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Compassion Fatigue In Combat Trauma-Related Work Settings: Does It Matter?

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Abstract: ***This study investigated the levels of compassion fatigue among psychotherapists working in a war zone region in northern Uganda. A cross sectional design was used. Psychotherapists (n = 207) from northern Uganda participated in the study. Data analysis was done using descriptive statistics. The results of this study revealed that up to 60.4% of the respondents were experiencing high level of compassion fatigue, 23.7% were experiencing average level of fatigue and 15% had low level of fatigue. The results suggest that working with victims of war has profound impact on psychotherapists. The high levels of compassion fatigue evident among psychotherapists indicate that intervention should be considered a matter of priority. Collaborative organizational efforts to minimize compassion fatigue among all areas of psychotherapy is essential in creating awareness and building resiliency.***

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Keywords: Compassion Fatigue; Combat Trauma; Northern Uganda.

I. INTRODUCTION

A review of the literature on the psychotherapy leaves little doubt that their work may take a toll on their emotional, psychosocial and physical well being (Sprang, Craig, & Clark, 2011). Research has demonstrated that high level of compassion fatigue is a serious condition impacting health, quality of life, professional well-being, resulting in increased errors, incompetence, absenteeism and eventually quitting the profession (Fahy, 2007; Jacobson, 2006). What may be even more alarming is a large number of psychotherapists abusing drugs before a session (Pope, Tabachnick & Keith-Spiegel, 1987). The most extreme manifestation of unaddressed compassion fatigue is suicide (Tabachnick, 1994). Johne (2006) described the problem of compassion fatigue as death by a thousand cuts. But what happens to psychotherapist operating in a war zone?

Psychotherapists working with war victims seem to be in situations that regularly involve traumatic events placing them at risk of becoming victims themselves. Studies have focused on identifying the risk associated with the demands of the psychotherapy profession and protective factors (Yoder, 2010; Lynch & Lobo, 2012; Potter et al., 2013). However, further research to understand this phenomenon among psychotherapists working in war ravaged regions can be an important component in protecting their psychological well-being. Robinson-Keilig (2010) stressed that continued research is needed to completely understand the phenomenon of compassion fatigue among practitioners. Without understanding this phenomenon, the profession may lose experienced, competent and compassionate psychotherapists.

While research in the area of compassion fatigue has been carried out for over two decades, a specific definition of the phenomenon has not been homogeneously embraced (Coetzee & Klopper, 2010). Joinson (1992) describes term compassion fatigue as a unique form of burnout that impacts service providers. Figley (2002) defines this term as a state in which psychotherapists are affected by the pain of another. McHolm (2006) defined compassion fatigue as the emotional, physical, social and spiritual exhaustion that overtakes a person and

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causes a pervasive decline in his or her desire, ability and energy to feel and care for others. But Coetzee and Klopper (2010) defined compassion fatigue as the consequences of a prolonged and intense interaction with clients. Compassion fatigue is a state in which psychotherapists experience inability to maintain a desired level of compassionate energy, experience depression, nightmares, apathy and flash backs due to exposure to challenging client circumstances in a therapeutic relationship.

Previous studies have examined the prevalence of compassion fatigue in practitioners working in trauma-related work-settings (Borntrager et al., 2012; Slocum-Goris et al., 2013; Thompson, Amatea, & Thompson, 2014). However, the construct is understudied in the developing countries. Psychotherapy is a stressful profession even in the most favorable circumstances. But study findings on psychotherapists working in crime or war ravaged circumstance point to the fact that the challenges and emotional demands of this work should not be underestimated. Studies in similar circumstances and population have shown that psychotherapists are at risk for compassion fatigue. In the study on psychotherapists providing services to the victims of the September 11, attack on the World Trade Centre, 81.8% of the study sample had elevated levels of compassion fatigue (Boscarino, Figley & Adams, 2004). Similarly a study of Oklahoma City trauma service providers after a terror attack showed that almost 65% of the respondents exhibited an elevated degree of compassion fatigue (Wee & Myers, 2002). Wilson (1998) conducted a study on 20 psychotherapists working with crisis victims in South Africa. The results revealed that the stress psychotherapists endured as a result of their work affected their personal lives. Therefore, the risk of developing compassion fatigue may be exacerbated in psychotherapists treating combat-related trauma.

For psychotherapists employed in northern Uganda where there is volatile security, the working environment is typically far from ideal. People in northern Uganda were for about two decades victims of political, criminal and social violence. These conflicts involving the Lord Resistance Army (LRA) and government forces resulted into populations suffering from emotional disabilities and adverse psychological effects due to trauma (Roberts, Ocaka, Browne, Oyok & Sondorp, 2008).

The high levels of trauma within the society resulted from rape, murder, domestic violence, child abuse, abductions and loss of loved ones. The truce brokered in 2006 brought a shift in humanitarian efforts towards emotional and psychological rehabilitation to the victims of war. However, the Lord Resistance Army's ongoing insurgency in the nearby countries of Central African Republic and Democratic Republic of Congo fosters continuing fears of instability. In addition, rebels from South Sudan have dramatically escalated their attacks, abducting more than 200 people, including 54 children in the first two months of year, 2016. Therefore, the majority of the population are traumatised either directly or indirectly. This in turn increases the necessity of psychotherapists, in all sectors of society. But it is evident that working with such victims can be emotionally challenging, impacting on the lives of such professionals (Coetzee & Klopper, 2010). Despite the fact that trauma is an area of increased interest in northern Uganda, most studies have concentrated on primary victims of war (Akello, Reis & Richters, 2010; Pham, Vinck & Stover, 2007) and little attention has been directed to the psychotherapists. However, symptoms of compassion fatigue are prevalent among the psychotherapists (Kabunga & Amir, 2014). The current study intended to establish the levels of compassion fatigue of psychotherapists working in volatile conditions in northern Uganda.

II. METHODOLOGY

The study was conducted in northern Uganda. The region was at the centre of the most destructive protracted conflict between LRA rebels and government forces devastating lives, livelihoods and property until the Juba peace talks in 2006 when peace began returning to the region. This study was conducted using cross sectional study design. The population of this study included all the 382 psychotherapists operating in the districts northern Uganda. A sample of 207 was selected by simple random sampling. Data on compassion fatigue was collected through use of Professional Quality of Life questionnaires. Data analysis was done using statistical computation software known as R (R Core Team, 2015). Categorical variables including age groups, gender and working experience were summarized as frequencies and the corresponding percentages. Shapiro–Wilk Test was used to determine whether the research variables were normally distributed. A variable was declared as normally distributed if the test was not statistically significant. If the standardized normal probability plot was straight from bottom left to the top right corner then the distribution was said to be normally distributed. The Shapiro–Wilk Test results showed that the respondents' scores were not normally distributed. Since the continuous variables were not normally distributed they were summarized as median and the corresponding Inter Quartile Range (IQR). Minimum and the maximum scores were also provided.

III. THE DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Results in Table 1 indicate that the largest age range is between 25-34years 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. This reflected a workforce that was generally dominated by relatively many younger psychotherapists, a pattern which may be unique to the situation in northern Uganda. The majority of the respondents were males constituting 56% of the sample (n=116). The female respondents constituted 44% of the sample (n=91). The higher number of male psychotherapists in the study compared to females is a reflection of the fragility of the security situation in northern Uganda. The bulk of the workforce was found to be average in terms of educational attainment with majority of the service providers (57.5%) having attained

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university education. Most of the respondents (40%) have been in the psychotherapist profession for 5–9 years.

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
Levels of Education		
Masters	7	3.4
Bachelors	112	54.1
Diploma	69	33.3
Certificate	19	9.2
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

Table 1: Sample Demographics Characteristics

IV. RESULTS AND DISCUSSION

The main objective of the study was to determine the levels of compassion fatigue among psychotherapists in northern Uganda. To achieve the objective, the respondents were asked to complete the (ProQOL-5) scale. Compassion fatigue was measured and the summary of the fatigue scores were as presented in Table 2.

Levels of Compassion Fatigue	n	Percentage
≤22 (Low)	33	15.9
23-41 (Average)	49	23.7
≥ 42 (High)	125	60.4

Table 2: Levels of Compassion Fatigue

Utilization of interpretation guidelines from the ProQOL manual Table 2 suggests that, majority (60.4%) respondents had high levels of compassion fatigue, another one fifth (23.7%) reported average level of compassion fatigue and 15.9% had low level of compassion fatigue. Therefore more than half of the respondents reported moderate to extreme compassion fatigue indicating they exposed frequently to stories about trauma from clients. These results are not surprising given the political turmoil and volatile security situation in northern Uganda. The study sample comprised respondents who operated in areas that have been affected by conflicts for long meaning that they handled many traumatic issues on a daily basis. As previously demonstrated in the literature, the frequency and intensity of one's engagement with traumatized individuals is a strong predictor of compassion fatigue (Killian, 2008; Meadors et al., 2009; Sprang et al., 2007). It is on the premise that the psychotherapists had been vulnerable to compassion fatigue for a long time and there was need to produce evidence for it.

The results of the current study validate the assumption by Figley (1995) that there existed a causal relationship between exposure to trauma and development of compassion fatigue. The relatively high levels of crime in northern Uganda create a situation in which there is a greater demand for psychotherapy. The psychotherapists may feel helpless in protecting their clients and keeping them safe. All these factors impinge on the psychotherapists' state of mind and impact on their reactions to this type of work. Hence psychotherapists in both districts are constantly exposed to complicated and traumatic materials of their clients. The high levels prevalence of compassion fatigue in northern Uganda may be therefore attributed to constant exposure to traumatic materials and fragile security conditions. This is supported by Figley (1995) that compassion fatigue is a consequence from prolonged exposure to traumatic material. Kassam-Adams (1995) conducted a study on psychotherapists working in outpatient agencies. A main finding in this study was that the psychotherapists' compassion fatigue levels were found to be directly related with the level of exposure to traumatised clients. The results in the present study indicated that psychotherapists operating in northern Uganda worked under pressure and were experiencing compassion fatigue.

The result of the present study concurs with studies in similar circumstances and population (Wee & Myers, 2002; Jacobson, 2012). For example a study of Oklahoma City trauma psychotherapists after a terror attack Wee & Myers, (2002), results revealed that almost 65% of the respondents exhibited a high degree of compassion fatigue. The results in the present study are further supported by Myers and Zunin (1994) study revealing that 60.5% of Northridge Earthquake psychotherapists met criteria for compassion fatigue. The results are also in agreement with general belief that more than 50% of those working with vulnerable population are at risk for compassion fatigue (Conrad & Kellar-Guenther, 2006).. The findings suggest that working in volatile conditions may be a risk factor for compassion fatigue among psychotherapists.

Notwithstanding the above consistency, the current study contrasts with several previous researches (Meldrum et al., 2002; Sprang et al., 2007). One of these is a study on compassion fatigue among mental health providers in which low rates of compassion fatigue were reported at approximately 10% to 20% of workers (Sprang et al., 2007). This did not demonstrate significant levels of compassion fatigue. Reasons for the low compassion fatigue risk in the samples may be attributed to the sample consisting of not only nurses, but also doctors, radiology technicians, and other personal who did not work in a war ravaged areas. Again differences in exposure to trauma and conditions of work may account for the disparity in vulnerability to compassion fatigue in the current sample and Meldrum et al., (2002) and Sprang et al., (2007) samples. As earlier said psychotherapist in northern Uganda operate in volatile security situation and deal with complicated cases on a daily basis which increase their level of susceptibility to compassion fatigue. Generally majority of the psychotherapists in northern Uganda had high levels of compassion fatigue because of the awful situation caused by LRA war, the insecurity and high crime rate that ensued later. These safety risks may have been triggers of trauma that ultimately haunted psychotherapy providers in the process of therapeutic care. Therefore the working environment of the respondents of current study could account for discrepancy in the studies.

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V. CONCLUSION AND RECOMMENDATIONS

There is no doubt that in northern Uganda the insecurity continued to plague the lives of many people, and thus there is great demand for psychotherapists. The study findings revealed that working in hostile environment may increase vulnerability to compassion fatigue. The study revealed that majority of the psychotherapists had symptoms of compassion fatigue. The results suggest that working with victims of war has a profound impact on psychotherapists. These results point to the need for organisations to pay special attention to the wellbeing of psychotherapists operating in northern Uganda.

The high levels of compassion fatigue evident among psychotherapists in this study indicate that intervention should be considered a matter of priority. Through teaching psychotherapists about self-care tactics and coping strategies may help them in their line of work.

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