RESILIENCE, OUTCOMES, AND BURNOUT IN SOCIAL SERVICE WORKERS

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by

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Abstract

High levels of staff turnover resulting from chronic workplace stress and burnout have been a concern within the mental health field for decades. Human service professionals provide vulnerable populations with a spectrum of services, including case management and psychosocial interventions (Harker et al., 2016). Among many domains of human services, intimate partner violence (IPV) shelters provide emergency housing, legal aid, childcare, and brief crisis intervention services which are crucial to the safety of IPV survivors. Given the need for IPV workers to effectively respond to the emergent needs of survivors, there is a need to identify individual and social factors that may predispose them to burnout. While prior research has identified factors that contribute to burnout within human service professionals, little research has focused on the unique needs of IPV workers, despite their unique work contexts and

stressors. Far less research has examined factors that promote resilience from burnout, despite IPV workers' self-reported enthusiasm for providing services to survivors (Baird & Jenkins, 2003). These workers also report that improving the safety of their communities is valuable (Baird & Jenkins, 2003), yet no research has explicitly examined community connection and identity. The current study investigated risk and resilience factors, such as work environment, community culture, and regional identity among IPV workers (N = 5) across a network of IPV shelters in Appalachia. The results suggest that participants in this study demonstrate low levels of burnout, which may be attributed to feelings of personal accomplishment, support, and values. Employees surveyed demonstrate high levels of personal accomplishment and support from their coworkers and communities which previous research suggests may alleviate feelings of burnout. Further, these individuals place high value on their work and regularly engage in activities that are consistent with their job which may also act as a buffer for burnout. Importantly, the sample size of this study is a notable limitation and results may not generalize. However, more research is needed to better understand the role of rural identity in white individuals to determine the influence it has on individuals in rural Appalachian settings. Moreover, research investigating the relationship among burnout, resilience, and ethnic identity is needed. Findings from this study suggest that this organization should assess the need for a trained mental health provider or would significantly benefit from training seminars for employees regarding mental health and substance abuse counseling or assess the need for a trained mental health provider. Consequently, due to the internalizing nature of employees' feelings of personal accomplishment, clinicians may want to utilize interventions to alleviate feelings of burnout and adding a sense of personal accomplishment.

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Resilience, Outcomes, and Burnout in Social Service Workers ("ROBINS")

Intimate partner violence (IPV), defined as "abuse or aggression that occurs in romantic or previous romantic relationship," is pervasive and carries myriad negative consequences to survivors and the larger society. Within the United States, at least one in four women and one in ten men have experienced at least one form of IPV during their lifetime, including, but not limited to, physical violence, sexual violence, stalking, and psychological aggression (Breiding et al., 2015). Intimate partner violence organizations are best known for providing emergency shelter and advocacy, clothing, employment, food, legal support, brief crisis intervention services, childcare, and healthcare (Gregory et al., 2017). While personally meaningful, this work not only includes managing multiple job tasks and responsibilities, but it can also be emotionally demanding due to stressors and interactions with clients who are scared, confused, and possess complex needs (Baird & Jenkins, 2003). The demands placed upon IPV workers are affected by the number of people at the shelter; and as a result, a shelter at full capacity could result in increased feelings of stress and tension (Burnett et al., 2016). To accomplish their responsibilities, IPV workers often draw upon empathy, which has been defined as "the understanding of another's situation and feelings" (Conrad, 2011). As a result, IPV workers are vulnerable to stress and to negative feelings, such as cynicism and fatigue, resulting from their empathetic openness and commitment to their clients (Harker et al., 2016; Tovar, 2017). The numerous job-related responsibilities can lead to negative effects, such as job dissatisfaction and burnout. Limited research measuring burnout and other factors in community-based health fields have been conducted, with the bulk of the research investigating personnel whose primary job responsibility involves providing psychotherapy or general case management, such as mental health workers and social workers (Boyer & Bond, 1999; Kim & Stoner, 2008; Priebe et al.,

2005; Prosser et al., 1997; Rupert & Kent, 2007; Siebert, 2005; Webster, 1999). Therefore, it is crucial to investigate burnout, resilience factors, and possible outcomes in intimate partner violence staff.

Burnout

According to the World Health Organization (2019), burnout is a syndrome "resulting from chronic workplace stress that has not been successfully managed." Burnout can be characterized by increased mental distance from one's job, reduced professional efficacy, and feelings of exhaustion or energy depletion (World Health Organization, 2019). Many researchers consider burnout a job-related stress condition (Awa et al., 2010). Indeed, in the 11th Revision of the International Classification of Disease (ICD-11), *burnout* was included as an occupational phenomenon rather than a medical condition (World Health Organization, 2019). According to Deloitte's marketplace survey on burnout, 77% of professionals have experienced burnout in their current job (Deloitte, 2015).

Researchers who study burnout tend to use a multifaceted definition developed by Maslach et al. (1996) which includes emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion refers to feelings of being depleted of one's physical and/or emotional resources and being overextended or working beyond what can be safely managed (Maslach & Leiter, 2016). Depersonalization, often referred to as cynicism, refers to the negative attitudes towards one's work in general (Morse et al., 2011). A reduced sense of personal accomplishment includes feelings of incompetence, efficacy, and lack of achievement at work (Maslach & Leiter, 2016). Researchers often assess these facets of burnout using the Maslach Burnout Inventory (MBI).

Studies have shown that health service professionals, including mental and medical care personnel, report higher levels of burnout relative to other professionals (Webster, 1999; Siebert, 2005; Oser et al., 2013). A study of over 150 community mental health workers found that 38% reported high depersonalization rates, and 54% displayed high emotional exhaustion (Webster et al., 1999). Siebert (2005) surveyed a state chapter of 751 social workers, 36% scored within the high range of emotional exhaustion. Differences in burnout between various mental health occupations have generated some evidence for higher levels of burnout among community social workers compared to psychiatrists and nurses (Priebe et al., 2005). While research has shown higher levels of burnout in mental health workers, there is limited research on the extent each type of mental health employees feels the effects of burnout, including IPV center employees.

Burnout, along with other variables, can result in lower job satisfaction and absenteeism (Baird & Jenkins, 2003). Notably, individual worker burnout may negatively affect the larger workplace, as burnout may also damage employees' morale, which could lead to staff turnover (Stalker & Harvey, 2002). *Turnover* is the rate at which employees in the workplace leave and are replaced (Boyer & Bond, 1999). This workplace phenomenon negatively affects health service organizations for several reasons, including disrupting the continuity of care (Boyer & Bond, 1999). Burnett and colleagues (2016) note that turnover is extremely costly to IPV shelters for many reasons, including the loss of internal expertise and retraining requirements. While turnover can be costly to an organization, damaging consequences can also occur if an employee stays on the job while feeling burnout. For example, an employee feeling the effects of burnout may have lower effectiveness and productivity at work (Maslach & Leiter, 2007). Decreased productivity not only impacts the organization, but also the clients who interact with the employee and that potentially hinders recovery (Ducharme et al., 2007). While turnover is often

thought to be a negative outcome, turnover can also result in an influx of new, cooperative staff who are more engaged and facilitate a more community-based service approach (Woltmann & Whitley, 2007). In the past, there has been concern that as mental health services are becoming more community-based, employee burnout will increase because of a rise in stress levels among employees (Prosser et al., 1997).

Factors Contributing to Burnout

The chief contributor to burnout is stress, which has become a severe concern for organizations and their employees (Barling et al., 2005). Specifically, research recruiting social workers found that employees who exhibit a greater amount of stress will experience higher levels of burnout, which will consequently increase the likelihood of an employee's intention to leave the organization (Kim & Stoner, 2008). Baird & Jenkins (2003) suggest that the leading risk factor for burnout lies in jobs requiring high levels of interpersonal demands and inadequate social support to meet those demands. A large caseload and longer work hours involving continuous direct contact with clients results in increased stress and negative attitudes (Maslach, 1976). Importantly, younger, or less experienced employees have less developed coping skills to manage stress (Baird & Jenkins, 2003).

Gender

Purvanova & Muros (2010) conducted a meta-analysis between gender and burnout with a focus on emotional exhaustion and depersonalization using the MBI. They found that women, when compared to men, are more likely to report burnout and are more likely to report emotional exhaustion. However, men are more likely to report depersonalization. Rupert & Kent (2007) distributed a survey to 595 male and female psychologists about work demands, professional activities, and burnout and found that job situation may influence how women experience

burnout. They also found that women in independent practices report less emotional exhaustion than women who worked in agency settings, and that women emphasize the importance of career-sustaining behaviors such as self-awareness and maintaining a balance between professional and personal lives (Rupert & Kent, 2007). Health service professionals are disproportionately likely to be women (International Labour Organization, 2020), thus it is presumed, and anecdotally communicated, that women hold the majority of IPV-related jobs. Understanding gender differences in the association between feelings of burnout, predictors, and outcomes is critical for further research.

Rural vs. Urban

Ongoing research has sought to identify differences in burnout for health service professionals in urban and rural settings. One difference between rural and urban assertive community treatment (ACT) case manager teams, observed during the first year of the study, was that urban teams had higher turnover than rural teams (Boyer & Bond, 1999). While this was contradictory to what the researchers predicted, researchers noted a lack of mental health professionals in rural areas. Burnett et al. (2016) found that in rural areas, such as those within Appalachia, there has been a shortage of human service professionals for decades. Many people living in rural areas are forced to travel hours to receive the services they need. In addition, they found that human service professionals are well aware of the limited services for the community (Burnett et al., 2016). It is thus possible that health service professionals who serve the community may feel a greater need to stay at their organization because of the desire to help others and mitigate the lack of available resources in the community. Organizations within rural areas are often located in small, interconnected communities. Research findings suggest that rural counselors experience more points of contact with people (clients and colleagues), both

within and outside of the professional setting (Oser et al., 2013). The larger number of contacts is so well documented that the statements of rural psychologists in a large research study prompted researchers to call upon the American Psychological Association to clarify the ethical standards pertaining to multiple and dual relationships to meet better the needs of rural practitioners (Pope & Vetter, 1992). Increased interactions can contribute to employee burnout caused by the friction employees may feel from these additional interactions (Oser et al., 2013). Additionally, Oser et al.'s (2013) work showed that rural counselors must overcome other strains associated with working in a rural environment, including fewer treatment options, client resources, and possible interpersonal relations with colleagues.

Organization Setting

Prosser et al. (1997) found dissimilarities in burnout between inpatient and community-based work settings, with community-based staff experiencing higher burnout levels than inpatient staff. Importantly, research suggest that psychologists who work in private practice report higher levels of personal accomplishment (Rupert & Kent, 2007). Rupert and Morgan (2005) found that solo and group independent practice employees reported a higher level of personal accomplishment than employees in agency settings. These investigators explained the difference could result from the amount of work resources and demands related to emotional exhaustion. These could include working with fewer direct-pay clients, administrative paperwork, and less control over work-related activities. It is possible that employees with less demands, both clinical and administrative, can accomplish their work tasks more effectively and therefore feel a sense of personal satisfaction, which decreases the likelihood of burnout.

Resilience Against Burnout

Mache et al., 2014 investigated the factors most effective against stress, a common predictor of burnout, and found that resilience appears to be the most significant factor. *Resilience* can be defined as one's ability to achieve a positive and acceptable adjustment to adversity (Fletcher & Sarkar, 2013). A resilient individual is more likely to successfully face adversity and adapt positively (Bonanno, 2004). The literature demonstrates that resilience, health (mental and physical), and burnout are connected in such a way that resilience buffers against negative stressors to reduce outcomes such as burnout (Dunn et al., 2008). Previous research supports the finding that higher levels of resilience significantly predicted lower levels of burnout (Harker et al. 2016) and Arrogantea et al. (2017) found that depersonalization and emotional exhaustion were negatively related with mental health and resilience. Most importantly, resilience mediates the relationship between the three burnout dimensions (emotional exhaustion, depersonalization, and personal accomplishment) and mental health.

According to van Breda (2011), workplace resilience can be referred to as the characteristics and processes found within the organization that help employees resist disruption when faced with change and become more adaptive in handling crisis situations. He proposed four factors of an organization that are protective against burnout: supportive networks, problem-solving, appraisal, and harmony. Supportive networks are the quality of interpersonal relationships of employees in the community and between the workplace and the community. The ability of an organization to work together to identify and respond to problems within the workplace is known as problem-solving. Additionally, appraisal is an organization's ability to perceive stressors and challenges in a meaningful and manageable way.

Van Breda discussed that according to McCubbin & McCubbin (1996, p.16), harmony, or the balance between work and home life, is the most crucial protective factor because it can be utilized in many domains of life, including interpersonal relationships, structure and function, and community relationships. However, it is unclear whether such factors are present or absent within IPV shelters or what novel sources of resilience IPV workers draw upon in their work.

Appalachian Identity and Values

Appalachian region residents face many challenges in their lives, including lower income levels, a greater lack of health insurance, and less access to health care than the United States average (Appalachian Regional Commission, 2018). Although this geographic isolation can cause challenges for its residents, Appalachians' regional identity may protect them against adverse work-related outcomes. Researchers (Helton & Keller, 2010) interviewed 10 Appalachian women to investigate which Appalachian values appeared as their external and internal resiliency assets while growing up. The 10 Appalachian values provided to them were proposed by Jones (1994): (1) self-reliance and pride, (2) neighborliness, (3) personalism, (4) love of place, (5) familism, (6) religion, (7) humility and modesty, (8) patriotism, (9) sense of beauty, and (10) sense of humor. Before identifying values, the women identified life challenges such as geographic isolation of their communities, negative stereotypes, patriarchal family system, and lack of employment and transportation. Helton & Keller (2010) found that Appalachian women's strengths and resilience are fostered by 9 of the 10 cultural values given, with the exclusion of patriotism. Specifically, they organized these values into external and internal assets. External assets include empowerment, constructive use of time and support, boundaries, and expectations, while internal assets include social competencies, positive identity, commitment to learning, and positive values. Further research found that rural communities in

southern Appalachia demonstrated how important it is to utilize polystrengths to foster resilience (Hamby et al., 2018). *Polystrengths* are a collection of different areas of support, including social support from immediate family, peers, and adults, meaning-making strengths reflecting faith and cultural practices, and community support. Hambry et al. (2018) found that 98.5% of participants in their sample experienced adversity. The researchers noted that this finding suggests that to survive to adulthood in this region, one must experience adversity. Additionally, it was noted that although participants demonstrated a high level of adversity, they reported a significant level of well-being. Researchers suggested that the combination of these findings highlights Marten's (2015) model of resilience, which states that individuals demonstrate high levels of resilience when faced with adversity.

Helton and Keller (2010) stressed the importance of a practitioner being knowledgeable of Appalachian values because it would provide them with a route to empower Appalachian women. The route would identify not only strengths, but also sources of resilience. However, such a perspective has not been adopted when examining sources of resilience among human service professionals. It is important to investigate if these values and support that Appalachian human service professionals embrace in their personal lives can serve as resilience factors in their work.

Ethnic identity refers to the degree to which an individual identifies themself as part of their ethnic group, develops a commitment to their ethnic group, and seeks information and experiences relevant to the ethnicity (Eatkins et al., 2022). Research has found that ethnic identity is positively associated with psychological well-being and can contribute to an individual's cultural values (Umaña-Taylor et al., 2002; Eatkins et al., 2022). Since cultural

values play a prominent role in Appalachian women's lives, it is essential to investigate the degree to which they identify with Appalachian/Kentuckian.

The Current Study

Prior research has identified factors contributing to burnout in human service professionals; however, research is lacking in regard to IPV staff. Given the importance of effective and motivated IPV staff, it is crucial to determine what individual and social factors affect the degree of burnout they may feel. It is also crucial to investigate factors that also promote resilience. This study aims to accomplish this by working with IPV workers ($N = 5$) via a network of IPV shelters within Kentucky.

Method

This study used a mixed method approach in which participants completed a brief survey prior to a qualitative interview whish assessed IPV workers' experiences and opinions about their careers, burnout, and resilience. All study methods were approved by the Morehead State University Institutional Review Board and the executive director of The Center.

Procedure

Participants (N = 5) were recruited through organizational advertisements placed within the five service regions of the organization. Participants were recruited by email offering the opportunity to participate in a two-hour research study. Advertisements for this study emphasized that participation was entirely voluntary, confidential, and separate from one's employment. Participation requirements included being fluent in spoken and written English, having worked full-or part-time at the organization for at least one year, and whose job-related responsibilities involved direct, face-to-face contact with those receiving services the organization (e.g., residents, clients, consumers).

Interested participants were instructed to click on a secure link which took them to a survey that provided more information about the study, contact information for the study, and a brief survey to confirm they met the eligibility requirements (*Appendix A.1*). Eligible participants were provided a second link to a secure survey, in which they provided their first name, email, telephone number, and agreement to receive an email confirming their appointment. They were given a link to schedule a session. Participants were provided the option to conduct their interview via video conferencing, telephone, or in person.

All participants were able to choose from in-person, video conferencing, or telephone interviews. All participants chose telephone interviews. Before the interviews, participants received a reminder email approximately two days before their session to their provided email account. At the beginning of the telephone sessions, participants were asked to confirm they were in a safe, private location where they could speak comfortably. Each participant was informed of the purpose for the research, provided time to ask questions, and asked if they felt comfortable signing the consent form at this time. If they were willing to sign the consent form, they were provided with a link to an electronic version of the Informed Consent in which they typed their name, which served to document their Informed Consent. Confidentiality of their responses was emphasized. Once consent was given, the researcher sent a second link containing the brief survey to the participant's provided email address. Participants were prompted to complete the questionnaires before the interview began. After completion of questionnaires, participants were interviewed, and all interviews were recorded.

Participants were then debriefed and received a $20 gift card as an honorarium. Audio files were saved on a password protected computer and coded by two independent, trained coders. A third coder was available if any discrepancies needed to be resolved. Any identifying

information provided during the phone interview was redacted from the audio files to ensure transcripts could not be linked to the participants.

Measures

All measures are available in Appendices A.2 through A.7. A demographic questionnaire was utilized to gather background information of the participants such as religious affiliation, socioeconomic status, and community affiliation (*See Appendix A.2).* After completing the demographic questionnaire, employment questions were given in order to understand employee attitudes towards the organization. These questions were created by the researcher and faculty advisor to assess length of time being employed and work-related responsibilities to contextualize the qualitative results.

Ethnic Identity

The Ethnic Identity Scale (Umaña-Taylor et al., 2004) was used to assess the degree of belongingness and identification as Eastern Kentuckian and Appalachian. Notably, this scale has never been used for Appalachian individuals. Participants were given this instrument to identify issues about being Eastern Kentuckian and/or Appalachian *(See Appendix A.4)* and the option to complete the measure for any other ethnic groups to which they may belong (ex. Latine, Middle Eastern or Northern African). Both Eastern Kentucky and Appalachian identity were chosen since participants were recruited from Eastern Kentucky, and therefore it is possible that reports of ethnic identity in this sample that pertain to Eastern Kentucky may not generalize to the entire region of Appalachia due to the vast amount of land included in the region (Appalachian Regional Commission, 2018). The EIS is a 17-item scale that assesses three components of ethnic identity: 1) exploration, the degree to which individuals have explored or made efforts to understand traditions and values within their ethnic groups; 2) resolution, the degree to which

they have resolved what their ethnic identity means to them, and 3) affirmation, the positive or negative aspects they associate with their membership in the ethnic group. Participants indicated the extent (1 = *Does not describe me at all* to 4 = *Describes me very well*) they agreed with different statements regarding these facets of ethnic identity. Reliability for all three subscales ranges from .84 to .89.

Burnout and Quality of Life

Maslach Burnout Inventory Human Services Survey (MBI-HSS; Maslach et al., 1997) is 22-item assessment designed to measure the frequency with which a respondent experiences three aspects of burnout in human services staff: Emotional Exhaustion (13 items), the frequency with which one experiences feelings of physical exhaustion and emotional strain at work (ex. *"I feel emotionally drained at work"*); Depersonalization (17 items), the frequency with which one reports impersonal responses toward the recipients of their services (ex. *"I feel I treat some recipients as if they were impersonal objects*: *"I've become more callous toward people since I took this job*"); and Personal Accomplishment (14 items), the frequency with which an employee experiences a sense of successful achievement and competence at work (ex. *"I feel exhilarated after working closely with my recipients"*; *See Appendix A.5*). Each subscale's item set includes the frequency (0 = *Never* to 6 = *Every day*) associated with each item. Reliability coefficients for the sample are as follows: .93 for Emotion Exhaustion, .60 for Depersonalization, and .84 for Personal Accomplishment.

The Professional Quality of Life Scale (PROQOL) – Compassion Satisfaction and Compassion Fatigue Version 5 (Stamm, 2010) is a 30-item assessment used to measure the frequency (1 = *Never* to 5 = *Very Often*) of positive (compassion satisfaction) and negative (compassion fatigue) aspects that are included in one's professional quality of life in the last 30

days. (*See Appendix A.6)*. Compassion Fatigue is comprised of two subscales: Burnout, which involves frustration and exhaustion and includes items such as "*I feel worn out because my work as a [agency name] worker*" and "*I feel overwhelmed because my caseload seems endless*"; and Secondary Traumatic Stress, which consists of negative feelings driven by fear and work trauma and is assessed through items such as *"I feel depressed because of the traumatic experiences of the people I help*" and "*I feel as though I am experiencing the trauma of someone I have helped*". Compassion Satisfaction relates to positive feelings from being able to help others and includes items such as "*I get satisfaction from being able to help people."* Reliability for the three subscales in the sample ranges from .72 to .87.

Valued Living

Participants were then given a Valued Living Questionnaire (Wilson & Groom, 2002) (See *Appendix A.7*). This 10-item questionnaire asked participants to rate the ten areas of life important to them (1 = *not at all important* to 10 = *extremely important*). First, the questionnaire was given to participants in the context of areas of their life they value and then was given again in regard to how consistent their actions have been with their values in the past 30 days (1 = *not at all consistent at all* to 10 = *entirely consistent with my value*). Participants rated how important different areas of their life were to them. Scores were determined by multiplying the importance of the value by the consistency scores. A composite score was computed by averaging the multiplied domains. The mean composite score for the general population is approximately 61 (Wilson & Groom, 2002). Reliability for this measure ranges from .72 to .79 (Cotter, 2011) and was .83 in the current sample.

Data Analysis

Power considerations and sample size. There remains considerable debate as to how to calculate adequate sample size for qualitative studies (Morse, 2000; for review, Vasileiou et al., 2018). Unlike studies utilizing quantitative methods, there are no standard quantitative methods currently used to derive optimal sample sizes to detect the presence or size of the effect of a particular qualitative theme (Vasileiou et al., 2018). A review of the literature recommended that rather than rely on decontextualized sample size numerical guidelines, researchers critically consider how sufficiently different themes may be present (Vasileiou et al., 2018). The sample size for the current study was based on past literature suggesting data saturation occurs with 35 or more interviews and is defined as "gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories" (Oreilly & Parker, 2013, pg. 113). Examination of the research utilizing qualitative methods among mental health and healthcare workers suggests that sample sizes greater than 20 have reached data saturation (Ruiz-Fernandez et al., 2021; Simpson et al., 2018; Taylor et al., 2019; Waugh et al., 2017).

Qualitative methods. The manual used for qualitative coding was based on research by van Breda (2011) and Helton and Keller (2010). Based on past research investigating burnout for health service workers, interview transcripts were scored to determine the extent seven elements were present or absent: rurality, support, resources/services, family, religion, harmony, and making a difference. If a participant talked about all of the elements, they would receive a score of 7. Likewise, if a participant talked about 4 elements, they would receive a sore of 4. The first author received training in an intensive, week-long session through Curran-Bauer Analytics. A second coder was provided with materials from this training and an overview of the coding protocol. Both coders independently rated 100% of the audio recordings and achieved an agreement mean of 100% across all ratings.

Quantitative methods. All quantitative data were cleaned, scored, and calculated in SPSS according to measure scoring instructions. Frequency distributions and means of demographic variables were calculated. Means, standard deviations, frequencies, and bivariate correlations for ethnic identity, variables related to burnout and professional quality of life, and valued living were calculated and interpreted to describe the sample and contextualize the qualitative findings. Given the sample size, further analysis using quantitative methods would be inappropriate.

Results

Descriptive Analyses

The sample was comprised of five cisgender women whose ages ranged from 32 to 50 years old (M = 39.80, SD = 6.72; Range: 32 - 50). All participants identified their race as white. When explicitly asked about self-identification as an Eastern Kentuckian and as an Appalachian, two participants (40% of participants) identified as Eastern Kentuckian only, one participant identified as both Appalachian and Kentuckian and considered them to be the same, and two participants (40%) identified as both Appalachian and Kentuckian and considered these two different identities. All participants reported that they grew up in rural Kentucky and four have lived in their current community for more than ten years. When asked about how long they planned on staying in their current community, four of the five participants stated they planned on staying in their community for the foreseeable future. Of the participants, two identified as Christian and Baptist, while three participants did not indicate a religious affiliation. Two participants reported a master's degree as their highest degree, while three reported a bachelor's degree.

All participants had worked at The Center for at least five years, and three participants

worked at The Center for ten years or more. Participants reported a diverse number of job-related responsibilities (see *Table 1a*), and all participants indicated that their job duties include client intake and crisis counseling. Notably, all participants indicated running errands and shelter housekeeping as a part of their job. Four of the participants indicated their responsibilities included one-on-one counseling. Only one participant indicated supervision of other employees as a responsibility. All participants indicated that they had seen a member of the community that they are personally aquatinted with at The Center for services. All participants indicated that they attend yearly trainings for their job, and three participants reported that they have done "a lot" of research on domestic violence. All participants also reported that they have advocated against domestic violence outside of their work responsibilities. When asked the extent to which they felt that The Center was supported by the surrounding community and the larger Commonwealth of Kentucky, the majority of participants indicated that the agency was at least "a little" undervalued by the community and the Commonwealth of Kentucky. The full deidentified dataset can be found in *Table 4a*.

Burnout, Professional Quality of Life, and Values

All means, standard deviations, and ranges may be viewed in *Table 2a*. The Maslach Burnout Inventory (MBI-HSS) has three subscales assessing emotional exhaustion, burnout, and personal accomplishment. The Emotional Exhaustion subscale has a possible range of 0 to 78, with higher values indicating greater burnout. The mean of the sample was in the average range (M = 16.60, SD = 10.83), indicating overall low to moderate levels of burnout on average within the sample (cutoff is 16.00). When investigating Emotional Exhaustion, results indicated that three participants scored in the low range of Emotional Exhaustion, one scored in the moderate range, and one scored in the high range. The Depersonalization subscale ranges from 0 to 102,

and the overall sample mean was in the moderate range (M = 9.00, SD = 6.48); one participant scored in the low range, three participants scored in the moderate range (with one at the cutoff for low), and one participant scored in the high range. The Personal Accomplishment subscale ranges from 0 to 84. The data for the sample was M = 37.40, SD = 6.88, indicating moderate levels of personal accomplishment. One participant scored in the low range, one participant scored in the moderate range, and three participants scored in the high range.

According to the PROQOL, participants in this study scored at an average to high average level for Compassion Satisfaction [M= 41.60 SD= 6.07; (cutoff of 42)], at low to average levels for Burnout [M= 22.20 SD= 3.94; (cutoff of 22)], and at the average level for Secondary Traumatic Stress (M= 23.00 SD= 12.20). Three participants reported high levels of Compassion Satisfaction, with the remaining two reporting average levels of Compassion Satisfaction. Two participants reported average levels of Burnout and Secondary Traumatic Stress, while the remaining three reported low levels of Burnout and Secondary Traumatic Stress.

There are 12 domains/values in The Valued Living Questionnaire, however, only values relevant to this study (e.g., composite score, work, education/training, and community life/citizenship) are presented here. The composite score was in the low range (M= 48.00 SD= 12.20; Range: 32.90-61.80), suggesting participants are displaying some discrepancies in their values and engaging in behaviors that are consistent with their values. Within the domain of work, their scores varied in the low to high range (M= 67.80 SD= 18.57; Range: 42.00-90.00) for their value and consistency of action relating to work. This suggests that participants, overall, consider their work to be of considerable importance to them and they can regularly engage in behaviors consistent with this value. Moreover, regarding the value of education/training,

participants scored in the 14.00 to 64.00 range (M= 46.20 SD= 20.35) and in the 2.00 to 56.00 range (M= 23.00 SD= 22.42) for community life/citizenship. This suggests that participants place high importance on these values in their life, but do not regularly engage in activities that align with these values.

Appalachian and Eastern Kentucky Ethnic Identity

The Ethnic Identity Scale is comprised of three subscales: Ethnic Identity Affirmation, the value of affect, either positive or negative, that they associate with their ethnicity; Ethnic Identity Resolution, the extent to which they have resolved what their ethnic identity means to them; and Ethnic Identity Exploration, the degree to which individuals have explored their ethnicity. Values on all three subscales may range from zero to four, with higher values meaning more affirmation, resolution, and exploration. Sample means suggested high levels of ethnic identity affirmation for an Eastern Kentucky identity (M = 4.00, SD = 0.00) and an Appalachian identity (M = 3.73, SD = .19; 3.50-4.00). See *Table 2a* for full results of Ethnic Identity Scale.

Bivariate Correlations

Findings from bivariate correlations show that there was a significant relationship between the MBI-HSS Personal Accomplishment Scale and the PROQOL Compassion Subscale (r = .970, p < 0.01). That is, as employee feelings of Personal Accomplishment increase, so does their feelings of Compassion Satisfaction. The same can be found for the correlation between the MBI-HSS Emotional Exhaustion Subscale and the PRQOL Burnout Subscale (r = .946, p < 0.05). Additionally, a similar significance was found between the MBI-HSS Emotional Exhaustion Subscale and the PROQOL Secondary Traumatic Stress Subscale (r = .997, p < 0.05). Moreover, a significant correlation was found between the PROQOL Burnout Subscale

and the PROQOL Secondary Traumatic Stress Subscale ($p = .938 < 0.05$). That is, as feelings of Burnout increase, so do negative feelings associated with Secondary Traumatic Stress.

Moreover, a significant relationship was found between the MBI-HSS Personal Accomplishment Scale and the Ethnic Identity Exploration Subscale for Appalachian Identity ($r = .944$, $p < 0.05$). This interesting bivariate correlation suggests that as one's feelings of Personal Accomplishment increase, so does their Appalachian ethnic exploration. Additionally, a significant relationship between the PROQOL Compassion Satisfaction Subscale and the Ethnic Identity Resolution Subscale for Appalachian Identity ($r = .903$, $p < 0.05$) was found. This suggests that as one's compassion satisfaction increases, so does their Appalachian ethnic resolution. The same correlation can be seen between the PROQOL Compassion Satisfaction Subscale and the Ethnic Identity Resolution Subscale for Kentucky Identity ($r = .903$, $p < 0.05$). Further, two interesting relationships emerged concerning the value of Education and Training. A relationship between the VLQ Education/Training Importance x Consistency was found with the MBI-HSS Personal Accomplishment Scale ($r = .953$, $p < 0.05$) and with the Ethnic Identity Exploration Subscale 0 - 4 for Appalachian Identity ($r = .984$, $p < 0.01$). These bivariate correlations suggest that as an individual places more value on their education and training and they engage in activities that align with that value, their feelings of Personal Accomplishment will not only go up, but also their Appalachian ethnic exploration will. However, there were no other significant correlations (see *Table 3a* for all other bivariate correlations).

Qualitative Analysis

Element 1: Rurality

Participants were asked to provide characteristics they associated with a rural region. Every participant stated that the hallmark of a rural community is a small town where "everyone

knows everyone". When asked why one may choose to live in a rural community, disliking heavy traffic and crowds were identified as reasons. Notably, each participant endorsed their region as playing a role in their identity. Two participants stated that since living in a rural community, they had developed a "laid-back" personality in which they were "not in a rush." Importantly, every participant stated they were proud of being from a rural community and enjoyed their life in a rural community. When asked about the differences between rural and urban areas, each participant identified a lack of resources and services for rural areas.

Appalachia. Overall, participants endorsed many of the same characteristics they described for a rural region as characteristics of Appalachia, suggesting Appalachia is strongly associated, or deeply tied, to rurality. When asked for characteristics associated with the region of Appalachian, participants endorsed a "close-knit community" and living together in a "holler" (a valley between mountains, also known as a hollow). Moreover, two participants discussed that Appalachian people have a "certain way of doing things" from the ways in which they talk to the ways they live their lives. For example, they discussed that Appalachian people use lingo to refer to different objects and places that those not from the area are not familiar with, and they feel that they live a simple life, as they feel they do not place importance on material items. Additionally, most participants associated being "blue collar" with Appalachia. It's important to note that one participant indicated that being in a small community could be detrimental for an intimate partner violence victim's recovery because they are often close to their abuser. In contrast, another participant discussed that many people have come to the shelter because they wanted to "get away" and go to a smaller area. Participants explained that many victims of intimate partner violence prefer to move to a rural area so they can get more support.

Element 2: Support

Community Support. Each participant expressed their favorite thing about living in a rural area was based on their community. Three participants stated that people in rural areas are "friendly" and "neighborly." One participant provided an example where they and their neighbors have farms, and the two families share their farming equipment and help each other. Additionally, another participant discussed how people in rural areas help each other out with daycare and picking up children from school. Specifically, this individual discussed that an aspect of their community they particularly enjoy is that the children's teachers are also their coaches or have other roles in their life outside of school. Three participants emphasized the significance of knowing and trusting the people in their community and how that provides them with a sense of security and support. Moreover, participants identified a "tight-knit community" as an identifying feature of Appalachia.

Since participants placed importance on community, they were asked about support that they felt their Center received from the community. Each participant expressed that they felt "very supported" by their community. They explained that the mayor, local businesses, churches, the university, and other members of the community provide donations year-round to their Center. One participant stated that although the main building is in the county, they feel like all service regions in the state are supportive of the work The Center does and they have a "community partnership" throughout the region. Additionally, three participants expressed feelings of support from the Commonwealth of Kentucky for their services and stated that there is a "network of domestic violence shelters" in Kentucky that remain in contact with each other. In contrast, one participant expressed that they felt that many people in the state have a negative opinion of IPV centers and that there is little support from the state.

Employee Support. A recurring theme throughout each interview was the importance of relationships with their coworkers, particularly as it relates to job satisfaction and burnout. One participant expressed that many of the full-time employees have worked together for a decade, and they have formed "long-lasting friendships" with each other. They highlighted how the relationships that they have formed have influenced their job satisfaction, decreased feelings of burnout, and reduced the amount of turnover that the organization has. Specifically, three participants stated that their Center has a "very low" turnover rate which they attributed to the support they have felt from not only their coworkers, but The Center as a whole. Each participant provided examples of how they develop strong relationships with their coworkers including monthly lunch outings, walks, and yoga. Moreover, many participants stated that when they were having a bad day at work, they would rely on their coworkers for support.

Element 3: Resources/Services

While discussing barriers for individuals in rural areas, a theme that arose was a lack of resources, services, and employment opportunities in the region. Every participant indicated that the lack of resources impacts individuals in the area. Specifically, a lack of services such as childcare and transportation was highlighted throughout every interview. Participants explained that transportation and childcare services have limited hours in the region and are often not open on the weekends. Due to this barrier, many IPV victims are unable to maintain employment as their schedules require them to work weekends. Moreover, participants stated that since the pandemic, transportation has been even more difficult due to shortened hours from a decrease in available employees at transportation businesses. As such IPV victims struggle to recover because of the obstacles they must overcome to get to work. Importantly, two participants

indicated that it was “easy to get stuck here” when there was little transportation to help victims leave the area.

A lack of affordable and safe housing in the area was discussed as a barrier encountered by victims living in a rural setting. Moreover, one participant discussed that The Center struggles to work with some landlords because they think the landlords take advantage of those who come from The Center and require many months of prepaid rent before allowing a victim to move into an apartment or house. Consequently, participants described that due to the lack of resources and services in the area, they feel that their job is more difficult at The Center. Regarding jobs, participants discussed that most jobs in the area are blue-collar jobs in which employees make low wages and with atypical hours that do not conform to a “9 to 5” work week. Three participants stated that more job opportunities would increase the recovery rate for IPV victims.

Element 4: Family

The role of the family emerged as a significant theme for both IPV workers, victims, and those in Appalachia. Two participants described family in a rural context as a “double-edged sword” for IPV victims. Participants explained that family is an essential to those living in rural areas and many families live in close proximity to each other. Participants indicated a victim’s family as a helpful aid in a victim’s recovery but also stated that a family often deters a victim from receiving services. A participant explained that family is often to whom an IPV victim comes to when they are experiencing intimate partner violence. Further, a family often works to help the victim out of the situation by offering housing and assistance. However, a family can also hinder recovery. One participant discussed that many families in the area view the man as being “the head of the household,” and this ideology inhibits women from leaving violent situations. Additionally, participants discussed that family often would tell a victim to stay in the

relationship "for the sake of the children" or shame a victim from even considering leaving their relationship. Many participants stated that it "depended on the family" regarding how they responded to an intimate partner violence situation. However, they endorsed that the role of family was also valuable for IPV victims to work towards recovery and independence because they "want a better life for their children."

Element 5: Religion

The role of Christianity in rural IPV victims' lives, and subsequently the lives of IPV workers, was discussed similarly. The Center's service region is located in the "Bible Belt" where there are an overwhelming number of churches in each community which highlights the centrality of Christianity in rural communities (Garcia & Kruger, 2010). Participants explained that a benefit of living in this area is that many of their donations come from churches. Participants also discussed that women often look towards religion during their recovery process while at The Center. However, religion influences the opinions that members of the community and families have towards divorce. Importantly, one participant discussed the shame that local churches have towards leaving/divorcing a spouse, may make it harder for victims to speak up about their abuse. It was also discussed that "Christian culture" often states that women should take on the role of the housekeeper and serve their husband and children. Thus, many women come to shelters with their children. However, children sometimes witness abuse in the household, and this is why women will take their children with them to The Center.

Element 6: Harmony

Individual. In accordance with van Breda's (2011) finding of harmony, each participant indicated that the most impactful way they deal with stress and prevent burnout at work was by "leaving work at work." Importantly, most participants indicated they were not burned out at

their job; however, one participant stated that their feelings of burnout "depended on the day." Many participants stated that they are able to "vent" to their coworkers before going home which allows them to be more present at home. Additionally, one participant stated that they use their commute home from work to decompress from work because "you cannot take these things home with you." Importantly, participants indicated that a sense of humor was needed at work to keep morale high and prevent lasting stress. They explained that by laughing things off, you are able to "get over upsetting things more quickly." Moreover, participants have been able to use this balance between work and home life to buffer negative feelings that can contribute to burnout.

Workplace. According to van Breda (2011), harmony can be used in many domains in an individual's life. During the interviews, a prominent theme emerged as "workplace harmony." All participants explained that feelings of burnout depend on those at the shelter. Many explained that the hardest thing about their job was working with individuals who were not "willing to be cooperative" meaning that they were unwilling to participate or engage in the steps needed to help aid in their recovery. Additionally, participants explained that it is difficult to have a victim come back to The Center after the victim left. One participant explained that when a victim comes back, everyone is impacted and when this happens, it often feels to the employees and the victim they both failed. However, it was noted that the support offered from The Center to their staff, helped alleviate these feelings and worked towards getting the victim the services they need. Moreover, two participants expressed frustration when they felt that someone has come to The Center for the "wrong reasons" and are expecting things to be "easy", or that they could come to The Center and have the employees complete all their tasks for them. Participants explained that this ultimately results in more work for the employees.

Importantly, three participants indicated the presence of co-occurring mental health and substance use disorders in individuals who come to The Center for services in the region has increased. This increase has caused employees to feel overwhelmed and undertrained because, as one participant stated, “you cannot work through domestic violence without working through mental health or substance use problems.” Additionally, participants discussed that they have taken on a counseling role in these situations, which was not originally part of their job duties and for which they do not have training. Participants explained that when victims come into the facility with co-occurring concerns, it changes the trajectory of recovery and often results in longer time spent at in The Center. The effect of this was notable as almost all participants stated that they have become desensitized to their work in which stories from victims that used to bother them do not anymore. Moreover, this compartmentalization created has equipped employees with skills in which they can cope with stress from work, in addition to finding joy in what they do.

Element 7: Making a Difference

Moreover, when asked why they chose to work at The Center, each participant expressed a desire to help or make a difference through helping residents change their lives. When asked how they wanted to make a difference, participants explained that they wanted to “empower women” and “help them live a life without violence.” One participant stated that they loved to be able to tell their client, “Good job!” after a long day. Notably, each participant endorsed that they have “grown” in some way since being at The Center. All participants endorsed that seeing their clients accomplish a task on their own or finally being able to move out on their own equates to a good day at work, suggesting a sense of personal accomplishment is critical. Each participant also endorsed that the most rewarding thing about working at The Center was seeing their clients

achieve their goals and "doing good for their community." Throughout the interviews, participants stated that they continue to work at The Center because they continue to see changes in their client's lives. Specially, participants highlighted that The Center works with their clients even after they leave the facility and participants discussed different instances in which they saw victims they helped at The Center in the community years later and how proud they were of them for "building a life and being successful on their own." Overall, seeing residents accomplish their goals and live better lives increases feelings of personal satisfaction for employees and thus, keeps them at The Center, striving to do everything that they can to help IPV victims.

Discussion

The present study examined risk and resilience factors such as work environment, community culture, and regional identity in five IPV workers within a network of IPV shelters within Kentucky. The objective of this study was to gain insight on factors contributing to and protecting against burnout, in addition to informing the scientific understanding of how to potentially reduce burnout. Moreover, this study sought to highlight the unique nature of Appalachian and Eastern Kentuckian identity and the extent that location plays a role in resilience against negative work-related outcomes and experiences.

Results from both the qualitative and quantitative methods indicated that employees' jobs are taxing, and they do experience depersonalization and emotional exhaustion, albeit, at generally low to moderate levels. This indicates that employees are experiencing some negative symptoms contributing to burnout. Moreover, this sample experienced average levels of Secondary-Traumatic Stress (STS) which is to be expected with their line of work. Stamm (2010) suggest that STS in addition to burnout can result in compassion fatigue, or a state of emotional exhaustion and stress. However, participants also experienced high levels of personal

accomplishment (as indicated on the MBI) and compassion satisfaction (as indicated on the PROQOL) suggesting that these individuals experience positive experiences from the ability to help others. Moreover, participants indicated they get considerable satisfaction empowering their residents to move toward their goals. It is possible that the generally high levels of personal accomplishment and compassion satisfaction, reflected in both the quantitative and qualitive portions of this study, is offsetting compassion fatigue and STS. Importantly, one participant demonstrated higher levels of emotional exhaustion and depersonalization, both of which may indicate the participant may experience burnout. However, this individual also scored high on personal accomplishment, suggesting that while they are experiencing symptoms of burnout, their high level of personal accomplishment assists in relieving negative feelings associated with burnout. Importantly, participants spoke about feelings of demoralization when a victim comes back to The Center. This demonstrates that participants place high importance on their feelings of personal accomplishment, which could be influenced by client success. Therefore, their feelings of personal satisfaction could act as both a protective and contributing factor to burnout depending on how many repeat victims come to The Center and employees' evaluations of their accomplishments at The Center.

The concept of "harmony" has been defined as a balance of home and work life and is proposed to be the most important factor in minimizing feelings of burnout due to its widespread influence in an individual's life (van Breda, 2011). All participants identified the importance of "leaving work at work" and being present with their family once off work. This ideology may contribute to the low feelings of burnout these individuals feel as they are not burdened with thoughts of work at home. Regarding The Center, employees stated that their boss endorses family as being the most important thing in an individual's life and is therefore understanding

when employees must leave work early or miss a day of work for family issues. It is possible that this emphasis, from both the leadership at The Center and within employees themselves, is one benefit of living and working within a rural community, where family is heavily emphasized. The role of family aligns with previous research stating that individuals in rural Appalachia view family as an important part of their lives (Jones, 1994; Helton & Keller, 2010). It is speculated that since participants in this study endorsed close family as a characteristic of both Appalachia and rural areas, this aspect of ethnic identity may buffer workers from burnout. It is important to note that participants indicated that a family acts as a "double-edged sword" in an IPV victim's life due to their support in recovery, but also their judgement and disapproval for leaving a violent relationship. Thus, the protective aspect of ethnic identity may not apply to survivors, and more research that explicitly identifies how ethnic identity may be protective is needed.

Regarding feelings of support, participants endorsed high levels of supports from both their coworkers and their boss, which could act as a protective factor against feelings of burnout. Strong support has been suggested to lower the risk of burnout (Baird & Jenkins; 2003) and contribute to resilience in an individual (van Breda, 2011). Employees at this organization endorsed positive feelings regarding their work and attributed these attitudes to the support they have throughout the organization. Not only do employees of this organization feel supported by their coworkers and employer, but they also feel supported by the community. Research has suggested that the relationship between organizations and the community can be utilized to educate the community (Prosser et al., 1997). Importantly, participants stated that they believe people often do not realize the services that The Center provides and therefore feel that people do not utilize the shelter as much as they should. However, most participants expressed a desire to reach out and educate the region on what services they offer.

A novel aspect of this study was to use an ethnic identity framework to examine, both quantitively and qualitatively, Eastern Kentuckian and Appalachian identity. Results from the Ethnic Identity Scale (Umaña-Taylor et al., 2004) suggest that this sample endorses high levels of ethnic identity affirmation for both Eastern Kentucky and Appalachian identities, suggesting that these individuals positively associate with these identities. Notably, participants were able to identify specific aspects of Appalachia and Eastern Kentucky that were distinct and culturally specific to them, such as being close to family, helping neighbors, and religious affiliation. However, the sample scored in the moderate range for ethnic identity resolution and exploration for both identities. This finding indicates that they do not engage in activities to explore their identity and have not resolved what their identity means to them. While research has found that white people endorse lower levels of ethnic identity than minoritized individuals, a possible explanation for these findings is that the construct of ethnic identity has predominantly been studied in minoritized groups, and it is likely different for white people from the Appalachian region (Eatkins et al., 2022). Moreover, the resolution aspect of ethnic identity is based on Phinney's (1989) three-stage model of ethnic identity. This model posits that prior to resolution, individuals of minoritized racial and ethnic identity have adopted the dominant culture's characterization of their group, which is often negative in nature (Umaña-Taylor et al., 2004). These individuals then begin to explore and develop meaning for their ethnicity within their own lives (Umaña-Taylor et al., 2004). It is unclear if a similar process happens for individuals with Appalachian or Eastern Kentuckian identities. While there are very clearly stereotypes about Appalachians that exist within the larger culture, it is unclear the extent to which white privilege may change how this is navigated by those within this region.

Ultimately findings from this study suggest that personal satisfaction, support, and feelings of personal accomplishment (i.e., "making a difference") may buffer feelings of employee burnout in IPV workers. These factors all work interconnectedly for each employee and vary tremendously; as one participant suggested, each day may influence the degree of burnout an individual employee feels. More research on this topic is needed as this is also true for the organization as whole since employee morale can contribute to the atmosphere and success of The Center.

Limitations and Future Directions

A primary limitation of this study is the sample size. Due to the small sample size, interpretations of this study are likely not representative of the field being investigated, or even other IPV workers in the region. Power analysis suggested that a sample size of 20 or more would result in data saturation (Ruiz-Fernandez et al., 2021; Simpson et al., 2018; Taylor et al., 2019; Waugh et al., 2017). Notably, with the current sample, there was consistency in experiences and perceptions, suggesting common themes even among five participants. The resulting time constraints prevented the author for advertising for longer. Future research should consider reaching out to all intimate partner violence shelters and centers throughout Appalachia to increase sample size and obtain more representative findings. Additionally, the Appalachian region is made up of 13 states and spans 206,000 square miles (Appalachian Regional Commission, 2018). Due to the magnitude of this region, findings from one section of this region are unlikely to be representative of the region as a whole. Importantly, there are many large cities in Appalachian (Appalachian Regional Commission, 2018) which may not face the same obstacles or have the same values as those in Eastern Kentucky. Consequently, it is possible that

having a strong sense of identity may impact rural and Appalachian individuals in the workplace, and thus, more research is needed to better understand this relationship.

Another limitation of this study is that the sample consisted only of women, therefore, results may not apply to male, transgender, or gender expansive individuals in similar employment positions. Previous findings that suggest that women are more likely than men to endorse burnout and women in agency settings are more likely to experience emotional exhaustion (Purvanova & Muros, 2010; International Labour Organization, 2020). Findings from this research suggest that female employees in rural Kentucky experience low levels of burnout and varying levels of emotional exhaustion, and more research on men is needed to ascertain if similar gender differences are observed. Moreover, participants could have felt primed to discuss work; thus, the importance of work may have been overstated in the questionnaires and interviews, particularly the Valued Living Questionnaire. Future research could expand on this by investigating the extent of participant behaviors that are consistent with values they endorsed to better understand the extent that values play in rural employees' lives.

Clinical Implications

Results from this study suggest multiple avenues in which IPV organizations could build on and work towards regarding employee burnout. Specifically, organizations in rural Appalachian contexts could use factors such as support, family, religion, and harmony to aid in the prevention of burnout for their employees. Additionally, by taking these factors into consideration, organizations can train their employees on techniques that will improve their work experience. While past research suggests that employee burnout may increase as mental health services become more community-based, research on individuals living in Appalachian demonstrates that community-based services play an important role for individuals in rural areas

(Prosser et al., 1997; Helton & Keller, 2010; van Breda, 2011). Findings support the significance of community-based services, organizations could utilize the relationship between their employees and the community to educate the community on the services provided. This, in turn, could increase donations and community support and reduce employee burnout. While the results from this study suggest that The Center's employees are experiencing low levels of burnout; it is important to note that many participants expressed that they did not feel they had the training to properly carry out their job responsibilities regarding mental health and substance use disorders. Therefore, it would be advantageous for this organization to increase training opportunities or seminars for employees regarding mental health and substance abuse counseling or assess the need for a trained mental health provider.

Moreover, participants overall demonstrated moderate personal accomplishment with three individuals reporting high levels of personal accomplishment. However, they expressed that their feelings of personal accomplishment were highly dependent on IPV victims at The Center. They endorsed feelings of failure when an IPV victim came back to The Center after they worked to help them out of their violent environment. It is thus possible that this sense of personal accomplishment is, at least partially, based on external factors, and may be fragile for these employees. Since employees internalize the successes and failures of the victims they help, clinicians could work to help participants change how they respond to the aspects of their job outside of their control through cognitive behavior therapy (CBT) and acceptance and values-based interventions which have been shown effective at reducing employee burnout (Lloyd et al., 2013, Santoft et al., 2019).

Specifically, cognitive techniques in CBT focus on core beliefs, dysfunctional assumptions, and negative automatic thoughts (Fenn & Byrne, 2013). In particular, employees at

The Center appear to report negative automatic thoughts, or involuntarily activated thoughts, regarding repeat victims at The Center (Fenn & Byrne, 2013). Clinicians can work to challenge employees' inaccurate and/or unhelpful assumptions of failure by asking them to provide evidence that supports and does not support their assumptions. By providing differing evidence, employees could develop more accurate cognitions towards repeat victims at The Center. Cognitive techniques from CBT would be beneficial to aid in reducing negative feelings that employees experience as a result of work, in addition to preventing feelings of burnout. Acceptance and values-based interventions may also be helpful. Acceptance and values-based interventions emphasize psychological flexibility, or the ability to focus on the present moment and pursue one's values and goals, while adapting to changes in circumstances and situations (Bond & Bunce, 2008). Clinicians may attempt to foster psychological flexibility to enable clients to be more flexible when responding to IPV victims and readmittance into The Center. Additionally, acceptance, or "the willingness to experience thoughts, feelings, and physiological sensations without having to control them, or let them determine one's actions," has been shown to predict mental health, job control, and negative affectivity (Bond & Bunce, 2003, p.1057). Acceptance-based strategies may help employees accept aspects of their jobs outside of their control, while staying connected to their values. Additionally, since work is already an important value to this sample, values interventions could help them to stay grounded in their values despite people coming back to The Center. Therefore, clinicians could utilize acceptance and values-based strategies to improve employee feelings of job control and ultimately reduce feelings of burnout.

In the context of these limitations, the current study suggests optimistic findings as those working with victims of intimate partner violence demonstrate low levels of burnout and high

levels of personal accomplishment as well as satisfaction with their job. The support that The Center's employees receive from the community and their organization aid in preventing feelings of burnout which likely explains employees' positive regard towards work and low turnover rates seen in this organization.

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Appendix A.1

Eligibility Screener

Thank you for your interest in the ROBINS Study. This study will investigate the role of burnout, resilience, identity, and values among women currently working in domestic violence shelters within Kentucky. The study involves a session that will take approximately two hours in which participants will complete a brief (15-25 minute) survey followed by an interview with a researcher. The interview will ask questions about their experiences working in a domestic violence shelter, their feelings and attitudes about Appalachia and identity, and the factors that contribute to and prevent burnout. The interview will be audio-recorded and transcribed such that no identifying information will be contained within the interview. The session may take place in person at Morehead State University, or via video conferencing or via phone. Participation is entirely voluntary and is not related to your employment in any way. Your participation and responses will be kept confidential and won't be linked to your identity in any way. As a thank you, all participants will receive a $20 gift card.

Before participating, we ask everyone to complete a very brief eligibility screener. Your responses to these questions will not be linked to you. If you are eligible, you will be provided a second link to a survey in which you may provide your first name, contact information, session format preference, and schedule a time for a session. If you have questions, you may contact the researchers, Savannah Muse (606-219-5356) or Dr. Elizabeth Neilson (606-783-2313).

1. What is your gender?
    a. Male
    b. Female
    c. Skip

2. What is your age? (text box)

3. Are you fluent in written and spoken English?
    a. Yes
    b. No

4. How long have you been employed at The Center?
    a. Less than one month
    b. Between one and six months
    c. Longer than six months but less than one year
    d. One to two years
    e. Two to three years
    f. Three to five years
    g. Five years or more

5. To what extent do your job-related responsibilities at The Center involve direct, face-to-face contact with those receiving services at The Center?

a. My job does not involve direct, face-to-face contact with those receiving services at The Center
b. My job occasionally involves direct, face-to-face contact with those receiving services at The Center
c. My job almost exclusively involves direct, face-to-face contact with those receiving services at The Center

**If eligible

You are eligible to participate in the ROBINS Study. Please click this link to be directed to another survey, where you will be asked to provide your first name, email, contact phone number, and whether you prefer to conduct the session in-person, via video conference, or via phone. You will also schedule a time to complete the session. If you have questions, you may contact the researchers, Savannah Muse (606-219-5356) or Dr. Elizabeth Neilson (606-783-2313).

**If ineligible,

You are not currently eligible to participate in the ROBINS Study. We appreciate you taking the time to complete the screener. We want to remind you that none of your responses will be linked to your identity in any way. If you have questions, you may contact the researchers, Savannah Muse (606-219-5356) or Dr. Elizabeth Neilson (606-783-2313).

Appendix A.2

Demographic Questions

1. What gender do you identify as?

2. What is your age?

3. What race do you identify as (check all that apply):
    a. Asian/Asian American
    b. American Indian or Alaska Native
    c. Black or African American
    d. Hispanic or Latino (Latinx)
    e. White
    f. Native Hawaiian or Pacific Islander
    g. More than one race
    h. Not included: _____

4. Do you identify as a member of any of the following ethnic groups?
    a. Hispanic and/or Latino
    b. Middle Eastern or Northern African
    c. None of the above

5. Is there another ethnicity or ethnic group to which you identify? Ethnicity is defined as a "shared culture, such as language, ancestry, practices, and beliefs" or "the state of belonging to a social group that has a common national or cultural tradition. Examples of an ethnic groups can be Latino or Hispanic, Irish, Polish, Iranian, Lebanese, or German.
    a. Yes, please list: _____
    b. No

6. What is the highest degree or level of education you have completed?
7. What is your relationship status? (single, non-exclusive dating, exclusive dating, engaged, married, widowed)

8. What is your religious affiliation?

These next questions ask you about where you spent the majority of your childhood. If you moved during your childhood, please pick the location where you spent the majority of your childhood.

1. In what state did you spend the majority of your childhood? Drop down menu

2. If participant indicates they grew up in Kentucky:
    a. If Kentucky, what region of Kentucky did you spend the majority of your childhood? (show map)

i. Eastern
ii. Southeastern
iii. Central/Bluegrass region
iv. South Central
v. Western
vi. Northern

3. How would you describe the community in which you spent the majority of your childhood?
    a. Rural
    b. Suburban
    c. Urban

4. How large would you describe the community or city in which you spent the majority of your childhood?
    a. 2,500 or less people
    b. 2,500 to 5,000 people
    c. 5,000 to 10,000 people
    d. 10,000 to 15,000 people
    e. 15,000 to 25,000 people
    f. 25,000 to 50,000 people
    g. 50,000 to 100,000 people
    h. 100,000 to 250,000 people
    i. 250,000 to 500,000 people
    j. 500,000 to 1 million people
    k. 1 million to 2 million people
    l. Over 2 million people

5. How long have you lived in your current community?
    a. Less than 6 months
    b. More than 6 months but less than 1 year
    c. 1 to 2 years
    d. 2-4 years
    e. 5 to 7 years
    f. 7 to 10 years
    g. Ten years or more

6. To what extent do you plan on remaining in your current community?
    a. I plan on remaining here for the foreseeable future
    b. I plan on eventually moving, but I do not have a specific time in mind
    c. I plan on moving, and I have a specific time planned
    If indicates they plan on moving, how far in the future do you plan on moving: (type text here)

Appendix A.3

The Center Employment Questions

These next questions will ask you questions about your experiences as a worker in a shelter that serves survivors of intimate partner violence, dating violence, or domestic violence.

1. How long have you worked at The Center?
    a. Less than 6 months
    b. More than 6 months but less than 1 year
    c. 1 to 2 years
    d. 2-4 years
    e. 5 to 7 years
    f. 7 to 10 years
    g. Ten years or more

2. Has an individual with whom you knew from the community come to The Center for services?
    a. No
    b. Yes, and I did not know them well
    c. Yes, they were a casual acquaintance
    d. Yes, they were a close friend
    e. Yes, they were a family member

3. Are you required to do any type of training at The Center, including yearly trainings (this does not include any state-required continuing education)?
    a. No
    b. Yes, at least once training yearly
    c. Yes, at least two trainings yearly
    d. Yes, three or more trainings each year

    If yes, please describe the training:

4. How much, if any, personal research have you done on domestic violence?
    a. None
    b. A little
    c. A moderate amount
    d. Quite a bit
    e. A lot

5. What amount, if any, of advocating against domestic violence do you perform outside of work?
    a. None
    b. Very little
    c. Some
    d. Moderate
    e. Quite a bit

f. Extensive

6. To what extent has your attitude towards MEN changed since working at The Center?
    a. My attitude toward men has become much more favorable
    b. My attitude toward men has become slightly more favorable
    c. My attitude toward men has not changed
    d. My attitude toward men has become slightly more negative
    e. My attitude toward men has become much more negative

7. To what extent has your attitude towards WOMEN changed since working at The Center?
    a. My attitude toward women has become much more favorable
    b. My attitude toward women has become slightly more favorable
    c. My attitude toward women has not changed
    d. My attitude toward women has become slightly more negative
    e. My attitude toward women has become much more negative

8. In what ways, if any, is The Center undervalued in your community?
    a. The Center is not undervalued at all
    b. The Center is a little undervalued
    c. The Center is somewhat undervalued
    d. The Center is very undervalued

9. In what ways, if any, is The Center undervalued in the entire Commonwealth of Kentucky?
    a. The Center is not undervalued at all
    b. The Center is a little undervalued
    c. The Center is somewhat undervalued
    d. The Center is very undervalued

10. What type of job responsibilities do you have at The Center (both those formally assigned and those you do as needed)? (check all that apply)
    a. Intakes
    b. Crisis counseling
    c. One-on-one counseling/therapy with residents
    d. Support group meetings
    e. Childcare
    f. Supervising employees
    g. Running errands
    h. Shelter housekeeping
    i. Legal services (coordinating with police, protection orders)
    j. Housing services
    k. Case management of additional services (mental health, health care, substance use)

Appendix A.3

Ethnicity Identity Scale

The U.S. is made up of people of various ethnicities. Ethnicity refers to cultural traditions, beliefs, and behaviors that are passed down through generations. Some examples of the ethnicities that people may identify with are Mexican, Cuban, Nicaraguan, Chinese, Taiwanese, Filipino, Jamaican, African American, Haitian, Italian, Irish, and German. In addition, some people may identify with more than one ethnicity. When you are answering the following questions, we'd like you to think about what YOU consider your ethnicity to be.

Please write what you consider to be your ethnicity here _____ and refer to this ethnicity as you answer the questions below.

	Does not describe me at all	**Describes me a little**	**Describes me well**	**Describes me very well**
1. My feelings about my ethnicity are mostly negative.	1	2	3	4
2. I have not participated in any activities that would teach me about my ethnicity.	1	2	3	4
3. I am clear about what my ethnicity means to me.	1	2	3	4
4. I have experienced things that reflect my ethnicity, such as eating food, listening to music, and watching movies.	1	2	3	4
5. I have attended events that have helped me learn more about my ethnicity	1	2	3	4
6. I have read books/magazines/newspapers or other materials that have taught me about my ethnicity.	1	2	3	4
7. I feel negatively about my ethnicity.	1	2	3	4
8. I have participated in activities that have exposed me to my ethnicity	1	2	3	4
9. I wish I were of a different ethnicity	1	2	3	4
10. I am not happy with my ethnicity.	1	2	3	4
11. I have learned about my ethnicity by doing things such as reading (books,	1	2	3	4

	Does not describe me at all	**Describes me a little**	**Describes me well**	**Describes me very well**
magazines, newspapers), searching the internet, or keeping up with current events.				
12. I understand how I feel about my ethnicity.	1	2	3	4
13. If I could choose, I would prefer to be of a different ethnicity.	1	2	3	4
14. I know what my ethnicity means to me.	1	2	3	4
15. I have participated in activities that have taught me about my ethnicity.	1	2	3	4
16. I dislike my ethnicity.	1	2	3	4
17. I have a clear sense of what my ethnicity means to me.	1	2	3	4

We would now like to ask you those questions again, except we would like you to consider these questions from the perspective of being a member of Appalachia.

To what extent do you identify as being Appalachian?

Not at all A bit Moderately Quite a bit Extremely

Please indicate the extent to which the following statements describe your connection to being Appalachian.

	Does not describe me at all	**Describes me a little**	**Describes me well**	**Describes me very well**
1. My feelings about being a member of Appalachia are mostly negative.	1	2	3	4
2. I have not participated in any activities that would teach me about Appalachia or being Appalachian.	1	2	3	4
3. I am clear about what being Appalachian means to me.	1	2	3	4
4. I have experienced things that reflect being Appalachian, such as eating food, listening to music, and watching movies.	1	2	3	4
5. I have attended events that have helped me learn more about being Appalachian.	1	2	3	4
6. I have read books/magazines/newspapers or other materials that have taught me about Appalachia and being Appalachian.	1	2	3	4
7. I feel negatively about Appalachia and being Appalachian.	1	2	3	4
8. I have participated in activities that have exposed me to Appalachia and being Appalachian.	1	2	3	4
9. I wish I were not Appalachian.	1	2	3	4
10. I am not happy with being Appalachian.	1	2	3	4
11. I have learned about being Appalachian by doing things such as reading (books,	1	2	3	4

	Does not describe me at all	**Describes me a little**	**Describes me well**	**Describes me very well**
magazines, newspapers), searching the internet, or keeping up with current events.				
12. I understand how I feel about being Appalachian.	1	2	3	4
13. If I could choose, I would prefer not to be Appalachian or a member of Appalachia.	1	2	3	4
14. I know what being Appalachian means to me.	1	2	3	4
15. I have participated in activities that have taught me about being Appalachian.	1	2	3	4
16. I dislike being Appalachian.	1	2	3	4
17. I have a clear sense of what being Appalachian means to me.	1	2	3	4

Appendix A.5

MBI Human Services Survey

On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

How often:	**0**	**1**	**2**	**3**	**4**	**5**	**6**
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How often 0-6	**Statement:**
1. _____	I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1."If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."

Because people in a wide variety of occupations call those who receive their services different things (e.g., client, resident, consumer, patient), this survey uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you mayuse another term in your work.

How often:	**0**	**1**	**2**	**3**	**4**	**5**	**6**
_____	Never	A few times	Once a month	A few times	Once a week	A few times	Every day

a year or less	or less	a month	a week

How often 0-6	Statements:
1. _____	I feel emotionally drained from my work.
2. _____	I feel used up at the end of the workday.
3. _____	I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____	I can easily understand how my recipients feel about things.
5. _____	I feel I treat some recipients as if they were impersonal objects.
6. _____	Working with people all day is really a strain for me.
7. _____	I deal very effectively with the problems of my recipients.
8. _____	I feel burned out from my work.
9. _____	I feel I'm positively influencing other people's lives through my work.
10. _____	I've become more callous toward people since I took this job.
11. _____	I worry that this job is hardening me emotionally.
12. _____	I feel very energetic.
13. _____	I feel frustrated by my job.
14. _____	I feel I'm working too hard on my job.
15. _____	I don't really care what happens to some recipients.
16. _____	Working with people directly puts too much stress on me.
17. _____	I can easily create a relaxed atmosphere with my recipients.
18. _____	I feel exhilarated after working closely with my recipients.
19. _____	I have accomplished many worthwhile things in this job.
20. _____	I feel like I'm at the end of my rope.
21. _____	In my work, I deal with emotional problems very calmly.
22. _____	I feel recipients blame me for some of their problems.

Appendix A.6

Professional Quality of Life Scale (PROQOL)

Compassion and Satisfaction and Compassion Fatigue Version 5

When you help people, you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a worker at a domestic violence shelter. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of

frightening experiences of thepeople I *[help]*.

24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Appendix A.7

Valued Living Questionnaire

Below are areas of life that are valued by some people. We are concerned with your quality of life in each of these areas. One aspect of quality of life involves the importanceone puts on different areas of living. Rate the importance of each area (by circling a number) on a scale of 1-10. 1 means that area is not at all important. 10 means that area isvery important. Not everyone will value all of these areas, or value all areas the same.
Rate each area according to your own personal sense of importance.

Area	**not at all important**									**extremely important**
1. Family (other than marriage or parenting)	1	2	3	4	5	6	7	8	9	10
2. Marriage/couples/intimate relations	1	2	3	4	5	6	7	8	9	10
3. Parenting	1	2	3	4	5	6	7	8	9	10
4. Friends/social life	1	2	3	4	5	6	7	8	9	10
5. Work	1	2	3	4	5	6	7	8	9	10
6. Education/training	1	2	3	4	5	6	7	8	9	10
7. Recreation/fun	1	2	3	4	5	6	7	8	9	10
8. Spirituality	1	2	3	4	5	6	7	8	9	10
9. Citizenship/Community Life	1	2	3	4	5	6	7	8	9	10
10. Physical self care (diet, exercise, sleep)	1	2	3	4	5	6	7	8	9	10

In this section, we would like you to give a rating of how consistent your actions have been with each of your values. We are not asking about your ideal in each area. We are also not asking what others think of you. Everyone does better in some areas than others.People also do better at some times than at others. We want to know how you think youhave been doing during the past 30 days. Rate each area (by circling a number) on a scale of 1-10. 1 means that your actions have been completely inconsistent with your value. 10 means that your actions have been completely consistent with your value.

Area	**not at all consistent with my value**									**completely consistent with my value**
1. Family (other than marriage or parenting)	1	2	3	4	5	6	7	8	9	10
2. Marriage/couples/intimate relations	1	2	3	4	5	6	7	8	9	10
3. Parenting	1	2	3	4	5	6	7	8	9	10
4. Friends/social life	1	2	3	4	5	6	7	8	9	10
5. Work	1	2	3	4	5	6	7	8	9	10
6. Education/training	1	2	3	4	5	6	7	8	9	10
7. Recreation/fun	1	2	3	4	5	6	7	8	9	10
8. Spirituality	1	2	3	4	5	6	7	8	9	10
9. Citizenship/Community Life	1	2	3	4	5	6	7	8	9	10
10. Physical self care (diet, exercise, sleep)	1	2	3	4	5	6	7	8	9	10

Appendix B.1

Interview Questions

"I am now going to move onto the interview portion of the session. I will ask you some questions about your experiences in your community, your attitudes and feelings about your community and your identity in that community, and your experiences at your job. I'd like to remind you that you can refuse to answer any question you do not want to answer, and you can stop the interview at any time. I will be audio-recording this interview, so please make sure not to say your name, other's names, or any identifying information about yourself, like the name of where you live. Do you have any questions? I'll start recording now."

1. How do you define a "rural community" or being 'rural'?
2. Are you from a rural community? If so, what part does it play in who you are?
3. What is your favorite thing about living in a rural community?
4. What is the biggest challenge of living in a rural community?
5. What does Appalachia or an Appalachian identity mean to you?
6. In what ways do you think Appalachian identity impacts domestic violence victims?
7. What characteristics of Appalachia do you think are protective regarding domestic violence? What characteristics ay be harmful or less protective?
8. How do you feel the community supports what The Center is doing? What about the larger region?
9. What do you think differences in getting services are for a domestic violence survivor who lives in a city compared to someone who lives in a rural area?
10. What factors about rural areas do you think aid in domestic violence victims' recovery?
11. What factors about rural areas do you think make it harder to aid in domestic violence victims' recovery?
12. Why did you choose to work at The Center?
13. What do you hope to achieve by working at The Center?
14. What are aspects of your job that you feel are hardest?
15. How do you handle the stress that comes with your job?
16. How do you feel like working with victims of domestic violence has affected or changed you?
17. What do you consider to be a good day at work?
18. What do you wish others understood about your line of work?
19. What resources does this area need to better help domestic violence victims?
20. What do you think could be put into place at The Center that would help workers feel supported or less burned out?
21. What is the most rewarding thing about working here?
22. Is there anything else you would like to add?

Table 1a

Job Responsibilities at The Center.

Job Responsibility	Number of Participants (%)
Intakes	5 (100%)
Crisis Counseling	5 (100%)
One-on-One Counseling/Therapy	3 (60%)
Support Group Meetings	4 (80%)
Childcare	1 (20%)
Supervision of Employees	1 (20%)
Running Errands	5 (100%)
Shelter Housekeeping	5 (100%)
Legal Services	4 (80%)
Housing Services	2 (40%)
Case management	3 (60%)

Table 2a

Means, Standard Deviations, and Ranges of Study Variables

	Mean	Standard Deviation	Range
Maslach Burnout Inventory			
Emotional Exhaustion Subscale	16.60	10.83	7.00-33.00
Depersonalization Subscale	9.00	6.48	1.00-19.00
Personal Accomplishment Subscale	37.40	6.88	27.00-44.00
Ethnic Identity Scale – Eastern Kentucky			
Affirmation	4.00	0.00	4.00-400
Resolution	2.75	.90	1.75-4.00
Exploration	2.57	.38	2.18-3.17
Ethnic Identity Scale – Appalachia			
Affirmation	3.73	.19	3.50-4.00
Resolution	2.75	.90	1.75-4.00
Exploration	2.60	.91	1.17-3.50
Professional Quality of Life Scale			
Compassion Satisfaction	41.60	6.066	33.00-47.00
Burnout	22.20	5.89	16.00-29.00
Secondary Traumatic Stress	23.00	3.94	20.00-29.00
Valued Living Questionnaire			
Composite Score	48.00	12.20	32.90-61.80
Work	67.80	18.57	42.00-90.00
Education/Training	46.20	20.35	14.00-64.00
Community Life/ Citizenship	23.00	22.42	2.00-56.00

Table 3a

Bivariate Correlations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Maslach Burnout Inventory Emotional Exhaustion Subscale Sum	--														
2. Maslach Burnout Inventory Depersonalization Subscale Sum	0.833	--													
3. Maslach Burnout Inventory Personal Accomplishment Subscale Sum	-0.172	0.314	--												
4. PROQOL Compassion Subscale	-0.277	0.203	.970**	--											
5. PROQOL Burnout Subscale	.946*	0.655	-0.478	-0.557	--										
6. PROQOL Secondary Trauma Subscale	.997*	0.862	-0.148	-0.262	.938*	--									
7. Ethnic Identity Exploration Subscale 0 - 4 for App Identity	0.064	0.452	.944*	0.855	-0.261	0.081	--								
8. Ethnic Identity Resolution Subscale 0 - 4 for App Identity	-0.096	0.257	0.807	.903*	-0.341	-0.106	0.699	--							
9. Ethnic Identity Affirmation Subscale 0-4 for App Identity	-0.146	-0.406	-0.089	0.065	-0.127	-0.223	-0.088	0.365	--						
10. Ethnic Identity Exploration Subscale 0 - 4 for Kentucky Identity	-0.253	0.302	0.856	0.784	-0.487	-0.193	0.752	0.482	-0.552	--					
11. Ethnic Identity Resolution Subscale 0 - 4 for Kentucky Identity	-0.096	0.257	0.807	.903*	-0.341	-0.106	0.699	1.000**	0.365	0.482	--				
12. Ethnic Identity Affirmation Subscale 0-4 for Kentucky Identity	C	C	C	C	C	C	C	C	C	C	C	C			
13. VLQ Work Importance x Consistency	0.411	0.611	0.457	0.547	0.236	0.400	0.416	0.807	0.276	0.172	0.807	--			
14. VLQ Educ/Training Importance x Consistency	-0.052	0.375	.953*	0.853	-0.365	-0.025	.984**	0.630	-0.198	0.836	0.630	C	0.291	--	
15. VLQ ComLife/ Citizenship x Consistency	-0.669	-0.378	0.524	0.707	-0.755	-0.682	0.267	0.757	0.459	0.329	0.757	C	0.396	0.272	--

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).

C. Cannot be computed because at least one of the variables is constant.

Table 4a

Individual Responses

Subject ID	1	2	3	4	5
Gender	1.00	1.00	1.00	1.00	1.00
Race	5.00	5.00	5.00	5.00	5.00
Ethnicity	0.00	0.00	3.00	4.00	0.00
Eth_None	1.00	1.00	1.00	1.00	1.00
Eth_Dich	1.00	1.00	0.00	0.00	1.00
Eth_Other			American	American Indian	
Eth_Appalachian	1.00	1.00	1.00	4.00	3.00
Relation	5.00	5.00	5.00	5.00	4.00
Religion	none	N/A	Baptist	None	Christian
State	17.00	17.00	17.00	17.00	17.00
Region	1.00	2.00	1.00	1.00	1.00
Comm_Rural	1.00	1.00	1.00	1.00	1.00
Comm_Size	5.00	4.00	1.00	1.00	4.00
Comm_Length	5.00	7.00	7.00	7.00	7.00
Comm_Plan	1.00	1.00	1.00	1.00	2.00
Center_Length	7.00	5.00	7.00	6.00	7.00
Center_Known	5.00	3.00	2.00	5.00	4.00
Training	0.00	4.00	4.00	0.00	2.00
Research	2.00	3.00	5.00	5.00	5.00
Advocacy	4.00	3.00	3.00	5.00	5.00
Attitude_Men	3.00	3.00	3.00	5.00	3.00
Attitude_Women	1.00	3.00	3.00	4.00	3.00
Value_Comm	2.00	1.00	2.00	4.00	3.00
Value_KY	2.00	1.00	2.00	4.00	3.00
Intake	1.00	1.00	1.00	1.00	1.00
Crisis	1.00	1.00	1.00	1.00	1.00
Counseling	1.00	998.00	1.00	1.00	998.00
Groups	1.00	998.00	1.00	1.00	1.00
Childcare	998.00	998.00	998.00	1.00	998.00
Supervisor	1.00	998.00	998.00	998.00	998.00
Errands	1.00	1.00	1.00	1.00	1.00
Housekeeping	1.00	1.00	1.00	1.00	1.00
Legal	1.00	998.00	1.00	1.00	1.00
Housing	998.00	998.00	998.00	1.00	1.00
Case Manager	998.00	1.00	998.00	1.00	1.00
EIS_Ethnicity	American	White	White/ Caucasian	Caucasian	English
EIS1	1.00	1.00	1.00	1.00	1.00

Subject ID	1	2	3	4	5
EIS2	2.00	2.00	1.00	1.00	2.00
EIS3	3.00	2.00	3.00	3.00	3.00
EIS4	4.00	1.00	3.00	3.00	2.00
EIS5	3.00	2.00	3.00	2.00	1.00
EIS6	2.00	2.00	3.00	2.00	1.00
EIS7	1.00	1.00	1.00	1.00	1.00
EIS8	3.00	2.00	3.00	3.00	1.00
EIS9	1.00	1.00	1.00	1.00	1.00
EIS10	1.00	1.00	1.00	1.00	1.00
EIS11	2.00	2.00	3.00	2.00	1.00
EIS12	4.00	3.00	3.00	3.00	2.00
EIS13	1.00	1.00	1.00	1.00	1.00
EIS14	4.00	2.00	3.00	3.00	2.00
EIS15	2.00	2.00	3.00	2.00	1.00
EIS16	1.00	1.00	1.00	1.00	1.00
EIS17	4.00	2.00	3.00	3.00	2.00
EIS_App	4.00	2.00	4.00	3.00	3.00
EIS1_App	1.00	2.00	1.00	2.00	2.00
EIS2_App	2.00	1.00	1.00	1.00	3.00
EIS3_App	4.00	2.00	3.00	3.00	2.00
EIS4_App	4.00	2.00	3.00	3.00	2.00
EIS5_App	3.00	2.00	3.00	4.00	1.00
EIS6_App	3.00	2.00	3.00	4.00	1.00
EIS7_App	1.00	1.00	1.00	2.00	2.00
EIS8_App	2.00	2.00	3.00	4.00	1.00
EIS9_App	1.00	1.00	1.00	1.00	1.00
EIS10_App	1.00	1.00	3.00	1.00	1.00
EIS11_App	2.00	2.00	3.00	3.00	1.00
EIS12_App	4.00	2.00	3.00	3.00	1.00
EIS13_App	1.00	1.00	1.00	1.00	1.00
EIS14_App	4.00	2.00	3.00	3.00	2.00
EIS15_App	3.00	2.00	3.00	3.00	1.00
EIS16_App	1.00	1.00	1.00	1.00	1.00
EIS17_App	4.00	2.00	3.00	3.00	2.00
EIS_KY	4.00	2.00	5.00	4.00	4.00
EIS1_KY	1.00	1.00	1.00	1.00	1.00
EIS2_KY	2.00	1.00	1.00	3.00	1.00
EIS3_KY	4.00	2.00	3.00	3.00	1.00
EIS4_KY	3.00	2.00	3.00	3.00	2.00
EIS5_KY	3.00	2.00	3.00	3.00	2.00
EIS6_KY	3.00	2.00	3.00	3.00	1.00
EIS7_KY	1.00	1.00	1.00	1.00	1.00

Subject ID	1	2	3	4	5
EIS8_KY	2.00	2.00	3.00	3.00	1.00
EIS9_KY	1.00	1.00	1.00	1.00	1.00
EIS10_KY	1.00	1.00	1.00	1.00	1.00
EIS11_KY	2.00	2.00	3.00	3.00	2.00
EIS12_KY	4.00	2.00	3.00	3.00	2.00
EIS13_KY	1.00	1.00	1.00	1.00	1.00
EIS14_KY	4.00	2.00	3.00	3.00	2.00
EIS15_KY	2.00	2.00	3.00	3.00	2.00
EIS16_KY	1.00	1.00	1.00	1.00	1.00
EIS17_KY	4.00	2.00	3.00	3.00	2.00
MBI1	3.00	1.00	1.00	5.00	3.00
MBI2	1.00	1.00	1.00	6.00	3.00
MBI3	1.00	2.00	0.00	6.00	3.00
MBI4	4.00	5.00	6.00	5.00	5.00
MBI5	0.00	0.00	0.00	1.00	0.00
MBI6	1.00	1.00	1.00	3.00	2.00
MBI7	5.00	5.00	6.00	6.00	4.00
MBI8	1.00	1.00	1.00	5.00	3.00
MBI9	6.00	5.00	6.00	6.00	4.00
MBI10	3.00	0.00	0.00	6.00	1.00
MBI11	2.00	0.00	1.00	6.00	3.00
MBI12	4.00	4.00	4.00	3.00	1.00
MBI13	1.00	1.00	1.00	3.00	2.00
MBI14	1.00	1.00	1.00	4.00	3.00
MBI15	0.00	0.00	6.00	1.00	0.00
MBI16	2.00	1.00	1.00	1.00	2.00
MBI17	5.00	5.00	5.00	6.00	3.00
MBI18	6.00	4.00	5.00	3.00	3.00
MBI19	5.00	5.00	6.00	6.00	4.00
MBI20	1.00	0.00	0.00	0.00	1.00
MBI21	6.00	1.00	6.00	6.00	3.00
MBI22	2.00	1.00	2.00	5.00	5.00
PROQOL1	4.00	4.00	5.00	4.00	3.00
PROQOL2	3.00	3.00	5.00	5.00	4.00
PROQOL3	5.00	4.00	5.00	5.00	4.00
PROQOL4	5.00	3.00	4.00	4.00	3.00
PROQOL5	2.00	3.00	2.00	2.00	3.00
PROQOL6	5.00	3.00	4.00	3.00	3.00
PROQOL7	4.00	2.00	2.00	3.00	3.00
PROQOL8	2.00	2.00	2.00	3.00	2.00
PROQOL9	1.00	2.00	2.00	4.00	2.00
PROQOL10	1.00	1.00	1.00	4.00	2.00

Subject ID	1	2	3	4	5
PROQOL11	1.00	2.00	2.00	3.00	2.00
PROQOL12	5.00	5.00	5.00	5.00	4.00
PROQOL13	3.00	2.00	2.00	2.00	2.00
PROQOL14	1.00	1.00	1.00	3.00	2.00
PROQOL15	4.00	4.00	5.00	3.00	3.00
PROQOL16	4.00	4.00	4.00	4.00	3.00
PROQOL17	4.00	4.00	5.00	4.00	2.00
PROQOL18	5.00	4.00	5.00	4.00	3.00
PROQOL19	2.00	2.00	2.00	4.00	3.00
PROQOL20	4.00	3.00	4.00	3.00	3.00
PROQOL21	2.00	2.00	2.00	5.00	3.00
PROQOL22	5.00	3.00	5.00	5.00	3.00
PROQOL23	1.00	1.00	1.00	2.00	2.00
PROQOL24	5.00	4.00	5.00	5.00	3.00
PROQOL25	2.00	2.00	1.00	2.00	2.00
PROQOL26	3.00	1.00	3.00	3.00	3.00
PROQOL27	4.00	4.00	5.00	4.00	3.00
PROQOL28	3.00	2.00	2.00	3.00	3.00
PROQOL29	4.00	4.00	5.00	5.00	4.00
PROQOL30	5.00	4.00	5.00	5.00	4.00
VLQ1_Family	10.00	9.00	9.00	7.00	9.00
VLQ2_Marriage	10.00	9.00	10.00	8.00	10.00
VLQ3_Parent	10.00	10.00	10.00	10.00	10.00
VLQ4_Friend	9.00	7.00	9.00	7.00	9.00
VLQ5_Work	10.00	6.00	9.00	9.00	9.00
VLQ6_Education	8.00	7.00	8.00	7.00	7.00
VLQ7_Fun	9.00	5.00	7.00	9.00	7.00
VLQ8_Spiritual	8.00	3.00	9.00	3.00	7.00
VLQ9_Citizen	8.00	4.00	7.00	2.00	6.00
VLQ10_Health	9.00	6.00	8.00	6.00	6.00
DaysVLQ1_ Family	8.00	8.00	6.00	7.00	5.00
DaysVLQ2_ Marriage	9.00	7.00	7.00	5.00	7.00
DaysVLQ3_ Parent	1.00	8.00	9.00	8.00	6.00
DaysVLQ4_ Friend	8.00	6.00	7.00	7.00	2.00
DaysVLQ5_ Work	9.00	7.00	7.00	9.00	7.00
DaysVLQ6_ Education	6.00	6.00	8.00	9.00	2.00
DaysVLQ7_Fun	7.00	4.00	8.00	8.00	4.00

Subject ID	1	2	3	4	5
DaysVLQ8_ Spirit	8.00	2.00	8.00	1.00	1.00
DaysVLQ9_ Citizen	7.00	4.00	5.00	1.00	1.00
DaysVLQ10_ Health	5.00	5.00	3.00	2.00	3.00
MBI_EE	12.00	9.00	7.00	33.00	22.00
MBI_DP	7.00	1.00	9.00	19.00	9.00
MBI_PA	41.00	34.00	44.00	41.00	27.00
rEIS1	4.00	4.00	4.00	4.00	4.00
rEIS2	3.00	3.00	4.00	4.00	3.00
rEIS7	4.00	4.00	4.00	4.00	4.00
rEIS9	4.00	4.00	4.00	4.00	4.00
rEIS10	4.00	4.00	4.00	4.00	4.00
rEIS13	4.00	4.00	4.00	4.00	4.00
rEIS16	4.00	4.00	4.00	4.00	4.00
rEIS1_App	4.00	3.00	4.00	3.00	3.00
rEIS2_App	3.00	4.00	4.00	4.00	1.00
rEIS7_App	4.00	4.00	4.00	3.00	3.00
rEIS9_App	4.00	4.00	4.00	4.00	4.00
rEIS10_App	4.00	4.00	1.00	4.00	4.00
rEIS13_App	4.00	4.00	4.00	4.00	4.00
rEIS16_App	4.00	4.00	4.00	4.00	4.00
rEIS1_KY	4.00	4.00	4.00	4.00	4.00
rEIS2_KY	3.00	4.00	4.00	1.00	4.00
rEIS7_KY	4.00	4.00	4.00	4.00	4.00
rEIS9_KY	4.00	4.00	4.00	4.00	4.00
rEIS10_KY	4.00	4.00	4.00	4.00	4.00
rEIS13_KY	4.00	4.00	4.00	4.00	4.00
rEIS16_KY	4.00	4.00	4.00	4.00	4.00
EIS_Exploration	2.83	2.00	3.17	2.67	1.50
EIS_Resolution	3.75	2.25	3.00	3.00	2.25
EIS_Affirmation	4.00	4.00	4.00	4.00	4.00
EIS_Exploration _Appalachian	2.83	2.33	3.17	3.50	1.17
EIS_Resolution_ Appalachian	4.00	2.00	3.00	3.00	1.75
EIS_Affirmation _Appalachian	4.00	3.83	3.50	3.67	3.67
EIS_Exploration _KY	2.50	2.33	3.17	2.67	2.17
EIS_Resolution_ KY	4.00	2.00	3.00	3.00	1.75

Subject ID	1	2	3	4	5
EIS_Affirmation _KY	4.00	4.00	4.00	4.00	4.00
rPROQOL1	2.00	2.00	1.00	2.00	3.00
rPROQOL4	1.00	3.00	2.00	2.00	3.00
rPROQOL15	2.00	2.00	1.00	3.00	3.00
rPROQOL17	2.00	2.00	1.00	2.00	4.00
rPROQOL29	2.00	2.00	1.00	1.00	2.00
PROQOL_Comp	47.00	38.00	47.00	43.00	33.00
PROQOL_Burn	19.00	19.00	16.00	29.00	28.00
PROQOL_Trau	21.00	20.00	20.00	29.00	25.00
VLQ_Family	80.00	72.00	54.00	49.00	45.00
VLQ_Marriage	90.00	63.00	70.00	40.00	70.00
VLQ_Parent	10.00	80.00	90.00	80.00	60.00
VLQ_Friend	72.00	42.00	63.00	49.00	18.00
VLQ_Work	90.00	42.00	63.00	81.00	63.00
VLQ_Education	48.00	42.00	64.00	63.00	14.00
VLQ_Fun	63.00	20.00	56.00	72.00	28.00
VLQ_Spirit	64.00	6.00	72.00	3.00	7.00
VLQ_Citizen	56.00	16.00	35.00	2.00	6.00
VLQ_Physical	45.00	30.00	24.00	12.00	18.00
VLQ_Sum	618.00	413.00	591.00	451.00	329.00
VLQ_Total	61.80	41.30	59.10	45.10	32.90