ASSESSING THE LEVEL OF VICARIOUS TRAUMA AMONG HEALTHCARE WORKERS AT KCRH, KIRINYAGA COUNTY, IN KENYA.

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Abstract

Vicarious trauma is referred to the emotional and psychological distress experienced by health care workers, who directly absorb the traumatic experiences of patients, thus disrupting their sense of emotional safety, trust, self-esteem, and intimacy. The broad objective of this study was to measure the level of vicarious trauma among healthcare workers at Kerugoya County Referral Hospital (KCRH), Kirinyaga County. The study sampled 149 healthcare workers using multistage sampling procedure. Questionnaires were used to collect data; Socio-Demographic Questionnaire, Vicarious Trauma Scale (VTS). The data was analyzed using statistical software SPSS version 27 and presented in summary tables, detailing frequencies, percentages, means, and standard deviations. The study findings show that healthcare workers at KCHR showed a moderate level of Vicarious Trauma levels with a score of 33.3. The data hold significant importance for evidence-based decision-making, particularly in designing tailored healthcare training and support networks and provides vital insights for hospital administrators to implement effective interventions. Policymakers can use this data to formulate policies addressing trauma management and worker well-being, thus directly impacting management of mental health issues which is a growing public health concern.

***Keywords**:* Vicarious Trauma, Traumatic events/experiences, Mental Health and Wellbeing of Health Care Workers

Background to the Study

Vicarious trauma refers to the profound emotional and psychological impact experienced by individuals, such as therapists or other professionals, who are exposed to traumatic experiences of others [1]. In this study it refers to emotional and psychological distress experienced by health care workers, who directly absorb traumatic experiences of patients, thus disrupting their sense of emotional safety, trust, self-esteem, and intimacy.

Healthcare professionals, including doctors, nurses, psychologists, and those performing other specialized roles, are essential in delivering quality care to patients, both within healthcare facilities and in community settings (WHO, 2021). Their responsibilities include assessing, treating, and managing various health conditions. However, this crucial role exposes them to patients who have undergone physical and psychological trauma, making them vulnerable to experiencing vicarious trauma themselves (Remigio Baker et al., 2020).

Untreated vicarious trauma experienced by healthcare workers can result in burnout, compassion fatigue, and diminished job satisfaction, ultimately impacting their ability to deliver quality care. The emotional toll of witnessing patient trauma may jeopardize both patient outcomes and satisfaction. Healthcare providers' mental and emotional health is closely intertwined with the quality of care they can offer thus unresolved vicarious trauma may induce emotional detachment, decrease empathy, and impair decision-making, increasing the likelihood of medical errors. It is therefore, imperative to address vicarious trauma to safeguard healthcare worker well-being to maintain the therapeutic bond with patients, and uphold optimal healthcare standards (Mento, 2020).

Current research on vicarious trauma among healthcare workers reveals gaps in specificity to certain settings or populations, inconsistent measurement tools, and limited evidence-based

interventions [5]. Studies often overlook the unique challenges faced by different specialties or environments, necessitating targeted research. Additionally, reliance on self-report measures and oversight of cultural factors in vicarious trauma assessment pose limitations. Notably, effective interventions tailored to healthcare workers' needs are lacking, despite increasing awareness. Addressing these gaps is crucial for enhancing support and resilience among healthcare professionals to ultimately improving patient care and well-being.

Statement of the Problem

Despite the critical role of healthcare workers in delivering quality care, prevalence and impact of vicarious trauma among them is inadequately addressed. Untreated vicarious trauma can lead to burnout, compassion fatigue, and decreased job satisfaction among healthcare professionals, ultimately compromising patient care quality and outcomes. Additionally, vicarious trauma may manifest in emotional detachment, reduced empathy, and impaired decision-making, posing risks of medical errors. However, there is limited understanding of the specific factors contributing to vicarious trauma within different healthcare settings and populations, as well as a lack of evidence-based interventions to mitigate its effects. Addressing these gaps is essential to safeguarding the well-being of healthcare workers and optimizing patient care delivery**.** The purpose of the study is to assessing the level of vicarious trauma among healthcare workers at KCRH, Kirinyaga County, in Kenya

Literature Review

Vicarious Trauma among Healthcare Workers

Vicarious trauma among healthcare workers necessitates exploration of the nature of their exposure to traumatic events. A previous study by Siebenhüner et al. (2020) highlighted that healthcare professionals, including doctors, nurses, and emergency responders, are routinely immersed in environments where they witness or hear about distressing incidents such as

accidents, violence, illness, and death. This exposure can also occur through direct encounters with patients or indirectly through the accounts provided by colleagues, medical records, or media reports [7]. However, Dar & Iqbal, 2020 in their study stated that the nature and intensity of exposure may vary depending on the healthcare setting, specialty, and individual role within the healthcare system. Regardless of the specific context, the cumulative effect of repeated exposure to trauma can significantly impact the mental well-being of healthcare workers, underscoring the importance of understanding and addressing vicarious trauma within this population.

An empirical review by Habtamu et al. (2021) and Hallinan et al. (2019) sheds light on the significant impact of vicarious trauma on the mental health of healthcare workers. The constant exposure to traumatic events in clinical settings can lead to a range of adverse psychological symptoms among healthcare professionals. These symptoms may include intrusive thoughts, nightmares, hypervigilance, emotional numbing, anxiety, depression, and even post-traumatic stress disorder (PTSD). These findings underscore the pervasive nature of vicarious trauma and its potential to detrimentally affect the well-being and functioning of healthcare workers. There is need to implement proactive measures to address and mitigate the negative psychological effects of vicarious trauma among healthcare professionals, highlighting the urgency for organizational support and interventions aimed at promoting resilience and coping strategies within healthcare settings.

A study by Escudero-Escudero (2020) [10], highlighted that factors, such as the intensity and frequency of exposure to traumatic events, personal history of trauma, lack of social support, and insufficient coping mechanisms, significantly increase vulnerability of healthcare workers to vicarious trauma. The detrimental effects of vicarious trauma on professional outcomes, including decreased job satisfaction, burnout, compassion fatigue, and reduced quality of patient care have been cited [7,11]. These findings underscore the critical need for healthcare

organizations to prioritize identification and mitigation of risk factors associated with vicarious trauma among their staff, while also implementing interventions aimed at fostering resilience and enhancing coping strategies to safeguard the well-being of healthcare professionals and optimize patient care outcomes.

Empirical inquiries into the organizational and cultural aspects of vicarious trauma among healthcare workers, as explored by Wilson et al. (2020) [12], unveil a complex interplay among workplace dynamics, stigma, help-seeking behaviors, and enduring repercussions. Dordunoo's (2021) investigation underscores the significance of organizational cultures that prioritize staff well-being, foster transparent communication, and address systemic challenges like workload and staffing to mitigate vicarious trauma and its adverse outcomes have been cited [13]. The pervasive stigma surrounding mental health in healthcare settings, potentially hindering healthcare professionals' willingness to seek assistance for vicarious trauma-related symptoms has been highlighted [14]. Similarly, the importance of combating stigma and fostering a culture of psychological safety to encourage early intervention and support-seeking has been stressed [15]. A longitudinal study emphasized the enduring impact of vicarious trauma on healthcare workers' mental health, job satisfaction, and overall quality of life, underscoring the ongoing need for comprehensive prevention, intervention, and sustained support initiatives within healthcare environments [16].

Research Methodology

The research enrolled 149 healthcare workers obtained from a group of licensed social workers, most of whom reported being exposed to working directly with distressed or traumatized clients. A multistage sampling method was used to ensure a diverse representation of healthcare workers at KCRH in Kirinyaga County, Kenya. Various hospital departments served as primary sampling units, from which participants were randomly selected, ensuring representation across specialties and roles were used. the study. Healthcare workers directly involved with

trauma patients and exposed to explicit details of trauma events, were included in the investigation. The Vicarious Trauma Scale (VTS) is recognized for its reliability and sound psychometric properties, with reliability scores ranging from 0.81 to 0.96 and 0.76 to 0.83 for different dimensions [17] showing good internal consistency reliability ($\alpha = 0.77$) among licensed social workers who frequently work in traumatic circumstances. The VTS developed to assess distress levels from working with traumatized clients, has demonstrated good validity across various populations [7]. Its strong content validity stems from resilience measures and theories [12] and it exhibits excellent convergent and divergent validity [19]. Scores on the VTS correlate well with other vicarious trauma measures and predict future VT symptoms among health workers [17]. These participants were deemed suitable for the study due to their exposure to the risk of developing VT during their work. Consequently, a sample of 149 healthcare workers out of a potential 237 was included in the study. Excluded from the study were healthcare workers not directly involved with trauma patients, those absent during the study period, those who declined participation. Vicarious Trauma Scale (VTS) questionnaires were used to evaluate the subjective distress experienced when working with clients who have experienced trauma. Data was analysed using statistical software SPSS version 27 and presented on tables, providing frequencies, percentages, means, and standard deviations. The researcher obtained ethical approvals and informed consents, ensuring confidentiality.

Results

Level of vicarious trauma among healthcare workers in Kerugoya County Referral Hospital, Kirinyaga County, Kenya

The study aimed to assess the Level of vicarious trauma among healthcare workers. VT was measured using the Vicarious Trauma Scale (VTS) to assess the subjective distress experienced when working with clients who have experienced trauma. The VTS comprises 8 items, each rated on a 7-point Likert scale where respondents express their level of agreement. These 8 items

collectively yield a total score ranging from 8 to 56. Scores falling between 8 and 28 suggest low levels of Vicarious Trauma, scores between 29 and 42 indicate moderate levels, and scores between 43 and 56 suggest high levels of Vicarious Trauma.

Table 1: Vicarious Trauma Descriptive Statistics per Items

Statement	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	Mean	Std. Deviation
VTS_1_My job involves exposure to distressing materials and experiences.	(0)0.0 %	(8)5.4%	(7)4.8%	(7)4.8%	(18)12.2 %	(49)33.3 %	(58)39.5 %	5.82	1.409
VTS_2_My job involves exposure to traumatized or distressed clients.	(1).7%	(12)8.2%	(4)2.7%	(9)6.1%	(19)12.9 %	(39)26.5 %	(63)42.9	5.73	1.572
VTS_7_Sometimes I feel overwhelmed by the workload in my job.	(2)1.4 %	(14)9.5%	(12)8.2%	(23)15.6 %	(29)19.7 %	(35)23.8 %	(32)21.8 %	5.01	1.639
VTS_6_Sometimes I feel helpless to assist my	(4)2.7 %	(15)10.2 %	(13)8.8%	(20)13.6 %	(28)19.0 %	(29)19.7 %	(38)25.9 %	4.99	1.759

collectively yield a total score ranging from 8 to 56. Scores falling between 8 and 28 suggest low

Statement	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	Mean	Std. Deviation
clients in the way I would like.									
VTS_3_I find myself distressed by listening to my clients' stories and situations.	(2)1.4 %	(26)17.7 %	(9)6.1%	(21)14.3 %	(26)17.7 %	(25)17.0 %	(38)25.9 %	4.84	1.843
VTS_5_I find myself thinking about distressing material at home.	(2)1.4 %	(32)22.4 %	(13)8.8%	(19)12.9 %	(24)16.3 %	(33)22.4 %	(23)15.6 %	4.55	1.801
VTS_8_It is hard to stay positive and optimistic given some of the things I encounter in my work.	(3)2.1 %	(25)17.1 %	(18)12.3 %	(24)16.4 %	(20)13.7 %	(31)21.2 %	(25)17.1 %	4.50	1.830
VTS_4_I find it difficult to deal	(9)6.1 %	(37)25.2 %	(21)14.3 %	(14)9.5%	(17)11.6 %	(13)8. 8%	(36)24.5 %	4.20	2.089

Statement	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	Mean	Std. Deviation
with the content of my work.									
Average	**2.2%**	**15.8%**	**8.8%**	**12.6%**	**15.9%**	**19.9%**	**24.8%**		

Results on table 1 indicate that a significant majority of respondents with (58)39.5%, (Mean: 5.82, Std. Deviation: 1.409) strongly agree that their job entails exposure to distressing materials and experiences, suggesting that this aspect of their work is prevalent and potentially impactful. 6.3 respondents (42.9%) (Mean: 5.73, Std. Deviation: 1.572) strongly agreed that their job involves exposure to traumatized or distressed clients, indicating the significance of this aspect on their well-being. A notable number of participants (35)23.8% (Mean: 5.01, Std. Deviation: 1.639), acknowledge feeling overwhelmed by the workload, highlighting a significant challenge in managing work demands. Moreover, a considerable proportion of health care workers (38)25.9% (Mean: 4.99, Std. Deviation: 1.759)., strongly agreed that they feel helpless to assist clients as desired, suggesting potential challenges in meeting client needs effectively.

38 of respondents (25.9%) (Mean: 4.84, Std. Deviation: 1.843), strongly agreed that they are distressed by listening to clients' stories and situations, indicating emotional impact from their work. Furthermore, a significant proportion, totaling (33)22.4% (Mean: 4.55, Std. Deviation: 1.801). agreed that they think about work related distressing situations at home, suggesting work-related thoughts intrude into personal life. 31 respondents with 21.2% (Mean: 4.50, Std. Deviation: 1.830), agreed that it's hard to stay positive and optimistic due to work encounters, indicating potential challenges in maintaining a positive outlook. While (36)24.5% respondents

(Mean: 4.20, Std. Deviation of 2.089.) strongly agreed that they find it difficult to deal with the content of their work.

Table 2: Level of VT among the healthcare workers at KCRH

No of item	Level	Mean score	No of health care workers
8	Low VT	20.9	39
8	Moderate VT	35.0	19
8	High VT	44.1	89
Average		**33.3**	**147**

The result presented on table 2 above shows the level of VT among the healthcare workers at KCRH. 39 healthcare workers scored 20.9 out of 56, implying a low level of vicarious trauma. Theoretically, this suggests a relatively minor impact of VT-related symptoms within this group. 19 healthcare workers scored 35.0 out of 56, indicating a moderate level of VT suggesting a more pronounced experience of VT symptoms compared to those in the low VT category. Notably,89 healthcare workers scored 44.1out of 56, signifying a high level of vicarious trauma implying that a substantial portion of healthcare workers in KCHR are grappling with high level of VT-related symptoms.

Summary

The study conducted at Kerugoya County Referral Hospital in Kirinyaga County, Kenya, aimed to assess the levels of vicarious trauma among healthcare workers, utilizing a Likert scale to gauge respondents' perceptions. There was moderate level of vicarious trauma, with an average

mean score of 33.3, indicating a moderate or average level of vicarious trauma. A significant portion of respondents 58, (39.5%) strongly agreed that their job involved encountering distressing materials and experiences, while 63, (42.9%) strongly agreed that their job entailed interacting with traumatized or distressed clients. These findings underscore the need for interventions to address the mental health and job satisfaction of healthcare professionals, consistent with previous studies highlighting the impact of prolonged exposure to trauma on burnout and compassion fatigue (Neillie & Rose, 2021). Additionally, challenges in workload management were reported by 35 of participants (23.8%), while feelings of helplessness were indicated by 38 (25.9%) healthcare workers. These findings echo the importance of strategies to mitigate overwhelming stress and enhance support systems (Nassar et al., 2020). Difficulty in maintaining positivity and coping with work content was expressed by a majority of respondents (31, 21.2%), with a substantial proportion (24.5%) finding it difficult to deal with the content of their work. These findings align with previous research findings highlighting the prevalence of vicarious trauma among healthcare workers in Kenya and the importance of addressing its impact on professionals' mental health (Kokonya et al., 2015).

Conclusion

The research conducted at Kerugoya County Referral Hospital in Kenya provides insight into the prevalence and impact of vicarious trauma (VT) among healthcare professionals. The findings indicate a significant acknowledgment of VT among respondents, underscoring a pervasive issue among the hospital's staff. High levels of exposure to distressing materials and clients further substantiate this acknowledgment. Additionally, challenges in maintaining a healthy work-life balance and the strain on mental well-being highlight the occupational setting's impact on healthcare personnel. These findings align with the World Health Organization's assessment of VT among healthcare professionals, emphasizing the global nature of this issue and the necessity for comprehensive intervention strategies. Similar high rates of

VT reported in studies from the USA, Canada, and Australia underscore the universal need for tailored support mechanisms and interventions. Urgent organizational support and resources are essential to address the challenges posed by VT among healthcare professionals not only at Kerugoya County Referral Hospital but also worldwide. Efforts should prioritize interventions promoting mental health and well-being, fostering a healthy work environment, and providing accessible support services for healthcare personnel facing vicarious trauma.

Recommendations

There is need for a comprehensive approach to address vicarious trauma among healthcare workers, recommending strategies for hospital management, policy makers, and academics alike. Hospital management is advised to prioritize resilience-building interventions, adjusting workload, and cultivating a supportive work environment. Implementing trauma-informed care through staff training is emphasized. Policy makers, particularly within the Ministry of Health, are should allocate resources, develop national guidelines, and raise public awareness to support healthcare workers' well-being. Collaboration between academicians, healthcare workers, policymakers, and community stakeholders is encouraged to develop culturally- sensitive interventions and disseminate research findings effectively. Through these concerted efforts, healthcare organizations and policymakers can ensure resilience and well-being of healthcare workers, ultimately enhancing the quality of care provided to the population in Kenya.

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