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“Living in Trauma 24/7”: A qualitative exploration of factors contributing to secondary traumatic stress and burnout among student services professionals working with marginalized student populations

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“Living in Trauma 24/7”: A qualitative exploration of factors contributing to secondary traumatic stress and burnout among student services professionals working with marginalized student populations

Cover Page Footnote

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Abstract

Higher education professionals are at risk of secondary traumatic stress (STS) as a result of supporting students experiencing trauma, while overwhelming workload, inadequate resources, and unclear role responsibilities may lead to burnout. This study explored contributing factors to STS and burnout and coping efforts among faculty, students, and staff working in a capacity in which they provide non-instructional support to programs or centers focusing on marginalized student populations. Participants (N=56) represented twenty-two U.S. regional universities, and were a subset of respondents to a larger mixed-methods study (n=559). Qualitative responses to three open-ended questions on challenges and coping efforts were analyzed using the Sort and Sift, Think and Sift method. Emerging themes were organized into three categories: 1) role challenges, 2) efforts to cope, 3) desired institutional resources. While personal self-care and social support were cited as beneficial coping mechanisms, participants emphasized these are reactive, rather than proactive, and are insufficient to overcome workload, trauma exposure, and other role challenges, thus contributing to turnover intentions and adverse mental health outcomes. Findings from this study will inform and provide guidance for proactive steps institutions can take to prevent and manage STS and burnout, and allocate resources to empower staff to fulfill role expectations and promote their well-being.

Keywords: higher education professionals, professional development, secondary traumatic stress, burnout, self-care

“Living in Trauma 24/7”: A Qualitative Exploration of Factors Contributing to Secondary Traumatic Stress and Burnout Among Student Services Professionals Working with Marginalized Student Populations

Higher education professionals working in programs and centers focused on marginalized college student populations, such as underrepresented racial/ethnic minority groups, the formerly incarcerated, undocumented, and current/former foster care, may be at higher risk of developing secondary traumatic stress (STS) and burnout in comparison to other higher education professionals. Approximately 84% of college students in the United States have experienced a traumatic event, however, students from marginalized populations are at higher risk of developing trauma as a result of individual and systemic discrimination, structural racism, historical trauma, or economic hardships (Chin et al., 2020; Matheson et al., 2019). Research conducted among formerly incarcerated Latino males found they may carry intergenerational trauma from experiences in the school-to-prison pipeline that may be triggered when they transition into the school setting (Abeyta, 2020). They also may face barriers to academic success such as inadequate mentorship and support (McTier, 2015). Both formerly incarcerated and lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) college students experience a campus climate wherein stigma, stereotypes and discrimination may trigger or add to their trauma (McTier, 2015; Garvey et al., 2017). Current or former foster care students attending college may have cumulative trauma from childhood experiences related to parental abuse, neglect and changes in home and school settings (Unrau et al., 2011). Students who are veterans may experience isolation in a school context where few understand their struggles (Green & Van Dusen, 2012).

Luedke (2017) found that college students of marginalized populations, specifically students of color, were more likely to turn to higher education professionals of color or of the same racial/ethnic background because they felt a genuine connection and ease of accessing them compared to white professionals. Higher education professionals at women and gender equity centers feel responsible for providing a supportive safe space for students experiencing trauma and sexual violence (Strout et al., 2014), in addition to coordinating programs (Kasper, 2004a; Strout 2014). They face additional challenges related to inadequate fiscal resources and insufficient compensation, and experience high rates of turnover (Kasper, 2004a). Individuals working with undocumented students have the pressure of addressing crises related to immigration policy, which rapidly changes in the U.S. These tasks often take place outside of work hours (Hoy & Nguyen, 2020), frequently without proper training (Lynch, 2019). Exposure to student trauma, especially for those serving as the sole advocate in their role, can contribute to STS, while the workload and volume of students they serve can contribute to burnout (Rosser & Javinar 2003; Maslach et al., 2001; Luedke 2017; Lynch, 2019).

STS is a PTSD-like disorder that includes symptoms of "intrusion, avoidance, negative change in cognition and mood, and change in arousal and reactivity" (American Psychological Association, 2003). STS can lead to anxiety and depressive symptoms such as disassociation, detachment, and hopelessness (Bober & Regehr, 2006; Sprang et al., 2007; Sprang et al., 2017; Whitt-Woosley & Sprang, 2018; Koutsimani et al., 2019). Organizational risk factors contributing to STS include total caseload and time spent working with traumatized individuals, followed by role, supervision, specialized trauma training, support, and encouragement of self-care and schedule flexibility (Bober & Regehr, 2006; Sprang et al., 2007; Cieslak et al., 2014; O'Malley et al., 2017; Whitt-Woosley & Sprang, 2018).

Workload burden and unclear role responsibilities are organizational risk factors for burnout, which can manifest as emotional exhaustion, depersonalization, and a sense of lack of professional accomplishment from working in a physically, psychologically, and emotionally demanding role (Maslach & Schaufeli, 1993; O'Malley et al., 2017). Prolonged burnout is associated with poorer mental health, including anxiety and depression (Takai et al., 2009; Bianchi et al., 2013; Ahola et al., 2014; Koutsimani et al., 2019). It can also lead to the development of chronic diseases (Kaschka et al., 2011; Salvagioni et al., 2017).

STS and burnout may lead to a decrease in productivity and increase in employee absenteeism and turnover (O'Malley et al., 2017). Individual factors associated with STS and burnout include personal trauma, gender, educational attainment, years of experience, and practice of self-care (Bober & Regehr, 2006; Sprang et al., 2007; Cieslak et al., 2014). While both individual and organizational factors may contribute to the development of STS, organizational factors are more strongly associated with it (Bober & Regehr, 2006; Sprang et al., 2007; Cieslak et al., 2014; O'Malley et al., 2017; Whitt-Woosley & Sprang, 2018). Experiences of burnout and STS are not mutually exclusive; research conducted among law-enforcement professionals exposed to negative media found high levels of burnout (e.g., emotional exhaustion and cynicism) and moderate levels of STS (Perez et al., 2010).

It is critical to address the prevention and management of STS and burnout within higher education professionals given their association with negative health outcomes. There are efficacious practices that individuals and organizations can implement to prevent and manage STS and burnout. Mindfulness, which focuses on awareness and being in the present moment, has been shown to have positive effects on individuals' well-being (Bishop et al., 2004; Richards et al., 2010; Asuero et al., 2014). Self-care practices have been shown to be protective and help

prevent and mitigate the negative health effects of STS and burnout (Bradley et al., 2013; O'Malley et al., 2017; Hotchkiss, 2018). Hegney et al. (2021) found that a mindfulness, self-care, and resiliency (MSCR) program was effective in helping university employees in Australia manage stress in home and work environments.

Mindful self-care (Cook-Cottone & Guyker, 2018) emphasizes mindful awareness of one's thoughts, feelings, and body in attending to one's physical and emotional needs. It is composed of six domains: mindful awareness, mindful relaxation, physical care, supportive structure, supportive relationships, and self-compassion and purpose. Mindful relaxation includes activities like reading, writing, socializing, and listening to music. Supportive relationships include one's personal and professional support system (e.g. colleagues, friends, partner), while supportive structure includes maintaining an organized workspace, setting boundaries, and creating a pleasing work environment. Physical care includes hydration, consuming nutritious foods, and engaging in physical activity. Self-compassion and purpose can include validating one's feelings, finding meaning and purpose in personal and professional pursuits, and practicing comforting and supportive self-talk.

A growing body of research has shown that several dimensions of mindful self-care are inversely associated with STS and/or burnout. In a study conducted with hospice care professionals, mindful self-care, specifically supportive structure and mindful relaxation, were associated with lower levels of secondary traumatic stress in (Hotchkiss, 2018). A subsequent study conducted with chaplains found that all mindful self-care domains, except physical care, were associated with lower risk of burnout (Hotchkiss & Leshner, 2018). It is important to note that is a correlation relationship that does not imply a causal or curative effect.

Most of the research to date in this area has focused on helping professionals, specifically medical providers and nurses, counselors, social workers, and social science researchers (Bober & Regehr, 2006; Sprang et al., 2007; Sprang et al., 2017; Whitt-Woosley & Sprang, 2018). The present study builds upon the quantitative results of a study conducted among higher education professionals, which found that all mindful self-care dimensions, except physical care, were positively associated with health-related quality of life in higher education professionals (Jackson Preston et al., 2021). It focuses on a subset of the original study population that serves students in resource centers or programs aligned with a specific population’s identity (e.g. foster care), which has been understudied. This exploratory study aims to develop a deeper understanding of the risk and protective factors that may contribute to adverse health outcomes in this population. Our framework is based on open-ended questions from Perez et al. (2010) used to explore STS and burnout in law enforcement investigators. We will explore role challenges and the practices non-instructional professionals use to cope with them, and desired institutional resources for support. Findings from this study will inform and provide guidance for the steps that higher education institutions can take in order to prevent and manage STS and burnout in higher education professionals.

Materials and Methods

Study design

The sample for this analysis is a subset of a larger cross-sectional survey examining professional quality of life, mindful self-care, and health among higher educational professionals. The results of the analysis for the full sample were published in a previous manuscript (Jackson Preston et al., 2021).

Study setting

This study was conducted online via Qualtrics. The survey was distributed to individuals at twenty-three comprehensive state universities. Twenty-three student support service areas in the university setting were included in overall study. This project focuses on centers serving the following student populations: formerly incarcerated, foster care, LGBTQIA+, men of color, underrepresented racial/ethnic groups, undocumented, veterans, and women and gender equity. These are hereafter referred to as identity centers.

Recruitment

Convenience and snowball sampling were used in this study to recruit participants using a sampling frame developed from the review of staff directories and program websites for eligible campuses and system-wide sites. For our qualitative analysis, eligibility was determined by a) being 18 years of age or older, b) affiliation with one of 23 campuses as staff, faculty, or student, and c) having a primary role in at least one of the aforementioned identity centers. Of our original sample of 559 participants, there were 63 eligible participants, with 56 responding to at least one of the open-ended questions.

Data collection

Data was collected via an anonymous online survey using Qualtrics. IRB approval was obtained from our institution prior to the beginning of the study (HSR-19-20-96). Before starting the survey, participants were presented with the informed consent and prompted to agree or opt out.

Instruments. Three open-ended questions were employed to assess role challenges, efforts to cope, and desired institutional resources. They were listed after the quantitative scales, as follows: 1) What is the hardest thing about your role? 2) What helps you most in coping with your role? 3) What is the most beneficial thing your campus could do to help you cope with the negative aspects of your role? These questions have been used in previous studies to explore secondary traumatic stress and burnout in forensic interviewers and members of law enforcement (Perez et al., 2010; Fansher et al., 2019).

Demographics. Demographic characteristics, such as gender identity, sexual orientation, race/ethnicity, campus role, primary service area, role level, and time in role were collected for all participants.

Data Analysis

The responses for the three open-ended questions were analyzed using the Sort and Sift, Think and Shift method, first introduced by Maietta (2006) and currently used as a standard method for qualitative inquiry. This method combines several qualitative approaches, wherein multiple researchers immerse themselves in the data to construct independent profiles capturing emergent themes, and work together in multiple rounds to construct rich narratives and diagrams mapping the phenomena being studied. This occurs in two cyclical phases: 1) Diving in: reading the responses without taking notes, then reading the responses in detail and choosing meaningful quotes; and 2) Stepping Back: discussing what has been found, followed by reviewing the responses and writing down reoccurring themes (Brandau & Davis, 2018).

At the beginning of the analysis process, the four researchers each wrote a positionality statement establishing their relationship to the research. Next, each identity center was assigned to two researchers who reviewed open-ended survey responses and identified a maximum of 15

meaningful quotes that help to explain the subjects' lived experience. Then, researchers worked individually to: 1) write episode profile memos for each identity group, documenting rich quotes and exploring how they contribute to an understanding of the lived experience of this population 2) create a diagram based on prominent themes, based on the codes identified in the 15 initial quotes. The researchers met to compare the initial quotes and codes created. Once the codes were created and operationalized, researchers engaged in thematic analysis to organize the codes into three a priori categories based on our initial research questions. This led to identifying themes that were prominent across participants' responses. For example, when reviewing the quotes for the theme of *Role Challenges*, researchers reviewed the initial 15 quotes, and read through those multiple times to identify potential codes. As a result, it was noted that overwhelmingly (almost all) participants reported inherent difficulties with their role in the identity center, often having to live in trauma, being forced to constantly be "making magic happen from nothing" and no matter how much they tried, their efforts were never enough compared to the constant demands of their job. Looking at the identified codes, researchers created the theme "Role Challenges" to capture the difficulties experienced by service providers in their identity center. The same process was followed with the other themes, based on the prevalent topics reflected by the initial codes.

The researchers met between 4 and 6 times to discuss the memos and diagrams, and identify themes for all the identity groups. The researchers returned to the data multiple times, refining quote selections and codes until consensus was achieved, then a diagram was constructed to visually depict relationships between themes representing the respondents' experiences. Researchers then created a table with the most prevalent key quotes, and engaged in reflection and group discussion to finalize themes and subthemes. Inter-rater reliability was

calculated by looking at the percent agreement between the two researchers assigned to analyze each identity center which ranged from 85% to 100%.

Results

Demographics

A majority of the respondents were non-white (55.6%) and almost half of them identified as Latinx (41.3%). Most of the participants identified as female (57%) and about a third of them identified as LGBTQIA+ (28.6). The most commonly reported centers in which staff had a primary role were centers for cultural groups (25.4%) and undocumented students (23.8%). The majority worked as programmatic/service staff (69.8%). Nearly three quarters of participants (73%) had been working with their respective center for three years or less. For additional demographic information, see Table 1.

Qualitative data

Emergent themes from the data were organized into three categories based on the open-ended questions: role challenges, efforts to cope, and desired institutional resources. Themes for each category are listed in Table 2.

Role challenges. The first major theme related to role challenges was a lack of resources and support, followed by feelings of isolation, shared trauma with students, and experiences of burnout.

“Making magic happen from nothing”. Many participants expressed frustration that a lack of resources limited their ability to address student needs. One participant commented that in order to support students, they “literally make magic happen from nothing” [Cultural groups, Administrator]. Respondents from several identity centers cited an internal conflict arising from being positioned to help students, but lacking adequate resources to do so. One participant

discussed "having the ability and the knowledge to help students, but not enough resources (i.e. staff)...if given the right resources I would be able to ensure that our students have all the tools to be successful" [Veterans, Staff].

"Never enough". The burden of being the sole advocate for a marginalized student population was a common expression among respondents. This often led to a sense of overwhelm and inadequacy as a result of carrying out workloads that are unequally distributed across campus staff. One participant stated, "There's difficulty in finding balance between the administrative tasks, programs, and supporting students daily. Sometimes I feel as if I am the only professional on campus students have a [connection] with and feel a responsibility to ensure they are well and feel supported" [Cultural Groups, Staff]. Challenged by a diminished sense of personal efficacy, another respondent cited major role challenges as including, "Programming and meeting institutional demands. Often feeling replaceable and isolated. Feeling that I struggle with [imposter] syndrome, that I am never enough" [Women and Gender Equity, Staff].

"Liv[ing] in trauma 24/7". Participants discussed having to navigate their own trauma due to institutional microaggressions based on their own marginalized identities, in addition to the trauma experienced by their students. These phenomena are consistent with contributing factors to STS. One participant explained this as "identifying with the students I serve so having to live in trauma 24/7" [Undocumented, Staff]. Having to navigate tensions in the sociopolitical climate in one's personal life that mirrored the experiences of students on campus blurred the line between personal and professional identity, adding an emotional weight to stated job responsibilities. A participant expressed "sharing the same background as 'our brother' makes work harder because [we are] facing the same challenges on campus and in society" [Men of Color, Administrator]. Another respondent expressed a sense of common understanding that

arose from sharing this burden, stating, “dealing with institutional racism, Islamophobia and xenophobia.... When I walk in an office, I get the "look." Only the [Black] community members know what that feels like” [Cultural groups, Staff]. Without proper resources, training and support, these experiences may lead to the development of STS.

“On the cusp of burnout”. Several respondents shared experiences consistent with two dimensions of burnout: overwhelming exhaustion and feelings of a lack of personal accomplishment. One participant describes their role challenges as “emotionally, personally, and professionally taxing...I am considering leaving the profession due to the high demands that are unreasonable and unsustainable” [Cultural Groups, Administrator]. A participant recognized the height of emotional fatigue, stating “I feel like many folks are on the cusp of burn out, but there is no support to help us before we get to that point” [Undocumented, Staff]. Another participant noted a lack of work-life boundaries, indicating that they were “expected [to] always be available” [Cultural Groups, Staff]. A sense of lack of accomplishment due to overwhelm from juggling multiple roles was illustrated by a participant who stated, "I feel I cannot excel in either role. I'm simply just getting by with the minimum" [Undocumented, Administrator]. Finally, one participant experiencing trauma following the death of a student questioned the adequacy of their efforts and whether they could have done more to prevent this outcome. They described their major role challenge as

“convincing myself I did enough to support a student when I can’t find solutions.

Recently a Guardian Scholar who I was mentoring died. The grief I felt was immense. [I] suspect he took his life and this idea haunted me and made me [question] what I might have missed or didn’t do enough of.” [Foster Care, Administrator].

Efforts to cope. Many participants cited coping practices they used to deal with role challenges that were consistent with the dimensions of mindful self-care, particularly supportive relationships, supportive structure, physical care, and self-compassion and purpose.

Supportive relationships. Having a supportive system within one's department, institution, or personal lives with counselors/therapists, supervisors, colleagues, friends, or family was cited as valuable in coping with role challenges. One participant described finding support in their peers, particularly "colleagues at other identity centers that are facing the same things, uniting amongst ourselves [to create] a sense of community and a strong supportive team" [LGBTQIA+, Staff]. Another respondent cited a combination of support on and off campus:

My supervisor is one of the best supporters I have, and I trust him to always have my back. We have a great team in place who can carry the load and distribute the "help" when it gets too heavy in any one area. My family is also very supportive and helps me cope with the fact that students will grow and learn at their own pace... [Veterans, Staff].

Another described their efforts to cope as inclusive of seeking the help of mental health professionals, relying on "constant self-care and counseling to help heal the trauma I encounter" [LGBTQIA+, Staff].

Supportive structure. Several respondents discussed creating a sense of balance in their personal and professional lives as a way they cope with challenges they are experiencing in their role.

One respondent explained that it is important to “have good work life balance to offset times when I have unrealistic expectations or views of my role” [Women and Gender Equity, Staff]. For another participant, balance and setting boundaries looked like “taking few days off work for a mental health break when things are feeling too heavy for too long” [Veterans, Staff]. Another participant cited “Strong work/life boundaries and being a good compartmentalizer. Finding an organizational system that works for me and constantly sticking to it” [Women and Gender Equity, Staff, 446].

Physical care. Numerous respondents reported engaging in physical care such as walking, going to the gym, and yoga. One participant stated that “exercising and eating healthy has helped me significantly in this role” [Foster Care, Staff]. Another respondent mentioned “[spending] a lot of time in nature- being around so much life without violence is my biggest self-care/active coping tool” [Women and Gender Equity, Staff].

Self-compassion and purpose. While this dimension encompasses two metrics, participants referred only to purpose. Finding meaning in something or someone gave many the strength to cope with and overcome their role challenges. One participant described their interactions with students as giving them a sense of purpose, stating “seeing the students that I work with thrive despite the many challenges that they have to face...their perseverance always inspires me and keeps me motivated” [Undocumented, Staff]. Another participant echoed this sentiment, highlighting “the rewards of seeing a student turn things around after being at a low...seeing students succeed” [LGBTQIA+, Staff]. Family was also frequently cited as providing a sense of purpose, with one respondent stating, “my new daughter makes it all worth it” [Formerly Incarcerated, Staff].

Although not as prominent, mindful awareness and mindful relaxation practices were also addressed by participants. One respondent spoke of mindful awareness, stating, "I allow myself to cry or express my emotions" [Foster Care, Administrator]. Mindful relaxation practices included "journaling/writing about myself" [Men of Color, Staff], "mindfulness practice" [Cultural Groups, Staff], and "meditating [and] reading" [Undocumented, Staff].

Desired institutional resources. There was a common feeling among respondents that their needs are overlooked by their institutions, with one participant expressing that they felt "overworked... underpaid... undervalued..." [LGBTQIA+, Staff]. Participants suggested strategies institutions can implement to address a lack of resources, ease workload burden, better support employees and recognize their contributions.

Resources for staff. Commonly cited strategies included providing bias training and additional professional development opportunities, better allocation of tasks across a department, devoting adequate space for student services, providing resources for self-care, and increasing employee recognition. A respondent asked that institutions "provide resources as we need them. It would be nice to have more space (a larger safe space for our students)" [Undocumented, Staff]. One participant asked for "increase[d] compensation and staffing so that I am not the only one expected to handle these issues" [Undocumented, Staff]. Another respondent emphasized that being "understaffed...also [has] an impact on students" [Undocumented, Staff]. Furthermore, a participant called for institutions to "prioritize staff professional development [by] providing necessary trainings I need to succeed in [the] job they have us perform. (ex. Severe Crisis management and trauma-informed care, etc)" [LGBTQIA+, Staff]. A participant asked that hidden labor be valued, recommending institutions "Take time to appreciate the role we play within the students [sic] experience both seen and unseen" [Women and Gender Equity,

Staff]. Another common theme was increased autonomy and empowerment, with a participant stating, “Trust that we know how to do our jobs and provide us with the resources so that we can accomplish these goals” [Women and Gender Equity, Staff].

Resources for students. Participants also asked for resources to better support students, acknowledging the domestic policies and systemic barriers that can hinder the effectiveness of such efforts. One participant called on institutions to “invest in more paid and equitable educational opportunities for ALL students regardless of their immigration status” [Undocumented, Staff]. Another participant requested “Improved access to student and counseling services, including psychiatry, support from administration to work through bureaucracy or remove barriers; improved connection to community resources” [Foster Care, Staff]. In addition to these methods of support, participants asked institutions to be mindful of the impact of their wide-reaching efforts to support students on their own health. One respondent asked institutions to “check in on our well-being...our roles are much more than helping students graduate, we are supporting students holistically” [Foster Care, Administrator]. As another participant claimed, one way in which institutions could help their employees and their mental well-being is by “Offer[ing] counseling and psychological services to staff and faculty--students are able to access therapy on campus but I must take extra time off work to travel to and from a therapist off campus” [Women and Gender Equity, Staff].

Figure 1 captures the relationships between the identified themes discussed in this section.

[Figure 1 near here]

Discussion

This study sheds light on specific role challenges experienced by higher educational professionals, many of which are rooted in gaps in institutional support. While the coping

mechanisms employed by participants are rich and varied, they are not a desirable or sustainable remedy for a lack of support and resources. Our findings illuminate a wide range of contributing factors and protective factors that can lead to adverse health outcomes such as burnout and secondary traumatic stress. Participants suggest supportive practices at the institutional level that will help to mitigate stressors and effectively address a need for resources to support their well-being while helping to prevent and manage adverse mental health outcomes (e.g., anxiety and depression).

Risk factors

Role challenges. A majority of participants cited lack of support by the institution, lack of resources for themselves and students, exposure to students' trauma, and sole advocacy as role challenges. One participant who lost a student to suicide captured the intricate relationship between these factors, questioning whether more effort on his part could have overcome institutional limitations and saved the student's life. A larger percentage of the participants for this study were non-white compared to the larger study population [Names redacted]. In our study we found that staff in the Men of Color program experience students gravitating towards them because of their shared identity. These findings expand on the findings of Luedke (2017), in that students are more likely to turn to professionals who share their identity, background, or lived experience. This hidden labor often is disregarded at the institutional level, and indicates a need for a hiring strategy responsive to the needs of a diverse student population, as also found by Hoy & Nyguen (2020) in staff working with undocumented students.

Reports of trauma were attributed to excessive exposure to student trauma (STS), which for several exacerbated pre-existing trauma, while burnout was attributed to overwhelming and unpredictable workloads, a lack of personal accomplishment or inability to fulfill one's role. A

staff member working with undocumented students reports their experience of experiencing this shared trauma. Given that these individuals are sole advocates of undocumented students, they are constantly exposed to student trauma. This is concerning because of the association between STS and the possible development of anxiety or depression that has been found in professionals across various disciplines (Bober & Regehr, 2006; Sprang et al., 2007; Sprang et al., 2017; Whitt-Woosley & Sprang, 2018; Koutsimani et al., 2019).

Protective factors

Efforts to cope. Most of the coping mechanisms reported by participants relied on initiation, execution, and sustained effort by the individual. Participants frequently mentioned employing practices from multiple dimensions of mindful self-care to cope with role challenges. This is consistent with previous research indicating that self-care is helpful for managing stress in university employees (Hegney et al. 2021), and mindful self-care is positively associated with well-being of helping professionals (Names redacted; Hotchkiss, 2018; Hotchkiss & Leshner, 2018). Self-compassion, purpose, and mindful awareness were the domains of mindful self-care more strongly associated with wellbeing in chaplains (Hotchkiss & Leshner, 2018), where supportive relationships and supportive structure were more prevalent in our study. However, the burden to cope ultimately fell on the shoulders of the individual, as opposed to being encouraged and supported by the institution. There is a strong need for institutions to be proactive rather than reactive in their efforts to protect their workforce.

Desired institutional resources

Participants cited specific institutional support and resources that could help them to overcome challenges at the institutional level which included being understaffed, lacking adequate financial resources, and having more demands and responsibilities than they can complete within the

expected time frame. These organizational factors may lead to the development of STS and burnout, as found in (O'Malley et al., 2017). Given current challenges in the sociopolitical climate, such as systemic racism faced by students served by the centers included in this study, or policies such as DACA being a temporary fix, efforts to fully address student needs must extend beyond the institution itself.

Participants highlighted a need for increased recognition of hard work and opportunities for professional development, the lack of which has been associated with increased turnover intentions (Rosser & Javinar, 2003). Staff working in women and gender equity centers stated they were not being compensated appropriately, despite working more than their scheduled hours. These findings are consistent with those of Kasper (2004a) regarding the experiences of staff in women and gender equity centers. Nearly three in four participants in our study (73.0%) have been in their current role for 3 years or less, compared to 56.7% in the larger sample. The challenges these professionals experience and the extent to which they feel supported may have a significant impact on the likelihood they will stay in their role in the years to come. There is a need for budgetary reallocations to prioritize these centers, empowering staff with adequate resources to carry out their roles.

Practices at both the individual and organizational level are more effective in sustaining effects over time than the use of one approach alone (Awa et al., 2010). Institutions must send a clear message that they care for their employees through the consistent provision of resources that promote well-being. Efforts to providing more staffing and training are not only central to employee well-being, but also the quality of the student experience. Staff are requesting the support and resources they need to serve students. Fully empowering employees to execute their responsibilities enhances their ability to support student success.

Institutional approaches may include assessing the prevalence of STS and burnout using tools such as the Secondary Trauma in Student Affairs Professionals Scale (STSAP) (Lynch & Glass, 2019), implementing appropriate training, and evaluating the effectiveness of the use of available resources by employees (O'Malley et al., 2017). Training on skills for coping and creating or strengthening one's support system is critical given social support has been shown to buffer the effects of work-related distress (Perez et al., 2010). Effective training empowers supervisors and employees to act properly to prevent or manage STS and/or burnout (O'Malley et al., 2017), while tools such as the Secondary Traumatic Stress-Informed Organizational Assessment (STSI-OA) can be used to measure workplace awareness of and readiness to address secondary traumatic stress (Sprang et al., 2017). This tool can be used to assess the current state of the organization, prioritize goals, identify needed resources, and reorganize administrative practices to optimize employee well-being.

Organizations can use this information to implement or modify policies and practices to prevent and manage STS and burnout in their employees. Complementary workplace practices include encouraging open communication between supervisors and employees, increasing flexibility with employee work schedules, effectively distributing workloads to reduce the burden of daily tasks, and clarifying employee roles within the department (O'Malley et al., 2017). Individual self-care strategies are not a sustainable solution for employee well-being without a strong foundation of institutional support in the form of resources and supportive workplace policies with buy-in from supervisors (Hoy & Nguyen, 2020). With appropriate support, individuals can engage in self-care practices in the institutional setting that may be protective against the development of STS and burnout (Bradley et al., 2013; O'Malley et al., 2017). There are numerous mindful self-care practices individuals can incorporate into their

daily lives. For example, participants can engage in creative activities (e.g. journaling, writing, drawing), take a moment at the end of their work day to reflect on what they are grateful for, create a support system, set healthy boundaries (Cook-Cottone & Guyker, 2018), or take short breaks or walks around campus throughout the workday.

Limitations

Study participants may be more likely to engage in self-care and discuss issues related to workforce well-being than those who chose not to opt into the study. Also, self-reported responses may be biased to the extent that individuals were inclined to provide answers that they believed were socially acceptable or desirable. Respondents were not equally distributed across the included centers. A major strength of this study is that it explores the lived experiences of a majority non-white sample of faculty, staff, and students who work in a non-instructional capacity with marginalized student populations, and presents important implications for campuses looking to protect the well-being of their workforce.

Future directions

Our study found that supportive relationships and supportive structure are frequently cited among higher education professionals as strategies for coping with role challenges. Future research can extend this study by examining how policy change and resource allocation can be utilized to support institutional efforts to prevent and manage STS and burnout by creating trauma-informed workplaces, providing appropriate training, ensuring manageable workloads and flexibility, and providing resources that promote well-being. More study is needed to better understand variations in factors associated with adverse mental health outcomes in higher education professionals. Our future research will explore additional student service areas, and experiences among staff from marginalized populations.

Conclusion

Higher education professionals supporting students from marginalized populations reported shared trauma and a lack of resources and support as their greatest role challenges. Most of the coping mechanisms they used were self-initiated, and they voiced a critical need for institutional resources directed towards staff and students to help them effectively cope with their cited challenges. A failure to address this gap in institutional support stands to compromise the quality of support staff are able to provide to students. It is imperative that decisionmakers take appropriate actions at the institutional level to promote the well-being and retention of a workforce that is vital to student success.

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Table 1*Select Demographic and Professional Characteristics*

Variable	%	N
Gender Identity		63
Male	20.6	13
Female	57.1	36
Other ¹	9.5	6
LGBTQIA+ Status²		63
Yes	28.6	18
Race		63
White	31.7	20
Black or African American	6.3	4
Asian	4.8	3
Other ³	11.1	7
Multiracial	11.1	7
Prefer not to say	12.7	8
Latino/Hispanic Status		63
Yes	41.3	26
Campus Role		63
Administrator	15.9	10
Faculty	3.2	2
Staff	69.8	44
Student	11.1	7
Primary Student Service Area		63
Cultural Groups	25.4	16
Formerly Incarcerated	4.8	3
Foster Care	7.9	5
LGBTQIA+	11.1	7
Men of Color	4.8	3
Undocumented	23.8	15
Veterans	12.7	8
Women & Gender Equity	9.5	6

Role Level for Primary Student		
Service Area		63
Administrator	22.2	14
Programmatic/Service staff	69.8	44
Administrative support staff	1.6	1
Time in Current Role		63
Less than 6 months	12.7	8
6-11 months	23.8	15
1-3 years	36.5	23
4-5 years	7.9	5
More than 5 years	14.3	9

¹Other includes Gender Queer

²LGBTQIA+ Status includes Gay, Lesbian, Bisexual, Queer

³Other includes groups that each comprised less than 4% of the sample: American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, and Middle Eastern/Southwest Asian/North African

Table 2*Categories and Emergent Themes*

Role Challenges	Efforts to Cope (dimensions of mindful self-care)	Desired Institutional Resources
"Making magic happen from nothing"	Supportive relationships	Resources for staff (self-care, training, staffing, compensation, and recognition)
"Never enough"	Supportive structure	Resources for students
"Having to live in trauma 24/7"	Physical care	
"On the cusp of burnout"	Self-compassion and purpose	

Figure 1

Diagram of concepts

