

CHAPTER 5: DISCUSSION

5.1 Introduction

The primary aim of the current research was to investigate the relationship between the EAP practitioner's work environment (WE), sense of coherence (SOC) and their influence on compassion fatigue (CF) as an outcome experienced by practitioners working with traumatised clients or patients in an organisation. The secondary aim was to explore whether sense of coherence (SOC) has a moderating effect on the relationship between work environment variables and compassion fatigue. Thus the aim of this chapter is to interpret the current research findings and integrate them into existing or prior research.

The first section of the chapter will comment on background information on the sample demographics, prevalence of compassion fatigue on the sample of EAP practitioners, and differences between the sub-samples or two data collection groups on their level of compassion fatigue. Results in the current research indicate that participants in the current research have considerable experiences of compassion fatigue, or are at extremely high level for experiencing compassion fatigue.

The next section discusses the correlational relationships between variables in the current study; namely work environment variables (job control, workload and collegial support) and compassion fatigue, sense of coherence and compassion fatigue, and relationships between work environment variables and sense of coherence.

The subsequent section will discuss the moderating role of sense of coherence. Research results indicate that sense of coherence moderated the relationship between collegial support and compassion fatigue, as well as the relationship between workload and compassion fatigue. With reference to job control and compassion fatigue a moderator variable was not found, only main effects were found, which means that job control reduces compassion fatigue.

5.2 Background Research Findings

This section will discuss the sample demographics of the current research, prevalence of compassion fatigue on the current sample of EAP practitioners, and differences between the two groups on their level of compassion fatigue. A discussion of background research findings is important because it provides context and an in-depth understanding of sample characteristics.

5.2.1 Sample Demographics

The sample in the current research comprised of EAP practitioners, with a mean age 41.81 years and standard deviation of 8.45. This indicates that most people in the sample were either in adulthood or late adulthood. Most participants were female 79%, Africans (70%), and that more than half of the participants were married (55%). The result of more female participants in the sample supports previous research done in the health profession, which indicates that most mental health professionals are female. In addition, various researches in the field of psychotraumatology support the perspective that women are prone to suffer from secondary traumatic stress, due to their natural care giving role, and empathetic engagement (Beaton and Murphy, 1995). Thus according, to Figley's (1993; 1995) trauma transmission model, empathetic engagement is important to experiences of traumatic stress and eventually leads to compassion fatigue.

Various researchers in the area of secondary trauma have produced several generalisations about the effect of working with traumatised persons (Beaton & Murphy, 1995; Danieli, 1985; McCann & Pearlman, 1989; McFarlane, 1986; Pearlman & Saakvitne, 1995; 1988b; Stamm, 1995). The first generalisation is professionals who work with traumatised persons can exhibit the same range of symptoms as victims. This aspect can be seen in the high prevalence of compassion fatigue, which indicates that EAP practitioners had similar symptoms to their clients. This point can be deduced from the compassion fatigue self-test questionnaire (Figley, 1995), used in the current study (Appendix F). The second is the longevity and severity of these symptoms will vary from individual to individual. The current research, in terms of descriptive statistics (i.e. frequency) further indicated that EAP practitioner's scores on the compassion fatigue scale varied. Finally, professionals working with trauma victims are more likely to exhibit symptoms if they have been personally traumatised than if they have not had that experience. This point was not investigated in the current

research. However, speculative evidence in South Africa suggests that the majority of the population has either suffered or experienced some trauma. This is due to high prevalence of hijacking, violence, rape, abuse and domestic violence (Ortlepp, 1998; Durrant, 1999). In addition, the apartheid era is believed to also contribute to the prevalence of such social ill and in turn experiences of trauma.

With reference to provinces, most participants were from the Gauteng province (72%), 93% were employed in the public service. Generally, in South Africa, the Gauteng province has been considered to be the 'economic engine' of the country, with the most economically active population, which indicates the appropriateness of the sample in the current research. However, sketchy research raises concerns about the predominant use of one province, which poses questions of generasibility to the whole country.

In addition, most participants further had a bachelor's degree (30%), 69% had 1-6 year's length of tenure in their organisations and 33% had 1-6 years of service in their current job title, which implies that most participants are likely to have been employed as EAP practitioners between 1-6 years. This finding indicates that the result of the current research, are somewhat characteristic of EAP practitioner population in the South African organisational context.

In addition, more than 64% of the sample had a minimum of a bachelor's degree. This result further indicates that the sample in the current research had above average level of education. The length of tenure or length of service in years of the sample of EAP practitioners in the current research, indicate a general trend of low organisational tenure as opposed to high job title turnover. In other words, the sample in the current research, spent less time in years in their occupations, and more in their organisations.

5.2.2 Prevalence of compassion fatigue

Descriptive statistics (i.e. one way frequency, mean and standard deviation) indicated that the sample in the current study either experienced high levels of compassion fatigue or were at high-risk level for experiencing compassion fatigue. The current study indicates EAP practitioner's role creates a higher level of vulnerability to compassion fatigue. Nonetheless, there is no previous available research that investigates the prevalence of compassion fatigue on a sample of EAP practitioners.

This is a limitation on the part of the compassion fatigue literature and employee assistance programme practitioners.

Although, similar research findings on compassion fatigue, from Ortlepp and Friedman (2001) on a sample of non-professional trauma counsellors in the South African banking sector indicates that these counsellors were at extremely low risk of experiencing compassion fatigue (Mean = 22.27 and SD= 10.83). In another study on a sample of trauma unit nurses, Nkosi (2002) found a higher level of compassion fatigue (Mean= 58.84 and SD= 16.26), which is higher than in the current study. These researches together with the finding of the current research indicate that there is an inconsistency in experiences or prevalence of compassion fatigue amongst health professionals. Thus, a coherent body of literature does not currently exist in the area.

Within the secondary traumatic stress and compassion fatigue literature there are generalisations that female trauma workers are more likely to exhibit secondary trauma symptoms than their male colleagues (Figley, 1995; Danieli, 1985; Stamm, 1995; Bell, Kulkarni and Mauno, 2000; Sexton, 1999; Figley, 1995; Stamm, 1995). Thus, the current research findings of high levels of compassion fatigue amongst EAP practitioners in the sample does not come as a surprise because the sample composed of more females than males, as argued above. This research speculatively supports the literature that the female gender variable contributes to experiences of compassion fatigue.

Symptoms of high levels of compassion fatigue are disturbed sleep, anger, fear, suppression of emotions, nightmares, flashbacks, irritability, anxiety, alienation, feelings of insanity, loss of control, and suicidal thoughts have been experienced by counsellors and therapists who have had exposure to trauma victims (Figley, 1995; McCann & Pearlman, 1990; Danieli, 1988; McCann & Pearlman, 1990a. McCann, & Pearlman, 1989; Hyman, 2004; Salton and Figley, 2003; Pearlman & Saakvitne, 1995). Within the current research, the compassion fatigue self-test scale includes some of the symptoms mentioned above. This indicates that there is reason to believe that individuals who are either at risk for compassion fatigue or experience high levels of compassion fatigue suffer similar symptoms. In addition, these symptoms support the view that secondary traumatic stress is an occupational hazard, which impacts negatively on the practitioner's wellbeing and health. Nonetheless, the current

research did not directly examine this view. However, such assumption is made on the basis of prior research in the area.

In a study of distress among therapists who were indirectly exposed to trauma, Chrestman (1995) reported a relationship between increased professional experience, the number of clients in therapists' caseloads, and increased STS symptoms. The research conducted by Chrestman (1995) has important considerations for the current research. It first indicates the impact of secondary trauma or compassion fatigue in the current study. Secondly, the amount of caseload conceptualised as workload in the current research impacts on the practitioner's level of compassion fatigue. The third is that most participants in the current research had a longer length of service or were alternatively experienced as EAP practitioners and had a high level of compassion fatigue. This supports the research conducted by Chrestman (1995) that increased professional experience influences experienced level of secondary traumatic stress, and conceptualised as compassion fatigue in the current research. Although, this argument is speculative since analysis were not conducted to investigate this issue.

The manner in which the EAP practitioner's role exposes practitioners to compassion fatigue has several implications for the profession. Firstly, it indicates that this occupation can be commonly classified as a high-risk occupation (HRO). HRO are normally considered to be emergency service professions (policing, fire fighting and paramedics), medical healthcare work (nurses) and other closely related mental health professional occupations (social work, trauma-counsellors and psychologist).

The common factor in these health professions is that it exposes employees to vulnerabilities, injustice and human suffering, which are enduring and pervasive. Nonetheless, the current research acknowledges that the perspective of classifying the EAP practitioner role as an HRO is limited as it is largely based on the level of compassion fatigue. However, research in the area indicates that there are a number of factors in the occupation, which leads to this classification. Figley (1995) argues that the major contributing factor is working with traumatised populations, and this is especially true for trauma professionals. Others argue that job characteristics (higher workload, lack of support, lack of role clarity and high role ambiguity) (Levert et al., 2000), and work environment (negative organisational climate, primary exposure to

trauma, lack of job satisfaction and organisational climate) contribute towards the classification of the practice as a high risk occupation.

Catherall (1995) and Sexton (1999) argue that working with traumatised populations has several impacts on the counsellors, such as secondary traumatic stress, and overlapping conditions such as empathetic stress, countertransference, compassion fatigue, vicarious trauma, burnout and stress. Sexton (1999) further extends the argument that the practitioner's secondary traumatic stress and/or compassion fatigue impact on their empathic ability, which is essential to achieving healing and recovery in a therapeutic relationship. Thus, organisations and institutions need to alleviate compassion fatigue because it impacts on the therapeutic process and ability of the counselor to provide professional service to the client, and use empathy appropriately.

The second implication for the profession of EAP practitioner, relates to the point that the current research indicate that this role may have an inherent secondary traumatic stress (empathetic stress, countertransference, vicarious trauma, burnout and stress), which also indicate experiences of compassion fatigue. Thus, if this is the case to EAP practitioners in South Africa, organisations need to reduce the impacts of the work environment variables (e.g. lack of collegial support and job control) in order to facilitate better experiences of the EAP practitioner's role.

These results indicate the value of the comments made by Berridge and Cooper (2000) that particularly "caution against the potential role overload, role conflict and lack of professional role clarity..." that EAP practitioners experience in the South African workplace. In addition, organisations should facilitate work environments that support positive collegial support, increase the level of job control and reduce the level of high workload.

Despite, various arguments which emanate from the literature and empirical research on compassion fatigue, Figley (1995) claims that compassion fatigue is inevitable to trauma counsellors and many other health professionals. The same may also apply to the sample in the current research. However, the occupational impacts of compassion fatigue have been demonstrated in previous research to be negative and harmful to the counsellor role and well-being (Catherall, 1995; Sexton, 1999).

McCann and Pearlman (1991a) further hypothesised that a traumatic experience can cause serious disruption of certain aspects of a person's life, and that working with trauma survivors can have the same effect for therapists. Aspects of the work include that nature of the clientele, specific facts of the event, organisational factors, and social/cultural issues. Aspects of the therapist include personality, personal history, current personal circumstances, and level of professional development. In addition, professionals dealing with compassion fatigue experience alterations in their sense of safety, trust, control, esteem, and intimacy (Rosenbloom, Pratt & Pearlman, 1995). This, further indicate the negative consequences of experiencing secondary traumatic stress or compassion fatigue.

Previous empirical research argues that unlike burnout, compassion fatigue may have a sudden onset, although it also may be the result of cumulative events reaching a critical threshold (Figley, 1983, 1995; Danieli, 1988; Stamm, 1995; Bell, Kulkami and Mauno, 2000; Sexton, 1999; Feldt, Kunnunen and Mauno, 2000; Figley, 1995; Stamm, 1995). Compassion fatigue is due to primary and secondary trauma responses being triggered in the context of a helping relationship. The good news is that recovery from compassion fatigue is said to be faster than recuperation from burnout if appropriate interventions are implemented (Sexton, 1999). Thus, this point indicates that compassion fatigue is easily treatable as opposed to other conditions of helping a traumatised client. Nonetheless, specific interventions at various levels must be employed to ensure that the sample of EAP practitioners in the current research experience less of compassion fatigue or are at less risk for experiencing compassion fatigue.

5.2.3 Differences between the two groups

Statistical tests (i.e. correlation and t-test) indicate that the two data collection groups (i.e. data collected at the conference and data collected in organisations) were significantly different on their experience of compassion fatigue, as opposed to other measures used in the current study (job control, workload, collegial support, and sense of coherence). A t-test indicated that the group whose data was collected in organisation has a higher mean, as compared to the group whose data was collected at the conference. The comparison of the two data collection groups was performed for two reasons. The first reason was motivated by a theoretical argument, by Figley's

(1995) argument on compassion fatigue. The second was more explorative and practical to compare the data collection groups.

An in-depth look at the sample demographics and the level of compassion fatigue experienced indicates that participants, who experienced higher workload, were from the mental health profession (i.e. nurses) as opposed to other psychological health professionals (i.e. social workers and human resources practitioners). This research finding supports the research done by Nkosi (2002), which indicates that nurses, and in particular trauma unit nurses experienced more compassion fatigue than any other helping professionals. Within the literature there is a consensus that the work performed by nurses in South African trauma units is characterised by this intense exposure, contributory factors from the chronic nature of the nursing role, which taxes their psychological resources to manage stressful encounters, and that they are also understaffed and under-resourced workplaces, which exacerbate the experiences of trauma for this professionals in the workplace (Durrant, 1999; Figley, 1995).

Longitudinal research conducted over a one-year by Durant (1999) on allied medical sciences students (physiotherapy and occupational therapy) supports the perspective that medical health professionals are more at risk of compassion fatigue as different to other mental health professionals who work outside the hospital setting. This research is further supported by Schaufeli and Janczur (1994), who argue that nurses have face-to-face exposure or direct contact with patients, which exhibit more negative consequences of job-related stress and unbearable working conditions.

Research conducted by Levert et al, (2000) on psychiatric nurses further indicates the problems associated with the nursing role impact on nurse's level of personal accomplishment and self-care. This research studied the contributions of the work environment, sense of coherence and burnout as opposed to the current research, which studies compassion fatigue. Nonetheless, literature of secondary traumatic stress indicates that burnout and compassion fatigue are similar, despite the differences that exist. Literature indicates that both outcomes are experienced due to an inherent vulnerability involved in the need to empathise with the traumatised or suffering clients (Bell, Kulkami and Mauno, 2000; Feldt, Kunnunen and Mauno, 2000; Levert, 1999; Ortlepp, 1998).

Furthermore, both processes (burnout and compassion fatigue) are harmful to the personal and professional life of a counsellor, and they are also harmful to the treatment and the client receiving counselling from a counsellor who is experiencing the above outcomes (Pearlman and Saakvitne, 1995). Compassion fatigue is viewed as inherent and unavoidable in trauma work, burnout is considered preventable (McBratney, 2000). This indicates the extent to which compassion fatigue is pervasive.

Despite, the differences between the two data gathering sub-samples, anecdotal empirical literature indicates that professionals who are vulnerable to compassion fatigue include emergency care workers, counsellors, mental health professionals, medical professionals, clergy, advocate volunteers, and human service workers. Thus, the current research supports previous research that EAP practitioners are not different to the other helping professionals in their experience of compassion fatigue. In addition, that both mental health professionals (social workers and human resources professionals) and medical health professionals (nurses) experience compassion fatigue.

5.3 Central Research Findings

This section of the research will discuss the correlation hypotheses set in the current research. It will begin with the first hypothesis of the relationship between work environment variables and compassion. Followed by the hypothesis on the relationship between compassion and sense of coherence and next the relationship work environment variables and sense of coherence. More, importantly the research hypotheses were there is work environment variables (job control, workload and collegial support) will be broken down to hypothesis with each work environment variable.

5.3.1 The relationship between Work Environment variables and Compassion Fatigue

The findings in the current study were that there was a negative insignificant correlation between job control and compassion fatigue, which did not support hypothesis 1a. In addition, there was a positive insignificant relationship between sense of coherence and compassion fatigue. Finally, there was an insignificant positive relationship between job control and sense of coherence, negative insignificant

relationship between workload and sense of coherence and insignificant negative relationship between collegial support and sense of coherence.

Research in the area of stress has indicated that organisational environmental stressors are important in shaping wellbeing (Maslach and Jackson, 1984). Perceptions of the work environment can either be negative or positive, depending on the level of job control, the amount of workload and the quality of collegial support experienced (Feldt, Kinnunen, and Mauno, 2000). The current research findings are supported by this previous research. Nonetheless, there are surprising results, which will be discussed later in the section

Previous empirical research has linked certain work environments with a lack of psychological wellbeing and physical health in the workplace (Feldt, Kivimaki and Dalton, 2003). Further, in the stress and trauma literature, work environment has been linked to stress, burnout and secondary traumatic stress (Bell, Kulkami and Mauno, 2000; Sexton, 1999; Feldt, Kunnunen and Mauno, 2000) and in South Africa several researchers have found similar links (Levert, 1999; Ortlepp, 1998; Levert, Lucas and Ortlepp, 2000; Ortlepp and Friedman, 2001). The current research, conducted within the South African sample of EAP practitioners has found that work environment variables, especially workload and collegial support contribute to compassion fatigue through stepwise regressions.

Previous research in the stress and health literature argues that employees experience negative outcomes in the workplace or work environment due to several factors. According to the job stress/health models, individuals feel strain/stress due to five job stressors 1) factors intrinsic to the job, 2) role in the organisation, 3) relationships at work, 4) career development, and 5) organisational structure/climate (Cooper et al, 2001; Cooper and Cartwright 1994, as cited in Fisher, Katz, Miller, and Thatcher, 2003; Murphy, 1995), and home/work interface (Fu and Shaffer, 2001). In the current research, work environment has been demonstrated to influence EAP practitioner's experiences of compassion fatigue, which supports previous research in the area.

5.3.1.1 The relationship between Job Control and Compassion Fatigue

There was a negative insignificant correlation between job control and compassion fatigue. Due to the point that this relationship was insignificant not much can be inferred, about the negative relationship between the concepts. However, previous research indicates that job control is linked to the idea of control over the working conditions, for the environment to become more rewarding and thus less threatening (Sauter, 1989). In addition, in the work environment, job control is perceived to integrate work outcomes such as quality and quantity to employee's attitudes towards their jobs (satisfaction, commitment and citizenship) (Feldt, Kivimaki, Rantala and Tolvanen, 2004). Feldt, Kivimaki, Rantala and Tolvanen (2004) found that job control is related to occupational status and position in the place of work, this result may have possible implications to the current research.

The current research findings does not support the findings by De Croon et al. (2004), which found that low job control increases ill-health and negative wellbeing and in the same way, high job control increases positive health and wellbeing. The level of job control experienced by EAP practitioners may influence this finding, or unlike in previous research where job control was agued to be an important work environment variable, in the current research it may not have been important, since stepwise regression results indicated that it did not explain or contribute to the experience of compassion fatigue. The result of the currently research does not support studies of job control, which argue that job control is negatively related to job stress, emotional distress, and depression (cited in Liu, Spector, and Jex, 2005), and found inverse relationships between job control and stress (Feldt, Kivimaki, Rantala and Tolvanen, 2004) and possibly compassion fatigue. This is because insignificant results were found.

5.3.1.2 The relationship between Workload and Compassion Fatigue

Workload may be defined as a psychological stressor, this includes the requirements for working faster and harder, having a great deal to do, not having enough time and having conflicting demands (Karasek, 1979). In the current study, a positive significant relationship between workload and compassion fatigue was found. The finding does not come as a surprise because Karasek (1979) argues that workload is a psychological stressor, which includes the requirements for working faster and harder, having a great deal to do, not having enough time and having conflicting demands.

Thus, according to this relationship, an EAP practitioner who has a higher workload will experience high compassion fatigue, especially when the moderating role of sense of coherence is not considered.

The findings of the current research supports the view that the EAP practitioner's role entails a heavy workload, considering the range of services they offer and the lack of job resources such as supervision, debriefing and adequate training (Vosloo and Barnard, 2002). In addition, empirical research indicates that excessive workloads increase experiences and exposure to stress, burnout and compassion fatigue (Bell, Kulkarni and Dalton, 2003). This result support the argument that workload occurs when the person's adaptive cognitive resources are exceeded, and results in work-related stress (Fisher, Katz, Miller and Thatcher, 2003), and in the case of the current research compassion fatigue.

5.3.1.3 The Relationship between Collegial Support and Compassion Fatigue

A positive significant relationship between collegial support and compassion fatigue was found in the current research. The hypothesised relationship between the two concepts predicted an inverse relationship. Thus, the result was unexpected in the current research. Unlike, previous similar research, the current research does not support findings by Levert et al. (2000). This research found that collegial support was negatively related to different dimensions of burnout (emotional exhaustion and depersonalisation).

Although a unhypothesised positive significant result was found, it can be argued that the employee assistance programme practitioner's work environment does not encourage team work, and employees tend to experience work-related stresses and burnout (Daniels and Guppy, 1994), and that other employees are not perceived to be helpful and compassionate, and that the same may apply to management (Demerouti et al, 2001). In such a work environment, practitioners may perceive the support of colleagues as aggravating to their experiences of compassion fatigue and compassion fatigue may worsen the experience of collegial support. Simply put a vicious cycle may exist between the two variables. In addition, emotional contagion may provide an explanation for the results, as it is believed to be contagious (Figley, 1999).

Literature indicates that collegial support is an important job resource, which influences individual's experiences of stress, burnout and secondary stress in the work context (Corrigan et al., 1994). The relationship amongst health professionals in the workplace is considered important; this is with regards to the quality of support provided to individuals experiencing stress in the workplace (McCann & Pearlman, 1990). Furthermore, collegial support has been found to be a buffer factor (Burke, 1993), which protects employees from life related and work-related stresses and thus becomes a coping resource against certain negative work environment outcomes. The relationship amongst health professionals in the workplace is considered important, with regards to the quality of support provided to individuals experiencing stress in the workplace (McCann and Pearlman, 1990).

The finding in respect of collegial support tends to perhaps confirm the notion that workers in such high-risk occupations resort to the "conspiracy of silence" (Paton & Smith, 1996) to manage their occupational distress. Thus, in such work environments employees do not receive positive or good collegial support, and this can be strongly asserted that these practitioners may receive compassion fatigue based collegial support, this is due to the prevalence of compassion fatigue in the sample and the emotional contagion component associated with compassion fatigue.

5.3.2 The relationship between Sense of Coherence and Compassion Fatigue

There was a positive insignificant relationship between sense of coherence and compassion fatigue. Antonovsky (1991) argues that SOC plays an important primary role in minimising and buffering the susceptibility of counsellors to stress and burnout, which may possibly apply to compassion fatigue. The issue of experiences of compassion fatigue is dependant on various factors, such as personal, social and cultural factors that determine an individuals' personal resilience (Figley, 1983, 1995; Danieli, 1988), and the context in which an interaction occurs and the particular personality factors of an individual, are some determining factors of whether a specific stressor will produce symptoms of compassion fatigue.

An important study in the area, was conducted by Ortlepp and Friedman (2001), who found significant relationship between sense of coherence and secondary traumatic stress indicators, more specifically they found negative relationship between compassion fatigue and sense of coherence together with its components

(manageability, meaningfulness and comprehensibility). Such experiences undoubtedly influence practitioner's quality of work (e.g. counselling), and more importantly creates a situation where counsellors themselves need assistance to cope with hearing traumatic material clients (Figley, 1995). Thus, the current research findings do not support previous research in the area.

5.3.3 The relationship between Work Environment variables and Sense of Coherence

In the current research, there were no significant relationship between work environment variables and sense of coherence. Cooper and Baglioni's (1988) model of the stress-response suggests that not all individuals perceive the same situation as stressful, and this is because there are individual differences which they bring, such as their personality and life experiences will shape their response to stress. In addition, to socio-demographic factors and coping strategies, which have consequent effects on people and their organisations. Thus, Cooper and Baglioni (1988) suggest the experience of stress is the result of an interaction between various sources of pressure and the individual characteristics.

5.3.3.1 The relationship between Job Control and Sense of Coherence

There was an insignificant positive relationship between job control and sense of coherence in the current study. According to Spector (1987; 1998), control in the workplace ranges from autonomy (control over the individual's own scheduling and tasks), to participation in decision-making process (control over the organisational decision-making process). Job control is essential to an individual's sense of meaningfulness (Feldt, Kinnunen and Mauno, 2000: 3). Additionally, job control is perceived to increase concentration, commitment, positive health outcomes, coping, performance and turnover (Parker and Price, 1994), which may possibly explain the lack of significant results in the current area.

In a study of job control and organisational climate, Feldt et al (2004) found a significant positive relationship between job control and components of sense of coherence, especially meaningfulness, and positive social relationships in the workplace for a sense of comprehensibility. Thus, this previous research study indicates that sense of coherence has positive influence on job control.

5.3.3.2 The relationship between Workload and Sense of Coherence

A negative insignificant relationship between workload and sense of coherence was found in the current research. Collegial support has been demonstrated in previous research to be an important job resource, which facilitates better psychological health and wellbeing (Corrigan et al, 1994).

The lack of insignificant results on the relationship between workload and compassion fatigue has inconsequential relevance to the role of the EAP practitioner and constantly having to switch between tasks can possibly be perceived to encourage perceptions of high job demand, which is essentially high workload.

5.3.3.3 The relationship between Collegial Support and Sense of Coherence

A negative insignificant relationship between collegial support and sense of coherence was found. This result may not be surprising because previous research has found that collegial support is not the only important source of social support, and other types of social support such as supervisor, family and peer support are not as important in the workplace (Daniels and Guppy, 1994). But, in the trauma area, collegial support has been found to be an important variable, which reduces negative experiences of the counselling role, especially when one is considering the nature of the counselling role (Catherall, 1995; Sexton, 1999). However, in the current research this hypothesis was not supported.

5.4 Contributions of Independent variables on Compassion Fatigue

Stepwise regression results before adding interaction variables indicates that workload, sense of coherence and collegial support were significant at various respective significant levels, which means that job control does not play a role in explaining compassion fatigue. The three variables explained 26.51% of compassion fatigue, which is substantial (Table 14).

In addition, stepwise regressions with interaction variables indicates that workload, sense of coherence and collegial support are significant contributors to compassion fatigue, with reference to the interaction variables only workload x sense of coherence contributed to compassion fatigue. More importantly all the variables in the equation explained 30.36% of compassion fatigue (Table 15).

5.5 The role of Sense of Coherence as a moderator

Multiple moderated regressions indicate that sense of coherence only moderates the relationship between workload and compassion fatigue, and the relationship between collegial support and compassion fatigue. Thus, sense of coherence did not moderate relationship between job control and compassion fatigue.

Sense of Coherence comes about due to the availability of 'generalised resistance resources' (GRR), which refers to any features of the person, group, or environment that enable the individual to remain healthy despite negative impacts on health and wellbeing. GRR refers to any resources, which may be materialistic (food and money), cognitive (intelligence or knowledge), interpersonal (social support), as well as macro social (religion) (Figley, 1995). Thus an individual with a high SOC will organize GRR to fight negative health, in contrast with a low negative SOC individual who will be unable to utilise sufficient resources. Resources refer to characteristics of the person (psychological, emotional, physical, and biological), the work environment (supervisor support, collegial support and home-based social support) and the job (good supervision, adequate salary, recognition and sufficient staff).

In addition, taking part in collective decision-making reinforces an individual's manageability, because perceived social resources, such as the support and advice of colleagues, have an important active function to an individual. In addition, comprehensibility at work is strengthened considerably when the work environment enables an employee to see the entire spectrum and his or her place in it, fosters confidence and feelings of security, and supports communicability in social relations (Antonovsky, 1987b). Thus, for the current participants of EAP practitioners, results indicate that the opposite may occur.

Empirical research on secondary trauma indicates that compassion fatigue changes both the individual's cognitive schema and interpersonal relations, which are related to their ability to cope and manage life and work-related stressors, and in so doing impacts on their level of stress (Hyman, 2004; Salston and Figley, 2003; Jenkins and Bairds, 2002; Bride et al, 2004). In a study of the predictive relationship between sense of coherence (SOC) and work characteristics (organisational climate and job control), and found that high SOC predicts good perceptions of organisational climate. This

means that sense of coherence has the ability to indicate individual's experiences of positive perceptions and ability to deal with work challenges.

5.5.1 Role of Sense of Coherence on the relationship between Job Control and Compassion Fatigue

Research conducted by Hosie, West and Mackey (1993) on the role of EAP practitioners in the workplace indicates that despite the high qualifications obtained by practitioners, they remain in 'marginal' positions in the workplace in relation to structures of many organisations. Further, job control is assumed to be a relatively stable characteristic of the work environment (Feldt et al, 2004).

A framework to understand, job control and its relationship to health and wellbeing has been linked in previous research (De Croon et al, 2004). First, job control manipulates the degree to which job aspects, such as workload, are perceived to be stressful. Second, high job control is related to stress that one experiences. Thirdly, low job control influences the individual to high job stress (de Croon et al, 2004). These points indicate the value and benefit of job control to perceptions of work and the work environment.

Catherall (1995) argues that in order to manage positive job control, organisations should discontinue being bureaucratic, impersonal and disempowering, since this leads to feelings of helplessness which aggravate the incident of compassion fatigue experienced by human service workers.

5.5.2 Role of Sense of Coherence on the relationship between Workload and Compassion Fatigue

Resources refer to characteristics of the person (psychological, emotional, physical, and biological), the work environment (supervisor support, collegial support and home-based social support) and the job (good supervision, adequate salary, recognition and sufficient staff). This may facilitate the reduction or alleviation of adverse conditions experienced by the individual to reduce workload, and the associated physiological and psychological costs, in order to stimulate personal growth and development (Feldt, Kivimaki, Rantala, and Tolvanen, 2004), in this case the EAP practitioner.

Catherell (1995) in a study of vicarious traumatisation argues that organisations should have a responsibility to assist therapists to maintain realistic limits and boundaries on their work. This argument is based on the point that the counselling role predominantly lacks psychological wellbeing, and when organisations do not provide realistic limits and assist in ensuring counsellor wellbeing, enduring consequences result. Thus, such arguments indicate the importance and value of sense of coherence in giving practitioners the ability to deal with the adverse impacts of the counsellor role.

This means that an EAP practitioner that has high level of sense of coherence will tend to perceive low levels of workload. Nonetheless, research is not clear on the nature of the relationship between the two concepts (Demerouti, Bakker, Nachreiner and Schaufeli, 2001).

5.5.3 Role of Sense of Coherence on the relationship between Collegial Support and Compassion Fatigue

Colleagues at work can provide support formally, through structures such as support groups (debriefing and staff meetings) and informally, such as socialising and communication outside work (Catherall, 1995). Other researchers within the literature have suggested more formal and comprehensive mechanisms, including clinical supervision or consultation, case conferences, peer process groups, personal psychotherapy, trauma therapy training, professional development and regular organisational team meetings (Neumann & Gamble, 1995)

5.6 Conclusion

The current research had a sample, which was predominantly in the adulthood phase, were female, African and married. In addition, more than half of the sample came from the Gauteng province, and were employed in the public service either as mental or medical health professionals.

The current study found that EAP practitioners experienced a high level of compassion fatigue, as compared to participants in previous empirical studies in the area. The level of compassion fatigue is a concern primarily due to the symptoms associated with the condition. Thus further research is needed to measure the direct impact of the conditions and to verify the occupational hazards to the counseling role of the EAP practitioner in the South African context.

In addition, to the above findings, the research found differences in level of compassion fatigue between the two data collection groups, one from the EAP conference and the other from organisations. Thus, further research is needed to explore the stability and nature of compassion fatigue for different occupational groups and work environments.

With reference to the central findings of the current research, Hypothesis 1 found a positive significant relationship between workload and compassion fatigue and a positive relationship between collegial support and compassion fatigue. For both hypotheses 2 and 3 no relationships were found between sense of coherence and compassion fatigue and work environment variables and compassion fatigue. The implications of these results were discussed in this section.

Research literature on compassion fatigue indicates that the manifestations of compassion fatigue may be categorised as either intra-subjective or inter-subjective (Figley, 1995a). Intra-subjective are referred to as outcomes in the counsellors' individual experiences of secondary trauma at a psychological and physical levels, while inter-subjective outcomes are essentially the effects that exposure to trauma have on the counsellor's social life. Figley (1995) suggested that mental health professionals are at particular risk for compassion fatigue not only because of their encounters with victims of trauma, but also due to their caring and empathic natures. In addition, Figley (1995) views the relationship between the client and the counsellor as an empathetic activity, and thus the client is viewed to be a 'significant other' in the relationship.

In terms of the role of sense of coherence, it was only found to moderate the relationship between workload and compassion fatigue, and the relationship between collegial support and compassion fatigue. Thus, the current research indicates that this construct plays a critical role in buffering and moderating the impacts of negative work environments. Going forward more research is needed in the area to further indicate the role of sense of coherence.