THE PSYCHOLOGY OF LOCAL NEWS: COMPASSION FATIGUE AND POSTTRAUMATIC STRESS IN BROADCAST REPORTERS, PHOTOGRAPHERS, AND LIVE TRUCK ENGINEERS

A dissertation submitted to the College of Communication and Information of Kent State University in partial fulfillment of the requirements for the degree of Doctor of Philosophy

By

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CHAPTER I
INTRODUCTION

“I know there are people who do not believe reporters feel any of these things, that we file our feelings with the clippings, that both are soon dried out beyond saving. That’s not true. The problem is that some time ago we invented a kind of new journalism and then tried to play it with old journalism rules. We came to a rape victim with the same feelings about objectivity and distance that we had brought to a press conference, and that was not fair – not so much to the rape victim, but to ourselves.” – Anna Quindlen (2003)

Studies of media effects have long focused on media users. Meta-analyses of media effects research reveal the popularity of theories and theoretical perspectives such as agenda setting, diffusion of innovations, social cognitive theory, and uses and gratifications (DeFleur, 1998; Rubin & Haridakis, 2001). The guiding research question is how the media user is affected by the media message or content. However, new research is beginning to show that media content cannot only affect the user, but the creator as well. Specifically, news coverage can have lasting effects on both the news viewer and the journalist who gathers that news. This research draws on the field of psychology in an effort to understand the emotional price of near-constant exposure to violence and its victims.

Not surprisingly, research into the effects of covering the news on journalists has focused on war correspondents and those who cover large-scale disasters. For example, when compared to journalists who have never seen a battlefield, war correspondents have
been shown to exhibit higher rates of the psychological disorder known as post-traumatic stress disorder (PTSD), as well as major depression. Additionally, the lifetime prevalence of PTSD in war correspondents is similar to that of soldiers (Feinstein, Owen, & Blair, 2002; Matloff, 2004). War correspondents suffer from mood swings, self-doubt, and overwhelming concerns for their own personal safety, even when not covering a battle (Osofsky, Holloway, & Pickett, 2005). They also encounter pervasive social problems and experience difficulty when trying to adjust to life after war (Bower, 2002).

Additionally, journalists suffer strong emotional reactions following encounters with victims of disasters (Cooper, 2006; Hallman, 2005) and have been shown to exhibit traumatic reactions long after they finish covering events such as the collapse of the World Trade Center on September 11 (Ricchiardi, 2001; Strupp & Cosper, 2001) and the bombing of the Alfred P. Murrah Federal Building in Oklahoma City (Cote & Simpson, 2000; Willis, 2003). This is most likely due to the fact that rules of journalistic practice do not exist for disaster situations, leaving reporters and photographers to figure out on their own whom to interview and where to get accurate information (Himmelstein & Faithorn, 2002). For example, the journalists who covered the destruction of Pan Am Flight 103 in 1988 described lingering emotional reactions to what they saw and the victims they encountered. They attributed these reactions to the fact that they were “making critical ethical decisions essentially on their own” (Deppa, Hayes, & Flocke, 1994, p. 137).

But not every journalist will become a war correspondent or find him or herself covering a large-scale disaster. Instead journalists, especially those on the local level,
often inform the public about smaller-scale traumatic events as part of standard daily news coverage. As a result, covering murders, car accidents, hostage situations, and fires is a regular part of a journalist’s experience (Norwood, Walsh, & Owen, 2003; Osofsky et al., 2005). Even though these events do not take place in a war zone, they are still capable of causing traumatic stress (Norwood et al., 2003). Therefore, like their war correspondent counterparts, local journalists can also suffer traumatic reactions due to their almost daily exposure to violence and its victims (Drummond, 2004; Kelly, 1998).

Statement of Problem

Cote and Simpson (2000) argued that journalists can become victims of psychological trauma simply by doing their jobs. Visiting scenes of destruction, such as car accidents or fires, and talking to or shooting video of victims and family members, can all take an emotional and psychological toll over time. Police beat reporters also face the added stress of reporting in areas that are less than safe. They run the risk of being threatened with guns, knives, and fists. Additionally, they often are forced to pry information from reluctant or distressed victims who have nothing to gain by talking (Harvey, 1995).

Journalists have noted that the fatal car crash usually evokes the most severe symptoms of traumatic stress. Auto crashes produce powerful scenes of injury and death, which are often hard to forget. This is especially interesting when one considers that young, inexperienced journalists assigned to general assignment duty are often casually dispatched to car crashes. This opens the door to traumatic stress reactions very early in a
journalist’s career (Simpson & Boggs, 1999). Additionally, younger journalists are at a
disadvantage because they may feel more pressure to meet the demands of their
employers, while feeling less able to make ethical judgments in the field. As a result, they
may feel less in control of their environment, which can exacerbate traumatic stress
reactions (Himmelstein & Faithorn, 2002). Under these conditions, when faced with their
first traumatic assignments, young journalists often are overwhelmed with a flood of
emotions that leads to conflicting instincts and unexpected reactions (Dufresne, 2004).
Cote and Simpson (2000) noted, “We are convinced that news reporters are at some risk
of trauma symptoms as early as their first violent assignment. Research suggests that
continuing to cover such stories without dealing with the symptoms may affect the
reporter adversely” (p. 48).

Despite the fact that a great deal of anecdotal evidence and discussion exists in
industry press about local journalists and their emotional reactions to their work,
academic researchers have frequently overlooked this topic for study (Osofsky,
Holloway, & Pickett, 2005). As the following literature review shows, the number of
studies completed on this specific topic is surprisingly small. This may be due to the
divide among journalists between those who speak about the traumatic effects of their
jobs, and those who refuse to accept that they may be vulnerable to the suffering and
death that they cover (Simpson & Boggs, 1999). The accepted newsroom attitude is one
of stoicism. So admitting to any emotional fallout disturbs the dispassionate and detached
demeanor that the objectivity of a journalist demands (Ricchiardi & Gerczynski, 1999;
Willis, 2003).
But what studies have begun to show is that the lack of a strong emotional reaction to a traumatic story, or dissociation, may in and of itself be an emotional reaction. Shoemaker and Reese (1991) argued that concentrating on gathering facts and getting the story does not make a journalist immune to traumatic reactions. Instead, the very nature of a journalist’s work opens him or her up to being a secondary victim of trauma.

Therefore, journalists who concentrate on gathering facts as a way to remain objective and unaffected by the stories they cover, actually may be exhibiting an emotionally unhealthy response (Simpson & Boggs, 1999). For example, Freinkel, Koopman and Spiegel (1994) noted that immediate emotional numbing in response to a traumatic encounter is important because it may indicate that someone is at a greater risk for developing symptoms of traumatic stress. This suggests an ironic twist in which the stoicism that journalists demand in order to obtain an objective story may actually be opening them up to the emotional harm they don’t believe exists. This attitude was summed nicely by Simpson and Boggs (1999) when they noted:

An unwritten code among journalists holds that no assignment, no matter how brutal, can defy one’s capacity to take a photograph, gather facts, or produce a story. It is part of that code that a journalist then proceeds to the next story without acknowledging or treating the emotional toll of the tragic event. (p. 1)

Johnson (1999) added that in the rush to get the facts and meet the deadline, journalists fail to consider the personal effects of traumatic events. They get wrapped up in the urgency and adrenaline of the moment, subconsciously postponing any mental toll
(Norwood et al., 2003). Journalists are the eyes and ears of the world, which requires them to filter and re-create tragedy after tragedy for their television viewers. Therefore, on the rare occasion when local news journalists are offered some type of support following a particularly tragic story, most of them resist due to a lack of time and “the strong belief of reporters that outsiders couldn’t understand the rigors of being a witness on behalf of society” (Ricchiardi & Gerczynski, 1999, p. 36).

**Rationale for Study**

The news industry and the journalists themselves have been slow to accept the possibility that their time-tested methods may actually be causing them harm, but there is strong evidence to suggest the phenomenon exists. And even though it is clearly based in psychology, gaining a better understanding of journalists’ reactions to their stories also has wide-reaching implications for the study of media and mass communication.

For example, how a journalist reacts to a story may impact perceptions of overall media credibility. As the following literature review shows, those who suffer repeated strong emotional reactions to victims of trauma often grow cynical toward victims in general and tend to depersonalize them. The result is interactions that may be less than compassionate or empathetic (Baird & Jenkins, 2003; Dutton & Rubinstein, 1995).

This is pertinent because studies of media credibility have linked how reporters treat interview subjects with overall credibility ratings of the medium (Beaudoin & Thorson, 2002). For television in particular, a viewer’s thoughts on news credibility are strongly influenced by the individuals presenting that news (Newhagen & Nass, 1989), and viewers have questioned journalistic fairness in regard to reporters’ dealings with
those who become the objects of news stories (Izard, 1985). McGrath and Gaziano (1986) argued that treatment of interview subjects is a key aspect of the media credibility issue. They cited the majority of their respondents who felt reporters were more concerned about getting a story than avoiding hurting people, felt that reporters took advantage of victims, and felt that reporters did not watch out for the interests of those in the community. The authors recommended that reporters be fair, compassionate, and treat people in the news with empathy. Additionally, media consumers have been shown to be more supportive of limiting freedom of the press when they feel reporters have taken advantage of those they interview (Gaziano & McGrath, 1986).

In short, how a journalist goes about getting his or her story plays a key role in how critical media users can be toward that medium (Izard, 1985). Therefore, a deeper understanding of the emotional reactions of journalists may lead to better training, which can result both in better reporting (Dufresne, 2004) and higher perceptions of credibility.

In terms of media effects, the study of journalism and trauma may have implications for the study of media violence, specifically the areas of desensitization and cultivation. In their discussion of desensitization, Sparks and Sparks (2002) noted that repeated exposure to media violence results in a psychological saturation, such that violent images no longer evoke strong emotional reactions. As the following literature shows, repeated exposure to pain and death leaves journalists unable to process the details of a victim’s story or to summon any emotional reaction to it. The result is a mechanical, depersonalized, and often cynical reaction to even the most tragic of events.
(Cherniss, 1980a, 1980b; Maslach, 1979, 1982, 1986; McCammon, 1996; Morrisette, 2004; Pines, 1993; Valent, 2002; Weingarten, 2003). Therefore, understanding how journalists react to their stories may offer a new avenue in the study of desensitization by applying it to media message creators in addition to consumers.

When considering cultivation, Gerbner, Gross, Morgan, Signorielli, and Shanahan (2002) noted that repeated, long-term exposure to media violence can result in a television viewer believing the world is a more dangerous place than it really is. These viewers develop the mean-world syndrome and believe they are more likely to become victims of crime or violence and have a general distrust of others. As the following discussion of compassion fatigue shows, those who are repeatedly exposed to the aftermath of violence or the stories told by victims of violence, such as journalists, often exhibit symptoms that are similar to the mean-world syndrome. For example, Figley (2002) noted that those suffering from compassion fatigue become hypervigilant, distrustful of others, and have a tendency to be overprotective of themselves and those they love. Gentry, Baranowsky, and Dunning (2002) noted that people suffering from compassion fatigue have difficulty separating their work from their personal lives. They see the world in terms of victims and perpetrators and suffer a decrease in their subjective sense of safety. Therefore, studying journalists’ reactions to their stories can broaden the study of cultivation by supporting the argument that television message creators can be cultivated just as easily as television viewers.

Finally, understanding how and why journalists react to the stories they cover also has implications for the study of newsroom socialization and news gathering routines.
For example, the notion that journalists rarely admit any adverse effects from their work and the unspoken code described by Simpson and Boggs (1999), are modern day replicas of the newsroom socialization first described by Breed (1955). In his seminal article, Breed noted that reporters conform to the organizational demands of the newsroom due to feelings of obligation, the group atmosphere of the newsroom (i.e. fear of being ostracized by coworkers), and the high value reporters place on news. If the present study reveals evidence of emotional trauma as a result of the stories they cover, the next question is why reporters and photographers are so reluctant to admit to it. Perhaps this is a result of newsroom socialization.

Additionally, television journalists are more at risk for emotional reactions to their stories than print journalists due to the content of television news, the aspect of live coverage, and the pressure of multiple deadlines (Drummond, 2004). In short, there is simply no time to have an emotional reaction and no respite from violent content. This has implications for the study of news routines, such as those first suggested by Tuchman (1973), Gitlin (1980), and later by Shoemaker and Reese (1991). News routines are taught through socialization and serve as templates for news coverage. Following a routine permits a journalist to calculate his or her moves and to process information in a business-like manner, instead of becoming overwhelmed or confused by the consequences of his or her actions (Gitlin, 1980). Additionally, news routines typically do not include any type of trauma training (Drummond, 2004; Teegen & Grotwinkel, 2001), nor do they include time for counseling following the coverage of extremely traumatic events (Drummond, 2004; Kelly, 1998). Therefore, if reporters and
photographers are being harmed by the stories they cover, perhaps these time-tested news routines need to be changed.

While the majority of communication theories originate in the communication field, communication research always has been multidisciplinary in nature (Bryant & Cummins, 2007). Popular concepts such as parasocial interaction and social cognition originated in psychology, and a recent content analysis showed that the discipline of psychology has contributed to more than 12% of communications research (Bryant & Miron, 2004). Therefore, while this dissertation is not based solely in the communication arena, history shows there is merit to psychology-based studies which can be used to broaden communication and media effects research. This study can do the same by laying the groundwork for future media effects studies involving the impact of television news, especially the violent content. But instead of focusing on media users, this study opens a new door for media effects research on the creators of the media messages. As demonstrated above, this has implications for mass communication in terms of credibility, desensitization, and cultivation. Organizational communication researchers also may benefit from this study’s findings, especially those interested in newsroom socialization and news gathering routines.

In sum, the purpose of this study is to add more empirical weight to the question of whether local journalists are at risk for traumatic reactions to their work, by building from the initial research and introducing previously unmeasured variables that may help better explain this phenomenon. First, PTSD will be discussed. This is the most frequent measure used to investigate journalists’ reactions to their stories. Next, the existing
research on the traumatic reactions of local journalists is reviewed. Finally, the concept of compassion fatigue, which includes secondary traumatic stress and burnout, will be reviewed followed by a rationale for why employing this framework in the study of journalism and trauma may be a more complete way of understanding why and how journalists react to their stories and the consequences of those reactions.
CHAPTER II
LITERATURE REVIEW

The possibility of being emotionally affected by the stories they cover is not exclusive to either print or television journalists, but the nature of the television news industry puts the broadcast journalists at a distinct disadvantage. Although most cities have one or two newspapers, there are at least three television stations producing daily news in each market – sometimes four. Therefore, the pressure to generate advertising revenue is much greater for television stations. They are in direct competition with the other stations in their market for the attention of the local audience (Chermak, 1995). This competition increases the pressure on television reporters to find the most compelling and heart-tugging aspects of a story before their counterparts at the other stations (Sheley & Ashkins, 1981).

General news formats also differ between print and broadcast, which influences what stories are considered newsworthy and how much coverage a given story deserves. Stories on accidents and deaths are easy to produce for television, so they are covered more often by TV than print news organizations (Chermak, 1995). This means that the capacity to deal with stress is essential for television reporters because they often end up in emotionally charged or potentially traumatizing situations (Himmelstein & Faithorn, 2002). For much the same reasons, TV photographers shoot more tragedy and violence due to the emphasis placed on spot news and higher ratings (Schwanbeck, 2004). Technological advances also have increased broadcast journalists’ chances for emotional harm. For example, satellite news-gathering technology ensures
that a broadcast journalist will not only get to the scene first, but will report continuously from the center of the tragedy until it is resolved (Walters, Wilkins, & Walters, 1989). This type of 24-hour coverage is commonplace for television news organizations (Collins, 2001). Finally, deadlines in television are immediate and continuous, not once a day as in the newspaper industry. In general, television journalists operate under much more stringent deadline pressures and are required to stay at a scene longer (Schwanbeck, 2004; Simpson, 2004). This gives television journalists little time to address their own emotional reactions before being asked to find out more information on a new story (Simpson, 2004).

As a result of this disparity, and the relatively small number of television journalists in the samples of current journalism and trauma research, this literature review and study focused on broadcast journalists. First, research regarding the level of violence in local television newscasts is reviewed in order to give context to the problem of journalism and trauma. Next, literature describing PTSD is reviewed, followed by a review of the existing research on journalism and trauma. Finally, the concept of compassion fatigue is introduced and reviewed, followed by a rationale for why compassion fatigue is an important concept to consider when studying the reactions of local journalists to their work and the consequences of those reactions.

Local News Content

Questions about content have always surrounded broadcast news. As technology has improved, so has the ability to bring more sensational and violent images to
television viewers. As early as 1976, 19% of local news stories was devoted to crime and violence. Crime stories were outranked in overall frequency only by weather stories (Graber, 1980). In 1981, slightly less than half of local news content was considered sensational in nature (Hofstetter & Dozier, 1986). Homicides, fires, and accidents were given priority because they could be shown in a way that reflected drama and action (Sheley & Ashkins, 1981). The larger the market, the more time was given to the more unpleasant aspects of community life, including crimes, fires, and accidents (Carroll, 1989).

A study of local news between 1991 and 1992 revealed that 64% of the top five news stories in a given newscast involved violence, conflict, or suffering, and half of the total news time was devoted to stories about violence. This occurred across sampled newscasts from a major market station, a national network news show, a national cable news show, and a small market news station (Johnson, 1996). A similar study revealed that from 1976 to 1992, coverage of violence and tragedy increased from 11% of the total news time to 40% across markets. Additionally, while 10% of local newscasts led with sensational or violent news stories in 1976, 58% did so in 1992. The sample included a total of 10 Pennsylvania television stations from one large market, two medium-sized markets, and one small market (Slattery & Hakanen, 1994). By 1995, a sample of medium, large, and top 10 market stations revealed that 72% of local news stories involved fires, accidents, and other tragedies. Twenty-percent involved crime (Davie & Lee, 1995). Another content analysis done at roughly the same time showed that murders and other violent crimes made up 45% of the total content of local television newscasts
across small, medium, and large markets (Chermak, 1995). Two years later, a national sample of local newscasts in small, medium, and large markets, revealed that crime was the predominant topic, with a third of total news time being devoted to it. Murder was the most common crime highlighted (Klite, Bardwell, & Salzman, 1997). Another national sample of local newscasts in 1998 revealed that crime stories were the predominant or second-most-frequent story type aired. A third of those stories involved murder. This study included 20 stations of varying sizes from market #1 to market #109, chosen out of 210 total markets (Yanich, 2004).

The most serious crimes such as homicide and rape are the most likely to be aired, despite the fact that these types of crimes are the least likely to occur. Property and white-collar crimes are far more prevalent, but they are the least likely to receive attention (Duwe, 2000). Johnson (1996) noted, “It is clear that violence coverage is excessive, and the frequency bears no resemblance to actual incidence” (p. 209). Still, crime and violence are as likely to be seen on local newscasts as the male-female anchor team (Holley, 1996). Local newscasts are also far more likely to air crime-related stories than national newscasts, with 65% of stories in major markets and 30% of stories in smaller markets involving crime and violence (Maguire, Sandage, & Weatherby, 1999). Crime is fundamentally local in nature. Therefore, for local news there is no more salient a topic (Yanich, 2004). As a result, the public is treated to an ever-changing montage of crimes, accidents, and fires (Hofstetter & Dozier, 1986).

Davie and Lee (1995) suggested that violence is often the focus of local news because it fits the definition of hard news adhered to by so many news producers.
Specifically, murders are considered the most newsworthy and tend to make up nearly half of all crime-related stories reported (Chermak, 1995). With instantly recognizable symbols such as good guys, bad guys, and tension, stories about crime and violence perfectly satisfy local television news selection criteria (Yanich, 2004). Additionally, these stories develop out of routine beat coverage of police stations and courts (Davie & Lee, 1995; Graber, 1980).

Crime also appears to be what the audience wants. A 2001 national survey by the Radio and Television News Directors Association showed that the public was most interested in weather, with crime coming in a close second (Yanich, 2004). Since weather events cannot be produced on command, local news operations are compelled to present informative yet entertaining crime stories that hold the audience’s attention with conflict, tragedy, and melodrama (Chermak, 1995; Duwe, 2000). The mix of emotions viewers can experience keeps them interested in crime and they attend to it (Chermak, 1995). Crime, especially crime in the form of “breaking news,” provides fresh, dramatic, and extremely visual elements. These stories often involve violence, sex, deep emotion, flashing lights, and loud sounds – all proven arousal techniques that get and hold a television viewer’s attention. Grieving relatives and eye-witnesses also are common (Klite et al., 1997). As a result, the more intense the competition between stations, the more death and violence is portrayed in shocking and sensational ways. Additionally, as audience members become more used to seeing death and destruction, the more explicitly it must be portrayed in order to get their attention (Walter, Littlewood, & Pickering, 1995).
Whether stories about crime and violence attract viewer ratings or are simply a product of the organization of local news gathering, it is up to the local broadcast journalist to fill the demand. Reporters are paid to produce stories that sell, and those stories often involve tragedy (Chermak, 1995). As a result, “covering violence is the rule rather than the exception for most journalists” (Norwood et al., 2003, p. 135).

Although no studies could be found that surveyed television journalists exclusively about their number of traumatic encounters on the job, there are a few studies of newspaper journalists and photojournalists that help describe the constant barrage of violence and tragedy that journalists must endure as part of their daily work. For example, a survey of newspaper reporters in 1999 revealed that 86% of them had covered a violent or traumatic event at the scene within the past year. The top three violent assignments included fires, automobile crashes, and murders (Simpson & Boggs, 1999).

A survey of 57 local print journalists in Australia showed that 40% had covered a murder within the past three years, 33% percent had covered a rape, and 30% had covered a car accident. More than half (56%) had covered some type of traumatic event within the past three years (McMahon, 2001). Additionally, a survey of photojournalists showed that automobile accidents, fires, and murders were the most common traumatic assignments covered. The majority of the respondents noted that exposure to traumatic events was a routine part of their jobs (Newman, Simpson, & Handschuh, 2003).

Finally, a survey of more than 800 newspaper reporters showed that 96% of them had been exposed to at least one event in which someone was hurt or killed during the year 2000. Eighty percent had been exposed to at least one automobile accident during
that time, 77% had covered the injury or death of a child at least once, and 75% had covered at least one murder. Stories involving injured or dead children were rated the most stressful (Pyevich, Newman, & Daleiden, 2003).

Even though these surveys are of print journalists, they offer insight into how much trauma a journalist is exposed to as part of his or her work. And, given the literature has shown television as a whole tends to concentrate more on violent and traumatic stories than print (Chermak, 1995), it can be argued that levels of trauma exposure in television journalists would be at or above the levels discussed here.

**Summary**

Content analyses have shown that television news largely consists of violence and disaster. Surveys indicate that viewers believe television news is primarily about tragedy (Klein, 2003). But whether the focus is due to standard production procedures or a belief that those stories are what the audience wants to see, crime and violence are the most pervasive form of news content. It is up to the television reporter and photographer to fill this need, making car crashes, fatal fires, and murders a part of their daily work. However, when news content is studied, the existence of the people gathering that content is almost never acknowledged (McMahon, 2001). But in order for those images to make the screen, they are first gathered by and filtered through a reporter and photographer team. If television viewers can be affected by what they see even though they are removed from the actual event, then it is not unreasonable to assume that the journalists at the scene, who don’t have the benefit of a television to filter those images, also can be adversely affected.
Posttraumatic Stress Disorder

When considering how journalists can be affected by the stories they cover, posttraumatic stress disorder is the most commonly studied phenomenon. Posttraumatic stress disorder or PTSD has been studied in a wide variety of people from prisoners of war and concentration camp survivors to police officers and firefighters. However, this review focuses on the study of PTSD in police, fire, and other rescue personnel because they are the population most closely related to the local journalist in terms of experiences with trauma. For example, Harvey (1995) noted that police officers and the reporters who cover them share many of the same stress factors, including exposure to victims and conflict, as well as work overload and erratic work hours. Anecdotal evidence also suggests that reporters are just like other professionals who are exposed to trauma and can suffer some of the same emotional after effects that police officers, firefighters, and emergency workers do (Johnson, 1999; Norwood, et al., 2003; Ricciardi & Robertson, 2000).

Simpson and Boggs (1999) argued that journalists are strikingly similar to public safety workers for two reasons. First, both types of professions involve experiencing an accumulation of tragic events. A study of professional firefighters and paramedics showed that 80 to 90% had experienced at least one critical incident in the past year (Beaton & Murphy, 1995), while a study of local journalists showed that 96% had been exposed to at least one incident in which someone had been hurt or killed in the past year (Pyevich et al., 2003). Second, emotional responses also are similar. They all work close to death and violence, and journalists’ references to guilt and fear following a traumatic
story are nearly identical to statements made by police officers, rescue workers, hospital staff, and others who come to identify with victims and their families (Simpson & Boggs, 1999).

While their experiences are nearly identical, traumatic stress reactions in crisis workers may actually be less severe because they self-select into a career that they most likely know will lead them into dangerous and traumatic situations. Beaton and Murphy (1995) noted, “They are dedicated and committed to saving lives, an essential feature of their occupational role identity” (p. 64). However, local reporters and photographers may be more vulnerable for the opposite reason. Most do not self-select into local news because they want to see dead bodies or tell mothers that their children are dead. Furthermore, most journalists do not receive advanced training for traumatic or violent situations (Teegen & Grotwinkel, 2001). In one study nearly 50% of the local journalists surveyed indicated that they were not prepared for the emotional impact of their first violent assignment (Simpson & Boggs, 1999).

Origins of PTSD

Symptoms of what is now known as posttraumatic stress disorder were first studied in Vietnam veterans in the 1970s. Though it was called “post-Vietnam syndrome,” the flashbacks, anxiety, depression, drug and alcohol abuse, and inability to readjust to civilian life were all indicators of a very real psychiatric disorder resulting from heavy combat experience (Figley, 1978). The disorder was first recognized by the American Psychological Association in 1980 because studies had begun to show that a
unique pattern of psychological and physical symptoms tended to emerge following the experience of an extremely stressful event (McFarlane, 1993).

This recognition by the American Psychological Association touched off a number of studies of the posttraumatic symptoms of Vietnam veterans and the physical and psychological issues resulting from their experiences in combat (Boman, 1982; Hendin & Pollinger, 1982; Lipkin, Blank, Parson, & Smith, 1982). Results validated PTSD as a real psychological disorder (Pearce, Schauer, Garfield, Ohlde, & Patterson, 1985; Silsby & Jones, 1985) and showed that the type of incident combined with personal history can affect the type and severity of PTSD symptoms (Laufer, Brett, & Gallops, 1985). Additionally, studies showed that PTSD could emerge months and even years after the initial traumatic event (Weisaeth & Eitinger, 1993). Results also indicated that alcohol and drug abuse were common practices among those trying to control the symptoms of PTSD (Brende, 1984; Callen, Reaves, Maxwell, & McFarland, 1985).

Factors Contributing to PTSD

The definition of PTSD and the factors contributing to it have continued to change since the disorder was first recognized in 1980. Perhaps the biggest change is the definition of what types of events are significant enough to cause PTSD. Initially it was thought that any traumatic event “outside the range of usual human experience” (APA, 1980, p. 236) was enough to trigger PTSD. This event could be experienced either alone or with others, and symptoms tended to be more severe if the event was of human design (1980). However, by 1987 it became clear that in order for an event to cause PTSD, it must be severe enough to cause immediate feelings of “intense fear, terror, and
helplessness” (APA, 1987, p. 247). The most common events include experiencing a serious threat to one’s life or physical safety, a threat of harm to one’s family, destruction of one’s home, or seeing another person experience serious physical injury or death (1987). The most recent description of the disorder notes that the event must not only include the immediate reactions of fear, helplessness, and horror, but also must include a threat to one’s life or physical well-being, or a witnessing of someone being harmed or killed (First & Tasman, 2004).

The nature of the traumatic event is the most salient predictor of PTSD (Heinrichs, Wagner, Schoch, Soravia, Hellhammer, & Ehlert, 2005), with 40% of emergency services personnel developing PTSD after powerfully distressing events (McCammon, 1996). Events capable of causing PTSD lie outside the realm of normal human experience (Horowitz, 1993) and are capable of breaking down coping mechanisms, which results in impaired functioning (Flannery, 1999). For example, combat or torture, being raped or mugged, surviving a serious car accident, or witnessing the death or injury of others, are all experiences that most commonly cause the development of PTSD (Norwood, et al., 2003). Police officers note that shootings, witnessing death, and dealing with hurt children are the most stressful incidents (Violanti, 1996). Paramedics and firefighters also cited events involving children as the most stressful (Clohessy & Ehlers, 1999; Haslam & Mallon, 2003; McCammon, 1996). The most prominent feature of events like these is the “sudden helplessness and shocking perceptions they provoke” (Horowitz, 1993, p. 54). Weisaeth and Eitinger (1993) noted that the severity of PTSD is related to the origin of the event itself. For example,
deliberate, human instigated violence tends to cause the worst reactions, accidental manmade traumatic events cause the second most severe reactions, and natural disasters are third. Studies have shown that the longer the exposure to a traumatic event, the greater the chances of experiencing PTSD (First & Tasman, 2004; Mcammon, 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).

In addition to the type of event experienced, there are a number of other factors that can contribute to whether or not someone develops PTSD. The disorder can occur in people of any age (APA, 1987), but likelihood of developing PTSD and symptom severity tend to vary between genders (Lauterbach & Vrana, 2001). In the general population, women tend to be more at risk for PTSD than men (Brewin, Andrews, & Valentine, 2000; First & Tasman, 2004); however, studies of police officers have found no difference (Hodgins, Creamer, & Bell, 2001). It’s been argued that training may help reduce the vulnerability of female officers (Pole, Best, Weiss, Metzler, Liberman, Fagan, & Marmar, 2001), or that female officers are more willing to work through their emotions, which lessens their risk of PTSD (Martin, McKean, & Veltkamp, 1986). PTSD also has been shown to vary with ethnicity. Hispanic police officers tend to experience more PTSD severity than African-American or Caucasian officers, but there is generally no difference between the latter two (Pole, et al., 2001; Pole, Best, Metzler, & Marmar, 2005).
Additionally, those with a history of anxiety and depression in their families tend to be more at risk (First & Tasman, 2004). Previous life trauma also tends to perpetuate PTSD symptoms (Breslau, Chilcoat, Kessler, & Davis, 1999; McCammon, 1996). Results remain mixed on whether or not personality can affect one’s susceptibility to PTSD. In some cases personality factors put someone at risk for PTSD, and in other cases the same personality factors have been shown to provide greater resilience following a traumatic event (Horowitz, 1993). In emergency workers, neuroticism is associated with the development of PTSD (McCammon, 1996) and has been shown to magnify symptom severity in firefighters (Lauterbach & Vrana, 2001). The same also was true in a study of journalists (Marais & Stuart, 2005). However, in police officers, results have shown both a connection with neuroticism and no connection at all (Haisch & Meyers, 2004; Hodgins, et al., 2001). Low self-efficacy and high levels of hostility have been shown to predict PTSD in firefighters (Heinrichs, Wagner, Schoch, Soraivia, Hellhammer, & Ehlert, 2005). Feeling as though you are unable to be hurt on the job also has been positively correlated with development of PTSD in police officers (Reiser & Geiger, 1984; Violanti, 1996). Grevin (1996) argued that in paramedics, personality traits may be the most important factor in predicting PTSD; however, PTSD can develop in people without any preexisting psychological issues, especially if the event is extremely stressful and traumatic (APA, 1987).

How many traumatic events a person has experienced on the job also can impact whether he or she develops symptoms of PTSD, though the relationship is not linear. Horowitz (1993) argued that the person who appears to be the most nervous about seeing
a traumatic event due to a lack of experience is not always the one who develops PTSD. In fact, those who have experienced more traumatic events tend to be more at risk for PTSD than their less-experienced counterparts. The relationship tends to be curvilinear. Inexperienced people experience more initial stress and traumatic reactions, which tend to decrease with the more exposure to traumatic events they receive. 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 (Hodgins, et al., 2001; Norwood, et al., 2003). This is suggestive of a more progressive risk for PTSD (Bennett, Williams, Page, Hood, Woollard, & Vetter, 2005), with earlier events acting as kindling that sets off more severe reactions to subsequent traumatic encounters (Flannery, 1999; Violanti, 1996). For example, McCammon (1996) noted that in emergency workers, experience tends to help with the process of coping; however, those with longer service tend to have the most severe reactions to the worst incidents.

Organizational factors also can be a significant determinant of traumatic stress reactions. Chronic stress can result from a work environment that offers little social support. This type of environment inhibits the expression of emotions and contributes to increased anxiety, which can increase the risk for PTSD (Bennett, et al., 2005; Brewin, et al., 2000). Social support has been shown to produce a buffering effect for traumatic reactions, and lack of social support is considered an additional vulnerability factor (First & Tasman, 2004; Lowery & Stokes, 2005; Stephens & Long, 1998). In other words, a person working in a stressful or dysfunctional environment is more susceptible to PTSD than someone who works in a supportive environment (Bennett, et al., 2004). For
example, Haisch and Meyers (2004) found that police officers who experienced higher levels of job stress and pressure, along with little social support, were at a much greater risk for PTSD than those who felt less stress. The contribution of organizational factors to the development of PTSD is especially salient when considering the television news industry. Newsrooms have not traditionally been supportive places, with news managers more concerned about profits than the emotional and physical health of their staff (Norwood, et al., 2003). This atmosphere tends to leave reporters and photographers feeling unappreciated following their coverage of a tragedy (Kelly, 1998), which can increase vulnerability to traumatic stress.

The nature of a person’s work and how he or she chooses to cope with it also may contribute to the development of PTSD. For example, those who have to suppress their emotional reactions at the scene of a tragedy in order to accomplish their jobs, or hold negative views about expressing emotion on the job, tend to be more at risk for PTSD (Lowery & Stokes, 2005; Mitchell & Dyregov, 1993; Reiser & Geiger, 1984; Stephens & Long, 1998; Violanti, 1996).

In paramedics the use of denial and repression allows them to do their jobs, but inhibits later emotional recovery (Grevin, 1996). Additionally, the continued use of control processes such as dissociation serves as a barrier to the successful processing of a traumatic event, leaving one more likely to develop PTSD or symptoms of it (Horowitz, 1993). Furthermore, the degree of detachment or dissociation at the time of a traumatic incident increases the risk for PTSD (Bennett, et al., 2005). In police officers, dissociation helps them deal initially with extremely stressful events (Reiser & Geiger,
1984), but in experienced officers dissociation coupled with incident severity are the strongest predictors of PTSD (Hodgins, et al., 2001).

Journalists frequently use the urgency and adrenaline of a traumatic event to postpone any mental reactions to what they are seeing (Kelly, 1998). Additionally, they are taught to detach themselves from all the emotional aspects of an event in order to ensure an objective report (Simpson & Boggs, 1999). This, combined with the lack of social support discussed above, leaves reporters and photographers extremely susceptible to PTSD.

Despite the body of research on the predictors of PTSD, there is little convergence across available findings that suggest a pattern of factors that are particularly predictive of the disorder (Bryant, 2003). Brewin, Andrews, and Valentine (2000) argued that attempting to identify a common set of predictors is premature because there is no continuity across results.

Symptoms and Consequences of PTSD

Distress is the most common reaction to a traumatic event. Anger, fear, guilt, and insomnia also are common reactions. For most these symptoms disappear, but for some these symptoms can develop into a psychological disorder (Norwood, et al., 2003). In 1980, the American Psychological Association recognized several symptoms of PTSD. These included: repeated intrusive memories and dreams about the event, or a feeling that the event was actually reoccurring; a feeling of numbness, including a markedly diminished interest in the world and a feeling of detachment from others; and a host of cognitive issues such as, hyperalertness, sleep disturbances, guilt, difficulty
concentrating, avoidance of activities similar to the traumatic event, and an intensification of symptoms with exposure to other events which resemble the initial traumatic encounter (APA, 1980).

Additional symptoms were identified in 1987. These included avoidance symptoms, such as: efforts to avoid any thoughts, feelings, or activities associated with the event; inability to recall certain aspects of the trauma; inability to feel love; and a sense of a shortened future. Several arousal symptoms also were added, including: irritability or outbursts of anger, hypervigilance, and physical reactions to events that are similar to the initial traumatic event, for example, a man who was attacked in an alley breaking into a cold sweat whenever he enters an alley (APA, 1987). In 2004, the list of symptoms necessary for a diagnosis of PTSD was further refined to specify the duration and level of the symptoms. The symptoms must last more than one month and significantly impair a person’s social, emotional, and occupational activities. If the symptoms last less than three months, the disorder is considered acute. If the symptoms last 3 months or more, the disorder is considered chronic. If the symptoms do not occur until at least six months after the initial traumatic event, then the disorder is considered delayed (First & Tasman, 2004). Reiser and Geiger (1984) noted that PTSD symptoms in police officers can develop years after a traumatic event when another event taxes their already overloaded emotional system.

Symptoms of PTSD are divided into three categories. Intrusive symptoms are those involving the persistent reexperiencing of the event. 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). In police officers, the early phase of PTSD often involves shock and a sense of unreality. Extreme fatigue, guilt, depression, and anxiety often follow (Reiser & Geiger, 1984). In one study, 47% of police officers experienced recurrent and intrusive memories of the traumatic event. This is due to the fact that officers are in situations that constantly remind them of their original trauma, which makes it difficult to distance themselves from it (Martin, McKean, and Veltkamp, 1986). This also is true of journalists who must continue to cover the same types of violent stories over and over again (Simpson & Boggs, 1999).

Symptoms of PTSD can result in several consequences for the individual suffering from the disorder. Initially, individuals feel disorganized, detached, and paranoid. These feelings tend to increase over time along with symptom severity (First & Tasman, 2004). Those who suffer from PTSD also often suffer from depression (Flannery, 1999; Norwood, et al., 2003). In some cases, PTSD gives rise to depression, while in other cases the two disorders coexist. A diagnosis of PTSD also can be obscured by symptoms of depression (Davis & Breslau, 1994). In paramedics, PTSD has been shown to lead to negative attitudes toward patients (Grevin, 1996). Studies also have shown that PTSD can lead to physical muscle pain and increase the risk of heart attack (First & Tasman, 2004; Wagner, Heinrichs, & Ehlert, 1998). Untreated PTSD can result in permanent disability, increased sick leave, and loss of productivity (Flannery, 1999; Grevin, 1996, Regehr, Goldberg, Glancy, & Knott, 2002; Reiser & Geiger, 1986). Training can help mitigate the negative psychological outcomes associated with traumatic
events before an event is experienced (Norwood, et al., 2003); however, once an individual develops PTSD, the likelihood increases that he or she will leave his or her job (Bennett, et al., 2005). It is suspected that PTSD also has led to suicide in police officers (Violanti, 1996).

**Prevalence of PTSD**

It is estimated that half the population of the United States will experience one traumatic event in their lives which is capable of producing PTSD. About 25% will experience two or more events. Rates of PTSD in the general population range from 1-14%, and most go untreated (Flannery, 1999). Roughly 5% of American men and 10 to 14% of American women have had PTSD at some point. As a result, PTSD is the fourth most common mental disorder in the U.S. (Norwood, et al., 2003). For example, in a sample of college students, 80% had reported experiencing at least one event sufficient in intensity to cause PTSD, and roughly 3% had enough symptom severity to be diagnosed with PTSD (Lauterbach and Vrana, 2001).

But the average citizen does not generally witness nearly as much death and destruction as police and emergency workers see in a given month (Violanti, 1996). Therefore, PTSD is a more common problem for emergency services personnel, and their rates of the disorder are generally higher (Davis & Breslau, 1994). A number of studies over the years have attempted to measure the rate of PTSD among police and emergency personnel and have come up with varying results.

In a 1986 study of police officers, 26% met the criteria for PTSD. The level of symptoms was positively related to the number of traumatic events an officer had
experienced (Martin, et al., 1986). A similar study nearly two decades later found a PTSD rate of 43% among police officers, with the frequency of traumatic encounters significantly predicting the level of PTSD severity (Violanti & Gehrke, 2004).

In 1993 a study of firefighters showed 12% had PTSD. Half were experiencing major depression as well as PTSD (McFarlane, 1993). Bryant and Harvey (1996) found that 17% of their sample of firefighters had severe PTSD, and 9% had extreme PTSD. A quarter of them had experienced a traumatic event in the past year, and multiple traumatic experiences were related to higher PTSD scores. Two years later, another study found a similar rate of PTSD among firefighters (18%), with 40% of those experiencing depression as well. More experience and number of traumatic incidents in the past month were significant predictors of PTSD (Wagner, Heinrichs, & Ehlert, 1998). A year later, 22% of firefighters had PTSD, with 90% experiencing at least one traumatic event in the past year. High levels of work-related strain increased the odds for developing PTSD (Corneil, Beaton, Murphy, Johnson, & Pike, 1999). A small study of 31 firefighters in 2003 found that 6% had enough symptoms to be diagnosed with PTSD. However, 22 of the 31 reported having at least one PTSD symptom (Haslam & Mallon, 2003). Finally, in 2006 a number of different methods were used to measure the levels of PTSD in firefighters. Depending on the scale used, rates of 5% to 22% were recorded. Younger firefighters recorded higher scores on the PTSD scales used, and feelings of horror during a traumatic event also resulted in higher PTSD scores (Delben, Scotti, Chen, & Fortson, 2006).
In 1996, it was estimated that 3 to 5% of emergency workers experience long-term stress-related issues such as PTSD (McCammon, 1996). A study the same year showed that 20% of experienced paramedics and 22% of paramedic students met the criteria for PTSD (Grevin, 1996). Clohessy and Ehlers (1999) found a PTSD rate of 21% among paramedics. The degree of mental detachment at the time of the traumatic incident was related to the severity of the PTSD. The authors concluded that emergency workers are at risk for PTSD, even if they are not exposed to disasters. Regehr, Goldberg, and Hughes (2002) found that 100% of their paramedic subjects had been exposed to at least one incident capable of producing PTSD within the past three years. Twenty-five percent had severe PTSD. Paramedics reporting feelings of distress about these incidents had significantly more years of experience than those who reported little to no distress. In 2005, 22% of paramedics had PTSD. Fifteen-percent were women and 23% were men. Organizational factors, such as tension with work colleagues, unpredictable work environment, and general work stress, were all positively correlated with symptom severity. Frequency of incidents, length of service, and level of dissociation also were positively correlated with symptom severity (Bennett, et al., 2005).

**Summary**

Posttraumatic stress disorder is a psychological condition that arises from exposure to a traumatic event. There are a number of criteria that must be met in order for this event to be capable of causing PTSD. But the severity of the event is generally relative to the person and the circumstance. Factors contributing to the development of PTSD range from degree of severity of the event to personality factors and gender.
Symptoms also vary from recurring nightmares to severe depression. The rates of PTSD among police and emergency personnel have varied as much as the symptoms and factors that contribute to the disorder, depending on sample size and measure used. Some studies have recorded rates as low as 5%, while others have found rates as high as 43%. The majority of studies indicate a rate of PTSD among emergency workers somewhere around 20%.

Television reporters and photographers experience many of the same events as police and emergency workers. As a result, they are just as susceptible to the disorder. Additionally, organizational factors such as lack of social support and a work environment not conducive to expressing emotions, put television journalists at risk. Detaching themselves from the emotion of the events they see is also a common practice, which increases the risk for the development of PTSD.

Local Reporter and Photographer Trauma

The study of local journalists and the possible trauma they may experience on the job has only recently sparked the interest of the academic community. To date, there have been only a handful of studies on the subject, and results have been mixed (Norwood et al., 2003). The first study was completed in 1992 and involved a small sample of television and print journalists. Studies that followed involved larger samples of mostly print journalists and attempted to measure levels of PTSD and other stress-related reactions such as burnout. Additionally, respondents have been surveyed for type and frequency of traumatic encounters. Results have shown that local journalists are
susceptible to the emotional impact of the stories they cover and have recognizable symptoms as a result.

In 1992, 15 television and newspaper reporters who witnessed an execution in California were studied. These journalists completed a questionnaire one month after the execution. While the researchers did not specifically measure for PTSD, they were attempting to provide support for one aspect of the disorder which suggests that merely witnessing a violent act may be enough to trigger traumatic stress symptoms. The journalists who witnessed the execution experienced a high prevalence of dissociation or detachment. These dissociative symptoms were most prevalent in the television reporters and were highly correlated with feelings of anxiety following the execution. The authors concluded that because objective reporting consists of concentrating on the details of the story instead of the emotional aspects, the act of reporting may actually aid in the development of dissociative symptoms (Freinkel, Koopman, & Spiegel, 1994).

Simpson and Boggs (1999) were the first to measure PTSD in a sample of local journalists. A total of 131 newspaper reporters, photographers, and editors from Michigan and Washington completed a PTSD measure, as well as open-ended questions about the types and frequencies of the stories they covered. A large portion of the sample (86%) indicated that they had covered one or more violent events at the scene. The majority (74%) of these events were fires. Nearly half of the sample indicated that they were not prepared emotionally for what they experienced during their first traumatic assignment. Though intrusion and avoidance symptoms were most frequently mentioned, no one in the sample indicated enough symptom severity to meet the threshold for a PTSD
diagnosis. Still, the authors argued that their results challenged “the view that it is healthy to persistently compartmentalize emotions and work throughout a career, especially if the sources of emotional stress are not acknowledged and treated” (p. 19).

Teegen and Grotwinkel (2001) surveyed 61 journalists from Europe and the United States for levels of traumatic exposure and symptoms of PTSD. All the participants reported exposure to traumatic events while on the job. Ninety-two percent experienced intense feelings of fear, helplessness, or horror in at least one of these traumatic situations. Thirteen percent of those surveyed met the threshold criteria for PTSD. These journalists tended to be younger and less experienced than the other participants. Finally, when compared to a sample of healthy non-journalists, participants were not depressed at higher levels as hypothesized, but the journalists did have more trouble expressing their feelings than the healthy individuals.

McMahon (2001) conducted the first study of journalism and trauma in Australia. Fifty-seven print journalists were surveyed for information about their experiences and traumatic reactions to stories. All the journalists who said they covered a trauma-related story within the previous three years had experienced flashbacks and intrusive thoughts following the stories. They also experienced significant levels of avoidance behaviors, such as dissociating themselves from the story and their work. Older journalists who had covered more traumatic stories had more intrusive thoughts and avoidance symptoms, but younger, less-experienced journalists suffered from more anxiety and insomnia. Women were also more likely to suffer from anxiety and insomnia. Thirty-five percent of those surveyed suffered from long-term trauma symptoms, and some of these symptoms were
experienced up to three years after the initial incident. The author concluded that journalists who encountered trauma on the job had emotional reactions similar to those who actually experienced the trauma. These reactions were within the realm of PTSD and other acute stress disorders.

In a report on health issues in journalism and reporting, Collins (2001) noted that because of their presence at crime scenes, crashes, and natural disasters, journalists are subject to stress-related psychological disorders that most other workers are not. In some cases, their coverage of emotionally traumatizing events can lead to PTSD or other stress disorders. Additionally, she noted that journalists can suffer from dissociation following distressing or emotionally difficult stories. She argued, “the psychological issues associated with journalism appear to be numerous enough to merit additional study” (p. 589).

Newman, Simpson, and Handschuh (2003) attempted to build on Simpson and Boggs’ (1999) study by focusing strictly on print photojournalists and applying a more stringent PTSD measure. Additionally, the researchers attempted to link organizational factors with the development of PTSD. The photographers indicated that car accidents, fires, and murders were the most frequent traumatic assignments they had covered. Car accidents were ranked as the most stressful. Results showed that predictors of PTSD symptoms included: total number of assignments, type of incident being covered, personal exposure to trauma, and social support. The amount of work-related trauma exposure also increased the risk of PTSD. Roughly 6% of the sample met the threshold
for a PTSD diagnosis. The authors concluded that while only a small minority suffered from PTSD, a larger minority suffered from trauma-related symptoms.

Pyevich, Newman, and Daleiden (2003) attempted to improve the study of PTSD in local journalists by increasing their sample size. A total of 866 local newspaper journalists were surveyed for PTSD and trauma exposure. Ninety-six percent of the sample indicated that in the year 2000, they had covered at least one incident in which someone was either hurt or killed. Trauma exposure was also positively correlated with the development of negative cognitive schemas. But, while a majority evidenced some symptoms of PTSD, only 4.3% had enough symptoms to be diagnosed with the disorder.

Marais and Stuart (2005) sought to not only measure PTSD in local journalists, but they also looked specifically at the role temperament played in the development of a journalist’s negative responses to traumatic events. Fifty local journalists from Europe and Africa were surveyed. The sample included a mix of print and television reporters, but the majority (56%) was print journalists. Sixteen of the 50 evidenced enough symptoms to be diagnosed with PTSD. Those with the most severe PTSD symptoms reported more frequent emotional reactions to occupational stress. Also, journalists who had been exposed to a significant number of traumatic events exhibited more PTSD symptoms. In terms of temperament, those with the most severe PTSD symptoms were highest in neuroticism. The authors noted that people high in neuroticism have higher levels of anxiety in general, which may have made them more susceptible to the emotional effect of trauma. Those with the most severe PTSD symptoms also were more
prone to having aggressive and hostile temperaments. The authors concluded that journalists who were least able to manage stress or cope were more susceptible to PTSD.

Dworznik (2006) used qualitative methods to study the reactions and coping methods of television journalists. Twenty-six reporters and photographers from a major television market were interviewed. All had covered stories involving the injury or death of a person – most had covered a story of this nature in the past year. All agreed that stories involving the death of a child were the hardest to cover. However, only two of the respondents admitted to having any emotional reactions to the stories they covered. One said he had cried following a story, and the other admitted to having nightmares following a particularly troubling story. The fact that only two would admit to having any adverse reactions to their work was consistent with the general attitude of stoicism that pervades the industry (Ricchiardi & Gerczynski, 1999; Simpson & Boggs, 1999; Willis, 2003). The use of humor was the most popular coping method used. Respondents also framed their experiences with trauma in terms of what they had learned and how the experiences had made them better journalists. Finally, respondents coped with traumatic encounters by justifying their presence at the incident as part of their job.

Several conclusions can be drawn from this fledgling body of research examining local journalists’ traumatic reactions to their work. First, a small minority do suffer from enough symptoms to be diagnosed with PTSD. Second, a larger portion of those studied suffer from symptoms of PTSD, but not at the level needed to be diagnosed with the disorder. Third, while journalists are willing to share their experiences, they are reluctant to admit to any emotional fallout from their work.
These conclusions point to the advances this body of research has produced in the study of journalism and trauma, but there are obvious gaps that still need to be filled. First, if more local journalists suffer from symptoms of PTSD and not actual PTSD, then what is it exactly that they are suffering from? It is not enough to catalogue the variety of traumatic encounters journalists have and then conclude that they have a few of the myriad of symptoms that can produce PTSD. A more thorough explanation of these symptoms needs to be investigated. Next, what is the relationship between trauma and other stress-related symptoms such as burnout? If journalists are suffering from traumatic stress symptoms, what are the consequences in terms of their attitudes toward work and their ability to continue working? Finally, print journalists far outweigh television journalists in the samples used. Given that the work life is significantly different between the two professions, how do television journalists compare in their levels of traumatic stress reactions?

Rationale for Studying Compassion Fatigue in Local Journalists

Although journalists tend to exhibit a number of posttraumatic symptoms, the studies reviewed earlier show rates of PTSD among journalists at only 3 to 4%. This is comparatively low to the numbers experienced by similar populations. This suggests that PTSD is useful to the study of how journalists are being affected by the stories they cover, but it may not be the only psychological disorder that should be used. There are two possible reasons for this.

First, a paramedic or firefighter is very likely to encounter an incident with enough severity to cause PTSD, but it is less likely that the typical local journalist will.
Rarely will a local journalist be present when someone is hurt or killed. They usually arrive in the moments following the incident, and instead view the aftermath and talk to witnesses and family members. In other words, they may see blood on the street, but it is unlikely that they will have been there to see the shooting that caused it. As a result, measurements of actual PTSD may be lower than expected because most of these local journalists have not suffered through the singularly traumatic event necessary to cause PTSD.

Another possible explanation is that PTSD is not the only disorder researchers should be considering. Studies have shown that while a small minority suffers from actual PTSD, a larger number suffer from the symptoms of the disorder, just not at a clinically significant level. But symptoms that are not clinically significant in terms of PTSD are still significant in terms of trying to understand how journalists are affected by their work. Local journalists may not be as likely to experience the single tragic event necessary to cause the onset of PTSD, but the accumulation of smaller traumatic events is not without impact. Broadcast trade journals are full of anecdotal evidence that local journalists are suffering from their constant exposure to grieving family members and victims of violence and crime (Johnson, 1999). But simply to attribute these reactions to symptoms of PTSD and not actual PTSD is not enough. If these reporters and photographers don’t have PTSD, what do they have? The answer may be compassion fatigue.

Like PTSD, compassion fatigue is a diagnosable psychological disorder that develops as a result of encounters with trauma. However unlike PTSD, compassion
fatigue is a result of cumulative exposure, not exposure to one event. Additionally, one does not have to witness a traumatic event in order to suffer from compassion fatigue. Just hearing about trauma from victims and survivors may be enough to trigger symptoms. As a result, adding compassion fatigue to the study of journalism and trauma may offer a more complete picture of how journalists are being affected by their work.

Compassion Fatigue

While a great deal of literature has focused on how victims of trauma are affected by what they experience, these studies have historically excluded those who may experience trauma indirectly (Figley, 1995b; Remer & Ferguson, 1995; Salston & Figley, 2003). Until 1990, only 20 studies had been published that mentioned the emotional reactions of these secondary victims. But even then, those studies focused on how secondary victims’ reactions would affect the recovery of the person who directly experienced the trauma (Remer & Ferguson, 1995). However, descriptions of what constitutes a traumatic event suggest that merely hearing about someone else’s trauma may be traumatizing as well (Figley, 1995; Figley & Kleber, 1995; Stamm, 1997). In recent years, a substantial effort has been undertaken to measure the effects of bearing witness to the traumatic experiences of someone else. The few empirical studies that have been published and anecdotal evidence that has been gathered so far suggest that the phenomenon is very real (Gentry, 2002; Munroe, Shay, Fisher, Makary, Rappenport, & Zimmering, 1995; Remer & Ferguson, 1995; Stamm, 1995). Therefore, simply learning about a traumatic event or talking with the victims of that event is a reminder of personal vulnerability and leaves the listener open to trauma (Figley, 1995; Mitchell & Dyregov,
1993; Pearlman & Saakvitne, 1995). Furthermore, these events don’t necessarily have to be of catastrophic nature in order to produce distress in the listener (Weingarten, 2003).

**Defining Compassion Fatigue**

The definition of compassion fatigue and its components has been in a state of flux since the phenomenon was first suggested (Hesse, 2002). It has been referred to by many names including: secondary traumatic stress, secondary victimization, vicarious traumatization, and common shock (Figley, 2002; Gentry, 2002; Huggard, 2003; Salston & Figley, 2003; Weingarten, 2003). Using the term secondary traumatic stress, Figley (1983) first argued that families of victims of catastrophe could become victims themselves simply by listening to and caring for those who experienced the event directly. Though she coined no term for the phenomenon, Deutsch (1984) noted that listening to the traumatic experiences of their clients was a significant source of stress for therapists. McCann and Pearlman (1990) argued that working with victims could have lasting and profound psychological effects on counselors and therapists. They termed this phenomenon, “vicarious traumatization” (p. 133). Joinson (1992) was the first to use the term compassion fatigue to describe the emotional exhaustion and devastation felt by nurses who became too emotionally involved with the plights of their patients. In 1995, Figley suggested that compassion fatigue was the emotional cost of caring about those who had been traumatized and could impact families, counselors, police officers, and emergency service workers.

Research into compassion fatigue accelerated after Figley’s (1995) book on the topic, but it was not until recently that the true components of the phenomenon were
hashed out. Part of the problem was the role of burnout and how it related to compassion fatigue. Munroe et al. (1995) argued that compassion fatigue and burnout out were two distinct concepts. Pearlman and Saakvitne (1995) argued that while burnout was purely situational, compassion fatigue involved the interaction between the situation and the individual. Figley (2002) argued that concepts such as burnout and worker dissatisfaction were masking what was really compassion fatigue, and Weingarten (2003) suggested that compassion fatigue and burnout could happen separately or together, depending on the situation.

However, the most recent research has revealed that burnout is one of two components that combine to make up compassion fatigue. The other is secondary traumatic stress. Put simply, when secondary traumatic stress and burnout combine, the result is compassion fatigue (Adams, Boscarino, & Figley, 2006; Boscarino, Figley, & Adams, 2004; Gentry, Baranowsky, & Dunning, 2002; Jenkins & Baird, 2002). Secondary traumatic stress is the normal emotions and behaviors that arise from hearing about another person’s trauma (Figley, 1995b; Jenkins & Baird, 2002; Neuman & Gamble, 1995; Rosenbloom, Pratt & Pearlman, 1995). These emotions can emerge quickly or gradually as an accumulation of stress occurs (McCann & Pearlman, 1990; Figley, 1995). Burnout is the physical, emotional, and mental exhaustion that occurs when one can no longer cope with his or her everyday environment. Burnout also is cumulative. When secondary traumatic stress and burnout combine and substantially impact a person’s mental state, behavior, and physical well-being, the result is compassion fatigue (Gentry, et al., 2002). In order to provide a better understanding of
compassion fatigue, secondary traumatic stress and burnout will be discussed in more depth.

**Secondary Traumatic Stress**

Because compassion fatigue has only recently been defined as a combination of secondary traumatic stress and burnout, the majority of the researchers who have investigated the effects of hearing about someone else’s trauma focus on secondary traumatic stress. Secondary traumatic stress or STS is nearly identical to PTSD, except that it applies to those who have not experienced the traumatic event directly (Figley, 2002). It is the result of wanting to help or trying to help a traumatized or suffering person (Figley, 1995b). As discussed above, PTSD occurs in those who have experienced a threat of harm or death to themselves or those they love. The immediate reaction to the event must include feelings of fear, helplessness, and horror (First & Tasman, 2004). However, in STS the trigger event is hearing the details about a traumatizing experience from the victim of that event (Figley & Kleber, 1995). Depending on how traumatic a victim’s story is, PTSD-like symptoms can develop in the person charged with listening to that story (Figley, 1995b; Stamm, 1995).

The symptoms of PTSD and STS are very similar in that they can be placed into three categories: intrusive symptoms, avoidance symptoms, and hypervigilence symptoms; however, the focus of these symptoms differs (Gentry, et al., 2002; Sexton, 1999). For example, instead of having intrusive or recurring recollections of a traumatic event, those with secondary traumatic stress can have recurring recollections of their meetings with the victim of the event. They relive their contact with the victim and
continue to contemplate his or her story. Additionally, those with PTSD may try to avoid thoughts, feelings, and conversations associated with their traumatic experience, while those with STS try to avoid thoughts, feelings, and conversations about their interaction with the victim. Finally, those suffering from PTSD tend to experience increased family conflict, poor interpersonal communication, and an inability to express love, while those with secondary traumatic stress tend to have increased work conflict, missed work, and insensitivity toward other victims of trauma (Figley, 2002).

STS is associated with the internal processing of, or emotional reaction to, traumatic details (Jenkins & Baird, 2002; McCann & Pearlman, 1990). Recognizable psychological distress may be one early sign (Ghahramanlou & Brodbeck, 2000). Dutton and Rubinstein (1995) divided the symptoms of STS into three categories. The first included indicators of psychological distress such as nightmares or sleep difficulties and headaches. The second category included indicators of cognitive shifts such as chronic suspicion of others, bitterness or cynicism about others, and victim blame (Neuman & 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). McCann and Pearlman (1990) also listed cynicism as a symptom of STS; however, they added decreases in energy, social withdrawal, and feelings of hopelessness. To those previously mentioned symptoms, Saakvitne and Pearlman (1996) added increased sensitivity to violence. Dane (2000) noted that among
children’s services workers, sadness was the biggest symptom. Others included an inability to concentrate, irritability, anxiety, and sleeplessness. Secondary traumatic stress elicits feelings of helplessness and confusion, and a sense of isolation from supporters (Neumann & Gamble, 1995). These feelings often don’t appear to be connected to any definitive cause (Figley, 1995b).

STS opens up a person to psychological, personal, and professional consequences (Stamm, 1997; Weingarten, 2003). Hearing about another’s trauma can undermine one’s sense of reality and alter his or her behavior (Munroe, et al., 1995). The sense of meaning, identity, and worldview also can be altered in someone who suffers from STS (Pearlman, 1995; Pearlman & Saakvitne, 1995; Saakvitne & Pearlman, 1996; Stamm, 1995). When worldview is altered, those with STS may begin to see the world as dangerous, threatening, exploitive, and alienating (Rosenbloom, Pratt, & Pearlman, 1995). This is similar to the mean-world syndrome which has been posited to occur when heavy television viewers are exposed to large amounts of violent programming (Gerbner et al., 2002).

Interpersonal resources such as self-examination, will power, sense of humor, empathy, the ability to set limits, and the ability to make intelligent decisions can all be affected by STS (Pearlman, 1995; Saakvitne & Pearlman, 1996). As a result, those with STS 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). Those affected by STS also are at risk for making poor professional
judgments (Collins & Long, 2003; Neumann & Gamble, 1995). This type of professional impairment can lead to job changes (Neumann & Gamble, 1995; Pearlman & Saakvitne, 1995). Cerney (1995) noted that those suffering from STS sometimes leave their jobs instead of admitting to symptoms or getting help.

Figley (1995) divided the impact of STS on professional functioning into four categories. The first category, performance of job tasks, included decreases in work quality and quantity, low motivation, and increased mistakes. The second category, morale, included loss of interest in work, apathy, negative attitude, and decrease in confidence. The third category, interpersonal, included withdrawal from colleagues, poor communication, and decrease in professional relationship quality. The final category, behavioral, included absenteeism, faulty judgment, tardiness, and frequent job changes. Sexton (1999) argued that these attitudes and behaviors can spread to fellow workers and cause a general depressing effect on the organizational climate and culture.

STS cannot be prevented because it is a normal reaction to unusual events (Yassen, 1995). However, there are a number of factors that can contribute to this normal reaction’s development into a disorder. For example, women tend to be more vulnerable to STS. Experience also can affect whether STS develops, but the relationship is unclear. Studies have shown that those with more experience have more severe STS reactions (Brady, Guy, Poelstra, & Brokaw, 1999; Meyers & Cornille, 2002), and those with less experience are also more vulnerable due to a lack of training and organizational support (Baird & Jenkins, 2003; Neumann & Gamble, 1995).
Anyone whose daily work involves exposure to trauma victims is especially vulnerable to STS (Huggard, 2003; Morrisette, 2004; Pearlman, 1995; Saakvitne & Pearlman, 1996). This is due to the fact that trauma workers tend to be exposed to realities that are beyond ordinary comprehension (Cerney, 1995). The effect is cumulative and is directly related to the amount of exposure to traumatic details (Baird & Jenkins, 2003; Meyers & Cornille, 2002; Munroe, et al., 1995; Saakvitne & Pearlman, 1996). How graphic the details are also can impact STS symptom severity (Brady, et al., 1999).

Previous life trauma also has been shown to increase the severity of STS (Baird & Jenkins, 2003; Follette, Polusny, & Milbeck, 1994; Ghahramanlou & Brodbeck, 2000; Horowitz, 1993; Morrisette, 2004; Neumann & Gamble, 1995; Rosenbloom, Pratt, & Pearlman, 1995; Saakvitne & Pearlman, 1996; Sexton, 1999). Finally, coping methods also have been shown to predict severity of STS. Those who employ negative coping methods such as detachment are more at risk for STS (Follette, et al., 1994; Saakvitne & Pearlman, 1996; Weingarten, 2003). The availability of social support and counseling also has been shown to reduce the severity of STS symptoms (Catherall, 1995; Follette, et al., 1994; Munroe, et al., 2005; Rosenbloom, Pratt, & Pearlman, 1995; Saakvitne & Pearlman, 1996; Yassen, 1995).

A great many articles and books have been written about secondary traumatic stress; however, there are surprisingly few studies that focus on the prevalence of it among vulnerable professional populations. And there are none addressing the phenomenon in journalists. Among the most often cited articles is a study by Pearlman
and Maclan (1995). They investigated the connection between personal trauma history and experience among a sample of therapists. In general, those with traumatic experiences in their own histories tended to have more severe symptoms. Those with the most severe symptoms were those with personal trauma histories and less experience as therapists. However, among those with no personal trauma histories, those with more experience as therapists tended to have more severe STS symptoms. The authors argued that these therapists had most likely employed dissociation or disconnection as a method of coping and were now beginning to experience psychological difficulties because of that choice.

Schauben & Frazier (1995) studied STS in a sample of sexual assault counselors. Contrary to Pearlman and Maclan’s (1995) findings, personal trauma history was not related to STS symptom severity. Caseload was the biggest predictor of STS. Those who saw more victims of sexual assault exhibited more symptoms. Additionally, those who used avoidance methods to cope with their clients’ stories (i.e. refusing to talk about their work or their reactions to it) also exhibited more symptoms.

In a similar study of therapists, Kassam-Adams (1995) found that nearly half of her sample had severe enough STS symptoms to require counseling. Women and those with personal trauma histories exhibited more symptoms. However, workload and availability of social support were not related to STS. Chrestman (1995) also studied therapists and found that exposure to traumatic stories from victims was positively related to STS symptoms. The level of symptoms was significantly higher in those who had been exposed to trauma versus those who had not. But while increased workload was
associated with increased symptoms, more experience was associated with fewer symptoms. In a study of mental health counselors, Meldrum, King, and Spooner (2002) found that nearly 18% had STS – a rate nearly equal to that of trauma counselors. Those with STS reported the use of more sick days. Frequency of exposure to traumatic material was the most significant predictor.

Secondary traumatic stress in emergency workers also has been studied. For example, in a study of emergency workers who responded to a plane crash, those who worked at the crash site reported significantly more intrusive thoughts than those who worked in the morgue (Delahanty, Dougall, Craig, Jenkins, & Baum, 1997). The authors argued that workers at the scene had a great deal of uncertainty about what to expect, and this contributed to their high levels of traumatic stress symptoms (1997).

In a study of critical incident stress managers, Wee and Myers (2003) concluded that 40% were at a moderate, high, or extremely high risk for STS. More than half had symptoms of psychological distress. Whether or not a subject felt as if his or her work was rewarding, mitigated the severity of the STS symptoms (Wee & Meyers, 2003). Finally, Hyman (2004) looked at the relationship between perceived availability of social support and STS symptoms among emergency response workers. Contrary to the hypothesis, perceived availability of social support was not negatively related to STS symptoms. In other words, most of the subjects believed social support was available to them, but very few used it to cope with the traumatic nature of their work. How severe a subject thought his or her own history with trauma was predicted the level of intrusion symptoms (i.e. painful exposure-related memories or flashbacks).
Overall, secondary traumatic stress involves a state of tension and preoccupation associated with the accumulation of interactions with trauma victims. Those with secondary traumatic stress can suffer from a constant re-experiencing of their interactions with trauma victims, the need to avoid reminders of those interactions, and a persistent state of arousal. This, when combined with burnout, leads to compassion fatigue (Gentry, et al., 2002).

**Burnout**

When compared with secondary traumatic stress, burnout tends to emerge more gradually and is a result of emotional exhaustion (Figley, 1995b). While STS is associated with the internal processing of encounters with trauma victims, burnout is a result of the environmental factors associated with those encounters (McCann & Pearlman, 1990). In a discussion of the difference between burnout and secondary traumatic stress, Maslach and Goldberg (1998) noted that burnout is a slow erosion over time in response to chronic work stress. As a result, its appearance is not as dramatic as the acute stress reaction associated with a crisis or emergency. Also, where secondary traumatic stress is a much newer phenomenon, burnout has a rich history of research. For example, from 1974 to 1990 nearly 2500 studies were completed on burnout (Maslach & Schaufeli, 1993). A search of *Psych Abstracts* in 1991 returned more than 1000 journal articles about burnout and close to 100 books (Pines, 1993).

The explosion of interest in burnout began in the mid-1970s and resulted in a number of conceptualizations and definitions of the phenomenon (Cherniss, 1980b; Paine, 1982). It is widely accepted that Freudenberger was the first to apply the term
burnout to describe feelings of emotional and physical exhaustion related to one’s work (Kahill, 1988; Maslach & Schaufeli 1993; Morrisette, 2004). Freudenberger (1974) applied the dictionary’s definition of burnout to describe a wearing out that occurs when one can no longer meet the demands on his or her energy, strength, and emotions. In the early years of burnout research, Freudenberger (1974, 1975), along with Maslach (1978, 1979), helped provide an initial description of the phenomenon as it applied to workers in human services professions. However, this largely qualitative body of research was derived from people’s experiences, not theory (Maslach, Schaufeli, & Leiter, 2001), and resulted in no agreed-upon definition for burnout among the popular and academic press (Cherniss, 1980b; Maslach, 1982; Maslach & Schaufeli, 1993). In the first review of research on burnout between 1974 and 1986, Kahill (1988) criticized this early research as lacking precision. She pressed for more empirically based studies to support the anecdotal discussions of burnout and how to prevent it.

Early definitions of burnout included: a process in which a previously committed professional disengages from his or her work in response to job strain, which results in negative changes in attitude and behavior (Cherniss, 1980a); a state of physical, emotional, and mental exhaustion that results from exposure to people in emotionally challenging situations (Pines, 1982); and, a consequence of exposure to stress and frustrations that exceed a person’s available resources for coping (Carroll & White, 1982). Among these early definitions, Maslach (1982) noted three similarities. First, burnout occurs at an individual level. Second, burnout is a psychological experience that involves feelings, attitudes, and expectations. Third, burnout is a negative experience that
involves discomfort, dysfunction, and negative consequences. Later definitions of burnout focused on the involvement of chronic emotional and interpersonal stressors inherent in work with people (Figley & Kleber, 1995; Maslach, 1986; Maslach & Ozer, 1995; Pines, 1993), and the disconnect between a worker’s expectations about his or her job and the realities of it (Maslach & Leiter, 1997; Maslach & Schaufeli, 1993).

The most widely used definition of burnout comes from Maslach (Kelaher & Ross, 1995; Maslach & Ozer, 1995; Maslach & Schaufeli, 1993). She described burnout as a syndrome involving emotional exhaustion, depersonalization, and reduced personal accomplishment that results from work with people (Maslach, 1986). Emotional exhaustion involves feelings of being drained or overextended as a result of repeated interactions with people. Depersonalization involves unfeeling and callous remarks or behavior toward people, and reduced personal accomplishment involves a decline in one’s sense of accomplishment in relation to work (Maslach 1986, 1993). Kelaher and Ross (1995) argued that burnout is a linear process in which chronic work stress or interactions with people lead to a depletion of emotional resources. The depersonalization occurs as a coping mechanism used to combat the feelings of emotional exhaustion. A decline in feelings of personal accomplishment occurs when a person realizes that his or her current negative attitude is extremely different from his or her initial optimistic one. Maslach and Leiter (1997) attempted to clarify the three aspects of burnout with the terms exhaustion, cynicism, and ineffectiveness. Exhaustion is related to feelings of being emotionally and physically overextended; cynicism refers to the cold, distant attitude an individual experiencing burnout will display; and ineffectiveness refers to the growing
sense of inadequacy that often accompanies the exhaustion and cynicism. Maslach, Schaufeli, and Leiter (2001) added that the exhaustion component represents the individual stress dimension of burnout and involves feelings of being overextended and depleted of both physical and emotional resources. The cynicism component represents the interpersonal context dimension and refers to negative or excessively detached attitudes toward different aspects of one’s job. The reduced feelings of efficacy represent the self-evaluation dimension, which involves feelings of incompetence and reduced productivity in one’s job.

Finally, when attempting to define burnout Cherniss (1980a) noted that burnout can be better understood by defining what it is not. First, burnout is different from temporary fatigue or strain. While these may be an early sign of burnout, they are not always indicative of it. Second, burnout is different from socialization or acculturation. A person cannot be socialized into being burned out. Instead, burnout is an individual’s attempt to adapt to stress. Burnout also is different from turnover. While people do leave their jobs due to burnout, they also can leave for completely unrelated reasons. Maslach, Schaufeli, and Leiter (2001) also differentiated burnout from another common concept – depression. They argued that while those who are prone to depression may be more at risk for burnout, the two concepts are distinct. Specifically, burnout is a problem that stems from the work environment, while depression tends to disturb every aspect of a person’s life and can grow from many origins other than the work environment. This argument also was supported by Shirom (2005). Finally, Pines and Kienen (2005) argue that burnout is different from ordinary job strain because they have different antecedents,
correlates, and consequences. For example, job strain is related only to specific job stressors, such as long work hours. However, while burnout is a consequence of specific job stressors, it is correlated with perceptions of work importance, job satisfaction, and physical and emotional symptoms.

Burnout begins gradually and gets progressively worse. A number of work and individual factors can contribute to this process (Figley, 1995b; Shirom, 2005). And while most studies on burnout have not included journalists, the factors contributing to burnout are prominent in the field of television news. Cherniss (1980a, 1980b) argued that differences in jobs and organizations are more likely to cause burnout than differences in individuals. Recent research has continued to support this assertion (Shirom, 2005).

Freudenberger (1975) was the first to suggest that those who work with troubled individuals are the most at risk for burnout due to the pressure they feel to help. Other studies that followed supported the idea that burnout is much more likely in occupations that involve repeated interactions with people under emotionally charged conditions or interactions with those who are emotionally distressed (Baird & Jenkins, 2003; Caroll & White, 1982; Figley, 1995b; Maslach, 1978, 1986; Maslach & Ozer, 1995; McAmmon, 1996; McCann & Pearlman, 1990; Pines, 1993; Pines & Kafry, 1978). Studies show that the higher the number of interactions and the more emotionally charged they are, the more likely the burnout (Cherniss, 1980b; Maslach, 1979, 1986; Pines & Maslach, 1978). For example, a recent study of police officers showed that those with more frequent contact with suspects and victims had higher levels of burnout (Dowler, 2005). This is
salient to the study of journalists given the focus on crime and trauma that local television news employs. Journalists are constantly exposed to distressed individuals under emotionally charged conditions (Drummond, 2004; Kalter, 1999).

Overall workload or caseload is also positively correlated with burnout (Cherniss, 1980a; Freudenberger, 1975; Maslach & Leiter, 1997; Maslach & Ozer, 1995; Maslach, Schaufeli, & Leiter, 2001; Pines & Kafry, 1978; Pines & Maslach, 1978). In relation to this, early research argued that the ability of workers to take time-outs or get away from the stressful aspects of their job during the work day significantly reduced burnout chances (Freudenberger, 1975; Maslach, 1979; Pines & Kafry, 1978; Pines & Maslach, 1978). This is significant to the discussion of burnout in journalists, because rarely are journalists given a chance to take a few minutes to gather themselves after an emotionally charged story. They are simply expected to move on to the next task (Drummond, 2004).

Jamal (2004) added to the study of work load and burnout by investigating the impact of weekend work and non-standard work hours. Results showed that those who worked weekends exhibited higher levels of emotional exhaustion, job stress and health issues. Additionally, those who worked hours other than the standard 9 to 5 exhibited higher overall burnout scores. This also is salient to the study of journalists given that long hours and weekend work are a standard of the news industry (Reinardy, 2006).

Lack of social support from work peers or the organization itself is another significant contributor to burnout (Baird & Jenkins, 2003; Cherniss, 1980a, 1980b; Maslach, 1979, 1986; Maslach & Leiter, 1997; Maslach & Ozer, 1995; McCammon, 1996; Pines, 1993; Winnubst, 1993). Pines & Kafry (1978) first found that social support
was positively correlated with job satisfaction and negatively related to burnout. They argued that workers need to be able to provide one another with feedback and support, especially when client interactions are troubling. Pines & Maslach (1978) argued that when work relationships are good, employees are more willing to seek support from each other. Maslach (1979) added that social support from coworkers is helpful in guarding against burnout because being able to joke and laugh about work with others helps alleviate pressure and feelings of isolation. More recently, social support at work has been shown to alleviate burnout-related health issues (Golembiewski & Munzenrider, 1987) and decelerate the development of emotional exhaustion and the decline in personal accomplishment associated with burnout (Leiter & Maslach, 1988). A study of policewomen showed that supervisor support helped reduce work stressors and alleviate feelings of emotional exhaustion (Thompson, Kirk, & Brown, 2005). In firefighters, social support has been found not only to alleviate burnout, but secondary traumatic stress as well (Mitani, Fujita, Nakata, & Shirakawa, 2006).

This issue of social support is salient to the current argument considering reporters 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). A competitive working environment also can contribute to burnout (Cherniss, 1980b). This also is salient considering that journalism is an extremely stressful profession filled with intense competition, deadline pressure, and public scrutiny (Kalter, 1999; Reinardy,
It is also generally accepted that television journalists burnout faster than newspaper journalists due to the fact that the work environment is much more competitive (Wines, 1986).

Inadequate training or the lack of an orientation period also can contribute to burnout because people must continually cope with challenges they are not trained to overcome (Carroll & White, 1982; Cherniss, 1980a; Maslach, 1979). For example, people in helping professions often are not prepared for the emotional reactions of their clients (Cherniss 1980; Maslach & Ozer, 1995). Maslach (1978) first argued that workers in helping professions often assume they will receive positive feedback from those they are trying to help. Therefore, when they receive negative feedback instead, this can lead to disillusionment and eventually burnout. In the world of journalism, reporters often complain that they get little training or coaching to help them improve. They are often thrust into positions vacated by more experienced, successful people and are expected to immediately live up to those high standards (Pease, 1991). Additionally, many experienced journalists note that they were not prepared for the emotionally charged responses they sometimes receive from those they are trying to interview (Cote & Simpson, 2000).

Lack of autonomy or involvement in work decisions (Cherniss, 1980a; 1980b; Freudenberger, 1982; Maslach, 1986; Maslach & Leiter, 1997; Maslach & Ozer, 1995; Pines & Maslach, 1978) and a lack of rewards (Maslach & Leiter, 1997) are significant predictors of burnout as well. Journalists carry a great deal of responsibility for their stories but lack control. They often must meet high standards with inadequate resources
(Kalter, 1999). Journalists also often complain about the lack of positive reinforcement they receive from their newsroom superiors (Pease, 1991).

Other work-related factors that contribute to burnout include: poor leadership or lack of supervision (Cherniss, 1980a, 1980b), lack of fairness (Maslach & Leiter, 1997), and lack of variety in work tasks, or boredom (Cherniss, 1980a, 1980b; Freudenberger, 1975; Pines & Kafry, 1978). People with highly specific job skills also tend to burnout out more easily because they feel trapped in a career they no longer enjoy (Carroll & White, 1982).

The overall work environment has been a popular area of interest in the study of burnout. For example, Wade, Cooley, and Savicki (1986) conducted the first longitudinal study of burnout. Focusing on work factors, they found that increased social support, autonomy, and variety in work tasks all resulted in lower burnout scores. Also, Brown and Pranger (1992) found that work involvement, type of work, work pressure, income level, and length of time on the job, were all significant predictors of burnout.

Maslach and Goldberg (1998) argued that an individual’s experience with burnout could only be understood within the context of his or her individual work environment. They argued that burnout is the result of an overall mismatch between an individual and his or her job in six specific areas. First, burnout is more likely when there is a mismatch between a given work load and a person’s ability to complete it. Second, when there is a mismatch between a person and the job position he or she holds, this can impact his or her ability to control the immediate work environment. This lack of control accelerates burnout. Third, burnout is more likely when there is a mismatch between the rewards
employees receive for their hard work and what they think they deserve. Fourth, burnout is accelerated when the given work community, such as supervisor or co-worker support, does not match a given employee’s expectations. Fifth, burnout is more likely when employees feel that they are being treated unfairly. Finally, when the values adhered to by an organization do not match the values held by a given employee, burnout is more likely. For example, when employees must complete tasks they feel are morally wrong, this can significantly increase their chances for burnout. The authors argued that the key to understanding burnout is to discover just how much of a mismatch on these six areas employees are willing to tolerate (Leiter & Maslach, 1999; Maslach & Goldberg, 1998; Maslach, Schaufeli, & Leiter, 2001).

Maslach and Leiter (1997) argued that burnout is a product of the work environment. It is more likely in work settings that don’t recognize the human side of work. However, studies also have found a connection between burnout and individual or personal factors. For example, it’s possible that certain personality traits may predispose someone to burnout (Caroll & White, 1982). In the first study of individual factors and burnout, Cherniss (1980b) found positive correlations between levels of burnout and neurotic anxiety and introversion. Those with an external locus of control were more susceptible to burnout because of their propensity for hopelessness (Maslach, Schaufeli, & Leiter, 2001). Additionally, those with competitive Type A personalities and those who feel the need to control are also more likely to develop burnout because they are more likely to overextend themselves (Cherniss, 1980b; Freudenberger, 1975).
More recently, Langelaan, Bakker, van Doornen and Schaufeli (2006) called neuroticism “the core characteristic of burnout” (p. 521). They found that neuroticism increased one’s susceptibility to job stress, thereby exacerbating the effects of that job stress on burnout. Bakker, Van Der Zee, Lewig, and Dollard (2006) argued that neurotic individuals are more vulnerable to burnout because they choose inappropriate coping methods. Their study was among the very few to concentrate solely on personality factors and their impact on burnout. They found that neuroticism was negatively correlated with all three components of burnout. Additionally, increased introversion was negatively correlated with depersonalization and feelings of personal accomplishment.

Freudenberger (1974, 1975) first noted that those who are idealistic and enter their professions with a strong sense of commitment and motivation are more likely to burnout. As Pines (1993) noted, “You cannot burnout unless you were on fire initially” (p. 387). Therefore, those who refer to their work as a calling are especially at risk (Carroll & White, 1982; Figley, 1995b; Maslach & Ozer, 1995; Pines, 1993). This is salient when considering journalists often find it hard to back off from their work because they come to their craft with a sense of mission (Kalter, 1999). Additionally, when a person’s work role conflicts with his or her personal values or feelings (Cherniss, 1980b; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001) or when a job is not fulfilling someone’s goals for his or her career (Cherniss, 1980a; Maslach, Schaufeli, & Leiter, 2001), burnout is more likely. This also can be applied to journalists considering they often must implement decisions that they disagree with (Kalter, 1999; Willis & Okunade, 1997).
How someone chooses to cope with the emotional overload of his or her work also can contribute to burnout (Cherniss, 1980b; McCammon, 1996). Cherniss (1980a) noted that young workers in helping professions such as counseling who were attempting to cope with burnout, often made negative changes to their attitudes, which resulted in an acceleration of the burnout process. For example, they lowered their personal standards and changed their work goals; they began to blame their clients when therapy failed; and they exhibited a less positive regard for their clients. They became emotionally detached, less psychologically involved in their work, and placed their own needs above those of their clients. Maslach (1979) was the first to suggest that using emotional detachment as a method for coping with burnout leads to a dehumanization of the client. Maslach and Ozer (1995) noted that those who work with people in distress often try to maintain a position of detached objectivity. However, detached objectivity is hard to accomplish and therefore often results in a decline in the quality of care given to clients. This is pertinent to the discussion of burnout among journalists because reporters and photographers are taught to detach themselves from the emotional aspects of the stories they cover and remain objective. However, this training is essentially setting them up to fail in their fight against burnout (Drummond, 2004; Kalter, 1999; Shoemaker & Reese, 1991; Simpson & Boggs, 1999).

Etzion and Pines (1986) looked specifically at coping style and its impact on burnout. They found that those who cope with work stress by actively confronting and trying to change the source of the stress are less likely to feel burned out. However, those who cope with work stress by avoiding or denying the source of the stress are more likely
to experience burnout. Carmona, Buunk, Peiro, Rodriquez, and Bravo (2006) did a similar study of coping styles. They found that those who engaged in active, rational, or problem-solving type strategies when dealing with work stress became less burned out over time. Those who tried to ignore the stress developed more burnout over time. Michinov (2005) found that the act of comparing oneself to others at work as a form of coping also can affect burnout. In a study of police and customs officers, he found that those who actively compare themselves to others who are better off than they are, actually exhibit lower levels of emotional exhaustion. Michinov argued that this type of comparison helped stressed out individuals develop goals and gain more control over their work environment.

Other individual factors that can contribute to burnout include a lack of professional self-efficacy (Cherniss, 1993; Maslach & Ozer, 1995) and hardiness (Maslach, Schaufeli, & Leiter, 2001; McCammon, 1996). Younger workers or those in the early years of their careers have been found to burnout quicker (Cherniss, 1980b; Maslach, Schaufeli, & Leiter, 2001). However, a recent study of police officers showed that the longer an officer had been on the job, the more emotionally exhausted he or she was (Hawkins, 2001). Additionally, those with less stable personal lives outside of work tend to burnout more quickly as well (Freudenberger, 1975; Cherniss, 1980a). Studies of gender and burnout have shown that women tend to be more burned out than men (Etzion & Pines, 1986), but men have a greater tendency to burnout out as they age (Kulik, 2006). Those who are more satisfied with the organization they work with are also less likely to burnout (Perron & Hiltz, 2006).
While first considered only a problem in the helping professions, burnout can occur in all occupations for anyone at any level. It is a consequence of job stress, not just a subcategory of it (Maslach, 1982). A survey of the general working population found that 17% suffer from a high level of burnout, with workload, lack of control, and lack of social support emerging as significant contributors.

There are a number of symptoms that can indicate that someone may be at risk for burnout or already is suffering from it. Maslach & Schaufeli (1993) divided these symptoms into two categories. The first, subjective indicators, includes severe fatigue followed by a loss of self-esteem due to job dissatisfaction, multiple symptoms of physical distress with no discernable origin, and issues with concentration, irritability, and overall negativism. The second category, objective indicators, includes a significant decrease in work performance over several weeks or months. This decline is observable by supervisors, coworkers, and clients.

Other studies have found a number of physical, emotional, and behavioral symptoms. Physical symptoms include fatigue or nervousness, colds, headaches, sleep disturbances, ulcers, gastro-intestinal issues, weight change, muscle pain, and flare-ups of existing medical conditions (Freudenberger, 1974, 1975, 1982; Golembiewski & Munzenrider, 1991; Maslach, 1978, 1982, 1986; Morissette, 2004; Pines, 1982, 1993; Valent, 2002; Weingarten, 2003). Emotional symptoms include frequent irritability and anger (Freudenberger, 1974, 1975; Cherniss, 1980a; Valent, 2002), increased pessimism and apathy in regard to work (Cherniss, 1980a; Freudenberger, 1975, 1982; Maslach,
1986; Pines, 1993), and feelings of guilt and inadequacy for not fulfilling work-related goals (Freudenberger, 1982).

But when considering those who work with people, perhaps the most important emotional symptom is an overall loss of concern for clients or depersonalization and a tendency to interact with them in a mechanical fashion (Cherniss, 1980a, 1980b; Maslach, 1979, 1982, 1986; McCammon, 1996; Morisette, 2004; Pines, 1993; Valent, 2002; Weingarten, 2003). Maslach (1978) first argued that stressful interactions with troubled individuals can lead therapists, counselors, and others in helping professions to dehumanize those they are trying to help. Burned out individuals also have been shown to blame their clients or the trauma victims they interact with, for their burnout symptoms (Cherniss, 1980a). This numbing and avoidance reflects an inability to process the traumatic material from the clients (McCann & Pearlman, 1990) and can lead to a significant decrease in the quality of care provided to the client (Carroll & White, 1982). When considering journalists, burnout can lead them to treat those trauma victims they encounter with less compassion and empathy. This may result in emotional harm to those victims whose story a journalist is trying to tell (Dankoski, 2001; Dufresne, 2004; Himmelstein & Faithorn, 2002).

In addition to physical and emotional symptoms, there are also behavioral symptoms associated with burnout. Burned out individuals have a tendency to engage in high-risk behavior such as increased caffeine, alcohol, and drug consumption, and taking on risky assignments (Freudenberger, 1974, 1975, 1982; Jackson & Maslach, 1982; Maslach, 1978, 1986; Pines, 1982, 1993). Increased conflicts both at work and at home
are also a sign of burnout (Maslach, 1978; Cherniss, 1980a, 1980b; Pines, 1993; Valent, 2002; Weingarten, 2003). Finally, a decline in work quality and productivity can be an indication of burnout when it is associated with a decline in motivation and effort, and a questioning of job commitment (Caroll & White, 1982; Cherniss, 1980a, 1980b; Freudenberger, 1982; Maslach, 1978, 1982; Morrisette, 2004; Valent, 2002). Increased tardiness and absenteeism also can be a sign that someone is burning out (Cherniss, 1980b, Caroll & White, 1982; Maslach, 1978, 1979, 1986; Pines, 1982; Pines & Maslach, 1978). For example, Jones (1981) found that nurses with higher levels of burnout were more likely to take unauthorized breaks or extend their lunch breaks in an effort to get away from their jobs.

Under certain circumstances, a small level of job dissatisfaction can actually be helpful because it tends to be a catalyst for change in a given work environment. However, there is a clear point when the attitude and behavioral changes are no longer positive. This is the point when burnout begins (Cherniss, 1980a). A noxious working environment increases the stress level of an individual until he or she no longer feels able to accomplish his or her goals (Valent, 2002; Weingarten, 2003). The result is serious consequences for both the individual and his or her working environment (Noworol, Zarczynski, Fafrowicz, & Marek, 1993; Paine, 1982).

Consequences of burnout for the individual include a decline in overall mental health (Maslach, 1978; Golembiewski & Munzenrider, 1991), an increase in fears about losing one’s job or succumbing to bad economic conditions (Wade, Cooley, & Savicki, 1986), and even suicide (Maslach, 1979). Divorce is also a common consequence due to
the impact burnout can have on interpersonal skills (Maslach, 1979; Maslach & Schaufeli, 1993; Pines, 1993). In one of the first studies of how burnout can affect someone’s life outside of work, Maslach & Jackson (1982) found that burnout contributed to 27% of the variance in scores of quality of family life among police officers and their families. Specifically, emotionally exhausted police officers were more likely to bring their work home with them and react to their families with irritability and anger. In 2005, Thompson, Kirk, and Brown did a similar study of policewomen and found that burnout significantly contributed to feelings of less family cohesion and a negative home life. Johnson, Todd, and Subramanian (2005) found that levels of burnout mediated the relationship between exposure to violence and violent behavior at home in families of police officers.

Consequences of staff burnout for an organization include a decrease in creativity and problem-solving abilities (Cherniss, 1993), which leads to a loss of employee effectiveness on the job (Freudenberger, 1975; Cherniss, 1980a, 1980b, 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 (Cherniss, 1980b; Maslach, 1986; Pines, 1982; Pines & Kafry, 1978). As a result, when burnout is high among staff members, so is turnover (Cherniss, 1980a, 1980b; Maslach, 1978; Maslach & Ozer, 1995; Maslach & Schaufeli, 1993; Pines, 1982; Pines & Maslach, 1978). This burnout and turnover also can be infectious, causing previously satisfied employees to leave (Carroll & White, 1982; Maslach, Schaufeli, &
Leiter, 2001). Not surprisingly, those organizations with high levels of burnout also spend more on hiring and training new people (Cherniss, 1980b).

In news, burnout is clearly evident and is suspected of being the cause of the industry’s revolving door (Pease, 1991). More journalists than ever plan to leave the industry before retirement, with women being the most likely to leave (Kalter, 1999). As evidence, a survey of newspaper reporters indicated that job stress and workplace conditions were the biggest reasons for switching careers (Pease, 1991). In television, news directors typically burnout and leave after about two years, while producers tend to leave every 3 to 5 years (Kalter, 1999).

While there have been no systematic studies of burnout among television reporters and photographers, there have been a few studies of the newspaper industry. For example, Cook and Banks (1993) described the at-risk newspaper worker as someone who is young, entry-level, working at a smaller paper, juggling multiple assignments, making a less than average income, experiencing a disconnect between what he or she thought journalism would be and what it is, and feeling low satisfaction with his or her job. A survey of journalists in 1992 found that only about a quarter were satisfied with their jobs (Kalter, 1999), which suggests that the majority of journalists are at risk for burnout. Cook, Banks, and Turner (1993) found that those newspaper workers who were more committed to their jobs and highly satisfied with their positions, experienced less burnout. High peer cohesion and supervisor support also decreased the chances of burnout. Finally, looking specifically at newspaper sports reporters, Reinardy (2006)
found that sports reporters experienced moderate levels of burnout overall. Younger workers and those at smaller papers were most at risk.

Compassion Fatigue and the Local News Worker

When the emotional exhaustion, depersonalization, and reduced personal accomplishment of burnout combine with the inability to process traumatic information associated with secondary traumatic stress, the result is compassion fatigue. Joinson (1992) was the first to mention compassion fatigue in the helping professions. She noted four reasons why employers should be aware of CF and respond appropriately to it. First, CF is emotionally devastating. Second, the personalities that lead people to want to work with others are often what make them susceptible to CF. Third, sources of CF are unavoidable. And finally, CF is almost impossible to recognize without a heightened awareness of it.

The road to compassion fatigue begins first with an emotional reaction to a traumatic encounter or repeated traumatic encounters. This results in the quick onset of secondary traumatic stress. The burnout sets in gradually as environmental factors further inhibit a person’s ability to cope with the emotional aspects of his or her work. Those who are exposed to victims of trauma or the aftermath of a traumatic incident are called secondary victims. They are secondary because they did not witness or experience a traumatic event directly; however, this does not mean that secondary victims are affected any less than the direct recipients of the trauma (Remer & Ferguson, 1995). But listening to a traumatic story does not always lead to a traumatic disorder such as CF. How one reacts is as varied as the types of people who may listen to a traumatic story.
Family and friends of trauma victims are obvious secondary victims (Figley, 1995b), but anyone who is put in harm’s way or exposed to trauma survivors can become impaired by CF (Figley & Kleber, 1995). The many possible victims of CF include healthcare workers (Collins & Long, 2003), counselors and psychologists (Figley & Kleber, 1995), and rescue personnel such as emergency medical technicians, police, firefighters, and body handlers (Gentry, 2002; Meichenbaum, 2000). These workers are at risk for compassion fatigue for several reasons, including: being exposed to dangerous situations, witnessing property damage and loss, working under sub par conditions, the physical strain associated with their work, and the necessity of conveying sometimes horrifying news to friends and family of victims (Beaton & Murphy, 1995).

However, these are all aspects of a journalist’s job as well. Therefore, journalists are just as susceptible to compassion fatigue as their emergency worker counterparts (Gentry, et al, 2002; Pearlman, 1995; Tester, 2001). Reporters and photographers, especially those assigned to crime or police beats, are almost daily witnesses to violence and trauma. Their jobs involve interviewing victims on-site, getting video of the aftermath, and gathering as much information as they can, as quickly as they can (Weingarten, 2003). Obtaining a personal view of a violent or traumatic event is the most important aspect of a news story. As a result, reporters are often in contact with victims either in hospitals or at their homes as they try to work through being victimized (Chermak, 1995). The nature of news dictates that journalists are only in contact with victims and their families for short periods of time. However, even though no relationships develop, journalists are still at risk for compassion fatigue because they
have to open themselves up emotionally in order to tell a good story (Weingarten, 2003). This near constant exposure to people in trauma coupled with long or irregular work hours, deadline pressure, and lack of social support, means a journalist is a prime candidate for secondary traumatic stress, burnout, and eventually, compassion fatigue.

Someone suffering from compassion fatigue is in a state of psychic exhaustion (Thomas & Wilson, 2004). Those experiencing symptoms are often alarmed or ashamed at the severity, and are usually reluctant to admit to any problems for fear of repercussions (Neumann & Gamble, 1995). In this way, journalists become victims of their vocation. Compassion fatigue emerges because they can no longer handle hearing about the devastation and victimization of others (Tester, 2001), but showing emotion or admitting to any difficulties runs counter to the attitude of stoicism and objectivity that they’ve been taught to have (Kalter, 1999; Weingarten, 2003). The problem is further exacerbated by staffing shortages and newsroom policies that don’t allow reporters or photographers to get necessary breaks from traumatic stories (Kalter, 1999; Yassen, 1995). In the end, compassion fatigue exacts a toll on any organization that is exposed to it. The ability of the staff to function can be impaired unless deliberate steps are taken to limit its effects (Catherall, 1995).

Journalists suffering from compassion fatigue not only run the risk of physical and emotional harm to themselves, but they also run the risk of harming those trauma survivors they are often in contact with. Interviewing a trauma survivor about his or her experience is a highly personal endeavor. Therefore, the interviewer’s mental state can have a significant impact on the victim (Rosenbloom, et al, 1995). Those suffering from
compassion fatigue often blame trauma victims for their own feelings, since they are the source of the traumatic material. People suffering from compassion fatigue end up reacting with authoritarian, adversarial or argumentative attitudes toward trauma survivors, which often does more harm than good (Figley, 1995b; Hesse, 2002).

But poor interpersonal interaction between a journalist and an interview subject is not the only risk. Compassion fatigue can cause journalists to change the way they shoot and write stories, affecting the media message itself and the audience viewing that message. Wines (1986) was the first to suggest that stress was to blame for poor newspaper writing. More recently, Weingarten (2003) argued that not just stress but compassion fatigue causes journalists to create hollow and meaningless work. Journalists are unable to communicate what is happening around them when they are emotionally and psychologically shut down (Kalter, 1999).

Weingarten (2003) further argued that because compassion fatigue affects the images and words a journalist chooses to use, he or she can pass along their compassion fatigue to the audience. Emotionally drained reporters create sensational and horrific stories, which audiences are repeatedly exposed to. Tester (2001) also argued for a connection between a journalist with compassion fatigue and overall audience compassion fatigue. He suggested that a journalist’s attitude is communicated through his or her story and causes the same attitude in the viewer. Television viewers become so overwhelmed with the sensational images created by psychologically impaired journalists that they become too exhausted to care about what they are seeing. This is in line with the concept of audience compassion fatigue first discussed by Moeller (1999). She argued
threatening and painful images in the news cause people to turn away. And since the media continue to prioritize sensational and tragic images, they may be held partially responsible for the compassion fatigue in the American television viewing audience. While the type of compassion fatigue described by Moeller is not identical to the compassion fatigue experienced by journalists, the consequences such as the inability to feel or care, are the same. As Weingarten (2003) noted, “We expose journalists to violence and violation. We are then vulnerable to how these professionals manage their reactions to witnessing violence and violation” (p. 93).

Conclusion

It is no secret that being in the news business is stressful. Deadline pressure and competition make stress an intrinsic part of a reporter or photographer’s work life. This pressure has only grown more intense as technology and demand for information has increased (Drummond, 2004). Surveys have already shown that news workers suffer from a number of physical, emotional, and psychological problems (Stone, 2000; Wines, 1986). Some factors that have been blamed for these problems include the deadline pressure and competition mentioned above, as well as heavy work load, conflicting job expectations, dangerous working conditions, and lack of autonomy (Collins, 2001). But Kalter (1999) contends that the most devastating cause is the fact that journalists are witnesses to a painful and chaotic world, and they are not allowed to express their emotions about it. Covering traumatic events can leave journalists with long-term problems and an inability to function. Because they are not allowed to process what they
see, their emotional responsiveness and effectiveness on the job are drastically reduced (Cherniss, 1980b).

Collins (2001) argued that the psychological issues associated with journalism were numerous enough to warrant additional research. McMahon (2001) added that traumatic reactions following their coverage of a tragedy are so predominant among journalists, that their susceptibility to acute stress disorders needs further study. But what is the best way to understand this phenomenon? Research up to this point has focused on posttraumatic stress disorder. As the above review showed, this psychological illness is most often associated with soldiers, prisoners of war, or rape victims, and is associated with one traumatic event, not an accumulation of smaller events. The threat of physical harm or witnessing a tragic event, and immediate feelings of fear, horror, and helplessness are necessary for a diagnosis.

But while a war correspondent may be a candidate for PTSD, it is less likely that the local journalist will experience an event of the magnitude necessary to trigger PTSD. Not everyone covers a plane crash, hurricane, or tornado during his or her career. Furthermore, journalists are rarely on scene to witness a tragic event. More often than not, they are there afterward and witness the aftermath. This may explain why studies of PTSD in local journalists have shown relatively low levels of the disorder.

However, low rates of PTSD among local journalists do not adequately explain the numerous accounts of stress and stress-related issues reported in trade and industry publications. Instead, researchers also need to be looking at rates of compassion fatigue. As the above review showed, this disorder may more accurately reflect the lives and
experiences of local journalists. Its dual components of secondary traumatic stress and burnout may result from both the traumatic aspects of their jobs, as well as the organizational factors inherent in journalism. Secondary traumatic stress is a result of contact with victims and witnesses of tragic events, or the surviving family members of those victims. Viewing the aftermath of tragic events also may contribute to the development of STS. However, unlike PTSD, secondary traumatic stress is the result of an accumulation of contact with trauma victims and aftermath. It is not triggered by one extraordinarily traumatic event. The burnout component of compassion fatigue also is related to the accumulation of contact with victims of trauma, but focuses more on the organizational or environmental factors that contribute to one’s inability to cope with the traumatic details. Workload, competition, deadlines, long hours, and lack of social support are some of the factors that can exacerbate burnout. These two components of compassion fatigue may offer a more thorough framework for understanding a journalist’s experience with trauma.

Compassion fatigue is also a better fit for journalists when one considers the populations compassion fatigue has already been applied to. PTSD studies usually include soldiers, trauma victims, or those who are present at the scene of a disaster. Compassion fatigue is studied in counselors, police officers, and firefighters. The experiences of these professionals in terms of their interaction with victims and presence at the aftermath of traumatic events more closely mirror the experiences of local journalists. For example, as Miller (2006) noted, on the television news we often see police officers consoling victims, interviewing witnesses, or trying to gather information
at the scene of a tragic murder or fire. But who shot that video? And who gathered the
information and talked to the same people the police officer did? The answer is the
photographer and reporter team that covered the story. Therefore, it is not unreasonable
to suggest that the same psychological issues that police officers suffer through also
would be suffered by a journalist.

This study was the first to investigate the phenomenon of journalism and trauma
by measuring both posttraumatic stress and compassion fatigue in an attempt to better
understand how television workers are affected by the stories they cover. Given that
compassion fatigue in journalists can impact both their interpersonal relationships with
interview subjects and also the messages they construct for mass audiences, it is a
disorder worthy of deeper investigation. The goal of this study was to build support for
the use of compassion fatigue instead of posttraumatic stress in further studies of this
phenomenon in local journalists. As Maslach and Schaufeli (1993) noted, much must be
discovered about the parameters of a given phenomenon before a model for it can be
developed. Therefore, this study was aimed at finding those parameters, thereby opening
the doors to future studies that can connect journalists and their reactions to their stories
to the wider world of media research.

Hypotheses and Research Questions

The preceding literature review outlined the problem of journalism and trauma
and proposed the addition of compassion fatigue as a more suitable measure for research
into how local journalists are affected by the stories they cover. The goal of this study
was two-fold. First, this study was intended to build support for the study of compassion
fatigue in local television news workers. Second, this study was intended to uncover some of the factors that may predict the development of compassion fatigue in local television journalists. Compassion fatigue has never been studied in television news workers before; therefore, this study was largely exploratory in nature. However, based on earlier research using other populations, nine hypotheses were posed. Additionally, nine research questions were asked with the goal of further understanding how compassion fatigue can affect the local television journalist.

**PTSD vs. Compassion Fatigue**

To this point, studies of local journalists and trauma have involved the use of posttraumatic stress measures. These studies provided initial support for the argument that journalists can suffer emotionally from their work; however, levels of PTSD among journalists were relatively small (Marais & Stuart, 2005; McMahon, 2001; Newman, et al., 2003; Pyevich, et al., 2003; Simpson & Boggs, 1999; Teegen & Grotwinkel, 2001). This is due to the fact that local reporters and photographers rarely come in contact with single events traumatic enough to trigger PTSD. Instead, they are exposed to an accumulation of trauma aftermath and victims’ stories, which is indicative of compassion fatigue. Despite evidence to support this assertion, there have been no studies of compassion fatigue among local journalists. Therefore, the following research questions and hypothesis were offered:

**RQ1:** How will local television news workers score on the compassion fatigue scale?
RQ2: Will there be a difference in compassion fatigue scores between local television reporters, photographers, and live truck engineers?

RQ3: What is the rate of PTSD among local television news workers?

RQ4: Will there be a difference in PTSD scores among local television reporters, photographers, and live truck engineers?

H1: Among local television news workers, scores for compassion fatigue will be higher than scores for posttraumatic stress disorder.

The next two hypotheses sought to provide additional support for this argument. Research has shown that in order to cause PTSD, an event must be significant enough to cause immediate feelings of fear, helplessness, and horror (First & Tasman, 2004). Common experiences include combat and war, or witnessing the death of another (Norwood, et al., 2003). Additionally, having one’s safety threatened also is significant enough to cause symptoms of PTSD (First & Tasman, 2004). It can be argued then, that if local journalists are suffering from PTSD, they would have had experiences similar to these at some point during their careers. Therefore, the following two hypotheses were advanced:

H2: 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.

H3: 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.

_Compassion Fatigue_

As the preceding literature showed, compassion fatigue has two components: secondary traumatic stress and burnout (Adams, et al., 2006; Boscarino, et al., 2004; Gentry, et al., 2002; Jenkins & Baird, 2002). The next set of hypotheses and research questions addressed secondary traumatic stress. STS is directly related to contact with victims of trauma or their families (Figley & Kleber, 1995). While one traumatic encounter may be enough to trigger the secondary traumatic stress component of compassion fatigue, STS typically is cumulative. The more victims a person is exposed to, the more likely he or she is to develop symptoms (Baird & Jenkins, 2003; Meyers & Cornille, 2002; Munroe, et al., 1995; Saakvitne & Pearlman, 1996).

Crime and trauma are fundamental to the local newscast (Yanich, 2004). Furthermore, in order to increase the dramatic elements of a story, grieving relatives are a necessary ingredient (Klite, et al., 1997). As a result, television reporters and photographers are exposed to a host of trauma victims and their families on a weekly basis. Therefore, it was argued that the more often a journalist has interviewed or been exposed to victims of trauma, the more likely he or she would be to exhibit symptoms of secondary traumatic stress.

H4: Frequency of contact with trauma victims and/or their families will be positively related to the rate of STS among local television news workers.
Additionally, when considering contact with victims, the types of details and levels of emotion a person is exposed to also can have an effect. Research has shown that the more graphic the details and the more intensive the emotions, the more likely the development of STS (Brady, et al., 1999). There is no existing research to suggest a relationship between graphic details gathered and emotions felt during an interview and STS in television journalists. Therefore, the following research question was advanced:

RQ5: Is frequency of emotionally intense contact with victims and/or their families related to increases in scores of secondary traumatic stress among local television news workers?

In addition to contact with victims, research on stress reactions in police officers and rescue workers also has shown that exposure to the aftermath of a traumatic event also can trigger secondary traumatic stress symptoms and compassion fatigue (Delahanty, et al., 1997; Hyman, 2004; Wee & Meyers, 2003). Competition among news outlets has increased the demand for coverage of tragedy, while technology has allowed television journalists to get to the center of a tragedy as fast as the rescue workers can (Walters, et al., 1989). As a result, journalists are often at the aftermath of these traumatic events, witnessing the same emotionally charged scenes that firefighters and police officers do (Himmelstein & Faithorn, 2002; Miller, 2006). Therefore, it was argued that exposure to these events could trigger STS in journalists just as it can in rescue personnel. Hypothesis five addressed this relationship.
H5: Frequency of coverage of traumatic stories such as murders, fatal car accidents, or fatal fires, will be positively related to the rate of STS among television news workers.

The second component of compassion fatigue, burnout, is also closely related to contact with victims of trauma and traumatic situations (e.g., Baird & Jenkins, 2003; Caroll & White, 1982). However, burnout results when work environment factors do not allow workers to adequately cope with the emotional exhaustion they feel from their contact with traumatized people or traumatic situations (Kelahe & Ross, 1995; Maslach & Leiter, 1997). Therefore, the next set of hypotheses and research questions addressed the work environment factors inherent in the news business that may have contributed to the development of burnout, and consequently, compassion fatigue among television journalists.

People in professions that require a high degree of commitment are more likely to experience burnout, which leads to compassion fatigue (Freudenberger, 1974, 1975; Pines, 1993). Those who feel their work is a calling are most at risk (e.g. Carroll & White, 1982; Figley, 1995b). This contributing factor to burnout is particularly salient to the study of journalists because surveys have shown that journalists often approach their job with a sense of mission (Kalter, 1999). Therefore, the following hypothesis was proposed:

H6: Level of job commitment will be positively related to burnout scores among local television news workers.
The preceding literature review revealed that a competitive working environment also can contribute to burnout among employees, setting them up for compassion fatigue (e.g., Brown & Pranger, 1992; Cherniss, 1980a). This also is salient to the study of television journalists because it is a profession known to be filled with intense competition and deadline pressure (Kalter, 1999; Reinardy, 2006; Wines, 1986). Reporters and photographers are expected to get a victim’s interview before their counterparts at other stations (Sheley & Ashkins, 1981) and are required to move on to a new story without taking time to cope with their emotions (Simpson, 2004). Because of the intense pressure to get a story, television journalists are more at risk for burnout, which leaves them open to compassion fatigue. Therefore, the following hypothesis was advanced:

H7: Perceived intensity of work pressure will be positively related burnout scores among local television news workers.

A large body of research also has shown that a lack of social support from work peers or the organization itself is a significant contributor to burnout and compassion fatigue (e.g., Baird & Jenkins, 2003). For example, in police officers, emotional support from supervisors helped reduce the emotional exhaustion that leads to burnout and compassion fatigue (Thompson, et al., 2005). In firefighters, support from work peers also reduced the likelihood of burnout (Mitani, et al., 2006). This factor was important to the study of compassion fatigue among journalists because as a rule, journalists are not often willing to admit any emotional reactions to their work. They do not seek help from each other when experiencing emotional turmoil. Additionally, newsroom supervisors
typically do not offer counseling or workload reductions to traumatized reporters (Drummond, 2004). As a result, it was argued that the less social support a television journalist received, the more likely he or she was to develop burnout.

H8: Support from newsroom co-workers and superiors in relation to contact with victims will be negatively related to burnout scores among television workers.

Support for the above hypotheses was based on research in populations other than television journalists such as counselors, police officers, and emergency workers. While the populations are similar, there is no research investigating the connection between work environment factors and burnout among television journalists. Knowing which factors contribute to burnout was important to the study of this phenomenon because it could help in future studies of how to prevent or alleviate burnout and compassion fatigue in the industry. Therefore, the following research question was asked:

RQ6: Do level of job commitment, social support, and work pressure predict burnout among television news workers?

As the preceding literature review showed, burnout and secondary traumatic stress combine to form compassion fatigue. Therefore, in order to better understand how burnout and secondary traumatic stress combined to create compassion fatigue specifically among local television journalists, the following research question was advanced:

RQ7: Do frequency of contact with victims, frequency of coverage of traumatic stories, job commitment, social support, and work pressure predict compassion fatigue?
Finally, research has shown that there are some individual factors that can contribute to the development of compassion fatigue. However, none of these factors have been studied in journalists. Furthermore, many of the studies have found conflicting results. For example, when considering how age contributes to the development of compassion fatigue, studies have shown that both younger workers (Cherniss, 1980a; Maslach, et al., 2001) and older workers (Hawkins, 2001) are more at risk. In studies of work experience, both those with more years on the job (Brady, et al., 1999; Meyers & Cornille, 2002) and those with fewer years of experience (Baird & Jenkins, 2003; Neumann & Gamble, 1995) have been shown to be more vulnerable. Finally, studies of gender have shown that both women (Etzion & Pines, 1986) and men (Kulik, 2006) tend to be more at risk for compassion fatigue. Because these factors had not been studied in television journalists and due to the disparities among the existing studies of other populations, the following research question was asked:

RQ8: What is the relationship between age, gender, and years of experience in television, and overall compassion fatigue among television news workers?

*Attitude in the Industry*

A final important factor in the study of compassion fatigue among television journalists was the overall attitude among industry professionals concerning whether or not reporters and photographers can suffer psychologically from their work. In the introduction to this study, this attitude of stoicism was discussed. There is evidence that a large number of professionals within the news industry do not believe that journalists can suffer any emotional harm from their work. Instead, they argue that a journalist’s
obligation to objectivity and the facts protects him or her from any emotional fallout (e.g. Ricchiardi & Gerczynski, 1999; Johnson, 1999; Willis, 2003). This attitude has been blamed for the slow acceptance of this type of research in the academic and professional worlds, and also for contributing to increased traumatic stress reactions among journalists (Simpson & Boggs, 1999). Therefore, in order to understand this attitude and eventually combat it, the following research question and hypothesis were advanced:

RQ9: What is the attitude of television workers toward compassion fatigue and the idea that they can be emotionally affected by the stories they cover?

H9: Those who are less likely to believe they can be emotionally affected by their work, will have higher overall compassion fatigue scores.

Summary

The preceding hypotheses were based on existing research in populations other than television journalists, such as counselors, police officers, and emergency personnel. The hypotheses predicted relationships between frequency of victim encounters and coverage of traumatic stories and compassion fatigue. Additionally, relationships between work environment factors and compassion fatigue also were proposed. But, while these study populations are similar enough to journalists in their experiences to support a prediction of relationships, there are still a number of unanswered questions in regard to compassion fatigue and television journalists. The research questions were proposed in an effort to fill the gaps. For example, which types of victims and stories are most predictive of compassion fatigue? Furthermore, which work environment factors are most predictive of compassion fatigue among television news workers? And finally, what
is the overall attitude among television journalists concerning their emotional reactions to their stories? In the next chapter, a study is outlined that tested these hypotheses and answered these research questions.
CHAPTER III

METHODOLOGY

The previous chapter provided the literature review and listed the hypotheses and research questions that were tested through this study. The following chapter outlines the study methodology that was used to identify posttraumatic stress and compassion fatigue in television workers, as well as the work environment factors that might have influenced whether or not news workers develop these types of psychological reactions from the stories they cover.

The principle goal of this study was to show that local television reporters and photographers can be emotionally affected by the stories they cover. To that end, the use of compassion fatigue in addition to posttraumatic stress as a framework for this type of study was proposed. It was argued that this concept better reflected how local television journalists react to their stories because it is caused by an accumulation of traumatic encounters, instead of one overwhelmingly traumatic experience which leads to PTSD.

Data for this research consisted of self-report responses to a survey intended to measure the different variables for this study. The survey methodology was advantageous in the case of this study because it allowed for a great deal of quality information to be gathered from a relatively large population (Kerlinger & Lee, 2000). In general, surveys also allow for multiple questions to be asked, which results in greater flexibility during data analysis (Babbie, 2004). Additionally, use of self-report measures is typical in the study of both posttraumatic stress (e.g. Freinkel, et al., 1994; Teegen & Grotwinkel, 2001) and compassion fatigue (e.g. Adams, et al., 2006; Gentry, et al., 2002). In order to
measure whether or not someone has developed a condition such as compassion fatigue or PTSD, his or her experiences and reactions must be recalled and catalogued. While it can be argued that subjects may or may not accurately report their experiences and reactions, a self-report measure still offered the best means for gathering this type of data.

Study to Test Compassion Fatigue and PTSD in Local Television Journalists

Based on the existing literature reviewed in the previous chapter, this study included measures of posttraumatic stress, compassion fatigue, traumatic encounters and work environment. First, posttraumatic stress was measured using the PTSD Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993). Second, compassion fatigue was measured using the Compassion Fatigue Scale – Short Form (Boscarino, et al., 2004). Third, encounters with traumatic events on the job were measured through an adapted form of the Journalist Trauma Exposure Scale (Pyevich, et al., 2003). Finally, work environment factors were measured with items created based on the Work Environment Scale (Moos, 1994). Participants also were asked to provide relevant demographic data including: age, gender, race, years of experience, job type, and market size.

Data Collection

Television workers from various markets were surveyed for this study. The existing studies of compassion fatigue and PTSD typically employed either direct mail surveys or paper and pencil measures administered in person. However, due to the nature of the television business, these methods were not feasible. First, there are only seven television markets in Ohio, and most are small markets. Therefore, the staffs of these
stations were not sufficient in number for this study to be successful. Furthermore, traveling to television stations outside the state in order to administer surveys was both time-consuming and economically impractical. As a result, administering surveys in person was not appropriate for this study. Second, mail sent to a television station is usually sorted, and unsolicited mail is thrown out before it even reaches the employees. Therefore, mail-in surveys would likely not reach the reporters and photographers that were necessary for this study. Even if the surveys did reach the necessary people, reporters and photographers are rarely at their television stations for more than a few hours a day. With no incentive, this made it unlikely that they would take the time during their work day to sit down and fill out the survey. As a result, mail surveys were not the most efficient method for reaching the population needed for this study.

In order to combat these obstacles to data collection, the sample was gathered online. Teegen and Grotwinkel (2001) successfully used this method in their study of journalists and PTSD. Therefore, it seemed the most appropriate way to gather the sample for this study. Participants were notified through invitations posted on three web sites and one listserv that are heavily trafficked by people in the television industry. This method offered the best possible chance of gathering the needed sample because these web sites are usually visited during breaks or after work. Therefore, it was thought that potential participants would be more likely to take the time to answer the questions.

The three web sites that were used included: www.spj.org, www.medialine.com, and www.b-roll.net. The listserv was from the National Press Photographers Association and was accessed through their web site at www.nppa.org.
The Society for Professional Journalists maintains the web site at www.spj.org. The organization is composed of 9,000 broadcast, print, and online journalists who frequent the site for industry information and news. The site administrator posted invitations to this survey on both the web site discussion board and the e-newsletter distributed to all its members. Medialine.com is a site for job postings and information in the broadcast industry. It has been in existence for more than 10 years and offers online posting of resume tapes, as well as links to talent agencies and coaches. Most importantly, this site has a very popular online open forum in which industry issues are discussed by television employees. Permission to post on this forum was granted by the site administrator and the lead researcher posted the invitation herself. B-roll.net is similar to the Medialine site. It offers industry information, job postings and an online forum geared specifically toward television news photographers. It was created in 1999 and has more than 10,000 members worldwide. Permission to post on the site’s open forum was obtained from the site administrator and the lead researcher posted the invitation herself. Finally, the National Press Photographers Association provides continuing education opportunities for press photographers in both print and broadcast. It maintains a web site as a method for communicating information to their members. Its email listserv goes to 8,000 professional members who are all currently working in either the print or broadcast field. The group’s membership director gave permission for the survey invitation to be sent out on the listserv, and the lead researcher sent that invitation herself.
Online collection of survey data has obvious drawbacks. Among the most notable is the concern that those filling out the survey may not be from the population that is needed for the study. However, there are certain populations that are ideal for the use of online surveys, specifically those who frequent a particular website. By using websites designed specifically for the population one is trying to sample, this helps ensure that one’s sample includes only those individuals one wants to survey (Babbie, 2004). Therefore, the use of the industry-specific web sites outlined above helped ensure that the correct population was being reached.

Another concern with online data collection involves the nature of the measures being used. These were psychology-based measures, which are most often administered in person or through the mail. Therefore, there was concern that online administration may have influenced their reliability. However, Fortson, Scottie, Del Ben, and Chen (2006) found that the psychometric properties of trauma measures were not influenced by online administration versus traditional methods. They argued that researchers should feel comfortable using the Internet for data collection in trauma studies because it is a viable and reliable method.

Finally, the use of an Internet-based survey was especially appropriate for this study of journalism and trauma because research has shown that participants often give more representative answers due to the anonymity they feel while online. More specifically, the use of Internet surveys has been shown to decrease socially desirable responses and also to increase a respondent’s likelihood of answering sensitive questions (Joinson, 1999; Tourangeau, 2004). This was extremely important given the attitude of
stoicism that pervades journalism. Reporters and photographers often are reluctant to discuss the emotional fallout of their work (Drummond, 2004; Simpson & Boggs, 1999). Therefore, in the case of this study, an Internet-based survey provided them with the necessary anonymity to answer more truthfully, without consideration for how their comments might be viewed by their work colleagues.

All survey invitations were posted on the various sites during the last week of June and the first week of July 2007. The invitations were visible for a total of four weeks. The invitation asked specifically for television reporters, photographers, and live truck engineers. It explained the purpose of the survey and included a brief description of the types of questions that would be asked.

In order to help increase participation in the survey, a small incentive was offered. At the end of the survey, participants were given the opportunity to provide their email address if they wanted to be entered into a drawing for one of four $25 gift certificates to Borders Bookstore. Participation in the drawing was voluntary and the email addresses were collected in a database that was separate from the survey responses. This way the email addresses could not be connected to the survey responses in any way, maintaining the anonymity of the survey. The original survey invitation contained information about the drawing, and information about the method for maintaining anonymity was included on the web page where participants’ email addresses could be entered.

About half of those who completed the survey followed through and entered their email address into the drawing. When the survey was closed, four email addresses were drawn randomly from the list in the database. These participants were contacted and
asked for a mailing address. All four responded and the lead researcher then mailed the gift certificates to each participant with a letter thanking them for their participation.

The invitation posted on the discussion boards read as follows:

TV Reporters, photographers, and live truck engineers – I need your input. I am a former television reporter working on her doctoral dissertation and I need your help. I am studying how our experiences on the job can affect us emotionally and psychologically. If you are currently a television reporter, photographer or live truck engineer, I want to hear from you. Please follow the link below and complete my survey. It should take about 10 minutes. As a warning, some of the questions will seem repetitive; however, I assure you, I am not wasting your time. As a thank you for your help, you can be entered to win one of four $25 gift cards to Borders Bookstore once you complete the survey. Please give me 10 minutes of your time and I will give you the chance to win one of four gift cards. Thank you!

The following is the text of the invitation that was sent out on the listserv:

Hello, I am a former television reporter who is working on her doctoral dissertation. I am looking for input from television photographers, reporters, and live truck engineers, about your experiences on the job. I am studying the emotional and psychological effects of covering the more traumatic events of the news cycle such as murders, fatal fires, and accidents. Below is a link to my survey and I would really appreciate about 10 minutes of your time. As a warning, the survey does contain some questions that may seem repetitive. Unfortunately, that’s the nature of psychology. But please stick with it. I assure you, I am not
wasting your time. When you finish the survey you can register to win one of four $25 gift cards to Borders Bookstore. It’s a thank you from me for giving me your time and honest answers. This survey is posted on other sites, so if you have taken it already, thank you, but please do not take it again. If you have not taken my survey, please take a moment to follow the link below. Thank you!

Both invitations contained the same information. They were altered slightly to match the tone of other postings on the discussion boards and listservs. For example, the discussion board postings were very informal and conversational; therefore, a more conversational tone in the invitation was used. Conversely, the tone of previous postings on the listservs was a little more formal and reserved; therefore, the tone of the invitation was altered to reflect that. It was thought that people would be more likely to respond to the invitations if they matched the general tone and format of previous postings.

Sample

The Institutional Review Board at Kent State University approved the use of human subjects for this study. The sample consisted of current local television workers. In order to be included in the study, the subjects had to be currently employed at a local television news operation. Additionally, they had to be currently holding a reporter, photographer, or live-truck engineer position. 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. Other local news workers such as producers, assignment editors, and news directors were not included because their jobs do not involve covering stories at a given scene. Subjects were asked to indicate what position they currently held in their
newsroom in order to ensure that those filling out the survey were holding one of the specific positions being studied.

A power analysis was conducted in order to determine sample size. Kerlinger and Lee (2000) noted that a power analysis is important in determining the appropriate sample size so as to reduce the chances of Type II error. Power can be increased by increasing the sample size for a fixed alpha level. Given the desired alpha level (.05) and power level (.80), it was calculated that the sample would need to include at least 150 people. This number would provide enough data to allow for higher-level statistical analyses to be performed, such as multiple regression. Given the heavy traffic on the web sites chosen for this study, a sample of this size was feasible.

A total of 425 responses were collected over four weeks. Those who did not finish the survey or those who did not complete large portions of the survey were deleted (n = 103), leaving a total of 322 completed responses. This yielded a completion rate of 75.7%. An additional 42 responses were deleted from this initial pool because the participants indicated that they currently held a position that was not applicable to this study (i.e. student, news director, professor). Therefore, a total of 280 completed, useable responses were collected.

**Instrumentation**

Based on the needs of this study, a questionnaire was created to measure five categories of variables including: a) demographic information; b) evidence of PTSD; c) evidence of compassion fatigue; d) encounters with traumatic situations and trauma
victims; and d) work environment factors. The survey was composed of existing measures with proven reliability and validity.

**Demographic Information**

The demographic portion of the survey included questions for gender, race, age, and years of experience. These items were intended to answer research question four and were included based on research that has shown relationships between these variables and the development of compassion fatigue (Baird & Jenkins, 2003; Brady, et al., 1999; Cherniss, 1980a; Etzion & Pines, 1986; Hawkins, 2001; Kulik, 2006; Maslach, et al., 2001; Meyers & Cornille, 2002; Neumann & Gamble, 1995). The sample for this study included 245 males and 35 females. The sample was largely Caucasian (n = 255), while 19 indicated that they were either African-American, Hispanic, Asian, or other (missing = 6). A 2007 survey indicated that roughly 78% of television industry workers are white and 60% are male (Papper, 2007). Unfortunately, this sample may not have been the most representative of the total population since 87% of the sample was male and 91% was Caucasian. Therefore, females and minorities were most likely underrepresented. Additionally, the participants’ ages ranged from a low of 20 to a high of 65 ($M = 36.825$, $SD = 9.79582$). Eleven participants did not indicate a birth year so their age could not be calculated. The years of experience in television ranged from 1 year to 60 years ($M = 13.66$, $SD = 9.261$).

Additionally, participants were asked what their position was in their respective newsrooms. This survey was designed for reporters, photographers, and live truck operators because they were the ones who were most likely to experience traumatic
encounters. Therefore, participants were asked their position in order to weed out any answers from other workers who would not have the experiences necessary to provide meaningful answers. The majority of the sample was made up of photographers (n = 224). Forty-five reporters responded, and only 11 live truck engineers responded.

Finally, participants were asked indicate what television market level they worked in (i.e. New York is market #1). This question was included to provide information on the representativeness of the sample and perhaps pinpoint areas for future research on this topic. In this sample, the television market sizes ranged from market 1 (New York) to market 184 (Greenwood-Greenville, Mississippi) (\(M = 48.75, SD = 41.125\)). Eight participants did not report a market.

Posttraumatic Stress Disorder

The level of posttraumatic stress in television journalists was measured using the PTSD Checklist, Civilian Version (PCL-C) (Weathers, et al., 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, & Franklin, 2005). The PCL-C is a 17-item self-report scale which asks participants how often they have experienced a variety of different physical and psychological symptoms over the past month (see Appendix A). The measure has three subscales, each corresponding to a different category of symptoms. Items 1-5 represent re-experiencing the traumatic event; items 6-12 represent avoidance and numbing symptoms; and items 13-17 represent symptoms of persistent arousal. These symptoms correspond with the diagnostic
symptoms recognized by the American Psychological Association (Norris & Hamblen, 2003).

Each item is measured on a Likert-type scale of 1 to 5 (1 = not at all, 5 = extremely). The scale can be scored in two ways. First, scores from all 17 items can be added up for a total PTSD score. A total score of 44 or above is considered PTSD positive for the general population. The second method involves treating scores of 3 or above on each item as symptomatic of PTSD. Then, using the diagnostic criteria described in the DSM-IV, a preliminary diagnosis of PTSD can be made. For example, if a participant scores a 3 or above on at least one item from items 1-5, at least 3 items from items 6-12, and at least 2 items from items 13-17, he or she would be considered positive for PTSD. The National Center for PTSD suggests using both scoring methods to ensure a proper positive diagnosis; therefore, both scoring methods were utilized in this study.

In their review of the reliability of the PCL-C, Norris and Hamblen (2003) noted that the scale has strong internal consistency coefficients for the total scale (.97) and for each of the three subscales (.92-.93). When the scale was initially created, its test-retest reliability over 2 to 3 days was .96. In their study of the psychometric properties of the PCL-C, Ruggiero, Del Ben, Scotti, and Rabalais (2003) found high internal consistency for the total scale and its three subscales with the following Cronbach’s alphas: total scale (.94), re-experiencing scale (.85), avoidance scale (.85), and hyperarousal scale (.87). In the present study, Cronbach’s alphas again showed strong internal consistency for the total measure and each of its three subscales: total scale (.90), re-experiencing scale (.82), avoidance scale (.81), and hyperarousal scale (.83).
The PCL-C also has been shown to have strong validity. For example, scores on the PCL-C have been highly correlated with scores on other well-known PTSD measures. In a sample of military personnel, the PCL correlated highly (.93) with the Mississippi Scale for Combat Related PTSD. In civilian subjects, the PCL also correlated highly with the Impact of Event Scale (.90), another widely used PTSD self-report measure. Additionally, the PCL successfully diagnosed PTSD in subjects who had already been diagnosed using face-to-face interviews, with a correlation of .93 (Ruggiero, et al., 2003).

The PCL-C has been used successfully in previous studies of journalists and PTSD. For example, Pyevich et al. (2003) used the PCL-C and found 4.3% of their sample of print journalists recorded enough symptom severity to be diagnosed with PTSD. Teegen and Grotwinkel (2001) used the PCL-C and found that 13% percent of their sample of print journalists recorded high enough scores to be diagnosed with PTSD.

Due to its strong reliability and validity, and the fact that it has been used in similar research, the PCL-C was an appropriate measure to use in this study of journalists and trauma. 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,” (see Appendix B). Similar changes have been made to the scale in other studies with little to no effect on the outcome. Therefore, it was not expected that this change would affect the outcome of this study.
Compassion Fatigue

The level of compassion fatigue in local television journalists was measured using the Compassion Fatigue Scale – Short (Adams, Figley, & Boscarino, 2004). This scale was derived from the original 30-item Compassion Fatigue Scale created by Figley (1995). This 13-item, self-report measure asks subjects about their environment, as well as their emotional and physical health (see Appendix C). In addition to measuring overall compassion fatigue, the scale has two subscales. Items 3, 5, 8, 10, and 12 measure secondary traumatic stress. Items 1, 2, 4, 6, 7, 9, 11, and 13 measure burnout.

Each item is scored from 1 to 10 on a Likert-type scale (1 = Never/Rarely, 10 = Very Often). To calculate the STS, burnout, and overall compassion fatigue scores, item values are summed. The scale does not use specific cut-off points because it is not meant as a diagnostic tool. Instead, scores are interpreted such that the higher the score, the more likely the participant is to suffer from STS, burnout, and compassion fatigue.

This shortened version of the Compassion Fatigue Scale has been shown to be reliable and valid. Adams, Boscarino, and Figley (2006) found good internal reliabilities for the 5-item STS scale (α = .80), the 8-item burnout scale (α = .90), and the 13-item CF-short scale (α = .90). The CF-short scale and its components were also highly correlated with the original 30-item scale from which they were derived: STS scale (r = .65), burnout (r = .80), and CF-short (r = .83). The short version predicted psychological distress just as well as the long version, and the CF-short and its two components were also significantly correlated with other similar measures of psychological distress (r = .49).
Boscarino, Figley, and Adams (2004) used the two separate components of the CF-short to measure STS and burnout among New York City social workers following the September 11 terrorist attacks. In this study, the two subscales showed good internal reliability: STS scale ($\alpha = .80$) and burnout ($\alpha = .90$). The results helped validate the concept of compassion fatigue “as a multivariable construct comprising of STS and burnout” (p. 64).

In the present study, the CF-short showed good internal consistency and reliability with the following Cronbach’s alphas: total scale (.89), STS scale (.87), and burnout scale (.85).

Though relatively new, this scale was appropriate for this study because it effectively measured compassion fatigue with only 13 questions, instead of the 30 required for the original compassion fatigue scale. It has also been shown to be reliable and valid for use in studies of compassion fatigue. Like the PTSD measure, this scale was used with minimal changes. However, 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 (see Appendix D). Though this has not been done in any other studies using this measure, it did not adversely affect the reliability of the scale. Furthermore, it was a necessary change so that the scale could be applied to this study population.

Although the PTSD and compassion fatigue scales address different conditions, their questions are similar. Therefore, it was thought that depending on which scale participants answered first, it may influence the answers on the second scale. To check
for this possibility, 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 were then used to test for any significant difference in scores based on which scale was taken first. A t-test showed no significant difference in PTSD scores between those who took the PCL first and those who took it second (t = .662, df = 278, p = .508). A second t-test also showed no significant difference in compassion fatigue scores between those who took the compassion fatigue measure first and those who took it second (t = -.982, df = 278, p = .327).

Encounters with Traumatic Situations and Trauma Victims

In order to understand levels of PTSD and compassion fatigue among local television workers, it was important to catalogue their experiences and their frequency of exposure to events that can result in these disorders. In order to do this, the Journalist Trauma Exposure Scale (JTES) was used (Pyevich, Newman, & Daleiden, 2003). This 23-item scale asks participants about the frequency of their coverage of certain events and the emotional intensity of those experiences (See Appendix E). These events and experiences are specifically trauma-related and apply to work as a journalist, not anything experienced outside of work. The JTES has three subscales. Items 1-14 can be used to measure both frequency of exposure and range of exposure, depending on how they are scored. Items 15-23 are used to measure the intensity of exposure.

The items in the JTES ask the participant to recall how many times in a given time period they have covered a certain event or encountered a given situation.
Participants answer by giving a number representing their own personal experiences. To measure frequency of exposure, scores for items 1-14 are summed. The higher the score, the more trauma-related assignments a participant has covered. Additionally, range of trauma exposure is calculated by summing the number of different types of trauma-related events a participant has covered, again using items 1-14. Finally, intensity of exposure is calculated using items 15-23. These items specifically address trauma event characteristics. By summing the number of endorsed experiences, the intensity of exposure score is obtained.

Pyevich, Newman, and Daleiden (2003) created this scale for use in a study of PTSD among newspaper reporters and photographers. In their study, the three subscales showed good reliability: frequency of exposure ($\alpha = .77$), range of exposure ($\alpha = .84$), and intensity of exposure (.63).

Though it was created for a study of newspaper journalists, this measure was appropriate for this study because it correctly included the wide range of events journalists or photographers can be exposed to over the course of a given time period of their career. These events included both those capable of causing PTSD and also those capable of causing compassion fatigue. This was ideal for this study, considering the goal was to measure both concepts in local television workers. Additionally, the items indicating intensity of exposure also were useful because they not only addressed those experiences capable of triggering PTSD and compassion fatigue, but these items also addressed exposure to victims and their families which was an important concept in this study.
The scale was used in its original form with a few minor changes that were intended to make the scale more applicable to this study (See Appendix F). First, items 2, 15, 16, and 23 were dropped from the scale because they were not pertinent to the research questions and hypotheses in this study. Second, items 18 and 21 were changed from yes/no answers to frequency answers. These items were related to compassion fatigue; and therefore, frequency was a factor. Third, the wording of item 18 was changed for clarification purposes and so that it better reflected interactions with victims’ families and friends. Fourth, items 9 and 10 were combined for clarification and efficiency purposes. Finally, two new items were added. These new items specifically addressed interactions with victims and their families. These items were necessary because, as mentioned above, interactions with victims and their families was an important concept being measured in this study. After these changes, the measure included 20 items. It was not the researcher’s intention to use this scale to calculate exposure and intensity scores. Instead the frequencies were used for comparisons between groups or as predictors for compassion fatigue and its components. Therefore, these changes did not create any difficulties with the use of this instrument in terms of reliability or validity. For the range, means, and standard deviations for the items on the JTES, see Table 1.

Work Environment Factors

The literature shows that there are number of work environment factors that can contribute to the development of burnout and eventually compassion fatigue. Specifically, this study addressed three of the most prominent variables as indicated by the literature: social support, work pressure, and work commitment. In most studies of
Table 1

Responses to the JTES

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times in the past year have you been on the scene of or covered a story...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involving a dead or injured child?</td>
<td>8.38</td>
<td>13.50</td>
<td>0 - 150</td>
</tr>
<tr>
<td>In which people were seriously hurt or killed in a motor vehicle crash?</td>
<td>15.82</td>
<td>21.10</td>
<td>0 - 200</td>
</tr>
<tr>
<td>In which people were seriously hurt or killed in a fire?</td>
<td>6.00</td>
<td>9.82</td>
<td>0 - 100</td>
</tr>
<tr>
<td>Involving a person’s life-threatening illness?</td>
<td>5.22</td>
<td>7.32</td>
<td>0 - 50</td>
</tr>
<tr>
<td>Involving murder?</td>
<td>14.63</td>
<td>18.25</td>
<td>0 - 150</td>
</tr>
<tr>
<td>Involving physical assault?</td>
<td>12.16</td>
<td>21.68</td>
<td>0 - 250</td>
</tr>
<tr>
<td>Involving sexual assault?</td>
<td>7.81</td>
<td>13.75</td>
<td>0 - 100</td>
</tr>
<tr>
<td>Involving torture or kidnapping?</td>
<td>2.50</td>
<td>5.08</td>
<td>0 - 50</td>
</tr>
<tr>
<td>Involving other types of events in which people were seriously hurt or killed?</td>
<td>12.59</td>
<td>22.06</td>
<td>0 - 200</td>
</tr>
<tr>
<td>In which you were verbally attacked by victims, victims’ families, or victims’ friends?</td>
<td>5.03</td>
<td>9.76</td>
<td>0 - 100</td>
</tr>
<tr>
<td>In which you personally announced the news of death to relatives/friends of a victim?</td>
<td>0.26</td>
<td>0.77</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Involving interviews with victims and/or victims’ families/friends?</td>
<td>22.12</td>
<td>35.86</td>
<td>0 - 300</td>
</tr>
</tbody>
</table>
Responses to the JTES cont.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involving interviews with victims and/or victims’ families/friends who were extremely emotionally distraught?</td>
<td>14.55</td>
<td>26.46</td>
<td>0 - 280</td>
</tr>
</tbody>
</table>

*How many times throughout your entire career have you covered each of the following incidents?*

<table>
<thead>
<tr>
<th>Incident</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airplane crash?</td>
<td>7.42</td>
<td>11.48</td>
<td>0 - 280</td>
</tr>
<tr>
<td>Natural disaster?</td>
<td>20.17</td>
<td>70.6</td>
<td>0 - 100</td>
</tr>
<tr>
<td>War?</td>
<td>7.21</td>
<td>62.05</td>
<td>0 - 1000</td>
</tr>
</tbody>
</table>

*Throughout your entire career...*

<table>
<thead>
<tr>
<th>Incident</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times have you been physically attacked while covering an assignment?</td>
<td>2.55</td>
<td>7.19</td>
<td>0 - 100</td>
</tr>
<tr>
<td>How many times have you received injuries while covering an assignment?</td>
<td>1.33</td>
<td>2.72</td>
<td>0 - 30</td>
</tr>
<tr>
<td>How many times have you witnessed someone getting hurt or killed while covering an assignment?</td>
<td>2.46</td>
<td>7.47</td>
<td>0 - 100</td>
</tr>
<tr>
<td>How many times have you witnessed a particularly gruesome scene while covering an assignment?</td>
<td>45.54</td>
<td>125.25</td>
<td>0 - 1000</td>
</tr>
</tbody>
</table>

In this nature, the Work Environment Scale (WES) is used (Moos, 1994). This scale 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 comprised of 9 items each (1994).
Due to its size, the use of this entire measure was not feasible for this study.

Given the fact that this survey was administered over the Internet with only a small incentive offered, it was reasonable to assume that if this entire measure were included participants would most likely not complete the survey due to fatigue. Therefore, only four of the ten subscales were used: involvement, peer cohesion, supervisor support, and work pressure (See Appendix G). These subscales applied to the most prominent variables related to burnout 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 (See Appendix H).

The subscales chosen for this study were reliable. Cronbach’s alphas for each of the subscales were strong: involvement (.84), peer cohesion (.69), supervisor support (.77), and work pressure (.80). Additionally, test-retest reliabilities for each of the subscales were also good: involvement (.83), peer cohesion (.71), supervisor support (.82), and work pressure (.76) (Moos, 1994). Morrison (1998) found internal reliabilities ranging from .73 to .86 and test-retest reliabilities ranging from .69 to .83. In the present study, Cronbach’s alphas showed strong reliability and internal consistency for each of the subscales: work involvement (.79), peer cohesion (.69), supervisor support (.79), and work pressure (.73).
The continued use of the WES shows that it is a reliable and valid scale that effectively measures work settings (Salter, 2002). For example, the WES has been used repeatedly in studies of burnout to assess how work environment factors contribute to the development of burnout in mental health professionals (Adali, Priami, Evagelou, Mougia, Infanti, & Alevizopoulos, 2003; Piedmont, 1993; Savicki & Cooley, 1987; Turnipseed, 1994, 1998), teachers (Goddard, O’Brien, & Goddard, 2006), and child protective services workers (Savicki & Cooley, 1994).

Journalistic Attitude

Finally, as stated in the literature review, a key component to understanding how journalists are affected by their work is the general attitude of stoicism that pervades the industry. Most journalists and their employers either don’t think it is possible, or are reluctant to admit that it is possible to suffer emotional and psychological damage from the stories they cover. This attitude and its relationship to compassion fatigue was important and was assessed in this study. There are no existing scales that measure this attitude of stoicism; therefore, this study included two items intended to measure the participants’ attitudes about the emotional effects of their work. The were measured on a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree) and were worded as follows: “It is possible for local television news workers to suffer emotional and psychological damage due to their exposure to traumatic situations and/or their experiences with trauma victims;” and “It is possible that I could suffer emotional and psychological damage due to my exposure to traumatic situations and/or my experiences with trauma victims.”
Data Analysis

The data analysis for this study was conducted in two steps. First, a preliminary analysis was conducted to establish the reliability of the compassion fatigue and PTSD measures for further analysis. As noted above, the reliabilities of the total scales and their subscales were very strong. Second, a combination of t-tests, Pearson correlations, ANOVAs and multiple regression was used to test each of the hypotheses and research questions posed in this study.
CHAPTER IV
RESULTS

This study was designed to investigate PTSD and compassion fatigue in local television news workers. The purpose was to gain more understanding about compassion fatigue and the variables that may contribute to it, with the hope of providing a better understanding of how television news workers can be emotionally and psychologically affected by the stories they cover.

Hypothesis Testing

Research Question 1

Research question one investigated the compassion fatigue scores among the study sample. Total scores for the entire scale and its subscales were summed following the guidelines set forth by the scale creators. Descriptive statistics were then used to evaluate mean and median scores, as well as ranges of scores, in order to show compassion fatigue symptoms and severity. 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), the median total score was 41.50, and the mode was 22.00. A total of 9 participants received that score.

Because this version of the compassion fatigue scale was new, total compassion fatigue scores for other populations are not available for comparison. However, Boscarino, Figley and Adams (2004) used this scale to measure the secondary traumatic stress and burnout components of compassion fatigue in social workers and counselors who had worked with victims of the September 11 terrorist attacks. In their sample, the
Mean total secondary trauma score was 4.80 ($SD = 5.54$), and the mean total burnout score was 10.78 ($SD = 11.30$). For the sample of local television news workers used here, the means for secondary trauma ($M = 13.67$, $SD = 8.69$) and burnout ($M = 31.13$, $SD = 14.71$) were much higher. Therefore, it is not unreasonable to suggest that if the means for the components of compassion fatigue were higher in television news workers than in social workers and counselors, then the overall compassion fatigue scores would be higher as well.

Mean compassion fatigue scores also were calculated for each individual. These scores ranged from 1.00 to 9.85. The mean was 3.44 ($SD = 1.62$), the median was 3.19, and the mode was 1.69. A total of 9 participants received that score. Item responses could range from a low of 1 to a high of 10. In this sample, 69% ($n = 196$) had a mean score of 3.99 or below. This would indicate that a large portion of the sample is rarely or never bothered by compassion fatigue symptoms. Seventy-five participants or 26% had a mean score of between 4 and 6.99. This suggests that about a quarter of the sample is sometimes bothered by compassion fatigue symptoms. Finally, 3.2% ($n = 9$) of the sample had a mean score of 7 or above. This indicated that a small portion of the sample is often or very often bothered by compassion fatigue symptoms. For reporters ($n = 45$), 60% ($n = 19$) had a mean score of 4 or above. Twenty-eight percent ($n = 64$) of photographers scored a 4 or above, and 18% ($n = 3$) of live truck engineers scored a 4 or above. Whether or not these differences were statistically significant is discussed below.

In addition to the compassion fatigue scale, participants also were asked to rate how likely they were to seek another career outside the field of television due to the
severity of their symptoms. 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 out of television due to their symptom severity \( (r = .531, p < .001) \). The question was based on a scale of 1 (not at all) to 5 (extremely). The mean score was 1.87 \( (SD = 1.08) \). The median was 2.00, and the mode was 1.00. Nearly a quarter of the participants \( (n = 65, 23.2\%) \) indicated they were moderately, quite a bit, or extremely likely to seek another career due to their compassion fatigue symptoms. Of those with compassion fatigue means of 7 or above \( (n = 9) \), 55% \( (n = 5) \) said they were quite a bit or extremely likely to seek a new career due to their symptoms.

**Research Question 2**

The second research question asked if there was a difference in compassion fatigue scores between reporters, photographers, and live truck engineers. To answer this question, a one-way analysis of variance (ANOVA) was used. Results indicated no significant difference in compassion fatigue scores between reporters \( (M = 48.49, SD = 20.95) \), photographers \( (M = 43.99, SD = 21.28) \), and live truck engineers \( (M = 46.09, SD = 17.71) \), \( F(2,277) = .873, p = .419, \eta^2 = .006 \). Therefore, compassion fatigue scores did not differ significantly among the groups in this sample.

**Research Question 3**

Research question 3 asked what the rate of PTSD was among local television news workers. In order to answer the question, the PTSD Checklist (PCL) was used. The PCL was scored in two ways; therefore, this question was answered in two ways. First, the 17 items of the PCL scale were summed to give a total score. Individuals in the
general population with scores of 44 and above are considered symptomatic of PTSD. 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 considered 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 questions 1-5; 3 items from questions 6-12, and 2 items from questions 13-17. In this sample, 26 (9.3%) fulfilled all three criteria, meaning they could be considered symptomatic of PTSD. An explanation of how these rates compare to the rates of PTSD in the general population and other at-risk professions is included in the discussion.

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.

Research Question 4

Research question 4 asked if there was a difference in PTSD scores among local television reporters, photographers, and live truck engineers. This question also was answered in two ways. First, a one-way analysis of variance (ANOVA) was used to test for differences in total PCL scores. The test indicated no significant difference in total PCL scores among reporters ($M = 30.23$, $SD = 8.97$), photographers ($M = 28.97$, $SD = 11.03$), and live truck engineers ($M = 30.27$, $SD = 9.29$), $F(2,277) = .315$, $p = .73$, $\eta^2 =$
Next, a one-way ANOVA was used to test for a significant difference in number of criteria met. The test indicated no significant difference in number of criteria met between reporters ($M = 1.07, SD = .96$), photographers ($M = .79, SD = 1.00$), and live truck engineers ($M = 1.09, SD = .94$), $F(2,277) = 1.79, p = .17, \eta^2 = .013$. Therefore, there was no significant difference in PTSD scores among the different groups in this sample.

**Hypothesis 1**

Hypothesis 1 investigated the difference between PTSD and compassion fatigue scores. It posited that compassion fatigue scores for local television news workers would be significantly higher than the PTSD scores for local television workers. Because PTSD and compassion fatigue were measured on two different scales, a simple t-test for a difference between the means could not be done. Therefore, a linear regression analysis was used (Wearden, personal communication, October 7, 2007). First, a scatter plot was created to indicate whether the relationship between the two variables was indeed linear (see Figure 1). The plot indicated a linear trend in the relationship, which was necessary in order to proceed. Next, total PTSD score was entered into the regression as the X (independent) variable, and total compassion fatigue score was entered as the Y (dependent) variable. The regression indicated a statistically significant linear relationship ($R^2 = .486, F = 262.798, p < .001$). Additionally, Wearden (2007) noted that if the regression indicated that the intercept of these two variables was significantly greater than zero, this would indicate a bias in the compassion fatigue scores caused by the fact that they were significantly higher than the PTSD scores. However, the analysis
Figure 1: Scatter plot indicating a linear trend in the relationship between compassion fatigue and PTSD scores.

revealed an intercept that was not significant ($\alpha = 4.413, p = .097$); therefore, hypothesis 1 was not supported.

Hypothesis 2

Hypothesis 2 posited that those who had covered a large-scale disaster or war would have higher PTSD scores than those who had not. Due to the discrepancies in group sizes between those who had disaster and war experience and those who had not, disaster and war experience were tested separately. An independent samples t-test was
used to test whether those with war experience had higher PTSD scores than those without. A Pearson correlation was used to test whether frequency of disaster experience was related to increases in PTSD scores. Information for this hypothesis was gathered through 3 items on the Journalist Trauma Exposure Scale. Participants were asked to indicate how many times during their career they had covered a war, an airplane crash, and a natural disaster. The airplane crash and natural disaster frequencies were combined for a total disaster experience score. The frequencies for war experience were used alone.

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 ($M = 23.37$, $t = -1.581$, $df = 278$, $p = .115$). 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. Separating disaster coverage from war coverage 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 ($M = 28.18$, $t = -2.669$, $df = 278$, $p < .01$). Therefore, 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 ($M = 23.38$, $t = -1.581$, $df = 278$, $p = .115$). 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 ($r = .116, p = .052$, 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 ($r = .151, p < .01$, one-tailed). Those participants with higher frequencies of disaster coverage also had higher overall PTSD scores. It is important to note that the small correlation indicates that coverage of disasters is responsible for only a small percentage of the variance in PTSD scores in this sample. This, in turn, suggests that other variables, perhaps unmeasured here, are at work on PTSD.

_Hypothesis 3_

Hypothesis 3 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. Information for this hypothesis was gathered through three items on the Journalist Trauma Exposure Scale. The items asked how many times throughout a participant’s career he or she had been physically attacked while on assignment, received injuries while covering an assignment, or seen someone else get hurt or killed while on an assignment. The frequencies for these three items were combined for a total score.
An independent samples t-test was used to test this hypothesis. The test revealed a significant difference in PTSD scores between the two groups ($t = -2.997$, $df = 278$, $p < .01$). 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.

**Hypothesis 4**

Hypothesis 4 predicted that frequency of contact with trauma victims and their families would be positively related to STS scores among local television news workers. Frequency of contact with trauma victims was measured using one item from the Journalist Trauma Exposure Scale. This item asked participants how many times in the past year they had interviewed trauma victims or the friends and family members of trauma victims. Secondary traumatic stress scores were calculated using the scores from the 5 items of the Compassion Fatigue Scale – Short Form that constitute the STS scale. The five items asked participants how often they experienced varying symptoms of STS. Participants rated these five items on a scale of 1 (never/rarely) to 10 (very often). The scores for these items were then summed for an overall STS score.

A one-tailed Pearson correlation was used to test the prediction that exposure to trauma victims would be positively related to STS scores. The test revealed no significant relationship between the two variables ($r = .015$, $p = .398$). Therefore, hypothesis 4 was not supported.
Research Question 5

Research question 5 asked if frequency of emotionally intense contact with victims and/or their families was related to increases in scores of secondary traumatic stress among local television news workers. Emotionally intense contact was measured using three items from the Journalist Trauma Exposure Scale. These items asked how many times in the past year a participant had been verbally attacked by a victim, announced the death of a victim to family members, or interviewed someone who was extremely emotionally distraught. The frequencies for these three items were summed for an overall emotionally intense contact score. STS scores were calculated using the same method explained in Hypothesis 4.

A Pearson correlation was used to determine whether emotionally intense contact with victims of trauma was positively related to STS scores. The test showed there was no significant relationship between these two variables ($r = .090, p = .139$).

Hypothesis 5

Hypothesis 5 predicted that frequency of coverage of traumatic stories would be positively related to the rate of STS among local television news workers. Frequency of traumatic coverage was calculated using nine items from the Journalist Trauma Exposure Scale. These items asked each participant how many times in the past year he or she had covered each of 9 traumatic incidents, such as stories involving a dead or injured child, murders, physical assaults, and fatal traffic accidents. The frequencies for these items were summed for an overall total trauma score.
A one-tailed Pearson correlation was used to test whether coverage of traumatic stories was positively related to STS scores. The test revealed no significant relationship between the two variables ($r = .04, p = .219$). Therefore, hypothesis 5 was not supported.

**Hypothesis 6**

The next set of hypotheses and research questions looked at burnout among television news workers and the variables that may affect it (see Table 2).

Hypothesis 6 predicted that level of job commitment would be positively related to burnout scores among local television news workers. Job commitment was measured using items 1, 5, 9, 13, 17, 21, 25, 29, and 33 from the Work Environment Scale. Participants rated these items on a Likert-type scale from 1 (strongly disagree) to 5 (strongly agree). Scores from these items were then summed for an overall job commitment score. Burnout was measured using items 1, 2, 4, 6, 7, 9, 11, and 13 from the Compassion Fatigue Scale – Short Form. These items constitute the burnout subscale. Participants rated these items on a scale of 1 (never/rarely) to 10 (very often). Scores from each item were then summed for an overall burnout score.
A one-tailed Pearson correlation was used to test whether job commitment would be positively related to burnout. The test revealed a moderate negative relationship between the two variables ($r = -.41, p < .001$). Therefore, hypothesis 6 was not supported. The two variables were related but not in the direction predicted.

_Hypothesis 7_

Hypothesis 7 predicted that perceived intensity of work pressure would be positively related to burnout scores among local television news workers (see Table 2). Perceived intensity of work pressure was measured using items 4, 8, 12, 16, 20, 24, 28, 32, and 36 of the Work Environment Scale. As in the previous hypothesis, scores from these items were summed for an overall perceived intensity of work pressure score. Burnout was measured using the same method mentioned in the previous hypothesis.

A one-tailed Pearson correlation was used to test whether perceived intensity of work pressure and burnout were related. The test revealed a moderate positive relationship between the two variables ($r = .38, p < .001$). Therefore, hypothesis 7 was supported.

_Hypothesis 8_

Hypothesis 8 predicted that social support from newsroom peers and supervisors would be negatively related to burnout scores among television workers (see Table 2). Social support was measured using the items from two subscales of the Work Environment Scale. The peer cohesion subscale uses items 2, 6, 10, 14, 18, 22, 26, 30, and 34. The supervisor support subscale uses items 3, 7, 11, 15, 19, 23, 27, 31, and 35. Items from both scales are measured on a Likert-type scale from 1 (strongly disagree) to
Table 3

Summary of Regression Analysis for Variables Predicting Burnout

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Commitment</td>
<td>-.666</td>
<td>.175</td>
<td>-.267*</td>
</tr>
<tr>
<td>Perceived Work Pressure</td>
<td>.833</td>
<td>.165</td>
<td>.288*</td>
</tr>
<tr>
<td>Social Support</td>
<td>-.316</td>
<td>.116</td>
<td>-.208*</td>
</tr>
</tbody>
</table>

*R = .567, R² = .322, F(3, 276) = 43.625, p < .001
* p < .001

5 (strongly agree). Scores from these items were summed for an overall social support score. Burnout was measured using the same method mentioned in the previous hypothesis.

A one-tailed Pearson correlation was used to test the prediction that social support would be negatively related to burnout. The test revealed a moderate negative relationship between the two variables (*r* = -.50, *p* < .001). Therefore, hypothesis 8 was supported.

**Research Question 6**

Research question 6 asked if job commitment, overall social support, and work pressure predicted burnout scores among local television news workers (see Table 3). Multiple regression was used to answer this question. All the variables were entered together. The final regression equation accounted for 32.2% of the variance in burnout scores (*R*² = .322, *p* < .001). Significant contributors were job commitment (*β* = -.267, *p* < .001), social support (*β* = -.208, *p* < .01), and work pressure (*β* = .288, *p* < .001), *R* = .57, *R*² = .32, *F* (3, 276) = 43.63, *p* < .001. These results suggest that job commitment,
Table 4

Summary of Regression Analyses for Variables Predicting Compassion Fatigue

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

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

social support, and work pressure were all significant predictors of burnout scores. When considering the standardized betas, all three variables produced relatively the same contribution. However, level of perceived work pressure was the strongest contributor to burnout among the local television news workers in this sample. Therefore, those who feel more pressure at work are more likely to be burned out.

Research Question 7

The next set of research questions investigated compassion fatigue and the variables that might predict it (see Table 4). Research question 7 asked if frequency of contact with victims, frequency of coverage of traumatic stories, job commitment, social support, and work pressure predicted overall compassion fatigue scores among local
news workers. Overall frequency of contact with victims was calculated using four items from the Journalist Trauma Exposure Scale. These four items asked how many times in the past year a participant had been verbally attacked by a trauma victim or a victim’s family member, had personally announced the news of death to relatives or friends of a trauma victim, had interviewed a victim or the family and friends of a trauma victim, and participated in interviews with victims or their family members when they were extremely emotionally distraught. These four items were then combined for an overall contact with victims score. Compassion fatigue scores were calculated by summing the responses to the 13 items of the Compassion Fatigue Scale – Short Form. All other variables were measured using the methods explained above.

Multiple regression was used to answer this question. All variables were entered into the model together. The final regression equation accounted for 27.6% of the variance in compassion fatigue scores ($R^2 = .276, p < .001$). Significant contributors were job commitment ($\beta = -.165, p < .05$), social support ($\beta = -.228, p < .01$), and work pressure ($\beta = .302, p < .001$), $R = .53, R^2 = .28, F (5,274) = 20.87, p < .001$. These results suggest that job commitment, social support, and work pressure were significant predictors of compassion fatigue; however, frequency of contact with victims and frequency of coverage of traumatic stories were not significant predictors. Of the variables that were significant, work pressure was the strongest contributor to overall compassion fatigue in this sample of local television news workers, while job commitment was the weakest contributor. Therefore, those who were less committed to
their jobs, felt they had less social support at work, and felt more work pressure were more likely to experience symptoms of compassion fatigue.

**Research Question 8**

Research question 8 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 4). All variables were entered into the model together. The final regression accounted for 4.0% of the variance in compassion fatigue scores ($R^2 = .040, p < .05$). Gender was a significant contributor ($\beta = .166, p < .01$), such that being female was a significant predictor of higher compassion fatigue scores. Accordingly, women had higher compassion fatigue scores than men.

Years of experience in television was also nearly significant ($\beta = .218, p = .052$). 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 ($R^2 = .006, p = .180$). The addition of years of experience-squared also did not produce a significant result ($R^2 = .016, p = .095$). Therefore, a curvilinear relationship with compassion fatigue was not detected.

Contrary to the literature on compassion fatigue, age was not a significant predictor of compassion fatigue ($\beta = -.143, p = .202$). 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 ($R^2 = .010, p = .121$). Therefore, a curvilinear relationship was not detected.

**Research Question 9**

The final set of research questions and hypotheses looked at the attitude of local television news workers toward the idea that they can be emotionally and psychologically affected by their work. Research question 9 investigated this relationship. At the end of the survey, participants were asked to respond to two statements using a Likert-type scale from 1 (strongly disagree) to 5 (strongly agree). The statements were, “Television news workers can be emotionally and psychologically affected by the stories that they cover,” and “I can be emotionally and psychologically affected by the stories that I cover.” Responses to these two statements were used for both research question 9 and hypothesis 9.

Frequency distributions showed that 88.6% (n = 248) agreed or strongly agreed that others working in television could be affected emotionally and psychologically by their work. However, only 62.3% (n = 174) agreed or strongly agreed that they personally could be emotionally or psychologically affected by their work in television. A paired-samples t-test revealed that this difference was significant. Participants were more likely to agree that others could be affected ($M = 4.08, SD = .695$) than they were to agree that they personally could be affected ($M = 3.48, SD = 1.09, t = 11.421, df = 278, p < .001$). Additionally, an independent samples t-test revealed that women ($M = 3.89, SD = .993$)
were more likely than men ($M = 3.42, SD = 1.09$) to believe that they personally could be affected by their stories ($t = -2.36, df = 277, p < .05$). However, there was no significant difference between men ($M = 4.07, SD = .698$) and women ($M = 4.11, SD = .758$) in their opinions about whether or not others in news could be affected by the stories they cover. There was also a small, positive correlation between years of experience in television and a belief that they personally could be affected by the stories they covered ($r = .127, p < .05$). The longer a participant had spent working in television, the more likely he or she was to believe that he or she could be emotionally and psychologically affected by his or her stories.

**Hypothesis 9**

Hypothesis 9 predicted that those who were less likely to agree with the statement “I can be emotionally and psychological affected by the stories I cover,” would have higher overall compassion fatigue scores. A one-tailed Pearson correlation was used to test this predicted negative relationship. The test revealed a moderate positive relationship between the two variables ($r = .47, p < .001$). Therefore, hypothesis 9 was not supported. The two variables were related but not in the direction predicted.
CHAPTER V
DISCUSSION

This study was an attempt to investigate compassion fatigue and PTSD in local television news workers, as well as the variables that may contribute to these conditions. While the results were mixed, this study did show that symptoms of PTSD and compassion fatigue do exist among local television news workers. This study also highlighted elements of local television news work that may contribute to the development and severity of these symptoms.

Roughly 30% of the participants in this study indicated that they had moderate to severe symptoms of compassion fatigue. Three-percent were in the severe range. Results showed that the higher the compassion fatigue score, the more likely a participant was to consider seeking a new career outside of television. In other words, of those participants who were suffering from symptoms of compassion fatigue, these symptoms were severe enough to affect how they worked and whether they wanted to continue that work. A lack of motivation to continue one’s work or frequent job changes are typical of those suffering from secondary-traumatic stress, which is a component of compassion fatigue (Cerney, 1995; Neumann & Gamble, 1995; Pearlman & Saakvitne, 1995). Therefore, while a diagnosis of compassion fatigue cannot be given from this scale, it can be argued that a small percentage of local television news workers are most likely suffering from it.

Because the shortened version of the compassion fatigue scale used in this study is relatively new, there are no data available with which to compare scores from this sample with other at risk populations such as EMS workers or police officers. However,
mean scores for burnout and secondary traumatic stress (STS) have been gathered for counselors of trauma victims using this scale. As was mentioned in the results section of this paper, the mean scores for burnout and STS in this sample of local television news workers were nearly three times the mean scores for the trauma counselors studied by Boscarino, Figley, and Adams (2004). If the mean scores for the components of compassion fatigue were so much higher, it is not unlikely that overall compassion fatigue scores would also be higher. This suggests that local television news workers may be more at risk for compassion fatigue than their counterparts in the field of trauma counseling. In a study of counselors who worked with victims of September 11, Adams, Boscarino, and Figley (2006) suggested that interaction with trauma survivors does not, by itself, lead to compassion fatigue. Since both television journalists and counselors interact with trauma survivors, the logical explanation for this disparity is differences in work environment. Counselors do not routinely travel to scenes of trauma such as fatal car accidents and fires. Additionally, the work atmosphere in a newsroom is far different from that of a medical practice in terms of pressure, commitment, and support from coworkers. As will be discussed later, these variables were all significant contributors to compassion fatigue in the sample used in this study. Therefore, it can be argued that the work environment in addition to contact with trauma and its victims puts television news workers at a higher risk for compassion fatigue than those in the counseling field.

Results on the variables that contribute to compassion fatigue were mixed. Variables typically associated with secondary traumatic stress were studied first. Despite previous research which suggested that frequent contact with trauma victims and frequent
coverage of traumatic stories would be related to scores of STS (Figley, 1995b; Huggard, 2003; Morrisea, 2004; Pearlman, 1995; Saakvitne & Pearlman, 1996; Stamm, 1995), neither condition was related to STS scores in this sample of local television news workers. There are three possible explanations for this discrepancy. First, television news workers rarely speak to the same victim more than once. Unlike a counselor who sees the same patient repeatedly, reporters and photographers are exposed to different trauma victims each time, all with their own stories to tell. 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. Additionally, while it is a therapist’s job to help a trauma victim overcome his or her tragedy, a journalist’s job is merely to tell the story. This may keep a journalist from absorbing as many of the traumatic details, which may mean that the psychological or emotional effect of those details would not be as great. Despite the plausibility of this argument, studies like those mentioned above show that it is repeated contact with victims, not repeated contact with the same victim that causes STS.

The next possible explanation is that interaction with trauma victims is not related to STS or compassion fatigue at all. In their study of trauma counselors, Adams, et al. (2006) also found that overall percentage of clients who were victims of trauma was not correlated with STS or compassion fatigue in their sample. In other words, how many trauma victims the therapists were currently counseling had no relationship to their overall STS or compassion fatigue scores. Is it possible that exposure to trauma victims is actually not a contributor to compassion fatigue? While the results of this study and the
Adams et al. (2006) study appear to support this notion, there are far more studies that refute it (see for example: Figley, 1995b; Haggard, 2003; Morrisette, 2004; Pearlman, 1995; Saakvitne & Pearlman, 1996; Stamm, 1995). Therefore, the most likely explanation for the discrepancy in this study is some type of 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. Even in the larger cities, it seemed unlikely that one reporter or photographer would have spoken to 25 or 30 victims of trauma in one year, or covered 30 or 40 incidents in which one or more people had been killed. While 30 or 40 homicides could happen in one city in a year, it is unlikely that all would be covered, or that all would be covered by the same reporter or photographer. Furthermore, in once incident, a respondent indicated that they had had 300 emotionally intense contacts with victims in one year. Therefore, it was thought that the participants’ estimates for their encounters might be exaggerated and that was affecting the relationship between the variables in question.

To test this idea, scores for emotionally intense contact with victims were systematically excluded. First, scores that were likely the most exaggerated were omitted (scores above 100), and then those above 55 were omitted. Each time these high scores were omitted, the significance level of the relationship improved. Finally, when all scores above 25 were omitted, the relationship was significant ($r = .141, p < .05$). Even though all scores above 25 were omitted, the new sample still included 80% of the original
sample (n = 223). Additionally, the variables of contact with victims and coverage of traumatic stories were also investigated in this same way. And while the relationship between STS and contact with victims, and STS and coverage of traumatic stories did not reach significance, the significance level did improve each time the higher scores were omitted. This suggests that the numbers for the experiences indicated by the participants may have been inflated or exaggerated, and therefore, quite possibly played a roll in the lack of findings between STS scores and these variables.

Why the frequencies for experiences may have been over-estimated or inflated is hard to say. It is unlikely that it was done purposely by the participants. One possible explanation is that cynicism or desensitization played a part. News workers cover so many of these types of stories and interview so many victims, that they all blur together. When asked how many times they’ve covered a given type of incident, they often throw out random numbers, mostly because it is too hard to try to figure it out.

Adams, et al. (2006) asked their participants to estimate the percentage of their current clients that were victims of trauma, and the authors found that those frequencies seemed over-estimated as well. While the authors did not offer an explanation, it’s possible that cynicism or desensitization played a part here too. 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.

On the other hand, it is also possible that the participants in this study may have encountered one or more extremely traumatic events during the past year, and therefore, may have been overly sensitized. For example, one or two extremely emotionally charged
interviews with trauma victims may feel like five or six. Covering one or two extremely
graphic fatal car accidents may feel like nine or ten in retrospect. Perhaps the participants
in this study could not accurately recall how many incidents they had covered and over-
estimated simply due to the level of trauma of the events.

One final explanation is that the local television workers in this study either
misunderstood the question and thought they were being asked to estimate experiences
for their entire career, or asking them to estimate their experiences for an entire year is
too long of a time frame. Maybe six months or even three months would be better. This
may allow for easier recall and more accurate estimates of experiences.

While the variables associated with the secondary traumatic stress component of
compassion fatigue had mixed results, the variables associated with burnout did not. As
predicted, job commitment, work pressure, and social support were all related to burnout
in local news workers and were all significant predictors of it as well. These results are in
line with previous research on burnout in other populations (Baird & Jenkins, 2003;
Brown & Pranger, 1992; Carroll & White, 1982; Cherniss, 1980a, 1980b; Figley, 1995b;
Maslach, 1979, 1986; Maslach & Leiter, 1997; Maslach & Ozer, 1995; McCammon,

Interestingly, while job commitment was related to burnout in local news
workers, it was not related in the direction expected. Research such as those studies
mentioned above shows that those who are highly committed to their jobs or consider it a
“calling” are more susceptible to burnout. However, the more local news workers in this
sample were committed to their jobs, the lower their burnout scores. Perhaps a
journalist’s commitment to his or her job is different from the type of commitment felt by a therapist or emergency services worker. It’s possible that being committed to telling good stories or exposing injustices acts as a barrier to burnout among journalists. In other words, when they begin to feel symptoms of burnout, it is their commitment to their work that helps them overcome these symptoms, not vice-versa.

There is also another possible explanation. All of the web sites used in this study include job postings and information for those seeking to change jobs. Therefore, the sites are attractive to those who are unhappy with their current working environment or those who are simply looking to move on. As a result, it is possible that those who frequent these sites are already burned out. Therefore, it is possible that a large section of the sample used in this study was already burned out or at least experiencing high levels of burnout symptoms. This may have affected this variable’s relationship with the variable of job commitment such that the relationship was not what was expected.

When looking at compassion fatigue as a whole, results also were a bit mixed in terms of which variables emerged as significant predictors. All the burnout variables also were significant predictors of overall compassion fatigue as expected; however, the secondary traumatic stress variables were not. It is possible that the same phenomenon which caused these variables to be unrelated to secondary traumatic stress was also at work when looking at overall compassion fatigue.

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 in other research (Brady et al., 1999; Etzion & Pines, 1986; Meyers &
Cornille, 2002). Age and years of experience in television were not related to compassion fatigue, although the years of experience variable was nearly significant. However, it was not necessarily surprising to not find significance with these variables because previous studies on these variables also have yielded mixed results (Cherniss, 1980a; Hawkins, 2001; Maslach et al., 2001).

In the case of this study, it was thought that the problem may involve the fact that the effects of age and years of experience on compassion fatigue may vary a great deal between individuals based on what they have experienced on the job. For example, two people could have the same age and years of experience, but if one has spent his or her entire career in a small market and the other has spent his or her career ascending through the ranks to a large market, their on the job experiences in terms of exposure to trauma and victims are going to be completely different. Therefore, their compassion fatigue scores would most likely be different, and it would have had very little to do with how old they were or how long they worked in television.

In this sample, market size was correlated with years of experience ($r = -.241, p < .01$) and age ($r = -.228, p < .01$); however, not in the direction that would be expected. Additionally, market size was not correlated with overall compassion fatigue ($r = -.037, p = .541$). Finally, when market size, years of experience, and age were entered into a regression equation to test their affect on compassion fatigue, none of the three variables were significant predictors ($R^2 = .009, F = .807, p = .491$). Despite the fact that the three variables were not significant predictors of compassion fatigue, they were correlated with each other. This suggests that some relationship exists that may be confounding each
variable’s affect on compassion fatigue. However, whatever that relationship may be, clearly requires further investigation.

In addition to compassion fatigue, this study also investigated PTSD among local television news workers. In this study, roughly 7% met the necessary criteria to be diagnosed with PTSD. Studies of the general population show that 5% of men, and up to 14% of women, suffer from PTSD (Norwood, et al., 2003). Studies of police officers have shown rates of PTSD as low as 26% (Martin, et al., 1986) and as high as 43% (Violanti & Gehrke, 2004). Additionally, depending on the measure used, rates of PTSD among firefighters have ranged from 5-22% (Delben, et al., 2006). Clearly the television news workers studied here have a lower rate of PTSD than their emergency worker counterparts. However, this is to be expected given that journalists often show up in the aftermath of a tragedy, not during one, as most emergency response workers do.

When compared to other studies which measured PTSD in journalists, the 7% found in this study is the highest, with the exception of two studies. In studies which sampled strictly newspaper journalists, rates of 6% (Newman et al., 2003), and 4.3% (Pyevich et al., 2003) were found. And in one study, no one met the necessary criteria to be diagnosed with PTSD (Simpson & Boggs, 1999). In studies that included samples of both television and print journalists rates of 13% (Teegen & Grotwinkel, 2001) and 32% (Marais & Stuart, 2005) were found. Comparing PTSD rates from previous studies to this study suggests that television news workers may be more susceptible to trauma than newspaper workers. In the literature review for this study, it was argued that the nature of television news-gathering leaves television workers more at risk for trauma than their
print counterparts. However, a study involving a direct comparison of PTSD rates between the two populations would be needed to build support for this argument.

When discussing rates of PTSD among this sample, it is important to note that the rate of 7% may be a conservative figure. This study strictly followed the guidelines for scoring the PCL used to measure PTSD. In order to be diagnosed, a participant had to have a score of 44 or above and meet three specific symptom criteria. However, recent discussion in the field of psychology points to the belief that looking at scores on a continuum, instead of adhering to rigorous cutoff points, might be a more realistic and accurate approach to diagnosing PTSD (Delahanty, personal communication, April 11, 2008). Therefore, while this study adhered to the guidelines of the scale, it is possible that more than 7% of this sample could be diagnosed with PTSD. Future studies of PTSD in this population should consider this possibility.

In addition to overall PTSD scores, the variables that contribute to PTSD also were significant in the directions expected. Those who had covered wars and disasters, and those who had been threatened, hurt, or seen others get hurt while covering a story, all had higher PTSD scores. This finding is supported by previous literature on PTSD (APA, 1987; First & Tasman, 2004; McCammon, 1996; Norwood et al., 2003; Violanti, 1996).

The assertion that measuring for compassion fatigue rather than PTSD was a better method for understanding how local TV workers are affected by their work, was not borne out in this study. Scores for compassion fatigue were not significantly higher than scores for PTSD in this sample; therefore, more local news workers were not
suffering from symptoms of compassion fatigue rather than PTSD as was thought. However, the flaw may not be in the addition of compassion fatigue to the study of journalists, but just in the assertion that one measure was better than the other. This study showed that a small percentage of television workers are most likely suffering from PTSD, and that additionally, a small percentage are also suffering from significant symptoms of compassion fatigue. Maybe more are not suffering from one or the other, but significant evidence of both exists here. Therefore, the more appropriate argument should be the inclusion of both measures when studying the effects of journalistic work. While the measures are similar, the PTSD scale and the compassion fatigue scale measure effects of exposure to different types of trauma. Additionally, the compassion fatigue scale brings with it the element of burnout, which helps illuminate those aspects of the work environment that may also be contributing to the psychological harm of news workers. Including both measures in future studies of journalists not only opens up more avenues for research, but also may offer a more detailed picture of the phenomenon as a whole.

Finally, this study looked at the attitude of local news workers toward the idea that they can be emotionally and psychological affected by their work. Participants were more likely to agree that other news workers could be affected by their work in television, and less likely to agree that they personally could be affected. This finding was not surprising given that this attitude of indifference pervades the television industry (Johnson, 1999; Ricchiardi & Gerczynski, 1999; Simpson & Boggs, 1999; Willis, 2003).
However, this study is the first to provide statistical evidence to reinforce the anecdotal evidence of this attitude that currently exists.

Additionally, it was predicted that those who were less likely to believe that they could be affected by their work would have higher overall compassion fatigue scores. This prediction was based on research which suggested that those who ignored the effects of their work would be more susceptible to compassion fatigue and its symptoms. In short, with compassion fatigue, denial does not serve as a protective measure; it exacerbates the problem (Cherniss, 1980a; Etzion & Pines, 1986; Follette, et al., 1994; Maslach & Ozer, 1995; Saakvitne & Pearlman, 1996; Weingarten, 2003). However, in this sample, those who were more likely to agree that they could be affected by their work also had higher compassion fatigue scores. Why the discrepancy? This study did not measure for denial or detachment specifically. It simply asked if participants believed they could be affected by their work. Perhaps those who agreed with that statement did so because they were already feeling those effects. Their higher compassion fatigue scores would indicate that they were suffering from symptoms of compassion fatigue which may have made them more likely to agree with the statement.

Limitations and Questions for Future Research

While not all the results were as expected, this study was a useful look into the phenomena of compassion fatigue and PTSD in the local television newsroom. The results provided here can help guide further research into this topic by illuminating possible limitations of this method of study and also by providing new directions for investigation.
This study did have a number of 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 know for sure in an online setting.

Second, because industry websites were used to gather the sample, there are a number of issues related to self-selection bias. Due to the nature of the subject and the online invitations used, the measurements for PTSD and compassion fatigue may actually over or under represent true trauma levels in the population. The invitations used informed participants that they would be asked about their emotional reactions to the stories they have covered. It is possible that this type of invitation was more attractive to those already suffering symptoms of PTSD and compassion fatigue. For example, maybe because they were already suffering from trauma symptoms they were more interested in filling out the survey, while those who were not suffering any symptoms were not interested in sharing their experiences so they did not fill out the survey. If this was the case, then the sample could be biased and represent higher numbers of trauma symptoms than are occurring in the population. The reverse can also be true as well. It is possible that those suffering from trauma symptoms were not interested in filling out a survey about their feelings in an effort to avoid having to confront their feelings or discuss their symptoms. If this was the case, then the numbers found here would actually under represent PTSD and compassion fatigue in the population. Whether or not this happened
could not be ascertained by this study, but it is something to be considered when designing future studies on this issue.

Another limitation to consider when gathering samples through online websites is the fact that people self-select to be members of these organizations and discussion web sites. In other words, not every reporter or photographer in television frequents these sites or is a member of these organizations. Instead, it is a specific type of reporter or photographer who joins. The type of person who joins a web site discussion board or email listserv is most likely the type of person who is more willing to discuss the industry and their feelings about it. Therefore, they may also be more willing to discuss their own traumatic reactions to their jobs. As discussed above, this may have skewed the rates of compassion fatigue and PTSD that were measured here. Those who don’t join the web sites and are not willing to discuss their feelings may have been the people that should have been measured here or vice-versa.

Next, the sample gathered here was not a truly random sample; it was a convenience sample. Therefore, the generalizability of these findings beyond this sample and this study is questionable. Finally, though several different web sites were used in an effort to contact reporters, photographers, and live truck engineers, this sample was still overwhelmingly male and made up mostly of photographers; therefore, it made across group comparisons difficult. Additionally, because the majority of the sample was white males, it did not reflect the diversity in the industry in terms of race and gender. This, again, makes generalizability a bit difficult. Future studies should involve efforts to gather a more even sample of photographers, reporters, and live truck engineers, as well
as more women and minorities, so that better comparisons and links to the population can be made.

In addition to addressing these limitations, there are a number of directions that future studies into this area could take. For example, this study indicated that symptoms of compassion fatigue are present among local television news workers in this sample. Therefore, future studies should take this one step further and focus on indicating how many local television news workers are actually suffering from compassion fatigue. The measure used here did not allow for that. Additionally, the variables that contribute to compassion fatigue and its two components should be further researched. For example, future studies should more closely investigate the relationship between work commitment and burnout among local television news workers. In this sample, the relationship was significant but not in the direction expected. Does work commitment really help guard against burnout in television journalists, and if so, why? Also, future studies should attempt to find a better way to measure the experiences of television news workers. In this study, asking participants to recall frequencies of different experiences proved problematic. Perhaps there is a better, more precise way to go about gathering this necessary data. Related to this is the question of age and years of experience, and how these variables contribute to overall compassion fatigue. Future studies should not only focus on this relationship, but also add in the variable of market size. Perhaps all three work together in some way to contribute to compassion fatigue and the severity of its symptoms.
Related to this is the variable of depression. Many of the symptoms of PTSD and compassion fatigue are also symptoms of general depression. Additionally, depression itself can be a symptom of both compassion fatigue and PTSD. Therefore, depression may have been a confounding variable in this study that affected responses on both the PTSD and compassion fatigue scales. For example, the PCL asks whether a respondent has felt distant or cutoff from others and whether there is a loss of interest in activities that used to be enjoyed. Similarly, the Compassion Fatigue Scale – Short Form asks respondents if they have felt trapped by their work or if they feel as though they are a failure at their work. All of these are also symptoms of depression as well. Therefore, future studies should attempt to measure for and parcel out depression to see whether or not it affects rates of compassion fatigue and PTSD.

This sample made up exclusively of local television news workers produced a higher rate of PTSD than all of the previous studies involving print or both print and broadcast news workers, with the exception of one study. Therefore, future studies should attempt to gather large samples of both print and television workers so that PTSD rates between the two populations can be more closely compared. Are television news workers more prone to PTSD because of the nature of their work, as this study suggests?

Finally, this study argued that measuring for compassion fatigue instead of PTSD would provide a better explanation of how local news workers are affected by the stories they cover. However the results of this study did not support that assertion. Scores for compassion fatigue were not higher than scores for PTSD. However, this does not mean that compassion fatigue should be abandoned. Scores from this sample showed that local
news workers are suffering from symptoms of the disorder. Instead of measuring for one or the other, future studies should take both into account. Perhaps a combination of both measures can provide a more complete picture of how local news workers are affected by the stories they cover.

In addition to future directions for measuring the traumatic effects of news gathering on journalists, this study also laid the groundwork for future studies in the field of communication theory and media effects as well. First, if reporters and photographers in television news are suffering from symptoms of compassion fatigue and PTSD, the next step is to understand how these symptoms are affecting how they go about doing their jobs. Studies have shown that perceptions of media credibility are linked to the behavior of news professionals and how they treat the subjects of their stories (Izard, 1985; McGrath & Gaziano, 1986; Newhagen & Nass, 1989). If journalists are experiencing PTSD symptoms such as avoiding having feelings about the stories they’ve covered, feeling distant or cutoff from others, and feeling emotionally numb, how is this affecting how they treat those they interview and write about? Future studies should attempt to link symptoms of PTSD and compassion fatigue to actual behavior of media professionals in an attempt to study how trauma symptoms can indirectly impact media credibility.

This study also laid the groundwork for future study in areas of media violence such as desensitization and cultivation. Studies of desensitization have shown that repeated exposure to violent images leaves someone unable to muster any strong emotional reaction to future violent images they are exposed to (Sparks & Sparks, 2002).
While desensitization was not directly focused on in this study, responses did appear to indicate that some form of desensitization was at work. This was most evident in the responses to the trauma exposure scale. As mentioned above, journalists appeared to drastically overestimate their exposure to certain violent stories such as murders and fatal car accidents. The reason for this discrepancy is not known, but desensitization may be one possible explanation. Overestimating exposure to violent events or being unable to differentiate between them may be indicative of the mechanical and often cynical reactions to tragic events that have already been documented in previous desensitization work with television violence (Kunkel & Wilson, 1995; Potter & Smith, 2000; Weingarten, 2003). Future studies of media desensitization should consider the effects on the creators of television messages, not just the viewers of those messages. If media creators are desensitized, what is the effect on the desensitization of the audience?

This study may also offer new avenues of research for Cultivation Theory. As noted in the introduction to this study, Cultivation Theory argues that people who are exposed to repeated violent images can suffer from Mean World Syndrome. They have a general distrust of others and the world and believe they are more likely to become victims of crime (Gerbner, et al., 2002). These individuals also tend to have difficulty separating these images from their personal lives. These are all feelings that can be associated with symptoms of PTSD and compassion fatigue (Figley, 2002; Gentry, et al., 2002). In this study, half of the participants (50.7%) said that they sometimes to very often had trouble separating their work from their personal lives \((M = 4.71, SD = 2.71)\). Additionally, 43.5% indicated that they avoided activities because it reminded them of
violent stories they’d covered ($M = 1.44, SD = .80$). While these are symptoms of compassion fatigue and PTSD, they may also be indicative of a cultivation effect. Giving journalists the cultivation scale or mean-world index, in addition to testing them for compassion fatigue and PTSD could yield interesting results for the study of cultivation. Can the journalists who create the stories that cultivate viewers, also be cultivated themselves?

Another possible avenue for research in the realm of media effects is the issue of third-person effects. In this study, respondents were more likely to believe that other news workers could be emotionally and psychologically affected by the stories they cover, than they were to believe that they themselves could be affected. This self-other discrepancy is suggestive of third-person effects which argues that people will overestimate the impact of media messages on others, while underestimating the impact on themselves (Davison, 1983). Further connection between the two concepts emerges with Perloff’s (2002) assertion that the third-person effect is a result of the general human tendency to avoid admitting any susceptibility to media messages in an effort to keep from looking gullible or socially undesirable. This is interesting when considering the literature summarized above suggesting a general attitude of stoicism about this topic among journalists (Ricchiardi & Gerczynski, 1999; Simpson & Boggs, 1999; Willis, 2003). The results of this study lend some concreteness to the assertion that most journalists do not believe they can be affected by their work. Applying the concept of third-person effects to the study of journalism and trauma may help explain the origins of
this stoic attitude, while expanding the realm of third-person effects to those who create
the media messages instead of just viewing them.

Conclusion

This study has implications for both the academic world and the professional
broadcast industry. The possible directions for future research in the academic field are
outlined above, but there are also implications for journalism education as well. While it
is impossible to train someone so that he or she won’t get PTSD or compassion fatigue
when confronted with trauma, education about what to expect and how to deal with it can
help lessen the psychological impact. In their study of journalism students who covered a
death penalty trial, Dworznik and Grubb (2007) found that none of the students were
psychologically prepared for what they saw and heard during the trial, or the emotions
that they felt. All noted that while they had been prepped on trial procedures, they had not
been briefed on the pictures and details they might hear and how to deal with them. In
retrospect, they all wished that those details had been included in their pretrial
preparations. Additionally, in their study of newspaper journalists, Simpson and Boggs
(1999) noted that nearly half of their sample indicated that they were not emotionally or
mentally prepared for their first traumatic assignment.

This type of information, combined with the evidence of compassion fatigue and
PTSD in television news workers detailed above, shows that some type of trauma training
ought to be included in the training of new journalists. Without it, journalism programs
are sending new reporters and photographers into the field with no knowledge of the
trauma they will encounter and more importantly, no way to deal with it. This type of
training does not happen on the job, so the only opportunity is in the classroom. If students are instructed on what they might see, how to approach and interview victims of trauma, and how to process their own emotions, then they will be better journalists overall.

This study also has implications for the broadcast industry as well. This topic of journalism and trauma is one that local news workers are interested in. The response rate for this study shows that. There were enough responses gathered to complete this study within just a few days, and responses began coming in as soon as the survey invitations were posted. Additionally, participants frequently contacted the primary researcher about their interest in the study and how happy they were that this topic was being investigated. These participants seemed to agree that on some level, this phenomenon is real.

So how can the results of this study provide new directions for change in the broadcast industry? Beyond the fact that this study showed that symptoms of psychological trauma do exist in local news workers, this study also showed that the work environment itself may significantly contribute to the severity of these symptoms. Social support, work pressure, and job commitment were all significant contributors to compassion fatigue among the participants in this study. These factors are all work-environment related. This should be considered good news for the broadcast industry, because while changing what is covered in local news would be nearly impossible, changing newsroom policies is not. Increasing social support for news workers following their coverage of a traumatic story should be a goal for local news broadcasters. Additionally, while there is nothing that could relieve the deadline pressure of television
news, news managers should work to reduce pressure for those who are immersed in the coverage of a traumatic story. Breaks from traumatic coverage, days off, and training more staff to handle police-related stories, are all ways that this can be accomplished.

This study attempted to fill a gap in the body of research on the topic of journalism and trauma by focusing specifically on television news workers and adding the concept of compassion fatigue. Hopefully the results from this study have provided useful avenues for future research so this topic can continue to be investigated and understood.
APPENDIXES
## APPENDIX A

### Original PCL-C

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing <em>memories, thoughts, or images</em> of a stressful experience in the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Repeated, disturbing <em>dreams</em> of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Feeling <em>very upset</em> when something reminded you of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Having <em>physical reactions</em> (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Avoiding <em>activities / situations</em> because they remind you of a stressful incident from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Trouble remembering important parts of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. <em>Loss of interest</em> in activities that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Feeling <em>emotionally numb</em> or being unable to have loving feelings for those you are close to?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Feeling as if your future will somehow be cut short?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Trouble falling or staying asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Feeling <em>irritable</em> or having angry outbursts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Having difficulty concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Being “super-alert” or watchful or on guard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Feeling <em>jumpy</em> or easily startled?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### APPENDIX B

**Modified PCL-C**

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing memories, thoughts, or images of a story or interview you’ve done?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of a story or interview you’ve done?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Suddenly acting or feeling as if a story or interview were happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of a story or interview you’ve done?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a story or interview you’ve done?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Avoiding thinking about or talking about a story or interview or avoiding having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Avoiding activities or situations because they remind you of a story or interview you’ve done?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Trouble recalling important parts of a story or interview you’ve done?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Loss of interest in activities that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Feeling emotionally numb or being unable to have loving feelings for those you are close to?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Feeling as if your future will somehow be cut short?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Trouble falling or staying asleep?</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Feeling irritable or having angry outbursts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Having difficulty concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Being “super-alert” or watchful or on guard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Feeling jumpy or easily startled?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Scoring Instructions for the PCL-C

There are two ways to score the PCL-C. First, scores for all the items can be added up for a total severity score. Someone with a score of 44 or more would be considered positive for PTSD in the general population. The second method for scoring the PCL-C involves treating responses of a 3 or above as symptomatic of PTSD. Then, someone could be considered positive for PTSD if they score a 3 or above on at least one item from numbers 1-5, at least 3 items from numbers 6-12, and at least 2 items from questions 13-17.

The creators of the scale recommend using both scoring methods. Therefore, someone could be considered positive for PTSD is he or she has a total score of 44 or above and meets all three criteria used with the second scoring method. Both methods were used in this study.
# APPENDIX C

**Original Compassion Fatigue Scale – Short**

<table>
<thead>
<tr>
<th>Item</th>
<th>Never/Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have felt trapped by my work.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>2. I have thoughts that I am not succeeding in achieving my life goals.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>3. I have had flashbacks connected to my clients.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>4. I feel that I am a “failure” in my work.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>5. I experience troubling dreams similar to those of a client of mine.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>6. I have felt a sense of hopelessness associated with working with clients/patients.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>7. I have frequently felt weak, tired, or rundown as a result of my work in news.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>8. I have experienced intrusive thoughts after working with an especially difficult client/patient.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>9. I have felt depressed as a result of my work.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>10. I have suddenly and involuntarily recalled a frightening experience while working with a client/patient.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>11. I feel I am unsuccessful at separating my work from my personal life.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>12. I am losing sleep over a client’s traumatic experiences</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>13. I have a sense of worthlessness, disillusionment, or resentment associated with my work.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
<td>8 9 10</td>
</tr>
</tbody>
</table>
### APPENDIX D

**Modified Compassion Fatigue Scale – Short**

<table>
<thead>
<tr>
<th>Item</th>
<th>Never/Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have felt trapped by my work.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have felt like I am not succeeding in achieving my life goals.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I have had flashbacks connected to my interactions with victims or their families.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I feel that I am a “failure” in my work.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I experience troubling dreams about my interactions with victims or their families.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I have felt a sense of hopelessness associated with interacting with victims or their families.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I have frequently felt weak, tired, or rundown as a result of my work in news.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I have experienced troubling thoughts after an especially difficult interaction with a victim or his or her family.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I have felt depressed as a result of my work.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I have suddenly and involuntarily recalled a frightening experience from the past while interacting with a victim or his or her family.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I feel I am unsuccessful at separating my work from my personal life.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Thinking about the experiences of the victims I have interacted with, keeps me up at night.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I have a sense of worthlessness, disillusionment, or resentment associated with my work.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring Instructions for the Compassion Fatigue – Short Scale

The Compassion Fatigue – Short Scale will give total scores for overall compassion fatigue, secondary traumatic stress, and burnout. In order to obtain an overall compassion fatigue score, the scores for items 1-13 are added together. In order to obtain a score for secondary traumatic stress, the scores for items 3, 5, 8, 10, and 12 are summed. To obtain a burnout score, the scores for items 1, 2, 4, 6, 7, 9, 11, and 13 are summed. There are no cut-off scores available for this scale; therefore, it is not used to diagnose someone with compassion fatigue, secondary traumatic stress, or burnout.
APPENDIX E

Original Journalist Trauma Exposure Scale (JTES)

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency of Experience During the Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assignments involving an injured or dead child</td>
<td></td>
</tr>
<tr>
<td>2. Assignments involving mass casualties</td>
<td></td>
</tr>
<tr>
<td>3. Assignments in which people were seriously hurt or killed in motor vehicle accidents</td>
<td></td>
</tr>
<tr>
<td>4. Assignments involving airplane accidents or crashes</td>
<td></td>
</tr>
<tr>
<td>5. Assignments in which people were seriously hurt or killed in a fire</td>
<td></td>
</tr>
<tr>
<td>6. Assignments involving war zones</td>
<td></td>
</tr>
<tr>
<td>7. Assignments involving a person’s life-threatening illness</td>
<td></td>
</tr>
<tr>
<td>8. Assignments involving murder</td>
<td></td>
</tr>
<tr>
<td>9. Assignments involving physical assault within the family</td>
<td></td>
</tr>
<tr>
<td>10. Assignments involving physical assault outside the family</td>
<td></td>
</tr>
<tr>
<td>11. Assignments involving sexual assault</td>
<td></td>
</tr>
<tr>
<td>12. Assignments involving torture or kidnapping</td>
<td></td>
</tr>
<tr>
<td>13. Assignments in which people were seriously hurt or killed in a natural disaster</td>
<td></td>
</tr>
<tr>
<td>14. Assignments involving other types of events in which people were seriously hurt or killed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Did you cover any of the events listed above “at the scene?”</td>
<td></td>
</tr>
<tr>
<td>16. Have you responded to several similar assignments listed above within the same week?</td>
<td></td>
</tr>
<tr>
<td>17. Were you ever physically attacked while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>18. Were you ever verbally attacked while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>19. Have you received injuries while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>20. Did you ever witness someone getting hurt or killed while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>21. Have you ever personally announced the news of death to relatives/friends of the victim while on an assignment?</td>
<td></td>
</tr>
<tr>
<td>22. Did you ever witness a particularly gruesome scene while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>23. Have you responded to an assignment in which the victim/perpetrator was someone you knew?</td>
<td></td>
</tr>
</tbody>
</table>

Scoring Instructions for the Original JTES

Three subscales can be derived from this measure. Frequency of exposure is calculated by summing the scores from items 1-14. Range of exposure is calculated by summing the total number of different experiences covered using items 1-14. Finally, intensity of exposure is calculated by summing the number of experiences endorsed with a “yes” response from items 15-23.
APPENDIX F

Journalist Trauma Exposure Scale – Modified

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency of Experience During the Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assignments involving an injured or dead child</td>
<td></td>
</tr>
<tr>
<td>2. Assignments in which people were seriously hurt or killed in a motor vehicle crash</td>
<td></td>
</tr>
<tr>
<td>3. Assignments in which people were seriously hurt or killed in a fire</td>
<td></td>
</tr>
<tr>
<td>4. Assignments involving a person’s life-threatening illness</td>
<td></td>
</tr>
<tr>
<td>5. Assignments involving murder</td>
<td></td>
</tr>
<tr>
<td>6. Assignments involving physical assault</td>
<td></td>
</tr>
<tr>
<td>7. Assignments involving sexual assault</td>
<td></td>
</tr>
<tr>
<td>8. Assignments involving torture or kidnapping</td>
<td></td>
</tr>
<tr>
<td>9. Assignments involving other types of events in which people were seriously hurt or killed</td>
<td></td>
</tr>
<tr>
<td>10. Assignments in which you were verbally attacked by victims, victims’ families, or victims’ friends</td>
<td></td>
</tr>
<tr>
<td>11. Assignments in which you personally announced the news of death to relatives/friends of a victim</td>
<td></td>
</tr>
<tr>
<td>12. Assignments involving interviews with victims and/or victims’ families/friends</td>
<td></td>
</tr>
<tr>
<td>13. Assignments involving interviews with victims and/or victims’ families/friends who were extremely emotionally distraught</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency of Experience During Entire Career</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Assignments involving airplane crashes</td>
<td></td>
</tr>
<tr>
<td>15. Assignments involving a natural disaster</td>
<td></td>
</tr>
<tr>
<td>16. Assignments involving war</td>
<td></td>
</tr>
<tr>
<td>17. How many times have you been physically attacked while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>18. How many times have you received injuries while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>19. How many times have you witnessed someone getting hurt or killed while covering an assignment?</td>
<td></td>
</tr>
<tr>
<td>20. How many times have you witnessed a particularly gruesome scene while covering an assignment?</td>
<td></td>
</tr>
</tbody>
</table>

Scoring Instructions for the Modified JTES

In this study, specific items were summed to create the scores needed for individual research questions and hypotheses. For example, items 1-9 were summed for an overall trauma total. Overall experience with victims was calculated by summing items 10-13. An individual’s intense contact with victims was calculated by summing items 10, 11, and 13. Disaster experience was calculated by summing items 14-16 and threatening experiences were calculated by summing items 17-19.
### Appendix G

#### Original Work Environment Scale Items

<table>
<thead>
<tr>
<th>Subscale / Item</th>
<th>True / False</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involvement</strong></td>
<td></td>
</tr>
<tr>
<td>1. The work is really challenging</td>
<td></td>
</tr>
<tr>
<td>*2. There’s not much group spirit</td>
<td></td>
</tr>
<tr>
<td>*3. A lot of people seem to be just putting in time.</td>
<td></td>
</tr>
<tr>
<td>4. People seem to take pride in the organization.</td>
<td></td>
</tr>
<tr>
<td>5. People put quite a lot of effort into what they do.</td>
<td></td>
</tr>
<tr>
<td>7. It is quite a lively place.</td>
<td></td>
</tr>
<tr>
<td>*8. It’s hard to get people to do any extra work.</td>
<td></td>
</tr>
<tr>
<td>9. The work is usually very interesting.</td>
<td></td>
</tr>
<tr>
<td><strong>Peer Cohesion</strong></td>
<td></td>
</tr>
<tr>
<td>1. People go out of their way to help a new employee feel comfortable.</td>
<td></td>
</tr>
<tr>
<td>*2. The atmosphere is somewhat impersonal.</td>
<td></td>
</tr>
<tr>
<td>3. People take a personal interest in each other.</td>
<td></td>
</tr>
<tr>
<td>*4. Employees rarely do things together after work.</td>
<td></td>
</tr>
<tr>
<td>5. People are generally frank about how they feel.</td>
<td></td>
</tr>
<tr>
<td>6. Employees often each lunch together.</td>
<td></td>
</tr>
<tr>
<td>*7. Employees who differ greatly from others in the organization don’t get on well.</td>
<td></td>
</tr>
<tr>
<td>8. Employees often talk to each other about their personal problems.</td>
<td></td>
</tr>
<tr>
<td>*9. Often people make trouble by talking behind others’ backs.</td>
<td></td>
</tr>
<tr>
<td><strong>Supervisor Support</strong></td>
<td></td>
</tr>
<tr>
<td>*1. Supervisors tend to talk down to employees.</td>
<td></td>
</tr>
<tr>
<td>2. Supervisors usually compliment an employee who does something well.</td>
<td></td>
</tr>
<tr>
<td>*3. Supervisors tend to discourage criticisms from employees.</td>
<td></td>
</tr>
<tr>
<td>4. Supervisors usually give full credit to ideas contributed by employees.</td>
<td></td>
</tr>
<tr>
<td>*5. Supervisors often criticize employees over minor things.</td>
<td></td>
</tr>
<tr>
<td>6. Employees generally feel free to ask for a raise.</td>
<td></td>
</tr>
<tr>
<td>*7. Supervisors expect far too much from employees.</td>
<td></td>
</tr>
<tr>
<td>8. Employees discuss their personal problems with supervisors.</td>
<td></td>
</tr>
<tr>
<td>9. Supervisors really stand up for their people.</td>
<td></td>
</tr>
<tr>
<td><strong>Work Pressure</strong></td>
<td></td>
</tr>
<tr>
<td>1. There is constant pressure to keep working.</td>
<td></td>
</tr>
<tr>
<td>2. There always seems to be an urgency about everything.</td>
<td></td>
</tr>
<tr>
<td>3. People cannot afford to relax.</td>
<td></td>
</tr>
<tr>
<td>*4. Nobody works too hard.</td>
<td></td>
</tr>
<tr>
<td>*5. There is no time pressure.</td>
<td></td>
</tr>
<tr>
<td>6. It is very hard to keep up with your work load.</td>
<td></td>
</tr>
<tr>
<td>*7. You can take it easy and still get your work done.</td>
<td></td>
</tr>
<tr>
<td>8. There are always deadlines to be met.</td>
<td></td>
</tr>
<tr>
<td>9. People often have to work overtime to get their work done.</td>
<td></td>
</tr>
</tbody>
</table>

*Item reverse coded.*
Scoring Instructions for the Work Environment Scale (WES)

The original WES actually contains 10 subscales; however, only four were relevant to this study and those were the only ones included here. When scoring each subscale from the original scale, each time an item is endorsed with a “true” answer (or a “false” for reverse coded items), that item is assigned a “1.” At the end of each subscale, the number of endorsed items (or “1’s”) is summed. This is done for each subscale and also the entire 90-item scale. Those scores are then standardized using tables produced by the scale’s creators. Those standardized scores can then be used to compare the work environment being studied to other work environments.
APPENDIX H

Modified Work Environment Scale Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involvement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The work is really challenging</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>2. There’s not much group spirit</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>3. A lot of people seem to be just putting in time.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. People seem to take pride in the organization.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. People put quite a lot of effort into what they do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>6. Few people ever volunteer.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Our newsroom is quite a lively place.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>8. It’s hard to get people to do any extra work.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. The work is usually very interesting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Peer Cohesion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. People go out of their way to help a new employee feel comfortable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>2. The atmosphere is somewhat impersonal.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. People take a personal interest in each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>4. Employees rarely do things together after work.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. People are generally frank about how they feel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Employees often each lunch together.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>7. Employees who differ greatly from others in the organization don’t get on well.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Employees often talk to each other about their personal problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><em>9. Often people make trouble by talking behind others’ backs.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*Item reverse coded.*
Modified Work Environment Scale Items - Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisor Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*1. Supervisors tend to talk down to employees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Supervisors usually compliment an employee who does something well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*3. Supervisors tend to discourage criticisms from employees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Supervisors usually give full credit to ideas contributed by employees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*5. Supervisors often criticize employees over minor things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Employees generally feel free to ask for a raise.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*7. Supervisors expect far too much from employees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Employees discuss their personal problems with supervisors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Supervisors really stand up for their people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Work Pressure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. There is constant pressure to keep working.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. There always seems to be an urgency about everything.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. People cannot afford to relax.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*4. Nobody works too hard.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*5. There is no time pressure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. It is very hard to keep up with your work load.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>*7. You can take it easy and still get your work done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. There are always deadlines to be met.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. People often have to work overtime to get their work done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

*Item reverse coded.
Scoring Instructions for the Modified Work Environment Scale (WES)

For this study, the scoring for the scale was modified from the original True/False choices to a Likert-type scale of 1 through 5. This allowed for the creation of continuous variables instead of the original ordinal scale. Scores for each of the subscales were then summed to create total scores for each of the four subscales. Additionally, the scores for Peer Cohesion and Supervisor Support were summed together to create an “overall support” variable.
REFERENCES


