
Correlates of Compassion Fatigue and Burnout in Chaplains and Other Clergy who Responded to the September 11th Attacks in New York City*

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Participants at a June 2002 conference about the September 11th attacks were tested for compassion fatigue, compassion satisfaction, and burnout. The sample consisted of 343 clergy, including 97 chaplains. A total of 149 (43.4%) of the participants had responded as disaster-relief workers following the September 11th attacks. The number of hours clergy worked with trauma victims each week was directly related to compassion fatigue among responders and non-responders. Compassion fatigue also was positively related to the number of days that responders worked at Ground Zero, while disaster-relief work with the American Red Cross reduced compassion fatigue and burnout. Clinical Pastoral Education tended to decrease compassion fatigue and burnout and increase compassion satisfaction in both responders and non-responders. Burnout was inversely related to age in both groups.

The terrorist attacks of September 11th reminded us of how vulnerable people are to traumatic events. It also reminded of us how valued faith is in difficult times for most Americans. The *New England Journal of Medicine* reported that 90% of Americans turned to religion as a coping response to the terrorist attacks on September 11th.¹

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¹Mark A. Schuster, Bradley D. Stein, Lisa H. Jaycox, Rebecca L. Collins, Grant N. Marshall, Marc N. Elliott, Annie J. Zhou, David E. Kanouse, Janina L. Morrison, & Sandra H. Berry, "A National Survey of Stress Reactions after the September 11, 2001, Terrorist Attacks," *New England Journal of Medicine*, 2001, Vol. 345, No. 20, pp. 1507-1512.

Chaplains and community-based clergy are often called upon in crisis situations associated with grief and traumatic reactions² and this was the case after September 11. The prominent role that clergy have in crisis related caregiving is not a new phenomenon. For example, researchers found that 1 of 5 persons (700,000 survivors) who are victimized in a violent crime (e.g., rape, attempted rape, robbery, aggravated assault, or simple assault) seek the counsel of a chaplain or other clergy person.³

Unfortunately, compassion fatigue can be the emotional cost of exposure to working with those suffering from the consequences of traumatic events.^{4,5} The *Diagnostic and Statistical Manual of Mental Disorders* defines acute stress disorder and Post Traumatic-Stress Disorder (PTSD) as existing in anyone who has "witnessed or has been directly confronted with an event that involves actual or threatened death or serious injury, or is a threat to the physical integrity of oneself or others."⁶ Research indicates that the risk of trauma also exists for those who are exposed to trauma through their relationship to a person who was directly exposed to a horrific event.⁷ There are three major risk factors for secondary traumatization: exposure to the stories of multiple disaster victims, a person's empathic vulnerability to the suffering of others, and unresolved emotional issues that relate to the suffering of the survivors.⁸

Secondary exposure to trauma can lead to the development of a chronic condition in which work seems to take over a person's sense of self.⁹ Over a period of time, a person can become unable to find a balanced sense of perspective. Paradoxically, a person can reach a state in which they are exhausted yet cannot slow down.¹⁰ At such times, an individual is especially vulnerable to distressing thoughts and perceptions.¹¹ This outlook is accompanied by a condition in which a person stays constantly on guard, anticipating danger at every turn.¹²

²Andrew J. Weaver, Laura T. Flannelly, & John D. Preston, *Counseling Survivors of Traumatic Events: A Handbook for Pastors and Other Helping Professionals* (Nashville, TN: Abingdon Press 2003).

³Fran H. Norris, Krzysztof Z. Kaniasty, & Deborah A. Scheer, "Use of Mental Health Services among Victims of Crime: Frequency, Correlates, and Subsequent Recovery," *Journal of Consulting and Clinical Psychology*, 1990, Vol. 58, No. 5, pp. 538-547.

⁴Charles R. Figley, "Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview," in Charles R. Figley (Ed.), *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (New York, NY: Brunner/Mazel, 1995).

⁵Charles R. Figley, "Compassion Fatigue: Toward a New Understanding of the Costs of Caring," in B. Hundall Stamm (Ed.), *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers and Educators* (Lutherville, MD: Sidran Press, 1999), pp. 3-28.

⁶American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition, Text Revision (Washington, DC: American Psychiatric Association, 2000).

⁷B. Hundall Stamm (Ed.), *Secondary Traumatic Stress: Self-care Issues for Clinicians, Researchers, and Educators*, Second Edition. (Lutherville, MD: Sidran Press 1999).

⁸Figley, 1995, *op. cit.*

⁹Stamm, 1999, *op. cit.*

¹⁰Laurie A. Pearlman and Paula S. MacJan, "Vicarious Traumatization: An Empirical Study of the Effects of Trauma Work on Trauma Therapists," *Professional Psychology: Research and Practice*, 1995, Vol. 26, No. 6, pp. 558-565.

¹¹Stamm, 1999, *op. cit.*

¹²Figley, 1995, *op. cit.*

Burnout is a more common phenomenon that can develop from the long-term stress of working in emotionally demanding situations.^{15,14} Burnout consists of three basic dimensions: (1) emotional exhaustion (feeling emotionally drained and overwhelmed by work); (2) depersonalization (emotional withdrawal from work); and (3) a negative view of one's personal accomplishments and contributions in one's work.¹⁵

We conducted a survey in an effort to understand the possible psychological effects on chaplains and community-based clergy that responded to the aftermath of the terrorist attacks on September 11th in New York City. We used the Compassion Satisfaction and Fatigue Test^{16,17,18} to attempt to differentiate between burnout and compassion fatigue. We hypothesized that Compassion Fatigue would be more closely tied to the traumatic conditions to which responders were exposed in the aftermath of the attacks.

Methods

Procedure

A one-day conference for clergy and other religious leaders was held in New York City on June 17th, 2002. The conference, which was sponsored by The Healthcare Chaplaincy and the American Red Cross (ARC), specifically addressed the effects of the September 11th attacks. A total of 650 pencils and copies of a survey questionnaire were distributed to people who attended the conference. Of the 650 questionnaires that were distributed, 437 were returned, for a return rate of 67.2%. Among the 437 people who completed the survey, were 343 clergy who are the focus of the current study. The other individuals who completed the questionnaire were not included in the sample because we were interested in studying clergy, including chaplains.

The questionnaire consisted of two parts, the first of which collected demographic data and related information. The second part consisted of the Compassion Satisfaction and Fatigue Test.^{19,20} The Compassion Satisfaction and Fatigue Test was originally designed to help differentiate between burnout and compassion fatigue, which has also been called "secondary traumatic stress" and "vicarious traumatization."²¹

¹⁴Christina Maslach, "Burnout Research in the Social Services: A Critique," in D.F. Gillespie (Ed.), *Burnout Among Social Workers*, Vol. 10, No. 1, pp. 95-105 (New York: Haworth Press, 1987).

¹⁵Christina Maslach and Susan E. Jackson, *The Maslach Burnout Inventory Manual*, Second Edition (Palo Alto, CA: Consulting Psychologists Press 1986).

¹⁶*Ibid.*

¹⁷Figley, 1995, *op. cit.*

¹⁸Charles R. Figley and B. Hudnall Stamm, "Psychometric Review of Compassion Fatigue Self Test," in B. Hudnall Stamm (Ed.), *Measurement of Stress, Trauma and Adaptation* (Lutherville, MD: Sidran Press, 1996).

¹⁹B. Hudnall Stamm, "Measuring Compassion Satisfaction as Well as Fatigue: Developmental History of the Compassion Satisfaction and Fatigue Test," in C.R. Figley (Ed.), *Treating Compassion Fatigue* (New York, NY: Brunner-Routledge, 2002).

²⁰Figley, 1995, *op. cit.*

²¹Stamm, 2002, *op. cit.*

²²Figley, 1995, *op. cit.*

Dependent and Independent Variables

The current version of the test has three subscales: Burnout, Compassion Fatigue and Compassion Satisfaction.^{22,23} The burnout subscale contains 17 items that cover the three dimensions of burnout:^{24,25,26} (1) emotional exhaustion; (2) depersonalization; and (3) reduced personal accomplishment. The compassion fatigue subscale contains 23 items that cover the three dimensions described by Figley:²⁷ (1) re-experiencing a traumatic event; (2) avoidance of reminders of the event or numbing in response to the reminders; and (3) persistent arousal. The compassion satisfaction subscale has 26 items that measure satisfaction with: (1) one's role as a helper; (2) one's co-workers and work environment; and (3) one's personal life. These three subscales served as the primary dependent variables in the analyses.

The demographic data included a number of different kinds of personal and professional characteristics, which were used as independent variables in the statistical analyses. Personal variables included gender, age, religion, and educational level. Home zip codes were used to calculate the distance of participants' homes from Ground Zero.

Professional variables included work setting (*e.g.*, hospital, social service agency), years worked in current position, years worked at the same institution/agency, years worked as a chaplain, units of Clinical Pastoral Education (CPE), number of hours providing pastoral counseling per week, and number of hours per week working with trauma victims or the friends and families of trauma victims.

In addition, participants were asked if they worked with disaster-relief agencies in response to the September 11th attacks (responders *versus* non-responders). Individuals who worked with a disaster-relief agency in response to the September 11th attacks were classified as responders, whereas as those who did not do work with a disaster agency related to September 11th were classified as *non-responders*. Responders were asked what agency they worked with (ARC or other), the sites where they worked (*i.e.*, Ground Zero, family assistance centers, and/or morgues), and the number of days they worked at each site.

Statistical Analyses

Pearson correlations were conducted to analyze the relationships among the three subscales. Multivariate logistic regression was used to see what independent variables, if any, discriminated between responders and non-responders. Analysis of Variance (ANOVA) was used to compare the subscale scores of non-responders and responders who worked with American Red Cross and other agencies. Based on Roberts *et al.*'s findings, responders were divided into three groups: (a) those who only worked with ARC, (b) those who worked with ARC and other agencies, (c) and those who only worked with other agencies. Hierarchical least-squares regression was then performed to determine the extent to which the independent variables contributed to the scores on each of the three subscales for

²²*Ibid.*

²³Stamm, 2002, *op. cit.*

²⁴Christina Maslach, "Burned-out," *Human Behavior*, 1976, Vol. 5, No. 9, pp.16-22.

²⁵Maslach, 1987 *op. cit.*

²⁶Maslach and Jackson, 1986 *op. cit.*

²⁷Figley, 1995, *op. cit.*

responders and non-responders. Other comparisons were made using chi-square, Pearson correlations, and ANOVA, where indicated in the text.

The regression analyses for responders included the number of days they worked at each site and a variable that was coded to reflect the agencies for which they worked. Based on the findings of Roberts *et al.*²⁸, the agency variable was coded as 1 if responders only worked for ARC, -1 if they only worked for other agencies, and 0 if they worked for ARC and other agencies. Days worked at Ground Zero, family assistance centers, and the morgues were transformed into logarithms for analysis because the data were sharply skewed towards high values.

Results

Independent Variables

The personal characteristics of clergy participating in the survey are given in Table 1. More clergymen than clergywomen participated in the survey, but this difference was not statistically significant, according to the chi-square test. The mean and median ages of participants were 50.7 years and 50 years, respectively. The average age of male and female participants was nearly identical. The four age groups listed in the table represent the sample's age distribution by quartile. The majority of the sample had a master's or higher degree.

More than half of the participants were Protestants, representing 17 different denominations. Religious denomination is presently in Table 1 for descriptive purposes only and it was not used as a variable in any of the statistical analyses. All participants were included in all of the analyses regardless of their religious denomination.

TABLE 1
Personal Characteristics of Clergy Surveyed

| Variable | N | % |
|--------------------|-----|------|
| Gender | | |
| Male | 185 | 53.9 |
| Female | 158 | 46.1 |
| Age | | |
| 25 - 39 | 56 | 16.3 |
| 40 - 49 | 93 | 27.1 |
| 50 - 59 | 123 | 35.9 |
| 60 and older | 71 | 20.7 |
| Education | | |
| No College Degree | 16 | 4.7 |
| Associate's Degree | 14 | 4.1 |
| Bachelor's Degree | 65 | 19.0 |
| Master's Degree | 200 | 58.3 |
| Doctoral Degree | 48 | 14.0 |

²⁸Stephen B. Roberts, Kevin J. Flannelly, Andrew J. Weaver, & Charles R. Figley, "Compassion Fatigue among Chaplains, Clergy, and Other Respondents After September 11th," *The Journal of Nervous and Mental Disease*, 2003, Vol. 191, No. 11, pp. 756-758.

| | | |
|--------------------|-----|------|
| Religion | | |
| Buddhist | 7 | 2.0 |
| Catholic | 74 | 21.6 |
| Islamic | 3 | 0.9 |
| Jewish | 45 | 13.1 |
| Orthodox Christian | 6 | 1.8 |
| Protestant | 205 | 59.8 |
| Unspecified | 3 | 0.8 |

Ninety seven (28.3%) of the 343 clergy in the sample were chaplains. Almost 94% of chaplains worked in hospitals (79.4%), hospices (5.2%), or long-term facilities (9.3%). The majority of other clergy worked in their congregation (67.1%), with an additional 10.3% saying they worked for religious organizations. Another 5.7% said they worked for healthcare institutions and 4.9% said they worked for social service agencies.

Table 2 presents the means and medians for chaplains and other clergy on four professional variables collected by the questionnaire. As seen in the table, chaplains engaged in significantly more hours of pastoral counseling per week and had significantly more hours of training in Clinical Pastoral Education (CPE).

TABLE 2
Comparison of Chaplains and Other Clergy on Four Professional Variables

| Variable | Chaplains | | Other Clergy | |
|---|-----------|------------|--------------|------------|
| | <i>M</i> | <i>Mdn</i> | <i>M</i> | <i>Mdn</i> |
| Hours of Pastoral Counseling ¹ | 15.6 | 4 | 8.2 | 4 |
| Hours of Working with Trauma Victims ¹ | 8.4 | 2 | 8.8 | 1 |
| Units of CPE ¹ | 4.0 | 4 | 1.2 | 0 |
| Years in Current Position | 5.8 | 4 | 8.2 | 4 |

¹Hours per week; See text for explanation.

¹*p* < .001

Dependent Variables

The mean compassion satisfaction scores of all participants was 94.3 (*SD*=13.0) out of a possible total score of 130. The burnout was 28.5 (*SD*=10.0) out of a possible high score of 85, and compassion fatigue was 32.5 (*SD*=13.0) out of 115. Burnout and compassion fatigue were highly correlated with one another $r = .66, p < .001$, and both subscales were negatively related to compassion satisfaction: burnout $r = -.45, p < .001$; compassion fatigue $r = -.24, p < .001$. The Cronbach alpha for each of the subscales was .83 for burnout, .87 for compassion fatigue, and .86 for compassion satisfaction.

Responders

A total of 149 (43.4%) of the study participants had responded as disaster relief workers following the September 11th attacks. Eighty five of the respondents only worked for American Red Cross (57.0%), 33 only worked for other agencies (22.1%), and 31 worked for ARC and other agencies (20.8%).

Table 3 shows the number of days worked by responders at each of the three types of sites. The number of responders listed in the table is greater than the actual number of responders ($n=149$) because many responders worked at more than one site. Sixty responders worked at two different types of sites (40.3%) and 14 worked at all three types of sites (9.4%). No differences were found between chaplains and other clergy in terms of the types of sites where they worked (chi-square test) or the number of days they worked (t -test). A comparison of the means and medians in Table 4 shows that the distribution of days at each site was highly skewed towards the upper end of the range of days worked.

TABLE 3
Days Worked at Different Types of Sites by Clergy Responders to the World Trade Center Attacks

| Type of Site | Number of Responders ¹ | Days Worked at Each Site | | |
|---------------------------|-----------------------------------|--------------------------|------------|--------------|
| | | <i>M</i> | <i>Mdn</i> | <i>Range</i> |
| Ground Zero | 92 | 20.4 | 6 | 1 to 240 |
| Family Assistance Centers | 114 | 17.8 | 8 | 1 to 205 |
| Morgues | 30 | 21.6 | 12 | 1 to 200 |

¹The number of responders does not sum to 149 because many responders worked at more than one type of site (see text).

TABLE 4
Mean (SD) Scores of Non-Responders and Responders on the Three Subscales of the Compassion Fatigue and Satisfaction Test

| | Burnout ¹ | Compassion Fatigue* | Compassion Satisfaction |
|-----------------------------------|----------------------|---------------------|-------------------------|
| <i>Non-Responders¹</i> | 29.1 (9.9) | 33.6 (13.2) | 94.1 (13.5) |
| <i>Responders²</i> | | | |
| Agencies other than ARC | 31.1 (10.4) | 35.5 (12.5) | 92.3 (13.6) |
| ARC and other agencies | 26.7 (10.2) | 30.0 (12.6) | 95.8 (12.1) |
| ARC only | 26.8 (9.6) | 29.5 (12.5) | 94.9 (12.3) |

¹*Non-responders* are clergy who did not do work relating to the September 11th attacks with a disaster-relief agency.

²*Responders* are clergy who did work related to the September 11th attacks with a disaster-relief agency.

*Significant difference across groups, $p < .05$

Responders versus Non-Responders

Logistic regression was performed to determine whether respondents and non-respondents differed with respect to their personal and professional characteristics.

Seven independent variables were tested, including age, gender, education, work situation, CPE training, distance of one's residence from Ground Zero, and whether a participant was a chaplain. Only the distance between Ground Zero and participants' place of residence was found to differentiate between responders and non-responders, with participants living within 50 miles of Ground Zero being more likely to have responded to the disaster as a volunteer ($p < .05$).

Table 4 shows the mean subscale scores for non-responders and the three groups of responders. ANOVA revealed statistically significant differences across groups for burnout and compassion fatigue. Responders who did some or all of their volunteer work with American Red Cross had somewhat lower levels of burnout and compassion fatigue than non-responders, whereas responders who did not work with ARC had somewhat higher levels of burnout and compassion fatigue than non-responders.

Hierarchical regression was performed to examine the degree to which various independent variables contributed to participants scores on the three subscales. Since preliminary analyses found no relationship between any of the subscales and gender, education, religion or the three "years worked" variables they were not included in the regression models. The "years worked" variables also were analyzed separately for chaplains, but no significant relationships were found between them and the dependent variables. Preliminary analyses indicated that a dummy variable for CPE training (1 = some; 0 = none) was more highly correlated with the subscales than the actual number of CPE units that participants had, so the dichotomous variable was used in the models.

TABLE 5

Correlations¹ of Personal and Professional Variables with the Three Subscales of the Compassion Fatigues and Satisfaction Test for Non-Responders and Responders

| | Burnout | Compassion Fatigue | Compassion Satisfaction |
|----------------------------------|---------|--------------------|-------------------------|
| <i>Non-Responders</i> | | | |
| Years of Age | -.16* | -.08 | .00 |
| Work in a Hospital (yes=1, no=0) | +.15* | +.07 | +.09 |
| Chaplain (yes=1, no=0) | +.19* | +.27** | +.19* |
| CPE (yes=1, no=0) | -.14* | -.16.* | +.23* |
| Hours per Week of Pastoral Care | +.12 | +.12 | +.08 |
| Hours Worked with Trauma Victims | +.08 | +.17* | +.06 |
| <i>Responders</i> | | | |
| Years of Age | -.13 | -.03 | +.15* |
| Work in a Hospital (yes=1, no=0) | +.03 | +.10 | +.25** |
| Chaplain (yes=1, no=0) | .00 | +.06 | +.12 |
| CPE (yes=1, no=0) | -.15* | -.12 | +.12 |
| Hours per Week of Pastoral Care | -.04 | -.09 | -.08 |
| Hours Worked with Trauma Victims | -.03 | +.19* | +.10 |

| | | | |
|-------------------------------------|--------|--------|-------|
| Days at Ground Zero | + .05 | + .14* | + .09 |
| Disaster Relief Agency ² | - .16* | - .18* | + .05 |

¹Standardized beta values derived from hierarchical regression analysis.

²1 = only worked for ARC; 0 = worked for ARC and other agencies; -1 = only worked for other agencies; see text for explanation.

* $p < .05$

** $p < .01$

In all, six independent variables were tested on responders and non-responders for each subscale. In addition to these six variables, the analysis of responders included the number of hours worked at each site and the disaster relief agency with which they worked. Table 5 presents the effects of these independent variables on each of the subscales. The p values given in the table refer to the statistical significance of the variables when they were entered into the regression model.

Burnout. Age and CPE training were inversely related to burnout for both groups, but the age effect was not statistically significant for responders. Work with American Red Cross significantly reduced burnout among responders, as previously reported²⁹ but that study did not focus on clergy. Being a chaplain and working in a hospital was associated with higher levels of burnout among non-responders, but these effects were not evident among responders.

Compassion Fatigue. As expected, compassion fatigue was directly related to the number of hours per week that participants worked with trauma victims, and this effect was statistically significant for both groups. The number of days that responders spent at Ground Zero also made a significant contribution to compassion fatigue. Among non-responders, being a chaplain was positively associated with compassion fatigue. Work with American Red Cross reduced compassion fatigue as reported earlier.³⁰

Compassion Satisfaction. Being a chaplain and having CPE training were associated with somewhat higher levels of compassion satisfaction among all study participants; however, these effects were significant only among non-responders. Among responders, age and hospital work were also found to be positively related to compassion satisfaction.

The CPE effect in all the analyses is attributable to clergy who are not chaplains. Non-chaplain clergy who had CPE training had significantly lower levels of burnout and compassion fatigue, and significantly higher levels of compassion satisfaction than clergy who never had CPE training. CPE training had an all-or-none effect within the range of training reported by the non-chaplain clergy in our sample, in the sense that the correlations of burnout and compassion fatigue with CPE were somewhat higher when CPE was analyzed as a dichotomous variable (*i.e.*, had CPE or did not have CPE) than when it was analyzed as a continuous variable (*i.e.*, number of CPE units). No CPE effect was found among chaplains, almost all of whom reported that they had taken CPE. In contrast, only 44.5% of other clergy reported that they had taken CPE.

The hospital effect is partly due to differences in burnout between the chaplains who worked in hospitals ($n = 77$) and those who worked elsewhere ($n = 20$), such as hospice, long-term care facilities, social service

²⁹*Ibid.*

³⁰*Ibid.*

agencies, *etc.* But there was a small group of clergy who were not professional chaplains who said they worked in hospitals, in which burnout was significantly higher than in other non-chaplain clergy.

Discussion

On average, the responders and non-responders in our sample reported relatively low levels of burnout and compassion fatigue, and relatively high levels of compassion satisfaction. ANOVA revealed significant differences in burnout and compassion fatigue across groups with respect to whether responders worked with American Red Cross. Responders who did some or all of their volunteer work with ARC had somewhat lower levels of burnout and compassion fatigue than non-responders, whereas responders who did not work with ARC had somewhat higher levels of burnout and compassion fatigue than non-responders. The differences among responders are reflected in the "disaster relief agency" effect in the regression analyses.

The regression analyses indicated that age and CPE training were negatively related to burnout among responders and non-responders. The beneficial effect of CPE training was clearly seen among clergy who were not chaplains. Since almost all chaplains reported having taken CPE training, it is not surprising this variable does not predict burnout among chaplains.

The effects of age presumably encompasses years of professional experience to some extent, which has been found to reduce burnout. However, separate analysis of the subset of chaplains in the study found no relationship between years of experience and burnout. Since burnout has been found to increase slowly over time^{31,32}, we had expected that the number of years worked in the same institution or years in current position might be positively related to burnout, but we found no evidence of this.

Work setting and being a chaplain were found to be positively related to burnout among non-responders. The hospital effect is likely to be due to the stress associated with the demands of trying to address the needs of patients who typically have short lengths-of-stay, and the fact that short lengths-of-stay increase the volume of new patients per unit of time. Presumably, the chaplain effect reflects the stress associated with the kind of work they perform.

As previously found³³, the main factor influencing compassion fatigue among responders and non-responders, alike, was the number of hours per week they worked with trauma victims and their families. Chaplains who were non-responders tended to have higher levels of compassion fatigue, but this was not the case for responders. Among responders, the only other variable we measured that directly affected compassion fatigue was the number of days worked at Ground Zero.

A large proportion of responders spent time at Ground Zero ($n = 93$), and a number of aspects of the experience at Ground Zero may have contributed to increased compassion fatigue. One prime candidate is the

³¹Christina Maslach and Susan E. Jackson, "Burnout in Organizational Settings," *Applied Social Psychology Annual*, 1984, Vol. 5, pp. 133-153.

³²Sophia Kahill, "Interventions for Burnout in the Helping Professions: A Review of the Empirical Evidence," *Canadian Journal of Counseling Review*, 1988, Vol. 22, No. 3, pp. 310-342.

³³Bonita E. Taylor, Andrew J. Weaver, Kevin J. Flannelly, & David J. Zucker, "Compassion Fatigue and Burnout Among Rabbis Working as Chaplains," *The Journal of Pastoral Care and Counseling*, (in press).

experience of being part of the process of recovering the dead.^{34,35} In fact, the experience of handling the dead from the attack may directly induce post-traumatic stress, whose symptoms are measured by the compassion fatigue subscale. It is not surprising, therefore, to find that those who worked at Ground Zero and the morgues with agencies other than the American Red Cross had some of the highest levels of compassion fatigue ($M = 35.6$). However, the number of responders who worked at the morgues was small ($n = 30$), and the effect of working there was not linearly related to the number of days worked.

Some of the same variables that influenced burnout and compassion fatigue had the reverse effect on compassion satisfaction. For example, age and CPE training which were negatively related to burnout and compassion fatigue, were positively related to compassion satisfaction. Oddly, perhaps, being a chaplain, which was positively related to burnout and compassion fatigue also was positively related to compassion satisfaction. These findings indicate that being a chaplain can be stressful and emotionally draining to some degree, but it is also rewarding work.

The compassion satisfaction subscale encompasses a broader scope of feelings than the burnout and fatigue subscales, in that it measures satisfaction with one's role as a helper; one's co-workers and work environment; and one's personal life. Although the compassion satisfaction subscale was designed to capture positive aspects of working with people, it was not intended to be the opposite of compassion fatigue and it was only moderately correlated with compassion fatigue ($r = -.24$). Its correlation with burnout was much higher ($r = -.45$). Collins and Long³⁶ reported an extremely high negative correlation between compassion fatigue and burnout ($r = -.71$) among a small group ($n = 13$) of healthcare workers who responded to a car bombing in Ireland that killed 29 and injured over 370 people. The correlation Collins and Long found between compassion satisfaction and fatigue ($r = -.58$) was also much higher than we found here.

The burnout and compassion fatigue subscales were highly related to one another ($r = .66$), but lower than that reported by Collins and Long³⁷ ($r = .78$). The levels of compassion fatigue ($M = 34.5$) and burnout ($M = 31.1$) that Collins and Long³⁸ observed among the healthcare workers one year after the bombing was comparable to that observed among the responders in our sample that worked with disaster relief agencies other than the Red Cross. Ortlepp and Friedman³⁹ found substantially lower levels of compassion fatigue ($M = 22.3$) and burnout ($M = 19.5$) among 130 bank employees who served as trauma counselors to other employees who were present during bank robberies. The counselors had counseled an average of 28.4

³⁴Robert J. Ursano and James E. McCarroll, "The Nature of a Traumatic Stressor: Handling Dead Bodies," *The Journal of Nervous and Mental Disease*, 1990, Vol. 178, No. 6, pp. 396-398.

³⁵Thomas A. Greiger, Jeffrey P. Staab, Etzel Cardena, James E. McCarroll, George T. Brandt, Carol S. Fullerton, & Robert J. Ursano, "Acute Stress Disorder and Subsequent Post-Traumatic Stress Disorder in a Group of Exposed Disaster Workers," *Depression and Anxiety*, 2000, Vol. 11, pp. 182-184.

³⁶Sean Collins and Ann Long, "Too Tired to Care? The Psychological Effects of Working with Trauma," *Journal of Psychiatric and Mental Health Nursing*, 2003, Vol. 10, pp. 17-27.

³⁷*Ibid.*

³⁸*Ibid.*

³⁹Karen Ortlepp and Merle Friedman, "Prevalence and Correlates of Secondary Traumatic Stress in Workplace Lay Trauma Counselors," *Journal of Traumatic Stress*, 2002, Vol. 15, No. 3, pp. 213-222.

of their peers who were involved in bank robberies over a roughly 3-year period.

Summary and Conclusions

The present findings indicate that compassion fatigue and burnout were relatively low for our sample as a whole, but they were relatively high among responders who did not work with the American Red Cross. This effect was reported earlier by Roberts and his colleagues, but that report did not focus on clergy.⁴⁰ This finding suggests that the debriefing practices used by ARC may help to reduce the emotionally adverse effects of disaster relief work among its volunteers. Robert's article presented aggregated results for all responders and did not differentiate among clergy, chaplains and other disaster-relief volunteers, nor did it examine differences between chaplains and other clergy as we have done here.⁴¹

The findings of the study confirmed our hypothesis that compassion fatigue is directly related to the number of hours clergy work with trauma victims and their families.⁴² Not surprisingly, perhaps, work at Ground Zero also increased compassion fatigue among responders. Yet, to our knowledge, this effect has not been reported for any sample of September 11th responders.

Among non-responders, being a chaplain was found to have both positive and negative consequences. While chaplains had significantly higher levels of compassion fatigue and burnout, they also had significantly higher levels of compassion satisfaction, indicating that this kind of work is both emotionally draining and rewarding. The results suggest that working with patients in hospital settings may have similar advantages and disadvantages, but the findings are far from being clear-cut.

CPE training had a significant negative influence on compassion fatigue and burnout and a significant positive influence on compassion satisfaction among non-responders. The same pattern of effects was observed among responders, but the effects of CPE only was significant for burnout. The CPE effect was found for clergy who were not chaplains, but not for chaplains, most of whom reported having taking CPE. Nevertheless, CPE training appears to serve as a buffer against compassion fatigue and burnout. ✎

⁴⁰Roberts *et al.*, *op. cit.*

⁴¹Roberts *et al.*, *op. cit.*

⁴²Taylor *et al.*, *op. cit.*