Factors Contributing to PTSD and Compassion Fatigue in Television News Workers

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Abstract

A great deal of research has been done on the psychological effects of news coverage on viewers. However, more recent research has shown that journalists, too, can suffer psychologically and emotionally from the stories that they cover. This study examined the specific aspects of a journalist's job that contribute to these psychological conditions by surveying 280 television news workers for posttraumatic stress (PTSD) and compassion fatigue. Results showed that the type of stories covered was a significant predictor of PTSD, while job commitment, social support, perceived work pressure, and gender were significant predictors of compassion fatigue symptoms. Implications for these findings are discussed as well as possible applications in the training of new journalists and the broadcast industry itself.

Key words: trauma, journalism, news coverage

Introduction

There is a growing body of research that suggests journalists can be psychologically and emotionally affected by their coverage of traumatic stories. Studies have shown that journalists who have covered war can suffer psychological symptoms similar to those of soldiers (Feinstein, Owen, & Blair, 2002; Matloff, 2004; Osofsky, Holloway, & Pickett, 2005), and also can suffer strong emotional reactions following their coverage of disasters (Cote & Simpson, 2000; Ricchiardi, 2001; Strupp & Cosper, 2001; Willis, 2003). Additionally, research has shown that local journalists who cover incidents such as fatal automobile accidents, murders, and fatal fires also can experience symptoms of traumatic stress (Freinkel, Koopman, & Spiegel, 1994; Marais & Stuart, 2005; McMahon, 2001; Newman, Simpson, & Handschuh, 2003; Pyevich, Newman, & Daleiden, 2003; Simpson & Boggs, 1999; Teegen & Grotwinkel, 2001). Because the existing body of research has yet to address the specific work environment factors that can contribute to the development of these disorders in news workers, this study sought to fill that void using a sample of local television news workers.

Literature Review

Local reporters and photographers are constantly exposed to violent or traumatic events. These incidents include automobile accidents and fires in which people are seriously hurt or killed, and violent attacks or murders (McMahon, 2001; Newman et al., 2003; Pyevich, et al., 2003; Simpson & Boggs, 1999). Though these events may seem routine, the daily exposure to trauma and its victims is enough to cause traumatic reactions such as PTSD and compassion fatigue in local journalists (Cote & Simpson, 2000; Kelly, 1998; Norwood, Walsh, & Owen, 2003; Osofsky et al., 2005; Simpson & Boggs, 1999).

Posttraumatic Stress

PTSD is a unique pattern of psychological and physical symptoms that can emerge in someone following the experience of an extremely stressful event (McFarlane,1993). This event must be serious enough to cause immediate feelings of "intense fear, terror, and helplessness" (APA, 1987, p. 247), such as experiencing a threat to one's life or seeing another person experience serious physical injury or death (1987). First studied in Vietnam veterans in the early 1980s, (e.g., Boman, 1982; Laufer, Brett, & Gallops, 1985) symptoms of PTSD also have been found in other populations including police officers (Violanti & Gehrke, 2004), firefighters (e.g., Bryant and Harvey, 1996; Delben, Scotti, Chen, & Fortson, 2006; Haslam & Mallon, 2003;), paramedics (e.g., Clohessy & Ehlers, 1999; Grevin, 1996; McCammon, 1996), and most recently, journalists (Freinkel, et al., 1994; Marais & Stuart, 2005; McMahon, 2001; Newman, et al., 2003; Pyevich, et al., 2003; Simpson & Boggs, 1999; Teegen & Grotwinkel, 2001). Symptoms of PTSD are divided into three categories. Intrusive symptoms are those involving the persistent re-experiencing of the event in dreams or flashbacks. Avoidance symptoms involve an individual trying to avoid thoughts of and places reminiscent of the event. Arousal symptoms involve sleep disturbances and hypervigilance (APA, 1987; First & Tasman, 2004; Flannery, 1999). These symptoms are classified as PTSD when they last more than one month and significantly impair a person's social, emotional, and occupational activities (First & Tasman, 2004).

Symptoms of PTSD can result in several consequences, the most common of which is depression (Davis & Breslau, 1994; Flannery, 1999; Norwood, et al., 2003). Untreated PTSD can result in permanent disability, increased sick leave, and loss of productivity (e.g., Flannery, 1999; Grevin, 1996; Reiser & Geiger, 1986). There are several factors that can contribute to the development of PTSD and its symptoms following exposure to a traumatic event. Of interest in this study were those factors specifically related to a television news worker's job and the stories he or she covers. For example, research has shown that the nature of the event witnessed is the most salient predictor of PTSD and its symptoms (Heinrichs, Wagner, Schoch, Soravia, Hellhammer, & Ehlert, 2005). Studies of rescue workers have shown that shootings, witnessing death, and dealing with hurt children are the most stressful incidents (Hasslam & Mallon, 2003; McCammon, 1996; Violanti, 1996). Deliberate, human-instigated violence tends to cause the worst reactions, and the longer the exposure to a traumatic event, the greater the chances of experiencing PTSD (First & Tasman, 2004; McCammon, 1996; McFarlane, 1993). This becomes salient when one considers that television reporters and photographers are required to stay for the duration of a given traumatic news event, often doing continuous live updates (Walters, Wilkins, & Walters, 1989).

How many traumatic events a person has experienced on the job also can affect whether he or she develops symptoms of PTSD, though the relationship tends to be curvilinear. Inexperienced people experience more initial stress and traumatic reactions, which tend to decrease with more exposure to traumatic events. However, at some point the stress and susceptibility to PTSD increase again once a given person reaches the point where he or she has had enough and can no longer cope (Flannery, 1999; Hodgins, Creamer, & Bell, 2001; McCammon, 1996; Norwood, et al., 2003).

Compassion Fatigue

In addition to PTSD, television news workers may also be susceptible to compassion fatigue , a collection of psychological symptoms that results from experiencing the aftermath of a tragedy and talking to the victims of tragedy. Research has shown compassion fatigue can affect families of victims, counselors, police officers, and emergency service workers (Figley, 1983, 1995; Deutsch, 1984; Joinson, 1992; McCann & Pearlman, 1990). Compassion fatigue is made up of two components: secondary traumatic stress and burnout (Adams, Boscarino, & Figley, 2006; Boscarino, Figley, & Adams, 2004; Jenkins & Baird, 2002). Secondary traumatic stress (STS) is related to the emotions and behaviors that arise from hearing about another person's trauma (Figley, 1995b; Neuman & Gamble, 1995; Rosenbloom, Pratt & Pearlman, 1995). Burnout is the physical, emotional, and mental exhaustion that occurs when one can no longer cope with his or her everyday environment. When the two combine and substantially affect a person's mental state, behavior, and physical well-being, the result is compassion fatigue (Gentry, Baranowsky, & Dunning, 2002).

Secondary Traumatic Stress

Symptoms of STS can be divided into three categories (Dutton & Rubinstein, 1995). The first includes indicators of psychological distress such as depression, nightmares or sleep difficulties, and headaches. The second category included indicators of cognitive shifts including chronic suspicion of others, bitterness or cynicism about others, and victim blame (McCann & Pearlman, 1990; Neumann & Gamble, 1995). This cynicism and victim blame are especially salient when discussing journalists because these are symptoms that often are apparent when listening to television journalists discuss their work (Dworznik, 2006). The third category of STS symptoms included relational disturbances such as distancing or over-identification (Dutton & Rubinstein, 1995). Those with secondary traumatic stress become emotionally numb and are unable to maintain warm, empathetic, and responsive feelings (McCann & Pearlman, 1990). They become emotionally detached from those around them and feel isolated (Dane, 2000; Dutton & Rubinstein, 1995; Figley, 1995b). They also are at risk for making poor professional judgments (Collins & Long, 2003; Neumann & Gamble, 1995). This type of professional impairment can lead to frequent job changes (Cerney, 1995; Neumann & Gamble, 1995).

There are a number of work and organizational factors that can contribute to the development of STS. For example, anyone whose daily work involves exposure to trauma victims is especially vulnerable to STS (e.g., Huggard, 2003; Morrisette, 2004; Saakvitne & Pearlman, 1996). The effect is cumulative and is directly related to the amount of exposure to traumatic details and how graphic those details are (e.g., Baird & Jenkins, 2003; Meyers & Cornille, 2002). Those with more experience tend to have more severe STS reactions (Brady, Guy, Poelstra, & Brokaw, 1999; Meyers & Cornille, 2002); however, those with less experience can be more vulnerable due to a lack of training and organizational support (Baird & Jenkins, 2003; Neumann & Gamble, 1995). The availability of social support and counseling also has been shown to reduce the severity of STS symptoms (Catherall, 1995; Saakvitne & Pearlman, 1996).

Burnout

Physical symptoms of burnout include fatigue or nervousness, sleep disturbances, ulcers, weight change, and flare-ups of existing medical conditions (e.g., Golembiewski & Munzenrider, 1991; Morrisette, 2004; Valent, 2002; Weingarten, 2003). Emotional symptoms include frequent irritability and anger (Freudenberger, 1974, 1975; Cherniss, 1980b; Valent, 2002), increased pessimism and apathy in regard to work (Cherniss, 1980b; Freudenberger, 1975,1982; Maslach, 1986; Pines, 1993), and feelings of guilt and inadequacy for not fulfilling work-related goals (Freudenberger, 1982). Most alarming is an overall loss of concern for those who have been traumatized or depersonalization and a tendency to interact with them in a mechanical fashion (e.g., McCammon, 1996; Morrisette, 2004; Valent, 2002; Weingarten, 2003).

Consequences of burnout for the individual include a decline in overall mental health (Maslach, 1978; Golembiewski & Munzenrider, 1991), and an increase in fears about losing one's job or succumbing to bad economic conditions (Wade, Cooley, & Savicki, 1986). Consequences of staff burnout for an organization include a decrease in creativity and problem-solving abilities (Cherniss, 1993), and a loss of employee effectiveness on the job (Maslach, 1978, 1986; Maslach & Ozer, 1995). Burned out staff members become rigid and resistant to change (Freudenberger, 1974, 1975) and overall job satisfaction among employees declines (Maslach, 1986; Pines, 1982; Pines & Kafry, 1978). As a result, when burnout is high among staff members, so is turnover (Maslach & Ozer, 1995; Maslach & Schaufeli, 1993; Pines, 1982). Cherniss (1980a, 1980b) argued that differences in jobs and organizations are more likely to cause burnout than differences in individuals. Burnout is most likely in occupations that involve repeated interactions with people under emotionally charged conditions or interactions with those who are emotionally distressed (e.g., Baird & Jenkins, 2003; Maslach & Ozer, 1995; McCammon, 1996; Pines, 1993).

The higher the number of interactions and the more emotionally charged they are, the more likely the burnout (Cherniss, 1980a; Maslach, 1979, 1986; Pines & Maslach, 1978). Overall workload or caseload is also positively correlated with burnout (e.g., Maslach & Leiter, 1997; Maslach & Ozer, 1995; Maslach, Schaufeli, & Leiter, 2001). As with STS, a lack of social support from work peers or the organization itself is another significant contributor to burnout (e.g., Baird & Jenkins, 2003; Maslach & Leiter, 1997; Winnubst, 1993). A competitive working environment also can be a contributor (Cherniss, 1980a). These findings are especially salient to the study of local news workers because journalism is known as an extremely stressful profession filled with intense competition, deadline pressure, and public scrutiny (Kalter, 1999; Reinardy, 2006). News workers often are afraid to admit any feelings of burnout or distress because, as a rule, social support and counseling are not a part of the typical newsroom (Drummond, 2004).

Hypotheses and Research Questions

Existing research on PTSD in local news workers does not focus specifically on television news workers, nor does it focus on the aspects of the news profession that may contribute to the development of this disorder. Therefore, the following two hypotheses were advanced:

H1: Those who have covered a large-scale disaster (e.g. tornado, large airliner crash) or war will have higher PTSD scores than those who have not covered a large-scale disaster.

H2: Those who have felt their safety threatened, been hurt, or seen others get hurt or killed while on a story will have higher PTSD scores than those who have not felt their safety threatened, been hurt, or seen others get hurt or killed while on a story.

There is very little research regarding compassion fatigue in local journalists, and none that examines the job components that may contribute to the development of the disorder. Therefore, based on what is known to contribute to compassion fatigue in other similar populations, the following research questions are advanced:

RQ1: Do frequency of contact with victims, frequency of coverage of traumatic stories, job commitment, social support, and work pressure predict compassion fatigue?

RQ2: What is the relationship between age, gender, and years of experience in television,and overall compassion fatigue among television news workers?

Method

Data Collection

Data for this research consisted of self-report responses to a survey intended to measure the different variables for this study. The use of self-report surveys is typical in research of both PTSD (e.g., Freinkel, et al., 1994; Teegen & Grotwinkel, 2001) and compassion fatigue (e.g., Adams, et al.,2006; Gentry, et al., 2002), so it was an appropriate method to use here. The data was collected online. Although there are clear limitations to using self-selected online samples, research has shown that results differ very little between online and traditionally gathered samples.

For example, Lewis, Watson, and White (2009) compared a traditional sample of undergraduate psychology students with a sample of self-selected Internet users. They found that the samples yielded similar results, but that the Internet sample was more diverse demographically. Walsh, Kiesler, Sproull, and Hesse (1992) found that self-selected respondents in a computer network survey gave "higher-quality responses," with fewer missing values. Eaton and Struthers (2002) found that a sample recruited on the Internet had very few demographic differences from those recruited using a snowball sample. Given that this extant research suggests that Internet-recruited samples differ very little from those recruited through more traditional means, and given the resource limitations and exploratory nature of this study, the authors concluded that Internet-recruitment was a viable option for creating the study sample. Participants were notified through invitations posted via four websites that are heavily trafficked by people in the television industry: www.spj.org (Society of Professional Journalists), www.medialine.com, www.b-roll.net, and www.nppa.org (National Press Photographers Association). All survey invitations were posted for four weeks during the summer of 2007. As an incentive to participate, subjects were also given the chance to enter a drawing for one of four gift certificates to a national bookstore chain.

Measures

Posttraumatic stress was measured using the PTSD Checklist, Civilian Version (PCL-C) (Weathers, Litz, Herman, Huska, & Keane,1993). This measure was created by researchers at the National Center for PTSD (Norris & Hamblen, 2003) and is one of the top five most widely used PTSD measures (Elhai, Gray, Kashdan, & Laurel, 2005). It is a 17-item self-report scale that asks participants how often they have experienced a variety of different physical and psychological symptoms over the past month. Each item is measured on a Likert-type scale of 1 to 5 (1 = not at all, 5 = extremely). The measure has three subscales, each corresponding to a different category of symptoms which also reflect the diagnostic symptoms for PTSD recognized by the American Psychological Association (Norris & Hamblen, 2003). The PCL-C has been shown to be both reliable (Norris & Hamblen, 2003; Ruggiero, del Ben, Scotti, & Rabalais, 2003) and valid (Ruggiero, et al., 2003). It also has been used successfully in previous studies of journalists and PTSD (Pyevich, et al., 2003; Teegen & Grotwinkel, 2001).

The PCL-C was used as is, with only one small change. Each item asked the participant to recall psychological or physical symptoms associated with "a stressful experience from the past." In order to help ensure that the traumatic reactions being recorded were associated with the participants' experiences on the job, the wording was changed to "a story or interview." Similar changes have been made to the scale in other studies with little to no effect on the outcome. Compassion fatigue was measured using the Compassion Fatigue Scale – Short (Adams, Figley, & Boscarino, 2004), which was derived from the original 30-item Compassion Fatigue Scale created by Figley (1995a). This 13-item, self-report measure asks subjects about their environment, as well as their emotional and physical health. Each item is scored from 1 to 10 on a Likert-type scale (1 = Never/Rarely, 10 = Very Often). The CF-Short has two subscales, one measuring secondary traumatic stress and the other measuring burnout. This shortened version of the Compassion Fatigue Scale has been shown to be reliable and valid (Adams, Boscarino, & Figley, 2006).

This scale was used with minimal changes. For items that addressed interactions with clients or patients, the wording was changed to "victims and/or their families" so that the questions more accurately reflected the experiences of a television news worker. Though this has not been done in any other studies using this measure, it did not adversely affect the reliability of the scale. Although the PTSD and compassion fatigue scales address different conditions, their questions are similar. To control for question-order bias, two testing conditions were created. One portion of the survey participants took the PTSD scale first (n = 72), and the other portion took the compassion fatigue scale first (n = 208). Independent samples t-tests showed no significant differences in PTSD scores between the groups (t = .66, df = 278, p = .508), and no significant difference in compassion fatigue scores between the groups (t = -.98, df = 278, p = .327).

Encounters with traumatic situations were measured using the Journalist Trauma Exposure Scale (Pyevich, et al., 2003). This 23-item scale asks participants about the frequency of their coverage of certain events and the emotional intensity of those experiences. The Journalist Trauma Exposure Scale (JTES) has been shown to be reliable (2003) and has three subscales measuring frequency of exposure to trauma, range of exposure, and intensity of exposure. The scale was used in its original form with just a few minor changes to wording in order to make it more applicable to this study. The work environment factors that have been shown to be related to the development of compassion fatigue were measured using the Work Environment Scale (Moos, 1994), which was created to measure aspects of a given work environment across three dimensions: relationship; personal growth; and system maintenance and change. The scale includes 90 true/false items and is made up of 10 subscales composed of 9 items each (1994).

Due to its size, the use of this entire measure was not feasible for this study. Therefore, only four of the ten subscales were used: involvement, peer cohesion, supervisor support, and work pressure. These subscales applied to the most prominent variables related to compassion fatigue as identified by the literature. The items were changed from true/false items to Likert-type items measured on a 5-point scale. This change created continuous variables, thereby allowing for higher level statistical analyses. Additionally, the original items are worded such that participants evaluate the overall work place, and not necessarily their own personal experiences in that work place. Therefore, the item wording was changed slightly to reflect participants' evaluations of their individual work experiences. The Work Environment Scale (WES) and its subscales have been shown to be both reliable (Moos, 1994; Morrison, 1998) and valid (Salter, 2002).

Sample

The sample consisted of reporters, photographers, and live truck engineers currently employed at local television stations across the country. People in these specific positions are the ones who go out on stories and are most likely to come into contact with traumatic scenes and traumatized people. A total of 425 responses were collected over four weeks. Unfinished surveys and those completed by individuals who indicated something other than the desired employment categories accounted for 145 of the responses; therefore, a total of 280 completed, useable responses were collected. The majority of the sample was made up of photographers (n = 224). Forty-five reporters responded, and only 11 live truck engineers responded. The participants reported that they worked in local TV markets ranging from market 1 (New York) to market 184 (Greenwood-Greenville, Mississippi) (M = 48.75, SD = 41.12, missing = 8). The sample was largely male (n = 245) and Caucasian (n = 255), while 19 indicated that they were either African-American, Hispanic, Asian, or other (missing = 6). Ages ranged from 20 to 65 (M = 36.82, SD = 9.79, missing = 11). The years of experience in television news ranged from 1 year to 42 years (M = 13.49, SD = 8.85).

Results

Posttraumatic Stress

The PTSD Checklist (PCL-C) can be scored in two ways. First, the 17 items of the PCL-C were summed to give a total score. In this sample, scores ranged from 17 to 83. Twenty-six respondents (9.3%) scored 44 or higher (M = *29.22*, SD = *10.64*), meaning their symptoms were severe enough to be indicative of PTSD. Second, an individual also could be considered symptomatic of PTSD if he or she answered a 3 or above on at least one item from the first subscale, at least 3 items from the second subscale, and at least 2 items from the third subscale. In this sample, 26 (9.3%) fulfilled all three criteria, meaning they could be considered symptomatic of PTSD. Weathers et al. (1993) recommend combining both scoring methods to obtain the truest diagnosis of PTSD. In this sample 20 respondents (7.14%) scored a 44 or above and met all three criteria for a diagnosis of PTSD. Of those 20 people, 95% (n = 19) indicated that their symptoms were severe enough to affect their daily lives, and 65% (n = 13) indicated that the symptoms were severe enough to cause them to consider leaving their careers. To clarify, 7% of this sample met the necessary criteria to be diagnosed with PTSD. Of that 7%, nearly all of them indicated that their PTSD symptoms were severe enough to impair their daily lives, and a little over half indicated that their symptoms were severe enough for them to consider leaving their careers in television.

Hypothesis 1

Hypothesis 1 posited that those who had covered a large-scale disaster or war would have higher PTSD scores than those who had not. Of the 280 participants, only 8 had no disaster or war experience. Therefore, the initial independent samples t-test revealed no significant difference in PTSD scores between those who had covered disasters or war (M = 29.39) and those who had not (M = 23.37, t = -1.58, df = 278, p = .115). In order to compensate for this discrepancy in group size, the PTSD scores between those who had covered war and those who had not covered war were examined separately. This resulted in a smaller discrepancy between group size with 78 respondents covering war and 202 indicating they had never covered a war. An independent samples t-test revealed a significant difference in PTSD scores between those who had covered war (M = 31.93) and those who had not (M = 28.18, t = -2.67, df = 278, p < .01). Those who had covered war had significantly higher PTSD scores than those who had not.

When testing the effect of disaster experience on PTSD scores, an initial t-test revealed no significant difference in PTSD scores between those who had disaster experience (M = 29.39) and those who did not (M = 23.38, t = -1.58, df = 278, p = .115). However, because there were only 8 participants who had not had some sort of disaster experience, it was decided that a Pearson correlation between PTSD scores and frequency of disaster experience might yield the significant result expected. The test revealed a weak but nearly significant correlation (r = .12, p = .052, one tailed). Because of this result, the data were examined for any outliers that may have affected the outcome.

The examination revealed 2 subjects who indicated they had covered 710 and 2005 disasters respectively, during their careers. Once these outliers were removed, frequency of disaster experience ranged from 0 to 312 (M = 25.28, SD = 36.01). Without the outliers, the Pearson correlation revealed a weak but significant positive relationship between frequency of disaster coverage and PTSD scores (r = .15, p < .01, one-tailed). Those participants with higher frequencies of disaster coverage also had higher overall PTSD scores.

Hypothesis 2

Hypothesis 2 posited that those who had felt their safety threatened, been hurt, or seen others get hurt or killed while on a story would have higher PTSD scores than those who had not. An independent samples t-test revealed a significant difference in PTSD scores between the two groups (t = -2.99, df = 278, p < .01). Those who had been threatened, hurt, or seen others hurt on a story had significantly higher PTSD scores (M = 30.16) than who had not (M = 25.46). Therefore hypothesis 3 was supported.

Compassion Fatigue

Total scores for the CF Scale – Short can range from a low of 13 for someone who is experiencing no symptoms of compassion fatigue to a score of 130 for someone who is experiencing frequent symptoms. Total scores for this sample ranged from a low of 13 to a high of 128. The mean total score was 44.79 (SD = 21.09), and the median total score was 41.50. There are no cut-off scores available for the CF Scale – Short; therefore, mean compassion fatigue scores also were calculated to provide a more complete picture of the CF symptoms among these participants. Items on the CF Scale – Short are scored from 1 to 10. Mean scores for this sample ranged from 1.00 to 9.85. The mean was 3.44 (SD = 1.62), and the median was 3.19. In this sample, 69% (n = 196) had a mean score of 3.99 or below. This indicates that a large portion of the sample reported being rarely or never bothered by compassion fatigue symptoms. Seventy-five participants or 26% had a mean score of 4 – 6.99. This suggests that about a quarter of the sample reported being sometimes bothered by CF symptoms. Finally, 3.2% (n = 9) of the sample had a mean score of 7 or above. This indicates that a small portion of the sample indicated it was often or very often bothered by CF symptoms. Overall, nearly 30% of the sample reported being bothered in various degrees by symptoms of compassion fatigue. A Pearson correlation indicated that the higher the compassion fatigue score, the more likely a participant was to indicate a desire to seek a career outside of television due to his or her symptom severity (r = .53, p < .001).

Research Question 1

Research question 1 asked if frequency of contact with victims, frequency of coverage of traumatic stories, job commitment, social support, and work pressure would predict compassion fatigue. Multiple regression was used to answer this question (see Table 1). All variables were entered into the model together. The final regression equation accounted for 27.6% of the variance in compassion fatigue scores (R^2 = .28, p < .001). Significant contributors were job commitment (β = -.17, p < .05), social support (β = -.228, p < .01) and work pressure (β = .302, p < .001), R = .53, R^2 = .28, F (5,274) = 20.87, p < .001. Frequency of contact with victims and frequency of coverage of traumatic stories were not significant predictors.

Table 1: Summary of Regression Analyses for Variables Predicting Compassion Fatigue

Variable	*B*	*SE B*	β
Overall Contact with Victims	.001	.025	.004
Coverage of Traumatic Stories	-.001	.016	-.004
Job Commitment	-.590	.261	-.165*
Social Support	-.496	.172	-.228**
Perceived Work Pressure	1.255	.246	.302***
Age	-.304	.238	-.143
Gender	10.542	3.856	.166**
Years of Experience	.490	.250	.218

R = .525, R^2 = .276, $F(5,274)$ = 20.868, p < .001
** p < .05, ** p < .01, *** p < .001*

Research Question 2

Research question 2 asked if a relationship existed between age, gender, and years of experience in television, and compassion fatigue among television news workers. Multiple regression was used to answer this question (see Table 1). All variables were entered into the model together. The final regression accounted for 4.0% of the variance in compassion fatigue scores (R^2 = .04, p < .05).

Gender was a significant contributor ($\beta = .17$, $p < .01$), such that being female was a significant predictor of higher compassion fatigue scores. Years of experience in television was also nearly significant ($\beta = .22$, $p = .052$). Because of this near-significant relationship and the larger beta, it was thought that perhaps the relationship between years of experience in television and compassion fatigue might be curvilinear. Hierarchical regression was used to test for a difference between years of experience and years of experience squared. The model including years of experience by itself did not produce a significant result ($R^2 = .01$, $p = .180$). The addition of years of experience-squared also did not produce a significant result ($R^2 = .02$, $p = .095$).Contrary to the literature on compassion fatigue, age was not a significant predictor ($\beta = -.14$, $p = .202$). Based on results from previous studies, it was thought that the relationship might be curvilinear. Hierarchical regression was used to test for a difference between age and age-squared. The model including age by itself did not produce a significant result ($R^2 = .001$, $p = .708$). The addition of age-squared into the model also did not produce a significant result ($R^2 = .01$, $p = .121$).

Discussion

This study investigated the variables associated with symptoms of PTSD and compassion fatigue in television news workers. Results showed that the variables contributing to PTSD were significant in the directions expected. This finding is supported by previous literature on PTSD (e.g., First & Tasman, 2004; McCammon, 1996; Norwood et al., 2003; Violanti, 1996). Results on the variables that contribute to compassion fatigue were mixed. Job commitment, social support, and perceived work pressure were all significant predictors which mirrors existing research using these variables (e.g., Baird & Jenkins, 2003; Brown & Pranger, 1992; Figley, 1995b; McCammon, 1996). However, frequency of contact with victims and frequency of coverage of traumatic stories were not. This finding is contrary to the existing research on compassion fatigue (e.g., Figley, 1995b; Huggard, 2003; Morrisette, 2004). There are a number of possible explanations for this discrepancy. For example, television news workers rarely speak to the same victim more than once, unlike a counselor who sees the same patient repeatedly. Perhaps only speaking to a victim once or twice does not allow a television news worker to become as emotionally invested in a person's story as a counselor or therapist might be. Another possible explanation for this discrepancy is measurement error. This survey asked participants to indicate how many times in the past year they had had various traumatic encounters with victims and also how many times in they past year they had covered various traumatic incidents. Upon initial examination of these responses the numbers seemed quite high, suggesting that estimates for their encounters might have been exaggerated affecting the relationship between the variables in question.

Why the frequencies for experiences may have been over-estimated is hard to say. One possible explanation is that cynicism or desensitization played a part. Adams, et al. (2006) found this to be the case when surveying counselors about frequencies of encounters with trauma victims. The authors found that their numbers seemed over-estimated as well. The authors suggested that it may simply be too much to ask for people with regular interactions with traumatized people to accurately estimate numbers or percentages for those encounters. Gender also was the only personal factor related to overall compassion fatigue in this sample. Women had higher compassion fatigue scores than men, a finding that has been replicated (Brady et al., 1999; Etzion & Pines, 1986; Meyers & Cornille, 2002). Age and years of experience in television were not related to compassion fatigue; however, this was not surprising. Previous studies on these variables also have yielded mixed results (Cherniss, 1980a; Hawkins, 2001; Maslach et al., 2001). This study had a few limitations. First, the sample was gathered online, leaving open the question as to whether all those who participated were really who they claimed to be. Broadcast industry web sites and organizations were used in order to contact participants in an effort to cut down on this possibility.

However, one cannot truly be certain in an online setting. Second, this was a convenience sample using industry websites which leaves open questions of self-selection bias and generalizability beyond this sample. Finally, this sample was overwhelmingly male and made up mostly of photographers; therefore, it did not reflect the diversity of the broadcast industry and made across-group comparisons difficult. Future studies should consider these issues. Understanding traumatic stress reactions in journalists can provide information to help improve not only the training of new journalists, but the practices of the news industry as well. Training future journalists to recognize the elements of their jobs that can contribute to traumatic stress reactions will help them to cope with what they see and better protect themselves physically and psychologically. This is training that student-journalists are already asking for (Dworznik & Grubb, 2007). In the professional news industry, knowing the possible reactions reporters and photographers could have to certain stories might lead to changes in news gathering practices that would give journalists a better chance at coping and processing what they see. This could cut down on absenteeism and turnover related to unprocessed trauma and lead to better journalists producing better stories overall.

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