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2017

African Journal of Education, Science and Technology

<http://ir-library.kabianga.ac.ke/handle/123456789/572>

Kariuki, J. N., Chege, K., Adeli, S., & James, M. K. (2017). The predictive role of age and gender in the development of compassion fatigue among health care professions in Moi teaching and referral hospital Eldoret–Kenya. African Journal of Education, Science and Technology, 4(1), 187-194.

The Predictive Role of Age and Gender in the Development of Compassion Fatigue among Health Care Professions in Moi Teaching and Referral Hospital Eldoret – Kenya

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Abstract

Compassion fatigue is a condition unique to the human service occupations, characterized by a state of tension and preoccupation with the traumatized clients by re-experiencing traumatic events. With increased incidences of traumatic events both nationally and globally, the greater burden of care and after-care is usually borne by health care professionals. The objective of the study was to determine the predictive role of Age and Gender in the development of compassion fatigue among health care professionals in Moi Teaching and Referral Hospital (MTRH). The independent variables were Age and Gender as predictors while Compassion Fatigue was the dependent variable. Figley Model of Compassion Fatigue and Ex Post Facto research design were used. The target population was health care professionals in Moi Teaching and Referral Hospital. Simple random sampling technique was used and a sample of 82 health care professionals (19, Doctors 54 Nurses and 9 Counselors) was selected. Data was collected using demographic questionnaires and the “Professional Quality of Life Scale (ProQoL) version V”. Data analysis was done using the Statistical Package for Social Sciences (SPSS - version 20.0). Analysis involved descriptive statistics, regression, analysis of variance (ANOVA) and t-tests. All the inferential statistics were tested at 0.05 level of significance. Results: Female health care professionals had higher compassion fatigue scores (20.9) compared to their male counterparts whose mean scores were 19.7 while on age younger health care professional 20-30 years had a higher compassion fatigue mean score (20.7) compared to respondents who were in the 31-40 years category whose mean scores (19.7) and 19.1 for respondents above 50 years. Approval was obtained from Moi University, IREC and NACOSTI. Findings indicated that age and gender are positively correlated to Compassion Fatigue. The study recommends that health care professionals be sensitized on compassion fatigue prevention and management to ensure wellness.

Key Words: Compassion Fatigue, Gender, Age. Health Care Professions

Introduction

Compassion fatigue also referred to as the “cost of caring” is a quick-developing condition that afflicts care givers with Post Traumatic Stress Disorder-like symptoms initiated by hearing the traumatic events experienced by their clients (Figley, 2002). It is characterized by a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance or numbing of reminders and persistent arousal associated with the patient.

Kenya, in the recent past has experienced a myriad of traumatic incidences which are increasing by the day. Critical incidences such as domestic violence (Human Right Watch, 2007-2008), bizarre murders, rape and kidnapping (Kenya Police Service report, 2014), collapsing of buildings (The Commission on Administration of Justice Report, 2015) and terrorist attacks that has been experienced in Nairobi, Lamu, Mandera, Wajir and the most recent attack of Garissa University College where 147 students lost their lives and scores of others suffered both physical and psychological trauma (National Consortium Report, 2015). The country is also facing an upsurge of both social and medical problems such as child delinquency, drug addiction (NACADA, 2012), chronic illnesses such as cancer and HIV/AIDs (National Guidelines for Cancer Management Report, 2013, Kenya AIDS Response Progress Report, 2016). Effects of all these and much other health related issues expose health care professionals to compassion fatigue.

As a referral facility, and due to its location on the highway to Uganda, Rwanda, Burundi and South Sudan, Moi Teaching and Referral Hospital (MTRH) cater for emergencies and critically ill patients from Western Kenya Regions and beyond. Health care professionals are always on high alert because of highly infectious diseases such as Ebola, Multi-Drug Resistance Tuberculosis (MDR), among other dreadful conditions. During the 2007/8 Post Election Violence (PEV) that affected the country (Human Right Watch, 2007-2008), majority of the victims were admitted into the hospital. The hospital health care professionals in the institution are therefore extensively exposed to traumatic experiences as they provide care to patients and survivors of such critical incidents. Prevalence of Compassion Fatigue among health professionals in other parts of the world has been widely studied (Smit, 2006) however, limited studies have been documented in Kenyan hospitals and specifically no documented study has attempted to carry out an investigation of the role of age and gender in the development of compassion fatigue among doctors, nurses and counselors in Moi Teaching and Referral Hospital.

Compassion fatigue is viewed as a by-product of working with traumatized or suffering individuals and its features manifest as the care givers respond to emotional strain they experience during their empathetic engagement with care recipients, or from secondary exposure to distressing and traumatic materials (Figley, 2002, Merriman, 2011). Helping people, who have undergone trauma either from natural disasters, accidents, or sudden acts of violence, can be a highly satisfying activity but can also have a negative impact on the caregiver. Continuous and prolonged exposure to the stress of working with the myriad of trauma-related stressors experienced by clients can lead to various responses including burnout, compassion fatigue, and

compassion satisfaction (Craig and Sprang, 2010). This phenomenon is a serious occupational hazard for health care professionals who in an effort to view the world in the perspective of the suffering, suffer themselves leading to reduced capacity or interest in bearing the suffering of others (Figley, 2002).

Studies done on Trauma counselors, Nursing personnel, Oncology nurses, Clinicians, Social workers, (Chance 2012; Dougherty 2013; Gillespie, 2013) have shown consistent relationship between working in the helping fields and development of compassion fatigue. Among the factors that have been attributed to development of compassion fatigue include the helper's age, gender, workload, work experience, work setting, access to supervision and management support among others. Figley, (2002) provided key components that are thought to bring about the onset of compassion fatigue. These include the helpers' empathic ability, concern, and exposure to suffering which can lead to empathic response, detachment or a sense of satisfaction. Figley further noted that the interaction of these factors in an individual combined with life demands and prolonged exposure to suffering produced compassion stress and traumatic memories leading to development of compassion fatigue.

Objectives of the Study

The study was guided by two objectives:

1. To determine the predictive role of gender in the development of compassion fatigue among health care professionals in Moi Teaching and Referral Hospital.
2. To determine the predictive role of age in the development of compassion fatigue among health care professionals in Moi Teaching and Referral Hospital.

Methodology

Design: The study adapted an ex post facto research design using quantitative techniques of self administered questionnaires.

Sample Size and Sampling Techniques

The coefficient of variation formula by Nassiuma (2000) as cited by Ndungu (2008) was used to determine the sample size and stratified simple random technique was used to obtain a sample size of 82 health care professionals. This sample was proportionately distributed among the three health care professional categories (strata) as follows; doctors 19, nurses 54 and 9 counselors.

Study Instruments

Social demographic questionnaire and the Professional Quality of Life Version 5 questionnaire (ProQoL-5) were used. Developed by Stamm (2009), the Professional Quality of Life Scale (ProQoL-5) Version V" is a standardized scale widely used to assess compassion fatigue, compassion satisfaction and burnout among helping professions. It is a 30-item

instrument that asks participants to respond based on how they have been feeling over the last 30 days on a 5-point Likert scale.

Validity and Reliability and Scoring of the Instrument

The ProQOL instrument has been validated in several populations and shown to have high reliability and validity for assessing Compassion Fatigue. The instrument has undergone psychometric testing to improve its reliability and validity and has been validated in over 200 research papers and is well constructed over three subscales measuring individual paradigms (Gillespie, 2013).

Scoring of each subcategory ranges from 5–50. A score of 22 or less is considered “low,” “average” scores range from 23–41, and 42 or higher is considered a “high” score (Stamm, 2010). In this study, a cut off point 17 was used where anyone with a score of more than 17 (>17) was classified as having compassion fatigue.

Statistical Analysis

Descriptive statistics were used to summarize the demographics of the participants and illustrated by frequencies, mean, standard deviation and percentages. The analysis of variance (ANOVA) and t-tests were performed to examine potential differences between variables. All the inferential statistics were tested at the 0.05 level of significance.

Results

Out of the 75 responses that were received, 17 respondents accounting for 22.7% were male while 54 (77.3%) were female. Of the 17 male respondents, 7 were doctors, 9 were nurses while 1 was a counselor. Gender distribution among female respondents was 42 for nurses while doctors and the counselor each had 8 respondents. Age distribution showed that 38 (50.7%) of the participants were in 31-40 years category, 19 (25.3%) in 41-50 years, 10 (13%) were in 20-30 years category and 8 (10.7%) were aged above 50 years.

Association of gender and compassion fatigue in this study revealed that female health care professionals had higher compassion fatigue scores (20.9) compared to their male counterparts whose mean scores were 19.7 and a standard deviation of 11 for each gender. A further comparison of compassion fatigue among male respondents showed that male nurses had higher compassion fatigue mean scores compared to male doctors. Same trend was found among the female respondents where female nurses had higher mean scores compared to female doctors. On age, compassion fatigue scores were found to increase as age of respondents decreased. Participants whose age was between 20-30 years had a higher compassion fatigue mean score of 20.7 compared to respondents who were in the 31-40 years category whose mean score was 19.7. Those above 50 years had an even lower mean score of 19.1.

Discussion

Gender ratio distribution in the study was evidently skewed towards female at 77.3%. This percentage was further skewed in favor of nursing where of the 51 nurses who participated in the study only 9 were male. These findings agree with the WHO (2008) report which indicates that the gender distribution in health care is skewed towards female and mostly nursing personnel and other “caring” cadre. The same gender parity was evidenced among doctors and counselors who participated in this study although in this case the ratios were almost equal. Gender distribution among doctors was almost equal though females were found to be more than male at 8 and 7 respectively.

Age and gender of health care professionals in this study were found to be predictors of compassion fatigue. On age, compassion fatigue scores were found to decrease with increase in age as evidenced by the study findings. These findings are consistent with those of other studies where high compassion fatigue scores were detected among younger professionals Sung et.al (2012) and Kabunga (2014) while those who were older had lower compassion fatigue scores. The likely explanation to this could be lack of awareness on the need for self-care coupled with limited work experience. Professionals at this age often lack adequate skills to cope with the demands put on them by their work, supervisors and to some good extend demand by self. Further health care professionals and especially beginners often feel that every encounter with a client must produce positive results. Failure to achieve such desired outcomes may often lead to feelings of dissatisfaction and incompetence.

Female participants in this study reported higher compassion fatigue scores compared to their male counterparts. Star (2013) and Armes, (2014) found similar results among counselors while Smit (2006) also found that age and gender played a key role in development of compassion fatigue among health care providers. Tala et.al (2015) reported high compassion fatigue among young nurses while Haber et al, (2013) found that female doctors experienced higher psychological disturbance as compared to their male counterparts. The high scores of compassion fatigue among women in comparison to men could be explained by the complexity of responsibilities and demands borne by their gender roles.

Conclusion

This study has clearly demonstrated the predictive role of work gender and age in the development of compassion fatigue among health care professionals in Moi Teaching and Referral Hospital.

Age has a significant impact on development of compassion fatigue among all the three categories of professions. Younger health care professional in the 20-30 years age bracket are most affected by compassion fatigue compared to their older counterparts. Based on these findings a possible conclusion on the relationship between age and compassion fatigue would be that with age comes more professional and life experience that prepares one to cope with both professional and life challenges

The findings have further helped draw a conclusion that health care is a female dominated field even in Moi Teaching and Referral Hospital.

Recommendations

1. Health care professionals need to be aware of their own emotional and psychological health in order to be able to prevent compassion fatigue, recognize its signs and symptoms in order to seek support and initiate early intervention. This can be done through trainings on self-care focusing on both male and female health care professionals as they enter the profession and across their life span.
2. Health sector legislations for employers should include employee wellness in their plans. This will ensure that training budgets are included in the plans in order to cater for employee wellness needs

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