

APPENDICES

APPENDIX A: SUBJECT INFORMATION SHEET



My name is Lloyd Hlengani; I am a student registered for the degree of Master of Arts in Industrial Psychology at the University of the Witwatersrand, Johannesburg. As part of the Master's programme, I am required to complete a research report in partial fulfilment of the degree. My research title is 'The relationship between work environment, sense of coherence and compassion fatigue amongst EAP Practitioners employed in the Gauteng area.' This research aims to examine work environment variables (job control, workload and collegial support) and how they may contribute to EAP Practitioners' experiences of compassion fatigue. The latter may result from the role of helping traumatised employees in the workplace and could impact on the practitioners' wellbeing and performance. Furthermore, this research will investigate EAP practitioners' sense of coherence which refers to how they relate to problems and their psychosocial resources for managing them. This in turn could be related to experiences of secondary trauma.

Participation in the study will entail completing a questionnaire, provided by the researcher, at your place of work. This will take about ten minutes. In order to ensure confidentiality, no identifying details will be needed (such as name or identity number) and completed questionnaires will be placed in a sealed box that will be collected by the researcher. I would like to invite all EAP practitioners in the department to participate in the study. I would also like to access as large a sample as possible in order to obtain meaningful results.

Participation is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not to participate in the study. All responses from participants will be kept confidential and only general trends will be reported. Further, the name of the organization will not appear in any reports.

Your participation in this study would be greatly appreciated. This research will contribute to a larger body of knowledge on the impact of the work environments on stress and wellbeing. It may also provide clarification of factors that influence EAP practitioners' work roles, profiles of those who are at risk of suffering compassion fatigue, and recommendations regarding these issues. If you participate in the study, an executive summary of the findings will be made available to you on completion of the research, from the organisation.

Yours sincerely

Lloyd D. Hlengani
Masters student
Tel: (011) 359-6031
Cell: 0737225908
E-mail: hlengal@ananzi.co.za

APPENDIX B:

BIOGRAPHICAL QUESTIONNAIRE

Please fill the appropriate response where possible or tick (/) or cross (X) the appropriate column.

Age: _____

Gender:

Male	
Female	

Race:

African	
Coloured	
Indian	
White	
Others	

Home Language

Afrikaans	
English	
IsiZulu	
IsiXhosa	
seSotho	
seTswana	
sePedi	
IsiNdebele	
IsiSwati	
xiTsonga	
TshiVenda	
Others	

Marital Status:

Single	
Married	
Divorced	
Widowed	
Others	

Others please specify.....

Highest Level of Education:

ABET	
Matric	
Diploma	
Bachelors degree	
Honours	
Masters	
PhD	
Others	

Length of service in the current organization: _____

Job title: _____

Length of service in the current job title: _____

Do you work:

Full-time	
Part-time	
Short-term contract	

Do you work in:

Public sector/government	
Private sector/organisation	
Non-governmental organisation	

****Please provide name of Ogranisation**

******(This is for identification of organisations whose EAP practitioners participated and for statistical purposes)

Which Province are you employed at?

Gauteng	
Mpumalanga	
Limpompo	
North-West	
Northern Cape	
Free State	
Kwazulu-Natal	
Eastern Cape	
Western Cape	

APPENDIX C:

JOB CONTROL

The following questions deal with the degree of control you have at work. Please indicate the appropriate response, by either ticking (/) or by crossing (X).

1. Do you decide on the order in which you do things?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

2. Do you decide when to start a piece of work?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

3. Do you decide when to finish a piece of work?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

4. Do you set your own pace at work?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

5. Can you control how much you produce?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

6. Can you vary how much you do your work?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

7. Do you plan your own work?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

8. Can you control the quality of what you produce?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

9. Can you decide how to go about getting your job done?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

10. Can you choose the methods to use in carrying out your work?

Not at all	Just a little	A moderate amount	Quite a lot	A Great deal
------------	---------------	-------------------	-------------	--------------

APPENDIX D:

WORK LOAD

The following items are prepared to assess a variety of workload aspects of your job. Please mark the appropriate column for each item, which represents your response. Tick (/) or Cross (X) appropriate column.

	Never (1)	Seldom (2)	Occasi- onally (3)	Often (4)	Always (5)
1. I have too much to do in a given time					
2. I have difficulty in completing tasks because of interruptions					
3. I feel the effects of staff shortages					
4. I am unable to give colleagues the support they need					
5. I have difficulty in maintaining high standards					
6. I have to deal with too many clients					
7. I lack time to explain things to inexperienced staff					
8. I do not have enough time to give a client the appropriate emotional support					
9. I have too much paper work					
10. I have difficulty meetings deadlines					
11. Too much time is spent on non-counselor duties					

APPENDIX E:

COLLEGIAL SUPPORT

The following statements relate to the staff support that you receive from your place of work. Please mark the appropriate column for each item, which represents your response.

	Never (1)	Seldom (2)	Occasiona- lly (3)	Often (4)	Frequently (5)
1. There is lack of team work between staff					
2. There is conflict between staff					
3. There is poor communication between staff					
4. I work with irritable staff					
5. I work with staff who are not 'pulling their weight'					
6. I work with staff who do not value the contribution I make					
7. I work with staff who do not accept responsibility for what they have done					
8. I work with staff who interfere the care I am giving					
9. I do not have enough opportunities to share information with other staff					
10. I have difficulty meeting the expectations of other staff					
11. I lack involvement in policy making and decision making					

APPENDIX F:

COMPASSION FATIGUE SCALE

Consider each of the following characteristics about you and your current situation. Tick the appropriate column, in each item, which gives you the most appropriate response.

1= Rarely or Never	2= At times	3= Not sure	4= often	5= Very Often
-----------------------	-------------	-------------	----------	---------------

	1	2	3	4	5
1. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience					
2. I find myself avoiding certain activities or situations because they remind me of a frightening experience					
3. I have gaps in my memory about frightening events					
4. I feel estranged from others					
5. I have difficulty falling or staying asleep					
6. I have outbursts of anger or irritation with little provocation					
7. I startle easily					
8. While working with a client who was a victim I thought about the violence against the perpetrator					
9. I am a sensitive person					
10. I have had flashbacks connected to my clients					
11. I have had first-hand experience with traumatic events in my adult life					
12. I have had first-hand experience with traumatic events in my childhood					
13. I have thoughts that I need to “work through” a traumatic experience in my life					
14. I have thoughts that I need more close friends					
15. I have thoughts that there is no one to talk with about a highly stressful experience					
16. I have concluded that I work too hard for my own good					
17. I am frightened of things a clients has said or done to me					
18. I experience troubling dreams similar to those of a client of mine					
19. I have experienced intrusive thoughts of sessions with especially difficult clients					
20. I have suddenly and involuntarily recalled a frightening experience while working with a client					

21. I am preoccupied with more than one client					
22. I am losing sleep over a client's traumatic experience					
23. I have thought that I have been "infected" by the traumatic stress of my clients					
24. I remind myself to be less concerned about the wellbeing of my clients					
25. I have felt trapped by my work as an EAP Practitioner/counselor					
26. I have felt a sense of hopelessness associated with working with clients					
27. I have felt "on the edge" about various things and I attribute this to working with certain clients					
28. I have wished that I could avoid working with some clients					
29. I have been in danger working with clients					
30. I have felt that my clients dislike me personally					

APPENDIX G:

ORIENTATION TO LIFE QUESTIONNAIRE

Here is a series of questions relating to various aspects of our lives. Each question has seven possible answers. Please mark the number which expresses your answer, with numbers 1 and 7 being the extreme answers. Please give only one answer for each of the items.

1. Do you have feelings that you don't really care about what goes on around you?

Very seldom (1)	2	3	4	5	6	Very often (7)
-----------------	---	---	---	---	---	----------------

2. Has it happened in the past that you were surprised by the behaviour of people whom you though you know well?

Never happened (1)	2	3	4	5	6	Always happened (7)
--------------------	---	---	---	---	---	---------------------

3. Has it happened that people whom you counted on disappointed you?

Never happened (1)	2	3	4	5	6	Always happened (7)
--------------------	---	---	---	---	---	---------------------

4. Until now you life has had:

No clear goals or purpose at all (1)	2	3	4	5	6	Very clear goals and purpose (7)
--------------------------------------	---	---	---	---	---	----------------------------------

5. Do you have the feeling that you are being treated unfairly?

Very often (1)	2	3	4	5	6	Very Seldom (7)
----------------	---	---	---	---	---	-----------------

6. Do you have the feeling that you are in an unfamiliar situation and don't know what to do?

Very often (1)	2	3	4	5	6	Very Seldom or never (7)
----------------	---	---	---	---	---	--------------------------

7. Doing the things you do everyday is:

A source of deep pleasure and satisfaction (1)	2	3	4	5	6	A source of pain and boredom (7)
--	---	---	---	---	---	----------------------------------

8. Do you have mixed-up feelings and ideas?

Very often (1)	2	3	4	5	6	Very Seldom or never (7)
----------------	---	---	---	---	---	--------------------------

9. Does it happen that you have feelings inside you rather not feel?

Very often (1)	2	3	4	5	6	Very Seldom or never (7)
----------------	---	---	---	---	---	--------------------------

10. Many people even those with a strong character – sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?

Never (1)	2	3	4	5	6	Very often (7)
-----------	---	---	---	---	---	----------------

11. When something happened, have you generally found that:

You overestimated or underestimated its importance (1)	2	3	4	5	6	You saw things in the right proportion (7)
--	---	---	---	---	---	--

12. How often do you have the feeling that there is little meaning in the things you do in your daily life?

Very often (1)	2	3	4	5	6	Very often or never (7)
----------------	---	---	---	---	---	-------------------------

13. How often do you have feelings that you are not sure you can keep under control?

Very often (1)	2	3	4	5	6	Very Seldom or never (7)
----------------	---	---	---	---	---	--------------------------