Webinar: Enhancing Refugee Care: The Link Between Provider Well-Being and Service Quality

June 11, 2025, 12:00 – 1:00 PM ET

Transcript

Introduction

Katie Zanoni: Hello, and welcome. We are so pleased you are here with us today for the webinar on Enhancing Refugee Care: The Link Between Provider Well-being and Service Quality. My name is Katie Zanoni, and I am the Senior Learning and Evidence Officer with the International Rescue Committee, or the IRC, and I'll be the facilitator for today's session.

Today's Speakers

KZ: I'd like to introduce our key speakers, Graeme Rodgers, Senior Researcher with the IRC, and Miriam Potocky, Researcher with Switchboard.

Learning Objectives

KZ: Great. Let's see. Today, by the end of this session, you'll be able to identify the factors that might impact refugee service providers' well-being, describe the potential relationship between practitioner well-being and service quality in the U.S. refugee context, and apply evidence-based interventions drawing from three key areas of research to improve effectiveness of services and enhance practitioner well-being.

KZ: I'd like to now pass to Graeme to discuss the well-being of refugee service providers.

1. Refugee Service Providers' Well-Being

Graeme Rogers: Thank you, Katie, and hello to everybody on the call. The term "well-being" is commonplace in our business, and I think it's safe to assume that most of us on the call will have some familiarity with it. For our purposes, we can consider well-being as the complex combination of physical, mental, and social factors that enhance the quality of the professional lives of humanitarian practitioners. Exactly how we operationalize and measure well-being will tend to be shaped by policy and institutional considerations.

GR: In U.S. refugee resettlement settings, for example, we might be less preoccupied with physical safety as an aspect of well-being when compared to those delivering services in active conflict zones, for example, but of course, it all depends on context.
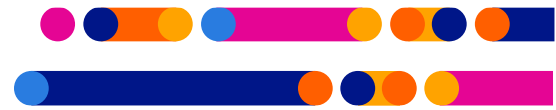
Discussion Question

GR: If we think about well-being essentially as multifaceted, for our first discussion [question], we invite you to reflect on well-being and share what you think are the important components in the context in which you work. To enter your responses, you can either scan the QR code on the screen in front of you with your phone or go to slido.com and then type in the eight-digit access code. We'll take about a minute or so to examine the responses that come in. Once again, it's just asking you to reflect on and share what you consider to be important aspects of well-being from your personal perspective.

What factors might impact refugee service providers' well-being?

GR: Poor boundaries, that's an interesting one. [silence] Secondary trauma. I think that's something that's going to come up later in the—vicarious trauma. Cultural differences, political climate, compassion fatigue, politics, burnout. [silence] Mental health, resources and funding, lack of support. That's really great to see so many of these coming in. I think we're starting to see patterns. Lack of training, again, resources and economic challenges, physical health, regulations, demands, the policy environment, funding. We'll keep those coming.

GR: If you can keep the Slido open, we'll be using the same Slido at several points in the session, so feel free to keep that open. These are really interesting responses and illustrate how provider well-being can mean different things to different individuals in different contexts.

Refugee Service as Compassion

GR: As challenging as this concept may be to pin down, there are good evidence-based reasons, mostly coming out of research on health care, as to why service organizations should take this question of employee well-being seriously. While it might be somewhat obvious or intuitive to this audience, it turns out that when provider well-being is neglected, quality of care for patients or clients in our cases suffers.

GR: Perhaps more surprisingly, enabling providers to deliver high-quality services with compassion, in the sense that these services impact the lives of clients in meaningful and ideally transformative ways, also produces direct benefits to provider well-being. Such findings from research enable us to approach the relationship between provider well-being and service quality as deeply enmeshed and mutually reinforcing. Growing evidence related to the importance of compassion in provider well-being and service quality enables us to reframe refugee services explicitly as a form of care.

GR: Moving on to the next slide. From this perspective, efforts to improve the quality of services delivered to clients cannot be pursued in isolation from the question of provider well-being. Many of you probably know this intuitively, and we are here to share more about how Switchboard is supporting more research and generation of evidence around this important dynamic.

Switchboard's Research Journey

GR: Katie, Miriam, and I will share summaries and updates on three Switchboard research initiatives. These engage in different ways the fundamental relationship between provider well-being and service quality and effectiveness from different perspectives, using different questions, research approaches, and methods. Some of you on the call may have been recruited and have participated generously as subjects in these studies so far, for which we are very grateful and encouraged by.

GR: The first study, conducted in partnership with researchers at Arizona State University and Brigham Young University in 2023 and 2024, focused on the relationship between compassion and burnout among U.S. refugee service providers. Our results suggest that compassionate practice offered an important antidote to the risks of burnout and possible negative effects on service quality, specifically in the aftermath of the pandemic and the stresses of Operation Allies Welcome on the resettlement sector. I'll share more results from that in a minute, or observations from that study in a minute, but our initial report is also available on the Switchboard website for those who are interested.

GR: Results from this exploratory study helped to motivate for the establishment of an Annual Survey of Refugee Service Providers, or the ASRSP, as we call it, which has been developed in 2024 and piloted in early 2025. Katie will share more early findings and observations from this new initiative, but the aim is to collect high-quality survey data annually or routinely in a way that centralizes the service provider experience to more effectively monitor, support, and strengthen practitioner well-being in a rapidly changing policy and humanitarian context.

GR: Then thirdly, we have a brand new study led by Miriam, which explores the impact of Motivational Interviewing initially on practitioner well-being and effectiveness, but ultimately, the aim is to extend this to assessing the impact on client outcomes. The study utilizes an experimental design to generate high-quality evidence of impact. The study has recently been launched and has actually just recruited participants. The title of the study is Project MIRACLE, which is an acronym for Motivational Interviewing for Resettlement, Adaptation, Coping, and Life Empowerment.
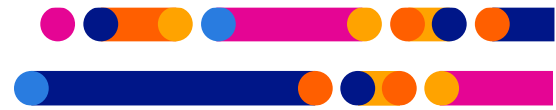
Poll Question

GR: I spent the last few minutes making the case that practitioner well-being is important to delivering effective services to refugees in the U.S., so we'd like to pause again and get a quick poll on your sense of this. How convinced are you at the moment that practitioner well-being is important for effective services in the U.S.? To enter your response, you can simply refresh the Slido page or scan the QR code again and enter the eight-digit access code. I see many of you are already responding. We'll just give it a few seconds for you to find the poll and enter your response.

Do you think practitioner well-being is important for delivering effective services to refugees in the U.S.?

[pause]

GR: That's great to see. Thank you for those who responded. Most of you, I think, as expected, seem to be convinced that we're onto something here, which is encouraging, but I'm also glad to see a few people who are not quite skeptical but perhaps not sure about this, so that we're not totally preaching to the choir.

2. Relationship Between Practitioner Well-Being and Service Quality in the U.S. Refugee Service Context

Switchboard's Research Journey

GR: Moving then on to the second learning objective, where we'll spotlight selected observations and results from the studies mentioned. These speak to the relationship more directly between well-being and service quality.

Who are refugee service providers in the U.S.?

GR: Drawing on data from the Compassion study that I mentioned earlier and the ASRSP Pilot, I'll start by sharing some broad background characteristics of service providers to offer a more human-centered way to imagine this very abstract idea of a refugee service provider. Then, following this, I'll just draw on selected measures from our survey to try to begin to explore how provider well-being may correlate with perceptions of service quality, and then just see if we can identify any patterns here.

GR: Who are the service providers who participated in these surveys to date? The majority, around three-quarters, are U.S.-born citizens, with the remaining one-quarter comprised of immigrants and refugees, more or less in equal measure. More than 80% of respondents were female, and almost 70% were white. Service providers are highly educated and highly trained, with about 90% having at least a bachelor's degree and about half of those having a master's or higher.

GR: They tend to be on the younger end of the working-age spectrum, with an average age of around 36, and an age range, wide age range, from 20 to 71. Data from the ASRSP Pilot suggests that many are married or in committed relationships. About half have children, and for many, more than 70%, religion is important. A high percentage of these, about two-thirds of these, recognize that their faith is important to their motivation to engage in this work.

GR: Then finally, perhaps unsurprisingly, but really of critical importance, those on the front lines of resettlement score very highly on measures of empathy and compassion. These are a cohort of people who really care. Again, this is not necessarily surprising, but I just wanted to remind ourselves that service providers, and give a profile of service providers, to illustrate that this is a highly talented and deeply committed workforce in the U.S., and a tremendous human resource that is worth recognizing, celebrating, and supporting.

Poll Question

GR: Before diving into results, finally, let's pause for another poll question on how motivated you feel as a service provider or somebody who is working adjacent to a direct service provider.

How motivated do you usually feel to help others in need?

GR: This is the same procedure as before. Just to note that, if you haven't been recruited to our studies so far, this question gives you a taste of the kinds of questions that we ask on our surveys to try to explore and measure things like compassion, motivation.

[pause]

GR: We'll just give that a few more seconds. It's great to see that our hypothesis is holding true. I think it confirms that many in this field are very highly motivated to help. I think what some of our results are going to show is that this is really critical both to well-being and service quality. That's great. More than two-thirds of people are really highly motivated, and almost everybody else is strongly motivated.

Correlations Between Provider Well-Being and Experience of Service Quality

GR: Moving on to some results, this simplified matrix table summarizes the strength of correlations between selected measures of well-being, which are listed on the left column, and these are mostly standardized psychological measures, and selected attributes of service quality, which run along the top row. Well-being measures include self-efficacy, which is a belief in your ability to achieve a desired outcome; resilient coping, which is the ability to cope with stress in an adaptive manner; burnout, which refers to negative feelings of hopelessness and difficulty in dealing with work and life; compassion satisfaction, which refers to the pleasure one experiences from helping others; secondary traumatic stress, which somebody highlighted as an aspect of well-being early on. This is something that we've also included. Secondary traumatic stress refers to the effects of exposure to traumatic or stressful events experienced by others. Then finally, turnover intention, which refers to one's desire to leave one's job. We correlated each of these with responses to questions developed by the research team, which are reflected on the top row, which can be considered as indirect but also imperfect and incomplete proxy indicators of service quality.

GR: These questions asked about the opportunity that one has to really listen to clients, to spend enough time with clients in order to fully help them solve their problems, to access resources needed to address client problems effectively, and then to manage the administrative burden of delivering services, often through bureaucratic and complicated programs. All of the findings summarized here were highly significant statistically, and all the results were in the expected directions. As you can see, they consistently reflected low to moderate correlations.

GR: Just taking one example, experiencing burnout, which is a critical measure of well-being, was associated quite strongly with not having enough opportunity to listen to clients, to understand their problems, feeling of having insufficient time to address problems and resources to really help clients, and perhaps an overwhelming and frustrating sense of an administrative burden. The positive effects of compassion satisfaction were also pretty strong, and in some ways, represents the antidote to burnout.

Implications

GR: These are just early results, and our measure of service quality in these data is arguably inadequate and needs to be developed further. Despite this limitation, I'm still quite excited by three things. First, the significance of the results and the consistency of patterns of association support our broader hypothesis and build on the evidence that's mostly being generated in the health care sector.

GR: Second, relatively strong correlations between compassion satisfaction and burnout and the attributes of service quality that we were able to discern reinforces the importance of compassion, suggesting that caring may indeed be integral to connecting well-being and service quality.
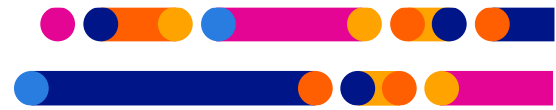
GR: Then third, just to end on a note of caution, I don't think I need to remind this audience that these data don't speak to questions of causality or causal direction. There are clearly multiple factors at play, which is why our correlations are solid but mostly quite low. I'll end on that point. Thank you for listening to me. I'll now pass it back to Katie.

3. Enhancing Practitioner Well-Being and Improving Service Provision: Pairing the Research with Evidence-Based Interventions

KZ: Great. Thank you so much, Graeme. Now I'd like to discuss ideas to enhance practitioner well-being and improve service provision through the pairing of preliminary research findings that Graeme mentioned with some evidence-based interventions.

Discussion Question

KZ: First, we really wanted to ask you,

What kinds of supports do you rely upon to improve your well-being?

KZ: You'll use the same QR code as you have. We'd love to hear your thoughts.

KZ: Time with family and friends, peers. Great. A flexible schedule, time away from work, coworkers. Yes, that's important to step away from work, right? Meditation, family, partner, dogs. We all love our animals. Physical activity, time in nature, counseling, self-care, political engagement, being realistic. Managing expectations, being realistic. I like that one. All of these are great. We're seeing some themes as well. Seem to reinforce what Graeme was talking about around time. Family, friends, several folks with dogs, therapy, exercise, a mental health day and PTO. Routines, very important. Spirituality, sleep, sleep hygiene. Great. Reading. Oh, we've got a cat lover. [laughs] Wonderful. Thank you for those.

Switchboard's Research Journey

KZ: Again, you can keep those coming along as we continue. Just with those thoughts, we'd like to think about when we are in this space, how are we thinking about practitioner effectiveness? There are many things that may come to mind to help facilitate that effectiveness, including the well-being of practitioners and how we're doing that. You all have individual ways of doing that. As Graeme mentioned, if compassion, satisfaction, and burnout reflected the largest effect on service quality based on his research, then we're curious, what did the preliminary findings from the Annual Survey of Refugee Service Providers or the ASRSP pilot study reveal about supporting provider well-being?

KZ: Just in terms of a reminder of the goals of the ASRSP, we're to contribute to improving outcomes for resettled refugees and supporting persons and institutions that serve them. This is done in part through two of the primary research questions that were asked. Our colleague Biz Herman is out, and I want to just put a shoutout to Biz as the lead on this. The questions were, the first, which personal and organizational factors are associated with increased burnout? The second, what are possible interventions to improve provider well-being and service quality?

KZ: A review of the preliminary findings from the pilot revealed that increased social supports appears to correlate with reduced burnout, anxiety, and depression among primary providers. Thus, we can consider strategies to increase those social supports to improve overall well-being. This idea of strong social supports can act as a predictor of good health among service providers in high-stress occupations is also supported by different research.

KZ: Moving along, you might be asking, how did the ASRSP define social supports? This survey included both emotional and practical supports with questions informed by the Duke UNC Functional Social Support Questionnaire. We'll just share a definition. Sometimes it's helpful to create these frameworks. One working definition of social support is "the degree to which a person's basic social needs are satisfied through interaction with others, where basic needs are understood as affiliation, affection, belonging, identity, security, and approval."

KZ: If we think about that definition in terms of what we saw in your responses, we can see that as well. Just to give you some insights from the ASRSP, one example question to measure this construct of social support was for folks to respond to this question of, "I have the chance to talk to someone about problems at work." When I saw friends and peers and family, and maybe you're talking to your dog or your cat, those are ideas of how someone might think about this.

Preliminary Findings

KZ: Let's move on to the preliminary findings. When 13 participants were asked to share their thoughts on social supports during a cognitive testing interview process, they highlighted a really multifaceted concept that encompassed both supports in and outside of work. Regarding social support at work, participants highlighted various organizational strategies that can be implemented to ensure staff have access to safe and trusted leadership, implementing clearly defined and supportive policies—so, that policy level in the organization.

KZ: One participant emphasized having trusted individuals to talk to and spend time with during stressful times, both in and out of work, as well as receiving tangible help at work. Another participant underscored the importance of creating supportive environments where individuals could reflect, speak freely, and feel secure with compassion demonstrated through appreciation and acknowledgement. Finally, a participant highlighted the role of organizational instructional support, emphasizing accountable management, a trusted human resources department, and effective pathways within the organization to foster internal collaboration.

Application of Functional Social Supports

KZ: We'll move this into the type of social supports that can be framed as functional social supports. Functional social supports offers a useful framework to consider these three areas. The emotional supports might be considered as close relationships. Those could include those caring colleagues or empathetic peer groups. Instrumental supports would be tangible or material support to help with practical work demands. For example, we saw "flexible schedule" come up on one of the comments. That's a great example.

KZ: Supporting organizational resources to support staff well-being. We saw therapy, and so maybe there's internal resources to access counseling as an example of instrumental support. Then there's informational support. That could include information or supportive suggestions from others to make effective decisions for your clients. For example, someone who might be addressing some barriers in accessing resources. Having someone to go to talk to about that.

KZ: We see through the research that the intentional application of these functional social supports can really strengthen organizational resilience. Organizations and leaders can really take simple steps, such as emphasizing the importance of wellness services for staff to address those stressful situations, or initiating perhaps an information campaign to ensure policies are clearly communicated to support clients. Finally, leadership can also offer training on evidence-based strategies staff can use to support their clients.

KZ: With that, I will now pass to Miriam to discuss Switchboard's work on Motivational Interviewing, and she'll talk about this as one evidence-based approach.

What is Motivational Interviewing?

Miriam Potocky: Thank you, Katie, and hello, everyone. I will be discussing our current study on Motivational Interviewing in response to the question, "What evidence-based interventions exist that support effective service provision and improve practitioner-client relationships?" Motivational Interviewing is one of those interventions. What is Motivational Interviewing?

MP: First, let me mention on the right here is an image of the major book on this topic written by Dr. William Miller and Dr. Stephen Rollnick. If you want further information at this point after this webinar about Motivational Interviewing, I would direct you to this source. It's really great. It's easy to read. It has lots of case examples. We've provided a link to this resource, among many others, in the chat.

MP: What is it? Motivational Interviewing is a collaborative, person-centered communication style for strengthening motivation and commitment to change. It is focused on evoking an individual's own motivations and strengths. Rather than trying to convince or persuade a client what they should probably be working toward, we're really focusing on their inner motivation and their goals. We're emphasizing guiding rather than directing or persuading.

MP: Let me give a little background on Motivational Interviewing. It originated about 40 years ago in the field of addictions. It was developed as an alternate to the then-confrontational style of addictions counseling. Motivational Interviewing was intended to be a much more collaborative and compassionate approach to intervention. As you can imagine, in the past 40 years, this has been very widely used and shown to be effective across a variety of outcome areas like health, mental health, education, employment, and many, many fields.

MP: The research on its application in the resettlement context is limited, however. That is why we are undertaking the current study. We believe that MI has great potential in working in the resettlement context for several reasons. First, it focuses on change and adaptation to change. Is that not the underlying goal or necessity for all of our clients? They must adapt to their current environment, so it's very well suited in that regard.

MP: Furthermore, this approach focuses on attaining agreement between the client and the provider on the goals of change. I imagine many of you have experienced a situation where the client and yourself have somewhat different ideas of where you want the work to go. This method is, as I say, focused on coming to agreement on that. MI very much focuses on building trust. I think we all know that's a really important factor among our resettlement clients.

MP: MI has been shown to be effective cross-culturally. It's been used in many, many countries across the world and in many languages. Even as a bonus, not only is it effective for clients, it has been shown to reduce provider burnout.

Poll Question

MP: For all these reasons, we're pursuing it as a strategy for resettlement services. We'd like to ask you,

Have you ever used Motivational Interviewing?

MP: Wow, 67. Oh my goodness. It's about two-thirds, half. Okay. Looks like about half. We're constantly changing numbers here. Let's see where we get to. It looks like we're staying around half of you have used it and half have not. I'm happy to see that half of you have used it. I do know that it is being used in the field. I've heard this anecdotally and in this instance likewise. People do use it. It's just that it hasn't been systematically documented in our field and evaluated in our field. That is what we're setting out to do. I'm very happy to see that many people are or have at least some experience using it.

Discussion Question

If you have used Motivational Interviewing, what was it like for you and your client?

MP: Feel free to just type in a few words.

[pause]

MP: It works, okay. Eye-opening, interesting. Build rapport, absolutely. Collaboration. Initially challenging. Positive. Takes practice. A guided approach. The clients were motivated to share more. That's the idea. Very good. Can be hard to roll with resistance. Rolling with resistance is one of those Motivational Interviewing concepts. It basically means don't argue with the client, which can be challenging. Better buy-in. Sense of trust. It was difficult to get organizational support. I can understand that because MI requires a little more time, a little more investment in speaking with the client. You're not just moving from task to task. You're building a relationship. It supports self-efficacy. Clients have expressed feeling supported. Opens up the conversation. Awesome. I'm seeing all positives, so that's great to have this kind of feedback and input. Thank you all for these insights.

Switchboard's Research Journey

MP: Okay, so let's review then where we have been today and where we on the Switchboard research team are going with these three different projects that we have discussed.

MP: All of our studies are rooted in questions about practitioner effectiveness and the impact on clients. The first study that we discussed today was led by Graeme on compassion and burnout. We saw that there is certainly a relationship between the quality of service you all as providers are able to provide and the amount of burnout and secondary traumatic stress that you may feel. We also saw that compassion plays a big role in our work and that many of you are indeed very strongly motivated toward compassion towards the clients.

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Graeme and our team will be continuing this study into the future. We're continuing to analyze data, and we're aiming to have some detailed reports on this out in the next few months.

MP: We next discussed the Annual Survey of Refugee Service Providers. Katie led that discussion, and Katie discussed our findings from the pilot survey that was undertaken over the last few months. Then in the next few months, we're looking at institutionalizing, shall we say, this annual survey, and we'll be conducting the first wave of that. You all will have the opportunity to participate in that, so keep an eye out for an email about that over the next few months.

MP: Finally, as we mentioned, the Motivational Interviewing study we are currently embarking upon, in the next couple of months, we should have some preliminary results, and then we will be sharing further results as we move forward. Okay, so we'll wrap it up there, and I think we're on to questions next.

Q&A Panel

KZ: Thank you so much, Miriam. What we'd like to do now, we've got a wonderful amount of time, and we would love to hear from you. What you will be doing is, if you can see in your Zoom, there's an option to ask questions, and we will pass them to Miriam and Graeme to answer those.

KZ: The first question that I have is a great one to think about in terms of our current context. This is really about,

How do we facilitate strong social support in remote organizations?

KZ: Graeme, do you want to take that first and then—

GR: Sure. Thank you, Katie, and thank you for the question. I think this is a really important question that is going to become even more important going forward as the kinds of services that we deliver become increasingly remote or physically distant from the kinds of models that we've been used to over the last several decades.

GR: I think the pandemic forced us into a situation where we had to experiment with remote or physically disconnected forms of service delivery, and that yielded all kinds of insights and learnings from it. I think what it did highlight is that there are challenges that are posed by the kinds of distances that are set up. Looking at the evidence around it, I think what's really important is not so much the physical proximity. That might be important for certain things and in certain contexts, but there are suggestions that services can be delivered effectively with compassion in remote contexts.

GR: A few things have to be borne in mind. The one thing is that I think from the provider's experience perspective, there has to be that thread between the service that's delivered and the effect that it's having on clients. I think it's really important for providers to know that what they're doing is having an effect and to get that kind of feedback as a confirmation of their efforts. That's just not about having a nice thing to hear about. It's also about reinforcing the feedback loop that I mentioned earlier.

GR: I think as we go into more remote service contexts, we'll be challenged to find ways of maintaining that feedback between delivery of service and reinforcement of the effectiveness or a measurement or at least an

experiential component to the confirmation that the service is making a meaningful difference in the lives of clients.

GR: I think maybe even taking that a step further as AI becomes increasingly dominant in our everyday lives, it's inevitably going to impact and reshape, to some extent, the service environments in ways that I think we probably can't even imagine at this point. I do think that basic relationship that has defined the service provider-client relationship will need to be kept in mind as we go forward into this brave new AI world.

KZ: Thanks, Graeme. Miriam, do you have thoughts on the question around the remote?

MP: I don't have anything to add. Thank you, Katie.

KZ: I think the AI brave new world, Graeme. [laughs] I know that we are answering some of these questions in the question and answer chat, but I wanted to just for the sake of others and in case they want to hear these answers and focus in a little bit more, Miriam, on Motivational Interviewing.

There's a lot of interest around how to get started [with Motivational Interviewing] and what resources are there and what research has been done.

KZ: Maybe you could speak to that a little bit.

MP: Sure. Again, I have to say the book is the best resource because it's the original source by the people who developed it. They have updated and revised that book numerous times. It's just so easy to read. That's why I recommend it first and foremost. It's not a heavy textbook. I think you will enjoy reading it and seeing the examples that they provide.
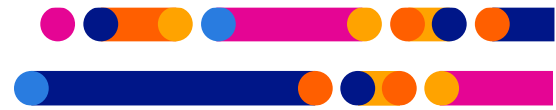
MP: Beyond that, there are just tons and tons and tons of resources on MI available on the web. I think one place I might start is called motivationalinterviewing.org. They will have lots of resources on how to start using MI, how to implement it in your organization. Again, I just want to say these are not specific to resettlement, but I think you all can easily make the leap and the adaptations that might be necessary in your settings. Once you have read up on it, perhaps watch some videos, have a little taste of what it is, how to start, just start using it with a client.

MP: It's not tremendously difficult. It's a matter of being empathetic, listening, using reflective listening skills, using open-ended questions, using affirmations—all these wonderful skills that demonstrate the compassion that you all feel toward your clients. My suggestion is just start using it here and there and see what happens.

KZ: Thank you so much. We have some questions still coming in, so welcome. We also had some questions come in before when you registered. Looking at those and pairing those up a little bit, I'm seeing this theme really around how to get leadership to prioritize agency-wide self-care.

Leaders within an organization, or let's think about leadership externally to an organization, how are we advocating around this self-care or provider wellness and effectiveness?

KZ: Graeme, would you like to start?

GR: Thanks, Katie. I think one way of starting is just being aware that this is important to service quality of investing in employee well-being as an investment in service quality. If I can put it this way, there is a strong business case for management or leadership investing in well-being. There are many other reasons for doing this, too. I think there's the duty of care imperative for organizations to look after their employees.

GR: Then to recognize that this is a complex and multifaceted thing, that there isn't a magic bullet solution. There isn't one thing that one can do that will have an effect in every context. I think to recognize that all contexts are different and that the challenges around well-being might shift with different pressures and as times change and under different environmental and institutional conditions and respond creatively and proactively to those sorts of challenges, to really listen to what service providers are saying.

GR: I think that's probably a good rule of thumb to, if one is interested in advancing or supporting well-being, just listen to what they're saying. Where are the pain points? Where are the problems? Collaborating to come up with some kind of response to that. I do think, and I realize I'm going to start sounding like a broken record on this point, but I think always keeping an eye on maintaining the through line between the efforts and the work that's being done by practitioners and the impact at the client level.

GR: I think making efforts to make those connections as explicit as possible, celebrating those whenever possible, looking for ways for strengthening those connections, I think the research shows very clearly that that has a beneficial effect on well-being, within a community of professionals where caring is important. I think the emphasis on caring is important because one can imagine if your job was to drive a train and you went to work one day and you were unable to drive the train, you might be disappointed, you might be somewhat frustrated, but it doesn't get to the core of your being as a professional.

GR: If you're motivated to enter into work where helping others is the primary reason why you're there, it's the principal driver of being involved, which is the case for many service providers. If they're unable to express that, to fulfill that and to convince themselves that they're having an effect, I think that can have a corrosive effect on their well-being in multiple ways and can find expression through problems like burnout or any kind of disengagement and frustration from work. I think, making those connections between the work and the impact as explicit and clear as possible.

KZ: Thank you so much, Graeme. Miriam, would you have anything you'd like to share as well?

MP: Could you repeat the question again, Katie?

KZ: Sure. The question is really around, given what we've talked about today and the link between provider well-being and service quality and effectiveness, how do we bring more awareness with leadership inside our organization or externally about the importance of this?

MP: I'm always an evidence-based person, so I would say show them the evidence, whether from your own organization or the literature. Of course, evidence doesn't always convince people, but that is the strategy I would suggest.

KZ: Great. Thank you. I think maybe I'm going to share this question next with you, Miriam, just in terms of we saw how much care and motivation to help others there were in this audience. We also know that this is hard work, and sometimes it comes with some challenges. Sometimes there's some challenges that come up with clients.

If there might be a challenge and there might be a difficult situation with a client, the question is really, how do you avoid being discouraged as a caseworker when facing some of those challenges?

MP: I think when we face these kind of challenges with clients, it goes back to trust. I think we have to step back a few steps and work on either reestablishing or establishing that trusting, collaborative relationship. I think before we even get into working on a task with a client or working toward a goal toward the client, we have to establish their trust.

MP: I think I would ask myself, "How can I enhance a mutually trusting relationship? How can I partner with this client rather than getting into a tug-of-war with them?" Start asking them those same questions. "How can we move forward together, given that here we are?" We're stuck with each other, in a sense. The client may not be happy to be in the situation that they're in, but given all that, how can we make the most of where we are? Those are some of the ways I would start.

KZ: Great. I think that we have one more final question:

Recommendations on trauma-informed services.

KZ: I would definitely suggest going to Switchboard's website, looking at the resources. There's new resources and new trainings coming forth, and also just a plug for the evidence summaries. There are several different offerings.

KZ: Just in terms of closing, before we're closing, I wanted to emphasize that a lot of the questions that came in previously, prior to the session when you were registering, were on how to support one another. It's clear that not only building on Miriam's comments around trust is that you're all eager to support one another. I do want to lift that up today. Just in terms of closing and thanking everyone here today for being here, we also want to thank Miriam and Graeme for your expertise and guidance and leadership in this.

Conclusion

Reviewing Learning Objectives

KZ: As a reminder, after today's session, we hope that you are now able to identify the factors that might impact refugee service providers' well-being, describe the potential relationship between practitioner well-being and service quality in the U.S. refugee context, and also apply those evidence-based interventions, drawing from the three key areas of research to improve effectiveness of services and enhance provider well-being.

Community of Practice

KZ: If you'd like to learn more about how to apply research discussed today or other evidence-based practices, please submit a technical assistance request to consult with the research team. The link will be shared in the chat. Then, we also really want to invite you to join Switchboard's Research Community of Practice. There are several communities of practice as well that you can see on Switchboard's website.

KZ: The Research Community of Practice advances research and evidence-based practice among individuals, agencies, and organizations serving our eligible population. We meet monthly. It's a member-led and collaborative space. You can use the chat and the link. Thank you for dropping that. We also really will be sharing some recommended resources that we'd like to ask you to check out. They might also answer some of the questions.

Feedback Survey

KZ: We would really ask for your help to share your feedback. You can do this. You can scan the QR code or you can use the chat that's been shared in the link. The survey is really important to help us improve future trainings. There's only five questions, and it should only take 30 seconds. What we're going to do is just pause for about 30 seconds. If you could do that, and then we'll come back and share those resources.

[pause]

Recommended Resources

KZ: Okay. Some resources that will be shared in the follow-up email that are listed here, some on Motivational Interviewing, a really excellent guide Preventing Occupational Hazards by Promoting Organizational Resilience, an evidence summary to reduce burnout. We saw some questions come in about that. Then a wonderful podcast and self-care tools. Please take some time to check those out.

Stay Connected

KZ: Then, for more training and technical assistance, please stay connected. We are here and excited to connect with you. You can email us at switchboard@rescue.org. You can visit us at SwitchboardTA.org. Then follow us on social media to keep up on the findings of this exciting research. On behalf of all of us at Switchboard, thank you for learning with us. We really hope to see you again. Thank you so much.