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Compassion Fatigue: A Study of Psychotherapists' Demographics in Northern Uganda

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Abstract

Psychotherapists are often required to provide a high degree of care to clients which can result in physical and psychological complaints often referred to as compassion fatigue. The aim of this cross sectional study was to determine the relationships between demographic characteristics and compassion fatigue among psychotherapists. The Professional Quality of Life 5 and a Demographic Data sheet were completed by 207 psychotherapists. Data analysis was done using Pearson's Chi Square test and Fisher's exact test. The statistical hypotheses were tested at the significance level of $p \leq .05$. The results of this study revealed that there was no sufficient evidence from the data to link gender and age to high or low level of compassion fatigue. The results further revealed that there were progression trends in which compassion fatigue decreased with increase in the psychotherapists' years of practice. The study concluded that all psychotherapists regardless of gender and age may be similarly capable of handling the stressors that a career as a psychotherapist entails. However, the results showed that working experience may be a starting point for explaining compassion fatigue among psychotherapists.

1.1 Introduction

Compassion fatigue has been a topic of increased consideration within the field of psychotherapy. This is because psychotherapy is a field that concerns close work with traumatized clients in high-stress environments. They provide direct care to individuals with complex mental health needs requiring a high degree of supportive and long-term psychotherapy. Psychotherapists are vulnerable to psychological consequences when dealing with the painful events of clients. These consequences are cumulative and vary in intensity depending on psychotherapists' characteristics (Abendroth & Flannery, 2006).

Psychotherapists in northern Uganda are part of the ongoing rehabilitation programme after the conflicts that characterised the region for over two decades. The government initiated the Peace, Recovery and Development Plan with a component of psychosocial service provision. Caring for war victims induces considerable stress, which includes the challenge of providing comfort care to clients with psychosocial crisis. Such responsibilities make the psychotherapists perfect targets of compassion fatigue, a condition which can become overwhelming burden on psychotherapists (Flarity, 2011). Figley (1995) referred to it as a cost of caring. Compassion fatigue is as a result of a psychotherapist's diminished capacity to function as an empathetic helper (Adams et al., 2006). The demands of caring for traumatized

clients may produce negative psychological, physical, emotional, spiritual and social symptoms on practitioners' health if it is unaddressed (Sprang, Craig & Clark, 2011).

2.1 Literature Review

A reviewed literature addressed studies on relationship between demographic characteristics and compassion fatigue. Several studies have examined demographics to determine which variables may help to predict compassion fatigue among psychotherapists. Some of the factors studied include gender age and working experience of psychotherapists (Adams, Figley & Boscarino, 2004). Mixed finding have been reported with regard to the relationships between demographics and compassion fatigue. While some studies have suggested that demographics may be related to compassion fatigue (Craig & Sprang, 2010; Sprang, Clark and Whitt-Woosley, 2007) others have found no differences in levels of compassion fatigue by demographics (Bourassa, 2009; Howell, 2012).

2.2 Gender and Compassion Fatigue

The literature shows conflicting findings as to the relationship between gender and compassion fatigue. While some studies have suggested that women may be at greater risk for compassion fatigue compared to men (Killian, 2008; Sprang, Clark, and Whitt-Woosley, 2007), others have found no differences in levels of compassion fatigue by gender (Bourassa, 2009; Howell, 2012; Simpson, 2005). Thompson, Amatea and Thompson (2014) conducted an online survey to assess the relationship between gender and compassion fatigue among mental health counsellors. The study revealed that women were more likely to report compassion fatigue than men. The results collaborate the findings of Meyers and Cornille (2002) study among child protection service therapists. The study results showed that female respondents had more symptoms of compassion fatigue than male psychotherapists. Similarly, Van Hooks' (2008) study in Central Florida among 182 child welfare workers revealed that females were at higher risk of developing compassion fatigue than males. Other studies found that female gender was associated with higher levels of compassion fatigue (Thomson et al., 2014; Zeidner et al. 2013). Other studies however, have also confirmed that gender of therapists does not necessarily correlate with the levels of compassion fatigue (Stamm, 2010, Huggard & Dixon, 2011). In the study conducted by Iliffe and Steed (2000) concluded that it was not the gender of the psychotherapists that led to the differences but the amount of caseloads and the type of client. Contradicting this result Sprang et al. (2011) found that males reported higher compassion fatigue than females. Howell (2012) asserts that it may be difficult to ever determine predictive factors of a worker's self-construct leading to compassion fatigue. The discrepancy in the findings regarding the relationship between gender and compassion fatigue call for further research. Studies on compassion fatigue occurrence in the general working population are however fundamental for understanding the context in which the problem may appear and how to develop preventive strategies. It is important to note that the underlying reasons for gender differences in compassion fatigue have not been extensively studied.

2.3 Working Experience and Compassion Fatigue

Studies have found a clear link between limited work experience and compassion fatigue (Way, Van Deuson, Martin, Applegate & Jandle, 2004). However, others have found no evidence of a relationship (Nelson-Gardell & Harris, 2003). The findings are conflicting with some indicating that working experience is protective against compassion fatigue and others finding that no significant effect exists for compassion fatigue. Some research suggests that more experienced psychotherapists tend to have lower compassion fatigue (Stamm, 2009). A study found that as years spent in the mental health field increased, compassion fatigue decreased (Thompson et al., 2014). Also the findings of Burtson and Stichler (2010) showed that less experienced nurses are at higher risk for compassion fatigue than are their older counterparts. Similarly, a study of 188 trauma therapists, Pearlman and Maclan (1995) found that less experienced psychotherapists were demonstrating the highest rates of trauma-related psychological distress. A study conducted by Rudolph, Stamm and Stamm (1997) which explored the level of compassion fatigue in mental health workers found that those individuals who had worked for a long period demonstrated lower risk of experiencing compassion fatigue. Also Burtson and Stichler (2010) found that compassion fatigue was likely to affect less experienced professionals.

Other studies however, previous research has indicated that working experience may not have effect on compassion fatigue. Munroe, et al. (1995) indicated that the development of compassion fatigue is not prevented by the level of experience or qualification of the trauma worker. Van Hook, (2008) conducted a study to identify the levels of compassion fatigue with child welfare workers in Central Florida. Demographic information included among others length of time in the field. Respondents included 182 child welfare workers. The study revealed that there was no statistical relationship between working experience and levels of compassion fatigue. The results are similar to a study by Simpson (2005) on compassion fatigue among counsellors in Mississippi. The study showed that there no significant predictive relationship between working experience and compassion fatigue.

Interestingly, in a study of 156 psychotherapists, Linley and Joseph (2007) reported that psychotherapists who had worked for a long time reported high levels of compassion fatigue as compared to psychotherapists reporting less overall time working as psychotherapists. In a similar study by Wee and Meyer (2002) among psychotherapists after the Okhama city attack results revealed that the longer the psychotherapists worked with the victims the more they were at risk of developing compassion fatigue. Such revelation is in agreement with the study by (Augusto-Land, Lopez-Zafra, 2010). Therefore these studies show inconsistent results. This calls for another study for a greater understanding of characteristics such as working experience that determine susceptibility to compassion fatigue.

2.4 Age and Compassion Fatigue

Studies on relationship between compassion fatigue and age have also reported conflicting findings. Some studies suggest that age is negatively correlated with compassion fatigue among psychotherapists. Other studies have found no significant association between compassion fatigue and age. Sacco, Ciurzynski, Harvey; Ingersoll (2015) conducted a study to establish the prevalence of compassion satisfaction and compassion fatigue in critical care nurses. The

number of nurses who responded to the survey was 221. The study reported significant differences in compassion fatigue based on age. The young Nurses reported significantly higher levels of compassion fatigue than did their older counterparts. Hunsaker (2013) conducted a study to determine which demographic and work-related Components contribute to the development of compassion fatigue in emergency department nurses in USA. The study revealed that compassion fatigue scores were higher in those who were younger and their counterparts who were older. In another study, Burtson and Stichler (2010) found a significant difference in compassion fatigue according to age. Similarly studies by Hatcher and Noakes (2010) and Rossi et al., (2012) reported lower compassion fatigue scores in younger respondents than the oldest respondents. However, in a 2004 Meta-analysis of 15 studies examining compassion fatigue, it was revealed that the majority of studies did not found age to be predictive of compassion fatigue in psychotherapists. In another study focusing on compassion fatigue in the oncology population, Potter et al. (2010) studied a sample comprised of 153 oncology healthcare providers. The results revealed no statistically significant relationships based on age.

All in all there is no doubt that compassion fatigue is a threat to psychotherapists especially for those who may not have adequate information about this condition (Gleichgerrcht & Decety, 2013). Ignorance of existing compassion fatigue presents the potential risk of psychotherapists dehumanizing their clients (Gleichgerrcht & Decety, 2013). In addition, gaps in the literature still remain as to what demographic variables contribute to compassion fatigue among psychotherapists working in northern Uganda. In addition, the conflicting results call for another research thus the current study. While compassion fatigue has been studied frequently in the West, there has been little research on the topic in Uganda. Therefore, the following hypothesis was advanced:

H₀: There are no statistically significant differences in compassion fatigue based on gender, age and working experience among psychotherapists in northern in Uganda.

3. 1 Methodology

The study was conducted in northern Uganda. The region was at the centre of the most destructive protracted conflict between Lord Resistance Army rebels and government forces devastating lives, livelihoods and property until the Juba peace talks in 2006 when peace began returning to the region. The region was a centre of conflict and many people were affected during the skirmishes. The study population included all psychotherapists and the sample consisted of 207 psychotherapists operating in northern in Uganda. The Professional Quality of Life 5 and a Demographic Data sheet were completed by psychotherapists. Categorical variables including age groups, gender and the levels of experience in terms of years were summarized as frequencies and the corresponding percentages. Due to none normal distributions of the variables, a nonparametric correlation statistic was selected for analysis of all variables related to hypotheses. The relationship between the demographic variables (age, gender, working experience) and levels of compassion fatigue was analysed using Pearson's chi square test. Whenever the assumptions of chi square were violated then Fisher's exact test was performed. The statistical hypotheses were tested at the significance level of $p \leq .05$.

4.1 Results and discussion

The study variables included demographic (age; gender and working experience) and compassion fatigue. The distribution of the age of the respondents is summarised in table 1.

Table 1:

Demographic Information of Respondents

Category	n	Percentage
Age		
25-34	86	41.5
34-44	75	36.2
45-54	40	19.3
55 and Above	6	2.9
Gender		
Male	116	56
Female	91	44
Working experience		
< 2 Years	42	20.9
2-4 Years	55	26.7
5-9 Years	83	40.3
10 Years and Above	25	12.1

Results showed that the largest age range is between 25-34 years and followed by age range between 34-44 years. This was followed by age range between 45-54 years. The smallest group of psychotherapists is in the 55 and above years of age range. The majority of the respondents were males constituting 56% of the sample (n=116). The female respondents constituted 44% of the sample (n=91). With respect to the respondents qualifications, 54.1 % (n = 112) completed a Bachelor's Degree. One third of the respondents had a diploma. The study respondents comprised 3.4% with master's degree and 9.2% with certificate. Most of the respondents (40%) have been in the psychotherapist profession for 5–9 years. One fifth (20.9%) had less than two years and 25 (12.1%) had ten or more years of experience.

4.2 Gender and Compassion Fatigue of Psychotherapists

The results in this sub theme include inferential statistics about of association gender and levels of compassion fatigue of psychotherapists. To establish such a relationship it was assumed that

there is no statistically significant difference in compassion fatigue based on gender. For statistical analysis Fisher's exact test was administered between gender and compassion fatigue. The test is illustrated in table 2.

Table 2:
Gender and Levels of Compassion Fatigue

Compassion Fatigue					
Gender	n	Low	Average	High	P value
Male	116	13 (11.2%)	26 (22.4%)	77 (66.4%)	
Female	91	20 (22.0%)	23 (25.3%)	48 (52.7%)	<0.065 ^c

^c – Pearson's Chi Square, *Correlation is significant at the 0.05 level

The results in Table 2 indicate that close to two thirds (66.4%) of the male respondents were experiencing high level of compassion fatigue and slightly above half (52.7%) of the female respondents were experiencing high level compassion fatigue. Slightly more males experienced higher levels of compassion fatigue than the females, though the gender differences had no statistical significance since the p-value ($p=0.065$) is greater than the alpha value ($p=0.05$). The chi-square statistic is 5.4568. The result is not significant at $p > 0.05$ level of significance. Thus, The null hypothesis that there is no statistically significant difference in compassion fatigue based on gender of psychotherapists in northern Uganda was adopted. The result of this study implies that both sexes do not differ significantly in the experience of compassion fatigue.

This was an unexpected finding that nevertheless has basis in the literature. Consistent with some prior findings in samples of practitioners (Bourassa, 2009; Craig & Sprang, 2010; Howell, 2012; Simpson, 2005; Killian, 2008) gender differences in compassion fatigue were non-significant. The results in the present study are further supported by similar results found by Stamm (2010) and Huggard and Dixon (2011) that showed there was no evidence of gender differences in the levels of compassion fatigue among professionals. In affirmation, Huggard and Dixon (2011) observed that professionals share similar experiences in their feelings of the pain of caring for clients regardless of gender.

In contrast of the findings of the current study, (Thompson, Amatea & Thompson, 2014) found out that females were more likely to report compassion fatigue than males. Similarly in a study of psychotherapists, Sprang, Clark and Whitt-Woosley (2007) found out that the female gender in clinical settings predicted elevated levels compassion fatigue. Also the results of the current study are incongruent with the findings of Meyers and Cornille (2002) in their study of child protection service psychotherapy which revealed that female respondents had an elevated of compassion fatigue than male psychotherapists. However the discrepancy in results may be attributed to difference in gender distribution. The high representation of female respondents in these two studies, could have led to the implied gender differences.

4.3 Age and Compassion Fatigue of Psychotherapists

The results in this sub theme also relate to the research objective sought to explore differences in compassion fatigue in relation to age of psychotherapists. For the research process purposes it also was hypothesized that age does is not lead to statistically significant differences in compassion fatigue among psychotherapists. Fisher’s exact test was used for statistical analysis. Level of significance was set at $p \leq 0.05$. The test results are presented in table 3.

Table 3:
Age and Levels of Compassion Fatigue

Compassion Fatigue					
Age	n	Low	Average	High	P value
25-34	86	14(16.3%)	17 (19.8%)	55 (64.0%)	0.154 ^f
35-44	75	9 (12.0%)	19 (25.3%)	47 (62.7%)	
45-5	40	49 (22.5%)	9 (22.5%)	22 (55.0%)	
55 +	6	1 (16.7%)	4 (66.7%)	1 (16.7%)	

^c – Pearson’s Chi Square test *Correlation is significant at the 0.05 level

The results in Table 3 show that of those aged 25-34 years (64.0%) experienced high level of compassion fatigue and among those aged 35-44, 45-54 and 55+ the prevalence of high level compassion fatigue were 62.7%, 55.0%, and 16.7% respectively. Data analysis of compassion fatigue across age indicated that there were slight differences in the scores across different age groups with a tendency for compassion fatigue to improve with age. However, at 0.154. ($p > 0.05$) there was no sufficient evidence from the data to link this trend in the level of prevalence of compassion fatigue to change in age because the p-value of 0.154 is more than the alpha value of 0.05. Hence the null hypothesis that there is no statistically significant difference in compassion fatigue based on age of psychotherapists was adopted.

The absence of relationship between the age of the respondents and levels of compassion fatigue was not surprising because previous studies on this variable have yielded mixed results. Similar results to the current research were however found in a study conducted by (Miller, 2000). The study found no significant association between compassion fatigue and age. Additionally, in a 2004 Meta-analysis of 15 studies examining compassion fatigue, Bride (2007) revealed that the majority of studies did not found age to be predictive of compassion fatigue in psychotherapists.

The current study is however inconsistent with several other previous studies (Sprang, Clark & Whitt-Woosley (2007; Hatcher &Noakes; 2010; Rossi et al., 2012). Hunsaker’s (2013) study

revealed that compassion fatigue was higher younger than their counterparts who were older. The results mirror the results of Marcus and Dub (2015), in their examination of demographic characteristics and experience of personal trauma. Similarly, studies by Hatcher and Noakes (2010) and Rossi et al., (2012) reported lower compassion fatigue scores in younger respondents than the oldest respondents. Inconsistency in findings could be related to a multitude of differences in these studies including: practice areas, measurement instruments and designation of the practitioners. Therefore these findings are inconclusive and further investigation is needed to assess for differences amongst results.

4.4 Working Experience and Compassion Fatigue of Psychotherapists

This sub theme includes inferential results likewise related to research objective of the study which sought to explore differences in compassion fatigue based on working experience of psychotherapists. In order to determine this relationship, it was assumed that there is no statistically significant difference in compassion fatigue based on working experience of the psychotherapists. For statistical analysis of the variable relationship, Fisher’s exact test was adopted. The significance level was set at $p \leq 0.05$. The test results are presented in table 4.

Table 4
Working Experience and Levels of Compassion Fatigue

Compassion Fatigue					
Working Experience	n	Low	Average	High	P value
<2	42	7 (16.3%)	5 (11.6%)	31 (72.1%)	
2-4	57	4 (7.0 %)	13 (22.8%)	40 (70.1%)	0.013 ^f
5-9	83	18 (21.7%)	24 (28.9%)	41 (49.4%)	
10 +	25	5 (20.0%)	8 (32.0%)	12 (48.0%)	

^f – Fisher’s exact test, *Correlation is significant at the 0.05 level

Results in Table 4 also suggest that respondents who have longer years of experience in service have low prevalence of compassion fatigue compared to those who have few years. The prevalence of high levels of compassion fatigue among those with 5-9 and 10+ years of experience was 49.4% and 48.0% respectively. Respondents who had worked for less than 2 years have the prevalence of compassion fatigue of 72.1% while those aged 2-4 years have prevalence of compassion fatigue of 70.1%. Analysis of data indicated that there were differences in the compassion fatigue scores across different lengths of working experience. The results revealed that there were progression trends in which compassion fatigue decreased

with the psychotherapists' years of practice. This trend was supported by the data, $p=0.013$, $p < .05$. The results show that the relationship between working experience and levels of compassion fatigue was statistically significant because its p-value of 0.013 is less than the alpha value of 0.05. Therefore, The null hypothesis that there is no statistically significant difference in compassion fatigue based on working experience of psychotherapists in northern Uganda was rejected.

Analysis of data indicated that there were differences in the compassion fatigue scores across different lengths of working experience. When viewed within the framework of the existing literature, this result is not striking. The results are in tandem with previous research studies (Boscarino, Figley & Adams; Pearlman & Maclan, 1995; Stamm, 2009). Similarly, Sprang, Clark and Whitt-Woosley (2007) found that less experience respondents in clinical settings diagnosed with elevated levels compassion fatigue in the study's sample. The results are also in agreement with the findings of Burtson and Stichler (2010) that found a significant difference in compassion fatigue according to nursing experience. Weiss (2011) also indicated that relationship between years of experience and compassion fatigue was statistically significant in relationship to compassion fatigue.

The above notwithstanding, the results of the current conversely relate to some of the previous studies that found no evidence of a relationship between experience and compassion fatigue (Augusto-Land, Lopez-Zafra; 2010; Sprang et al., 2007). The results contradict the findings of Simpson (2005) and Augusto-Land, Lopez-Zafra (2010) which showed no significant predictive relationship between working experience and compassion fatigue. Munroe, et al. (1995) also indicated that the development of compassion fatigue is not prevented by the level of experience of the psychotherapists. Linley and Joseph (2007) reported that psychotherapists who had worked for a long time reported high levels of compassion fatigue as compared to psychotherapists reporting less overall time working as psychotherapists. Stamm (2009) suggests an explanation, saying that psychotherapists with lower levels of resilience who are exposed to high levels of trauma tend to leave the field, meaning that those who remain are those who have higher levels of personal resilience. In addition, each person has a unique perspective on traumatic materials; some may be more prone than others to be significantly affected by them.

5.1 Conclusion and Recommendations

The results indicated that there was no significant relationship between demographic characteristics (age and gender) and levels of compassion fatigue. But the results revealed significant differences existed among psychotherapists' compassion fatigue based on working experience. The study concluded that all psychotherapists regardless of gender and age may be similarly capable of handling the stressors that a career as a psychotherapist entails. However, the results show that working experience may be a starting point for explaining compassion fatigue among psychotherapists.

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