

Effect of Frequency of Clinical Supervision Attendance on Compassion Fatigue among Counsellors in Uasin Gishu County, Kenya

Jane Njeri Kariuki^{1*}, Jennifer K. Munyua², Paul Ogula³

^{1,2,3}Department of Postgraduate Studies, Faculty of Arts and Social Sciences, The Catholic University of Eastern Africa, P. O. Box 62157-00200, Nairobi, Kenya

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*Corresponding author: Jane Njeri Kariuki

Department of Postgraduate Studies, Faculty of Arts and Social Sciences, The Catholic University of Eastern Africa, P. O. Box 62157-00200, Nairobi, Kenya

Abstract

Original Research Article

Counsellors are often at high risk of developing compassion fatigue as a result of their interaction with the traumatic materials of their clients. It is in line with this concern that this study sought to determine the effect of frequency of clinical supervision attendance on compassion fatigue among counsellors in Uasin Gishu County, Kenya. The study adopted the embedded mixed methods approach where ex post facto and phenomenological designs were used. A census was used to obtain a sample of 97 counsellors practicing in Uasin Gishu County to participate in the study. Using critical case criteria, 5 counsellors were purposively sampled for the qualitative approach. Data on frequency of clinical supervision was collected using the demographic questionnaire while the Professional Quality of Life Version 5 (ProQoL-5) collected data on compassion fatigue. An in-depth interview guide collected qualitative data. Quantitative data was analysed using SPSS, version 26.0. All the inferential statistics were tested at 0.05 level of significance. The study found that over half (52.6%) of the respondents had low compassion fatigue while the frequency of clinical supervision was associated with lower risk of compassion fatigue. Chi-square test results, however, showed no statistically significant relationship between the frequency of clinical supervision attendance and compassion fatigue. The study concluded that the frequency of clinical supervision attendance was associated with low levels of compassion fatigue. Therefore, there is a need to raise awareness on the importance of clinical supervision in managing compassion fatigue among counsellors.

Keywords: Clinical Supervision, Compassion Fatigue, Counsellors.

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INTRODUCTION

Clinical supervision in the counselling profession is designed to address the ethical, academic, personal, and professional development of counsellors in order to ensure that they practice within the required professional standards as they maintain their personal wellbeing [1, 2]. Despite the fact that counsellors derive pleasure from their work, the heavy demand to be compassionate and effective in helping clients often result in compassion fatigue [3]. Compassion fatigue is a syndrome where counsellors are preoccupied with their client and which makes them experience traumatic events similar to the client's, avoid reminders and show persistent anxiety towards the said client [4]. It has been found that exposure to traumatic events is linked to compassion fatigue that culminates in reduced wellbeing of the mental health worker [5].

Clinical supervision has been found to be a protective factor against compassion fatigue [6]. Therefore, it is important to address compassion fatigue in the early stages of conceptualization of the supervision process since compassion fatigue is prominent among young professions [7]. Supervision provides a relationship that builds skills to help prevent compassion fatigue among counsellors [8]. A study has investigated the effectiveness of clinical supervision for workers supporting people experiencing multiple disadvantages in the United Kingdom [9]. The study revealed that regular one-to-one clinical supervision protected participants against stress, compassion fatigue and burnout. Regular clinical supervision has also been associated with other benefits such as improved practice, maintaining professional boundaries, and increased knowledge base [10, 11].

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In Kenya, a study examined the relationship between individual, group and peer supervision and the level of burnout among Voluntary Counselling and Testing (VCT) counsellors [12]. The study found that individual supervision had a greater impact in managing burnout compared to peer and group supervision. Meanwhile, another report indicates that psychotherapists who frequently attend clinical supervision report low levels of compassion fatigue [13]. Nevertheless, a previous research has found that therapists who spent more time engaged in individual supervision reported higher risks of developing secondary traumatic stress [14]. Studies on the effect of regular clinical supervision on compassion fatigue among counsellors in Kenya are nonetheless limited, therefore necessitating the current study.

MATERIALS AND METHODS

The study was carried out among practicing counsellors working in public, private and alcohol and drug rehabilitation centres in Uasin Gishu County, Kenya. Approval to conduct the study was obtained from the Catholic University of Eastern Africa, the National Commission for Science, Technology and Innovation (NACOSTI) and the Uasin Gishu County Department of Health. Since not all health care facilities offered counselling services, 11 public healthcare facilities, 7 private facilities and 4 alcohol and drug rehabilitation centres that offered counselling services were identified and counsellors who worked in these facilities were included in the study.

A mixed methods research design was adopted, relying on ex-post-facto design for the quantitative segment and the phenomenological approach for qualitative segment of the study. Due to the low number of practicing counsellors in the county under study, a census method was used to obtain the sample of 118 counsellors who worked in the identified facilities. A final accessible sample of 97 counsellors participated in the study and 5 counsellors were sampled using typical case criterion sampling strategy to participate in the qualitative approach based on caseload, types of clients handled and work setting. Therefore, 3 counsellors were therefore drawn from a public health facility which had a counsellor's a caseload of more than 50 clients per month, 1 who specialised in counselling children with Human Immunodeficiency Syndrome (HIV) and 1 who was worked in a rehabilitation centre. In regard to

inclusion and exclusion criteria, counsellors who were not practicing at the time of data collection were not eligible to participate in the study.

Data on frequency of clinical supervision was collected using a demographic questionnaire that was designed by the researcher. The prevalence of compassion fatigue was measured using the Professional Quality of Life (ProQOL-5) scale [15]. The Professional Quality of Life Scale is widely used to assess compassion fatigue, compassion satisfaction and burnout among helping professions. However, 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 [16]. Data analysis was performed with the aid of the Statistical Package for Social Sciences (SPSS) software, which helped to generate descriptive statistics. Qualitative data was analysed thematically.

RESULTS AND DISCUSSION

Concerning the prevalence of compassion fatigue, the study findings showed that 52.6% of the counsellors had low compassion fatigue while 47.4% had moderate scores of compassion fatigue. No counsellor recorded high levels of compassion fatigue. Therefore, the findings showed that the majority (52.6%) of the participants had low compassion fatigue. Findings on the relationship between frequency of clinical supervision and compassion fatigue indicated that 58.3% of the counsellors who attended monthly clinical supervision had low levels of compassion fatigue, while 41.7% had moderate levels. Of those who received quarterly supervision, 61.2% recorded low levels while 38.8% had moderate levels. Twenty-five percent of the counsellors who reported that they received supervision annually had low compassion fatigue levels while 75.0% recorded moderate levels. Additionally, 37.5% of the counsellors who had never received any clinical supervision reported low levels of compassion fatigue while 62.5% recorded moderate levels, as shown in Table 1.

Table 1: Relationship between Frequency of Clinical Supervision Attendance and Compassion Fatigue

Frequency of attending Clinical Supervision	Compassion Fatigue Scores	
	0-22(Low)	23-41(Moderate)
Monthly	58.3%	41.7%
Quarterly	61.2%	38.8%
Yearly	25.0%	75.0%
Never	37.5%	62.5%

The findings in Table 1 show that frequency of receiving clinical supervision was associated with low levels of compassion fatigue, as demonstrated by the low scores recorded among participants who attended monthly and quarterly supervision. Further, higher risk of compassion fatigue was associated with infrequent clinical supervision. These was revealed by the high percentage of participants who recorded moderate levels of compassion fatigue in the yearly category and those who had never received supervision whose scores were 75.0% and 62.5% for moderate levels, respectively. The findings were further supported by the views obtained from the in-depth interview where participants affirmed that though the quarterly supervision they received was beneficial, they wished supervision was more regular.

Chi-square test of independence performed to examine the relationship between the frequency of clinical supervision attendance and the levels of compassion fatigue indicated that the relationship was not statistically significant ($\chi^2[3, N=97] = 7.40, p=.060$).

Previous studies have revealed mixed findings on the relationship between frequency of clinical supervision and counsellors' levels of compassion fatigue. For instance, a past study investigated the relationship between exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff in England [17]. The research found a positive relationship between clinical supervision and levels of burnout while on the other hand regular supervision was associated with compassion satisfaction. Another study has also reported that regular one-to-one clinical supervision played a key role in alleviating the trauma from counselling practice [9].

Divergent findings were however reported in a study where frequency of clinical supervision was not found to be significant on secondary traumatic stress among the participants [18]. Nevertheless, a comparison of participants who received weekly supervision and those whose supervision was biweekly and monthly showed relatively high positive coefficients that predicted development of Secondary Traumatic Stress. The findings of the previous study, therefore, supported those of the current study that, which found no statistically significant relationship between frequency of clinical supervision and compassion fatigue among counsellors.

CONCLUSION AND RECOMMENDATIONS

The study findings support the conclusion that the frequency of clinical supervision attendance is associated with low levels of compassion fatigue. Counsellors who attend clinical supervision quarterly and monthly record low levels of compassion fatigue. On the other hand, higher risk of compassion fatigue is associated with low frequency of clinical supervision

attendance. As such, counsellors who receive supervision yearly and those who never receive any supervision tend to exhibit higher levels of compassion fatigue. The study therefore concludes that compassion fatigue is prevalent among counsellors since frequency of clinical supervision attendance is low.

Based on these findings, it is recommended that prevention and management measures need to be enhanced through rigorous awareness campaigns. There is also a need for continuous professional education to raise more awareness on counselling work impacts on the counsellor's emotional and psychological health. On their part, counsellors need to seek support and initiate early interventions to better manage compassion fatigue through regular clinical supervision. Management support is a key factor in ensuring more access to regular clinical supervision. Meanwhile, future research should investigate barriers to clinical supervision attendance among counsellors in order to address the gap in access and frequency of clinical supervision.

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