The multi-dimensional nature of social support: Trends, definitions and assessment issues

In spite of theoretical consensus regarding the superficial definition of social support and its broad meaning, the construct is a complicated one in that it is argued to be multi-dimensional, functioning in different ways across different contexts (Sarason, Sarason & Peirce, 1990). Weiss (1974) (cited in Sarason et al., 1983) proposed that the construct of social support is comprised of six dimensions, these being *intimacy*, *social integration*, *nurturance*, *worth*, *alliance* and *guidance*. Similarly, Barrera and Ainley's (1983) meta-analysis of the literature pertaining to social support elaborates on the multi-dimensional nature of social support, revealing that the various dimensions are construed as *types* of social support and tend to conform to five categories. Accordingly, these categories refer to *material aid*, *behavioural*, *intimate interaction*, *guidance* or *feedback* and *positive social interaction* (Barrera & Ainley, 1983.).

While the in-depth exploration of these dimensions provides valuable insight regarding the differing guises of social support, it is argued that such a multi-dimensional approach undermines the ability to operationalise the construct effectively and should not be applied in the current study. Furthermore, it is suggested that, as all the types of social support delineated by Barrera and Ainley's (1983) findings are implicated in the reduction of negative stress-related outcomes, the concept requires clarification with regard to the common, underlying principles of the construct that instrumentally reduce such negative outcomes. In keeping with this perspective, King, Mattimore, King and Adams (1995) propose that the commonality between the multiple dimensions of social support allows for the construct to be more clearly understood, defined and assessed

globally with regard to two dimensions. Accordingly, King et al. (1995) propose that the different types of social support are only truly distinctive with regard to whether they are *emotional* or *instrumental* in nature. While emotional support refers to sympathetic and caring behaviours, instrumental support refers to the rendering of actual assistance in the form of physical effort or material offerings (King et al., 1995).

Besides the importance of the type of support in determining its utility, King et al. (1995) propose that the sources of support also determine its utility. Sources of assistance that are accommodated within the parameters of a social network according to the Hupcey and Morse's (1997) criterion of 'personal relationships' may be both intra-organisational and extra-organisational, thereby including supervisors, coworkers and intimate members of the social network, for instance friends and family. Given the comprehensive scope of both instrumental and emotional support in providing a global assessment of social support, the construct shall be assessed with regard to these dimensions in the current study. Furthermore, as the sources of support have been implicated in determining the utility of the assistance, investigation of the sources that are of primary importance in alleviating the outcomes of exposure to compassion stress in trauma counsellors, is necessitated. The value of pursuing such an investigation lies in its provision of insight regarding the relative impact of the organisational context in minimising the negative outcomes of compassion stress in trauma counsellors and whether a more supportive approach is requisite.

According to Winemiller, Mitchell, Sutliff and Cline (1993) social support instruments tend to examine specific dimensions of social support, for instance, perceived support,

sources of support or types of support. Accordingly, it is argued that it is cumbersome to operationally investigate the types, timing and sources of support in determining the utility of social support in relation to counsellor susceptibility to compassion fatigue and burnout because this would require a wide range of social support measures. It is suggested that an indicator addressing perceived utility is most appropriate to the current study because perceived support, as opposed to received support, is more related to health outcomes (Sarason et al., 1990). According to Sarason et al. (1983), the two basic elements that determine the perceived utility of social support in reducing the negative outcomes of stress are, firstly, an individual's perception that a sufficient number of others are available to provide support when necessary and, secondly, that the individual is satisfied with the support that is received. It is argued that individuals for whom social support does not decrease the negative outcomes of stress, thus being unavailable, inappropriately timed or unsuitable, will manifest this as a lack of satisfaction with received support. Therefore, investigating the level of satisfaction with support received is argued to negate the necessity to investigate types and timing of support. A global measure of instrumental and emotional support, coupled with an assessment of the sources and satisfaction with this support, is argued to provide a sufficient indication of the utility of the construct with regard to its operation in a sample of trauma counsellors.

The functioning of social support

Apart from the numerous definitions of social support and the divergent perspectives regarding its assessment, the manner in which the construct operates to alleviate stress outcomes has also provided controversial debate in the literature. With regard to this debate, the operation of social support as main effect or buffer variable in minimising the

negative outcomes of stress have both been reported (Murphy, 1988). According to Murphy (1988), it has been found that social support that is developed and maintained acts as an antecedent to stressors that reduces the harmful health outcomes associated with stress. In this case, social support is conceived of as a main effect in that its absence is inherently stressful and, thus, cumulatively adds to stressors when they arise (Kaufman & Beehr, 1989; Rocco & Jones, 1978).

However, a buffering role of social support has also been noted, where the absence of social support has no effect in the absence of stressors but where negative health outcomes are worse for individuals with no social support when stressors do arise (Pretorius & Dierdricks, 1993; Spitzer, Bar-Tal & Golander, 1995). In this case, social support acts as a variable which interacts with other variables to impact on the stress outcomes experienced. However, contradictory findings have also emerged in that Kaufman and Beehr (1989) observed a reverse buffering effect, whereby the social support received appeared to increase the negative outcomes of work-related stress in a sample of American state policemen. This outcome was attributed to the stressors being related to the individuals providing the source of organisational support and obviates the complex functioning of social support in relation to stress.

Social support and sense of coherence

The conception of social support as central to the well-being of individuals has been supported by many theorists and is incorporated in Antonovsky's (1979) theory of sense of coherence as an inter-personal relational GRR, thus being considered an essential resource in the individual's capacity to withstand the deleterious effects of stress. Hence,

it is suggested that high SOC individuals may be more likely to perceive social support as available and feel more capable of activating it. While this may appear to imply that high SOC individuals will be more likely to rely on social support, it is argued here that the opposite may in fact be true. It would appear that, because high SOC individuals more ably perceive the availability of a wide range of GRRs more so than low SOC individuals, they may rely more on resources besides social support to alleviate stress. For instance, trauma counsellors with a high SOC may employ GRRs such as cognitive strategy in approaching clients, thus negating their compassion stress in this manner and counteracting the need for social support.

In support of this perspective, Murphy (1988) found that, in a sample of American adults traumatised by natural disaster, the individuals who had suffered the least damaging stress-related outcomes predominantly employed self-reliant behaviours to cope with their losses as opposed to social support. Thus, social support may not be a primary coping resource for trauma in individuals with the intra-psychic resources, such as high SOC. Conversely, low SOC individuals who do have social support, may not suffer as expected owing to the positive impact of this variable in preventing the negative outcome of compassion stress. It is, therefore, suggested that it is important to investigate social support in conjunction with SOC in determining trauma counsellor susceptibility to compassion fatigue and burnout, as the two constructs may function independently to alter this susceptibility. It follows that the relative predictive capacity of social support and SOC must be established as well as the degree to which the two variables are correlated in accounting for such susceptibility in trauma counsellors.

The role of organisational commitment

Organisational commitment has repeatedly been implicated in the literature as an antecedent of employee behaviours with regard to improved efficacy, effort and decreased employee turnover (Cohen & Hudecek, 1993; Mowday, Steers & Porter, 1979, Tett & Meyer, 1993). Steers (1977) found that commitment is associated with increases in an employee's desire and intent to remain employed in an organisation. Similarly, the construct was found to be inversely related to employee turnover, implying that the more committed a workforce, the greater its stability (Steers, 1977). Hence, the potential of this variable to influence the intention to leave of South African trauma counsellors must be considered as it is possible that organisational commitment may be instrumental in preventing counsellors suffering from the two syndromes from leaving the organisation in which they are employed. In addition, Kalliath, O'Driscoll and Gillespie (1998) found that low commitment contributed to the experience of burnout in a group of nurses and technicians in New Zealand. Thus, evidence for organisational commitment as a predictor of burnout was found, suggesting that the variable may have a direct impact on susceptibility to burnout and, possibly, compassion fatigue. According to Kalliath et al., (1998) this susceptibility emerges as a result of cognitive withdrawal from the organisation in non-committed employees who, consequently, experience the effects of high-stress environments more acutely because of their lack of investment in the organisation.

Organisational commitment, however, is also a complex construct and a variety of perspectives regarding its definition exist. Accordingly, Popper and Lipshitz (1992) assert that "[u]nfortunately, [the] literature leaves considerable confusion regarding the nature

of people's commitment to organisations" (p. 1). As suggested by Clegg and Wall (1981) organisational commitment may be defined as "feelings of attachment to the goals and values of the organisation, one's role in relation to this and attachment to the organisation for its own sake rather than for its strictly instrumental value" (p. 221). Thus, three dimensions are regarded as comprising organisational commitment, namely *identification*, *involvement* and *loyalty*. In agreement with this perspective, commitment to an organisation is conceptualised as an attitude, which derives from congruity between an individual's goals and those of the organisation (Mowday et al., 1979). The identity of the individual, hence, becomes connected to the organisation and this connection is denoted in a desire to retain membership in that organisation in order to facilitate its goals. In carrying the concept of organisational commitment further, Popper and Lipshitz (1992) also argue that the construct may be conceptualised as being comprised of three dimensions. However, their definition of the dimensions differs from those proposed by Clegg and Wall (1981). The first postulated dimension of organisational commitment is emotive in nature and is termed an *affective* state, this referring to an individual's identification and attachment to the organisation. Intrinsic to this affective dimension are the associated behaviours that act as indicators of its presence and manifest as an intention to remain in the organisation.

The second dimension of organisational commitment proposed by Popper and Lipshitz (1992), is that of *continuance* commitment which refers to the active pursuit of perpetuated membership in an organisation. This involves employees' willing engagement in behaviours that require more effort on behalf of the organisation. These actions are termed extra-role behaviours and, according to Mowday et al. (1979),

"involve an active relationship with the organisation such that individuals are willing to give something of themselves in order to contribute to [its] well-being" (p. 226). Finally, Popper and Lipshitz (1992) describe the third component of organisational commitment as incorporating both *instrumental* and *normative* aspects. Instrumental commitment refers to commitment based on the expected losses or gains of organisational membership (Popper & Lipshitz, 1992). Conversely, normative commitment results in employee behaviours directed toward the organisation which are determined by values that override instrumental considerations, the employee acting according to what is considered to be right and wrong (Popper & Lipshitz, 1992). The types of organisational commitment have one commonality, this being that they impact on an employee's intention to remain in the organisation and this renders them part of the same construct (Jaros, 1997).

Meyer and Allen's three formalised dimensions of organisational commitment provide a simplified alternative to prior conceptions of the construct of organisational commitment (cited in Cohen, 1996; Tett & Meyer, 1993). Accordingly, the dimensions of *affective*, *continuance* and *normative* commitment are propounded as *types* of commitment which increase employees' intentions to remain in an organisation for different reasons and, furthermore, impact on their work-related behaviours to a differing extent (Jaros, 1997). For instance, Dunham, Grube and Casteñada (1994) assert that "employees with low affective commitment...will choose to leave an organisation, whereas those with high affective commitment will choose to stay for longer periods of time because they believe in the organisation and its mission" (p.371). This type of commitment manifests more frequently as extra-role behaviours because it is related to an individual's positive regard for the organisation. On the contrary, however, continuance commitment arises from the

feeling that the material costs of leaving the organisation are not beneficial (Shouksmith, 1994). These three dimensions of organisational commitment formulate the most consistently reported trends regarding the theoretical definition of the construct. However, Bar-Hayim and Berman's (1992) findings refute the existence of the three distinctive types of commitment, providing evidence that commitment may be regarded, instead, as two broader dimensions, these being *active* and *passive commitment* respectively. This conception of organisational commitment is reminiscent of the commitment principles proposed by Clegg and Wall's (1981) definition in that active commitment refers to the individual's extra *involvement* in the organisation as a result of his/her positive identification with it. However, passive commitment simply refers to *loyalty* as a result of the desire to remain in the organisation and implies no additional effort on the employee's part (Clegg & Wall, 1981).

Organisational commitment, social support and intention to leave: An argument for the study affective commitment

In reviewing the literature it emerges that affective commitment is the type of organisational commitment around which there is predominant consensus regarding its primacy. This is supported in Shouksmith's (1994) assertion that "affective commitment is the most complex form of organisational commitment, antecedents of which include satisfactory pay, the presence of supervisors with positive job-related traits and a fair promotion system" (p.711). Accordingly, affective organisational commitment may be regarded as a social exchange, whereby employees who perceive a high level of support from their organisation are more likely to reciprocate commitment (Shouksmith, 1994). In addition, Jaros (1997) states that affective commitment forms the most important

component of organisational commitment with regard to the prediction of turnover intentions, implying that organisations interested in reducing voluntary turnover can do so indirectly by encouraging affective commitment.

Cohen and Hudecek (1993) further support the primary importance of affective commitment in a non-professional, white-collar group of workers. According to their findings, the negative relationship between organisational commitment and turnover is stronger for both professional and non-professional white-collar workers than for blue-collar workers in Israel. Thus, if these results extrapolate to the South African context, trauma counsellors, as non-professional white collar workers, are most likely to exhibit this relationship. Furthermore, it was found that such white-collar workers exhibited stronger relationships between the affective component of organisational commitment and turnover, while blue-collar workers exhibited stronger connections between continuance commitment and turnover (Cohen & Hudecek, 1993). The implications of this finding, as proposed by Cohen and Hudecek (1993), are that:

> For [white-collar workers], more emphasis should be placed on training programs that will increase identification with and attachment to the organisational goals. Selection can be another way to ensure that employees with higher levels of commitment propensity...are hired (p. 208)

Therefore, it is argued that organisational commitment in this sample may reduce turnover by attaching counsellors to their organisations such that they seek alternative

methods of coping with and overcoming compassion fatigue and burnout as opposed to leaving the organisation. If this is found to be the case, then it follows that organisations may seek methods of inciting affective organisational commitment in their counsellors in order to reduce their turnover rates.

Shouksmith's (1994) findings regarding employees' inclination toward reciprocating commitment in organisations further imply that both continuance and normative commitment may arise as elements of affective commitment, thereby indicating that an investigation of affective commitment subsumes the effects of the remaining commitment dimensions. These findings were supported by Jaros (1997), who found that affective commitment is more highly correlated with intention to quit in a sample of American engineering personnel in an aerospace firm, than are continuance and normative commitment. Taking cognisance of this, it is reasoned that the impact of organisational commitment in the current study is adequately addressed through a focused assessment of the effects of affective commitment alone. Further rationale for the measurement of affective commitment independently is obviated by Akhtar and Tan's (1994) findings that affective and normative commitment are moderately correlated and, thus, should not be regarded as entirely independent dimensions of organisational commitment. Similarly, as normative commitment emerged as a weaker dimension than affective commitment, the more instrumental role of affective commitment with regard to the organisational context, is supported.

Having argued why the study focuses on affective, as opposed to normative commitment, further argument is propounded regarding the capacity to omit an assessment of

continuance commitment. According to various studies, the relationship between continuance commitment and intention to leave has been found to be over-inflated owing to an excessive overlap between measures of the two constructs (Angle & Lawson, 1994; Cohen & Hudecek, 1993; Dunham, Grube & Casteñada, 1994; Tett & Meyer, 1993). It follows that, as the current study does consider the impact of organisational commitment on intention to leave, the continuance aspect of the commitment construct should be omitted to avoid falsely high results. The understanding of intent to leave in the current study is, thus, in accord with that adopted by Shouksmith (1994), whereby intention to leave "is viewed as a consequence of organisational commitment and not a constituent of it" (p.1383).

In spite of the various arguments proposing the multi-dimensionality of organisational commitment, Brown (1996) proposes an argument in favour of its conception as a unidimensional construct. Accordingly, he argues that "it is virtually impossible to describe commitment in any terms other than one's inclination to act in a given way towards a particular commitment target" (Brown, 1996, p.244). Hence, commitment simply refers to whether an individual intends to uphold a certain agreement with reference to a specific focus. Whether this commitment is evaluated positively or negatively by the individual may fluctuate over time, resulting in an adjustment of the effort and behaviours manifested in fulfilling the commitment (Brown, 1996). Accordingly, Brown (1996) suggests that organisational commitment has been misconceptualised as consisting of several types, whereas these typological descriptions actually correspond to differing evaluations of the same construct (Brown, 1996). In

keeping with this perspective, affective commitment constitutes a positive evaluation of one's feeling of commitment toward the organisation and its goals (Brown, 1996).

Organisational commitment, sense of coherence and stress-related outcomes

In order to investigate the potential impact of organisational commitment on susceptibility to compassion fatigue and burnout, the literature addressing the impact of organisational commitment on stress-related outcomes is reviewed and extrapolated to the current study. Two arguments have been presented regarding the potential role of organisational commitment in impacting on stress-related outcomes at work. Firstly, it has been suggested that high levels of commitment will exacerbate the negative stress-related outcomes of work (Leong, Furnham & Cooper, 1996; Reilly, 1994). Accordingly, such individuals suffer more from organisational hardships because of their own investment in, and identification with, the organisation. Conversely, the opposite perspective posits that "commitment protects individuals from the negative effects of stress because it enables them to attach direction and meaning to their work" (Leong et al., 1996, p. 1347). The connection between organisational commitment as a facet of resiliency toward stress and Antonovsky's (1979) construct of sense of coherence becomes apparent. This is because Antonovsky proposes that the ability to attach meaning to work, as a major life role, acts as a "crucial resource that [enables] individuals to resist the effects of tension in their organisational environments (Leong et al., 1996, p. 1347).

Accordingly, Leong et al. (1996) found that organisational commitment, although a more powerful predictor of outcomes such as job satisfaction and intention to quit, also

registered a negative relationship to physical and psychological health in response to organisationally related stressors for English, public sector administration officers. Similarly, Glazer and Kruse (1996) observed that organisational commitment acted as an important moderator of the relationship between job stress and intention to leave in a sample of Israeli nurses. It may be argued that organisational commitment does play a role in minimising stress-related outcomes and that this finding is likely to extend to the South African context. Thus, it is expected that organisational commitment will minimise the effects of burnout and compassion fatigue as negative compassion stress-related outcomes in the current study. This is because it is argued that affective organisational commitment shall be an instrumental manifestation of the meaningfulness component of the individual with a high sense of coherence. Support for this perspective is evident in Kalliath et al's. (1998) study in which low levels of organisational commitment were found to be a predictor of burnout. However, owing to the importance of other variables in determining responses to traumatic materials, it is argued that the predictive power of organisational commitment in determining susceptibility to compassion fatigue and burnout remains uncertain and requires investigation in relation to those variables. Thus, the interaction of organisational commitment with sense of coherence and social support is to be investigated.

The role of job involvement

> A person who is involved in his work takes his job and/or career seriously, has important values and components of his identity at stake in it, will be affected emotionally and significantly by work experiences, and will be mentally preoccupied by work (Jans, 1982, p. 57).

This definition echoes the central premise of job involvement as initially posited by Lodhal and Kejner (1965), that the job-involved individual considers work an extremely important part of life, thereby being very affected by the work situation to which he/she is subject. Job involvement has been selected for inclusion in this study because of the observation that human service workers who are over-empathic and involved in the helping role tend to burnout more than those who are not (Pines et al., 1981). Thus, the investigation of identification with the helping role as meaningful to the self is regarded as central in this study. Job involvement forms an aspect of work commitment that may be distinguished from career and organisational commitment (Blau, 1985). Career commitment refers to the strength of one's motivation to work in a chosen career and incorporates the importance of advancing within this particular course throughout life. According to Blau (1985) this may be operationalised as the motivation to engage in career advancing activities such as reading journals and attending meetings or joining associations. Job involvement, however, conceptualises a far more psychological connection of the individual to his/her work role responsibilities, thereby fundamentally connecting these to his/her identity.

However, job involvement has also been characterised by disagreement and inconsistency in terms of its definition, it being argued that the construct has often been misconstrued with regard to its dimensions. The multiple approaches and dimensions that have been incorporated in the construct are elucidated in Pinder's (1984) definition of job involvement which describes the job involved individual as one who:

> actively participates in his [job], 2) holds [his job] as a central life interest, 3) perceives performance as central to his self-esteem and 4) sees performance on [his job] as consistent with his self-concept' (cited in Blau, 1985b).

This multi-faceted perspective of job involvement originated with Lodhal and Kejner (1965) who defined job involvement according to two dimensions. Firstly, job involvement is argued to refer to the degree to which performance of a job affects an individual's self-esteem, this constituting the *performance-self-esteem contingency.* Secondly, it is said to refer to the individual's psychological identification with a specific job role, this constituting the *component of self-image* (Rabinowitz & Hall, 1977; Saal, 1978). Rabinowitz and Hall (1977) built on Lodhal and Kejner's (1965) two dimensions of job involvement, exploring their relevance to the job involvement construct. Accordingly, they found that job involvement is equally related to three clusters of variables, these being an individual's personal characteristics, situational characteristics, and work outcomes. Similarly, they discovered that the construct is fairly stable and that it acts as a feedback variable, being both a cause and an effect of job behaviour (Saal, 1978; Rabinowitz & Hall, 1977). However, the concern that the construct continued to be defined according to theoretically distinct dimensions remained

Further discord regarding the meaning of the construct emerged with Jans' (1982b) exploration of the concept of work commitment. Three dimensions of the concept, these being *job involvement, career specialisation* and *career involvement* were argued to constitute the global construct of work commitment. In addition to the psychological

conception of job involvement, the dimensions referring to career define the degree of psychological identification or specialisation desire, of which the person's present job is a part (p. 58). Although job involvement was conceptualised here as a distinct facet of work commitment, it was only measured as part of the global construct of work commitment, rather than as a theoretical and operationalised construct in its own right. However, Jans' (1982b) definition of job involvement provided the foundation for the emergence of the construct as a fully developed and operationally defined variable. This is because support for the conceptualisation of job involvement as psychological identification with work, began emerging in various studies. For instance, according to Blau (1985), evidence derived from a sample of nursing personnel in Philadelphia indicated that job involvement is a unidimensional construct indicative of the degree to which the job is central to an individual's psychological identity.

As argued by Brown (1996b), Kanungo offers the clearest, most focused conceptualisation of job involvement. Accordingly, job involvement has been conceptualised as a component of work commitment which is defined as "a cognitive or belief state of psychological identification" (Kanungo, 1982, p. 342). Thus, job involvement refers specifically to the state whereby the individual psychologically identifies him/herself with the work role, thereby being able to express self-image in work. "Kanungo argued that a person's psychological identification with the job depends on both need saliency and the job's potential for satisfying salient needs" (Kanungo, 1982b).

According to Figley's (1995) trauma transmission model [depicted on p. 18], counsellors are invested in the need to satisfy their empathic concern by alleviating the suffering of clients through an empathic response (Figley, 1995). If the empathic concern is not satisfied, disengagement and compassion stress occur which, if prolonged, trigger the experience of compassion fatigue. In light of this, it is argued that trauma counsellors' susceptibility to compassion fatigue will increase the more they experience disengagement or failures in reducing suffering (compassion stress) as these failures will undermine the salient work-related need intrinsic to their vocation as 'helpers'. As Straker (1993) asserts that counsellors must be capable of identifying with the traumatic content and emotions of clients in order to successfully execute an empathic response, it follows that counsellors must achieve a degree of job involvement and identification to provide sincere empathy. It is argued, thus, that a high level of job involvement may actually minimise compassion stress by allowing counsellors to engage empathically with their clients, thereby reducing their suffering and themselves experiencing a sense of achievement (Figley, 1995). Similarly, the susceptibility toward compassion fatigue will be minimised owing to the reduction of exposure to compassion stress. Interestingly, Elloy, Everett and Flynn's (1991) findings in a sample of Australian blue-collar workers also found that job involvement and burnout were inversely related. This appears to indicate that individuals who are more involved in their jobs may be less susceptible to burnout, owing to a greater investment in the work.

However, an opposing argument as to the operation of job involvement may also be proposed. Also according to Straker (1993) the more contact helpers have with trauma-related facts the greater their susceptibility to trauma-related disturbances, for instance

compassion fatigue. In addition, Brown's (1996b) findings indicated that a high job involvement may result in negative outcomes for individuals owing to the pre-occupation with work and its impact on the personal lives of the counsellors. Accordingly, experience social, psychological and physiological side effects, such as somatic complaints, work-family conflict and increased anxiety (Brown, 1996b.). It was, thus, argued that job involvement could both minimise or exacerbate compassion fatigue or burnout as an outcome.

Job involvement, social support and sense of coherence

> Increasing job involvement can enhance organisational effectiveness and productivity by engaging employees more completely in their work and making work a more meaningful and fulfilling experience (Brown, 1996b, p. 235).

According to Brown (1996b) the quality of an individual's life may be altered depending on his/her degree of involvement with, or alienation from, the work role. Job involvement is conceptualised as the positive engagement of the inner self in the job, whereas job alienation implies a separation of the self from the work environment and job role. As presented above, Brown (1996b) provides support for the argument that high job involvement may result in negative outcomes for individuals. In extrapolating these ideas to the current study of trauma counsellors, it is argued that this may relate in a different manner to the SOC construct, than that previously proposed. For instance, while the high SOC individual may be more job involved, as a result of finding meaning in work, this may also result in a tendency to rely less on the personal resources [GRRs] that act as

buffers against traumatic stress exposure, for instance social support. For instance, high levels of job involvement could result in trauma counsellors replacing family commitments with work commitments, thereby becoming excessively engaged in a work role which exposes them indirectly to trauma. In trauma counsellors this may be counter-productive and a need to ascertain how these variables act in conjunction as well as their relative predictive importance in determining susceptibility to burnout and compassion fatigue, is necessary.

Conclusion

The review of the literature has provided evidence as to the appropriateness of the variables employed in the current study. Firstly, the field of trauma and its relevance to South Africa has been explored, the risk of trauma counsellors in developing compassion fatigue and burnout being discussed. In addition, the constructs of sense of coherence, social support, organisational commitment and job involvement have been thoroughly defined and focused with relevance to their appropriateness to the current study. The manner in which these variables are related and expected to impact on the sample of South African trauma counsellors is further discussed with reference to their specific meanings. Furthermore, empirical studies that provide evidence for the utility of these variables have been reviewed.

Aim and Rationale for the Present Study

South Africa is a country characterised by high levels of crime resulting in the experience of trauma by many individuals, for which they often seek assistance through recourse to counselling. As such, the organisations that are involved in the provision of counselling

services fulfill a necessary and invaluable role in this country. As it is only through the maintenance of trained and effective trauma counsellors that such organisations may offer a service successfully, it follows that the investigation of the well being of trauma counsellors and the consequent likelihood of their remaining in this service is of importance within the South African context. According to Straker (1993):

> failure to take into account the impact of working with trauma has serious consequences. It makes workers less effective in the professional arena and more susceptible to suffering stress and distress in their personal lives. In turn, they are less available emotionally to clients and thus less able to meet their clients' needs (p. 34).

'Burnout' and 'compassion fatigue' are reactive syndromes associated with the stress of working with people and exposure to trauma respectively, and are recognised as being endemic to careers involved in the field of mental health and compassion. A personal outcome associated with these syndromes is that of emotional exhaustion arising from the occupation of a human service work-role within a supportive capacity and has been cited extensively as being responsible for high turnover of trained mental health professionals (Cherniss, 1980). In addition to constant contact with people in a supportive capacity, South African trauma counsellors are exposed to traumatic material on a daily basis, this exposure presenting the risk of secondary trauma and, thus, having implications for counsellors that extend beyond the sole experience of emotional exhaustion. It follows that trauma counsellors in South Africa, as a result of the supportive nature of their work role and the context of violent crime that produces countless survivors of trauma seeking

assistance, are at risk of developing burnout and compassion fatigue. In spite of overwhelming international research regarding these phenomena as subjects of study, there is comparatively little research on the impact of these syndromes in South Africa.

Furthermore, as stated by Wilson (1998), insufficient attention has been paid to the individual factors that predispose members of human service organisations to the development of burnout and compassion fatigue in the South African context. Given the importance of trauma counsellors in South African society and the risks presented by this type of work to both personal and organisational well-being, it is suggested that the factors contributing to the development of these syndromes require further investigation. Consequently, the proposed study intends to further knowledge regarding compassion fatigue and burnout among counsellors exposed to traumatic material specifically within a South African context.

As compassion fatigue and burnout syndromes have been implicated as causes of high rates of counsellor turnover, the extent to which these factors influence intent to leave in a South African sample has been investigated. In addition, the specific objective of the study was to explore the predictive value of key individual factors, both personal and situational, in determining their influence on susceptibility to the experience of compassion fatigue and burnout. Thus, the study aims to investigate the interactive role of variables such as counsellors' personality, past experience, life context and feelings toward work in relation to their susceptibility to burnout and compassion fatigue. More specifically, the variables investigated as predictive correlates of the syndromes in question were sense of coherence, social support, prior exposure to trauma, organisational

commitment and job involvement. Accordingly, this research is intended to further the knowledge required for recommendations to be made regarding the characteristics and personal resources indicative of counsellor resiliency against compassion fatigue and burnout, thereby having implications for the selection of trauma counsellors in this context.

Research Questions

In light of the arguments presented in the literature review, the following research questions have been derived. The research is presented according to the following five broad research questions as these describe the central objectives of the study. However, more specific questions of the expected relationships between the variables under investigation, as pertaining to the third and fifth research questions, are included. It is also necessary to note that the following research questions explore *correlational* relationships only and do not infer any causal relationships between the variables under investigation.

1) **What is the combined impact of compassion fatigue and burnout on intention to leave in South African trauma counsellors?**

2) **What is the combined impact of organisational commitment, sense of coherence, social support, job involvement and prior exposure to trauma on compassion fatigue?**

3) **What is the relative predictive strength of organisational commitment, sense of coherence, social support, prior exposure to trauma and job involvement on susceptibility to compassion fatigue?**

- Will prior trauma manifest an inverse, predictive relationship with compassion fatigue?
- Will sense of coherence manifest an inverse, predictive relationship with compassion fatigue?
- Will social support manifest an inverse, predictive relationship with compassion fatigue?
- Will organisational commitment manifest either a positive or inverse predictive relationship with compassion fatigue?
- Will job involvement manifest either a positive or inverse predictive relationship with compassion fatigue?

4) **What is the combined impact of organisational commitment, sense of coherence, social support, job involvement and prior exposure to trauma on burnout?**

5) **What is the relative predictive strength of organisational commitment, sense of coherence, social support, prior exposure to trauma and job involvement on susceptibility to burnout?**

- Will prior trauma manifest a positive or negative, predictive relationship with burnout?
- Will sense of coherence manifest an inverse, predictive relationship with burnout?
- Will social support manifest an inverse, predictive relationship with burnout?
- Will organisational commitment manifest either a positive or inverse, predictive relationship with burnout?
- Will job involvement manifest either a positive or inverse predictive relationship with burnout?