Compassion Satisfaction, Burnout, and Secondary Traumatic Stress among Refugee Resettlement Workers in the United States

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Executive Summary

This report explores how selected socio-demographic, psychological, and work-related factors are associated with key outcomes among refugee resettlement workers in the United States (U.S.). The study draws on a survey of 472 current and former resettlement workers, administered in April 2023. The survey included quantitative measures of socio-demographic characteristics, self-efficacy, resilient coping, and compassion, and three outcomes: compassion satisfaction, burnout, and secondary traumatic stress. Written responses to an open question at the end of the survey were analyzed qualitatively.

Key Results
Univariate analysis showed:
- ➢ 99% of respondents reported moderate (53%) and high (46%) levels of compassion satisfaction.
- ➢ 100% of respondents indicated low (44%) and moderate (56%) levels of burnout (no scores indicated high levels of burnout).
- ➢ 98% of the sample reflected low (40%) and moderate (58%) levels of secondary traumatic stress.
- ➢ Participants demonstrated on average moderate levels of self-efficacy, medium levels of resilient coping, and high compassion scores. Turnover intention was moderate, and on average participants were relatively satisfied with workplace conditions.

Multivariate analysis indicated:
- ➢ **Compassion satisfaction** was significantly associated with older age, higher levels of resilient coping, compassion, working in a management role, lower turnover intention, higher client connection, and lower levels of satisfaction with state and federal programs.
- ➢ **Burnout** was associated with being younger, identifying as white, lower levels of self-efficacy, working during COVID, higher turnover intention, lower quality of work-life, and lower levels of client connection.
- ➢ **Secondary traumatic stress** was associated with being younger, lower self-efficacy, lower quality of work-life, and lower client connection.

Qualitative analysis revealed:
- ➢ Five themes: (1) passion and enthusiasm for resettlement work, (2) structural barriers and inequities, (3) workplace threats to retention, (4) occupational health and well-being, and (5) struggles to meet client expectations.
- ➢ Resettlement workers were highly passionate, motivated, and engaged with their work.
- ➢ Frustration with the resettlement system, a lack of resources and organizational support, and excessive bureaucratic demands.

Satisfaction derived from helping others may play a critical role in helping staff navigate the challenges of resettlement practice. High compassion satisfaction may be achieved when practitioners are able to establish a meaningful connection with clients and be authentically "present" in the lives of their clients. The relationship between higher client connection and higher compassion satisfaction, lower burnout, and lower secondary traumatic stress suggests that strengthening practitioner connections with clients in resettlement contexts may be an important focus for strengthening resettlement systems.

Much of the recent scientific research on compassion has been developed in response to a growing recognition of the devastating effects of a "compassion crisis" in the healthcare industry. This report suggests that refugee resettlement in the U.S. may be characterized less by a crisis of *compassion* and

more by a *crisis of connection*. This report explores these findings and identifies areas where efforts can strengthen resettlement services, with potential benefits to staff, refugee clients, and resettlement organizations. These include greater recognition of the effects of diversity of background on practitioner experiences, increased support for practitioner well-being, and more intentional creation of adequate time and space for practitioners to engage and connect more meaningfully with clients.

Introduction

This report draws on a survey of 472 resettlement workers located across the United States (U.S.), administered in April 2023. Data were collected in the wake of an intense period of both expansion and constriction in the U.S. resettlement sector. Beginning in 2016, the policies of the Trump administration explicitly sought to diminish U.S. refugee resettlement (Beers, 2020; Fee & Arar, 2019). The onset of the COVID-19 pandemic in 2020 further constrained the capacity of resettlement organizations to deliver services to refugees, raising concerns over the effects of the pandemic on clients' physical and mental health, as well as their social and economic integration and well-being (Ardalan, 2020; Brickhill-Atkinson & Hauck, 2021; Im & George, 2022). Finally, the U.S. military withdrawal from Afghanistan in 2021 prompted the evacuation of more than 85,000 Afghan nationals, who were resettled *en masse* through a national resettlement network that was still recovering from the damaging effects of the earlier disruptions (Rai et al., 2023). In the wake of these compounding effects, localized resettlement operations experienced high rates of staff turnover. Concerns regarding staff wellbeing and retention raises further questions over the implications for the quality of services delivered to resettled refugees.

Research shows that humanitarian workers may be vulnerable to risks of adverse outcomes, including burnout. Causes are attributed to the stresses and exhaustion of working in conflict and disaster-affected contexts, and exposure to secondary trauma (Akinsulure-Smith et al., 2018; Geiling et al., 2022; Guhan & Liebling-Kalifani, 2011; Guskovict & Potocky, 2018; Halady & Cook-Cottone, 2023; Hamid & Musa, 2017; Lusk & Terrazas, 2015; Mavratza et al., 2021; Mehus & Becher, 2016; Mercado et al., 2022; Tessitore et al., 2023). To date, there has been little systematic consideration of the broader possible effects of social and demographic characteristics on burnout among direct service workers in humanitarian settings. Concurrently, there is growing evidence, mostly from the healthcare sector, which shows that compassion—defined as an emotional response to the pain or suffering of others, involving an authentic desire to help—is critical to the delivery of effective care. Such research demonstrates that compassionate care may lead to improved patient outcomes (Burns & Nolen-Hoeksema, 1992; Hollinger-Samson & Pearson, 2000; Kim et al., 2004; Moss et al., 2019; Neumann et al., 2007; Rakel et al., 2009), strengthened provider well-being (Kelm et al., 2014; Thirioux et al., 2016), and better organizational performance (Mazzarelli et al., 2019). Evidence also points to the negative effects of a "compassion crisis" in modern healthcare, leading to more frequent lapses in patient care, increased burnout among staff, and suboptimal organizational performance (Lown et al., 2011; Trzeciak et al., 2017).

This study explores how selected socio-demographic, psychological, and work-related factors are associated with compassion satisfaction, burnout, and secondary traumatic stress among staff involved in direct service provision to resettled refugees in the U.S. More specifically, the study addresses the following questions:

1. Following a period of profound stress and disruption, is the U.S. refugee resettlement sector facing a crisis of burnout, specifically among client-facing staff?
2. What socio-demographic, psychological, and work-related factors are associated with compassion satisfaction, burnout, and secondary traumatic stress among refugee resettlement practitioners in the U.S.?
3. How do refugee resettlement workers in the U.S. describe their experiences of working to support resettled refugees?

Methods

The study was authorized by the International Rescue Committee Institutional Review Board (IRB) with reciprocal agreements from Brigham Young University and Arizona State University.

Sampling and Recruitment

Survey respondents were recruited through Switchboard's registered newsletter, which is sent out to a registered user-base comprised of approximately 11,000 active email accounts. Respondents were screened to include staff that either delivered services directly to refugee clients or who supervised direct service providers. Both current and former staff who met these criteria were considered eligible to participate. All survey data were collected anonymously and with informed consent. Subjects could claim an $25 e-gift card as an incentive.

Data Collection

The self-administered survey programmed within Qualtrics was open from April 12 - 27, 2023. The survey instrument included a total of 80 questions comprised of standardized scales and questions developed by the research team.

Socio-Demographic Characteristics
Respondents reported their age, gender, race, citizenship, immigration status, positions, and education. To assess lived experience, we examined whether a participant arrived in the U.S. as a refugee, parolee, or asylum seeker.

Psychological Factors
- Self-efficacy, an individual's belief that they can achieve their desired outcomes, was measured using 4 items from the Self-Efficacy for Personal Recovery Scale (Villagonzalo et al., 2018). Questions included: *how confident are you that you can make changes to better manage your well-being or maintain a healthy lifestyle.* A mean score was calculated, with response options ranging from 1 ("not at all confident") to 5 ("completely confident").
- Resilient coping, the extent to which individuals are able to cope with stress in an adaptive manner, was measured using the 4-item Brief Resilient Coping Scale (Sinclair & Wallston, 2004). Example items include: *I look for creative ways to alter difficult situations; I believe I can grow in positive ways by dealing with difficult situations.* A mean score was calculated, with response options ranging from 1 ("does not describe me at all") to 5 ("describes me very well"). Scores of 3 to 4.3 are considered normal levels, while those below 3 indicate low resilient coping and those above 4.3 indicate high resilient coping.
- Compassion. The 4-item "mindfulness" subscale from the Compassion Scale was included as a measure of being willing to listen to and pay attention to others' suffering (Pommier et al., 2020). The items include: *I pay careful attention when other people talk to me about their troubles; I listen patiently when people tell me their problems.* A mean score was calculated, with response options ranging from 1 ("almost never") to 5 ("almost always").

Work-related Factors
- Worked during the pandemic was assessed by asking when respondents started and stopped working in resettlement. Participants who worked in resettlement at some point between March 2020 and December 2021 were considered as working during the COVID pandemic.
- Management role was assessed by asking respondents to indicate their role in resettlement, with a range of options listed as well as an open-ended field. Those who reported that their position

involved working as a casework supervisor or program manager were considered as working in a management role.

- <u>Turnover intention</u>, respondents' likelihood of leaving their current employment, was measured using 2-items: *I am currently thinking about leaving my current job; I am planning to look for a new job* (Kelloway et al., 1999). A mean score was calculated, with response options ranging from 1 ("strongly disagree") to 5 ("strongly agree").
- <u>Quality of work-life</u> was measured using 8 items from the Pandemic Experiences and Perceptions Survey © (Leiter, 2020). Items included asking respondents about their ability to manage work hours, level of organizational support, fairness in decision-making and alignment of organizational and personal values (Leiter, 2020). A mean score was calculated, with possible responses for each item ranging from 1 ("strongly disagree") to 5 ("strongly agree),"
- <u>Client connection</u> was measured using two items from the team-developed questions (see below): *I had sufficient opportunity to really listen to clients that I served, to fully appreciate the challenges that they faced; I was able to spend enough time with clients, to ensure that my work made a meaningful difference to their lives.*
- <u>State and Federal program satisfaction</u> was measured using two items from the team-developed questions (see below): *refugee support programs in my state met the needs of resettled refugees; refugee policy and programs in the United States met the needs of resettled refugees.*

Team-Developed Items

Based on the literature and familiarity with refugee resettlement, the research team developed a set of 12 items to examine compassion, workplace conditions, and community environment. The full set of questions are detailed in
Table 4. Each question included a range of 5 possible responses, from 1 ("strongly disagree" or "almost never") to 5 ("strongly agree" or "almost always").

Outcomes
Three outcomes, compassion satisfaction, burnout, and secondary traumatic stress were measured using the Professional Quality of Life scale, version 5 (Stamm, 2009). Response options ranged from 1 ("never") to 5 ("always"). A sum score was calculated for each sub-scale:

- <u>Compassion satisfaction</u> reflects the pleasure people in helping professions derive from being able to do their work well. Sample items include: *My work makes me feel satisfied; I believe I can make a difference through my work; I am happy that I choose to do this work.*
- <u>Burnout</u> reflects feelings of hopelessness and difficulties in dealing with work or in doing one's job effectively. Sample items include: *I feel trapped by my job; I feel worn out because of my work; I feel bogged down by the system.*
- <u>Secondary traumatic stress</u> refers to the effects of workers' secondary exposure to extremely or traumatically stressful events (i.e. exposure to clients' traumatic experiences). Sample items include: *As a result of my work, I have intrusive, frightening thoughts; I feel as though I am experiencing the trauma of someone I have worked with; I think I might have been affected by the traumatic stress of those I work with.*

Open-Ended Field
At the end of the survey, an open-ended question invited respondents to address the following prompt: *Please share any additional information about your work experiences supporting refugees below.* Responses to this question were analyzed qualitatively, to offer additional insights into work-related experiences and perspectives.

Quantitative Data Analysis

To explore worker outcomes, we calculated mean scores for compassion satisfaction, burnout, and secondary traumatic stress. Second, we summarized results of responses to standardized measures and survey questions related to staff experiences of resettlement work. Structural equation modeling was then used to examine factors associated with the three outcomes. First, the nine social indicators were examined with exploratory factor analysis to see if they could be reduced to a few latent factors. Two latent constructs were identified, including "Client Connection," and "State and Federal Program Satisfaction," described above. Second, confirmatory factor analysis was conducted to examine how well compassion satisfaction, burnout, secondary traumatic stress, self-efficacy, resilient coping, compassion, turn-over intention, and quality of work-life measured underlying latent constructs. Items with factor loadings below .4 were dropped as they demonstrated poor sensitivity in reflecting the latent constructs. All items were retained for compassion satisfaction, self-efficacy, resilient coping, compassion, turn-over intention, and quality of work-life, while 5 items were retained for burnout and 9 items were retained for secondary traumatic stress. Finally, a structural equation model was run with the latent constructs of compassion satisfaction, burnout, and secondary traumatic stress as outcome variables. Predictors included socio-demographic characteristics (age, gender, race, refugee status), psychological factors (self-efficacy, resilient coping, compassion), and occupational factors (worked during COVID, manager, turnover intention, quality of work-life, client connection, and state and federal program satisfaction).

Quantitative Results

Socio-demographics
A total of 472 individuals completed the survey. Among this sample, 405 (85.8%) were currently employed and 67 (14.2%) previously worked in resettlement. The study sample was majority female (83%), white (69%), U.S.-born (76.5%), and university educated (86%), including 40.7% with a bachelor's degree and 45.1% with a master's degree. Respondent's average age in years was 36.5 (range: 20-71). A total of 60 participants (12.7%) had lived experience related to resettlement, arriving in the U.S. as either a refugee, parolee, or asylum seeker. Over 60% of the sample worked during the COVID-19 pandemic. Most participants indicated having multiple roles, including caseworker (54.7%), program manager (31.6%), casework supervisor (21%), and interpreter (12.5%). In total, 40% of respondents reported working in a management role.

Psychological and Work-related Factors
Compassion scores were high, with a mean score of 4.5 (4 = "often" and 5 = "almost always"). Participants demonstrated a moderate level of self-efficacy, with a mean score of 3.6 (3 = "somewhat confident" and 4 = "fairly confident"). On resilient coping, mean scores of 3.9 indicated a normal level of resilient coping. Turnover intention among the sample was moderate, with a mean of 2.6 (2 = "disagree" and 3 = "neutral"). Regarding quality of participant's work-life, the mean score was 3.7, indicating participants were relatively satisfied (3 = "neutral" and 4 = "agree") with workplace conditions. See Table 2 for additional details.

Team-Developed Items

Responses from the team-developed questions revealed tension between a strong motivation to act with compassion and various constraints on the ability to realize these intentions. For example, respondents reported experiencing a strong emotional response to hearing about the pain or suffering of others along with a strong desire to help, with mean scores above 4 ("often") on the two compassion-related items (see Table X). However, respondents were less likely to indicate that they had had sufficient opportunities to listen to clients, spend enough time with clients, or assemble sufficient

resources to ensure that their work had a meaningful impact. They also suggested the administrative dimension of their work was overly burdensome, and salaries were relatively unsatisfactory. For example, when asked whether their work involved a reasonable amount of paperwork, the mean response was 3.1 (3 = "neutral"). Further, when asked whether they received sufficient pay for their work, the mean response was 2.6 (2 = "disagree" and 3 = "neutral"). Whereas communities receiving refugees were perceived as welcoming, state and federal policy and programs were seen as less responsive to meeting the needs of resettled refugees, with mean scores of 2.8 and 2.5, respectively (2 = "disagree" and 3 = "neutral"). See

Table 4 for additional details.

Outcomes
Based on the ProQOL-5 suggested cut-off scores (Stamm, 2010), 99% of respondents reported moderate (53%) and high (46%) levels of compassion satisfaction (M = 40.2, SD = 6.0); 100% of respondents' scores indicated low (44%) and moderate (56%) levels of burnout (M = 24.1, SD = 6.5); and 98% of the sample's scores reflected low (40%) and moderate (58%) levels of secondary traumatic stress (M = 25.1, SD = 6.9). See Table 3 for additional details.

Table 1: Sample Socio-Demographic Characteristics

Gender	Frequency	Valid %
Female	390	83.33%
Male	67	14.32%
Non-binary	10	2.14%
Another identity	1	0.21%
Race		
White	323	69.02%
Hispanic or Latino/a	61	13.03%
Black or African American	33	7.05%
Asian or Asian American	29	6.20%
Other	19	4.06%
Native American, American Indian or Alaskan Native	2	0.43%
Native Hawaiian or Pacific Islander	1	0.21%
Immigration Status		
U.S.-Born	359	76.55%
Refugee, parolee, or asylum seeker	60	12.79%
Immigrant	50	10.66%
Highest education		
Bachelor's degree	213	45.13%
Master's degree	192	40.68%
Associate's degree	17	3.60%
Some college, no degree	15	3.18%
PhD/ doctoral degree/ medical degree/ J.D.	15	3.18%
High School Diploma/GED	11	2.33%

	Other	9	1.91%
Worked during COVID pandemic			
	Yes	288	61.00%
	No	183	38.80%
Resettlement Role			
	Caseworker	258	54.66%
	Program manager	149	31.57%
	Casework supervisor	99	20.97%
	Interpreter	59	12.50%
	Housing specialist	43	9.11%
	Casework aid	42	8.90%
	Immigration specialist	27	5.72%
	Other	195	41.31%
Role involves Management			
	Yes	189	40.00%
	No	283	60.00%

Table 2: Summary of Study Outcomes, Psychological Factors, and Work-Related Factors

Measure	Mean	Std. Deviation	Possible range
Outcomes			
Compassion Satisfaction	40.23	6.03	10-50
Burnout	24.07	6.49	10-50
Secondary Traumatic Stress	25.13	6.93	10-50
Psychological factors			
Self-Efficacy	3.61	.91	1-5
Resilient Coping	3.95	.55	1-5
Compassion	4.49	.49	1-5
Work-related factors			
Turnover Intention	2.59	1.26	1-5
Quality of Work-life	3.71	.80	1-5

Table 3: Summary of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress Scale Ranges

Score	Level	Compassion Satisfaction (n=374)	Burnout (n=370)	Secondary Traumatic Stress (n=368)
22 or less	Low	2 (0.01%)	163 (44%)	146 (40%)
Between 23 and 41	Moderate	200 (53%)	207 (56%)	213 (58%)
42 or more	High	172 (46%)	0	9 (2%)

Table 4: Summary of Mean Scores of Team-Developed Questions, from Highest to Lowest

Question	Mean	Std. Deviation	Possible range
I feel a strong need to take action to help, when I learn about the pain and suffering of others.	4.29	0.75	1-5
I feel I have a strong emotional response to hearing news about the pain or suffering of others.	4.02	0.87	1-5
The communities where I worked were welcoming towards refugees.	3.94	0.83	1-5
I had sufficient opportunity to really listen to clients that I served, to fully appreciate the challenges that they faced.	3.75	1.08	1-5
I was able to spend enough time with clients, to ensure that my work made a meaningful difference to their lives.	3.54	1.13	1-5
I had reasonable access to resources, to help refugee clients meet their basic or urgent needs.	3.37	1.09	1-5
My work with refugee clients involved a reasonable and manageable amount of paperwork.	3.10	1.24	1-5
Refugee support programs in my state met the needs of resettled refugees.	2.77	1.13	1-5
I received fair payment for my work as a resettlement practitioner.	2.59	1.22	1-5
Refugee policy and programs in the United States met the needs of resettled refugees.	2.45	1.15	1-5
As a resettlement practitioner, I experienced discrimination based on my race, ethnicity, immigrant status, gender identity, sexual orientation, disability, or something else.	1.98	1.12	1-5

Results from the Multivariate Analysis

In the combined structural equation model, compassion satisfaction was significantly associated with older age, higher levels of resilient coping, compassion, working in a management role, lower turnover intention, higher client connection, and lower levels of satisfaction with state and federal programs. Burnout was associated with being younger, identifying as white, lower levels of self-efficacy, working during COVID, higher turnover intention, lower quality of work-life, and lower levels of client connection. Secondary traumatic stress was associated with being younger, lower self-efficacy, lower quality of work-life, and lower client connection. The full structural equation model fit the data well, as indicated by the RMSEA = .05, CFI = .95, and TLI = .95. Standardized model estimates are presented in Table 5.

Table 5: Structural Equation Modelling Examining Factors Associated with Compassion Satisfaction, Burnout, and Secondary Traumatic Stress

	Compassion satisfaction		Burnout		Secondary traumatic stress	
Socio-demographic factors	ß	95% CI	ß	95% CI	ß	95%CI
Age	0.12**	(.04, .20)	-0.21**	(-.30, -.13)	-0.18**	(-.28, -.07)
Gender	0.06	(-.02, .14)	0	(-.07, .07)	-0.02	(-.12, .07)
Race	0.02	(-.07, .10)	-0.09*	(-.18, -.01)	-0.04	(-.14, .06)
Lived experience	0.07	(-.02, .16)	-0.02	(-.11, .07)	0.07	(-.04, .18)

Psychological factors

Self-efficacy	0.12	(.00, .24)	-0.36**	(-.46, -.26)	-0.30**	(-.45, -.15)
Resilient coping	0.17*	(.02, .33)	0.07	(-.09, .22)	0.04	(-.16, .25)
Compassion	0.12*	(.01, .23)	0.04	(-.08, .16)	0.11	(-.03, .24)
Work-related factors						
Worked during COVID	0.03	(-.05, .11)	0.12**	(.04, .20)	0.1	(-.01, .20)
Management role	0.10*	(.01, .18)	0.04	(-.05, .13)	-0.01	(-.12, .10)
Turnover intention	-0.24**	(-.36, -.13)	0.22**	(.12, .32)	0.1	(-.03, .23)
Quality of work-life	0.31	(.18, .43)	-0.27**	(-.38, -.17)	-0.25**	(-.39, -.11)
Client Connection	0.20**	(.09, .31)	-0.15**	(-.25, -.05)	-0.13*	(-.25, -.01)
State and Federal program satisfaction	-0.11*	(-.22, -.01)	-0.07	(-.17, .04)	-0.05	(-.17, .08)

*p<.05, **p<.01

Qualitative Analysis and Findings

From the 472 survey respondents, 196 individuals (42%) provided written responses to the open-ended prompt "*Please share any additional information about your work experiences supporting refugees below.*" We used a descriptive analytical approach to generate and apply codes, identify themes, and calculate frequencies. Of the 24 preliminary codes that were applied to the dataset, the most frequent was gratitude and rewarding work (n=71), followed by frustrations with the system (n=32), and supportiveness of work environment (n=31). Taking these frequencies into account, we examined how the most frequent initial (first-order) codes grouped together thematically. Six initial codes (e.g. constant crises, connections, appreciation for the study, commitment, faith, client dis/satisfaction) were subsequently excluded from the final groupings due to low frequency (n<2). This analytical process used the remaining 19 initial codes to generate the five inter-related themes described below.

Table 6: Codes, Themes, and Frequencies based on Respondents' Responses to the Open-Field Question

Codes	Themes	Frequency (%)
Passion for the work Gratitude and rewarding work Examples of compassion	Passion and compassion	85 (27%)
Bureaucracy Frustrations with system Inequities Lack of resources Misalignment of values	Frustrations with structural barriers and inequities	86 (27%)
Supportiveness of work environment Staffing shortages and resignations Poor pay Unprepared Work/caseload	Work-place threats to retention	78 (24%)
Burnout or stress Mental health Self-care & maintaining work-life balance	Occupational health and wellbeing	57 (18%)
Provider-client boundaries Client expectations Client engagement	Struggling to meet client expectations	21 (7%)

Note: The total number of applied codes was 319, which was used as the denominator to calculate percentages.

1. Passion and compassion

Participants described feeling passionate about helping refugees and finding their work deeply fulfilling, fueling a sense of purpose. Many workers described choosing refugee resettlement work because their work allowed them to interact with and support diverse populations. Participants discussed how rewarding it was to help clients find a home, advance their education, and feel safe and secure. Importantly, participants with refugee backgrounds expressed gratitude that they were able to help other refugees achieve their goals. One casework supervisor shared, "I was once a refugee, I feel accomplished when I solve their difficult situation, and that is what keeps me going on." Participants frequently expressed compassion and empathy for their clients, particularly with regards to past challenges and current obstacles. Participants reported regularly thinking about their clients outside of work, especially when confronted with news related to refugee crises. Providers not only had clients from Afghanistan but also friends, family, and colleagues who were deeply affected by the crisis. Participants reported that their clients' stories validated their efforts and made the work meaningful and helped them to develop more.

> "I tried to remind myself to slow down so that I could make sure to really listen to clients and find the right words to tell them I cared and that I was sorry something happened to them, and also to joke with them." *Immigration Specialist*

> "My closest resettlement friends are insanely passionate about this work… This is a vocation. When an Afghan woman starts driving. When girls who have been out of school for 2 years enroll in their local high school and thrive. When our Syrian clients finally feel safe in their new home. These successes outweigh the hard parts." *Caseworker and Program Manager*

2. Frustrations with structural barriers and inequities

Participants expressed frustration with structural shortcomings of refugee resettlement policies and practice. Many felt that they had to "jump through hoops" with an endless amount of paperwork and administrative responsibilities that took away from their capacity to serve refugee clients. For many, federal funding felt insufficient to support programs, including vital interpretation services. Refugee providers reported feeling caught between fulfilling clients' actual needs and complying with government policies. For example, participants felt that policies prioritizing self-sufficiency and rapid employment exacerbated client needs; with insufficient time to adjust post-arrival. Providers also noted systemic inequities in refugee resettlement work. For instance, refugees and asylum seekers received different levels of services and benefits based on their countries of origin. In other instances, participants expressed concerns about settling refugees in rural locations where they may face discrimination. Disparities were also noted among providers with participants reporting that racially minoritized staff and staff with lived experiences as refugees were not given the same level of respect and compensation as their white counterparts.

> "The lack of long-term support and lack of interest in the trauma and life experiences of these newcomers is quite shocking. The emphasis is entirely on independence and self-sufficiency, ticking the boxes and not on community and relationships." *Caseworker*

> "The amount of paperwork required is sometimes duplicitous and often difficult to manage. The policies that are in place for refugees are often insufficient, so as to leave newcomers with fear of being unable to support themselves, for example, the expiration date of required work authorizations." *Caseworker & Interpreter*

3. Workplace threats to retention

Some respondents described refugee resettlement work as unsustainable. Many felt insufficiently supported by resettlement agencies and lacking autonomy to meet client needs. Additionally, many respondents did not feel fairly compensated or adequately trained for the intensity and responsibility of resettlement work. They also described staffing shortages, with remaining employees feeling overwhelmed. Participants expressed feeling exhausted managing large caseloads with limited funding and little opportunity to develop rapport with each client. When participants were overloaded with large caseloads, they reported working outside of regular work hours and even paying out of their own pocket to cover clients' basic needs.

"We never get enough training, expectations are unrealistic, we are limited in our ability to actually serve clients due to lack of resources, large case load, organizational barriers, and more. The work can be stressful and with not great benefits, low pay and few if any chances for skills growth or career mobility." *Caseworker and Interpreter*

4. Occupational health and wellbeing

Refugee providers expressed concerns regarding their occupational health and wellbeing. Specifically, participants reported "burnout," "exhaustion," and feeling frustrated with both systemic and challenges as well as workplace obstacles. Some experienced burnout because they were overwhelmed and unable to meet the needs of clients. Participants also reported struggling with mental health issues, which in turn affected their physical health and wellbeing. Some participants described how they were overwhelmed by being exposed to their clients' emotional trauma. Others struggled to maintain a positive mindset, taking breaks when they felt overly cynical or negative. To address these concerns, participants reported seeking therapeutic services and educational programs to support their health and wellbeing. Many participants said they were working towards a healthier, more balanced lifestyle while continuing to maintain passion for their work.

"The past year working during high arrivals and APA made it difficult at times to keep a good life-balance and not feeling overwhelmed by the news and stories that were shared by clients, while also trying to work through the system to provide them with as much support as possible." *Casework Supervisor*

"I took time off for school and this break helped me realize how the stress of my job was affecting me, including waking up every morning having a hard time breathing as I worried about specific clients" *Immigration Specialist*

5. Struggling to meet client expectations

A number of participants reported struggling to maintain client-provider boundaries, while at the same time engaging clients in meaningful ways and meeting their expectations. Some viewed clients as expecting service providers to respond around the clock. Resettlement providers also felt blamed for deficiencies or limitations of the resettlement program, which became a source of constant strain. Some participants felt that no matter what they accomplished it was never enough, as refugee needs were incredibly diverse and there were few resources to meet these needs. These challenges made it difficult to fully engage each client and develop trusting relationships. Participants also stated that challenges in the workplace made it difficult to be fully present when working with clients, causing client-provider interactions to feel more transactional rather than relational.

"No matter how hard we try to do our jobs and help clients as much as we can, it's never enough. I feel that clients are mostly dissatisfied with our services and I don't blame them, but I really wish they could see how little support we get to support them." *Casework Supervisor*

Discussion

While the population size of the U.S. refugee resettlement workforce is unknown, study findings suggest that those most involved in delivering services are highly engaged and motivated while confronting a range of challenges. Nearly all (99%) of survey respondents reported moderate and high levels of compassion satisfaction, which was also reflected in the qualitative findings around engagement, motivation, and passion for the work. While 44% of respondents' scores indicated low levels of burnout, 56% of scores fell into the category of moderate burnout. The qualitative responses provided some insights into specific contributors to burnout, including frustration with resettlement systems, a lack of resources, and bureaucracy. These pointed frustrations were also reflected in people's responses to survey questions regarding the degree to which refugee policies and programs (fail to) meet client needs and impose arduous paperwork burdens. Fifty-eight percent of respondents' scores met the threshold for moderate levels of secondary traumatic stress, although these scores trended towards the low end of the moderate category. Similarly, potential contributors of secondary traumatic stress were apparent in the qualitative findings, in which respondents described being exposed to clients' traumatic events associated with the Afghan evacuation.

The multivariate analysis results highlight statistically significant associations between socio-demographic factors and compassion satisfaction, burnout, and secondary traumatic stress. Study results indicate that age, for instance, is related to worker wellbeing. Older age was associated with higher levels of compassion satisfaction, lower burnout, and lower secondary traumatic stress. Those who are older likely have additional relevant professional and personal experiences that help mitigate work-related stressors. The study did not identify gender as significantly associated with study outcomes. Additionally, though lived experience as a refugee, parolee, or asylum seeker was not significantly associated with study outcomes, race was significantly associated with burnout. Participants of color were less likely to report experiencing burnout, while identifying as white was associated with higher levels of burnout. This finding suggests that experiences as a person of color may serve as a protective factor for burnout in the occupational context of refugee resettlement.

The multivariate analysis results also revealed significant associations between psychological and work-related factors, and compassion satisfaction. Compassion and resilient coping were significantly associated with compassion satisfaction, but not with burnout or secondary traumatic stress. Being in a management role, low turnover intention, and strong client connections were also associated with higher levels of compassion satisfaction. Considered alongside qualitative results, these findings suggest that compassion satisfaction, the personal pleasure derived from helping others, may play a critical role in helping staff navigate resettlement practice. Providers' personal sense of compassion and resilience may promote their ability to generate and maintain compassion satisfaction in challenging resettlement contexts. High compassion satisfaction may be achieved when practitioners are able to establish a meaningful connection with clients and be authentically "present" in their lives. Being in a management role may provide additional individual agency and respite from large caseloads to create such opportunities for connection and meaning.

Higher rates of self-efficacy, quality of work-life, and client connection were significantly associated with lower levels of burnout and secondary traumatic stress. These findings suggest that fostering workers' confidence in their ability to do their job; improving workplace conditions such as work hours, organizational support, fairness in decision-making, and alignment of organizational and personal values (Leiter, 2020); and creating opportunities to make meaningful connections with clients may help to protect against adverse outcomes. It is noteworthy that working during the COVID pandemic was also

associated with higher burnout, indicating that the impact of this global crisis continues to have an effect on worker wellbeing.

Finally, the strength and consistency of the relationship between higher client connection and higher compassion satisfaction, lower burnout, and lower secondary traumatic stress suggests that strengthening practitioner connections with clients in resettlement contexts may be an important antidote to adverse outcomes. This finding points to the value respondents place on finding meaningful connection within their work, and the way these connections buoy worker wellbeing. Much of the recent scientific research on compassion has been developed in response to a growing recognition of the devastating effects of a "compassion crisis" in the healthcare industry (Mazzarelli et al. 2019). This report suggests that refugee resettlement in the U.S. may be characterized less by a crisis of *compassion* and more by a *crisis of connection*.

The causes of a "connection crisis" in the U.S. resettlement program may be complex, long-standing, and deeply entrenched at structural, systemic, agency, inter-personal, and individual levels. For instance, the qualitative findings reflected a profound sense of disconnection between resettlement policy, practice, and rhetoric, and what providers perceived as their clients' lived experiences and needs. Disconnects were similarly expressed between providers' values and organizational, state, and federal policy and practice. Practitioners expressed feeling highly satisfied by their ability to support clients while being frustrated by limited services and a focus on self-sufficiency.

Several limitations associated with the current analysis are important to note. The successful response rate resulted largely from the ability of the research team to recruit subjects from Switchboard's extensive network of resettlement practitioners. Nevertheless, this sample may not be representative of the U.S. resettlement worker population. Frontline workers who were most burned out over the last few years may have been caught up in the "great resignation" and disengaged from the field, reducing their likelihood of participating in the study. Furthermore, additional factors may shape patterns of participation, leading to characteristics being over or under-represented, potentially skewing results. This survey, for example, had a high response rate from U.S.-born, white, and university educated females.

Recommendations

Findings from this survey suggest "connection" as an important site of innovation for policy and practice that centers the lived experiences of clients at all levels. With this in mind, the report identifies several areas where effort and investment can be made to further strengthen resettlement services, with potential benefits to staff, refugee clients, and resettlement organizations.

- The U.S. refugee resettlement program would benefit from a greater understanding of the diversity of resettlement practitioners and the potential effects of age, race/ethnicity, lived experience, and other socio-demographic characteristics on the wellbeing, effectiveness, and long-term retention of the entire workforce, and particularly among those most directly involved in providing direct services.

- Protecting against adverse outcomes in the resettlement workforce requires employer policies and practices that intentionally enhance worker wellbeing, particularly among those most directly engaged in providing direct services. For example, in an effort to address burnout and secondary traumatic stress in the workforce, attention and resources are necessary to improve workplace

conditions, such as work hours, organizational support, fairness in decision-making, and alignment of organizational and personal values. Creating adequate space for practitioners to engage and connect meaningfully with clients may be an important factor in mitigating adverse outcomes, improving job satisfaction, and the long-term retention of skilled and experienced staff.

- Ongoing research with the resettlement workforce is necessary to deepen our understanding of what changes in policy and practice are most effective in enhancing worker wellbeing, satisfaction, and retention. An annual survey of the resettlement workforce, for example, would help to inform a big picture understanding of how the workforce fares over time. Capturing lessons learned from the recent crises would allow the resettlement program to develop a workforce crisis mitigation plan, in anticipation of future shockwaves to the program. Finally, research that captures examples of where the workforce is thriving would contribute to understanding of the factors that support occupational resilience, compassion, and self-efficacy and translate into compassionate and effective services for clients.

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