,407**</b>	<b>-,402**</b>	<b>,314**</b>		<b>,425**</b>	<b>-,373**</b>	<b>,428**</b>	<b>-,513**</b>
<i>P</i>	<,001	<,001	0,006		<,001	<,001	<,001	<,001
CF	<b>,431**</b>		<b>,331**</b>		<b>,466**</b>		<b>,430**</b>	<b>-,435**</b>
<i>p</i>	<,001		0,003		<,001		<,001	<,001
PD					<b>,439**</b>	<b>-,564**</b>	<b>,423**</b>	<b>-,484**</b>
<i>p</i>					<,001	<,001	<,001	<,001
						76		
PT						<b>,463**</b>		
<i>p</i>						<,001		
Self-J								<b>-,682**</b>
<i>p</i>								<,001

It is possible to highlight some significant results, in particular the positive correlation between Self-K and CS ( $r=0.346$ ,  $p=0.002$ ) and the inverse correlation between Self-K and Bo ( $r=-0.402$ ;  $p<0.001$ ). PD was directly correlated with Bo ( $r=0.407$ ;  $p<0.001$ ) and with CF ( $r=0.431$ ;  $p<0.001$ ) and inversely correlated with CS ( $r=-0.393$ ;  $p<0.001$ ). Self-I was directly correlated with Bo ( $r=0.425$ ;  $p<0.001$ ), CF ( $r=0.466$ ;  $p<0.001$ ) and PD ( $r=0.439$ ;  $p<0.001$ ). Md was inversely correlated with PD ( $r=-0.564$ ;  $p<0.001$ ) and directly correlated with PT ( $r=0.463$ ;  $p<0.001$ ). OI was directly correlated with BO ( $r=0.428$ ;  $p<0.001$ ), FC ( $r=0.430$ ;  $p<0.001$ ) and PD ( $r=0.423$ ;  $p<0.001$ ). Finally, Self-c was directly correlated with CS ( $r=0.438$ ,  $p<0.001$ ) and inversely correlated with BO ( $r=-0.513$ ;  $p<0.001$ ), CF ( $r=-0.435$ ;  $p<0.001$ ), PD ( $r=-0.484$ ;  $p<0.001$ ) and Self-J ( $r=-0.682$ ;  $p<0.001$ ).

The correlation founded in T1, are illustrated in table n. 7.

Table. 7: Significant bivariate correlations evidenced in T1

	EC	PD	Self-K	Self-I	Md	OI	Self-C
CS	<b>,342</b>	<b>-,260</b>	<b>,370</b>	<b>-,406**</b>	<b>,360**</b>	<b>-0,208</b>	<b>,412**</b>
<i>p</i>	0,003	0,023	<,001	<,001	0,001	0,071	<,001

BO	-,244			,448**	-0,167	,347**	-,367**
<i>p</i>	0,034			<,001	0,149	0,002	0,001
CF		,281		,356**	-0,064	,333**	-,314**
<i>p</i>		0,014		0,002	0,583	0,003	0,006
PD				,455**	-,384**	,453**	-,384**
<i>p</i>				<,001	<,001	<,001	<,001
PT					,305**		
<i>p</i>					0,007		
Self-J				,637**			-,806**
<i>p</i>				<,001			<,001

At the time of the second data collection, CS was directly correlated with EC ( $r=0.342$ ;  $p=0.003$ ), Self-K ( $r= 0.370$ ;  $p<0.001$ ) and Self-C ( $r= 0.412$ ;  $p<0.001$ ); it was inversely correlated with Self-I ( $r= -0.406$ ;  $p<0.001$ ). Self-C was inversely correlated with BO ( $r= -0.367$ ;  $p<0.001$ ), CF ( $r= -0.314$ ;  $p<0.001$ ), PD ( $r= -0.384$ ;  $p<0.001$ ) and Self-J ( $r= -0.806$ ;  $p<0.001$ ). Self-I was directly correlated with BO ( $r= 0.448$ ;  $p<0.001$ ), CF ( $r= 0.356$ ;  $p<0.001$ ) and PD ( $r= 0.455$ ;  $p<0.001$ ); it was also correlated with Self-J ( $r= 0.637$ ;  $p<0.001$ ). Md was inversely correlated with PD ( $r= -0.384$ ;  $p<0.001$ ). Finally, OI was directly correlated with PD ( $r= 0.384$ ;  $p<0.001$ ).

#### 4. Discussion

The aim of the study was to find out if and how the training path could change some of the characteristics that literature highlights as significant for professional well-being. At first sight, there is no evidence of significant changes between time T0 and time T1 in the dimension considered. However, for some dimensions (OI, Self-C, SC, Md, C), a statistically significant difference was observed for age, length of service and between the three types of profession in T1, but not in T0. This suggests that older people, those with more years of service and those with a specific professional training seem to have responded better to the researchers/trainers' requests. Professional experience and age may help professionals to cope with the extreme fatigue of the emotional labour demands of their work. Older professionals have had the opportunity and the time to learn all the rules, often less explicit, that bind them

to express or manage the emotions that may arise in them from knowledge or observation of particularly traumatic or painful situations experienced by the people they are trying to help (Brotheridge & Grandey, 2002). This enabled them to avoid the risk of emotional dissonance, i.e. the sensation that operators can experience when the emotions they express, which are appropriate to their role, conflict with what they feel (Abraham, 1998; Indregard *et al.*, 2018; Rafaeli & Sutton, 1987).

They also learned to share their difficulties with their colleagues, making it possible to build a community capacity (Chaskin, 2001; Maytum *et al.*, 2004), and to forgive themselves for the mistakes they could make (Jay Miller *et al.*, 2020; Neff, 2011). Thus, this learning allows them, more than the younger ones, to perceive the proposals of the training path as appropriate to their experiences, and therefore more understandable and shareable. From another point of view, educators (who reach a higher level of CH than psychologists and social workers) may have had the chance in their studies to understand that there is no real empathy without being able to feel the other emotion in our own person (Eisenberg & Fabes, 1990; Stevens & Taber, 2021). These educators, who used to work in-group, seem to have learned that all people fail and feel inadequate in some way, so that they can see imperfections as part of the shared human condition (Jay Miller *et al.*, 2020; Neff, 2011).

The other interesting results were the different correlations that could be identified between the two data collection points. While at time zero PD was inversely correlated with the level of CS (i.e. the higher the personal discomfort, the more the person showed symptoms of fatigue or burnout risk), at time T1 this correlation was no longer significant, while at T1 there was a direct correlation between CS and EC that was not present at T0. This could be explained by the assumption that while at T0 a good quality of professional life was associated with not being distressed by the suffering of others, at T1 the quality of professional life was associated with the ability to empathise with those suffering. Prior to the training and experiential path they were involved in, the professionals may have chosen to use some defensive strategies to protect themselves but the path proposed may have challenged these strategies and suggested that opening to others, and therefore better using the perspective taking, could have given them greater satisfaction as professionals (Bae *et al.*, 2020; Keyes & Haidt, 2002; Radey & Figley, 2007; Wagaman *et al.*, 2015).

The inverse correlation between self-J and self-C was stronger in T1 than in T0, so it could be said that after the path operators were more

willing to forgive their fragility and weakness. At the same time, the inverse correlation between Self-I and CS is stronger in T1 than in T0, perhaps because operators who accepted to share their difficulties with the team and colleagues perceived a higher sense of professional satisfaction, that is, wellness (Cabiati, 2021; Maytum *et al.*, 2004; Seebohm *et al.*, 2013).

In contrast to these positive results, between T0 and T1, a decrease in the strength of the inverse correlation between Self-C and BO, Self-C and CF and even Self-C and PD was observed. These data are difficult to interpret, but it could be assumed that the same people who in T0 were able to accept and forgive their fragility and that just this acceptance protected them from distress, perhaps thanks to the path, became more aware of their limits and this made them more exposed to stress and distress, as it was evident in the results recorded in T1. This interpretation seems to be supported by the results associated with a similar increase in the strength of the inverse correlation between Self-C. and Md. Awareness, if not managed, could be a double-edged knife, as it can reactivate some defence mechanisms to limit or reduce the individual's behavioural response of concern for self-protection (Breithaupt, 2012; Cowin, 2001; Decety & Jackson, 2004).

### *Conclusions*

The training path and the implementation of all the workshops aimed at promoting personal and team wellbeing at work seemed to have a better impact on older professionals with more years of service or on educators, perhaps because these professionals could perceive our proposals as relevant to their needs or abilities. This experience, thanks to the study carried out, has shown that these professionals have a great need to be helped to deal with the emotional threat to which they are exposed in their work; moreover, it has shown that a path that doesn't simply transmit some knowledge, but allows people to understand their limits and strengths, and to know that they are not alone, can become an empowering way to motivate operators to rediscover their agency opportunities (Giroux, 2004), learning to take care of themselves, together with the vulnerable people they meet every day. This experience has given them a greater sense of being part of a mutually supportive community that could protect them from distress, since «It is the presence of someone else that authorises our telling, and it is always for someone else

that we feel we can cry or be happy» (Contini, 1984, p. 64)<sup>6</sup>. Nevertheless, for some of these operators, the deeper awareness that the path and the workshops have enabled them to reach may have reactivated some defence mechanisms, because knowing our inner limits and fears can be very difficult and painful (Mortari, 2020).

It is therefore becoming increasingly clear that these operators need to be educated to see the uncertainty of life and work not as fate, but as a *choice* (Contini, 2009), and to learn to be gentle with themselves and others, even when they fail.

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<sup>6</sup> Author's translation, Editor's Note.

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