Exploring Self-Compassion and Perceptions of Recreation Therapists' Professional

Quality of Life

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Abstract

This study explores the professional quality of life (PQoL) of therapeutic recreation specialists (TRS) and the influence of self-compassion on PQoL. Through exploring this phenomenon with TRSs' that identified as having a high PQoL it was found that PQoL was created and influenced by: (1) the professional's authentic sense of self, (2) their meaningful relational competence, and (3) balancing many roles. It was found that the TRSs' interviewed focused on building and developing their positive emotion through: (1) utilizing strengths, (2) mindfulness and emotion regulation, (3) engaging and sharing passions, and (4) building a sense of community at work. Engaging in strategies that build and develop positive emotion allowed the participants to lessen their need to use coping strategies like self-compassion in order to have a high PQoL. This research allows for a deeper understanding of what creates and enhances the PQoL for TRSs'.

Keywords: Professional Quality of Life, Therapeutic Recreation, Self-compassion, Positive Emotion, Coping

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Chapter 1: Introduction

This study is an exploratory phenomenological study that examines the role of self-compassion on the professional quality of life (PQoL) of therapeutic recreation specialists (TRS). This study interviewed six TRSs' who self-identified as having a high PQoL. It examined what TRSs' who were satisfied with their job did in order to have a high sense of PQoL. This thesis will describe the current literature, methodology, results, and insights that were gained throughout this process. Introductions to therapeutic recreation (TR), PQoL, and self-compassion will be provided in this chapter.

Therapeutic Recreation

TR is a profession that aims to increase well-being for individuals with illness and disability through the use of recreation, leisure, and psycho-education. TR can be defined as "the purposeful and careful facilitation of quality leisure experiences and the development of personal and environmental strengths, which lead to greater well-being for people who, due to illness, disability, or other life circumstances, need individualized assistance to achieve their goals and dreams" (Anderson & Heyne, 2012, p. 39). What makes TR unique compared to other healthcare professions is the use of a strengths-based approach to help individuals increase their abilities and capacities (Carruthers & Hood, 2007). TR focuses on enjoyment and other positive emotions developed through participation in recreation and leisure to increase client's well-being and to promote the development of resiliency to be able to better face negative emotions and experiences in the future (Carruthers & Hood, 2007).

Professional Quality of Life

PQoL is a topic that concerns TRSs' because it can greatly affect the well-being of the therapist (Stamm, 2010). PQoL includes both the positive and negative aspects of working as a helping professional (Stamm, 2010). The negative aspects can be described as compassion fatigue, whereas the positive aspects can be identified as compassion satisfaction (Stamm, 2010). Although many healthcare professionals can experience both compassion fatigue and compassion satisfaction at the same time, if there is a negative imbalance, and the professional experiences more compassion fatigue than satisfaction with their work, this may inhibit the professional's well-being and their PQoL in a negative way (Bride & Figley, 2007).

Self-Compassion As A Way To Improve Professional Quality of Life

Self-compassion can be used as a way to reduce compassion fatigue and increase compassion satisfaction (Heffernan, Griffin, McNulty & Fitzpatrick, 2010; Neff & Costigan, 2014; Raab, 2014). Self-compassion can be defined as "being open and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (Neff, 2003a, p. 224).

Self-compassion has been found to help other healthcare professionals by increasing their ability to connect with others and gain support from others when they need it (Neff, 2008). Self-compassion increases the ability of professionals to connect with clients when suffering (Gustin & Wagner, 2012). It has also been found to help the healthcare professional be more open to their own and others faults, limitations, and

points of view (Gustin & Wagner, 2012). As well, the practice of mindfulness allows the

healthcare professional to be more present with their clients (Gustin & Wagner, 2012).

Self-compassion has also been found to increase the healthcare professionals

ability to engage in self-care (Neff, 2003a). These practices can include taking time off

work when needed, eating a healthy diet, exercising, and getting proper sleep. These self-

care practices can lead to the therapist taking a more proactive approach to their well-

being within their work and personal lives which can increase their well-being and thus

increase their satisfaction with their work (Gustin & Wagner, 2012).

Significance of Study

This research is important due to the lack of literature surrounding PQoL for

TRSs'. TRSs' can be susceptible to compassion fatigue from many factors, including

individuals with whom they work. Because TRSs' are working in healthcare settings, and

with individuals who are experiencing illness and/or disability they are exposed to the

trauma and suffering that those individuals have faced in the past or are currently facing.

Additionally, TRSs' focus on developing rapport and relationships with their clients and

take their clients out of traditional service settings to engage in enjoyable leisure

activities, and this may strengthen their relationship so that the client opens up to the TRS

about the trauma and suffering that they have, or are going through. This can enhance the

TRSs' susceptibility to compassion fatigue.

The work environment that the TRS works in may also increase their

susceptibility to compassion fatigue. Because the field of TR is fairly new, there is a lack

of definition and understanding around what TR is and what TRSs' do. This may mean

that the agency that the TRS is working for does not understand or support the TRS to

practice how they would like to practice. Because of this lack of understanding TRS spend a lot of their time educating and advocating for the field of TR (LeBlanc & Singleton, 2008). This lack of understanding can also mean that the TRS is working with a lack of resources to properly run their programs and services (LeBlanc & Singleton, 2008).

Due to the literature found in other healthcare professions that outline the effectiveness of using self-compassion as a way to increase compassion satisfaction and PQoL it is important to study how self-compassion can influence the PQoL for TRSs'. This is important to examine due to the TRSs' susceptibility to compassion fatigue. It is important to examine how TRSs' who have a high PQoL use self-compassion to educate other TRSs' on the use of self-compassion in the work place to reduce feelings of compassion fatigue.

It is also important to study the PQoL of TRSs' so that a better understanding of what makes TRSs' able to have a high PQoL can be gained. This is important due to the effects that a high PQoL can have on the well-being of the TRS. If a TRS is satisfied in their work, this will help the TRS to not only stay at their job, be more committed to their work, and also be better able to support the clients with whom they work. Examining the PQoL of TRSs' can not only help to improve the satisfaction for the TRS, but also help to improve their client's well-being as well.

Personal Connection to the Study

There are a few reasons as to why I was drawn to study and complete research on this topic. From my experience as a student working in the field of TR, I have always been amazed at the way that TRSs' were able to work. This study was born out of a

desire in myself to better understand and improve my ability to work and serve clients through my connection and ability to enjoy my future work as a TRS. I was interested to understand how TRSs' were able to sustain themselves and their enjoyment with their work over periods of time.

As a child, a lot of the adults in my life seemed unhappy with their jobs. It did not make sense to me, why they continued in jobs that they did not like. From a young age, I realized that I wanted something different for myself. I did not want to dread going to work, or live only for my weekends. I knew that there had to be another way. A way to make a living, doing something that provided passion, meaning, fulfillment, and enjoyment in life. That work could be an aspect where a part of oneself could be expressed and shared with the world. This study is rooted in this desire to better understand how satisfaction and PQoL could be increased to find more enjoyment, meaning, and satisfaction with one's work.

Also, from my experience and training as a yoga teacher and life coach I have always been interested in finding ways to love and accept myself more, as well as become more self-aware. I was very hesitant to the idea of self-compassion when I first discovered it. I think I knew that if I decided to research self-compassion, that I would have to practice it in my own life, which meant that I would have to change the way I treated and related to myself. I knew that this study would have a positive effect not only in other people's lives, but would also impact and change my own life as well.

Research Questions

      This exploratory phenomenology study sought to examine the role that self-compassion may have on the perceptions of the TRSs' PQoL by interviewing those that experience a high PQoL. The research questions that this study seeks to answer are:

1) In what ways are TRSs' satisfied or dissatisfied with their work lives?

2) What strategies do TRSs' use to maintain work-life satisfaction?

3) What self-compassion practices do TRSs' engage in?

4) How do self-compassion practices influence:

    a. Perceptions of PQoL

    b. Perceptions of clients

    c. Perceptions of the field of TR

Chapter 2: Literature Review

Therapeutic Recreation

The profession of therapeutic recreation (TR) uses meaningful leisure engagement, and psycho-education to promote well-being for individuals with illness and disability. TR focuses on and attempts to increase individual's strengths and capacities rather than just focusing on eliminating the individual's problems or issues (Carruthers & Hood, 2007). The use of leisure as the main focus in TR, allows individuals to develop positive emotions and personal resources to help individuals face difficult situations in the future (Carruthers & Hood, 2007). One of the ways that leisure creates these positive emotions is through the fact that leisure is an activity freely chosen and enjoyable for the individual (Carruthers & Hood, 2007). This promotes autonomy, choice, control, and an ability to experience challenge and try new things, which then promotes positive emotion (Carruthers & Hood, 2007).

In a job analysis study by the international certifying board, National Council for Therapeutic Recreation Certification (NCTRC), it was found that the majority of TRSs' work in a hospital setting (32.0%), skilled nursing facility (17.1%), and residential/transitional care settings (10.3%) (NCTRC, 2014). The primary populations that are served by the therapists are behavioural/mental health (37.5%), geriatric (30.4%), physical medicine/disabilities (20.4%), and developmental disabilities (11.7%) (NCTRC, 2014). Of the survey respondents, 88.6% were female, and 11.4% were male (NCTRC, 2014). The majority of respondents had been working in the field for 10 or more years (54.1%) (NCTRC, 2014), and had a current role as a recreation therapist (44.6%), recreation therapist/supervisor (16.5%), or a TR leader/programmer (9.8%) (NCTRC, 2014).

Job tasks & competences. TR service delivery is composed of four main components: assessment, planning, implementation, and evaluation (APIE). These steps make up the majority of the TRSs' time spent at work (LeBlanc & Singleton, 2008). Assessment includes determining the skills, abilities, interests, goals, barriers, and worldviews of the individuals with whom therapists work. This stage also incorporates developing goals and objectives to meet the individual's needs. The planning stage incorporates planning the TR interventions that will help reach the individual's goals. This stage also includes modifying activities to meet the individual's abilities for best results when implementing. The implementing stage of TR service delivery involves delivering the program that was developed for the individual. This allows the individual to engage in the program to help reach their goals and increase well-being. The evaluation stage involves evaluating whether the program was effective at meeting the individual's goals, or if changes need to occur in the future to better meet the individual's needs and goals (Stumbo & Peterson, 2009).

Along with the process of engaging with individuals in the aspects of TR service delivery, therapists also have a host of other job tasks that they perform on a daily basis (LeBlanc & Singleton, 2008; Witman & Rakos, 2008). These other job tasks can include advocating for their clients and services, documentation and administrative duties, incorporating research and using evidence-based practice, education and safety training (LeBlanc & Singleton, 2008; Witman & Rakos, 2008). These other job tasks can account for twenty percent of the professionals' time at work (Witman & Rakos, 2008). This can create a challenge for professionals as most agency standards have therapists spend 70% of the time directly with clients (LeBlanc & Singleton, 2008).

Another aspect of a TRSs' job that can get overlooked is the development of therapeutic relationships with clients. Based on the 2014 NCTRC job analysis study, one of the number one job tasks identified by TRSs' involved in the survey was the establishment and maintenance of relationships (NCTRC, 2014). Professional helping relationships are focused on helping clients reach their maximum potential growth and relieving problems or issues (Austin, 2009). Although there is no intent on reciprocation from the client, helping relationships can satisfy needs in the therapists to help others, and fulfill or actualize themselves through helping (Austin, 2009). One of the ways that TRSs' develop therapeutic relationships with clients is through using a strengths based approach when looking at clients (Carruthers & Hood, 2007). When doing this, a partnership relationship can be developed that helps support change, helps clients to view themselves as equals in the relationship, and validates their experiences (Carruthers & Hood, 2007). By looking at the strengths of the client and developing a positive therapeutic relationship with them, the TRS can increase their satisfaction with helping others.

Professional Quality of Life

Every job has positive and negative qualities that influence the worker's PQoL. Within the helping professions, these positive and negative factors that make up PQoL include compassion fatigue and compassion satisfaction (Stamm, 2010).

Compassion fatigue is used to describe the negative aspects of being a helping professional. Compassion fatigue includes both burnout and secondary traumatic stress (Adams, Boscarino & Figley, 2006; Stamm, 2010). Burnout includes feelings of exhaustion and frustration and is typically related to the work environment, whereas

secondary traumatic stress can develop from hearing and witnessing the traumatic

experiences of the individuals the health professional is working with (Hinderer et al.,

2014; Stamm, 2010).

Compassion satisfaction on the other hand includes the protective and positive

aspects inherent in helping others for a profession (Radey & Figley, 2007; Stamm, 2010).

These aspects can include feelings of altruism, and the positive feelings associated when

helping others (Radey & Figley, 2007; Stamm, 2010). Professionals may experience both

compassion satisfaction and compassion fatigue at the same time, however, if there is a

negative imbalance, compassion fatigue may limit the professional's ability to experience

compassion satisfaction (Bride & Figley, 2007). PQoL can be influenced by the

organization and work environment, the work tasks that the health professional must

complete, exposure to others' trauma in the work environment, and individuals'

characteristics (Bride & Figley, 2007; Stamm, 2010). Descriptions of compassion,

compassion fatigue, and compassion satisfaction will be described further to better

understand the influence of both the positive and negative contributors of health care

practitioners PQoL.

Compassion & Healthcare Professions

Compassion can be defined as the ability to share the experience and wish to

alleviate suffering with another person (Austin et al., 2013; Morgan, Morgan & Germer,

2013). The Latin roots of the word compassion *pati* (to suffer) and *com* (with) reflect this

definition of suffering with someone (Morgan, Morgan & Germer, 2013). Compassion is

a reflection of evolution as cooperation with group members helps improve group

survival (Morgan, Morgan & Germer, 2013). Because of this built-in instinct when

compassion is felt and offered to others we activate the caregiving system, releasing

oxytocin (Morgan, Morgan & Germer, 2013).

Altruism is at the core of compassion as it includes the desire to help others

relieve suffering (Morgan, Morgan & Germer, 2013). Because of this desire to help

others, compassion and altruism are referred to as necessary components of being a

helping professional (Geller, Madsen & Ohrenstein, 2004; McGaghie, Mytko, Brown &

Camerson; Radey & Figley, 2007). This ability to view the world as clients do, allows

professionals to tailor services to best meet their needs (Figley, 2002). However, this

ability for professionals to be with clients in their emotional experiences may leave them

vulnerable to compassion fatigue and burnout (Geller et al., 2004; Thompson, Amatea &

Thompson, 2014). Being compassionate can be associated with a cost, which can

influence the ability and interest in witnessing and relieving the suffering of others

(Figley, 2002). On the other hand, compassion allows professionals to build relationships

and rapport with clients, which aids in helping the client (Radey & Figley, 2007). This

ability to help and build relationships with others can help to promote compassion

satisfaction in the professionals work.

Compassion Fatigue

Compassion fatigue has become known as a hazard of working with individuals

who have been exposed to trauma (Bride & Figley, 2007). This exposure to individual's

trauma can result in changes in the emotional, cognitive, and behavioural functioning of

the professional (Bride & Figley, 2007). Compassion fatigue can be defined as the

decreased ability and interest for healthcare professionals to bear witness to the suffering

of others, which can result after exposure to another's traumatizing experience (Adams,

Boscarino & Figley, 2006). This can lead to reduced work satisfaction, and increased

distress such as exhaustion, impaired job performance, difficulty sleeping, avoidance of

items and places that are reminders of the event, intrusive thoughts and images about the

event, and depression and/or anxiety (Alkema, Linton & Davies, 2008; Sheppard, 2015).

In this sense, compassion fatigue can be related to post-traumatic stress disorder (PTSD),

where the difference being the primary traumatizing event is being witnessed rather than

personally experienced (Austin et al., 2013).

Often, due to the fact that working with individuals who have experienced trauma

involves reliving the traumatic event in order to develop healing, this reliving can expose

professionals to relive the trauma with the client (Bride, 2004). With this exposure,

symptoms of compassion fatigue may emerge (Bride, 2004). These effects can occur for

professionals regardless of training, race, gender, or age (Hesse, 2002). The negative side

effects of compassion fatigue, can reduce professionals ability to help clients and may

increase the likelihood of inadvertently harming clients (Lawson & Myers, 2011).

There is some discrepancy among researchers about the terms used to describe the

experience of compassion fatigue (Hesse, 2002). Terms such as compassion fatigue,

burnout, and secondary trauma are sometimes used interchangeably (Sheppard, 2015).

There has been evidence that compassion fatigue and burnout are similar, however,

others suggest that these terms should not be used interchangeably (Hesse, 2002;

Sheppard, 2015). Any of these terms used suggest the emotionally draining work that can

be accompanied when working with individuals who have experienced trauma, however

burnout can be differentiated from these terms (Adams et al., 2006). Differences between

burnout and compassion fatigue include the causes and solutions to its onset. Burnout has

been more associated with stressors resulting systemically and from the workplace, whereas compassion fatigue is more associated with working with and exposure to individuals who have experienced trauma (Thompson et al., 2014). This means that symptoms of burnout can occur gradually, but compassion fatigue can occur unexpectedly and immediately following a triggering interaction (Hesse, 2002). Burnout can be experienced in any type of profession and is typically characterized by disengagement and exhaustion from the work environment, however compassion fatigue is a term used to describe the effects of working with individuals who have experienced trauma and is typically applied to the healthcare and caregiving professions (Austin et al., 2013). Although burnout can be defined as different from compassion fatigue, burnout can be one of the negative effects associated with developing compassion fatigue (Austin et al., 2013). Secondary traumatic stress is another term that gets used interchangeably with compassion fatigue. Bride and Figley (2007) suggest that the term compassion fatigue is more "user-friendly" and associated with reduced stigma for the practitioner.

Compassion fatigue, although not readily researched in the field of TR has been researched in other healthcare professions. What can be gained from this previous research in other healthcare professions is the prevalence of compassion fatigue for those working with individuals who are or who have experienced trauma. It has been found that the more exposure and intensity that the healthcare professional interacted with their clients or patients who have had or are currently facing trauma in their lives increasing their susceptibility to compassion fatigue (Bush, 2009; Sorenson, Bolick, Wright & Hamilton, 2016). Although exposure to individuals facing trauma is a risk factor for developing compassion fatigue, other risks such as not feeling supported by coworkers

and management, personal stress, as well as working long hours and increased stress at

work have been found to be influencers for the healthcare professional to develop

compassion fatigue (Branch & Klinkenber, 2015; Bush, 2009; Sorenson et al., 2016). The

cause of compassion fatigue can be linked to the depletion of resources that the individual

has in order to cope with the stressors associated with work. Because of this depletion the

healthcare professional may not have the resources and resiliency needed to cope with the

stressors of their work environment and the individuals with whom they work (Shoji et

al., 2015; Zeidner, Hadar, Matthews & Roberts, 2013).

      Interestingly, what has been found in other healthcare professions as a way to

reduce the symptoms and susceptibility to compassion fatigue has been increasing the

healthcare professional's ability to cope with the stress and negative aspects of their work

environment as well as their work with individuals experiencing trauma (Bush, 2009;

Zeidner et al., 2013). Increased ability to cope is associated with feeling more in control

and better able to handle stressful situations that may arise. Associated with the ability to

cope is being able to be aware of one's emotions and having the ability to regulate them

(Zeidner et al., 2013). This has been referred to as emotional intelligence in the literature.

In studies those scoring higher on scales measuring emotional intelligence are understood

to be less susceptible and have fewer experiences of compassion fatigue (Shoji et al.,

2015; Zeidner et al., 2013). This is due to the individual's ability to reappraise situations

as not stressful and the resiliency that they have developed, which helps them cope

(Zeidner et al., 2013). Self-care and education have also been found to decrease

healthcare professionals susceptibility to compassion fatigue (Bush, 2009; Sorenson et

al., 2016).

Compassion Stress and Fatigue Model. Figley (2002) has developed a

Compassion Stress and Fatigue Model (see Figure 1) that includes eleven factors that

help to explain what causes compassion fatigue and what is needed to relieve it. The

model is based on the idea that empathy and compassion are necessary components of

working with individuals who are suffering and developing a therapeutic relationship

(Figley, 2002).
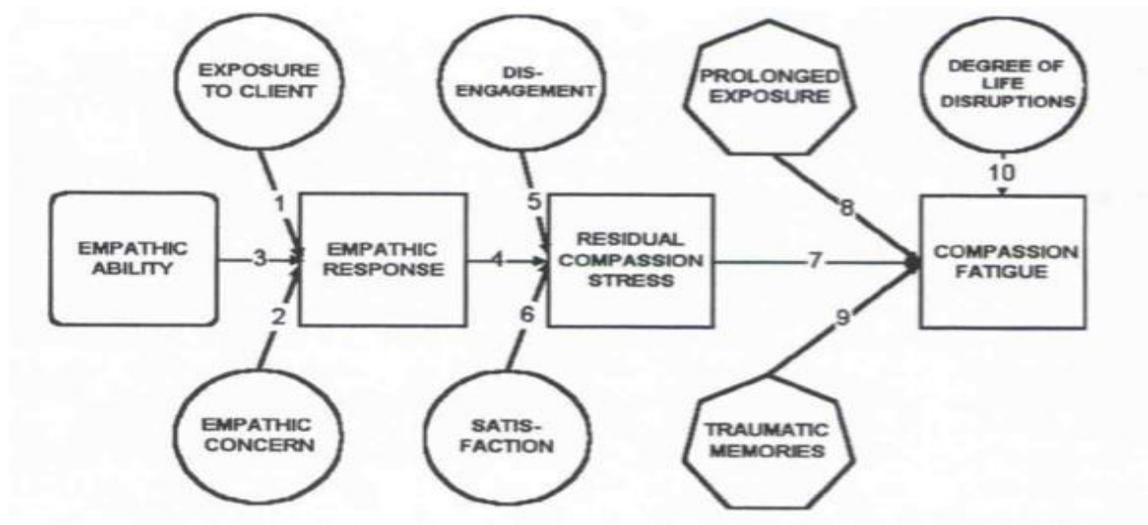
Figure 1. Compassion Stress and Fatigue Model (Figley, 2002, p. 1437)

The first factor that Figley (2002) discusses is the empathic ability that therapists

must have. This ability allows therapists to notice the suffering of others. The second

factor, empathic concern, is the therapist's desire to help the individual who is suffering.

The ability to empathize and wish to relieve suffering are necessary to help individuals

suffering, but can also make the therapist vulnerable to the negative side effects of caring

(Figley, 2002).

Exposure to the client is the third variable in the compassion fatigue model.

Exposure to the client is the therapist's experience of the exposure to the emotional

energy of the individual who is suffering (Figley, 2002). The amount that the therapist is

directly exposed to the suffering of clients is related to their susceptibility to compassion

fatigue (Figley, 2002).

Empathic response is the fourth factor. This factor is the amount that the therapist

tries to reduce the suffering of others through their empathy (Figley, 2002). In order for

the therapist to experience empathy for the client, they must try to see and feel what the

client is experiencing. This projection of the therapist into the client's experience can

cause the therapist to feel the same negative emotions that the client is experiencing

(Figley, 2002). With repeated exposure, this can lead to the development of compassion

fatigue.

Compassion stress is the fifth factor. This is the stress that comes from the

continual demand to relieve suffering of the client and engage in the empathic response

(Figley, 2002). There are two factors that lower and help to prevent compassion stress.

The first is the sense of achievement that the therapist can receive from being satisfied

when helping the client (Figley, 2002). The second factor is the ability for the therapist to

disengage and distance themselves from the client in between sessions (Figley, 2002).

Three other factors influence the onset of compassion fatigue if the therapist does

not take measures to reduce compassion stress. One of these factors is prolonged

exposure to the sense of responsibility to help individuals who are suffering (Figley,

2002). Figley (2002) also suggests that traumatic recollections and memories may trigger

similar symptoms of PTSD, such as depression and anxiety and contribute to the

development of compassion fatigue. The third factor is life disruptions, such as life

responsibilities, illness, and major changes in life that may normally cause a certain

amount of stress, but combined with other factors can result in compassion fatigue

(Figley, 2002). These factors together can explain some of the causes, ways to remediate, and symptoms that are associated with the development of compassion fatigue in therapists.

Compassion Satisfaction

Compassion satisfaction includes the positive aspects associated with professional quality of life. It is the sense of pleasure and joy that can be the result of helping those who are suffering, or feeling as though one is contributing to their workplace, and maybe even contributing to society (Bride & Figley, 2007; Hinderer et al., 2014; Sheppard, 2015; Stamm, 2010).

Compassion satisfaction can be a protective factor against compassion fatigue, and may explain why some professionals experience compassion fatigue and others do not (Bride & Figley, 2007). The sense of accomplishment and therapeutic relationships that the therapist develops with clients can help build compassion satisfaction. This is due to the positive changes that can be seen in clients and recognizing the impact that the therapist has in that process (Alkema et al., 2008), as well as the way that the therapeutic relationship is necessary for change to occur and for the therapist to feel a sense of accomplishment (Austin et al., 2013).

Currently in the literature there is a focus on compassion fatigue and not compassion satisfaction, however, Radey and Figley (2007) suggest that there needs to be a shift in focus from the avoidance of compassion fatigue to a positive focus on compassion satisfaction and what makes professionals flourish in their jobs. This promotion of compassion satisfaction rather than avoidance of compassion fatigue can potentially help protect against the negative aspects of working with individuals who

have experienced trauma (Radey & Figley, 2007). This aligns with the growth of positive

psychology, the increased focus on positivity in the aid of personal growth, as well as the

strengths-based approach that is used in TR (Linley & Joesph, 2007). If examining

compassion satisfaction from this view, compassion satisfaction aligns with two positive

psychology ideas: flourishing, and the broaden-and-build theory.

Flourishing Vs. Languishing. Flourishing involves not only the absence of

mental illness, but also the optimal functioning of individual's lives and the ability for

individuals to live freely rather than just existing (Keyes & Haidt, 2003). Flourishing

includes individual's ability to experience positive mental health, positive emotion,

engagement, positive relationships, and accomplishment (Seligman, 2011). Without the

presence of these qualities individuals can be in a state of languishing rather than

flourishing (Seligman, 2011). This can apply to therapists and the workplace, where

compassion satisfaction can be associated with a sense of flourishing and compassion

fatigue can be associated with languishing (Radey & Figley, 2007). In the case of

languishing, the professional is experiencing emotional distress, experiencing limitations

in daily activities, and psychological impairment (Radey & Figley, 2007). Flourishing

involves therapists finding joy and satisfaction with their work, and finding a sense of

fulfillment when seeing clients suffer less and make positive changes (Radey & Figley,

2007).

Broaden-and-Build Theory. In Fredrickson's (1998, 2001) Broaden-and-Build

theory, positive emotions broaden individual's perceptions in the moment allowing them

to see with more openness and broadened thinking. This in turn allows individuals to

build resources and resiliency to better face and recover from stress and negative life

events encountered in the future. The Broaden-and-Build theory also contributes to the idea of positive emotion allowing upward spirals as opposed to downward spirals, which can occur when experiencing negative emotions (Garland & Fredrickson, 2013). The use of positive emotions in therapist's work can help expand therapist's ideas and creativity needed to help individuals (Radey & Figley, 2007). This can lead to greater satisfaction with the ability to help others, which can then help expand the therapist's satisfaction with their work.

Along with the promotion of positive emotions, Fredrickson's (1998, 2001) Broaden-and-Build theory states a ratio of three positive events to every one negative event in order to be in a state of flourishing versus languishing (Garland & Fredrickson, 2013). This is hypothesized to be the same case when looking at compassion fatigue and compassion satisfaction. In fact, there may be a tipping point where if the therapist is not experiencing enough satisfaction in their work they may become more susceptible to compassion fatigue (Radey & Figley, 2007). This positivity ratio suggests a realistic aspect to life and experiences in the workplace, where individuals will not be able to experience positive emotions at all times, however, what is important is that their positive experiences outweigh the negative experiences in order to reduce the risk of compassion fatigue (Radey & Figley, 2007).

Preventing Compassion Fatigue/Promoting Compassion Satisfaction

The promotion of increasing positive emotions and flourishing in the workplace can be useful when thinking about ways to prevent and reduce compassion fatigue and promote compassion satisfaction. Promoting positive relationships, sense of accomplishment, engagement with work and clients, openness to others, self-care and

positive emotions are ways in which flourishing and the Broaden-and-Build Theory
(Fredrickson, 1998, 2001) can prevent compassion fatigue and increase compassion
satisfaction (Garland & Fredrickson, 2013; Radey & Figley, 2007; Seligman, 2011).
Fortunately the practice of self-compassion can incorporate and promote all of these
elements.

Self-compassion (which will be discussed further in the following section) allows
therapists the ability to be less critical and judgmental towards the self and promotes the
practice of being kind and loving towards the self. Practicing self-compassion then, can
increase positive emotions because of this less judgmental attitude (Hall, Row, Wuensch
& Godley, 2013). It can promote the ability to be more compassionate to others, because
the therapist is better able to be open and accepting of negative experiences, as well as be
more open and accepting of others' experiences (Neff & Tirch, 2013; Yarnell & Neff,
2012). This can help lead to the development of more positive therapeutic relationships
with clients. Self-compassion can then help the therapist accomplish their work, as well
as being able to be more open to celebrating the work that they are able to achieve. Self-
compassion helps individuals see and engage in practices that have their well-being at
heart. This includes self-care practices such as exercising, following a healthy diet, taking
time off work, engaging in social support networks, self-reflection, and mindfulness
(Alkema et al., 2008; Lawson & Myers, 2011; Radey & Figley, 2007; Thompson et al.,
2014). All of these practices have been found as ways to prevent compassion fatigue and
increase compassion satisfaction. Self-compassion may be a missing component in the
Compassion Stress and Fatigue Model (Figley, 2002) as one of the ways that compassion

satisfaction can be promoted and compassion stress and fatigue can be reduced for healthcare professionals.

Self-Compassion

Self-compassion is a means through which to counteract the effects of compassion fatigue and build compassion satisfaction for healthcare professionals, including TRSs'. Self-compassion is treating oneself with the same compassion and kindness that is typically more easily given to others (Germer, 2009). Self-compassion is related to the general concept of compassion (Neff, 2003b). The Latin roots of compassion means "to suffer with" (Germer, 2009). When offering compassion one is able to accept the emotional distress of the other person, and allow feelings of love and kindness to be given to the person experiencing suffering in order to help alleviate suffering. With self-compassion, this same acceptance, love, kindness and wish to alleviate suffering is given to oneself (Germer,2009; Neff, 2003b; Stuntzner, 2014). Self-compassion developed in the West out of the Buddhist tradition (Raab, 2014). Within the Buddhist tradition, boundaries between the self and others are nonexistent. This means that offering compassion to others and not the self engages in the idea of separation and not oneness (Neff, 2004). Buddhist's also believe that in order to have compassion for others, one must have compassion for the self (Neff, 2004). There are three components of self-compassion that are distinct, but also interact with each other to further enhance the practice of self-compassion. These components will be discussed further.

Self-Compassion Components

Self-kindness. Self-kindness is one of the three components of self-compassion. Self-kindness is related to the ability to offer kindness to the self when experiencing

suffering rather than being critical and judgmental towards the self when experiencing failure, inadequacies, mistakes, and imperfections (Neff & Tirch, 2013). Typically individuals' initial reactions to experiencing failure or a mistake is to beat the self up by criticizing and judging the self. This can even occur when an event such as an accident or traumatic event occurs outside an individual's control, where the individual usually fixates on fixing the problem rather than focusing on offering comfort and calmness to the self (Neff & Tirch, 2013). By practicing self-compassion, however, the self is offered gentleness, kindness, soothing and nurturing thoughts when experiencing suffering. When the problem or situation is acknowledged, compassion and kindness can then be offered to the self (Germer & Neff, 2013).

Common humanity. Another component of self-compassion is common humanity. Common humanity refers to the recognition that all human beings suffer, and that it is part of the human experience to be imperfect (Neff & Tirch, 2013). This recognition of interrelatedness with others helps to reduce feelings of isolation that may be experienced when feeling inadequate (Germer & Neff, 2013). This feeling of isolation can make suffering feel even worse as it is forgotten that failure, imperfection, and mistakes are normal (Germer & Neff, 2013). Also, the shared experience that comes from self-compassion, helps one to realize that others may be going through a harder time than oneself (Neff & Tirch, 2013). Remembering that others are going through similar or worse experiences when suffering helps reduce feelings of isolation and enhance feelings of connection with others.

Mindfulness. Mindfulness is the last component of self-compassion. Mindfulness is composed of two parts. The first being able to turn toward and experience painful

thoughts and emotions. This is done rather than suppressing or denying emotions

(Germer & Neff, 2013; Neff, 2003a; Neff, 2003b). One cannot engage in avoidance and

denial of pain and suffering and feel compassion for it at the same time. Pain and

suffering must be acknowledged first before compassion and kindness can be offered to

the self (Germer & Neff, 2013; Heffernan et al., 2010). Many people do not acknowledge

that they are suffering or how much pain they are experiencing. This can be especially

true when the suffering is self-induced by criticizing and judging the self (Neff & Tirch,

2013). Alternatively, when individuals face challenges in their life they can go into

problem solving mode rather than acknowledging how much they may be struggling in

the moment (Neff & Tirch, 2013). Mindfulness can be used to allow these painful

experiences to be recognized so that compassion can be offered to the self (Neff & Tirch,

2013).

Mindfulness also helps the individual to not get caught up and over-identify with

negative thoughts and emotions that are being experienced (Neff & Tirch, 2013; Neff,

2003a; Neff, 2003b). This helps to not react instantaneously, but instead to be able to

observe and change reactions (Neff & Tirch, 2013; Neff, 2003b). Being able to be open

and accepting of emotions and experiences allows for the thought, emotion, or experience

to be acknowledged so that compassion can then be extended toward the self.

Benefits of Self-Compassion

Research has shown that there are many benefits to practicing self-compassion.

One of the main benefits that have been associated with the practice of self-compassion is

the positive affect and mood that accompany the practice of it (Allen, Goldwasser &

Leary, 2012; Neff, 2003a). Self-compassion has been found to increase happiness,

optimism, wisdom, personal initiative, intrinsic motivation, and agreeableness (Allen et al., 2012). It has also been associated with improved adaptive functioning, less fear of failure, and improved ability to cope with life stress (Allen et al., 2012; Germer & Neff, 2013; Neff & Tirch, 2013). This improved functioning and coping may be associated with the fact that self-compassion activates the caregiving system which is related to feelings of safety and secure attachment as opposed to the threat system which is associated with defensiveness and insecure attachment (Germer & Neff, 2013; Hall et al., 2013; Neff & Tirch, 2013).

With the increase in positive emotion that is associated with the practice of self-compassion, a decrease in negative emotions such as anxiety, depression, and rumination has also been seen (Hall et al., 2013). One way that self-compassion may lower these negative reactions is that individuals who have higher levels of self-compassion are less likely to engage in self-judgmental behaviours (Hall et al., 2013). This judgmental behaviour of the self can increase isolation, and lead to increases in rumination and depression (Hall et al., 2013). Self-compassion also has the ability to help monitor individual's reactions to negative occurrences (Sweets, Neff, Alberts & Peters, 2014). Because mindfulness is a component of self-compassion, individuals can become more aware of their immediate negative and judgmental reactions to negative events and instead engage in more positive and gentle reactions. This mindfulness and kindness directed toward the self allows individuals to pursue more intrinsically and personally meaningful goals, rather than pursuing goals for extrinsic reasons or to avoid feelings of guilt and shame (Shapira & Mongrain, 2010). Self-compassionate people are also more likely to be more concerned with the progress of their goals, rather than being successful

(Hope, Koestner & Milyavaskaya, 2014). Because individuals who practice self-compassion do not fear being met with self-criticism when they fail, they are more likely to try new things, and they are also more likely to try again after they do fail (Neff, Rude & Kirkpatrick, 2007; Neff & Tirch, 2013).

Due to the lack of self-criticism that individuals with higher levels of self-compassion face, they are more likely to engage in health promoting behaviours (Neff et al., 2007). This is because self-compassionate people are more likely to acknowledge their weaknesses, and desire well-being, which can facilitate positive growth and change (Neff et al., 2007). Due to the fact that self-compassionate individuals do not rely on others or themselves to succeed or perform well in order to receive love and kindness toward the self, individuals are less likely to engage in behaviours that are self-centered and narcissistic which is seen in measures such as self-esteem (Neff, 2003a).

Self-compassion and others. Self-compassion has been shown to increase compassion towards others. One of the reasons why self-compassion helps to enhance compassion for others is that individuals are not afraid of feeling emotions such as failure, shame, fear, and despair in themselves, so they are less afraid to share those feelings with others as well (Germer, 2009). Self-compassion is also associated with greater ability to be open-minded and switch perspectives, so that individuals with higher levels of self-compassion are more able to see from others' realities (Neff & Tirch, 2013; Yarnell & Neff, 2012).

The use of the common humanity component of self-compassion also helps to increase compassion to others because there is improved understanding of others experiences as well as improved relationships with others (Neff & Tirch, 2013). When

individuals are able to recognize and face their own suffering with kindness and

compassion, they are then able to extend that to others (Stuntzner, 2014). When

individuals are able to practice kindness and compassion and less judgment for their own

limitations, they are then more able to be more tolerant towards others limitations as well

(Neff, 2003b; Stuntzner, 2014). Because self-compassion does not separate the self from

others, individuals can feel more self-acceptance and connection towards others (Neff,

2003b). This is opposite to concepts like self-esteem, which pose that the self needs to be

superior to others.

       Self-compassion also targets the argument that psychology has focused too much

on the individual rather than relationships and community (Neff, 2003b). With self-

compassion individuals practice the ability to connect to others and be a part of a larger

group which can lead to increased well being (Neff, 2003b). Self-compassion can also

help to balance self and others' needs in relationships, this has been seen to be central to

the development of healthy relationships with others (Yarnell & Neff, 2012). Individuals

who practice self-compassion are better able to recognize that individual needs are as

important as others' needs (Yarnell & Neff, 2012). Self-compassionate individuals have

also shown that they are able to feel more authentic in relationships and when resolving

conflicts within relationships (Yarnell & Neff, 2012). Because self-compassionate

individuals are more likely to accept who they are, they are more likely to assert their

needs and themselves in relationships (Yarnell & Neff, 2012). Self-compassion allows

people the ability to respond to conflicts with more peace, due to the fact that they are

more aware of their emotions and have greater experience facing negative emotions with

kindness and compassion (Yarnell & Neff, 2012). Because individuals who practice self-

compassion are more accepting of themselves, they are more likely to accept others as well. This can lead to greater compassion to others and to greater well-being in interpersonal relationships. These benefits may also then help build the therapeutic relationship and make sure that the therapists' needs are also being met within the therapeutic relationship.

Self-Compassion & The Healthcare Professional

Self-compassion has been linked to reductions in compassion fatigue, stress, and burnout for healthcare professionals (Heffernan et al., 2010; Neff & Costigan, 2014; Raab, 2014). Self-compassion uses a proactive approach to well-being, in the context of work setting, professionals who practice self-compassion are more likely to engage in health promoting behaviours like taking time off work, to increase well-being (Gustin & Wagner, 2012; Neff, 2003a).

Self-compassion also allows caregivers and healthcare professionals the ability to be able to face their own and others suffering without being overwhelmed, which may be a skill needed to reduce compassion fatigue and when witnessing the trauma in others (Neff & Tirch, 2013). This ability to sit with negative feelings can allow healthcare professionals the ability to be more present with their clients when they are experiencing negative thoughts and feelings (Gustin & Wagner, 2012). Self-compassion can allow the healthcare professional to be vulnerable and authentic with the client, which can allow the client to then feel more comfortable in their vulnerability as well (Gustin & Wagner, 2012). Part of this, is the ability for the self-compassionate healthcare professional to be open and accepting of the client, even though they may seem different from the professional (Gustin & Wagner, 2012). Being aware and accepting of one's own

limitations, allows healthcare professionals to be more accepting of their clients

limitations (Gustin & Wagner, 2012). It also allows the healthcare professional to tune in

to the clients emotional state, rather than focusing on their stories. By doing this, the

professional can embrace the shared humanness of the clients feelings, and offer greater

compassion and understanding towards their experience (Gustin & Wagner, 2012). By

practicing self-care and self-compassion, the healthcare professional can then be an

example to their clients to help foster them to practice compassion towards themselves

(Mills, Wand & Fraser, 2015).

Patsiopoulos and Buchanan (2011) completed narrative research with fifteen

counselors to better understand how they incorporate self-compassion into their practice.

The participants discussed that they utilized self-compassion in their sessions by

practicing acceptance of their own and their clients' strengths and weaknesses. They also

came from a stance of "not knowing" where they used curiosity as a way to practice self-

compassion with clients. Making time for themselves by taking breaks, and managing

their caseloads were discussed as necessary ways to practice self-compassion. Taking a

non-judgmental, open, and forgiving stance when facing mistakes was also part of the

practice of self-compassion. Being truthful and genuine about one's own humanness

allowed the participants to practice self-compassion and also to connect with their clients

more (Patsiopoulous & Buchanan, 2011).

The participants also discussed how the workplace supported their use of self-

compassion in their practice (Patsiopoulous & Buchanan, 2011). The participants were

able to connect with others by connecting with the team that they were working with, as

well as their supervisors and leaders. Being genuine, speaking truth, and being

accountable were ways in which the participants practiced self-compassion within their work environments. Self-compassion allowed them to own their mistakes, and assert their needs within the setting they were working (Patsiopoulous & Buchanan, 2011).

Self-care was the final way that the participants in Patsiopoulous and Buchanan's (2011) study practiced self-compassion in their practice. They referred to the need to take time for themselves, be with friends and family, sleeping, exercising, and getting proper nutrition as related to the practice of self-compassion. Participants also described leisure activities such as being creative and spending time in nature, humour, and spiritual practices as necessary components of self-care and self-compassion (Patsiopoulous & Buchanan, 2011).

Interestingly, although the participants discovered self-compassion on their own, only two of the fifteen participants had been introduced to the topic of self-compassion in an educational setting (Patsiopoulous & Buchanan, 2011). Self-compassion was a way for these participants to positively effect their work with clients, and to promote well-being within themselves (Patsiopoulous & Buchanan, 2011). Based on the research that demonstrates self-compassion can be useful for healthcare professionals to reduce compassion fatigue and increase compassion satisfaction, the use of self-compassion may also show benefit for TRSs'.

Therapeutic Recreation, Professional Well-Being, and Self-Compassion

Based on a survey, 91% of Certified Therapeutic Recreation Specialists (CTRS) reported that they were either "satisfied" (45.4%) or "somewhat satisfied" (45.5%) with their current job in TR (Riley & Connolly, 2007, p. 42). However, the respondents of the study seemed to be more satisfied with their own job performance, than satisfied with the

overall advancement of the TR field (Riley & Connolly, 2007). This may be due to issues

in opportunities for employment or career advancement, professional recognition, and

salary (Riley & Connolly, 2007). Based on this study, TRSs' appear to be more satisfied

with the work that they do with clients and less satisfied with the work environment or

field of TR. This relates more to a susceptibility to the burnout component of compassion

fatigue, rather than secondary traumatic stress. Gaining a better understanding of what

makes TRSs' satisfied and dissatisfied with their work can help to find solutions to the

issues that they are dissatisfied with and promote the items that they are satisfied with.

Because self-compassion has been found helpful for other healthcare

professionals dealing with the effects of compassion fatigue and promoting compassion

satisfaction, researching if it is also useful for TRSs' and their PQoL can benefit the

therapists to help them reduce compassion fatigue and increase compassion satisfaction,

thus increasing the positive aspects of their PQoL and increasing their well-being. By

interviewing TRSs' who experience a high professional quality of life, a better

understanding of the things that they do to experience a high PQoL can be gained. This is

in line with other positive psychology research where the researchers study those that

flourish and experience a high quality of life to better understand what it is about them or

their life that make them experience their high quality of life (Gable & Haidt, 2005;

Sheldon & King, 2001).

Chapter 3: Methodology

This chapter outlines the methods that were used to conduct this study. Phenomenology was the applied methodological guide for the completion of this study. Phenomenology helped to be able to gain a better understanding of the lived experiences of TRSs' and their PQoL, as well as guided how the research questions were answered (van Manen, 2014). This chapter will outline what phenomenology is, the collection of data, participant recruitment, data analysis, trustworthiness, as well as ethical considerations.

Research Questions

The research questions that this study sought to answer are:

1) In what ways are TRSs' satisfied or dissatisfied with their work lives?

2) What strategies do TRSs' use to maintain work-life satisfaction?

3) What self-compassion practices do TRSs' engage in?

4) How do self-compassion practices influence:

   a. Perceptions of PQoL

   b. Perceptions of clients

   c. Perceptions of the field of TR

Methodology

Phenomenology is the study of individuals' life experience of a phenomenon (Creswell, 2013; Patton, 2002; van Manen, 2014). It is the study of how individuals experience the phenomenon in their everyday life rather than how they "conceptualize, categorize, or theorize about it." (van Manen, 1984, p. 1). Because phenomenology aims to study how individuals experience a phenomenon in their everyday life, by studying a

phenomenon using phenomenology a deeper understanding of an individual or group of individual's lives can be gained (Bogdan & Taylor, 1975; van Manen, 2014). The end goal of phenomenology is to gain a better understanding of the experiences and meaning that individuals have of the lived experience of a phenomenon in their everyday life. By uncovering the meanings and experiences that individuals have the nature of the human experience can be more fully realized and we can "become more fully who we are" (van Manen, 1998, p. 12).

Phenomenologists are less concerned with uncovering the "truth" of the phenomenon, rather they are more concerned with obtaining the subjective meaning and experiences that individuals or a group of individuals have (McWilliam, 2010; Patton, 2002; van Manen, 1998). In this sense, anything that comes to the individual's consciousness is of interest to phenomenologically study, "whether the object is real or imagined, empirically measurable or subjectively felt" (van Manen, 1998, p. 9).

For this study, phenomenology was used to gain a deeper understanding of the way that TRSs' experienced self-compassion in their practice and how it affected their perceptions of their PQoL. Phenomenology was a useful method to gain this deeper understanding of the phenomenon of self-compassion in TR practice due to its goals of understanding the "nature and meaning of everyday experiences" (van Manen, 1998, p. 9). Using phenomenology as a research method meant that the similarities of the experiences of individual's within a group could be described (Creswell, 2013; Patton, 2002; van Manen, 1998). By collecting the lived experiences of self-compassion as it is practiced and experienced by a group of TRSs' in their work, a deeper understanding of

how self-compassion was experienced and influenced TRSs' practice and PQoL was gained.

van Manen (1998) has identified different stages that phenomenology researchers can follow to gain and describe the phenomenon under study. He suggests first, that the researcher turn toward a phenomenon (van Manen, 1998). In this stage, the phenomenologist can orient oneself to the phenomenon, create a phenomenological question, and then make clear any previous understanding or assumptions that they have about the phenomenon (van Manen, 1984).

van Manen (1998) suggests that the second stage is to "investigate the experience as we live it rather than as we conceptualize it" (p. 31). For this stage, he suggests that the researcher use their personal experience as a place to start. Then understand the phenomenon as it has been experienced throughout time, searching for the ways in which the phenomenon has been defined or understood in the past. Then the researcher can gain an understanding of the phenomenon by gaining descriptions of the way the phenomenon is experienced by those who have experienced it. Then the researcher can find the experiential descriptions in different literature and art (van Manen, 1984).

The third stage that van Manen (1998) discusses is the process of reflection on the themes that make up the phenomenon. In this stage he discusses that the researcher discovers themes from the experiences of the individual's who have experienced the phenomenon. Then the researcher can isolate the themes into statements. After doing this, the researcher can construct the theme into linguistic form (van Manen, 1984). In this stage a reflective process is used to glean the meanings and themes from the experiences of the phenomenon (van Manen, 1984).

The next stage that was created by van Manen (1998) is the researcher articulating and describing the themes through writing and rewriting it. In this stage van Manen (1984) suggests that the researcher focuses on the language used to describe the phenomenon. He also suggests using examples to show and demonstrate the phenomenon to the reader. Then he suggests a process of writing and rewriting where the researcher can go through all the stages again if needed (van Manen, 1984). In this sense, although the stages are presented in a chronological order, van Manen (1984) suggests that the process is not necessarily linear and that the researcher can engage in different stages at different times, and can even engage in all stages at the same time.

van Manen (2006) also describes how the lifeworld of individuals reflects all human beings and is not dependent on their history, or culture. This lifeworld includes different aspects and can be used to better understand the individual and the individual's experience of the phenomenon. These aspects include the lived space (spatiality) that the individual resides in. The lived space includes the feelings that may arise from their physical space. The lived body (corporeality) is another aspect. This aspect is associated with the fact individuals meet and interact with others and the world through the body. Lived time (temporality) is another aspect of van Manen's lifeworld. Lived time refers to the way that individual's subjectively perceive the world through time. This refers to a subjective understanding of time rather than referring to a clock. The individual's understanding of past, present, and future can influence their understanding of themselves and the world. Lived human relations (relationality) is another aspect and relates to the interpersonal space that is shared when living and interacting with others. The last aspect is lived things and technology (materiality) and refers to the interaction of any material

that may be related to the phenomenon being studied. These existential themes are

considered to be always present in an individual's reality, however depending on other

factors one may be more dominant than others (Heinonen, 2015).

Participant Recruitment

Six participants were recruited to take part in a one-on-one interview. The

participants were recruited though the use of purposeful sampling. Purposeful sampling is

used to choose participants that best represent the phenomenon under study (Bouma, Ling

& Wilkinson, 2012). For this study, the participants that best represented the

phenomenon were TRSs' who self perceived that they had a high PQoL. By focusing on

TRSs' who believed that they had a high PQoL, a greater understanding of what practices

make their PQoL high could be better understood.

This study used the TR faculty at Brock University to generate possible

participants for this study through their contacts. The participants in this study were

required to be working in the field of TR, self-identified as having a high PQoL, and were

working in the Niagara Region. Due to ethic restrictions, the possible participants'

contact information could not be shared without their permission. A letter (see appendix

A) was sent by email to faculty and was asked to be shared with any contacts that fit the

criteria and may have been interested in participating in the study.

On this letter, it asked possible participants to rank their self-perceived level of

PQoL between somewhat high, high, very high, and extremely high. This ranking was

used to determine and ensure that the participant's viewed their PQoL as high. It was also

used as a precaution in case there were an abundance of possible participants interested in

the study. So that those ranking higher on the scale could be chosen instead of those

ranking lower. As it turned out, there was an abundance of individuals working in a long-term care setting that expressed interest in participating. In order to make sure there was a balance between different service settings, some of the individuals were not able to participate in the study. To make the participant selection, the first three individuals that expressed interest in participating who met the requirements from both long-term care and mental health service delivery sectors were accepted as participants of the study. This meant that six participants in total were interviewed, three of the participants working in long-term care and three participants working in mental health. Due to the nature of qualitative research, where it is more concerned with gaining insight into the lives of a select few individuals rather than generalizing results to the whole population, this limited number of participants was sufficient (Luborsky & Rubinstein, 1995).

Interview Procedure

Once the participants were chosen, a time and location were agreed upon for the interviews. The letter of consent (see Appendix B) was sent to participants before the interview for them to review. At the beginning of the interview, the letter of consent was reviewed in person and signed by the participant. Then, a demographic information form was given to the participant to fill out (see Appendix C). This demographic information form allowed the researcher to gain insight into the participants age, work experience, education, etc. to provide an understanding of the participants background.

A semi-structured interview guide (see Appendix D) was used to conduct the interviews, which ranged from forty-five to ninety minutes. The interview guide was created based on van Manen's lifeworld and incorporates the aspects mentioned above such as time, space, body, and other. Examples of interview guide questions include

questions around work-life balance, how the participants may use self-compassion within their work, and the things they are satisfied and dissatisfied with their work. With the permission of the participant, the interviews were audio-recorded. The use of an interview guide was used to direct the conversation to remain oriented to the phenomenon under investigation, but also allowed for further clarification and understanding to be gained throughout the course of the interview (van Manen, 1998). By interviewing TRSs' who identified themselves as having a high PQoL, and gaining an understanding of the ways that self-compassion might influence this high ranking of PQoL, an understanding and description of the practices that make TRSs' PQoL high was gained. This allows for others to gain meaning and insight from their description as well.

About the Participants

There were six participants that were part of this study. As mentioned, in order to participate in this study the participants had to self identify as having a high PQoL, so all of the participants involved stated that they had a high PQoL. All of the participants were female and all of them worked as TRSs' in some way. Three of the six worked in long-term care settings. All of the participants who worked in long-term care were in a manager or supervisor role. The other three participants worked in a mental health setting as a TRS. In total the participants worked between 6-26 years in the field, and were between the ages of 27-51. All of the participants had Bachelor degrees, and one participant had a Masters degree. Five out of the six participants were Certified Therapeutic Recreation Specialists (CTRS).

Participant Descriptions

Liz. Liz is a CTRS working in a mental health service setting as a therapeutic recreation specialist. Her educational background is in recreation and has worked in the field of TR for more than twenty-five years. As a person, she is upbeat, outgoing, and fully engaged in life. She enjoys the time she is able to be with clients, and enjoys being able to offer advice and support to the clients with whom she works. She also seems to enjoy working with colleagues with similar beliefs and values, and being able to learn and support each other at work.

Jo. Jo is a CTRS working as a TR supervisor in a long-term care setting. She has a bachelor's degree with a focus on recreation. She's in her early forties and has worked in the field for over six years. Although she had a degree in recreation, she did not work in the field while she was raising her children. Jo, is more reserved and quiet. She enjoys her role as a supervisor where she can problem solve and do a variety of different tasks. She enjoys that her role gives her flexibility with the time she spends with clients, rather than when she was doing front-line work and felt she was playing a role when she was spending the majority of her time interacting with clients.

Sarah. Sarah is a CTRS working as a therapeutic recreation specialist in a mental health service setting. She has a bachelor's degree (honours) with a focus on recreation. She is in her early thirties and worked in the field for the past nine years. She seems like she is able to effortlessly balance her life with a young family and her work. It seems like she enjoys working one-on-one with clients and really getting to know her clients and help them. She is very much a quiet leader of her team, and always appears calm and composed.

Laura. Laura is a CTRS working as a Lifestyle coordinator in a long-term care setting. She has a bachelor's degree with a focus on recreation. She is in her early thirties and worked eight years in her current role. Laura has a lot of energy and a lot of love. Family is very important to her, and one of the reasons she decided to have a career in TR and work with older adults. She enjoys giving her clients opportunities for independence and autonomy. She is the leader of a small and close recreation team that work together to deliver services to clients.

Linda. Linda is the only participant not certified as a CTRS, she works as a programs manager in a long-term care setting. She has a bachelor's degree and her education has focused on gerontology. She is in her early forties, has worked in the field for sixteen years, and has a young family. She is very driven and focused in her career. She enjoys her role as a supervisor where she is able to get to know and manage staff, as well as interact and spend time with clients. She focuses on work-life balance and enjoys a healthy lifestyle.

Karen. Karen is a CTRS working as a therapeutic recreation specialist in a mental health service setting. She has a Masters degree with a focus on leisure and recreation. She is in her mid-twenties has worked both in long-term care and mental health services. She is calm and laid-back. It seems like TR is something she really believes in and enjoys being able to deliver the best possible services to her clients. She is very intelligent and seems to enjoy engaging with both the practice and theory of TR.

Data Analysis

Once interviews with participants were conducted, I transcribed the interviews verbatim. After the interviews were transcribed, I then read and re-read interviews

conducted with each participant. Through this process, I began to code each transcript. Coding refers to categorizing and grouping the similarities found within the data (Bouma et al., 2012). Once the data was coded, themes were given to each of the categorical codes. Themes describe what each category or code in the data is referring to (Bouma et al, 2012). This represents the third stage of phenomenological research that van Manen (1998) discusses. By coding and theming the data, the researcher can reflect and interpret the meanings that participants described about the phenomenon. From this study examples of codes that were developed into themes included things that the participants enjoyed about their work environment, which developed into the theme of creating meaningful relational competence and developing a sense of community in the workplace. Another example of a code that turned into a theme was the participants' description of aligning what they like to do in their job with what they felt they were effective at doing. This code turned into the theme conveying an authentic professional sense of self and cultivating an awareness and utilization of strengths and skills.

After this stage, the researcher continued onto the next stage highlighted by van Manen (1998). In this stage, the researcher wrote about each theme that was found and used examples that the participants who have experienced the phenomenon described. The three main themes that were found included: conveying an authentic professional sense of self, creating meaningful relational competence, and balancing many roles. More description of these themes and examples from participants can be found in chapter four. During this stage, the researcher also connected the themes and the experiences of the participants to previous literature that has described similar experiences of the phenomenon, which can be found in chapter five.

Trustworthiness

In qualitative research, trustworthiness is concerned with establishing if the researchers analysis of the phenomenon reflects the experiences of the participants (Kornbluh, 2015). To establish if the phenomenon was described in accurate and truthful ways, member checking was applied. For this study, member checking was used to determine the credibility of the analysis. That is that the description of the phenomenon matches the experience of those who have experienced the phenomenon (Lincoln & Guba, 2000). After the description of themes were developed by the researcher, they were sent to the participants so that they may verify that the description matched their experiences, and that they were interpreted in the way that they intended. An expert review by the thesis supervisor was also used as a way to member check and gain trustworthiness in the study.

Another way that trustworthiness was implied in this study was through the development of thick descriptions. Thick descriptions outline the descriptors of the participants and phenomenon that is being studied (Lincoln & Guba, 2000). These descriptors include the contexts and culture where the phenomenon is being studied.

Using a wide variety of perspectives to gain an understanding of the phenomenon ensured authenticity. Because the perspectives of TRSs' working in a variety of different service settings and working with different populations were used, this ensured that a wide array of perspectives of the phenomenon under study were used which allowed fairness and authenticity. Authenticity was also employed through ontological authenticity as a deeper understanding of the phenomenon was gained through the process of researching this phenomenon.

Ethical Considerations

Before the participants were recruited, this study received Research Ethics Board approval from the researcher's University Research Ethics Board. The informed consent form outlined any ethical issues that may have been present within the study. Participants agreed to be audio-recorded in the interview, which they agreed to when signing the informed consent form. To ensure anonymity participants were given pseudonyms in their transcripts. The primary researcher and academic supervisor were the only individuals who had access to the data. Data was stored on a password protected USB.

The participants who agreed to participate in this study are considered to be at a low or minimal risk of harm. Participants may have experienced discomfort when recalling their work-related experiences with the researcher. This may especially have been possible when the participant was recalling the negative aspects and stressors that they may experience in their work. There may also be risk that participants may be able to be identified, however, providing participants with pseudonyms and removing identifying information such as the location of their work will help to ensure that this will not happen.

Although participation in this study may not benefit the participant directly, they may have experienced benefit from contributing to the research field and sharing their experiences with others. They may have also experienced benefit from recalling the positive aspects of their work. Participants may also have experienced benefit from the satisfaction from sharing their own experiences to help other TRSs' working in the field.

Chapter 4: Results

This chapter outlines the results from this research study. The aim of this study was to examine how self-compassion influenced PQoL of TRSs' that self-identified as having a high PQoL. The research questions reflect this aim of study, and were as follows: In what ways are TRSs' satisfied or dissatisfied with their work lives?; What strategies do TRSs' use to maintain work-life satisfaction?; What self-compassion practices do TRSs' engage in?; How do self-compassion practices influence: perceptions of PQoL, perceptions of clients, perceptions of the field of TR?

However, when analyzing the data it became clear that the preconceived way of how self-compassion was used to influence PQoL was not necessarily the experience for the participants of this study. For the participants of this study, rather than using self-compassion as a way to cope and deal with the stress and negative experiences of their work, they instead used components of self-compassion in a proactive way to build resilience. This allowed them to not have to rely on self-compassion as a way to cope.

Because of this shift in the way that self-compassion was used from the initial understanding at the beginning of the study, some of the research questions are more thoroughly answered than others. The research questions of: In what ways are TRSs' satisfied and dissatisfied by their work lives?; and what strategies do TRSs' use to maintain work-life satisfaction? Are answered by these results more so than the research questions: What self-compassion practices do TRSs' engage in?; and how do self-compassion practices influence: perceptions of PQoL , perceptions of clients, and perceptions of the field of TR? This chapter outlines what other strategies that the participants used to influence and develop their high sense of PQoL.

Identified Challenges

Although the participants identified that they had a high PQoL, they did discuss the challenges that they faced within their work. For the participants these challenges were not specific to their place of work, but seemed to be the common challenges that are faced in the TR field. Two of the main challenges that they discussed facing included: lack of knowledge of TR, and witnessing their clients suffer and go through challenges.

Lack of knowledge of TR referred to the participants' co-workers and managers lack of understanding of what TR is and the role of a TRS. The participants discussed the frustration and challenges that they faced when constantly feeling like they had to advocate for themselves and their services, as well as not always being able to practice in a way that was aligned with their values and beliefs. Karen talked about her frustration when the co-workers that she worked with did not understand what she did and prevented her from practicing in a way most aligned to herself: "…if you see what I do, don't understand it find it intimidating, try to do things to not let me practice the way that I want to practice then that's very irritating."

The participants discussed how it was challenging to see their clients be in stress and suffer. They particularly found it challenging when they felt that they could not do anything to improve their clients' situation. Even when they tried to improve their client's situation the methods that they used were ineffective and their clients were not able to relieve the stress and discomfort that they experienced. Jo talked about her experience of not being able to relieve her client of his anxious state and the challenge that was associated with watching him in that state:

…for him it was an anxiety issue and I just, I couldn't change his mind

[…] I was upset because he was still anxious and I couldn't fix that for

him. I couldn't distract him, I just couldn't, he was anxious, right? And […]

that's when it's really hard.

Even though the participants discussed the challenges that they faced related to

their work, they also stated that challenges were a part of every job and so they tended to

not focus on them. They instead moved their focus from the challenges and things that

they did not like about their job to focusing on the things that they did like about their job

and building up those aspects. Laura talked about how even though she experienced

stress, she was still able to positively focus on what she was able to accomplish in her

work:

…sometimes like there needs to be more time in the day to get stuff done

[…] So I try to prioritize my time […] and letting things go that I can't

control. So if that means that I only get one thing done out of my list of

twenty that means that I got one thing done. I guess its kind of looking at

the glass half full, so that definitely helps.

It became clear that having a high PQoL was not based on not having any challenges

associated with their work, but instead was based on how they were able to build their life

and the positive aspects of their job around and despite having these challenges.

The methods and strategies that allowed the participants to build the positive

aspects of their work life and that enhanced their compassion satisfaction and PQoL will

be discussed below. There were three main themes that the participants discussed as

enhancing their PQoL. These themes included: 1) Conveying an authentic professional

sense of self; 2) Creating meaningful relational competence; and 3) Balancing many roles. These themes and their subsequent sub-themes will be discussed in further detail.

Conveying an Authentic Professional Sense of Self

        The first theme is conveying an authentic professional sense of self. This theme relates to the participants view and sense of self within and outside of the workplace. This theme relates to the therapists understanding of themselves and sharing themselves through their work. The participants talked about how being able to express themselves and be authentic to who they are while at work contributed to their high sense of PQoL. They were able to express themselves through developing a deep sense of awareness to who they are and the talents, strengths, and gifts that they have to share with others. By being able to know and express themselves in meaningful ways they were able to develop a sense of purpose by witnessing the difference and change that sharing their strengths had on the individuals with whom they worked, as well as an over-arching sense that they were actualizing a role that they came here to live. They felt that they were expressing their calling and purpose for being here and being a TRS. This deep expression of who they are and sense of purpose and meaning that was extracted from this expression allowed the participants to gain a sense of high PQoL. This theme incorporates three subthemes, which are: 1) Cultivating an awareness and utilization of strengths and skills; 2) Expressing passion for the field; and 3) Developing a sense of purpose. These themes will be discussed more in depth.

        Cultivating an awareness and utilization of strengths and skills. During the interviews with participants it became very evident that they were very aware of themselves and their strengths. They all mentioned that they have arrived at a place in

their life that they were aware of who they were and what strengths, talents, and gifts that they brought to the world. Liz discussed the qualities that she is good at how she enjoys engaging in them at work:

> …a planner, […] kind of a quick moving, energetic,[…] trying to figure out how to say listener to the clients. […] And I guess one of the things that I like to do is help and by that I like to give advice. […] It's like one of my favorite things. […] And that totally energizes me.

Because of this deep sense of self that they experienced, they were very aware of how their strengths and skills aligned with their work. They were able to design or arrive at a place in their careers where they felt like the strengths that they possessed were used on a daily basis in their work. Jo talked about how she found her role as a supervisor aligned more with her strengths and introverted personality:

> I appreciate the fact that I have the supervisory role and that I have the opportunity to plan and organize more than out on the floor. And that's based on my strengths. […] as an introverted person I'm not a typical person to be a rec therapist and […] this is more suited to me, for sure.

This awareness and utilization of their skills allowed the participants to feel like they were effective and capable of completing the tasks that they had while at work. Linda discussed how she felt accomplished and effective in her role: "Just knowing that at the end of the day I enjoy doing what I do. So seeing that smile on that face of a resident. To hear the praises from family members. […] To have that sense of accomplishment that I've done something." This provided them with a sense of confidence and meaning that they were able to do what they needed to do to fulfill their

role as a TRS. This feeling of meaning, effectiveness and ease with which the participants were able to work from allowed them to experience greater satisfaction with their work. Jo demonstrates this satisfaction that she has gained from utilizing her skills and strengths in her job and how her role as a supervisor allows her to better align her skills and strengths with her job to thus increase her job satisfaction: "I certainly feel like […] my role as supervisor is more suited to my ability and my strengths. […] I'm satisfied because I feel like I am able to use a lot of my skills."

Expressing passion for the field. It was very exciting to see how passionate the participants were about the field of TR. For them it was not just a job, it was something they were very passionate about and excited to share with others. Sarah discussed this idea by sharing that her work is not only something that she does but also utilizes in her own life:

> I guess I'm really passionate about my career choice (laughing) and
> so rec therapy is you know something that I not only facilitate and
> preach but I also practice. So I think just having that passion and
> being able to do something that you generally believe in really
> helps with your overall satisfaction in your job.

Sarah's experience of implementing the techniques that she shared with her clients was a sentiment described by other participants as well. The participants felt that, because they were able to be so passionate about what they were able to do for their job, they were able to experience a high sense of PQoL. Linda demonstrated this when she said: "I think it's intrinsic. Like you got to love doing what you're doing at the end of the day. If you don't, you're in the wrong profession." Because they were aligned with their own

passion and were able to express that passion in the form of sharing that knowledge and

working with their clients, they then had an overall profound sense of satisfaction with

their work. Karen discussed how she enjoyed the uniqueness of her job as a TRS: "Yeah I

like what I do and I mean because it's different. Like it's so unique and some of the things

that we get to do I don't think you'd be able to do in any other profession." Because the

participants were able to express something that they truly believed in and utilized in

their own life they were able to gain satisfaction, enjoyment, and a sense of meaning,

which increased their PQoL.

    Developing a sense of purpose. The participants described how much they enjoyed

helping others. It was very clear that the participants gained satisfaction from helping and

assisting others to improve their quality of life. Linda described that satisfaction that she

gained from helping others: "... just knowing that I've done something well and knowing

that I've made an impact on someone is gratifying it's intrinsically rewarding and it makes

you feel good." Because of this innate drive, wanting to improve others lives and being

able to work in a way which they were able to see that they were able to improve their

clients' lives, participants were able to gain a sense of purpose and meaning from their

work. By being able to feel effective and gain satisfaction and meaning from their work,

they were able to develop a sense of purpose from seeing the effect that they had when

working with others. Laura describes her experience of being able to feel effective and

enthusiastic about what she does which allowed her to experience a sense of purpose:

        I just love coming into work. So for me I think a big thing is […]

        I'm making an impact on these people's lives. […] I'm definitely

        very enthusiastic about what I do and I feel like myself and my

lifestyle assistant do […] change their life for the better. […] I feel

like I have a purpose.

The way in which the participants described this sense of purpose was also not so

much just about the job, but also a deep sense of purpose in their life. There was a clear

sense from the participants that they were not just at work to collect a paycheck, but

instead had a profound sense that they were aligned with their greater purpose and calling

in their life. That they were fulfilling a role that they were meant to fill. Linda described

how for her it was not just a job, that it was something deeper and that deeper meaning

was demonstrated to others: "… I think that's important because it's not just a matter of

your job. […] I think that if you value who you are, and you value what you're doing,

[…] you're going to show that and demonstrate that in your day-to-day dealings with

everyone." They were aligned with their purpose in and outside of work, which allowed

for congruency between their professional and personal selves. Laura described how

happy and satisfied she was with her life at the moment: "I guess I'm just in a really good

place. I'm in a really good place that it's like, […] I'm just really happy so I guess that

[…] obviously helps." Because of this ability the participants have to experience and

express their purpose this lead them to experiencing greater amounts of PQoL. By being

aligned and feeling excited and effective with their work, they were able to increase their

PQoL and thus their overall satisfaction and enjoyment of life.

Creating Meaningful Relational Competence

The next theme that will be described is creating meaningful relational

competence. This theme includes the participants' ability to create meaningful and

supportive relationships within the workplace. The participants discussed how much joy

and satisfaction that they received from developing relationships with their clients as well

as their co-workers. They felt like they were able to get to know both their clients and co-

workers on a personal level, which made them feel as if they were creating a sense of

community within the workplace. These relationships and sense of community they were

able to establish at work assisted the participants in being able to create a high sense of

PQoL. They were able to rely on their workplace community to provide inspiration and

support to continue their work. This theme includes two subthemes: 1) Developing

relationships with clients; and 2) Developing a sense of community within the workplace.

  Developing relationships with clients. Throughout the interviews the

participants talked about how much they enjoyed the process of working with clients and

getting to know their clients on a personal level. Liz talked about how she enjoyed just

being with the clients not necessarily in her therapist role: "Wednesdays we do things

together and I'm sort of not even a therapist then, we're just doing it together. And I like

that […] equality we're just […] in this together." For the participants, they enjoyed really

getting to know the clients and it lead them to develop a connection to them. Laura

described how she felt as though she is connected with the clients that she serves: "I feel

I'm connected to the residents because I get to know them on a personal level." This

connection allowed the participants to feel as if they were connected to their clients and

aided in the development of the participants' PQoL.

  The participants also discussed the depth of connection that they felt with clients

developed because of the way they used their strengths lens to view the clients. They

thought that through looking at their clients' strengths they were able to notice and focus

on the positive aspects of the clients. This positive focus and the positive interactions that

they had with their clients, allowed them to develop deep relationships with their clients.

It also allowed them to be better able to connect with their clients. Karen discussed her

ideas around how looking at her clients' strengths allows her to better connect with them:

> …there's a big connection with the individuals that we work with
>
> so you get to know them really well and really personally, kind of
>
> on a different level than I think some other healthcare professionals
>
> might get to know them cause we of course look at what they're
>
> good at.

The participants discussed how focusing on their clients' strengths and being able

to develop connections and personal relationships with their clients increased the

participants' PQoL. This was cultivated through being able to focus on the positives of

their clients as well as by being able to assist and help their clients in a real and authentic

way.

Developing a sense of community in the workplace. The participants talked

about the struggles that they had in the past when they had to work with co-workers that

did not share the same values and beliefs as them. They also discussed how much they

now enjoy and appreciate being able to work with co-workers that share similar beliefs to

them. Liz talked about how she enjoyed working with others who shared similar beliefs

and respected her way of delivering services:

> So if you get to work with somebody who sort of thinks the same way, or
>
> at least has the same philosophies, or has a general respect for the way
>
> you would facilitate, or the manner how you talk to people, or just a

general respect for one another and the content of the material that it goes

well.

Being able to share similar beliefs with their co-workers enabled them to feel a sense of

community within the workplace. It allowed them to be able to practice in a way that was

best suited to their values and beliefs and allowed them to express their strengths and

skills.

Being able to work with others that shared similar beliefs to them, the participants

were also able to use their co-workers as a form of support. They were able to rely on

their co-workers to provide support when they needed it. Because their co-workers were

going through similar stresses and challenges at work, the participants discussed what a

meaningful sense of support that they were able to gain from their co-workers. They

discussed how their co-workers were able to support them in being able to talk and

release any stress or challenges they were going through, bring new perspective into their

situation, and provide a space for humor and play to come through. Liz described how

she used humor with her co-workers at work: "… try to see the humor or just I think too

same thing having people to vent or just kind of laugh about it. […] And I think humor is

a big part of that just being able to shift it and then step away." These forms of support

allowed the participants to release and unburden themselves from any challenges that

they were facing in a supportive community at work. Liz talked about the way that

sharing with her co-workers and having a trusting relationship with them allowed her to

find relief for the stresses that she experienced at work:

> …sometimes just like telling what's frustrating, or […] what's not
>
> working with a different co-worker […] kind of helps me put it back into

perspective or gives me some strategies to deal with. So I guess that

would enhance my work life. Having trusting relationships here to kind

of work it out.

Building this sense of community at work the participants were able to practice

with others who shared similar beliefs, as well as rely on their co-workers as a form of

support when they needed it. This sense of community in the workplace allowed the

participants to increase their PQoL by being able to enjoy working with their co-workers,

being able to practice in a way that best aligned with their values and beliefs, as well as

being able to form trusting and supportive relationships with their clients and to be able to

use their co-workers as a form of support when experiencing stress related to work. Karen

discusses how working with co-workers who share similar beliefs helps her to enjoy her

work more:

I like collaborating with a team whose of a similar kind of mindset

as me. So there's a lot of age differences, education differences,

professional opinion differences, and when you find a coworker

who thinks like you do, and wants to achieve the same things that

you do it makes work a lot easier. A lot, a lot easier.

Balancing Many Roles

The last theme is titled: Balancing many roles. This theme refers to the

participants' ability to create balance within their life and their emotions. Although the

participants discussed the challenges and stresses that they faced within their place of

work as mentioned above, they also engaged in activities and strategies to create balance

in their lives. The three subthemes in this theme include: 1) Creating balance in emotions;

2) Creating balance in life; and 3) Creating balance through self-compassion. Both of these subthemes reflect the participants' ability to stabilize and create balance within their emotional state, their ability to create separation and balance between their work and personal lives, and their use of self-compassion as a way to increase PQoL. These subthemes will be discussed further.

Creating balance in emotions. Although the participants mentioned the challenges and stresses that they faced on a daily basis within their work lives, it became clear that they did not focus on them and that they instead engaged in activities and strategies that actually enhanced the positive emotions that they experienced at work and decreased their negative emotions. Linda talked about how she tried to bring her positive attitude into the workplace: "I think I'm a happy person and I try to create that atmosphere both in my own health and my own life and bringing that to the workplace." The participants talked about the positive strategies that they engaged in to increase their positive emotions. These included activities like: savouring, practicing gratitude, leisure, play, and celebrating successes. Sarah demonstrates the practices she engages in: "practicing gratitude and savoring and like I said highlighting those small successes so you know seeing our clients make improvements […] and kind of savoring those moments or kind of being grateful for those moments of my day and acknowledging them." By shifting their focus from negative to positive and building positive emotion within their work, it allowed the participants to be able to experience more satisfaction with their work. This then allowed them to be able to experience an increase in PQoL by increasing compassion satisfaction and decreasing compassion fatigue.

When the participants did experience negative emotions while at work, instead of focusing on them, they had a variety of coping strategies that they engaged in to release the negative emotions that they experienced and bring themselves back into a positive state. These coping strategies included things like: mindfulness, putting challenges in perspective, letting go of stress, reminding themselves that they are not able to do it all, and taking breaks. A lot of the participants referred to using the strategies that they taught their clients as a way of managing the stress and challenges associated with their work. Sarah provides an example of this, she says: "So I think just making sure that my own pattern of thinking, that I'm involving some of the coping strategies I'm teaching to bring back some balance definitely helps […] shift my perception." She notes that by engaging in these coping strategies it allowed her to change her perception and re-balance her emotions. This provided her, and the other participants as a way to increase their PQoL and not become too consumed by the negative compassion fatiguing aspects of their work. Linda described how she tried to let go of the things she cannot do so that she did not become too overwhelmed at work:

> …I think you need to let yourself know that you can't do it all, and if
> you can't that's where […] you have others help you or you delegate
> […]. And at the end of the day if you can't do things you ultimately
> say, "I can't do it." But I think it's important to know that distinction
> and difference, because otherwise you can get that sense of burden.

Creating balance in life. It became clear that the participants actively engaged in strategies to create boundaries between their work and personal lives. These strategies included: not bringing work home with them (either physically or mentally), and using a

sense of mental separation to create a boundary between their work selves and personal

selves. Jo described how she mentally separated her work and personal life:

> So my brain works like a filing cabinet and when I'm at work the work
>
> drawer is open and I really don't think about home. […] So same thing
>
> at home, when I'm at home that drawer is open and I don't really think
>
> about work. So that enables me to shut off, I mean not entirely
>
> obviously, but […] that is quite effective.

It was clear that the participants learned that when they brought work outside of

work, even if they were just mentally thinking about it, that it drained their energy and

did not allow them to have a break between work. This meant that they were not able to

feel refreshed and prepared for their next day of work. Sarah discussed how she and her

partner have a rule of only taking ten minutes each to discuss their days of work when

they come home. She found that by doing this she allowed herself to have a mental break

from work, which allowed her to feel refreshed for when she returned to work:

> But I do really try not to take [work] home with me. So when I do get
>
> home we typically have like a ten minute rule or so and if there was
>
> something stressful that we kind of just need to vent about or process
>
> or we do the general, "how was your day?" and so giving each other
>
> kind of a time frame to do that so your life at home doesn't become
>
> your work life. […] so yeah so we've gotten quite good at being able
>
> to […] do that together. And then I'm finding that it's not kind of
>
> staying fueled up from something that has occurred because I haven't
>
> spent all night thinking and discussing it […] and ruminating about it.

Through their experiences from working in the field it seemed as though the participants found it very important to engage in strategies that created boundaries and separation between their work and personal lives. When they did this they were then able to mentally and physically have a break from work and engage in other aspects of their life that they enjoyed. When they took this break from work, they were able to increase their PQoL. This was accomplished through not spending all of their time thinking and ruminating about the negative aspects of their work, but instead was focused on enjoying other aspects of their life. This allowed them to create balance and come back to work more satisfied with their job. Liz demonstrated this as she said: "Because I do, I have more time to do the things I like to do, which brings happy Liz to work."

Creating balance through self-compassion. It was interesting to note that during the interviews with participants, some identified as using self-compassion and some did not. Three of the six participants had previous knowledge about self-compassion and identified that they used it within their work. The other three participants were not familiar with self-compassion, but once the idea was explained could identify that they used parts of it without calling it self-compassion. Most of the participants identified most with the mindfulness and self-kindness components of self-compassion. Even though they might not have known what self-compassion was, they could relate that they used mindfulness and kindness directed towards the self. Jo described how she used components of self-compassion but had never identified that it was self-compassion: "…I've certainly never called it that. But […] I feel like I have mostly been kind to myself."

The participants stated that they thought the mindfulness component of self-compassion helped them to be self-aware of their needs and emotions. It was used as a way to check-in with how they were feeling or their needs and identify how they could take care of themselves. Sarah talked about how she used self-compassion to identify her needs and engage in activities to meet those needs: "I think in just paying attention […] cause we don't often pay attention to […] our own needs . […] I've recognized what some of those needs are, […] and things I can do that kind of help refuel those needs." For participants a lot of the ways that they engaged in self-compassion was through taking care of themselves and engaging in the self-care strategies mentioned above. These self-care strategies allowed them to balance their emotions by increasing their positive emotions and decreasing their negative emotions. One of the ways Laura described how she accomplished this by realizing she is not perfect and instead focusing on positive thoughts: "when it comes to […] the work environment and you know mistakes, I realize I'm not perfect and I like to learn from my mistakes. And […] any negative thoughts I try to turn them into positive." Liz also talked about this by saying self-compassion was: "…just treating yourself well and allowing for mistakes to happen or not be perfect."

The participants noticed benefits from engaging in these self-compassionate self-care strategies. These benefits included feelings of reduced stress and ability to handle stress, more engaged from the use of mindfulness, feelings of contentment in life, and increased ability to take an active role in the development and maintenance of happiness in their lives. Laura described how self-compassion allowed for her to experience less stress: "I definitely feel like […] it just allows for a much smoother day." Sarah described how she felt more content in her life through her self-compassion practices and how she

learned that she was able to influence her perceptions of happiness in her life through the use of self-compassionate practices:

> I'm far more content overall then I have been in former years (laughing) in my life. […]   So just overtime just kind of acknowledging and accepting […] that you know I have a role in my overall happiness as well, and that realistically no job is perfect so […] how can you influence your perception?

Although not all of the participants had previous knowledge of self-compassion, they all identified as using some parts of self-compassion to help to create balance in their life and increase their PQoL.

Summary

The participants identified the factors and strategies that contributed to their high sense of PQoL. Three main themes were identified as playing a role in increasing the PQoL of these participants. The first theme, conveying an authentic professional sense of self, included three subthemes: 1) Cultivating and awareness and utilization of skills and strengths; 2) Expressing passion for the field; and 3) Developing a sense of purpose. This theme described the role of the participants' sense of self and expression of themselves within their work. The second theme, creating meaningful relational competence, included two subthemes: 1) Developing relationships with clients; and 2) Developing a sense of community within the workplace. This theme described the benefit that the relationships that the participants formed at work with their clients and co-workers enhanced their PQoL. The third theme was, balancing many roles, this theme had three sub-themes: 1) Creating balance in emotion; 2) Creating balance in life; and 3) Creating

balance through self-compassion. This theme described the strategies and activities that they engaged in to maintain a sense of balance in their emotions as well as a sense of balance in their life. All of these themes represent the ways in which the participants were able to establish and maintain their high sense of PQoL.

Chapter 5: Discussion

The purpose of this research was to examine the ways in which self-compassion influenced the PQoL of TRSs'. The study purposefully sought to examine TRSs' with high PQoL with the goal of understanding how they navigated the challenges associated with working with people with illnesses and disabilities. Moreover, it attempted to seek if self-compassion reduced the effects of compassion fatigue for TRSs'. The literature review highlighted that other healthcare professions use self-compassion as a way to reduce compassion fatigue and increase compassion satisfaction. While the study was designed to talk about how self-compassion was used to reduce compassion fatigue and develop PQoL, it became clear that the participants in this study used self-compassion like practices proactively to build resiliency and strength rather than reactively to deal with stress and challenges. They identified that they used other strategies, not just self-compassion, to increase their positive emotions and satisfaction at work. This can be explained in part by the participant's ability to cope and handle stress. The participants in this study were able to build up their resources and resilience to handle stress by focusing on the positive aspects of their work and engaging in strategies to build positive emotion. When individuals build their positive emotion and resources to cope and handle stress, they do not perceive stress as being something that they cannot handle. Instead, they feel confident and capable that they will be able to handle the stress that they are facing (Hood & Carruthers, 2002). When individuals build up their resiliency and resources through positive emotion, like the participants in this study, they do not need to rely on coping strategies like self-compassion due to their ability to cope and lowered perception

and appraisal of stress. Given this, the stress coping model outlined by Hood and

Carruthers (2002) became an important explanatory tool for this study.

      This chapter will outline a possible explanation as to why these participants were

able to have a high PQoL without relying on self-compassion. First, this chapter will

outline the role of coping. Then, it will identify the strategies that the participants used to

increase their positive emotions. Finally, it will examine the ways in which this increase

in positive emotion can lead to an increase in PQoL. Lastly, this chapter will outline

implications and limitations for this study.

Coping

      An interesting finding from this study was that the participants did not rely

solely on self-compassion to increase their PQoL. Instead they seemed to focus on

increasing positive emotion in their work lives. One of the reasons that could explain

why the participants did not need self-compassion was their ability to cope. Coping has

been defined by Lazarus and Folkman (1984) as: "constantly changing cognitive and

behavioral efforts to manage specific external and/or internal demands that are

appraised as taxing or exceeding the resources of the person." (p. 141). Coping is

associated with an individual's environment and their appraisal of stresses within the

environment (Hood & Carruthers, 2002). This appraisal process includes an

understanding of the demands that the situation entails as well as the resources that the

person is bringing with them to face the situation (Hood & Carruthers, 2002). For

individuals who have positive resources and life experiences they will not appraise

situations as stressful in the first place (Hood & Carruthers, 2002). This is likely

because they will have more resources that they are bringing to the situation in the first

place so they feel better equipped to cope with the event.

Because the participants engaged in strategies to build positive emotion and as a

result build resources they were able to not feel as stressed and were better able to cope

and handle difficult situations. This meant that they did not have to rely on coping tools

such as self-compassion as much. The diagram below (see Figure 2), describes the

ability for the strategies mentioned above to increase positive emotion, which then

increased PQoL as well as life satisfaction. This lead to a decrease in the need for

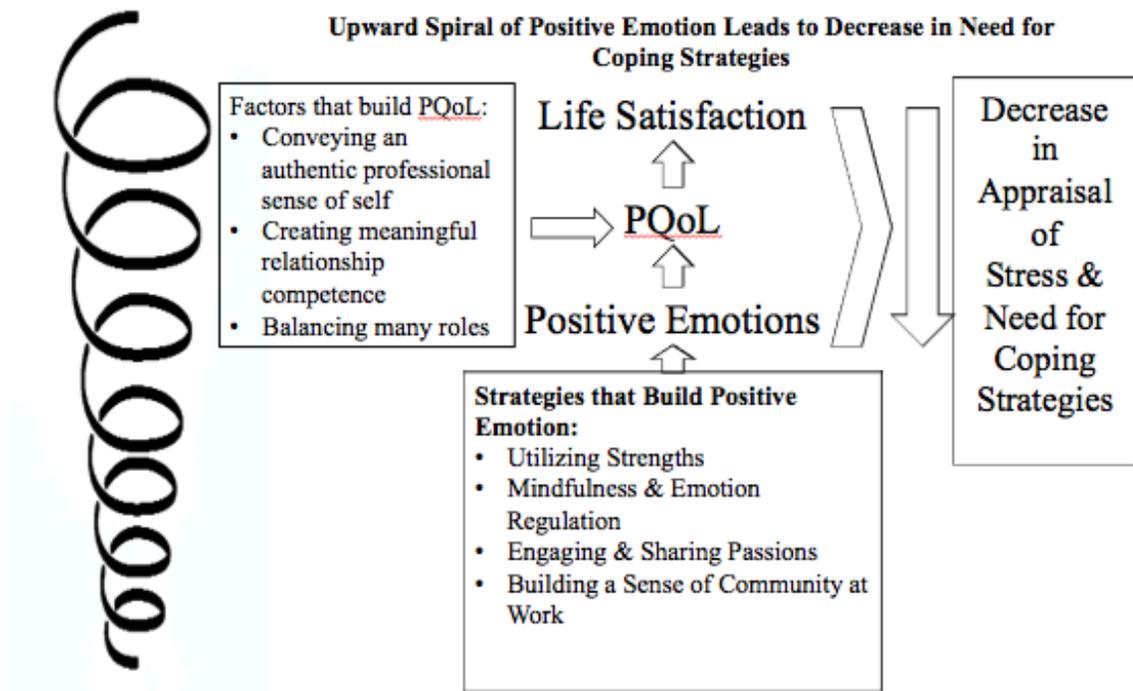individuals to engage in coping strategies like self-compassion.

Figure 2. Upward Spiral of Positive Emotion Leads to a Decrease in Need for Coping

Strategies Diagram.

Strategies to Build Positive Emotion

From the interviews with participants it became clear that they engaged in

strategies to build positive emotions and cope with stress in their daily work life. Four of

the main strategies that they used and that will be discussed are the utilization of

strengths, their ability to practice mindfulness and emotion regulation, engaging and

sharing their passion, as well as building a sense of community at work. These four

strategies will be discussed in further detail and will incorporate previous literature into

the discussion.

Utilizing strengths. Based on the results described in chapter four the participants

made a point of utilizing their strengths within their work and within their life on a daily

basis. Their ability to incorporate their strengths into their daily work life allowed them to

feel more effective and provided a sense of accomplishment and satisfaction with their

work, which thus increased their positive emotional experiences and PQoL. This section

highlights the literature supporting the results of this study of how the use of strengths

can increase positive emotions and PQoL. It describes what strengths are, the benefits of

using strengths, how the use of strengths provides a buffer against negative emotion and

the need for coping, and how strengths increase satisfaction in the workplace.

Strengths are considered to be natural and innate abilities that enable authentic

expression for the individual when they use them (Govindji & Linley, 2007; Proctor,

Maltby & Linley, 2011). Strengths are positive traits that an individual possesses and are

unique to them (Park, Peterson, & Seligman, 2004). The use of strengths has been

associated with many benefits such as increasing an individual's sense of fulfillment,

sense of self, identity, and their well-being (Proctor, Maltby & Linley; 2011). One of the

interesting findings that has been discovered through the use of strengths is the ability for strengths to allow individuals to perform at their highest capacity (Myers & van Woerkom, 2016; Wood, Linley, Maltby, Kashdan & Hurling, 2011). Utilizing strengths has been linked with one's ability to self-actualize, to reach their highest potential, and to perform at their personal best (Govindji & Linley, 2007; Littman-Ovadia & Steger, 2010; Wood et al., 2011). This research highlights how strengths help individuals to self-actualize and perform at their personal best. This connects to the results from this study where the participants felt like they were effective, and felt a sense of accomplishment in their work due to their use of their strengths.

Along with providing an ability to self-actualize, the use of strengths also has benefits linked to the increase of positive emotion. It has been found that strengths use has been accompanied with increased feelings of well-being and life satisfaction (Govindji & Linley, 2007; Littman-Ovadia & Steger, 2010; Myers & van Woerkom, 2016; Proctor, Maltby & Linley, 2011; Wood et al., 2011). More descriptively, the use of strengths allows for individuals to feel an increase in self-worth, self-esteem, and self-efficacy (Linley, Nielsen, Gillett & Biswas-Diener, 2010; Litman-Ovadia & Steger, 2010; Proctor, Maltby & Linley, 2011). The use of strengths has also been connected to living a meaningful and full life (Littman-Ovadia & Steger, 2010; Peterson, Ruch, Beermann, Park & Seligman, 2007). Because the use of strengths has been connected to increased pleasure, engagement, and meaning in one's life this increases an individual's satisfaction in life and also the perception of living a full life. When one engages in one's strengths this provides an energizing experience for the individual which helps to lead one to increased meaning and fulfillment in life (Harzer & Ruch, 2012; Peterson et al., 2007).

This connects to the meaning and sense of purpose that the participants from this study felt with their work, which also made the participants able to experience greater positive emotion and fulfillment outside of their work lives.

When individuals use their strengths they are more likely to fulfill goals that are in accordance with their values and interests, rather than goals based on external circumstances which also contributes to increased meaning and fulfillment in their lives (Linley et al., 2010; Myers & van Woerkom, 2016). Individuals who use their strengths to work towards goals that are intrinsic in nature, leads them to feel more hopeful and optimistic about the future, which also contributes to a satisfying and happy life (Littman-Ovadia & Steger, 2010; Myers & van Woerkom, 2016). Because strengths help to increase these positive factors and experiences in an individual's life the use of strengths has been connected to increasing positive emotion in one's life and connected to the Broaden-and-build theory (Fredrickson, 2001) which was discussed in chapter two and will be discussed further in this chapter (Myers & van Woerkom, 2016).

Not only has it been found that the utilization of strengths helps to increase positivity, satisfaction, and fulfillment in an individual's life strengths have also been found to be related to positive coping abilities, and a reduction of stress and negative emotions (Harzer & Ruch, 2016). This has been found not only in an individual's general life, but also in connection with their work life. Research has shown that individuals who report a high life satisfaction and a high sense of fulfillment and meaning in their lives are also shown to be better at problem solving, experience less stress, and better health (Park, Peterson & Seligman, 2004). The use of strengths has been found to act as a buffer against the negative effects of things like stress and negative emotions, and the ability to

positively cope with negative and traumatic life experiences (Harzer & Ruch, 2016;

Proctor, Maltby & Linley, 2011). Because utilizing strengths has been found to be related

to positive coping, it has also been found in the work environment to buffer against the

negative effects of the work environment (Harzer & Ruch, 2016). Using strengths at work

has also been found to reduce the occurrence of burnout, and withdrawal from work

(Myers & van Woerkom, 2016). This supports the results from this present study,

because the participants in this study utilized their strengths on a regular basis at work,

this could have contributed to their decreased need for coping strategies like self-

compassion and also decrease the occurrence of burnout and work related stress for them.

One of the interesting benefits that has appeared in the literature is related to the

use of strengths in the workplace. Not surprisingly due to all the benefits of strengths

listed above, using strengths also has benefits within the workplace. Using strengths at

work has been found to be associated with increased engagement, satisfaction, well-

being, and meaningful experiences at work (Harzer & Ruch, 2012; Harzer & Ruch, 2013;

Harzer & Ruch, 2014; Harzer & Ruch, 2016; Littman-Ovadia & Steger, 2010; van

Woerkom, Oerlemans & Bakker, 2016). It has been connected with an ability to

personally grow and develop, to be more energetic and dedicated towards work, and to

take a proactive approach to one's work and to the stress and job demands (van

Woerkom, Oerlemans & Bakker, 2016). People who apply their strengths in their work

environment have been found to view their jobs in terms of a calling or their purpose in

life rather than just a means of obtaining money (Harzer & Ruch 2012; Harzer & Ruch,

2016). Because people prefer jobs that are congruent with their strengths and when they

use their strengths they view their job as a calling and feel like they are helping others

and society this increased their satisfaction, meaning, and fulfillment in their life and

work (Harzer & Ruch 2012; Harzer & Ruch, 2013). The use of strengths can be used to

describe this result in the present study as well. The participants in this study used their

strengths within their work and perceived their work as a calling or their purpose in life.

The use of strengths could be tied to the participant's ability to feel this way about their

work. Because strengths are associated with the authentic expression and personal

identity of individuals, enacting strengths at work is associated with increased passion,

enjoyment, self-efficacy at work, and commitment to one's job (Harzer & Ruch, 2016).

This is all related to this present study where the participants utilized their strengths and

were able to experience the positive benefits associated with the use of strengths and feel

like their work was part of their calling and purpose in life. Based on the literature and

the experience of the participants utilizing strengths helps to increase well-being and life

satisfaction, as well when strengths are utilized at work they help to increase satisfaction

and positive emotions at work which can increase PQoL.

      Mindfulness & emotion regulation. Another strategy that the participants used

to build positive emotion was their ability to be mindful and aware of their emotions and

then take action to regulate them. This helped them to build positive emotions by taking

action to improve their emotional states rather than ruminate in their negative emotional

experiences. For the participants, they used mindfulness as a way to be aware of the

emotions they were feeling and then experience them in an open and accepting way. This

allowed them to take positive action to regulate their emotions rather than getting swept-

up in their negative emotions and self-critical reactive states. By doing this they were able

to engage in activities and strategies that increased the positive emotion that they felt

while at work which increased their PQoL. This section will outline literature discussing

the ability for mindfulness to increase positive emotion, to reappraise negative or stressful

emotional experience, and to regulate emotions, as well as the benefits that have been

associated with mindfulness in work contexts and being used as a way to increase PQoL.

Individuals who frequently meditate and engage in mindfulness practices have

been found to experience greater positive emotion (Geschwind, Peeters, Drukker, van Os,

& Wichers, 2011). Specifically, the practice of mindfulness has been associated with

increased life satisfaction, mental well-being, satisfaction in relationships, increased

positive emotion, decreased negative emotion, increased eudaimonic well-being, as well

as increased subjective well-being (Garland, Farb, Goldin, & Fredrickson, 2015; Schutte

& Malouff, 2011). Fredrickson, Coffey, Pek, Cohn and Finkel (2008) found that the

practice of loving kindness meditation (LKM) has been associated with increased

experiences of positive emotion. The engagement in LKM allowed individuals to

experience feelings of love, gratitude, peace, and hope, not only in the moment during the

meditation but also extending those feelings into individual's everyday life. This suggests

that the practice of mindfulness and meditation can improve people's positive emotional

states in the moment as well as into the future.

There are two ways that mindfulness allows individuals to experience greater

positive emotion. The first, is through the ability to bring one's awareness into the present

moment. By bringing one's attention and focus into the present moment, individuals have

the experience of releasing their attachment to distracting or worrying thoughts and

feelings (Geschwind et al., 2011). This releases individuals from downward spirals of

negative thoughts and emotions and allows individuals to experience greater openness to

the experience of positive or more neutral states of being. Because negative emotions are more intense and attention grabbing than positive emotions, another way that bringing one's awareness into the present moment allows for the experience of greater positive emotion is through being able to become more aware of and have increased ability to perceive positive experiences and states (Geschwind et al., 2011). This allows for individuals to be better at perceiving positive states and during positive activities, which will increase positive emotion by not being caught up and swept away by negative thoughts and emotions.

The second ability for mindfulness to increase positive emotion is through the ability and practice of being open and accepting of emotional states in the moment. Mindfulness and meditation experiences allow one to be in the present moment and open to their emotional experiences. This means being open to the present moment and one's emotional experiences without judging or criticizing oneself for experiencing them (Geschwind et al., 2011). By being able to be open and accepting of one's emotional experience there is less judgment of "positive" or "negative" experiences or emotional states, which will in turn allow for a more neutral place where one can then experience more positive emotions.

The ability to re-appraise and emotionally regulate has also been associated with mindfulness and the ability for mindfulness to increase positive emotions. Reappraisal is connected to Lazarus and Folkman's (1984) model of coping and stress. However, the idea of reappraisal is also connected to mindfulness because its ability to reconstruct and reappraise a situation or experience as positive, and valuable where it was originally appraised as negative and stressful (Garland, Gaylord & Park, 2009). Mindfulness is

associated with an increased ability to reappraise situations from stressful to beneficial

(Garland et al., 2009; Garland et al., 2015). Mindfulness increases this ability through the

experience of increased ability to cope and handle stress, as well as the ability to disrupt

automatic thoughts and behaviour patterns (Garland et al., 2015). Mindfulness as stated

above, allows individuals to distance themselves from their emotions and thoughts and to

allow themselves to be more present to their experiences as they are happening in the

present moment. This ability to distance, as well as be open and accepting of one's

experiences is what allows for this stress reappraisal process by allowing individuals

space and greater awareness to witness their automatic thoughts and behaviours as well as

distancing one from their identifying views about themselves and the world (Garland et

al., 2015). This space and dis-identification can allow for one to shift and give new

meaning to previously stressfully appraised events (Garland et al., 2009). By reappraising

a stressful event one can experience greater amounts of hope, meaning, and positive

emotion, which can increase positivity experienced in the moment as well as build

resilience for the future (Garland et al., 2009).

Emotion regulation is another way that mindfulness has been associated with the

building of positive emotion. Emotion regulation is the ability to for "individuals [to]

modify their emotions, their response to the emotions or the situations that elicit emotions

in order to respond appropriately to environmental demands." (Brockman, Ciarrochi,

Parker & Kashdan, 2017, p. 91). Mindfulness is associated with an increase in one's

ability to accurately perceive their own emotions as well as the emotions of others

(Schutte & Malouff, 2011). Because mindfulness is associated with this increased ability

to perceive one's emotions it has been associated with an increase in what is known as

emotional intelligence (Schutte & Malouff, 2011). Greater emotional intelligence has been found to be related to increases in positive emotion and decreases in negative emotion, as well as greater life satisfaction and subjective well-being (Schutte & Malouff, 2011). When individuals are able to become more aware, perceive, and understand their emotional experiences, they are then able to regulate their emotions by bringing their experiences from a negative or stressful state back into a neutral or even positive state (Brockman et al., 2017). Emotion regulation has also been associated with a greater ability to express emotions in a healthy way, rather than suppressing and denying one's emotional experiences (Brockman et al., 2017; Wang, Xu & Luo, 2016). This allows individuals to experience greater positive emotion by allowing one's emotions to be expressed rather than holding onto them and suppressing them, which could lead to an increase in negative emotion.

　　　　Due to the ability for mindfulness to increase positive emotion, it has been found that mindfulness can help lead employees to experience greater satisfaction at work. Hülsheger, Alberts, Feinholdt and Lang (2013) suggested based on their research that mindfulness assists employees in their ability to regulate their emotions and find greater satisfaction while at work. They suggested that this was especially true for employees having to engage in emotional labor while at work (Hülsheger et al., 2013). The employees who used mindfulness were better able to handle the stressful and challenging situations that they found themselves in at work, by being able to see the situations more from an observer perspective (Hülsheger et al., 2013). This then allowed them to refrain from negative attachments and reactions during these events, which allowed the

employees to engage in more positive strategies to deal with the stress and challenges that they faced while at work (Hülsheger et al., 2013; Weinstein, Brown & Ryan, 2009).

Because of the ability of mindfulness to assist employees to be better able to handle the stress associated with their jobs and to cope with this stress in positive ways, mindfulness programs have been implemented and studied in healthcare professions such as nursing. Cohen-Katz, Wiley, Capuano, Baker and Shapiro (2005) completed research on the effects of a mindful-based stress reduction (MBSR) program on nurses and the rate of burnout. They found that the nurses engaging in the MBSR program showed a reduction in the rate of burnout that they experienced. They also noted a reduction in feelings of emotional exhaustion and depersonalization that the nurses experienced. This adds value to the use of mindfulness as a tool to emotionally regulate for the participants in this current study. Because it has been found in other literature that using mindfulness allows for a greater experience of positive emotion, as well as helps to emotionally cope more positively with stressful and challenging situations while at work and lead to a reduction in the experiences of burnout. This suggests that using mindfulness is effective in increasing positive emotions, reappraising emotional experiences, regulating emotions, and reducing feelings of burnout which all will lead to an increase in PQoL.

Engaging and sharing passions. An interesting result from this study was how the participants really identified with being a TRS and the sense of purpose that they had in their roles. Not only their sense of purpose but also their excitement and joy that they experienced from sharing their purpose and passion with others. For the participants it seemed like being able to work in a role that was aligned with who they were and their

passions, values, and beliefs allowed them to cultivate positive emotions and a high

PQoL.

The use of passion has been found in the research to increase employee's well-

being. Passion has been defined as: "a strong inclination toward a self-defining activity

that one likes (or even loves), finds important, and in which one invests time and energy

on a regular basis" (Vallerand, 2012, p. 3). According to Vallerand (2012) a passionate

activity is something that one engages in and enjoys so much that it becomes a central

defining characteristic of the individual. It becomes a part of an individual's identity

(Vallerand, 2012). One's passionate activities are enjoyable and considered important to

the individual engaging in them (Vallerand, 2012). There is a connection to this and the

results of this research as the participants engaged in the profession of TR they became

identified with their role as a TRS that they identified that it was a part of their purpose

and calling in their life.

There are two types of passion that Vallerand (2012) identified and these are

harmonious passion, and obsessive passion. Harmonious passion is the result of a

personal acceptance of the activity as important for the individual without any

externalized pressure (Vallerand, 2012). On the other hand obsessive passion comes with

an external pressure of the activity placed by factors outside of the individual (Vallerand,

2012). These external pressures can be the result of intrapersonal or interpersonal

pressure that may take the form of social acceptance, self-esteem, and an uncontrollable

excitement to engage in the activity (Vallerand, 2012). This can result in obsessive

engagement in the activity rather than a more balanced and controlled manor. Those who

are engaged obsessively in a passionate activity can experience negative side effects from

this type of engagement. Because the individual is obsessively involved in the activity they may find it hard to disconnect from it and engage in other necessary parts of their life (Vallerand, 2012). When individuals are harmoniously engaged in a passionate activity, the individual is able to be fully immersed in the activity during participation, but then also is able to disengage from the activity when necessary (Vallerand, 2012; Vallerand & Verner-Fillion, 2013).

Engaging in one's passions in a harmonious way is associated with an increase in positive emotion. When one is able to fully immerse themselves in their passion and fully engage in it, they are able to experience greater well-being in their lives (Vallerand, 2012). Engaging in one's passions allows individuals to experience positive emotion through two facets. The first is an increase in the overall happiness, and the other increases an individual's ability to self-actualize and personally grow (Vallerand, 2012). This allows for individuals to experience positive emotions in the moment when they are engaging in the passionate activity, as well as into the future after they have engaged in the activity they are passionate about (Vallerand, 2012; Vallerand & Verner-Fillion, 2013). Due to the ability for passion to facilitate the experience of positive emotion, it can be used to help individuals experience an upward spiral of positive emotion, which will be discussed further in a later section. Engaging in passions in a harmonious way allows individuals to experience increased energy which allows them to experience greater health, and relationship benefits both during their engagement in the activity as well as after due to their ability to disengage from the passionate activity and engage in other meaningful areas of the individual's life (Vallerand & Verner-Fillion, 2013).

It has been found in previous research that harmonious passion is particularly related to well-being at work (Forest etl al., 2012; Trepanier, Fernet, Austin, Forest & Vallerand, 2014; Vallerand, Paquet, Phillipe & Charest, 2010). One reason for this is because when one is engaged in a harmonious passion activity while at work they are able to fully engage in the activity and thus derive the most satisfaction from it (Vallerand et al., 2010). It has also been found that harmonious passion allows the individual to build positive resources while at work such as competence and relatedness which helps individuals to have optimal functioning and increased work satisfaction (Trepanier et al., 2014). On the other hand when one is engaged obsessively they cannot let go of work, which may lead to conflict between work and other life activities and eventually burnout (Vallerand et al., 2010). Also, when engaged obsessively in a passionate activity one is not able to fully engage in the activity and so satisfaction from work cannot be gained (Vallerand et al., 2010). Due to this explanation, it has been found that harmonious passion has been associated with high levels of work satisfaction and low burnout, and obsessive passion has been found to facilitate burnout (Trepanier et al., 2014; Vallerand et al., 2010).

Based on these results it is interesting to see how the participants from this current study used harmonious passion to increase their work satisfaction and PQoL. The participants in this study are identified to use harmonious passion rather than obsessive passion because of their ability and reported practice of disengaging from work when they were not at work. It is interesting to see based on the research how harmonious passion could be a contributing factor of the participants positive emotions experienced at work and thus their work satisfaction and high PQoL. Another interesting link in the

research is the connection between harmonious passion, the use of strengths, and work

well-being. Forest et al. (2012) discuss the relationship between harmonious passion and

the use of signature strengths and consequent well-being. They suggest that an increase in

the use of signature strengths in a work environment helps to increase harmonious

passion for work and thus increases satisfaction for work and work well-being (Forest et

al., 2012). This again connects to the results of the current study because the results

identify the participants use of their strengths which could of helped to increase their

harmonious passion and their work satisfaction and PQoL.

Building a sense of community at work. Another factor that helped the

participants in this study build positive emotion and their PQoL was developing a sense

of community at work. As mentioned in chapter four, the results showed relational

competence between their clients and co-workers as a way that they used to improve their

work satisfaction and PQoL. These deep and meaningful relationships that the

participants developed at work allowed for feelings of being part of a community at work,

which helped to increase positive emotions as well as increase work satisfaction.

Literature on relationships and relationships at work help to support this understanding

that supportive relationships at work can help to increase feelings of positive emotion and

well-being, as well as employee satisfaction and PQoL.

Relationship literature outlines how positive relationships are related to positive

emotions as well as the experience of flourishing (Colbert, Bono & Purvanova, 2016;

Feeney & Collins, 2015). People who experience positive social experiences with others

have increased mental health, as well as increased perceptions of subjective well-being

(Feeney & Collins, 2015). Close and supportive relationships do not just offer support

during times of stress and challenges, but also allow for the development of well-being,

personal growth, and fulfillment in life (Feeney & Collins, 2015). Positive relationships

with others assist in this ability to flourish due to their ability to not only return the

individual to a baseline level when they experience stress and challenges in life, but also

offer different perspectives and approaches to allow the individual to better engage their

strengths and coping resources available to them (Feeney & Collins, 2015). Ultimately

the experience of positive social relationships allow individuals to experience a sense of

belonging, which has been associated with increases in well-being and positive emotion

(Colbert, Bono & Purvanova, 2016).

Not only have relationships outside of the workplace been associated with

flourishing, but workplace relationships have also been a contributing factor of employee

experiences of flourishing. Like the effects of personal relationships, work relationships

can support the function of flourishing by supporting employees during times of

challenge and stress at work, as well as helping to increase the opportunities and

resources for personal growth and development at work (Colbert, Bono & Purvanova,

2016). Employee flourishing in the workplace has been associated with increasing

positivity in the work environment, gaining support from others at work, as well as being

able to help others. These three factors will be discussed further.

Employee well-being is associated with the perceptions that individuals have with

their work. One thing that can positively increase their workplace perceptions are the

experience of friendships at work (Briner, 2000). Workplace friendships allows

individuals to experience enhanced feelings toward their work environment. These

increased positive perceptions of the work environment has been found to be associated

with decreases in turnover rates (McGrath, 2012; Riordan & Griffeth, 1995; Sias & Cahill, 1998), as well as being associated with career advancement (Colbert, Bono & Purvanova, 2016). Workplace friendships also help with the experience of congruency between work and personal lives where an individual's personal life or work life may begin to blend. Through this blending employees are able to develop friendships with co-workers and also to enjoy socialization with co-workers outside of the workplace (Sias & Cahill, 1998). Workplace friends allow employees to feel like they belong to a group of like-minded individuals at work, as well as enhance feelings of satisfaction and well-being by being able to work with others who have similar beliefs, values, and goals while at work (Colbert, Bono & Purvanova, 2016; Sias & Cahill, 1998). This was reflected in the results of this study, where participants found satisfaction by being able to work with co-workers who shared similar beliefs and values with their work and the delivery of their services to clients. Workplace friendship is also associated with having fun and experiencing positive emotion at work (Colbert, Bono & Purvanova, 2016). This relates to the report from participants of this study that used humor, play, and leisure to connect with co-workers, as well as relieve stress at work. By doing this, the participants were able to increase positive emotions as well as feelings of a sense of community at work.

Another factor that helps employees to flourish through workplace relationships is their ability to find support from others. Gaining support from co-workers allows for employees to make sense and release stress from difficult and stressful workplace experiences (McGrath, 2012). Specifically research has found that being able to vent, gain support, and advice on challenging supervisors, co-workers, or clients allows employees to bond, strengthen and deepen their relationship to one another (McGrath,

2012; Sias & Cahill, 1998). Not only has workplace relationships been found to support stress and challenges associated with work and the work environment, but it has also been found to support employees within their personal lives (Colbert, Bono & Purvanova, 2016). This allows individuals to connect further and deepen their relationship from co-worker to friendship.

An interesting finding from Colbert, Bono, and Purvanova (2016) was that not only do workplace relationships help employees find support during times of stress and challenge, they also help employees develop work satisfaction through being able to help others. In their study, being able to give to others was most related to job satisfaction. Because positive work relationships have been associated with being beneficial for both parties, being able to not only gain support but also give support to others allows for the development of stronger and more satisfying relationships at work (Colbert, Bono & Purvanova, 2016). Their research suggests that being able to give and help the recipients of their work, as well as their co-workers has been found to strengthen work satisfaction (Colbert, Bono & Purvanova, 2016). Being able to give to others allowed employees to satisfy their needs and enact part of their identity as kind and caring people which increased feelings of meaning, positive emotion, as well as satisfaction at work (Colbert, Bono & Purvanova, 2016). This relates to the results around relational competence in this study, where participants felt like they were able to give back and help their clients, which allowed them to experience greater levels of satisfaction and PQoL.

Results from previous literature outline the positive effects that social relationships at work can have in developing feelings of a sense of community at work through increasing feelings of connection, belongingness, support, and giving to others at

work. All of these factors have been found to increase feelings of positive emotion, work satisfaction, and PQoL and can be used to explain one of the ways that participants in this study used their relational competence to cultivate positive emotion as well as increased PQoL.

Upward Spiral of Positive Emotions

The participants used the strategies mentioned above to increase their positive emotions, and thus experience an upward spiral of positive emotions. This upward spiral was referred to by Fredrickson (1998, 2001) as the broaden-and-build theory, which was discussed in the literature review. The broaden-and-build theory allows individuals to increase their experiences of positive emotion over time. This then allows the individual to experience an upward spiral of positive emotion, which includes increased openness and ability to explore and participate in novel experiences, which can lead to increased well-being over time (Garland & Fredrickson, 2013). By increasing the amount of positive emotion an individual experiences it can lead them to be able to flourish (Fredrickson, 2001). Flourishing, which was also discussed in the literature review is one's ability to be in an optimal state of functioning (Keyes & Haidt, 2003).

The participants' ability to engage in strategies like utilizing strengths, mindfulness and emotion regulation, engaging and sharing in passions, and building a sense of community at work promoted their positive emotions and allowed them to experience an upward spiral of emotion while at work, which increased their PQoL. An interesting result of this study is how the participants' use of positive emotion and satisfaction at work increased their well-being not only at work but also outside of work. The participants noted how increasing their positive experience at work, they went home

with more energy and in a better mood, which allowed them to be more satisfied with

their personal lives. Liz talked about how her satisfaction at worked allowed her to come

home with a greater perspective to be able to handle any situations that might arise in her

personal life: "I think […] if you're satisfied at work you come home with a better […]

position [and] perspective so no matter what kind of comes on there, you're sort of better

able to handle it."

With this increased satisfaction, enjoyment and energy in their personal lives it

allowed the participants to engage in activities that they enjoyed. This then lead them to

be more satisfied and in a better mood when they returned to work which allowed for an

upward spiral in satisfaction and positive emotion. Jo discussed how satisfaction at work

allowed for this upward spiral:

> …when you're happy with your work, you can be happy in other
>
> places. If work drags you down, you'd be exhausted at the end of
>
> the day and you wouldn't have energy for the rest of things, right?
>
> So I think that if you don't have a high satisfaction with your job,
>
> there would be a downward spiral instead of an upward spiral.

This adds even further evidence that by increasing PQoL and work satisfaction it

allows individuals to experience greater well-being in their lives not only at work but

also outside of work (Proyer, Annen, Eggimann, Schneider & Ruch, 2012; Schueller &

Seligman, 2010). Because all of the participants identified as having a high PQoL it

cannot be determined if they have a natural disposition for being positive people and

focusing on the positive, or if they had learned to be that way either throughout their life

or from when they were working. Or perhaps it has been a combination of both being

naturally positive and learning skills to increase positivity. This could be an area where future research could examine.

Implications and Limitations

Although this study sought to seek the effects that self-compassion had on the PQoL for TRSs', and discovered that the TRSs' interviewed did not rely on self-compassion. It did add value to the field of TR as well as work satisfaction to see what strategies the participants interviewed used to increase their positive emotion and work satisfaction. It was interesting to note how the participants in this study did not focus on coping strategies to cope with the negative qualities of their work and work environment, but instead actively built up their positive emotion and the factors that they enjoyed about their job to further increase their satisfaction with their job and PQoL.

This finding has implications for the field of TR through the education of future TRSs'. By focusing on teaching future practitioners about the importance of building positive emotion has on PQoL an increase in the work satisfaction for practitioners can be developed. Teaching future practitioners to not only focus and enhance their clients well-being but also their own well-being by focusing on strategies that build positive emotion such as: utilizing strengths, mindfulness and emotion regulation, engaging and sharing passions, as well as building a sense of community at work could help them to experience greater and greater amounts of PQoL. This could help the field of TR advance and become more effective in the delivery of services due to the increase satisfaction and PQoL of the practitioners working in the field.

Another implication for this study is that the findings from this study and the importance of cultivating and engaging in strategies that increase positive emotion can

have for TRSs' that want to increase their PQoL and work satisfaction. Those

practitioners who are looking to increase their PQoL can use the results from this study to

further enhance their positive emotions that they experience at work and that influence

their overall well-being.

A limitation from this study is that the participants interviewed all identified as

having a high PQoL. This means that it is unknown whether focusing on building and

cultivating positive emotion has the same effect on increasing work satisfaction for those

practitioners who may not identify as currently having a high sense of PQoL. Perhaps for

those participants focusing more on coping strategies like self-compassion could be

necessary and provide a more beneficial effect to increase PQoL.

Another unknown and limitation of the study is whether the participants in this

study had a high PQoL and high level of well-being due to the fact that they actively

engaged in strategies to increase their well-being and positive emotion or if the

participants had naturally high levels of positivity and optimism so it was a natural or

easily learned process to focus on and further cultivate the positive aspects of their life

and work. This could again influence the ability for these results to be beneficial for those

who struggle or have a more pessimistic mindset to increase their PQoL.

Although this study sought to gather participants from different service delivery

systems, there were only practitioners working in long-term care and mental health who

participated in this study. In future studies gaining a broader variety in both service

delivery, locations, gender, work experience, and level of PQoL could be helpful to

further explore and understand the PQoL for TRSs'.

Conclusion

The participants from this study focused more on developing and cultivating the positive factors of their work rather than on dealing with and diminishing the negative factors. They built up their positive emotions through strategies such as: utilizing their strengths, engaging in mindfulness and emotion regulation, engaging and sharing one's passions, as well as building a sense of community at work. The participants engaged in these strategies and increased their well-being and PQoL at work, as well as influenced their well-being and life satisfaction outside of work as well. By the participants focusing on strategies to build their positive emotions and enhance the things that they enjoyed about their work, it meant that they did not need to engage in and utilize coping strategies such as self-compassion. For the participants of this study, building and engaging in strategies that enhanced their positive emotions allowed them to experience greater levels of PQoL.

Chapter 6: Conclusion

It appears from this study that self-compassion may not be necessary for increasing PQoL. That for those who already possess a high PQoL, engaging in strategies that increase their positive emotions and that focus on increasing the positive factors and items that they enjoy and like about their job can have a bigger impact in further increasing PQoL, as well as life satisfaction. This may be due to the individual's ability to cope and handle the stress associated with their work. It seems that those individuals who have a high enjoyment and satisfaction with their work, do not need to actively focus on and engage in coping strategies like self-compassion. Instead engaging in positive emotion strategies like utilizing strengths, mindfulness and emotion regulation, engaging and sharing one's passions, and building a sense of community at work are useful in further increasing their PQoL. By focusing on increasing positive emotion it allowed for there to be a balance or even positive ratio between compassion satisfaction and compassion fatigue, which allowed for increases in PQoL.

It was also interesting to find that by increasing their satisfaction and enjoyment at work, that they also increased their satisfaction and well-being in their personal life outside of work. As they enjoyed and were satisfied with their work, they were able to leave their jobs with more energy and in a better mood to be able to disengage with their work and enjoy their personal life outside of work as well. This lead them to be more fulfilled and energized when they then returned to work.

This study sought to understand the work satisfaction and PQoL of TRSs'. It sought to understand the effects that self-compassion had on increasing compassion satisfaction for the participants work and decreasing the effects of compassion fatigue

and burnout. As well as better understand the strategies that TRSs' used to enhance their

work satisfaction. After interviewing six individuals working as TRS that identified as

having a high PQoL and analyzing the data, it was found that the participants enhanced

themselves as professionals through their professional identity including both awareness

and utilization of skills and strengths, expressing passion for the field, and sense of

purpose. Through creating meaningful relational competence with both developing

relationships with clients, and developing a sense of community in the workplace with

co-workers. The participants also actively balanced many roles in their life through

balancing their emotions, creating balance and separation in their life, as well as creating

balance through self-compassion.

From this research, it can be concluded that for the participants interviewed the

use of self-compassion was not a necessary component in enhancing their PQoL and

work satisfaction. That engaging in strategies that enhance their positive emotions and

factors that they enjoy about their work is more beneficial in enhancing the work

satisfaction and PQoL. It is unknown whether engaging more in coping strategies like

self-compassion is beneficial for those individuals who have a decreased feeling of

PQoL. Perhaps for them, engaging in self-compassion can assist them in coping with the

stress associated with their work in order to then increase and regulate their emotions and

positive experiences at work. More research is needed to better understand the effects and

relationship between PQoL and coping.

This study can be used to support current and future TRSs' who are attempting to

increase their work satisfaction and PQoL. The results of this study can give insight into

the things that they can focus on to increase their enjoyment and satisfaction with their

work. This study can also support individuals outside of field of TR by understanding

more about how work satisfaction and PQoL can be increased.

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Appendices

Appendix A: Letter of Invitation

Appendix B: Informed Consent

Appendix C: Demographic Information Sheet

Appendix D: Interview Guide

Appendix A: Letter of Invitation

To Whom It May Concern,

I am a current graduate student at Brock University in the Department of Recreation and Leisure studies working with Dr. Colleen Hood. I am contacting you to see if you are interested in participating in my research study. My study is being completed for the purpose of a MA thesis. The title of the study is: Exploring self-compassion and perceptions of recreation therapists' professional quality of life.

The study will be focusing on gaining a deeper understanding of the professional quality of life of recreation therapists and the work-life balancing practices that enhance professional quality of life. Professional quality of life includes both the positive and negative aspects of work life. I am particularly interested in the practices of recreation therapists who identify themselves as having a high professional quality of life. High professional quality of life is when there are more positive aspects involved in the perception of work life than negative. Some indicators of a high professional quality of life might include: enthusiasm for work; feeling effective in your work with clients and agency; and positive emotion associated with work.

To participate in this study a one-time interview will take place. This interview will last approximately sixty minutes, will be audio recorded, and will be focusing on the practices that you engage in that influence your professional quality of life and how these practices have influenced your professional quality of life. At the beginning of the interview, you will be asked to fill out a demographic questionnaire that will take less than five minutes to complete. Questions include your name, age, email, agency and primary population at agency, education level, and work experience. All information will be kept confidential.

Although this research may not be of direct benefit to you, you may experience satisfaction from contributing to the research field and helping to gain an understanding of professional quality of life to assist other recreation therapists.

If you are interested in participating in this study and consider yourself to have a high professional quality of life as described above, please reply back to this email. When you reply please include your self-rating of your professional quality of life.

Somewhat High	High	Very High	Extremely High

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905-688-5550 ext. 3035, reb@brocku.ca)

If you have any questions about the study, please feel free to contact me, Ashlyn Stevens, or the faculty supervisor, Colleen Hood (see below for contact information).

Thank you for your interest and I look forward to hearing from you,

Ashlyn Stevens

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Appendix B: Informed Consent Form

Informed Consent

Date: March 3, 2016

Project Title: Exploring self-compassion and perceptions of recreation therapists' professional quality

Faculty Supervisor:	**Student Principal Investigator:**
Colleen Hood, PhD, CTRS	Ashlyn Stevens, CTRS
Department of Recreation and Leisure Studies	Department of Recreation and Leisure Studies
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Invitation

You are invited to participate in a study that involves research being completed as part of a MA thesis. The title of the study is: Exploring self-compassion and perceptions of recreation therapists' professional quality of life. The purpose of this study is to gain a deeper understanding of the professional quality of life of recreation therapists. This study will focus on recreation therapists that identify as having a high professional quality of life. By doing this, an understanding of practices, such as self-compassion, and how they influence and promote professional quality of life can be gained to help increase the professional quality of life of other recreation therapists.

What's Involved

As a participant you will be asked to engage in a one-on-one interview with the student principal investigator. With your permission, the interview will be audio-recorded. The interview will last approximately sixty minutes, and will focus on questions regarding your professional quality of life, work-life balancing practices you engage in, and how they influence your satisfaction with your work, clients, and the field of therapeutic recreation. At the beginning of the interview, you will be asked to fill out a demographic questionnaire which will not take more than five minutes to complete. The questionnaire includes information about your name, age, email, agency and primary population you work with, education level, and work experience. Information obtained from the questionnaire will be used to identify any similarities with participants involved in the study. In addition, you will have the opportunity to review a summary of the overall results to determine if they represent your experience. Results will be emailed to you once they have been developed. They should take approximately 30 minutes to review. A two-week period will be given for you to review the results. And you will also have access to an executive summary of the results if you would like to review it.

Possible Benefits and Risks
Although there may not be any direct benefit for you personally, you may experience satisfaction from contributing to research on the topic and in this field. As well as satisfaction from using your experiences to improve the professional quality of life of other recreation therapists. There may also be some risks associated with participation, such as stress when recalling situations or experiences that made you dissatisfied with your work. If you experience stress during the interview, you do not have to answer questions that you are not comfortable answering and you can withdraw from the study at anytime. Risks may also involve repercussions in the workplace, if items you are dissatisfied with are overheard by colleagues. To reduce this risk, interviews will be scheduled at a time and location where there will not be any interruptions or fear of being overheard.

Confidentiality
All identifying and demographic information, such as your name and the location of where you work will be removed from your transcript and not included in the findings. You will be given a pseudonym that will be used in the transcript and write-up of the study. Pseudonyms will also be given to any co-worker, client, or agency names that are mentioned in the interview. Anonymous quotations may be used when reporting results. Data collected during this study will be stored on a password protected USB and locked cabinet. Data will kept for the duration of the study, after which time all data will be deleted and shredded. Only the principal student investigator, Ashlyn Stevens, and faculty supervisor, Colleen Hood, will have access to the data. All information provided is considered confidential.

Voluntary participation
Participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study. Further, you may decide to withdraw from this study at any time and may do so without any penalty. If you withdraw from this study, all data will be deleted or shredded and will not be used in the study.

Publication of Results
Results of this study may be published in professional journals and presented at conferences. Feedback about this study will be available from the principal student investigator, Ashlyn Stevens (ashlyn.stevens@brocku.ca), by September 2016.

Contact Information and Ethics Clearance
If you have any questions about this study or require further information, please contact the principal student investigator, Ashlyn Stevens (ashlyn.stevens@brocku.ca), or the faculty supervisor, Colleen Hood (chood@brocku.ca), using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University (15-171-HOOD). If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

Consent Form

I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name:_____

Signature:_____

Date: _____

Appendix C: Demographic Information

Demographic Information

Project Title: Exploring Self-Compassion and Perceptions of Recreation Therapists'
Professional Quality of Life

Name:_____   **Age:**_____

Email:_____

Agency:_____

Primary Client Population Served:_____

Position Title:_____

Education Level:_____

Number of years working at job;_____

Number of years working in the field:_____

Appendix D: Interview Guide

1. You have identified yourself as having a high professional quality of life. How did you come to that self-rating? What informed your sense of high professional quality of life?
2. Tell me a bit about your work life.
   - In what ways are you connected to others in your work and how does it affect your quality of work life?
   - How does the environment at work contribute to your satisfaction or dissatisfaction with your work?
   - How do you experience time when you are at work?
   - How do you typically feel when you are at work?
   - How would you describe yourself while at work?
3. Professional quality of life is often thought about as a balance between work satisfaction and work dissatisfaction.
   - In what ways are you satisfied with your work?
     - What do you enjoy about your work?
     - What motivates you about your work?
     - In what ways do you feel you are effective in your work? With clients? In the agency? In the profession?
     - Any other things that contribute to your work satisfaction?
   - In what ways are you dissatisfied with your work?
     - What do you dislike about your work? What is difficult about these aspects of your work
     - What are the stresses associated with your job? With working with clients? With working in the field of TR?
     - Any other things that contribute to your work dissatisfaction?
4. What strategies do you engage in to maintain work-life satisfaction?
   - What strategies do you use to enhance the positive aspects of your work life?
   - What strategies do you use to minimize/manage the negative aspects of your work life?
5. Self-compassion is often associated with professional quality of work life. What does the notion of self-compassion mean to you? In your experience, how do self-compassion practices influence professional quality of work life?
   - When you think of self-compassion practices, what comes to mind for you?
   - Do you identify as engaging in self-compassion practices? If so, what do those look like? What benefits have you noticed from engaging in those practices?
   - If you do not engage in self-compassion practices, what prevents you from doing so?
6. How does having a relatively high professional quality of life affect various parts of your life:

- Your work with client?
- Your engagement in the field of therapeutic recreation?
- Your work-life balance?
- Your sense of self?
- Your overall well-being?