

The functioning of rescue workers in life tasks: development of a test

Functioning of
rescue workers
in life tasks

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Abstract

Purpose – Since policemen have a highly demanding job, they have a high risk of developing mental health problems, which may have a negative influence on their private life. The purpose of this paper is to present a new questionnaire for measuring the functioning of rescue workers in life tasks outside of work.

Design/methodology/approach – The internal consistency, factor structure and concurrent validity of this life tasks test (LTT) were examined in a group of 108 policemen.

Findings – The test measures perceived effectiveness in the following five domains: social life, maintaining mental health, household and finance, giving meaning and maintaining positivity. Cronbach's α was acceptable for two scales (> 0.60) and good for the other three (> 0.70). The hypothesized five-factor structure of the LTT was corroborated in a confirmatory factor analysis. Concurrent validity was examined by correlating the scores on the LTT with two established questionnaires, one for personality characteristics and one for work characteristics and work stress. All LTT scales, with the exception of social life, showed significant correlations with social support, workload and personality.

Research limitations/implications – This provides support for the concurrent validity of the questionnaire. Practical uses and future research are discussed.

Practical implications – The items are close to everyday clinical practice. It adds valuable information to the commonly used questionnaires on mental health complaints. The test may also provide insight on which life tasks domains are functioning well and which are in need of attention to improve the effectiveness.

Social implications – In both preventive and curative mental health support, it is important to enhance the effectiveness in life tasks, because it works as a buffer for the adversity of rescue work. Moreover, it gives rescue workers mastery of their personal life, makes self-management stronger, as well as it gives feelings of confidence and positive energy.

Originality/value – This is the first questionnaire to be designed and implemented for rescue workers.

Keywords Work stress, Mental health, Personality, Life tasks, Policemen

Paper type Research paper

Introduction

Rescue workers have a demanding job, especially when they work in the frontlines. This can have a negative impact on their functioning in life tasks. Adler (1912) was the first to introduce the term life tasks. Life tasks are about striving for specific goals, building up a life and striving for significance. He identified three main challenges in life tasks with which individuals are confronted and these are work, social relations and love. Later he added the life task "self and spirituality." Huber (2014) asserts that these life tasks are important pillars of health and well-being.



Research shows that an accumulation of involvement in critical incidents makes the rescue worker susceptible for the development of psychological symptoms (Monnier *et al.*, 2002; Dorresteijn *et al.*, 2003; Halpern and Maunder, 2011; de Boer *et al.*, 2011). For example, a Dutch study (Houtman *et al.*, 2005) showed that job stress for police officers is higher than for average Dutch employees. Their jobs entail a higher tempo and contain more sources of tension. Being attuned to the job on a 24/7 basis, its all-pervasive character, the irregular shifts and chronic understaffing make it difficult to find sufficient time to recover and maintain a private life (Vila, 2006; Eriksen and Kecklund, 2007). Most studies emphasize the risks of rescue workers' sacrificing their health and private life, for recent examples see the studies by Harvey *et al.* (2016) and Siffaki-Pistola *et al.* (2017). On the other hand, rescue workers do a job which makes a difference in the lives and safety of other people. So, it is not all negative. For example, Leppma *et al.* (2018) showed post-traumatic growth (PTG) in policemen after a disaster. We encountered some problems in the development of a scale for measuring relationships in family life. The research group was too small to enable us to distinguish between the many different options of family compositions. We decided to omit this facet from the further construction process. The current analysis therefore is based on the following five life tasks: social life, maintaining mental health, household and finance, giving meaning and maintaining positivity.

Life tasks

In the present study we focused on practical daily life tasks. On the basis of earlier research, the following domains were regarded as the most important life tasks: family life, social life, household and finance, maintaining mental health, giving meaning and maintaining positivity.

The aim of the present study is to develop a test for measuring the effectiveness of the functioning of rescue workers in their life tasks. Before we turn to the development of the test, the relevant literature about the impact of rescue work on the effectiveness in life tasks will be briefly reviewed for each of the domains mentioned above.

Social life

Several studies show that a supportive environment can act as a protective buffer. Social support by friends moderates negative effects in life (Bandura, 2001) and it is believed to be positively associated with satisfaction, productivity and negatively with burnout (Baruch-Feldman *et al.*, 2002). Stetz *et al.* (2006) showed the importance of social support in units of military police, where it was believed that social support moderates the effect of strain in a relationship. Supervisor support in particular is related to satisfaction and productivity but not to burnout, whereas family support is related to job stress (i.e. burnout) and less with productivity (Evans *et al.*, 2013). Yasien *et al.* (2016) and Chae and Boyle (2013) showed the importance of sense of community and bonding to others, which lowers psychological distress.

Maintaining mental health

Self-efficacy appears to play a critical role in the recovery of post-traumatic stress and in the impact of loss of resources (Benight and Harper, 2002; Bandura, 2001). Cicognani *et al.* (2009) studied emergency workers and found that a sense of community is positively related to efficacy beliefs and active coping strategies. Heinrichs *et al.* (2005) concluded that firemen develop more PTSD and feelings of hostility, if they score low on self-efficacy. Self-efficacy buffers the impact of perceived stressful encounters on professional quality of life (Prati *et al.*, 2010; Regehr *et al.*, 2003; Robyn *et al.*, 2011). Shepherd and Wild (2014) found in ambulance workers, that enhanced coping was associated with making more positive appraisals and greater levels of objectivity during these call-outs. Also, Sonnentag and Grant (2012) showed that perceived competence and reflection foster positive work reflection after-work hours.

Household and finance

The practical organization of household chores and finance is an important life task that can easily come under pressure due to long hours and irregular shifts. Elbogen *et al.* (2012) found the following protective factors among a group of veterans: paid employment, self-care and stable financial situation. Moreover, respondents with mental health problems had more financial and job problems than participants without those mental health problems. In a study by Bailey *et al.* (1998) on mental health care professionals, financial stress is responsible for 30 percent of the variance of personal and job happiness.

Giving meaning

Research on the role of meaning in treatment is still in its early stages (Cheavens *et al.*, 2006). The more important the role rescue workers play in a mission or assignment, the better they are able to cope with the stress (Schok *et al.*, 2008). The professional role of being of meaning in life saving and well-being is an important protective factor (Abelsson, 2018). Allen *et al.* (2011) found a higher resilience predicts less distrust in others and the world and more personal growth. Giving meaning in response to adverse and stressful events acts as a protective buffer and facilitates recovery.

Maintaining positivity

Sonnentag and Grant (2012) found that positive work reflection was associated with a higher perceived competence and predicted a positive affect at home. The ability to mentally detach from work is also associated with improved affective states at home (Ogińska-Bulik and Zadworna-Cieślak, 2018). Additionally, engaging in positive activities buffers against negative feelings and beliefs about self-efficacy (Caprara and Steca, 2005). Helping others is an experience of success that can boost feelings of competence (Grant and Campbell, 2007; Penner *et al.*, 2005). Maintaining positivity is an aspect of resilient people, they experience a mix of negative and positive emotions, without letting negative emotions overwhelm them (Fredrickson, 2009; Calhoun and Tedeschi, 2006). In a study among rescue workers, Yasion *et al.* (2016) show that religion, sense of community and sense of importance for helping others are related to less psychological distress. The ability to stay positive in work seems like an important dimension in the life tasks of rescue workers.

Test development

The “life tasks test” (LTT) was developed for research purposes but it may also be used in clinical practice for preventive and curative support to rescue workers. It may contribute to diagnosing problem areas of the client by examining whether they function well in their life tasks.

The concept of life tasks was first introduced by Adler (1912) and later Cantor *et al.* (2002) developed a LTT based on this theory. As far as we know there is no LTT specific for rescue workers. Most psychological tests for rescue workers focus on mental health and personality, and contain few questions referring to the functioning in life tasks. For example, the quality of life test (Wang *et al.*, 2004) and the PTG test (Tedeschi and Calhoun, 2006) pay limited attention to the functioning in private life. With the LTT we will be able to obtain more specific information about effectiveness in the life tasks for rescue workers.

The scale structure and items were developed on the basis of our literature review as presented above, as well as on the basis of the first author’s long experience in clinical practice counseling and training rescue workers. During the development phase, the questions were discussed with a small group of eight rescue workers and a team of psychologists.

The list of items is presented in “items of the LTT” (list shown below) and the psychometric properties in Table I.

Items of the LTT:

- (1) Social life:
- I can maintain friendships;
 - I can give support and sympathy in my friendships;
 - I can receive support and sympathy in my friendships^a; and
 - I can maintain my social network.
- (2) Maintaining mental health:
- I can deal with my emotions effectively;
 - I can deal with stress effectively;
 - I can deal with adversity effectively;
 - I can deal with shocking events; and
 - I am effective in searching for sources of relaxation and energy.
- (3) Household and finance:
- I can manage money effectively;
 - I can build a stable romantic relationship^a;
 - I can run the household chores effectively; and
 - I can manage the financial administration effectively.
- (4) Giving meaning:
- I can pursue an education or a course with success;
 - I believe that my work is of significance in a larger whole;
 - I try to learn from the things that I experience in life;
 - I contribute in improving difficult situations; and
 - I feel relevant in my life.
- (5) Maintaining positivity:
- the disturbing incidents I experience at work make it;
 - hard to stay positive;
 - the disturbing incidents I experience at work make it; and
 - hard to stay vibrant and hopeful in life.

Note: ^aRemoved after confirmatory factor analysis (CFA).

Table I.
Means, standard deviations and inter-correlations and Cronbach's α (on the diagonal) of the LTT scales

| | Mean | SD | 1 | 2 | 3 | 4 | 5 |
|------------------------------|------|-------|--------|--------|--------|--------|-------|
| 1. Social life | 3.70 | 0.664 | 0.822 | | | | |
| 2. Maintaining mental health | 3.15 | 0.688 | 0.37** | 0.777 | | | |
| 3. Household and finance | 3.77 | 0.598 | 0.31** | 0.44** | 0.753 | | |
| 4. Giving meaning | 3.75 | 0.496 | 0.32** | 0.39** | 0.24** | 0.615 | |
| 5. Maintaining positivity | 3.10 | 1.220 | 0.16 | 0.37** | 0.13 | 0.31** | 0.922 |

Notes: $n = 108$. ** $p < 0.01$

Testing concurrent validity

We choose to test the concurrent validity of the LTT scales with two frequently used questionnaires in this area: one on work characteristics and work stress (e.g. work load, social support, psychological complaints and rumination) and one on personality characteristics (e.g. personality traits). Should the scales in the LTT relate to these well-known factors as hypothesized, this would provide support for the construct validity of the new instrument. The following four hypotheses were tested:

H1. Lower effective functioning in life tasks is expected to be associated with higher scores on experienced workload.

Critical incidents put a lot of pressure on rescue workers, which affects positive resources in the rescue workers' lives, such as a stable relationship and family life, happiness, vitality and financial position (Heshmati *et al.*, 2010; Cicognani *et al.*, 2009; Slotje *et al.*, 2007). Menard and Arter (2013) found that the number of critical incidents was related to more frequent and more severe PTSD symptoms. Shreffler *et al.* (2011) found that occupational stress, working more than 60 h and lack of sleep were associated with greater work-to-family conflicts. Thus, higher workload appears to cause more work-family conflicts and poorer health and well-being for both individual and family (Bianchi *et al.*, 2005; Gerris and Vermulst, 2009):

H2. Lower effective functioning in life tasks is expected to be associated with reduced social support from colleagues and direct supervisor.

Prati *et al.* (2010) demonstrated that social support functions as a buffer and can protect against negative outcomes. The following studies demonstrate that this protection also applies for rescue workers. Among firefighters, Tuckey and Hayward (2011) showed that camaraderie is an important buffer against psychological distress. With little support, people experience more psychological distress (Alexander and Klein, 2001). Baruch-Feldman *et al.* (2002) showed that in police officers supervisor support was especially related to satisfaction and productivity and not to burnout:

H3. Lower effective functioning in life tasks is expected to be associated with higher scores on psychological complaints and negative rumination about work.

Research shows that an accumulation of involvement in critical incidents makes the rescuer susceptible to the development of psychological symptoms (Dorresteyn *et al.*, 2003; Alexander and Klein 2001; Halpern and Maunder, 2011; de Boer *et al.*, 2011). For example, Monnier and coworkers (2002) showed that the accumulation of incidents is related to health outcomes, such as state-anger, anger-out and depression:

H4. Lower effective functioning in life tasks is expected to be associated with higher scores on negativism and somatization.

The literature on the relationship between personality and functioning in life tasks is rather scarce. Bramsen *et al.* (2000) found that former United Nations peacekeepers with high scores on negativism and psychopathology in the NVM test have more severe PTSD symptoms. This is in line with the general expectation of rescue work being associated with higher levels of problems in (mental) health mentioned above (Monnier *et al.*, 2002; Halpern and Maunder, 2011).

Method

Procedure and participants

Data collection for this study was incorporated in a standard procedure of diagnostic examination and psychological therapy for police officers with mental health problems in

their job. The present study was executed with 28 life task items and used a five-point Likert scale, with the following categories: very good – good – average – bad – very bad. After an informed consent was obtained, the test (in Dutch) was filled out online. The initial invitation was sent to 170 policemen working in urban areas in the Netherlands. Only 108 gave their permission to be included in this study, giving a response rate of 60%. This sample consisted of 62 male and 46 female participants. In total, 59 were did not have a relationship at time of inclusion. The average age of the policemen was 42.9 (SD: 10.14) years old. The youngest was 21 and the oldest 61 years old, and their tenure was an average of 21.4 (SD: 11.33) years, with a range of 2–46 years of tenure. Of the participants, 24 participants did not have children. The education level is mostly middle school level. A few participants (13 percent) have a managerial position at work.

Confirmatory factor analysis

To test the factorial validity of the LTT, we conducted a CFA. For this we used both AMOS and R, version 3.1.3, and the add-on package of Lavaan, version 0.5-20. The five-factor model that we postulated based on the literature was tested and compared with a one factor model. We checked whether the difference between the two models was significant and justified our further use of the five-factor model. For this, we used a χ^2 difference test ($\Delta\chi^2$) in R, using the Lavaan package. In interpreting the results of the factor analysis, we followed recommendations and interpretations by Byrne (2006). We will report goodness of fit indices (χ^2), comparative fit index (CFI), the root mean square error of approximation (RMSEA) and the standardized mean square residual.

Cronbach's α

To assess the internal consistency of the scales, we calculated the Cronbach's α for each scale. Cronbach's α was computed using SPSS, version 23. The psychometric properties of the intended scales are presented in Table I.

We report the α , inter-item correlations and item-rest correlations; the latter two assess convergent validity. Cut-off scores for the former are $r = 0.20$ and for the latter $r = 0.30$. If deleting an item yields a substantially higher α , i.e. an increase of 0.05 or more, this will be reported.

Concurrent validity

In order to assess the concurrent validity of our questionnaire, we used Pearson's correlation coefficient r . In order to claim support for concurrent validity, we expect correlation coefficients that are medium in magnitude, i.e. between 0.30 and 0.40. Significance level was set at 0.05.

Other survey measures collected

The Dutch Organizational Stress Questionnaire (VOS-D; Bergers *et al.*, 1986) has been used in many studies to examine the effects of stress in the work environment. For an overview of other studies using these scales of the VOS-D see Bakker *et al.* (2015). The questionnaire uses a four (lack of social support scales and rumination scale) or five-point Likert scale (workload scale), ranging from "never" to "often" or something similar, depending on the type of question. The following sub-scales were chosen for this study.

Workload. This sub-scale contains nine questions; an item typical for this scale is "Do you have not enough time to finish the work?" The higher the score, the more work load is reported, indicating work overload, thus rating themselves less effective in their life tasks. Therefore, the expected direction for the relation with the different LTT scales is negative.

The original authors validated this instrument with middle class employees and reported an overall α of 0.77.

Lack of social support. To measure social support two scales are used. One measures the lack of social support from colleagues and the other the lack of social support from supervisors. An example of a typical item is “How often do conflicts arise between your superior(s)/co-workers?” The higher the score, the greater the lack of support respondents report. Several studies in different professions demonstrate that social support can buffer the negative effects of work stress (Berg *et al.*, 2006; Lechner *et al.*, 2008). As with the workload scale, we expect the direction to be negative. The authors report an α of 0.83 for the lack of support from supervisor scale and an α of 0.75 for the lack of support scale from colleagues.

Psychological complaints. This scale has 11 questions about anxiety, irritation and anger during work. For administrative reasons, 21 respondents received a shorter version of the VOS-D that did not include this scale. Examples of items are “I feel anger” and “I feel lonely.” The α for the psychological complaints scale was 0.80.

Negative rumination about work. There are four items about ruminating about work. An example is “are you worried that you might not be up to do your job?” The original α was 0.58 for the rumination scale, which is fairly low. For both psychological complaints and rumination, we expect the direction of the correlation with the LTT to be negative.

The NVM (Luteijn and Kok, 1985) is a Dutch personality questionnaire, based on the short version of the Minnesota Multiphasic Personality Inventory. We used the subscales of negativism and somatization. Many studies have been conducted researching using the NVM (Eurelings-Bontekoe *et al.*, 2010).

Negativism. Negativism has items about passive avoidance behavior, feelings of dissatisfaction, resentment with daily life. A typical example is: “The life I lived was not the life that I imagined to live.”

Somatization. It contains items related to vague physical complaints. Here, a typical example is “My stomach upsets me a lot.”

Results

Cronbach's α and inter-item correlations

As can be seen in Table I, all the five life task scales had a reliable Cronbach's α . The α is varied between 0.62 and 0.92. One of the scales has acceptable reliability (< 0.70 , but > 0.60), for the other four reliability was good (≥ 0.70). Next, we inspected the inter-item correlation matrix and the item-rest correlation matrix, to assess item convergent validity per scale. The mean scores of the items were all in the same range; no outliers were spotted. In Table I, the items with a low inter-item correlation are marked. We removed these items from the LTT and excluded these from subsequent analyses.

Confirmatory factor analysis

The five-factor model noted a $\chi^2(125)$ of 270.6. Thus, the five-factor model shows a reasonable fit, but not yet completely adequate. The one-factor model performed worse on all parameters than the five-factor model (see Table II).

Subsequently, the $\Delta\chi^2$ of 301.985 was significant at the 0.001 level, making our five-factor model a significantly better fit on the observed data than the one factor model. Finally, our CFA suggested testing an adjusted five factor model, with two items removed, see list “items of the LTT” for more details about these items. The difference with the one factor model with this adjusted five factor model was larger than for the full five factor model: $\Delta\chi^2 = 381.048$. The adjusted model shows more adequate fit measures, with CFI now reaching above 0.90 (0.904) and RMSEA at 0.070 and SMRS at 0.078. We therefore choose to proceed with the adjusted model below.

Concurrent validity

Table III shows the correlations between the LTT scales and work overload, social support, psychological complaints, rumination and personality. As expected, workload (*H1*) had a significant correlation with maintaining mental health ($r = -0.27, p < 0.01$) and maintaining positivity ($r = -0.28, p < 0.01$). Lack of support (*H2*) correlated with social life ($r = -0.25, p < 0.01$) for colleagues, maintaining mental health ($r = -0.20, p < 0.05$ for supervisors; $r = -0.20, p < 0.05$ for colleagues). For household and finance only the correlation for colleagues turned out to be significant ($r = -0.26, p < 0.05$). The last two scales of the LTT, giving meaning and maintaining positivity correlated with the lack of support scales, $r = -0.34, p < 0.01$ for supervisors, $r = -0.32, p < 0.01$ for colleagues and $r = -0.50, p < 0.01$ for supervisors, $r = -0.41, p < 0.01$ for colleagues, respectively, indicating a small to medium effect for these variables.

For *H3*, negative rumination was correlated with three scales of the LTT. The correlations with maintaining mental health ($r = -0.32, p < 0.01$) and maintaining positivity ($r = -0.48, p < 0.01$) were moderate, the correlation with giving meaning was somewhat lower ($r = -0.20, p < 0.05$). Policemen who experience more psychological complaints feel less effective in maintaining an optimistic outlook on the near future. They feel that they have difficulties in attributing meaning to what they do and that they are less effective in managing their own mental health.

In line with *H4*, Negativism correlated with lower effectiveness on all life tasks, except social life. Somatization showed negative correlations with efficacy and maintaining mental health ($r = -0.50, p < 0.01$) and maintaining positivity ($r = -0.40, p < 0.01$). As hypothesized, this indicates that people who report a higher level of somatic complaints, report on average less effectiveness in their life tasks. Having somatic complaints also correlates, although less strongly, with lower effectiveness in household and finance ($r = -0.25, p < 0.05$) and giving meaning ($r = -0.23, p < 0.05$).

In general, the above results can be interpreted as good indications of concurrent validity for four of the five LTT scales (see also Table III). The concurrent validity of the social life scale was weakly supported; only one out of six of the expected correlations was significant here.

Table II.

Fit measures for the one-factor model, five-factor model and the adjusted five-factor model

| Model | Description | χ^2 (df) | $\Delta\chi^2$ | CFI | SMRS | RMSEA | RMSEA 90% CI |
|----------------|--------------------------------|---------------|----------------|-------|-------|-------|--------------|
| CFA life tasks | One factor model | 572.598 (170) | – | 0.454 | 0.116 | 0.148 | 0.135; 0.162 |
| CFA life tasks | Five factor model | 270.613 (161) | 301.985** | 0.860 | 0.089 | 0.078 | 0.061; 0.094 |
| CFA adjusted | Five factor model ^a | 191.550 (125) | 381.048** | 0.904 | 0.078 | 0.070 | 0.050; 0.089 |

Notes: $n = 108$. ^aAdjusted model with two items removed. See text for details. ** $p < 0.001$

Table III.

Means, standard deviations and correlations of the LTT-scales with personality, workload, social support, ruminating and psychological complaints

| | Mean | SD | 1 | 2 | 3 | 4 | 5 |
|---------------------------------------|-------|------|---------|---------|---------|---------|---------|
| Negativism | 21.19 | 7.81 | -0.12 | -0.25** | -0.33** | -0.29** | -0.31** |
| Somatization | 17.44 | 9.78 | -0.02 | -0.50** | -0.23* | -0.23* | -0.40** |
| Work load | 3.09 | 0.64 | -0.18 | -0.27** | -0.02 | -0.02 | -0.28** |
| Lack of support supervisors | 1.85 | 0.62 | -0.14 | -0.20* | -0.14 | -0.34** | -0.50** |
| Lack of support colleagues | 2.17 | 0.39 | -0.25** | -0.20* | -0.26* | -0.32** | -0.41** |
| Negative ruminating about work | 2.88 | 0.58 | -0.09 | -0.32** | -0.16 | -0.20* | -0.48** |
| Psychological complaints ^a | 2.48 | 0.99 | -0.15 | -0.26* | -0.23* | -0.13 | -0.11 |

Notes: $n = 108$. ^a $n = 87$. Columns labeled 1–5 correspond with LTT scales, as in Table I. * $p < 0.05$; ** $p < 0.01$

Discussion

The goal of the present study was to develop a LTT, which contributes to the diagnosis of rescue workers and helps in protecting against the eroding effect of cumulative confrontation with adversities.

The results show that the LTT is a valid test for the following life tasks domains: maintaining mental health, household and finance, giving meaning and maintaining positivity. These four scales have negative correlations with measures of work pressure, stress at work, social support, negativity and somatization. We did not find consistent support for the concurrent validity of the social life scale. Only one of the expected correlations was confirmed, providing little evidence for the validity of this scale. Preliminary analysis showed that this scale did not violate any assumptions in terms of distribution, nor did it show any important outliers in the distribution. It is difficult to explain why this scale failed to produce the expected results, whereas all the other scales did. It could be that overall, social life is not as much affected as one would expect based on the literature. The one correlation that turned out to be significant was lack of support from colleagues, which is related to the quality of the social network at work.

Limitations and suggestion for research

The relatively small size of the test group (police officers exclusively) is a limitation of this study. Further research has to be done among other types of rescue workers, such as firemen, ambulance workers, veterans, in order to assure the generalizability of the current results. Another point is that we included only police officers who were registered for psychological therapy, which may have been more prone to certain behavioral traits as compared with the general population of police officers.

Since test development is an on-going process, we emphasize the need for further work on the LTT. It is clear from this study that the social dimension (family relationships and social life) of private life functioning requires further attention in future versions of the LTT, both in terms of items/scales and in terms of establishing concurrent validity, especially when the scales are used in conjunction with (neuro-)physiological measures, such as suggested by Koch *et al.* (2017).

Practical implications

Using the result presented in this paper can provide immediate insight into life tasks which are performed well and uncover life task problems in need of support. The effectiveness in life tasks is an important buffer to the impact of rescue work. Skills in maintaining life tasks should be trained in regular job training to reduce the risk that life tasks are neglected by both new rescue workers and their management. Moreover, it gives rescue workers mastery of their personal life, makes self-management stronger, as well as gives feelings of confidence and positive energy (Bandura, 2001; Allen *et al.*, 2011). Elbogen *et al.* (2012) emphasize the importance of proper integration of mental health tools in the personal life for rescue workers, like this one. They suggest the development of an assessment tool, which pays attention to functioning in private life. Early recognition of a decline in effectiveness of life tasks can be used as an early warning signal in decline of well-being. In situations of low functioning on life tasks intensive trauma therapy is undesirable.

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