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Compassion Satisfaction, Burnout and Secondary Traumatic Stress among Humanitarian Workers in Gashora Emergency Transit Mechanism Rwanda

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Abstract

Although working with vulnerable groups such as displaced persons requires a great deal of compassion and care, it may also inflict a significant impact on the helper. The purpose of this research was to determine compassion satisfaction (CS), burnout (BO) and secondary traumatic stress (STS) among humanitarian workers in Gashora ETM. This quantitative cross-sectional study utilized demographic questionnaire and ProQOL-5 scale for data collection. The respondents in this study were included using census method. Descriptive statistics, Spearman's rho correlation test, and regression analysis were utilized for data analyses. The study included 78 participants, with an almost equal gender distribution (50% male, 47.4% female, 2.6% undisclosed). The majority aged 26-35 (48.7%) or 36-45 (37.2%). Most held a Bachelor's Degree (64.1%) or a Master's Degree (29.5%), and were married (62.8%). The majority were of Rwandan nationality (65.4%). Most respondents held non-managerial positions (74.4%). Experience in humanitarian work varied, with the majority having less than five years (47.4%). Most were employed by NGOs (52.5%), with others working for the UN agencies (42.3%) or government (5.1%). Most participants (94.9%) reported that their work involved listening to clients' traumatic experiences. The study found that most participants had high CS (79.5%) and BO (75.6%), with moderate STS (78.2%). Findings showed that CS explained 43.5% of the variability in burnout and for every unit increase in CS, the BO declined by 0.660 units assuming all other variables are held constant (t = -7649, CI = [-0.831, -0.488]). The study findings also showed that 19.3% of change in STS were attributable to BO and for each unit increase in BO, the STS increased by 0.440 unit assuming all other variables are held constant (t = 4.267, CI = [0.234, -0.645]). Between STS and CS, on the other hand, non-statistically significant weak negative correlation was obtained (r (78) = [-0.18], P = [0.877). Respondents with Rwandan nationality had 3.6

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higher odds of experiencing high CS compared to those with non-Rwandan nationality (AOR = 3.667, $P < 0.05$, 95% CI = [1.139, 11.808]). Respondents who were employed with UN were less likely to develop BO compared to those who work for NGOs (*AOR* = 0.240, *P* = 0.045, 95% *CI* = [0.059, 0.969]). Respondents with Non Rwandan nationalities were more likely to experience STS than those with Rwandan nationalities (*AOR* = 12.446, *P* = 0.020, 95% *CI* = [1.500, 103.28]). Additionally, respondents with non-managerial position had the higher odds of developing STS compared to those with managerial role in their organization (*AOR* = 3.855, *P* = 0.033, 95% *CI* = [1.119, 13.283]). Organizations, especially NGOs, should consider implementing or strengthening support systems to help manage stress and prevent burnout among employees.

Keywords: *Compassion satisfaction, burnout, secondary traumatic stress, Humanitarian workers*

1. Introduction

The noble pursuit of humanitarian work involves providing aid to those impacted by crises. The International Committee of the Red Cross (ICRC), established in 1863 (CRC, 2023), was among the first to aid vulnerable populations. Post World War II, humanitarian efforts surged, leading to the creation of numerous organizations to aid those affected by conflict and displacement (Davey et al., 2013). Today, many intentionally choose humanitarian assistance and development work as their profession (McKay, 2011). However, such work can profoundly impact caregivers, often leading to secondary traumatic stress disorder (STSD) or compassion fatigue (Figley, 1995). Exposure to others' traumatic experiences can significantly affect these workers' wellbeing. Empathy, while crucial, can be a double-edged sword (Russell & Brickell, 2015). The Professional Quality of Life (ProQOL) measures levels of compassion satisfaction, burnout, and secondary traumatic stress among workers. Burnout (BO) is a psychological state that arises from continuous interpersonal stressors in the workplace (Maslach & Leiter, 2016). It is characterized by extreme fatigue, cynicism, and a sense of inefficacy. Secondary Traumatic Stress (STS), also known as compassion fatigue, is the stress resulting from aiding others who have suffered (Figley, 1995). Compassion Satisfaction (CS), on the other hand, is the positive side of a helping profession (Copeland & Henry, 2018). It is the powerful sense of satisfaction derived from compassion that motivates individuals to continue caring for others (Stamm, In Press). Libya is a key transit point for migrants aiming for Europe via the Mediterranean Sea. Unstable conditions and sporadic conflicts have intensified the crisis, causing widespread suffering. Refugees and asylum seekers in Libya face harsh living conditions, with prevalent abuse and constant violence (UNHCR, 2023). In 2021, UN agencies reported 571,464 migrants, refugees, and asylum seekers in Libya, with 3,934 individuals in detention (Kuehne, et al., 2021). The Rwandan government, the AU, and the UNHCR initiated a Memorandum of Understanding (MoU) to aid refugees and asylum seekers in Libya. This led to the establishment of the Gashora Emergency Transit Mechanism (ETM) on 10 September 2019 (GoR-AU-UNHCR joint press release, 2021), which will continue to host evacuees from Libya until 31 December 2023. Several organizations, including the Ministry in charge of Emergency Management (MINEMA), ADRA, World Vision, African Humanitarian Action (AHA), Humanity Inclusion (HI), Prison Fellowship Rwanda (PFR), Save the Children International (SCI), and Rwanda Red Cross (RRC), operate in the ETM to provide humanitarian aid (UNHCR, 2023). Despite limited mental health

training, humanitarian workers often work with individuals who have experienced severe life events (Guskovict & Potocky, 2018). Studies reveal that such work can lead to sleep deprivation, intrusive thoughts (Cardozo et al., 2013), burnout (Strohmeier et al., 2018), post-traumatic stress, anxiety, and depressive symptoms (Nordahl, 2016), increasing the risk for depression and burnout (Cardozo et al., 2012). When accumulated stress, personal feelings of hopelessness, and vicarious traumatization are combined, they have a potential to lead to an elevated emotional suffering which can become incapacitating unless addressed (McKay, 2011). It may get worse and start affecting the staff at a personal and professional levels. If the adverse aspects of delivering care are not effectively managed, they can have significant repercussions, impacting the well-being of individual staff members, their families, the quality of care they offer, and the organizations they work for (Stamm, 2010). As the wellbeing of the staff deteriorates, their productivity and efficacy also diminish costing hugely to the organization. In the end, of course, the very individuals whom humanitarian workers aim to serve also endure the suffering as a consequence of staff impairment. Hence, it is an important area which requires thorough investigation.

3. Objectives of the Study

3.1 General Objective

The study mainly aimed to explore compassion satisfaction, burnout and secondary traumatic stress among humanitarian workers in Gashora ETM, Rwanda.

3.2 Specific Objectives

i. To determine the prevalence of compassion satisfaction, burnout and secondary traumatic stress among humanitarian workers in Gashora ETM, Rwanda.
ii. To examine the relationship between compassion satisfaction, burnout and secondary traumatic stress among humanitarian workers in Gashora ETM, Rwanda.
iii. To identify demographic and work-related factors which can predict the development of compassion satisfaction, burnout and secondary traumatic stress among humanitarian workers in Gashora ETM, Rwanda

4. Literature

Various research was conducted to determine the quality of life among professionals worldwide. Research on mental health and psychosocial support (MHPSS) for humanitarian workers is limited compared to other professions like healthcare (Nordahl, 2016; Connorton et al., 2012). While studies have provided insights into addressing Secondary Traumatic Stress (STS) and Burnout (BO), their findings may not be directly applicable to other professions. Most research on mental health of relief staff focused on psychological problems such as anxiety, depression, and PTSD (Cardozo et al., 2013; Nordahl, 2016; Mercado, 2017; Eriksson et al., 2013; Strohmeier, Scholte, & Ager, 2018; Ager et al., 2012). Only one study was found that used the ProQOL scale to evaluate CS, BO, and STS among humanitarian workers (Plakas, 2018). However, the link among these three constituents of the ProQOL was not shown. This study aims to fill this gap and will be the first to use the ProQOL scale among humanitarian workers in Rwanda. Furthermore, the Gashora Emergency Transit Mechanism (ETM) is unique as it serves as a temporary shelter for refugees and asylum seekers until they are relocated to

resettlement countries. These individuals have previously been held in various detention centers and have endured adverse traumatic experiences (UNHCR, 2023). This study will be the first to assess the professional quality of life of humanitarian workers in such a unique setup.

5. Materials and methods

The research design of this study was cross-sectional, employing a quantitative approach to investigate the well-being of humanitarian workers in Gashora ETM. The target population included 79 humanitarian workers from various agencies such as UNHCR, MINEMA, ADRA, World Vision, AHA, HI, PFR, SCI, and RRC. The workers were involved in diverse services, including medical, mental health, gender-based violence (GBV), protection, and camp management, operating in both international and national organizations. The study focused on individuals who directly or indirectly interacted with beneficiaries and had a minimum of three months of experience in humanitarian work. The census technique was employed, resulting in a sample size of 78 respondents, as one worker was unable to participate. The data collection utilized a questionnaire with two sections: one gathering demographic and work-related information and the other employing the ProQOL-5 scale to measure compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS).

For the data collection process, primary data was collected from the 78 respondents using an online survey. The questionnaire covered various aspects, including gender, age, marital status, nationality, education, type of work, organization, position, and years of service. The ProQOL-5 scale, consisting of 30 statements, was used to assess the workers' well-being in terms of CS, BO, and STS. Participants provided responses on a scale of 1-5, reflecting their experiences over the past 30 days. The study ensured language proficiency, as all items were presented in English, consistent with the language skills of the humanitarian staff in Gashora. Authorization to use the ProQOL questionnaire was obtained, and permissions were secured from the relevant organizations before the data collection process.

Data analysis involved accuracy and completeness checks, coding, and subsequent analysis using IBM SPSS. Descriptive and inferential statistics were employed, including medians, means, standard deviations, and Spearman's rho correlation tests. The analysis also encompassed multinomial regression and binary logistic regression to explore associations among CS, BO, STS, and various demographic and occupational characteristics. The ProQOL scores were converted into standardized t-scores and categorized using specified cut-off points. Ethical considerations were paramount, with the researcher obtaining ethical clearance from Mount Kenya University and seeking permission from each organization in the ETM. Additional ethical clearance was obtained from UNHCR's Ethics Office. Informed consent was secured from every participant, emphasizing the voluntary nature of their engagement. Participants were assured of confidentiality, and strict measures were taken to safeguard their privacy. The study adhered to global and national research ethical guidelines, maintaining professionalism and integrity throughout the research process. Plagiarism was addressed through thorough acknowledgment of other works and conducting a plagiarism test to verify the authenticity of the study.

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6. Results

6.1 Characteristics of the study respondents

Table 1: Characteristics of the study respondents

Characteristics	Frequency	Percentages
Gender		
Male	39	50.0
Female	37	47.4
Undisclosed	2	2.6
Age		
18 – 25	2	2.6
26 – 35	38	48.7
36 – 45	29	37.2
46 – 55	7	9.0
56 and above	2	2.6
Education level		
High school	2	2.6
Diploma	3	3.8
Bachelor's degree	50	64.1
Master's degree	23	29.5
Marital status		
Single	28	35.9
Married	49	62.8
Divorced/Separated/widowed	1	1.3
Nationality		
Rwandan	51	65.4
Non Rwandan	27	34.6
Position type		
Managerial	20	25.6
Non Managerial	58	74.4
Years of experience in humanitarian work		
0 – 5	37	47.4
6 – 10	25	32.1
11 – 15	11	14.1
16 and above	5	6.4
Type of organization		
United nations agencies	33	42.3%
Non-Governmental organization	41	52.6
Government	4	5.1
Time of service at ETM Gashora		
One year or less	10	12.8
Two years	19	24.4
Three years	29	37.2
Four years	20	25.6
Exposure to client's trauma at work		
Yes	74	94.9
No	4	5.1

Source: Firsthand data

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Characteristics of participants is portrayed in Table 1. The present study comprised 39 (50%) male and 37 (47.4%) female. In the survey conducted, a small proportion of the participants, precisely 2.6% which equates to two individuals, preferred not to say their gender. Only two (2.6%) participants were from 18 to 25 years old. Respondents who were 26 to 35 years old were 38 (48.7%), while those with 36 to 45 years of age were 29 (37.2%). Among the elder respondents, 7 (9.0%) were aged between 46 to 55 years, while the eldest age group of 56 years and above was represented by 2 (2.6%) respondents. Two (2.6%) respondents have completed high school and three (3.8%) respondents had a diploma. Most respondents of this research possessed a Bachelor's degree and were 50 (64.1%). Respondents with master's degree were 23 (29.5%). Most of them were married and accounted for 49 (62.8%) respondents. Twenty eight (35.9%) were single, while only one (1.3%) respondent fall in the category of being either divorced, separated, or widowed.

Respondents who had Rwandan nationality were 51 (65.4%). Respondents with other nationalities were 27 and accounted for 34.6% of respondents. The study included 58 (74.4%) respondents who held non managerial positions. Those with managerial position were 20 (25.6%). Thirty seven (47.4%) had less than five years of experience in humanitarian work. Twenty five (32.1%) had 6 to 10 years of experience in humanitarian work. Eleven respondents (14.1%) had 11 to 15 years of experience in humanitarian work. Five (6.4%) respondents were the most experienced respondents based on years and had 16 years and above in humanitarian work. Most respondent in the present study were employed by Non-Governmental organizations (NGOs) and were 41 accounting for 52.5%. Respondents employed with United Nations were 33 (42.3%), while four respondents (5.1%) were employed with government. Ten (12.8%) respondents served at ETM Gashora equivalent to one year or less. Nineteen (24.4%) had two years, 29 (37.2%) had three years, and 20 (25.6%) had four years. Most respondent replied that their work involves listening to the traumatic experience of their clients and were 74 (94.9%). Only four (5.1%) respondents replied that their work does not expose them to the client's trauma.

6.2 Presentation of Findings

6.2.1 Prevalence of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress

Data regarding compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) were gathered using ProQOL version five (Stamm, 2010). It has three sub-scales. The CS sub-scale consists of items 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30. The BO sub-scale comprises items 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29. Lastly, the STS sub-scale encompasses items number 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28. The items on the scale have five response options coded according to the ProQOL guidelines (Stamm, 2010). The raw data for items 1, 4, 15, 17, and 29 were recorded in reverse order. The scores for the three subscales were aggregated to obtain raw scores for CS, BO and STS. These raw scores were then transformed into Z-scores and subsequently into t-scores. Ultimately, the scores for CS, BO and STS were classified into low for 22 or less, moderate for 23 – 41), and high levels for 42 and above (Stamm, 2010).

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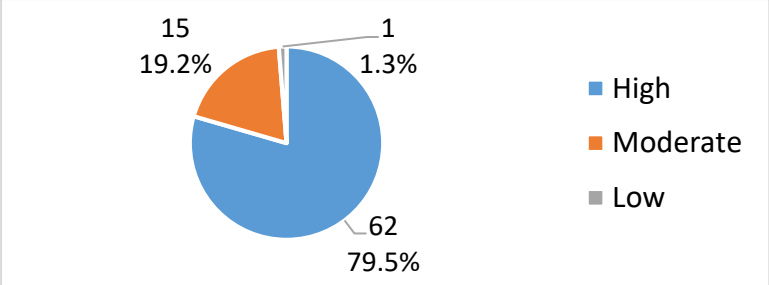

Figure 1: Level of Compassion Satisfaction
Source: Primary Data (2023)

The degree of compassion satisfaction of the study respondents was presented in figure 1. Only one (1.3%) had low level of compassion satisfaction. 15 (19.2%) respondents had moderate degree of compassion satisfaction. Most respondents showed high level of compassion satisfaction and were 62 accounting for 79.5% of the total number of respondents.

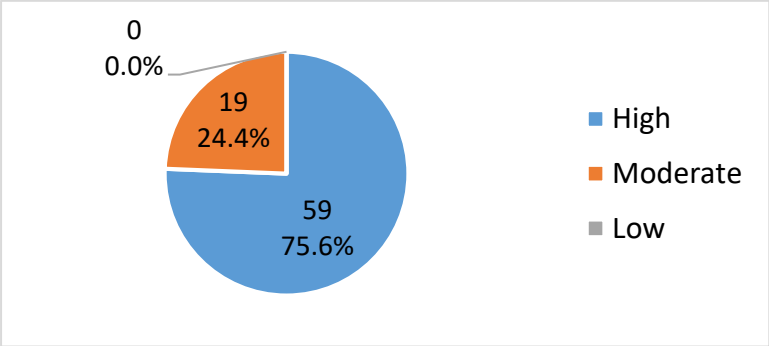

Figure 2: Level of Burnout
Source: Firsthand Data (2023)

Figure 2 demonstrates the level of burnout. Participants with high level of burnout were 59 (75.6%), while 19 (24.4%) showed moderate level of burnout. There were no respondents with low level of burnout.

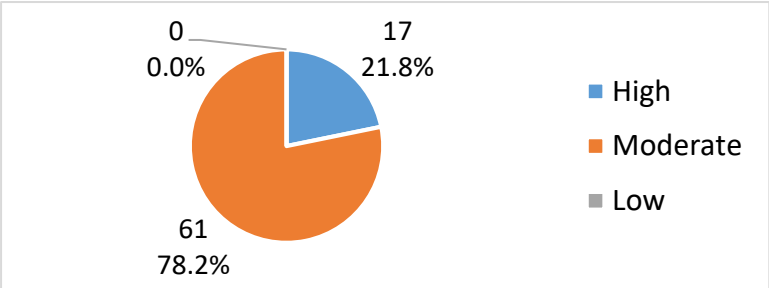

Figure 3: Level of Secondary Traumatic Stress
Source: Firsthand Data (2023)

Figure 3 demonstrated the level of secondary traumatic stress. 61 (78.2%) respondents showed moderate level of secondary traumatic stress. 17 (21.8%) respondents demonstrated high level and there was no respondent who showed low level on this component.

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6.2.2 Interaction among Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS)

The t- converted scores in continuous form were employed to determine the interaction among compassion satisfaction, burnout, and secondary traumatic stress. The normality was assessed to validate the assumptions of the subsequent statistical analyses.

Table 2: Kolmogorov-Smirnov Normality Tests of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress

Variables	Minimum	Maximum	Mean	Standard Deviation	Statistics	df	P value
Compassion satisfaction	7.54	63.39	50.0	10.0	0.118	78	0.009
Burnout	30.15	81.48	50.0	10.0	0.087	78	**0.200**
Secondary traumatic stress	27.48	71.10	50.0	10.0	0.074	78	**0.200**

Source: firsthand Data (2023)

Table 3 depicts the Kolmogorov-Simirnov normality tests. There was not enough evidence to conclude that BO scores, and STS scores do not adhere to a normal distribution (P value > 0.05). However, the data provided substantial evidence to suggest that compassion satisfaction does not adhere to a normal distribution. Consequently, the Spearman's rho (ρ), and linear regression were employed to ascertain the relationship between CS, BO and STS.

Table 3: Correlation of Compassion Satisfaction with Burnout and Secondary Traumatic Stress

Variable one	Variable two	Spearman's rho (ρ)	N	P value
Compassion satisfaction	**Burnout**	-0.592	78	< **0.001**
Burnout	**Secondary traumatic stress**	0.439	78	< **0.001**
Secondary traumatic stress	**Compassion satisfaction**	-0.18	78	0.877

Source: Primary Data (2023)

The correlations between CS, BO and STS were shown in table 4. The spearman's rho (ρ) analysis exhibited a negative association between CS and BO (r (78) = [-0.592], P value = [<0.001]). The association was observed to be significant (P value < 0.05), indicating a robust negative correlation between CS and BO. Additionally, there was a positive association between BO and STS (r (78) = [0.439], P value = [<0.001]). This relationship was statistically significant (P value < 0.05), implying a robust positive correlation between BO and STS. Contrastingly, weak negative correlation was obtained between secondary traumatic stress and compassion satisfaction (r (78) = [-0.18], P value =

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[0.877) and the relationship showed statistical insignificance (P value > 0.05). These findings suggest that the observed correlation could be due to random chance, and there is no enough evidence to conclude that there is a relationship between CS and STS. A linear regression analysis was employed to model the association between burnout and compassion satisfaction and the relationship between burnout and secondary traumatic stress. The analysis provided a mathematical model that shows how compassion satisfaction predicts burnout and how burnout predicts secondary traumatic stress.

Table 4: Model Summary of Burnout with Compassion Satisfaction

R	R Square	Adjusted R square	Standard error of the estimate
0.660	0.435	0.428	7.56593

Note. Predictor: Compassion satisfaction. Dependent variable: Burnout.

Source: Primary Data (2023)

The model summary of burnout with compassion satisfaction was presented in table 5. And it shows the multiple correlation coefficient squared (R square) of 0.435. In essence, 43.5% of the variability in burnout can be explained by compassion satisfaction.

Table 5: Analysis of Variance Associated with the Model of Burnout and Compassion Satisfaction

Model	Sum of squares	df	Mean square	F	P value
Regression	3349.513	1	3349.513	58.514	**< 0.001**
Residual	4350.0487	76	57.243		
Total	7700.000	77			

Note. Dependent variable: Burnout. Predictor: Compassion satisfaction.

Source: Primary Data (2023)

The regression model's ANOVA was demonstrated in Table 6. The table shows sum of squares of 3349.513, F-statistic of 58.514, and the P value < 0.001. These findings shows that the regression model significantly predict burnout from compassion satisfaction.

Table 6: Coefficients of the Model of Burnout and Compassion Satisfaction

Model	Unstandardized coefficient B	Standard Error	Standardized coefficient B	T	95.0% Confidence interval	P value
(Constant)	82.977	4.395		18.878	[74.2, 91.7]	<0.001
Compassion satisfaction	-0.660	0.086	-0660	-7.649	[-0.8, -0.5]	<0.001

Note. Dependent variable: Burnout.

Source: Primary Data (2023)

Table 7 presented the coefficients of the model of burnout and compassion satisfaction. The unstandardized coefficient (B) is -0.660, which indicates that for every unit increase in the compassion satisfaction, the burnout decreases by 0.660 units, assuming all other variables are held constant (t = -7649, CI = [-0.831, -0.488]). The standard error of the model of 0.086, provides a measure of the accuracy of this coefficient. The p-value is less than 0.001, and it is below the set significance level of 0.05. This means that there is

ample evidence to affirm that compassion satisfaction has a significant influence on burnout.

Table 7: Model summary of Burnout and Secondary Traumatic Stress

R	R Square	Adjusted R square	Standard error of the estimate
0.440	0.193	0.183	9.04092

Note. Predictors: Burnout. Dependent variable: secondary traumatic stress

Source: Primary Data (2023)

The model summary of secondary traumatic stress with burnout was presented in Table 8. And it depicts the multiple correlation coefficient squared (R square) of 0.193. This implies that 19.3% of change in secondary traumatic stress is attributable to burnout.

Table 8: Analysis of Variance Associated with the Model of Burnout with Secondary Traumatic Stress

Model	Sum of squares	df	Mean square	F	P value
Regression	1467.900	1	1487.900	18.203	**< 0.001**
Residual	6212.100	76	81.738		
Total	7700.000	77			

Note. Dependent variable: secondary traumatic stress. Predictors: burnout
Source: Primary Data (2023)

The ANOVA associated with the regression model between BO and STS was demonstrated in Table 9. The table shows sum of squares of 1467.900, F-statistic of 18.203, and the P value < 0.001. These findings show that the regression model significantly predicts STS from BO.

Table 9: Coefficients of the Model of Secondary Traumatic Stress and Burnout

Model	Unstandardized coefficient B	Standard Error	Standardized coefficient B	t	95.0% Confidence interval	P value
(Constant)	28.021	5.252		5.335	[17.6, 38.5]	<0.001
burnout	0.440	0.103	0.440	4.267	[0.2, 0.6]	<0.001

Note. Dependent variable: secondary traumatic stress.
Source: Primary Data (2023)

The coefficients of the model of CS and BO were presented in table 10. The unstandardized coefficient (B) is 0.440, which implies that for every unit increase in burnout, the secondary traumatic stress increase by 0.440 units, assuming all other variables are held constant (t = 4.267, CI = [0.234, -0.645]). There were sufficient evidences to conclude that burnout has a significant influence on secondary traumatic stress (P value < 0.05).

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6.2.3 Demographic and Work-related Factors Associated with Compassion Satisfaction, Burnout and Secondary Traumatic Stress

Burnout, secondary traumatic stress and compassion satisfaction t-converted scores were classified into moderate (23 – 41) and high (42 and above). This study employed the chi-square test, a statistical method utilized to ascertain the presence of a significant association between two categorical variables. It was coupled with binary logistic regression, a predictive analysis used to explain magnitude and the directions of the correlation among independent and dependent variables.

Table 10: Factors Associated with Compassion Satisfaction

Variables	Compassion satisfaction				χ^2	P value
	Moderate		High			
	n	%	n	%		
Gender					2.456	0.293
Male	9	23.7	29	76.3		
Female	5	13.5	32	86.5		
Prefer not to say						
Age					0.484	0.487
18 - 35	9	22.5	31	77.5		
36 and above	6	16.2	31	83.8		
Education					0.913	0.339
Bachelor's degree or less	9	16.7	45	83.3		
Master's degree	6	26.1	17	73.9		
Nationality					**5.087**	**0.024**
Rwandan	6	12.0	44	88.0		
Non Rwandan	9	33.3	18	66.7		
Marital status					0.106	0.744
Single	6	21.4	22	78.6		
Not single	9	18.4	40	81.6		
Position type					0.346	0.557
Managerial	3	15.0	17	85.0		
Non Managerial	12	21.1	45	78.9		
Exposure to client's trauma					1.021	0.312
Yes	15	20.5	58	79.5		
No	0	0.0	4	100		
Experience in Humanitarian work					1.785	0.410
0 - 5	6	16.2	31	83.8		
6 - 10	4	16,7	20	83.3		
11 and above	5	31.3	11	68.8		
Time of service at ETM Gashora					0.959	0.327
Two years or less	4	13.8	25	86.2		
More than two years	11	22.9	37	77.1		
Types of organization					4.834	0.089
United nations	10	30.3	23	69.7		
NGO	4	10.0	36	90.0		
Government	1	25.0	3	75.0		

Note. ***N*** **= 77. Source: Primary Data (2023)**

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Table 11 present work and demographic related factors associated with compassion satisfaction. And no significant association between compassion satisfaction and age, gender, education, marital status, position type, exposure to client's trauma, experience in humanitarian work, time of service in Gashora ETM, and type of organization could be established (P value > 0.05). However, a significant relationship between compassion satisfaction and nationality was found. (χ^2 (1, 77) = 5.087, *P* value < 0.024). Nationality was therefore included in a logistic regression model.

Table 11: Model Summary of Compassion Satisfaction and Nationality

Model	-2log likelihood	Cox & snell R square	Nagelkerke R square
	71.064	**0.61**	**0.98**

Note. Dependent variable: Compassion satisfaction. Predictor: Nationality

Source: Primary data (2023)

Model summary of compassion satisfaction and Nationality were presented in Table 12. The Cox & snell R squared was found to be 0.61. This suggest that 61% of variability in compassion satisfaction can be explained by nationality.

Table 12: Coefficients of the Logistic Regression Model of Compassion Satisfaction and Nationality

Variable	B	Standard error	Wald	Odd ratio	95% Confidence interval	P value
Nationality						
Non Rwandan				Reference		
Rwandan	1.299	0.597	4.741	3.667	[1.139, 11.808]	**0.029**

Note. Dependent variable: Compassion satisfaction. Predictor: Nationality

Source: Primary Data (2023)

Coefficient of logistic regression model between compassion satisfaction and nationality were demonstrated in Table 4.11. Respondents with Rwandan nationality had 13 higher odds of experiencing compassion satisfaction compared to those with non-Rwandan nationality (*AOR* = 3.667, *P* value < 0.05, 95% *CI* = [1.139, 11.808]).

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Table 13: Demographic and Work-related Factors Associated with Burnout

Variables	Burnout				χ^2	P value
	Moderate		High			
	n	%	n	%		
Gender					2.823	0.244
Male	7	17.9	32	82.1		
Female	12	32.4	25	67.6		
Prefer not to say	0	0.0	2	100.0		
Age					0.018	0.892
18 – 35	10	25.0	30	75.0		
36 and above	9	23.7	29	76.3		
Education					0.654	0.419
Bachelor's degree or less	12	21.8	43	78.2		
Master's degree	7	30.4	16	69.6		
Nationality					**3.933**	**0.047**
Rwandan	16	31.4	35	68.6		
Non Rwandan	3	11.1	24	88.9		
Marital status					1.002	0.317
Single	5	17.9	23	82.1		
Not single	14	28.0	36	72.0		
Position type					3.571	0.059
Managerial	8	40.0	12	60.0		
Non Managerial	11	19.0	47	81.0		
Exposure to client's trauma					0.001	0.976
Yes	18	24.3	56	75.7		
No	1	25.0	3	75.0		
Experience in Humanitarian work					0.418	0.811
0 – 5	10	27.0	27	73.0		
6 – 10	6	24.0	19	76.0		
11 and above						
Time of service at ETM Gashora					0.261	0.609
Two years or less	8	27.6	21	72.4		
More than two years	11	22.4	38	77.6		
Types of organization					**7.734**	**0.021**
United nations	3	9.1	30	90.9		
NGO	14	34.1	27	65.9		
Government	2	50.0	2	50.0		

***Note.* $N = 78$. Source: Firsthand Data (2023)**

Table 14 provides work and demographic related factors associated with burnout. Burnout was not significantly associated with age, gender, education, marital status, position type, exposure to client's trauma, experience in humanitarian work and time of service in Gashora ETM, (P value > 0.05). A significant association was noted between burnout and nationality (χ^2 (1,78) = 3.933, *P* value < 0.047) and type of organization (χ^2 (2, 78) = 7.734 , *P* value < 0.021). Nationality and type of organization was therefore included in a logistic regression model.

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Table 14: Model Summary of Burnout with Type of Organization and Nationality

Model	-2log likelihood	Cox & snell R square	Nagelkerke R square
	76.944	0.117	0.174

Note. Dependent variable: burnout. Predictor: Nationality and type of organization

Source: Primary data (2023)

Model summary of burnout with type of organization and Nationality were presented in Table 15. The Cox & snell R squared was found to be 0.117. This suggest that 11.7% of variability in compassion satisfaction can be explained by nationality and type of organization.

Table 15: Coefficients of the Logistic Regression Model of Burnout with Type of Position and Nationality

Variable	B	Standard error	Wald	Odd ratio	95% Confidence interval	P value
Nationality						
Rwandan				Reference		
Non Rwandan	0.814	0.728	1.251	2.257	[0.542, 9.399]	0.263
Organization						
United nations				Reference		
NGOs	-1.427	0.712	4.019	0.240	[0.059, 0.969]	**0.045**
Government	-1.926	1.204	2.560	0.146	[0.014, 1.542]	0.110

Note. Dependent variable: burnout. Predictor: Nationality, type of organization

Source: Primary Data (2023)

Coefficient of logistic regression model between burnout and types of organization were demonstrated in Table 16. Respondents who were employed with United Nations had les likelihood to develop burnout in comparison to NGO workers (*AOR* = 0.240, *P* value = 0.045, 95% *CI* = [0.059, 0.969]). On the other hand, a statistically significant relationship could not be observed between burnout and nationality in multivariate analysis (*P* value > 0.05).

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Table 16: Factors Associated with Secondary Traumatic Stress

Variables	Secondary Traumatic Stress				χ^2	P value
	Moderate		High			
	n	%	n	%		
Gender					0.734	0.693
Male	8	20.5	31	79.5		
Female	9	24.3	28	75.1		
Prefer not to say	0	0.0	2	100.0		
Age					0.24	0.877
18 – 35	9	22.5	31	77.5		
36 and above	8	21.1	30	78.9		
Education					0.000	0.994
Bachelor's degree or less	12	21.8	43	78.2		
Master's degree	5	21.7	18	78.3		
Nationality					**7.929**	**0.005**
Rwandan	16	31.4	35	68.6		
Non Rwandan	1	3.7	26	96.3		
Marital status					0.003	0.953
Single	6	21.4	22	78.6		
Not single	11	22.0	39	78.8		
Position type					**5.230**	**0.022**
Managerial	8	40.0	12	60.0		
Non Managerial	9	15.5	49	84.5		
Exposure to client's trauma					0.025	0.873
Yes	16	21.6	58	78.4		
No	1	25.0	3	75.0		
Experience in Humanitarian work					3.796	0.150
0 – 5	8	21.6	29	78.4		
6 – 10	8	32.0	17	68.0		
11 and above	1	6.3	15	93.8		
Time of service at ETM Gashora					0.908	0.341
Two years or less	8	27.6	21	72.4		
More than two years	9	18.4	40	81.6		
Types of organization					**17.640**	**<0.001**
United nations	3	9.1	30	90.9		
NGO	10	24.4	31	75.6		
Government	4	100.0	0	0.0		

Note. $N = 78$. **Source: Primary Data (2023)**

Table 17 presents occupational and demographic factors related to secondary traumatic stress (STS). STS was not significantly correlated with age, gender, education, marital status, exposure to client's trauma, total service in humanitarian work and time of service in Gashora ETM, (P value > 0.05). However, an association with statistical significance was found between STS and nationality (χ^2 (1,78) = 7.929, *P* value < 0.05), type of organization (χ^2 (2,78) = 17.640, *P* value < 0.001), and position type (χ^2 (1,78) = 5.230, *P* value < 0.021). Nationality, position type, and type of organization was therefore included in a logistic regression model.

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Table 17: Model Summary of Secondary Traumatic Stress with Nationality, Position Type and Type of Organization

Model	-2log likelihood	Cox & snell R square	Nagelkerke R square
	59.706	0.247	0.380

Note. Dependent variable: secondary traumatic stress. Predictor: Nationality, position type, and type of organization. **Source: Primary data (2023)**

Model summary of secondary traumatic stress with nationality, position type and type of organization were presented in Table 18. The Cox & snell R squared was found to be 0.247. This suggest that 24.7% of variability in secondary traumatic stress can be explained by either one or more of the following: nationality, position type, and type of organization.

Table 18: Coefficients of the Logistic Regression Model of Secondary Traumatic Stress with Type of Position, Nationality and Type Organization

Variable	B	Standard error	Wald	Odd ratio	95% Confidence interval	P value
Nationality						
Rwandan				Reference		
Non Rwandan	2.521	1.080	5.454	12.446	[1.500, 103.28]	**0.020**
Organization						
United nations				Reference		
NGOs	-1.171	0.706	2.749	0.310	[0.078, 1.238]	0.097
Government	-23.505	20096	0.000	0.000	[0.000, 0.000]	0.999
Position type						
Managerial				Reference		
Non Managerial	1.349	0.631	4.571	3.855	[1.119, 13.283]	**0.033**

Note. Dependent variable: secondary traumatic stress. Predictor: Nationality, type of organization **Source: Primary Data (2023)**

Coefficient of logistic regression model between secondary traumatic stress with position type, nationality, and types of organization was demonstrated in table 19. Respondents with Non Rwandan nationalities had more likelihood to experience secondary traumatic stress than those with Rwandan nationalities (*AOR* = 12.446, *P* value = 0.020, 95% *CI* = [1.500, 103.28]). Additionally, respondents with non-managerial position had the higher odds of developing secondary traumatic stress compared to those with managerial role in their organization (*AOR* = 3.855, *P* value = 0.033, 95% *CI* = [1.119, 13.283]). On the other hand, type of organization didn't show statistically significant association with STS in multivariate analysis (*P* value > 0.05, 95%).

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6.3 Discussion

Although working with vulnerable groups such as displaced persons require a great deal of compassion and care, it may also inflict a significant impact on the helper. Compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) impact the overall well-being of the relief workforce (Mavratza et al., 2020). However, these factors may also be impacted by demographic and occupation related circumstances. The primary aim of the project was to explore CS, BO and STS among humanitarian employees in Gashora ETM, Rwanda. This study has explored the pervasiveness of compassion satisfaction (CS), burnout (BO) and secondary traumatic stress (STS). Most of respondents in the research showed high CS (79.5%), high BO (75.6%), and moderate STS (78.2%). Only one respondent showed low level of CS and there were no respondents who obtained low levels of BO or STS. These findings drifted away from those obtained in some other studies. For example, all three components of the ProQOL were at moderate level in a study among Chinese psychiatric nurses (Xie et al., 2020).

A study among psychiatric nurses in Iran reported that burnout exhibited the highest mean score, followed by secondary traumatic stress, with compassion satisfaction displaying the lowest mean score (Tirgari et al., 2019). In a study among Hospice Care professionals in United States, high compassion satisfaction was found; whereas, low burnout and secondary traumatic stress levels were recorded (Hotchkiss, 2018). On the other hand, a study by Strohmeier, Scholte and Ager, (2018) in South Sudan, disclosed that 24% of all their survey respondents met the norms for higher burnout. Plakas also investigated the quality of life of humanitarian professionals in Jordan. She found 97% of the respondents to have experienced average to higher degrees levels of compassion satisfaction, 61% manifested average to high degrees of burnout rate and 78% demonstrated average to high degrees of STS (Plakas, 2018). These conflicting findings could be attributable to the difference in professions and working environments. This study has also determined the correlation between compassion satisfaction, burnout and, secondary traumatic stress. As a result, it found that for each unit increase in CS, BO decreases by 0.660 units assuming all other variables are constant. Such findings were similar to the findings of most studies in the assessed literature. A study among professional workers in various agencies in United States also found a negative association among BO and CS (Cummings et al., 2018). Negative relationship between BO and CS was also obtained among Israeli social workers (Ratzon et al., 2022), and among Hospice professionals (Hotchkiss, 2018) and trauma responders (Gonzalez et al., 2019) in United States. Moreover, another study which was conducted on rescuers showed a robust negative correlation between CS and BO (Zaidi, Yaqoob & Husnain, 2017).

According to the findings of the study, for each unit increase in burnout, the secondary traumatic stress increase by 0.440 units, assuming all other variables are held constant. Similar to this finding, a study among professionals from various agencies in United States reported burnout as a strong predictor of secondary traumatic stress (Cummings et al., 2018). The same results were also obtained among health professionals in Crete, Greek (Kartsonaki et al., 2023) and among refugee resettlement workers in United States (Akinsulure-Smith et al., 2018). Besides, another study on rescuers discovered a positive association among traumatic stress and Burnout (Zaidi, Yaqoob & Husnain, 2017). In the

African context, a survey conducted among humanitarian aid workers in Darfur, Sudan found that BO was negatively associated with CS (Musa & Hamid, 2008). Although it was not statistically significant, the current study also found a negative relationship between CS and STS. Despite the significance, these findings were in line with outcomes of most studies in the reviewed literature. The study among Israeli social workers during Covid-19 waves and the study among professionals in United States found a significantly negative association between CS and STS (Cummings et al., 2018; Ratzon et al., 2022). However, Zaidi and his colleagues found a surprising result during their study on rescuers; CS had a significant positive relationship with STS which could seem surprising (Zaidi, Yaqoob & Husnain, 2017).

Finally, the current study identified demographic and work related factors associated with CS, BO and STS. Findings indicated that respondents with Rwandan nationality had higher likelihood of experiencing high CS in comparison to those with non-Rwandan nationality. On the other hand, respondents with Non Rwandan nationalities had more likelihood to experience STS than those with Rwandan nationalities. This could be due to a variety of factors. One could be the reality that the Rwandan staff are more familiar with the local context and hence enhances their resilience. It is also possible that Rwandans have more access to their families, local support networks, resources, or coping mechanisms that help them deal with stress and burnout, thereby increasing their compassion satisfaction. This finding was in contrary to the results by Musa and Hamid. Their study about psychological issues among humanitarian staff in Darfur showed that the national workers showed elevated levels of secondary traumatic stress compared to their expatriate colleagues (Musa & Hamid, 2008). This difference could be attributed to the contexts of the two research settings. Regarding the finding that respondents with non-managerial positions had higher odds of developing secondary traumatic stress compared to those with managerial roles, this could be related to the nature of their work. Non-managerial staff might be more directly engaged in daily operations and have more direct contact with traumatic situations or individuals who have experienced trauma. Managerial staff, on the other hand, might be somewhat far from these direct experiences, and their roles might involve more administrative or strategic tasks.

Despite the lack of significant association in this study, other studies in the reviewed literature found exposure to client's trauma as a predictor of BO and STS. Hearing victim's families testimonies among forensic science professionals (Levin et al., 2021), and exposure to traumatic materials among social sciences researcher (Whitt-Woosley & Sprang, 2018) emerged with significant prediction of BO and STS. A study among health workers in Crete (Kartsonaki et al., 2023), Greek, discovered that CS was correlated with older professionals and BO was related to younger age. The study also found that secondary traumatic stress was higher among females compared to males. Similarly, Zaidi, Yaqoob & Husnain (2017) conducted research among rescuers and their regression analysis predicted compassion satisfaction (CS) from age; older rescuers showed more compassion satisfaction. Younger adults, on the other hand, revealed high level of burnout. In another study, gender was not associated with CS and BO as per the results of a study among trauma workers in Michigan (Gonzalez et al., 2019). A study among funeral directors in Belgium revealed that age and gender were associated with secondary trauma, while more experience were correlated with BO (Van Overmeire et al., 2021). Such findings were different from the results of this study where CS, BO, and STS were

not significantly correlated with age, gender, or experiences.

Similar to the current study, Lopes Cardozo et al. (2012) could not get any gender disparity in relief staff in BO results. Participants who were employed with United Nations agency had less likelihood to develop burnout in comparison to those who work for NGOs. The type of work and the level of exposure to traumatic situations could have influenced the burnout levels. The different organizational HR policies, benefits, and staff welfare programs within the UN organization might have contributed to the development of coping skills against burnout among the UN staff. Some studies suggest that direct experience of traumatic situations, a common occurrence for field workers in NGOs, can result in elevated levels of burnout (Foo et al., 2023). On the other side, Plakas (2018) carried out research in Jordan involving a comparable population. Interestingly, participants employed by non-governmental organizations (NGOs) indicated low levels of BO and STS in comparison to workers in the United Nations (UN) agencies.

In contrast, Eriksson et al. (2013) conducted a study involving relief staff in Jordan, the same country and a similar study population. Surprisingly, they discovered that the 'type of organization' did not have a significance to predict BO and STS. Factors such as individual resilience, personal circumstances, and specific job roles could also play a part (Ogi´nska-Bulik & Michalska, 2021). It is also worth noting that burnout can affect anyone, regardless of their organization or role, and it is a complex issue that is affected by a variety of circumstances (Kendall-Tackett, 2023). This study offered valuable insights into the prevalence and factors associated to compassion satisfaction, burnout and secondary traumatic stress. The main limitation for the study was its small sample size. This led to non-generalizability of the study findings to a bigger population. Therefore, the findings from this study would only be applied to humanitarian workers of Gashora ETM. Nevertheless, results from this study have significant implications for the development of interventions aimed at mitigating burnout and secondary traumatic stress among humanitarian workforce. Additional studies are needed to enhance comprehension of the intricate interplay among compassion satisfaction, burnout, and secondary traumatic stress, beside the myriad related factors.

7. Conclusion

This study was conducted with the aim of determining the existence of compassion satisfaction (CS), burnout (BO) and secondary traumatic stress (STS). The levels of CS and BO were high among the majority, while the prevalence of STS is moderate among humanitarian workers in ETM Gashora. This study has also determined the association among CS, BO and STS. There was a significant negative relationship between CS and BO, and a positive relationship between BO and STS. However, the correlation between STS and CS was statistically insignificant. Finally, this study has investigated the demographic and occupational factors associated with CS, BO, and STS. Nationality was a significant factor influencing CS, with Rwandan respondents more likely to experience it. Employment type also influenced burnout (BO), with United Nations employees less likely to develop it compared to NGO workers. STS is influenced with nationality and position type. Respondent with Non Rwandan nationalities have more likelihood to experience STS than the Rwandan nationals. Additionally, respondents with non-managerial position had the higher odds of developing secondary traumatic stress (STS) compared to those with managerial role in their organization.

8. Recommendations

Organizations, especially NGOs, should consider implementing or strengthening support systems to help manage stress and prevent burnout among employees. Programs designed to enhance compassion satisfaction should consider cultural factors, as nationality was found to significantly influence this aspect. Given the different levels of burnout (BO) and secondary traumatic stress (STS) observed among different job roles, Interventions need to be customized to address the particular needs and experiences inherent in various roles within the organizations. Besides, the enhancement of compassion satisfaction contributes to reduction of burnout. Therefore, the findings of this study could inform policies aimed at promoting employee well-being in humanitarian work settings, particularly in terms of managing burnout (BO) and secondary traumatic stress (STS) and enhancing compassion satisfaction CS. Further studies should include larger sample size and include humanitarian workers not only from refugee and immigrant settlement, but also from other settings.

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