

CHAPTER 3: RESEARCH METHODS

3.1. Research Design

A cross-sectional correlation research design was used for this study where the caregivers' Compassion Fatigue levels were assessed in relation to their Sense of Coherence scores. This design enabled the researcher to observe two or more variables at the point in time and was useful for describing a relationship between two or more variables (Breakwell, Hammond & Fife-Schaw, 1995). The short coming of this type of design was that results obtained from this kind of analysis do not allow for strong findings to be made concerning a cause and effect relationship between variables.

3.2. Research Aim

This research investigated the psychological effects on caregivers when working with sexually abused children in Soweto. It aimed to assess levels of Compassion Fatigue and the Sense of Coherence (SOC) manifested by caregivers whose work involved exposure to sexually abused children and the inter-relationship between these variables (that is, Compassion Fatigue and the Sense of Coherence) in this sample.

3.3. Rationale for the Study

This research hoped to expand on existing literature on the effects of working with traumatized children. Dyregrov and Mitchell (1992) postulated that helpers experience psychological reactions when working with children. These include helplessness due to their feeling of knowing that there was little they could do to alter the situation. Research done by Dyregrov and Mitchell (1992) pointed out that helpers may have a sense of vulnerability and insecurity regarding their own children when working with traumatized children.

Existential insecurity is another psychological reaction that is manifested by caregivers, as trauma of children often triggers thoughts about life as meaninglessness and unfairness (Dyregrov & Mitchell, 1992; Janoff-Bullman, 1985). Rage is another response that can be evoked and can be displaced from those who are seen as perpetrators of the child's traumatization onto others, causing helpers to be more critical, intolerant or less trustful of others. People working with traumatized children among other psychological effects experience sorrow and grief (Dyregrov et. al, 1992).

Given such a state of affairs the study hoped to expand on the existing literature about the impact of working with escalating levels of child sexual abuse in the context of poverty and situations on continuous stress. It focused on how the caregivers in this situation manifest Compassion Fatigue and the correlate of their Sense of Coherence is investigated.

3.4. Research Questions

Research Question 1: What levels of Compassion Fatigue are evidenced by caregivers of sexually abused children in Soweto?

Research Question 2: What levels of Sense of Coherence are evidenced by caregivers of sexually abused children in Soweto?

Research Question 3: What is the relationship between Compassion Fatigue and Sense of Coherence in caregivers working in Soweto with children who have been sexually abused?

3.5. Sample

A non-probability convenience sample for this study comprised 25 caregivers, namely nursing staff; social workers, counselors and teachers who have worked with sexually abused children. The sample was drawn from the Mofolo Clinic, Chiawelo Clinic, the Teddy Bear Clinic in Soweto and Meadowlands Senior Secondary School, Kwaphalo Primary School in Soweto. Including workers from Childline. Participation in this study was voluntary. It was assumed that given their professional status all subjects were fluent in English.

The sample was diverse with regards to gender, age, occupation, years served and marital status. As theoretically all these variables may impact or affect the

individual's compassion fatigue and their sense of coherence. The tables below illustrate the composition of the sample and key characteristics, followed by a brief summary of the sample

Table 3.1. Number of males and females in sample

Gender of Participant	Number
Males	4
Females	21

Table 3.2. Age Ranges of Sample Group

Age ranges	18-24	25-30	31-40	41-50	51-60
Number of participants	2	7	2	8	6
Percentage	8	28	8	32	24

Table 3.3. Occupation data of sample

Occupation	Number of Participants	Percentages
Teacher	6	24
Nurse	8	32
Counselor	6	24
Social Worker	1	4
Project Assistant	1	4

Nurse/Counselor	1	4
Teacher/Counselor	2	8

Table 3.4. Number of years served by respondents

Years of Service	Number of Participants	Percentages
<2 years	5	20
2-5 years	4	16
5-10 years	1	4
10-20 years	4	16
20 or more years	11	44

Table 3.5. Marital status of respondents

Marital Status	Number of Participants	Percentages
Single	12	48
Married	5	20
Divorced	7	28
Widow	1	4

Summary of Sample:

Table 3.1. Represents the gender of participants and the females make up the majority of this sample as 21 were females and only 4 were males. In table 3.2. which highlights the age ranges of the sample group, 32% of the sample was between ages 41-50. Twenty eight percent fell within the 25-30 years age range. 51-60 age

range had 24%. Both 18-24 and 31-40 years age ranges each made up 8% of the sample. Occupation data of sample outlined in table 3.3. indicates that the nursing staff forms the majority of this sample as they are 32%. Followed by 24% of teachers and Counselors. Teachers who are counselors make up 8% of the sample. Social workers, project assistant and nurse counselors each make up 4% of the population. Table 3.4. represents the number of years served by respondents in this category 44% of the participants served in their careers for 20 years and more. Participants who served <2years made 20 percent of the population. Those who served 2-5 years fell within the 16% range. Still within the 16% range were those who served 10-20-years. Four percent of the participants had served 5-10 years. Lastly Table 3.5. which represents the marital status of respondents indicates that 48% of the sample was single. Twenty eight percent were divorced, 20% of them were married and 4% were widowed.

3.6. Procedure

Quantitative data collection was used. Permission to conduct the research at the, clinics and schools was requested by written letters to these institutions (Appendix 1). Participants were requested to fill in consent forms (Appendix 2) followed by filling in a brief demographic and semi structured interview, which was devised by the researcher. Then two self-reporting instruments that measure Compassion Fatigue and Sense of Coherence were administered.

3.7. Instruments:

The Demographic Questionnaire:

This instrument was designed by the researcher to elicit demographic information of the participants and it included questions concerning the participant's gender, age, occupation, number of years served in their work and their marital status (Appendix 3).

The Semi Structured Interview

This instrument was designed to elicit descriptive data from the respondents with regards to the nature of their work and their perception of CF and SOC in their working environment (Appendix 4).

The Compassion Fatigue Scale (CFS)

Figley's Compassion Fatigue Self-Test was used (Figley, 1995; Stamm,1996): This is a 40 item instrument, which measures the level at which an individual is experiencing Compassion fatigue. The alpha reliability of this instrument ranges from .94 to .86. the structural reliability is .91. This scale consists of three subscales namely Compassion Fatigue, Burnout and Compassion Satisfaction. Stamm (1996) suggests that this scale can be divided into three constructs: items related to the self (1-6), items on the professional and their family (items 17-30) and items related to

being a professional and their working environment (items 31-40). However, the scale is usually applied as a composite measure (Appendix 5).

Orientation to Life Questionnaire (OLQ)

This is a 29 item self-report instrument designed to assess the individual's Sense of Coherence, where participants indicate their agreement with items about life attitudes on a 7-point Likert scale (Appendix 6). Cross-sectional studies support the validity of this instrument as measuring the individual's comprehensibility, manageability and meaningfulness (Antonvosky, 1979). Antonvosky (1989) indicates that this questionnaire has high internal consistency with Cronbach's alphas that range from .84 to .93. Holm, Ende, Lambert, Dix & Thompson (1988, in Mc Sherry and Holm, 1994) found that the Orientation to Life Questionnaire has good overall internal consistency ($\alpha=.92$), the test-retest reliability was estimated to be .85 and construct validity of this instrument was good.

Antonvosky (1987) predicted that people from various cultures may develop similar levels of SOC, despite their socioeconomic background. Bowman's (1996) study on cross- cultural validity of the Orientation to Life Questionnaire (Appendix 6) confirms Antonvosky's hypothesis. The outcome of Bowman's (1996)) study indicated that within the Native and Anglo-American cultures SOC correlated negatively with measures of physical and mental ill health. Therefore it seems that this instrument can be used on this sample in this study.

Both the Compassion Fatigue scale and Orientation to life questionnaire were deemed reliable, as they were used in multicultural population in South Africa. This is evident in studies using Compassion Fatigue Scale on teachers (Shalem, 1999) and another study was conducted on trauma unit nurses (Nkosi, 2002). While Pitman (1996) used the Orientation to Life Questionnaire on security personnel in the South African context. The construct validity of both instruments used in the study was evaluated as part of the research.

3.8. Analysis

3.8.1. Internal Reliability: Cronbach's Alpha

The internal consistency of the Compassion Fatigue Scale and the Orientation to Life Questionnaire was determined using the Cronbach's alpha coefficients. The internal consistency reliabilities supply an estimation of the dependability of the measuring instruments used in this study.

3.8.2. Descriptive Statistics

Descriptive statistics such as means and frequencies of responses was used to illustrate trends in the sample. These were compared to other findings cited in the literature.

3.8.3. Correlational Analysis

The Pearson Product- Moment Correlation Coefficient was used to assess the relationship between the levels of Compassion Fatigue and Sense of Coherence in caregivers. Bless and Khathura (1993) described correlation as the degree of relation between two variables that are not manipulated by the researcher. Correlation analysis was also use to establish the relationship between the subscales of the CFS and OLQ scales. It has to be noted that correlations can be subject to threats to internal validity of the results. While on the other hand correlational designs have proved to be useful in approving and refuting causal relationships.

3.8.4. Content Analysis

Content Analysis was utilized to analyze qualitative data elicited from the semi structured interview. Nueman (1997) asserts that content analysis enables the researcher to gather and analyze data in the context of text. Content is concerned with themes and content and involves frequencies or looking at quantitative data such as percentages. Therefore quantitative and qualitative aspects were included. A unit analysis was utilized in this study where discrete bit of information was assigned into categories using themes as coding units (Lewin1979, Breakwell, Hammond & Fife-Schaw, 1995).

3.9. Ethical Considerations

It was made clear to caregivers that participation in this study was voluntary and discrimination will not take place against those who do not want to participate. The nature and purpose of this study was discussed with the participants by the researcher and an information sheet was handed out. Assigning codes for each questionnaire and consent form was implemented to ensure confidentiality for participants.

Participants received a tear-off information list of institutions to contact if they felt that filling in questionnaires had evoked feelings of distress or issues they wish to discuss further. Participants were offered the opportunity to receive a copy of the research report if they so wish. If particularly high levels of compassion fatigue were evidenced in the sample the respective institution was invited to participate in a “caregiver support” workshop offered by the researcher and or relevant colleagues.