CHAPTER V: CONCLUSION

Research Limitations

Threats to internal validity

- Sample bias

Several threats to the internal validity of the current study exist. Firstly, the final sample could not be assumed to be representative of South African trauma counsellors owing to the fact that no random selection was employed (Rosenthal & Rosnow, 1991). Although convenience sampling was chosen, owing to the fact that participation had to be voluntary for ethical concerns, the use of this method introduced the possibility of confounding variables that limit the validity of the results obtained. Confounding variables specifically associated with volunteer bias could have included the tendency of these subjects to have a higher need for social approval, toward sociability, to be female and altruistic (Rosenthal & Rosnow, 1991).

A further limitation of the research related to the nature of the sample, was the fact that thirteen organisations of diverse nature, culture and beliefs were included in the study. Although each of the organisations was involved in the provision of a service for the support and counselling of survivors of trauma, they varied from police stations to church organisations. Consequently, the sample could not be assumed to be homogeneous in nature, implying that various confounding organisational variables may have manifested in the study. It was impossible to establish whether the organisations were statistically equivalent, owing to the unequal numbers of counsellors drawn from each organisation.
which would not have yielded statistically relevant findings (SPSS, 1998a). In order to conduct such an analysis, ANOVA would be necessary where the groups must be fairly equivalent, with at least 10 observations in each (Howell, 1992). However, this was not the case in the study as the numbers varied from one counsellor to fourteen from the various participant organisations. Thus, it could not be established whether the counsellors manifested different trends with regard to their susceptibility toward the syndromes of compassion fatigue and burnout, which may have rendered the findings inaccurate. In addition, organisation could also not have been included in the regression as a dummy variable to establish its impact, as this would have rendered the variable meaningless (Hardy, 1993). This is because the numerical coding would have added ordinal, numerical value to the organisation, the complex nature of which could not be quantified in any manner (Hardy, 1993).

However, it is argued that to conduct a more representative, quantitative study of the trauma counselling population in the Gauteng province rendered this approach unavoidable for several reasons. Firstly, in order to establish a sample large enough to derive meaningful statistical results regarding generalised trends in the group, it was necessary to include various organisations (Fife-Schaw, 1997). This was owing to the shortage of counsellors at each trauma counselling organisation, whereby each organisation employed an average of between seven and fifteen counsellors. As the trauma counselling body in the Gauteng area is a population which is, by nature, fragmented, it is argued that the only way to study it quantitatively was to investigate the counsellors across organisations. Secondly, the approach is further argued to have been valid as the counsellors are bound by the same range of activities involved within the
trauma counselling role. Hence, they share a commonality of experience in their role in that they primarily focus on interventions that involve listening to the traumatic experiences of survivors repeatedly and offering both instrumental and tangible support (Dunkle & Potter, 1996). It is the investigation of individuals who adopt precisely this role which acts as the commonality within this sample.

Thirdly, although the inclusion of a diverse group of trauma counsellors may have introduced confounds in the study, it is argued that this diversity is characteristic of the trauma counselling population in Johannesburg and that, to ignore this, would be to deny the true representation of this group. Hence, it is suggested that the organisational diversity of the sample may improve its representativeness with regard to organisational context. This is because the study did not include the impact of organisational variables, for instance support structure and organisational culture, these being variables also potentially responsible in determining susceptibility to compassion fatigue and burnout. By including a large group of diverse organisations, however, it is argued that these variables will have been randomised, thereby being less of a confound (Fife-Schaw, 1997).

Finally, the sample was not all-inclusive with regard to the counsellors who had already resigned from their counselling posts. In only targeting the counsellors currently engaged in a counselling role and assessing intention to leave in this group, the study omitted to establish whether direct turnover of counsellors was influenced by the two syndromes. By not targeting counsellors who have already left their counselling organisations there was no method of establishing whether those who have left were influenced by the
experiences of compassion fatigue and burnout, respectively. If the compassion fatigue and burnout relationship with intention to leave were a strong one, it is possible that the counsellors manifesting it have already resigned. Thus, it may have been more useful to explore this relationship by directly assessing the actual turnover of trauma counsellors and the variables related to this.

- **The questionnaire method**

Further limitations to the internal validity of the study may also have occurred as a result of the measures that were employed to investigate the variables in question. Firstly, the use of the shortened form of the OCQ to measure affective organisational commitment may have encouraged an acquiescent response set as all negatively keyed items are omitted in this form (Rosenthal & Rosnow, 1991). However, it is suggested that this was unavoidable as the limitations of employing the full version of the instrument directly threatened to inflate the findings of a predictive relationship between organisational commitment and intention to leave in the sample. In addition, the study intended to measure the dimension of affective organisational commitment specifically, this dimension being tapped by the shortened form of the instrument. However, the use of such a short form may have threatened the psychometric properties of the scale, thereby being responsible for an inflated and inaccurate reliability score of $\alpha = .91$. This limitation applied equally to the use of Lyon's (1971) intention to leave scale which, comprised of three items, manifested a very low reliability of $\alpha = .51$. However, such a limitation in measuring this variable was unavoidable as longer and more psychometrically sound scales assessing intention to leave are unavailable.
A further, potential threat to internal validity with regard to the scales employed may also have manifested as a result of rewording employed in the Crisis Support Questionnaire (Joseph et al., 1992) as well as in the Job Involvement Scale (Kanungo, 1982a). While the rewording was employed in order to clarify and direct the questioning of the scales toward the counselling setting and should not have altered the construct tested, it is suggested that this may still have altered the psychometric properties of these scales (Fife-Schaw, 1997). Remaining threats to the internal validity of the study, as related to the questionnaire method, are more generalised weaknesses inherent in the methodology. Firstly, as the questionnaire method derives self-report data, further potential weaknesses are introduced. This is because the manner in which the subjects perceive circumstances may be biased, their reports not having reflected objective reality (Rosnow & Rosenthal, 1996). However, it is suggested that this too was unavoidable as the variables of study investigated individual factors and experiences which cannot be accurately assessed through objective reports. Similarly, the shortened form of the OLQ (Antonovsky, 1987) also registered a lower reliability of .78, which may have been owing to the fact that only thirteen of the original thirty items are included in the shortened form.

Finally, the measurement of compassion fatigue and burnout may have been problematic with regard to the observed findings, rendering their utility questionable. As the compassion fatigue scale assesses predisposition toward the phenomena of burnout and compassion fatigue, respectively, it follows that the findings with regard to the implications of a predisposition toward the syndromes may be less useful (Figley & Stamm, 1996). This is because they may not extrapolate to the actual, observed implications of the actual manifestation of compassion fatigue and burnout.
Consequently, true extent of the impact of compassion fatigue and burnout when they manifest were not targeted. For instance, a predictive relationship between the phenomena and the intention to leave of the counsellors may not have been observed owing to the fact that the trauma counsellors suffering from the syndromes may have left the organisations already.

- **Practical limitations**

Practical weaknesses inherent in the study were more related to its limited scope and exclusion of various, potentially influential variables. For instance, organisation-specific variables such as organisational culture and method of supervision were not included. These variables potentially influence counsellor susceptibility to the syndromes of compassion fatigue and burnout and their operation may have confounded the predictive relationships investigated in the study. While an attempt to counteract this weakness was made in recruiting counsellors from several organisations, thereby providing a more random and representative organisational sample, this representativeness was still not guaranteed because the organisations may have similar systems in place and because the number of counsellors drawn from each organisation differ vastly. This indicates that the biased perspective of one or several overly-represented organisations may have emerged in the study.

Further practical limitations were imposed by the constraints of time, whereby a long questionnaire demanding too much time from subjects was avoided. Consequently, the shorter, original compassion fatigue scale (Figley, 1995) was employed, whereby the compassion satisfaction dimension was omitted for measure. As compassion satisfaction
refers to the counsellors' satisfaction and contentment in the counselling role, it follows that the operation of this variable may have confounded results (Figley, 1995). This is because, as a buffering variable, compassion satisfaction could have provided important information with regard to resilience toward compassion fatigue and burnout. For instance, this variable may have moderated the relationship between the syndromes and the intention of the trauma counsellors of leaving, thus indicating the importance of this variable in mediating the negative impact of compassion fatigue and burnout both for counsellors and their organisations.

**Threats to external validity**

Closely related to the previous critiques of the study's internal validity, owing to the sampling issues discussed, it is suggested that the ecological validity of the findings are equally questionable. As a result of the potential sampling biases which manifested, the findings of this study may not generalise to other counselling organisations in South Africa. This is because the study was limited to only one province and the nature of crime and trauma encountered by counsellors in different provinces may differ in frequency and intensity. Hence, biasing variables specific to the particular area may have impacted the results of the study (Cicourel, 1982). Furthermore, as the sample was not randomly selected, it may not have represented the demographic composition of the individuals involved in trauma counselling in South Africa.
Implications for Future Research

Several potential areas for further investigation in order to confirm the manner in which the correlates of compassion fatigue and burnout operate, or in order to augment the findings in this regard, emerged. Firstly, the role of the sense of coherence (SOC) could be further investigated, owing to its established primacy as a resiliency factor in the study. As it appeared that social support was not a primary coping method of counsellors with a high SOC, it could be important to investigate the coping strategies adopted by these individuals in order to train counsellors with lower SOC to develop resiliency. Thus, by investigating how SOC may practically manifest as behavioural coping strategies or cognitive approach, these techniques may possibly be taught to those who do not have them inherently. In addition, the understanding of the SOC could further be enhanced by determining how extensive its influence is within the trauma counselling context. For instance, the role of the construct with regard to job satisfaction, tenure and quality of counselling offered could also be investigated.

It is further suggested, in accordance with Ortlepp and Friedman's (in press) approach, that further investigation as to the relative roles of the three SOC dimensions of manageability, meaningfulness and comprehensibility, be explored. This may provide more specific insight as to how and why the SOC specifically functions as a resiliency factor in relation to compassion fatigue and burnout in trauma counsellors. In addition, it may be valuable to investigate the relative importance of the three dimensions of SOC and whether either of these, being present in the absence of the remaining dimensions, may nevertheless promote a high sense of coherence and mitigate the need for the
remaining two. Conversely, the question also remains as to whether the three dimensions can exist separately or whether they are so inter-related as part of the global SOC as to preclude the exclusivity of any of the three dimensions in an individual.

Further research into the role of prior trauma as a threat to resiliency against compassion fatigue and burnout, should also be conducted. The quantification of traumatic experiences and their personal impact is inherently subjective and problematic. However, the operation of prior trauma and the characteristics that potentially exacerbate its role in increasing susceptibility in trauma counsellors, should be explored. For instance, the nature of the trauma experienced, how long previously it occurred, the manner in which it was resolved and addressed by the survivor may all influence whether the experience promotes susceptibility, is not influential or may even promote resiliency. It is suggested that a qualitative study of counsellors who have had their own previous trauma, exploring their experience of how this impacts on their counselling role, would be useful. This is because it could provide insight on how survivors of trauma either resolve, or are troubled by, this experience in trauma-related work.

Finally, further understanding of the incidence and impact of burnout and compassion fatigue in South African trauma counsellors should be undertaken. The true impact of the syndromes on intention to leave as well as the role of moderators such as organisational commitment, organisational structure and compassion satisfaction, should be investigated. As suggested, it may be appropriate in future studies to investigate trauma counsellor turnover directly in order to establish what proportion of counsellors who have resigned their posts attribute this to having experienced of compassion fatigue or burnout.
In addition, the remaining manner in which the syndromes may manifest as organisationally damaging behaviours, for instance as high absenteeism, should be assessed. Finally, in order to develop a richer understanding of the individual experience of compassion fatigue and burnout as well as the personal implications of these, future studies could incorporate both quantitative and qualitative research methodology. In adding the qualitative aspect to these investigations, it is suggested that a more holistic understanding of the variables and their relationships may be derived.
CONCLUSION

Compassion fatigue and burnout, as destructive syndromes with a characteristic tendency to manifest in individuals confronted with an excessive demand within a supportive role, were investigated in the study. Owing to the potentially damaging consequences of these syndromes both for the trauma counsellors’ well-being and for trauma counselling services, it was suggested that it is important to understand the factors that contribute to the development of these syndromes in counsellors. As such, it was argued that this understanding could allow for the susceptibility to be better predicted and avoided through selection procedures. According to the findings of the study, several conclusions may be drawn:

- Firstly, it is suggested that the syndromes of compassion fatigue and burnout may not significantly influence the intent to leave of trauma counsellors. It was established that this finding may not have been accurately assessed in this study and that research specifically targeting counsellors who have resigned may clarify this link. Several implications with reference to the current finding are, nevertheless, suggested. Firstly, given this finding, it is possible that the mediatory role of variables such as organisational commitment and compassion satisfaction was not accounted for in this study. Consequently, the possibility exists that intention to leave in trauma counsellors may be more strongly influenced by extraneous variables, irrespective of the presence of high susceptibility towards compassion fatigue and burnout. Thus, by further investigating which variables mitigate intention to leave in counsellors, counselling organisations may discover which methods and conditions reduce
counsellor turnover, without necessarily reducing the incidence of compassion fatigue and burnout. Although the ultimate objective for such organisations is the reduction of compassion fatigue and burnout levels for the well-being of their trauma counsellors, the reduction of counsellor turnover constitutes the primary protection of the human resources of the counselling organisations.

- Secondly, the role of the sense of coherence as a significant resiliency factor against susceptibility toward both burnout and compassion fatigue, has various practical implications. It is suggested that this correlational link implies that the SOC may be employed as a screening measure for resiliency to the two syndromes in the selection of trauma counsellors. As the construct most related to each syndrome, this is a potentially valuable approach to the selection of counsellors, as opposed to any of the remaining variables investigated. By selecting more resilient trauma counsellors counselling organisations are less likely to experience the negative outcomes associated with the incidence of these syndromes, for instance high absenteeism rates and a decrease in performance levels.

- Prior trauma and job involvement, as significant correlates of the two syndromes, also reveal several practical implications. While prior trauma requires further investigation regarding the manner in which it functions to increase susceptibility, it is useful to determine that this may also be an indicator with regard to which individuals may be more resilient as counsellors. Similarly, job involvement has implications as a positive predictor of compassion fatigue. Practically speaking, this variable could function as a more preventative measure as it allows for the monitoring of pending
susceptibility toward the two syndromes. This is because the periodic assessment of job involvement could allow supervisors to assess whether counsellors display tendencies toward over-involvement which must be addressed. By regulating the job involvement of counsellors, coupled with a reduction in the counsellors’ work hours when necessary, organisations may become better equipped to effectively reduce and prevent escalating levels of compassion fatigue in their trauma counsellors.

Interestingly, the above implications did not apply equally to the phenomenon of burnout. However, the relatedness of the syndromes of burnout and compassion fatigue necessitates that any preventative measures adopted incorporate both syndromes. Relevant to both burnout and compassion fatigue, was the impact of age. As a resiliency factor against both compassion fatigue and burnout, it appears that older, more experienced counsellors should be recruited and that younger counsellors require more careful monitoring for susceptibility toward the syndromes.

Finally, social support did not emerge as a resiliency factor for either compassion fatigue or burnout. The implications of this finding may be that the role of both organisational and personal support may have been over-estimated within the trauma counselling context. Thus, it is suggested that the role of social support is less primary in determining susceptibility to the two syndromes, relative to the role of SOC. It is implied, consequently, that personal disposition is primary in rendering individuals more suitable and resilient in the trauma counselling role. In addition, the circumstances (for instance, the provision of organisational support structures) intended to facilitate the accomplishment of that role, while influential in other
spheres, may be negligible with regard to susceptibility to compassion fatigue and burnout. This once again indicates that the organisational focus on the management of compassion fatigue and burnout specifically should primarily be on the selection of appropriate and resilient counsellors.