SECONDARY TRAUMATIC EXPOSURE
AND
INTENT TO LEAVE

Cory A. Bledsoe, EdD

October 2, 2023

PROCESS OF THOUGHT

Secondary Traumatic Exposure is Inevitable Among Caring Professions

Secondary Traumatic Stress/Vicarious Traumatization, Compassion Fatigue and Professional Burnout are Possible Consequences of Exposure

Practitioners Experiencing the Consequences Could Ultimately Develop an Intent to Leave the Profession

Workplace Environment, or Culture, Could Mitigate an Intent to Leave Resulting from Secondary Traumatic Exposure

RESEARCH QUESTIONS

1. Does a correlation exist between secondary traumatic stress and vicarious traumatization, and their respective symptoms, and intent to leave, within homeless services and critical care, or ICU, nursing?

2. Does a relationship exist between workplace environment, secondary stress, job satisfaction and intent to leave, among homeless providers and critical care nurses?

3. Are there leadership best practices which can be employed within homeless service organizations and ICU units resulting in a workplace environment that successfully reduces intentions to leave, due to constant exposure to the trauma of others?

DEFINITION OF TERMS

Secondary Traumatic Stress – also referred to as, *secondhand trauma,* is trauma-related distress experienced by an individual as a result of intimate knowledge of a traumatizing event experienced by another, closely related individual, and the stress related to the desire to help that person (Figley, 1995).

Vicarious Traumatization – occurs within the trauma worker as a result of empathetic engagement with another's trauma experiences such as listening to graphic details of their trauma experiences, witnessing first-hand traumatic experiences even though not directly involved in the experience or other means of indirect exposure to traumatic events (Pearlman & Mac Ian, 1995).

Empathy-Based Stress – is when individuals who are not the primary target or recipient of a traumatic event but are nonetheless exposed to the event(s), who then respond empathetically and as a result of the exposure and empathetic response develop physical, mental and emotional distress symptoms similar to those of the primary victim (Rauvola, 2020).

DEFINITION OF TERMS

Professional Burnout – is defined as a "psychological syndrome" resulting from chronic on-the-job stress which manifests itself in the employee through extreme exhaustion, feelings of cynicism and detachment from the work and a sense of ineffectiveness, or lack of accomplishment (Maslach & Leiter, 2016).

Compassion Fatigue – occurs when chronic exposure to the secondary trauma and suffering of another resulting in the trauma worker bearing, or taking on, said suffering leading to extreme physical and emotional exhaustion due to the work (Figley, 1995; Dane & Chachkes, 2001).

Compassion Satisfaction - the amount of pleasure derived from helping others or doing your work well in the helping industry (Dehlin & Lundh, 2018; Stamm, 2005).

Intent to Leave – refers to the internal notion, or consideration, of the practitioner to leave their job, institution or profession altogether.

Employee Turnover/Retention – refers to the external action of the practitioner to either leave their job, institution or profession, or remain in the current workplace.

DEFINITION OF TERMS

Perceived Support – communicates a caregiver's impression and experience of how they are supported, valued, appreciated and part of a larger mutually supportive network (Metko & Czyżewski, 2020).

Moral Distress - occurs when health workers recognize actionable care needed but have an inability to actually provide such care as well as when faced with situations where they have to care, or act, in a way that violates their personal and/or professional values (ProQOL Manual – Health).

PURPOSE OF THE STUDY

The purpose of this study is to investigate a possible correlation between secondary traumatic exposure and intent to leave and examine what role workplace environment possibly plays in reducing said intentions to leave the profession. Ideally, the results of this research will aid in equipping organizational and unit leaders within the respective fields with tools and practices which help support the personal and professional health and success of themselves and their team members. Healthy leaders and healthy team members support a healthy work environment resulting in practitioners providing the highest level of care to those in need.

REVIEW OF LITERATURE

ORIGIN OF STS/VT RESEARCH

- Argued as having been introduced first by Dr. Zahava Solomon in the 1980s as a result of observing symptoms of traumatic stress in the wives of Israeli soldiers (Solomon, 1988).
- Further developed in the 1990s primarily through the works of Dr. Lisa McCann, Dr. Laurie Anne Pearlman and Dr. Charles Figley (McCann & Pearlman, 1990; Figley, 1995).
- Study of workplace stress and well-being are not new, however, research on trauma-related stress at work is a relatively new concept within the study of psychology (Rauvola, Vega & Lavigne, 2019).
- Among the caring professions, McDonald et al. (2017) suggested the relationship between STS/VT and intent to leave is a recognized workforce problem.

POINTS OF CONSIDERATION

- Exposure to the trauma of others is inevitable within in the caring professions (Louth et al., 2019)
- Empathizing with, and providing care to, someone who has been traumatized may come with a personal cost for the caregiver (Elkonin & Van der Vyer, 2011).
- While occurring with regularity among the caring professions, according to Maslach and Jackson (1981), it is important to note that not all caring professionals will exhibit signs and symptoms of STS and VT.
- While other forms of psychological distress can occur, three primary distresses have been observed as a result of chronic secondary traumatic exposure: professional burnout, compassion fatigue and employee turnover.

STS/VT WITHIN SOCIAL WORK

- Primary mission of social workers is to “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (National Association of Social Workers, 2021).
- According to Bride et al. (2004) and Bride (2007):
  - 70.2% of respondents experienced a symptom of STS within the past week
  - 55% demonstrated at least one of three core symptom clusters of Intrusion, Avoidance and Arousal
- In another study, participants experienced significant levels of STS with nearly 41% meeting the minimum criteria for a PTSD diagnosis (Caringi et al., 2017).
- Ting et al. (2005) found that 53% of social workers stated exposure to secondary trauma affected their lives both personally and professionally.

STS/VT WITHIN HOMELESS SERVICES

- The experience of homelessness is traumatic in and of itself but many of those experiencing homelessness present with significant testimonies of trauma-related events experienced throughout their lives (Petrovich et al., 2021).
- Research suggests homeless service providers:
  - Are by necessity required to invest deeply into the lives, and trauma, of those they serve.
  - Experience increased levels of depression, stress, burnout and STS among direct care providers working with those experiencing homelessness (Kerman et al., 2022a).
  - According to Waegemakers Schiff and Lane (2019), 24% of frontline workers among those experiencing homelessness experienced heightened levels of burnout and VT and 20% with significant declines in compassion satisfaction.

THE PROBLEM OF RETENTION

- Approximately one-third of human service providers experienced burnout which may contribute to significant turnover (Qian & Hauser, 2022).
- Middleton (2011) discovered a significant relationship between VT and intent to leave among child welfare professionals.
- Organizations serving individuals with complex behavioral health, social service and medical needs face significant staffing challenges such as:
  - Hiring appropriately skilled workers
  - Training and supervising staff
  - Supporting staff to prevent burnout and turnover
  - (Olivet et al., 2010).
- Nursing shortages, especially ICUs, have been described as a global problem (Salehi et al., 2020).
- In one national study, turnover rates within ICUs were much higher than many other nursing disciplines (NSI Nursing Solutions, 2022).
- Cummings (2009) studied the moral and professional stress of ICU nurses and found evidence that supported a direct correlation between the stressors of critical care nursing and an intent to leave.
- Borhani et al. (2014) concluded that nurses, when facing moral distress, experience:
  - Exclusion
  - Depression
  - Misfortune and,
  - If these persist, they may experience frustration/dissatisfaction and ultimately leave
- Further, research showed:
  - 61% of ICU nurses reported an intent to leave (Kumar et al., 2021)
  - 41.8% intended to leave their unit, 21.9% the hospital and 14.6% nursing altogether (Cortese, 2012).

ROLE OF WORKPLACE ENVIRONMENT

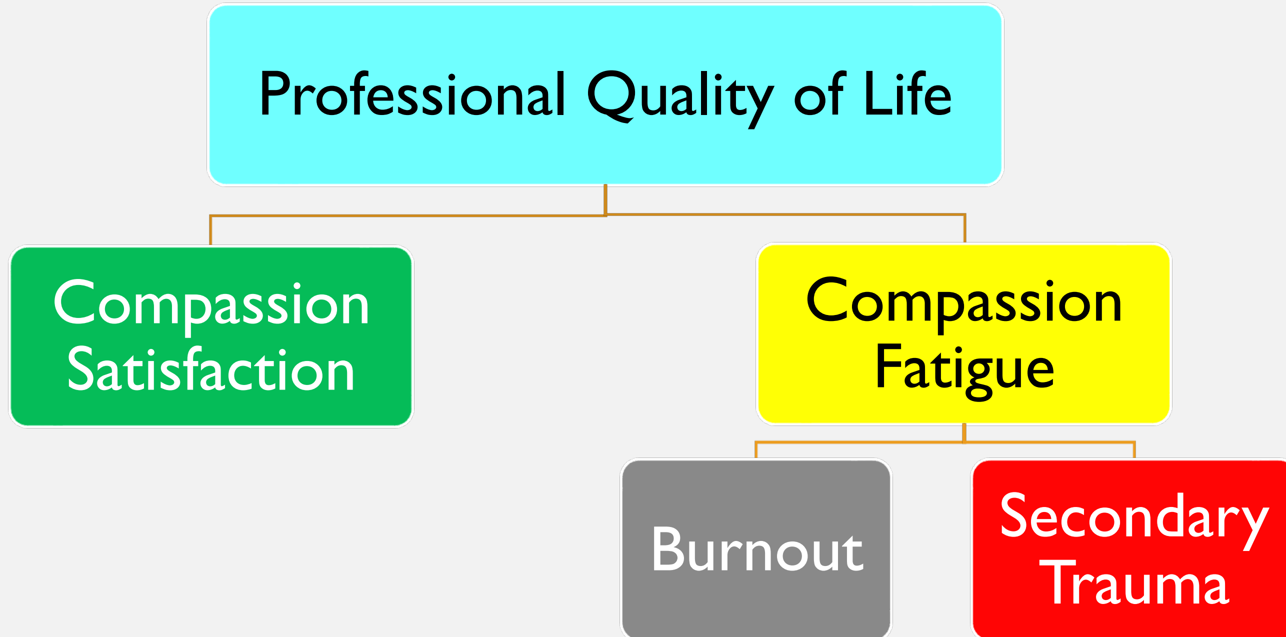
- Workforce challenges make healthy environments difficult to create. Challenges include:
  - Low pay
  - Ineffective leadership
  - Significant training needs
  - High rates of stress, burnout and turnover
  - (Olivet et al., 2010).
- Salehi et al. (2019) found a direct correlation between:
  - Work environment, satisfaction of employees, and turnover
  - Led to the recommendation for healthcare managers to focus on environment and professional development for their teams.
- Organizational culture, staff supports, and self care contribute to the overall health, well-being and success of the caregiver and thus the organization (Kerlin, et al., 2000; Koller et al., 2022; Olivet et al., 2010).
- Qian and Hauser (2022) summarized that organizations can play a significant role in protecting their employees from burnout and thus intent to leave.
- Further supported, leaders play a significant role in increasing employee satisfaction impacting intent to leave and ultimately turnover (Kundi et al., 2021).
- Unfortunately, however, limited studies exist within the realms of homeless services and ICU nursing with respect to optimal workplace environments to support the health, well-being and success of the caregiver (Waegemakers Schiff & Lane, 2019).

METHODOLOGY

RESEARCH METHOD AND DESIGN

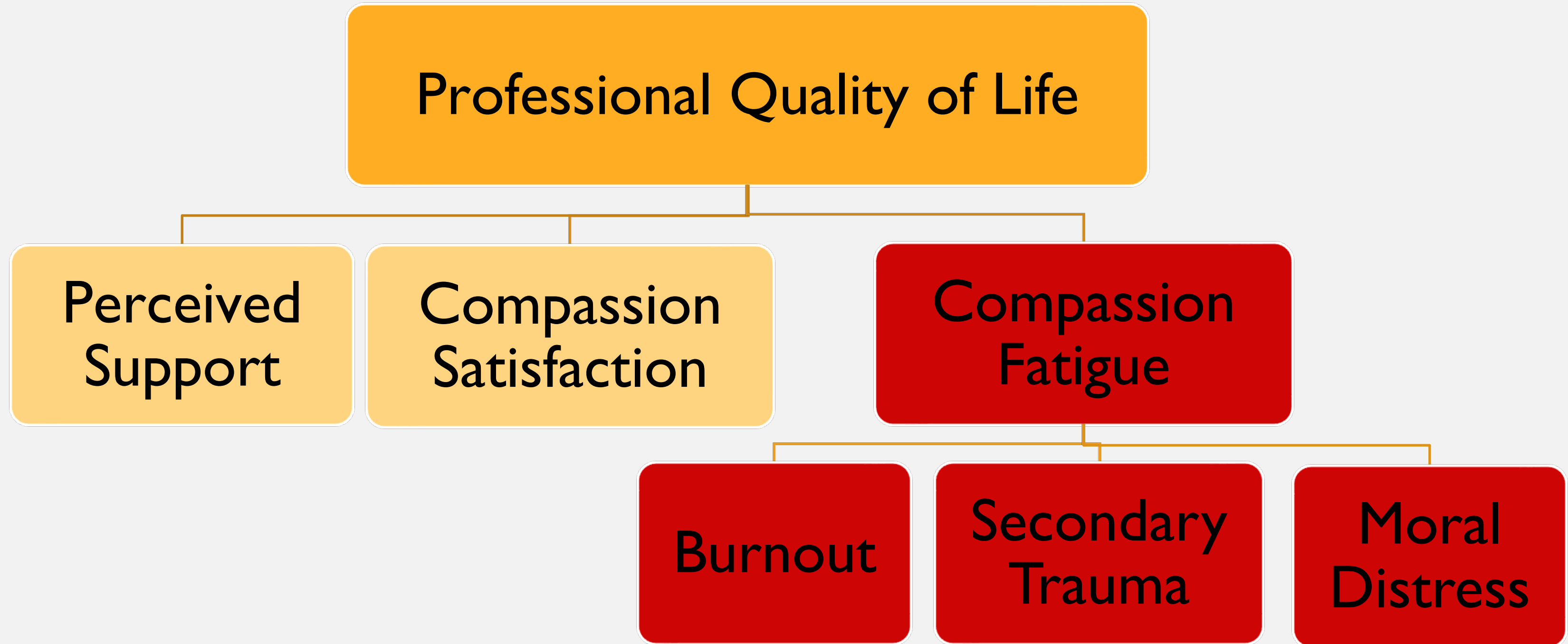
- Mixed-Method approach combining quantitative and qualitative data
- Quantitative data was collected through surveying
- Qualitative data collected through written responses and in-person interviews to five specific questions
- Spearman’s rank order correlation test was utilized as it was deemed to be most applicable for this correlational study
- Surveys and questionnaires were distributed to agreeable organizations within the Louisville, KY and Southern, IN region
- 15 homeless services organizations requested to participate; total of 103 prospective participants
- 4 Intensive Care Units were targeted and agreed to make study instruments available; total of 170 prospective participants

CS-CF MODEL



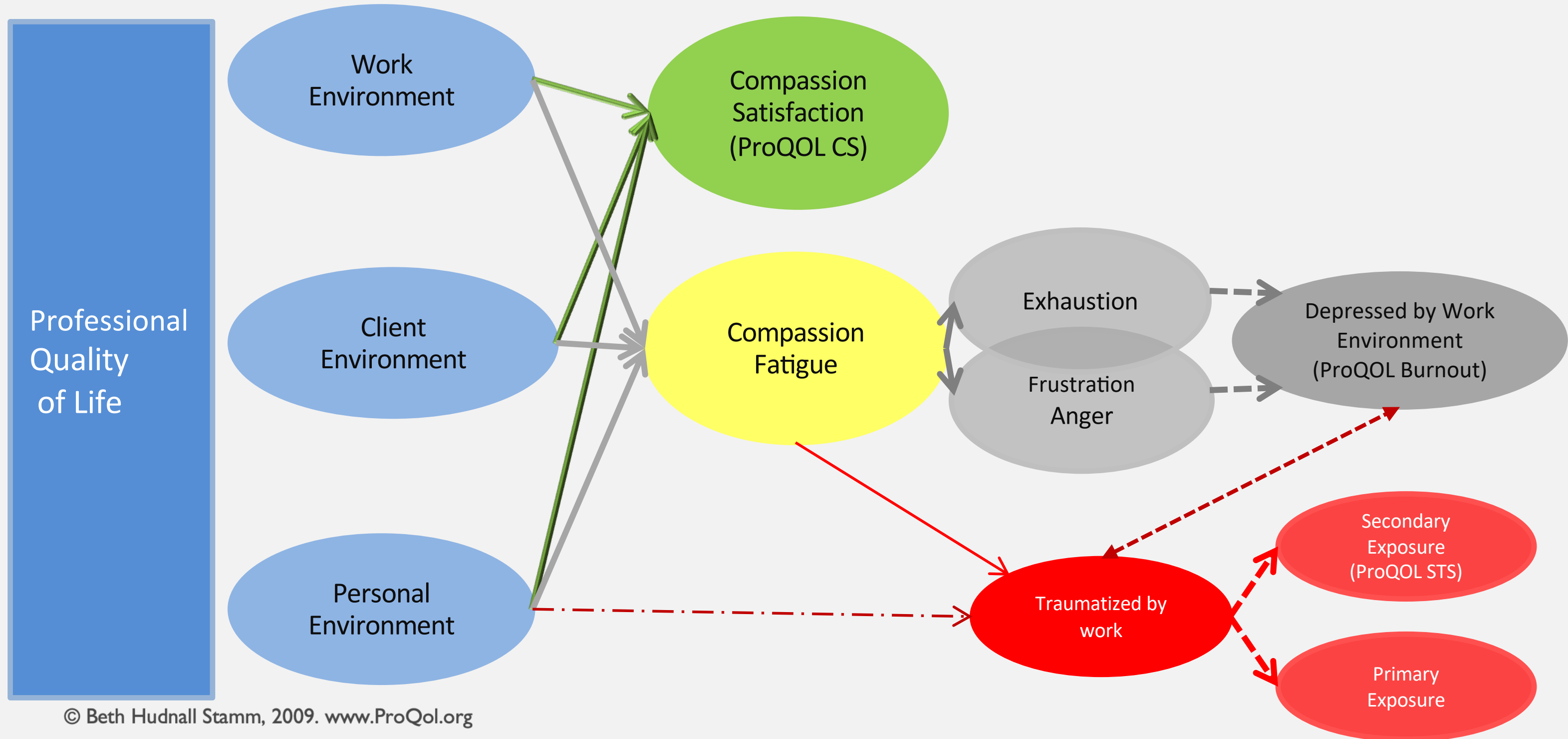
© Beth Hudnall Stamm, 2009. www.ProQol.org

CONCEPTUAL MODEL
PROFESSIONAL QUALITY OF LIFE HEALTHCARE



© Beth Hudnall Stamm, 2009. www.ProQol.org

THEORETICAL PATH ANALYSIS



© Beth Hudnall Stamm, 2009. www.ProQol.org

PRESENTATION, INTERPRETATION, AND SUMMARIZATION OF DATA

SAMPLE SIZE

- Homeless Service Providers
  - 15 organizations agreed to make research instruments available
  - 103 prospective participants
    - 44 respondents to surveys (**N=44**)
      - Response Rate: 43%
    - 26 Interview Participants
      - 7 – In Person
      - 19 – Respondents in Writing

- ICU Nursing
  - 4 ICUs within targeted hospital agreed to make research instruments available
  - 170 prospective participants
  - 42 respondents to surveys (**N=42**)
    - Response Rate: 25%
  - 15 Interview Participants
    - 1 – In Person
    - 14 – Respondents in Writing

RESEARCH QUESTION 1

RQ1: HYPOTHESES

H_{01}:There is no correlation between ***compassion satisfaction*** and intent to leave within homeless services or ICU nursing.

H_{1}:There is a correlation between ***compassion satisfaction*** and intent to leave within homeless services or ICU nursing.

H_{02}:There is no correlation between ***burnout*** and intent to leave within homeless services or ICU nursing.

H_{2}:There is a correlation between ***burnout*** and intent to leave within homeless services or ICU nursing.

H_{03}: There is no correlation between ***secondary traumatic stress*** and intent to leave within homeless services or ICU nursing.

H_{3}:There is a correlation between ***secondary traumatic stress*** and intent to leave within homeless services or ICU nursing.

H_{04}: There is no correlation between ***perceived support*** and intent to leave within ICU nursing.

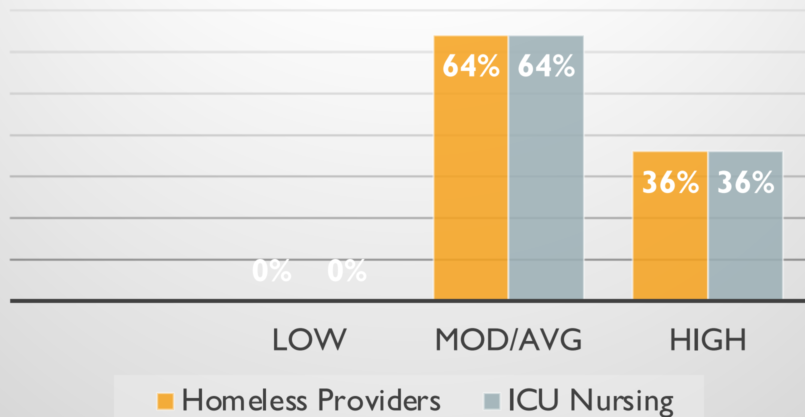
H_{4}:There is a correlation between ***perceived support*** and intent to leave within ICU nursing.

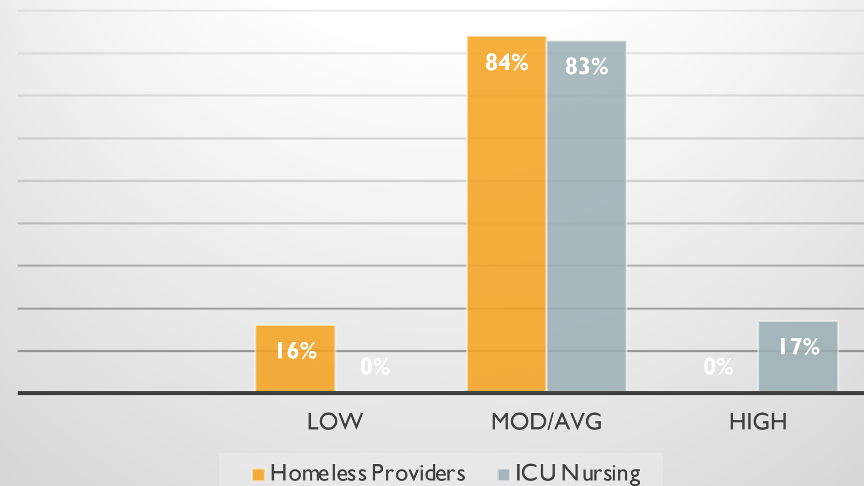
H_{05}:There is no correlation between ***moral distress*** and intent to leave within ICU nursing.

H_{5}:There is a correlation between ***moral distress*** and intent to leave within ICU nursing.

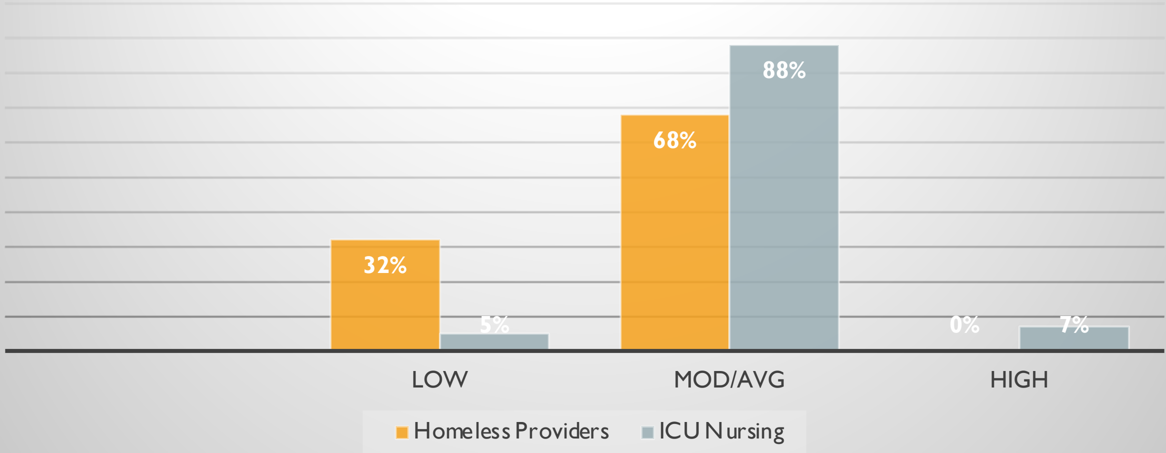
RQ1: DESCRIPTIVE STATISTICS

PROQOL BY CONSTRUCT

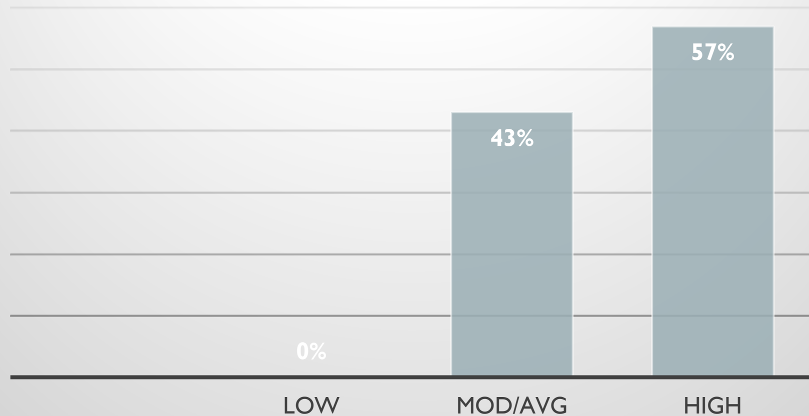


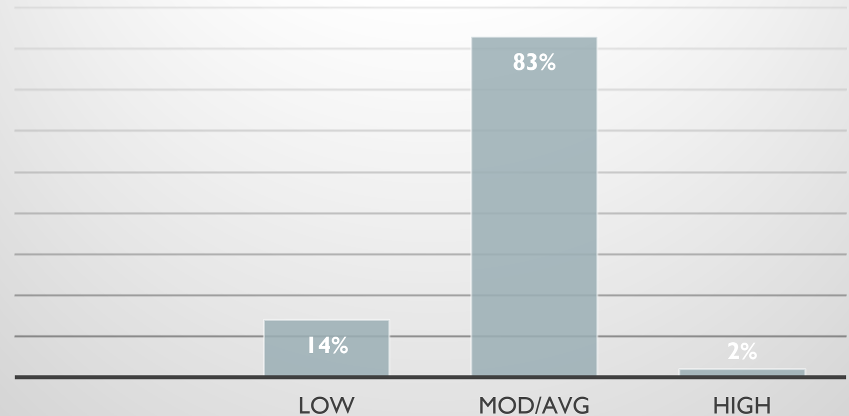


PROQOL BY CONSTRUCT

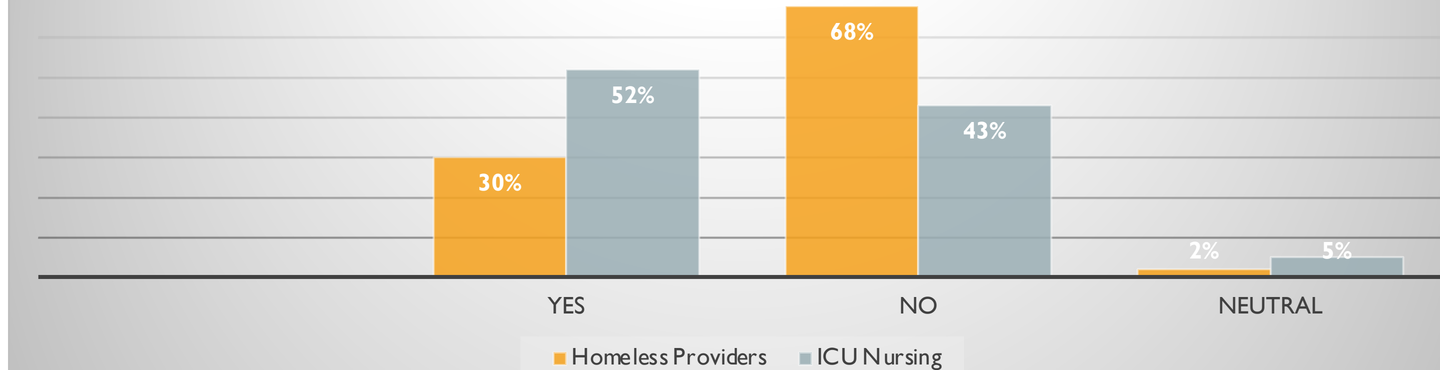


PROQOL - HEALTH BY CONSTRUCT





TURNOVER INTENTION SCALE



RQ1: INFERENTIAL STATISTICS

SPEARMAN'S INTERPRETATION TABLE

Spearman ρ	Correlation
≥0.70	Very strong relationship
0.40-0.69	Strong relationship
0.30-0.39	Moderate relationship
0.20-0.29	Weak relationship
0.01-0.19	No or negligible relationship

This descriptor applies to both positive and negative relationships.
(Adapted From Dancey and Reidy, 2004)[40]

RESULTS

Correlations			
Homeless Providers			intent_to_leave_h
Spearman's rho	compassion_satisfaction_h	Correlation Coefficient	-0.557*
		Sig. (2-tailed)	<0.001
		N	44
	burnout_h	Correlation Coefficient	0.697*
		Sig. (2-tailed)	<0.001
		N	44
	secondary_traumatic_stress_h	Correlation Coefficient	0.485*
		Sig. (2-tailed)	0.001
		N	44

*. Correlation is significant at the 0.05 level (2-tailed).

STATISTICAL TESTING RESULTS – HOMELESS PROVIDERS

- Correlations between three constructs and Intent to Leave:
  - Compassion Satisfaction – r_s = -0.557
    - Implies a strong negative correlation with Intent to Leave
    - A 100% increase in Compassion Satisfaction results in a 55.7% decrease in Intent to Leave
  - Burnout – r_s = 0.697
    - Implies a strong positive correlation with Intent to Leave
    - A 100% increase in Burnout results in a 69.7% increase in Intent to Leave
  - Secondary Traumatic Stress – r_s = 0.485
    - Implies a strong positive correlation with Intent to Leave
    - A 100% increase in Secondary Traumatic Stress results in a 48.5% increase in Intent to Leave

SIGNIFICANCE TESTING RESULTS – HOMELESS PROVIDERS

- Significant testing:
  - Compassion Satisfaction – p-value = <0.001
    - $p < 0.05$, demonstrates a statistically significant relationship
    - Null hypothesis rejected as a correlation exists between Compassion Satisfaction and Intent to Leave
  - Burnout – p-value = <0.001
    - $p < 0.05$, demonstrates a statistically significant relationship
    - Null hypothesis rejected as a correlation exists between Burnout and Intent to Leave
  - Secondary Traumatic Stress – p-value = 0.001
    - $p < 0.05$, demonstrates a statistically significant relationship
    - Null hypothesis rejected as a correlation exists between Secondary Traumatic Stress and Intent to Leave

SUMMARY OF FINDINGS: RESEARCH QUESTION #1

- Spearman's Rank-Order Correlation Coefficient was run to determine whether a correlation exists between the independent variables: Perceived Support (ICU only), Compassion Satisfaction, Burnout, Secondary Traumatic Stress, and Moral Distress (ICU only) and the dependent variable, Intent to Leave.
  - Regarding Homeless Providers:
    - Homeless service providers are less likely to contemplate leaving their position if they find satisfaction in their work as a caregiver.
    - Homeless service providers are more likely to leave their positions if they experience heightened levels of trauma-related stress and burnout as a result of their work among those experiencing homelessness.
  - Regarding ICU Nursing:
    - Caregivers in ICU nursing are somewhat less likely to consider leaving their position if they believe they are valued, appreciated, and feel as if they are part of a larger support network.
    - Direct care providers within ICUs are less likely to contemplate leaving their position if they find satisfaction in their work as a caregiver.
    - Those within ICU nursing are more likely to contemplate leaving their position if they experience heightened levels of burnout and moral distresses, such as an inability to provide appropriate actionable care or caregiving that requires them to violate personal and/or professional values.
    - While a weak positive correlation was found, significance testing suggests no significant relationship exists between secondary traumatic stress and one's intention to leave among ICU nursing.

RESEARCH QUESTION 2

RESEARCH QUESTION #2

RQ2: ***Does a relationship exist between workplace environment, secondary stress, job satisfaction and intent to leave, among homeless providers and critical care nurses?***

Addressed through qualitative research process which included written and in-person responses to five interview questions, specifically questions #1 - #4:

1. How has exposure to the trauma, or stressors, of those under your care impacted you personally and professionally?
   - N=25 (H); N=14 (ICU)
2. How would you describe your current workplace environment, or culture, as it relates to chronic secondary traumatic exposure, meaning the trauma of others?
   - N=24 (H); N=12 (ICU)
3. How well do you believe your respective organization/hospital leadership understands the effects of workplace stress on you personally and professionally?
   - N=25 (H); N=13 (ICU)
4. As a caregiver where chronic exposure to the trauma, or stress, of others is inevitable, how important is workplace environment to you personally and professionally when contemplating an intention to leave your position? Please explain.
   - N=24 (H); N=13 (ICU)

Responses were reduced (as necessary), coded and categorized by common themes.

Themes IQ1: How has exposure to the trauma, or stressors, of those under your care impacted you personally and professionally?

TOTAL PARTICIPANTS (N=39)

- Greater appreciation for personal life (32%)
  - *“I realize I have a blessed life; my work makes me more grateful.”*
- Results in regular self-reflection (39%)
  - *“It has helped me realize that life is precious and our time is limited.”*
- Significant personal, emotional, and mental health challenges (72%)
  - *“Have seen a therapist since I started in this work.”*
- Scope of need is overwhelming (46%)
  - *“Causes frustration because I feel like I have an inability to fix the trauma.”*

Themes IQ2: How would you describe your current workplace environment, or culture, as it relates to chronic secondary traumatic exposure, meaning the trauma of others?

TOTAL PARTICIPANTS (N=36)

- Current workplace environment, or culture, is supportive and understanding (50%)
  - *“Culture allows for time away for self-care which is excellent. Co-workers listen and understand.”*
- Current environment is one of understanding, but nothing is done to mitigate the impact of secondary traumatic exposure (25%)
  - *“I get mixed messaging.”*
- Culture communicates one of burnout, stress, apathy, exhaustion and overwhelmed (58%)
  - *“Stress is wearing thin, and we are tired.”*

Themes IQ3: How well do you believe your respective organization/hospital leadership understands the effects of workplace stress on you personally and professionally?

TOTAL PARTICIPANTS (N=38)

- Leadership is understanding and supportive as related to exposure (37%)
  - *“Leadership greatly understands and is supportive wherever needed.”*
- Leadership understands the exposure but does nothing to support, is disconnected (29%)
  - *“Upper leadership is just disconnected from day-to-day. They are out-of-touch.”*
- Limited, inconsistent, or nonexistent, understanding of, or care, for those affected by secondary traumatic stress (66%)
  - *”Not at all. I feel very undervalued, unappreciated, and uncared for.”*

Themes IQ4: As a caregiver where chronic exposure to the trauma, or stress, of others is inevitable, how important is workplace environment to you personally and professionally when contemplating an intention to leave your position? Please explain.

TOTAL PARTICIPANTS (N=37)

- Workplace environment is critical when considering leaving (78%)
  - *"Full culture, not just immediate, is critical."*
- Actively considering leaving due to workplace environment (38%)
  - *"This is one of the best teams I have ever been a part of and … it is not enough. Immediate culture is not enough to keep me due to larger organizational culture."*

SUMMARY OF FINDINGS: RESEARCH QUESTION #2

Does a relationship exist between workplace environment, secondary stress, job satisfaction and intent to leave, among homeless providers and critical care nurses?

- Findings suggest a relationship exists between workplace environment, one's satisfaction within the environment, and intent to leave as related to chronic secondary traumatic exposure.

- Interview Participants:
  - Consistently communicated the stressful nature of caregiving
  - Provided detailed examples of how secondary traumatic exposure had impacted them personally and professionally
  - Expressed varying opinions as to their larger workplace environment when considering secondary traumatic exposure
  - Communicated their perception of leadership within the workplace and their understanding of the effects of secondary traumatic exposure on themselves and their careers
  - Affirmed workplace environment, including leadership at all levels, as being influential in their decision-making with respect to intentions to leave their current position, or profession altogether

RESEARCH QUESTION 3

RESEARCH QUESTION #3

RQ3: ***Are there leadership best practices which can be employed within homeless service organizations and ICU units resulting in a workplace environment that successfully reduces intentions to leave, due to constant exposure to the trauma of others?***

Addressed through qualitative research process which included written and in-person responses to five interview questions, specifically question #5:

5. In your opinion, what are characteristics of the optimal workplace environment to support you and your co-workers personally and professionally as caregivers who are regularly exposed to the trauma, or stress, of others?

Responses were reduced (as necessary), coded and categorized by common themes.

Total Respondents to Question #5: 25 Homeless Providers (N=25); 13 ICU Nursing (N=13)

Themes IQ5: In your opinion, what are characteristics of the optimal workplace environment to support you and your co-workers personally and professionally as caregivers who are regularly exposed to the trauma, or stress, of others?

TOTAL PARTICIPANTS (N=38)

- Organizational driven self-care initiatives for staff with flexibility and general support being primarily noted (66%)
  - *"Incentives that optimize the desire to work at the organization."*
- Demonstrated support, appreciation, and value, as well as honesty/trust, from all levels of leadership (63%)
  - *"A place where people, including management, listen and care. Where you are appreciated with authentic words. A place where you are valued."*
- Overall pleasant work environment among peers, and throughout entire organization (47%)
  - *"Cohesion of team. Unity. Openness in communication throughout."*
- Manageable case/patient workloads, adequate staffing, and regular training (21%)
  - *"Manageable caseloads and a robust training program to lay a foundation for this work."*

SUMMARY OF FINDINGS: RESEARCH QUESTION #3

Are there leadership best practices which can be employed within homeless service organizations and ICU units resulting in a workplace environment that successfully reduces intentions to leave, due to constant exposure to the trauma of others?

- Findings suggest the best organizational practices to support caregivers within homeless services and ICU nursing that could successfully reduce intent to leave include:

1. Purposeful self-care initiatives enacted by the organization, which could include flexible schedules and an overall sense of support, that communicates care and concern for their personal and professional well-being.
2. Openness, honesty and demonstrated care and support from leadership at all levels would communicate to direct care providers a sense of worth, value, appreciation and care.
3. Overall pleasant work environment among peers, and throughout entire organization.
4. Ensuring adequate staffing is in place in order to appropriate ideal client/patient to caregiver ratios so as not to bring undue burden upon the caregiver, ultimately impacting the quality of care provided
5. Regular and effective training for caregivers specifically focusing upon the stressful nature of the work, specifically regular exposure to the trauma of others

IMPLICATIONS AND RECOMMENDATIONS

IMPLICATIONS

- The results of the study imply:
  - Secondhand traumatic exposure effects caregivers within homeless services and ICU nursing both personally and professionally
  - Relationships at varying levels exist between perceived support, compassion satisfaction, burnout, secondary traumatic stress, and moral distress, and intentions to leave
  - Homeless provider organizations and ICUs experience frequent employee turnover
  - As such, if employers within the fields of homeless services and ICUs wish to lessen the impact of secondary traumatic exposure, and thus, likely lessen their employee's intentions to leave they must be concerned with creating a positive, supportive workplace environment
  - More specifically, if homeless provider organizations and hospitals wish to lessen Intent to Leave and, by consequence, positively impact employee retention:
    - Organizations/hospitals must initiate care activities and mechanisms demonstrating support for their workers
    - All levels of leadership must, in both word and deed, be engaged and active in communicating care and support for their team members, and
    - Organizations/hospitals, and their leaders, must be sensitive to work loads and provide adequate training to prepare workers for the traumatic exposure they will inevitably experience

RECOMMENDATIONS FOR FUTURE RESEARCH

1. Develop a valid, reliable research instrument measuring a direct relationship between secondary traumatic exposure, workplace environment, and intention to leave
2. Comparative study of providers within varying regions throughout the country to determine if any distinctions exist between regions
3. Correlational study determining whether relationship exists between client/patient success and continuity of caregiver
4. Replicate this study from a purely qualitative perspective
5. Scale this study to a larger geographical footprint (e.g. hospital system, provider networks like National Alliance to End Homelessness, etc…)
6. Study aimed at determining the length of time required for a caregiver to adopt a perception of competency in their position as a caregiver

REFERENCES

REFERENCES

- Balch, C. M., Freischlag, J. A., & Shanafelt, T. D. (2009). Stress and burnout among surgeons: Understanding and managing the syndrome and avoiding the adverse consequences. *Archives of* Surgery, *144*(4), 371–376.
- Borhani, F., Abbaszadeh, A., Nakhaee, N., & Roshanzadeh, M. (2014). The relationship between moral distress, professional stress, and intent to stay in the nursing profession. *Journal of Medical Ethics and History of Medicine*, *7*(3).
- Bothma, C.F. & Roodt, G. (2013). The validation of the turnover intention scale. *SA Journal of Human Resource Management, 11*, 1-12.
- Bride, B.E. (2007). Prevalence of secondary traumatic stress among social workers, *Social Work*, *52*(1), 63–70.
- Bride, B. E., & Figley, C. R. (2009). Secondary trauma and military veteran caregivers. *Smith College Studies in Social Work*, *79*(3-4), 314-329.
- Bride, B.E., Robinson, M.R., Yegidis, B., & Figley, C.R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14*, 27-35.
- Bulbulia, J., Trimble, T., Quigley, J. & Gordon, M. (2015). Impact of vicarious trauma on barristers practicing criminal law: An armoury of resilience. *Cork Journal of Applied Psychology*, 33-45.
- Caringi, J. C., Hardiman, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C. (2017). Secondary traumatic stress and licensed clinical social workers. *Traumatology, 23*(2), 186–195.
- Cleary, M., Schafer, C., McLean, L. & Visentin, D.C. (2020). Mental health and well-being in the health workplace. *Issues in Mental Health Nursing*, *41*(2), 172-175.
- Cortese, C.G. (2012). Predictors of critical care nurses' intention to leave the unit, the hospital, and the nursing profession. *Open Journal of Nursing, 2,* 311-326.
- Cortez, M. (2014). Direct v. indirect exposure to trauma: An insight to officer coping mechanisms. *McNair Scholars Research Journal, 10*(1), Article 7.
- Cummings, C.L. (2009) The effect of moral distress on nursing retention in the acute care setting. *UNF Graduate Theses and Dissertations*, 371.
- Dancey, C. & Reidy, J. (2004). Statistics without Maths for Psychology. Using SPSS for Windows (3rd ed.). *England: Pearson Education Limited.*
- Deckard, G., Meterko, M., & Field, D. (1994). Physician burnout: An examination of personal, professional, and organizational relationships. *Medical Care, 32*(7), 745-754.
- Dehlin, M., & Lundh, L. G. (2018). Compassion fatigue and compassion satisfaction among psychologists: Can supervision and a reflective stance be of help? *Journal for Person-Oriented Research, 4*(2), 95-107. DOI: 10.17505/jpor.2018.09
- DeMatthews, D.E., Carrola, P., Knight, D. & Izquierdo, E. (2018). Principal burnout: How urban school leaders experience secondary trauma on the U.S.-Mexico Border, leadership and policy in schools, *18(4), 681-700.*
- Dubberley, S., Griffin, E., & Bal, H. M. (2015). Making secondary trauma a primary issue: A study of eyewitness media and vicarious trauma on the digital frontline. *Eyewitness Media Hub*.

REFERENCES

- Elkonin, D. & Van der Vyver, L. (2011), Positive and negative emotional responses to work-related trauma of intensive care nurses in private health care facilities. *Health SA Gesondheid, 16*(1), Art. #436, 8 pgs.
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized,* 1–20.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, *58*(11), 1433-1441.
- Figley, C. R. & Ludick, M. (2017). Secondary traumatization and compassion fatigue. In S. N. Gold (Ed.), *American Psychological Association handbook of trauma psychology: Foundations in knowledge*, 573–593.
- Gawrych, A. L. (2010). *PTSD in firefighters and secondary trauma in their wives* (Order No. 3421908). Available from ProQuest Dissertations & Theses Global. (756455723). https://www.proquest.com/dissertations-theses/ptsd-firefighters-secondary-trauma-their-wives/docview/756455723/se-2
- Hawkins, H. C. (2001). Police officer burnout: A partial replication of Maslach's Burnout Inventory. *Police Quarterly*, *4*(3), 343-360.
- Kerlin, M. P., McPeake, J., & Mikkelsen, M. E. (2020). Burnout and joy in the profession of critical care medicine. *Critical Care*, *24*(1), 1-6.
- Kerman, N., Ecker, J., Tiderington, E., Gaetz, S., & Kidd, S. A. (2022). Workplace trauma and chronic stressor exposure among direct service providers working with people experiencing homelessness [Abstract]. *Journal of Mental Health*, 1-10.
- Kidd, S., Miner, S., Walker, D. & Davidson, L. (2007). Stories of working with homeless youth: On being "mind-boggling". *Children and Youth Services Review, 29*, 16-34.
- Koller, E. C., Abel, R. A., & Milton, L. E. (2022). Caring for the caregiver: A feasibility study of an online program that addresses compassion fatigue, burnout, and secondary trauma. *The Open Journal of Occupational Therapy*, *10*(1), 1-14.
- Kumar, A., Sinha, A., Varma, J.R., Prabhakaran, A.M., Phatak, A.G., & Nimbalkar, S.M. Burnout and its correlates among nursing staff of intensive care units at a tertiary care center. *Journal of Family Medicine and Primary Care*, *10*(1), 443-448.
- Kundi, G. M., Mughal, Y. H., Albejaidi, F., & Pasha, S. A. (2021). An empirical study on the job satisfaction and turnover intention of health-care professionals: Moderated moderation approach. *International Journal of Health Sciences*, *15*(4), 10–19.
- Laerd Statistics (2017). Spearman’s Rank-Order Correlation using SPSS Statistics. Retrieved from: https://statistics.laerd.com/spss-tutorials/spearmans-rank-order-correlation-using-spss-statistics.php
- Laerd Statistics (2017). Spearman’s Rank-Order Correlation. Retrieved from: https://statistics.laerd.com/statistical-guides/spearmans-rank-order-correlation-statistical-guide.php
- Lemieux-Cumberlege, A., & Taylor, E. P. (2019). An exploratory study on the factors affecting the mental health and well-being of frontline workers in homeless services. *Health & Social Care in the Community*, *27*(4), e367-e378.

REFERENCES

- Lippincott Nursing Center. Retrieved October 16, 2022. *Critical Care Nursing.* https://www.nursingcenter.com/clinical-resources/practice-specialties/critical-care-nursing
- Louth, J., Mackay, T., Karpetis, G. & Goodwin-Smith, I. (2019). Understanding vicarious trauma: Exploring cumulative stress, fatigue and trauma in a frontline community services setting. *The Australian Alliance for Social Enterprise*, University of South Australia. Adelaide.
- Maslach, C. & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, *2*(2), 99–113.
- Maslach, C. & Leiter, M.P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, *15*, 101-111.
- McCann, I. & Pearlman, L. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3,* 131–149.
- McDonald A.R., Middleton J., Bassett D.M., Harris L. (2017). Organizational culture and climate factors impacting forensic interviewers' experiences of vicarious trauma. *Forensic Research & Criminology International Journal*, *4*(4), 00118.
- Mealer, M., Burnham, E. L., Goode, C. J., Rothbaum, B., & Moss, M. (2009). The prevalence and impact of post-traumatic stress disorder and burnout syndrome in nurses. *Depression and Anxiety*, *26*(12), 1118-1126.
- Mealer, M. L., Shelton, A., Berg, B., Rothbaum, B., & Moss, M. (2007). Increased prevalence of post-traumatic stress disorder symptoms in critical care nurses. *American Journal of Respiratory and Critical Care Medicine*, *175*(7), 693-697.
- Middleton, Jennifer S. (2011) "The Relationship Between Vicarious Traumatization and Job Retention Among Child Welfare Professionals." Electronic Theses and Dissertations. 878.
- Moss, M., Good, V. S., Gozal, D., Kleinpell, R., & Sessler, C. N. (2016). A critical care societies collaborative statement: burnout syndrome in critical care health-care professionals. A call for action. *American Journal of Respiratory and Critical Care Medicine*, *194*(1), 106-113.

- Moss, M., Good, V. S., Gozal, D., Kleinpell, R., & Sessler, C. N. (2016). A critical care societies collaborative statement: burnout syndrome in critical care health-care professionals. A call for action. *American Journal of Respiratory and Critical Care Medicine*, *194*(1), 106-113.

- National Association of Social Workers. (2017). NASW code of ethics. Retrieved October, 12, 2022, from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English
- Nimmo, A. & Huggard, P. (2013). A systematic review of the measurement of compassion fatigue, vicarious trauma, and secondary traumatic stress in physicians. *Australasian Journal of Disaster and Trauma Studies, 2013*(1), 37–44.

REFERENCES

- NSI Nursing Solutions. (2020) NSI National Health Care Retention & RN Staffing Report. Retrieved October 19, 2022 from https://www.nsinursingsolutions.com/Library.php
- Ogińska-Bulik, N., Gurowiec, P.J., Michalska P., &Kędra, E. (2021). Prevalence and predictors of secondary traumatic stress symptoms in health care professionals working with trauma victims: A cross-sectional study. *PLoS ONE, 16*(2), e0247596.
- Olivet, J., McGraw, S., Grandin, M., & Bassuk, E. (2010). Staffing challenges and strategies for organizations serving individuals who have experienced chronic homelessness. *The Journal of Behavioral Health Services & Research*, *37*(2), 226–238.
- Perez, L. M., Jones, J., Englert, D. R., & Sachau, D. (2010). Secondary traumatic stress and burnout among law enforcement investigators exposed to disturbing media images. *Journal of Police and Criminal Psychology, 25*(2), 113–124.
- Petrovich, J., Twis, M. K., & Evans, S. (2021). Practice with people experiencing homelessness: An analysis of secondary traumatic stress in the workplace [Abstract]. *Journal of Social Distress and Homelessness*, *30*(2), 116-125.
- Qian, C.W. and Hauser, J. (2022). Perspectives of homeless service providers on their work, their clients, and the healthcare system. *PLoS ONE*, *17*(5), e0268765.
- Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. *Occupational Health Science*, *3*(3), 297-336.
- R Core Team (2023). R: A Language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL https://www.R-project.org/.
- Sabo, B. (2011). Reflecting on the concept of compassion fatigue. *OJIN: The Online Journal of Issues in Nursing, 16*(1), Manuscript 1.
- Salehi T., Barzegar, M., Yekaninejad, M., & Ranjbar, H. (2020). Relationship between healthy work environment, job satisfaction and anticipated turnover among nurses in intensive care units (ICUs). *Annals of Medical & Health Sciences Research*, (10) 826-831.
- Solomon, Z. (1988). The effect of combat-related posttraumatic stress disorder on the family. Psychiatry*, 51*, 323-329.
- Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org.
- Ting, L., Jacobson, J. M., Sanders, S., Bride, B. E., & Harrington, D. (2005). The secondary traumatic stress scale (STSS) confirmatory factor analyses with a national sample of mental health social workers. *Journal of Human Behavior in the Social Environment*, *11*(3-4), 177-194.
- Todd, C. M., & Deery-Schmitt, D. M. (1996). Factors affecting turnover among family child care providers: A longitudinal study [Abstract]. E*arly Childhood Research Quarterly*, *11*(3), 351-376.
- Waegemakers Schiff, J., & Lane, A. M. (2019). PTSD symptoms, vicarious traumatization, and burnout in front line workers in the homeless sector. *Community Mental Health Journal*, *55*(3), 454-462.

REFERENCES

- Wagner, D., Heinrichs, M., & Ehlert, U. (1998). Prevalence of symptoms of posttraumatic stress disorder in German professional firefighters. *The American Journal of Psychiatry*, *155*(12), 1727-1732.
- Wirth, T., Mette, J., Prill, J., Harth, V. & Nienhaus, A. (2019). Working conditions, mental health and coping of staff in social work with refugees and homeless individuals: A scoping review. *Health & Social Care in the Community, 27*, e257-e269.