



## **Prevalence of Compassion Fatigue among Counsellors in Uasin Gishu County, Kenya**

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### **Abstract**

*Counsellors absorb the emotional pain and trauma of their clients as they deal with their sufferings. This leads to diminished empathy and compassion fatigue. In light of this concern this study aimed at determining the prevalence of compassion fatigue among counsellors in Uasin Gishu County, Kenya. The study adopted the embedded mixed method approach where the Ex-post facto and phenomenological designs were used. A census was used to obtain the sample of participants where 97 counsellors practicing in Uasin Gishu County participated in the study. Using critical case criteria 5 counsellors were purposively sampled for qualitative approach. Data was collected using the Professional Quality of Life Version 5 (ProQoL-5) and an in-depth interview guide for qualitative data. Quantitative data was analyzed using SPSS Version 26.0. All the inferential statistics were tested at 0.05 level of significance. The study found that the 52.6% of the respondents had low compassion fatigue. The study concluded that compassion fatigue was prevalent among counsellors in Uasin Gishu county though none of the participants recorded high levels of compassion fatigue and therefore recommended that counsellor should be made aware of the risk of compassion fatigue on their wellbeing and the need to employ professional intervention such as clinical supervision as a management strategy.*

**Keywords:** Compassion Fatigue, Counsellors

### **INTRODUCTION**

Counsellors make profound impact by promoting the psychological wellness of individuals, families and communities. The counsellors' professional intervention enables the clients navigate through their difficult life situations such as trauma, bereavement, divorce, natural disasters as well as managing mental health issues such as stress and depression (Roxas, David & Aruta, 2019). The help however leaves a negative impact on the counselor. The interaction between the counselor and the traumatic experiences of their clients often leads to compassion fatigue, a condition that poses a threat to the counsellors' personal, professional social and psychological wellbeing. Compassion fatigue has been found to be common within the high care professions where empathy, compassion, and caring for others are at the core of practice (Monk, 2019). Charley Figley described compassion fatigue as "the cost of caring," and defined it as "the deep physical, emotional, and spiritual exhaustion that can result from working day to day in an intense caregiving environment (Figley, 2002).

Mathieu (2007) opined that almost everyone who cares for others in the high care professions eventually experience some degree of compassion fatigue while Lambros (2019) indicated that anyone who works in the caring professions including doctors, emergency care workers, hospice workers, police officers, firefighters, mental health

workers, family therapists, and veterinarians and veterinary technicians were at risk of compassion fatigue. For instance, Papazoglou, Marans, Keese and Chopko (2020) in a study on compassion fatigue among police officers reported that compassion fatigue affected the officer's well-being, decision-making ability as well as their overall job performance. Alharbi, Jackson and Usher (2019) found that compassion fatigue was prevalent among nurses where work environment and nurse demographics such as age and years of experience were predictors. Zhang, Li, Jin, Peng, Wong and Qiu (2021) found that compassion fatigue was prevalent among Chinese oncology healthcare professionals.

Prevalence of Compassion fatigue has been documented among counsellors and therapists in various settings. Ondrejková and Halamová (2022) and Franza, Buono and Pellegrino (2015) found high levels of compassion fatigue among psychologists, while Franza, Basta, Pellegrino, Solomita and Fasano (2020) reported that 20% of the psychologists had compassion fatigue. A study by Zhang, Zhang, Ren and Jiang (2021) that explored the predictors of compassion fatigue among psychological hotline counsellors also reported that 32.3% had compassion fatigue. High prevalence levels of compassion fatigue was reported by Omoaregba, Adeyemo, Aroyewun and Blessing (2016) in Nigeria where 75.2% of the mental health workers were at a risk of compassion fatigue with clinical psychologists at a 100% risk. A study by Kabunga, Mbugua, Makori (2016) on relationship between psychotherapists demographic and compassion fatigue in Northern Uganda indicated that 66.4% of the male and 52.7% of the female psychotherapists high level compassion fatigue. Studies carried out in Kenya also showed significant findings; Mirera (2017) reported a prevalence level of 26% among counsellors, Kamau (2018) recorded 31% among the clergy while Kabunga, Adina, Desiye, Amapesa (2015) found that 70% of the therapists in Eldoret town had compassion fatigue. The high prevalence level of compassion fatigue recorded among counsellors and especially in Kenya therefore informed the current study.

## MATERIALS AND METHODS

The study was carried out among practicing counsellors who were working in public, private and alcohol and drug rehabilitation centres in Uasin Gishu County, Kenya. Since not all health care facilities offered counseling services, 11 public healthcare facilities, seven private facilities and four alcohol and drug rehabilitation centers that offered counselling services were identified and counsellors who were working in these facilities were included in the study. Mixed method study design was used where the Ex-Post-Facto design was used in the quantitative approach and Phenomenological approach for qualitative approach. Due to the low number of practicing counsellors in the county, a census method was used to obtain the sample of 118 counsellors who were working in the identified facilities. A final accessible sample of 97 counsellors participated in the study and five counsellors who were sampled using typical case criterion sampling strategy were selected to participate in the qualitative approach based on caseload, types of clients handled and work setting. Three counsellors were therefore drawn from a public health facility which had a counsellor's caseload of more than 50 clients per month, one who was counselling children who had Human Immunodeficiency Syndrome (HIV) and one who was working in a rehabilitation center. In regard to inclusion and exclusion criteria, counselors who were not practicing at the time of data collection were not eligible to participate in the study.

### **Data collection Instruments and Data Analysis procedures**

The prevalence of compassion fatigue was measured using the Professional Quality of Life (ProQOL-5) scale developed by (Stamm, 2010). The scale has been used

extensively across many diverse types of service providers including nurses, child protection workers, substance abuse counsellors, veterinary services, cancer patients, spoken-language interpreters, and government staff among others (McClure, 2022) to assess compassion fatigue. The Professional Quality of Life Scale is widely used to assess compassion fatigue, compassion satisfaction and burnout among helping professions but for the purpose of this study, the scale measured compassion fatigue only. The scale 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 rating scale (1= Frequently, 2 = Rarely, 3 = Sometimes, 4= Often 5 = Very often). Scoring was based on the provision of the manual where scores of 22 or less denoted low compassion fatigue, scores between 23 and 41 indicated moderate compassion fatigue while a score of 42 and above showed high compassion fatigue levels (Stamm, 2009). Data analysis was performed using the Statistical Package for Social Sciences (SPSS) software, analysis was done using descriptive statistics and quantitative findings were presented in form of percentages. Qualitative data was used in explaining the quantitative results.

## RESULTS AND DISCUSSION

The results indicated that 51 participants representing 52.6% had low compassion fatigue while 46 participants representing 47.4% had moderate scores of compassion fatigue and no participant recorded high compassion fatigue. The findings therefore showed that the majority (52.6%) of the participants had low compassion fatigue though the margin difference between counsellors who had low levels and those who had moderate level was small. A further analysis of the prevalence of compassion fatigue based on the age of the participants is as shown on Table 1.

**Table 1: Participant's Level of Compassion Fatigue by Age**

Age of Participants in Years	Level of Compassion Fatigue		Total
	Low (0-22)	Moderate (23-41)	
20-30	10 (58.8%)	7 (41.18%)	17
31-40	18 (51.4%)	17 (48.6%)	35
41-50	14 (58.3%)	10 (41.7 %)	24
51 and above	9 (42.86%)	12 (57.4%)	21
<b>Total</b>	<b>51 (52.58%)</b>	<b>46 (47.4%)</b>	<b>97</b>

An analysis on the level of compassion fatigue by age category revealed that a higher percentage of participants above the age of fifty had moderate levels of compassion fatigue. The findings did not however show any direction of relationship as was confirmed by the Chi-square test results which revealed absence of statistically significant relationship between age of participants and compassion fatigue ( $\chi^2$  (3, N=97) =1.40,  $p$  = .706). The findings on the existence of compassion fatigue among participants was further supported by the responses from the interview where the participants reported that they experienced compassion fatigue as a result of their work.

A comparison of the findings with studies carried out elsewhere showed that compassion fatigue was present among diverse caring populations though the levels may have differed. Similar to the current study, the study by Bell, Hopkin and Forrester (2019) found that compassion fatigue was prevalent among the participants with 36% reporting medium levels, 64% reported low levels and no participant recorded high levels of compassion fatigue. High prevalence levels were recorded in a study by Wentzel & Brysiewicz (2018) conducted on nurses in South Africa where 75% of the participants reported average levels of compassion fatigue, 22% had low compassion fatigue, while 4% reported high levels of compassion fatigue. With only 22% scoring

low levels, the findings showed that a higher percentage were above the average levels. A study by Giordano et.al. (2021) that assessed the levels of secondary traumatic stress among counsellors who dealt with clients who had undergone discrimination found no significant relationship between age and secondary traumatic stress among the participants.

A study conducted by Kabunga et.al (2015) in Eldoret town in Uasin Gishu County in Kenya found that 70% of the practising professional therapists had compassion fatigue. This was a very high prevalence level in comparison to findings from other studies. For instance, Mirera (2017) found that only 25% of the counsellors in Nairobi Kenya had compassion fatigue while Zhang et. al (2021) reported that 32.2% of the psychological hotline counsellors in China had compassion fatigue and the rest did not have. Comparing the findings of the current study and those from the study by Kabunga et al. (2015) shows a marked drop in the levels of compassion fatigue considering that the two studies were carried out in the same geographical location. The varying findings of the studies conducted by Kabunga et.al (2015), Mirera (2017) and those of the current study could be explained by the variance of time between the studies, study sites (Nairobi and Eldoret) and the positive development that has been achieved in the field of mental health in Kenya in the past decade. Mirera's study was conducted in Nairobi which as a city has had functional mental health services for a longer time compared to Eldoret where the service is now taking root. On the aspect of time difference, more awareness of counselling and supervision is now taking root and more so during the COVID-19 pandemic when organizations made deliberate efforts to offer counselling and supervision services (Wango, 2015; Ministry of Health – Kenya, 2020; Kenya Medical Association, 2020).

## CONCLUSION AND RECOMMENDATION

Though the findings from studies done in Kenya are varying, compassion fatigue is still prevalent among counsellors in Uasin Gishu County an indication that most counsellors are not only at risk but also experience compassion fatigue. Prevention and management measures need to be enhanced through rigorous awareness campaigns, continuous professional education aimed at helping the counsellors become more aware on how their work impacts on their emotional and psychological health. The awareness will increase their ability to recognize the signs and symptoms of compassion fatigue, seek support and initiate early intervention through professional interventions such as regular clinical supervision. A further recommendation is that counsellors need to take personal responsibility in managing compassion fatigue.

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