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Compassion Fatigue and Intersectionality in Human Service Practitioners: Latina Low-Wage-Earners Fighting Poverty

Marlo Greponne
Walden University

Walden University

College of Social and Behavioral Sciences

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Marlo Greponne

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Review Committee
Dr. Tina Jaeckle, Committee Chairperson,
Human and Social Services Faculty

Dr. Kelly Chermack, Committee Member,
Human and Social Services Faculty

Dr. Andrew Garland-Forshee, University Reviewer,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

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by

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MA, Springfield College, 2007

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Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

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Abstract

Compassion fatigue, secondary traumatic stress, and vicarious trauma among professionals are well-documented within clinical settings. Human service practitioners working directly with people experiencing poverty and trauma, hunger, homelessness, victimization, and depression are considered at risk of experiencing compassion fatigue. Latina low-wage-earners may suffer compassion fatigue when handling cases mirroring their personal experiences with poverty. The purpose of this descriptive single case study was to explore marginalized workers' experiences with compassion fatigue using intersectionality to understand what Latina low-wage-earning human service practitioners' experiences with compassion fatigue were and what coping strategies they developed while serving people experiencing poverty. An intersectional approach revealed how race, gender, ethnicity, and socioeconomic status may influence participants' experiences. Data were collected through semi-structured interviews with five low-wage-earning Latina human service practitioners. Intersectionality guided data analysis to include the perspectives of Latinas as low-wage-earning human service practitioners. Latinas in this study expressed challenges with facing poverty-related trauma at work, balancing family and making time for self-care, self-development, and maintaining boundaries. The viewpoints of this underrepresented group were added to the literature to provide insights that may inform the development of diverse training and wellness programs. Legislators may also use this information to support policies that regulate workloads, increase wages, and enhance benefits available to help Latina low-wage-earning human service practitioners experiencing compassion fatigue.

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Dedication

First, to my God, the most powerful influence over my life! Thank you Lord for changing my story and writing this experience into it. For my beautiful mama. You've been forever in my corner, loving me fiercely…always proudly telling me to *BELIEVE* because I can do *ANYTHING*. For my beloved babies, Amanda and Julian. Thank you my sweet darlings for the gift of love you so selflessly gave while I selfishly completed sixteen years of college. For my soul mate Robert AKA "Papi" thank you my love for being there to pick up the pieces through every emotionally charged chapter. For my sisters, nieces, nephews, family, friends, and all you wonderful people that provided support and encouragement…thanks…but, I am not done! God willing, the next chapter of my journey has just begun. AMEN

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Chapter 1: Introduction to the Study

Introduction

Human service practitioners who help people experiencing trauma may feel *compassion fatigue* (Begic et al., 2019; Benuto et al., 2018; West, 2015), which may in turn affect their health overall, sleep, and levels of depression. Compassion fatigue emerges when workers begin to suffer emotional and physical effects from overexposure to managing difficult situations experienced by clients (Decker et al., 2015). Compassion fatigue is often used interchangeably with *vicarious traumatization*, *secondary traumatic stress*, and *burnout* (Harr et al., 2014). Vicarious trauma is when workers become traumatized as a result of reliving experiences of firsthand exposure to client trauma (Dombo & Whiting Blome, 2016). Secondary traumatic stress occurs when workers' behaviors and emotions are negatively affected by exposure to stories of traumatic experiences of their clients (Hiles Howard et al., 2015). Burnout is characterized by a loss of motivation or interest in work to the point of inability to work effectively in the helping professions (Teran et al., 2017). Compassion fatigue, vicarious trauma, and secondary traumatic stress occur when caregivers begin to experience adverse effects such as anxiety, sleeplessness, and depression due to exposure to trauma (West, 2015). Compassion fatigue, vicarious trauma, and secondary traumatic stress can affect human service practitioners working with people experiencing trauma within nonclinical settings (Begic et al., 2019; Benuto et al., 2018; Schuler et al., 2016). Hunger, homelessness, and unemployment are among the problems that poor people face (Gans, 2014). As peoples' needs persist and become more complex, low-wage-earning human service practitioners

may feel helpless and frustrated, which can lead to compassion fatigue, vicarious trauma, and burnout (Lewis & King, 2019). This case study focused on low-wage Latina human service practitioners who are experiencing compassion fatigue while serving people in poverty.

Background

Compassion fatigue, vicarious trauma, and secondary traumatic stress occur when caregivers begin to experience adverse effects such as anxiety, sleeplessness, and depression due to exposure to trauma (West, 2015). Howard and Navega (2018) used mixed methods to understand coping strategies for secondary traumatic stress in human service professionals. The researchers acknowledged a need for studies to extend knowledge into other organizational settings and cultures (Howard & Navega, 2018). Begic et al. (2019) considered secondary traumatic stress and burnout for home visitors using a mixed-methods approach to understand the risk factors and protective strategies. The characteristics of the 27 participants in this study included education level and programs worked, with attributes such as gender, race, ethnicity, and sociodemographic being excluded (Begic et al., 2019).

Scholars recommend further examination of differences in social science research related to demographic characteristics in the population sample as a way to extend the results of their studies (Dreachslin et al., 2017; Sanner-Stiehr & Vandermause, 2017; Stark & Farner, 2016). Other scholars recommend a departure from considering differences in favor of a focus on similarities to inform approaches (Hudak et al., 2015). However unintended, most studies limit the factors examined so that key demographic

characteristics, such as age, race and ethnicity of the participants, are often excluded from data collection and/or analysis (Yogamalar & Samuel, 2016). Gender alone being the exception, the omission of analysis of key demographic characteristic variables (e.g., age, race, ethnicity, etc.) in empirical research has been noted (Chin et al., 2016). This omission sustains the gap in available reference literature in terms of the identification of effective methods and practices that would resonate with diverse populations within the workforce (Sweet & Swayze, 2017). By applying an intersectional focus on low-wage-earning Latina women of color in direct service work to understand their experiences with compassion fatigue, this study contributed to the literature to begin to address this gap.

Problem Statement

The effects of compassion fatigue, vicarious trauma, and secondary traumatic stress are well-documented conditions experienced by licensed professionals delivering treatment and care in the fields of nursing, mental health, counseling, and therapy within clinical settings (Borges et al., 2019; Kanno & Giddings, 2017). Researchers extended the literature to include clinical social workers (Lee et al., 2017; Wilson, 2016). Scholars also observed the adverse effects of compassion fatigue, vicarious trauma, and secondary traumatic stress on human service professionals providing direct services to people experiencing trauma within nonclinical settings (Benuto et al., 2018; Begic et al., 2019; West, 2015).

Latina women who are low-wage-earning human service practitioners working directly with people experiencing poverty and trauma, hunger, homelessness,

victimization, and depression are considered at risk for experiencing compassion fatigue (Ali et al., 2018). Latina, low-wage-earning human service practitioners address the service needs of people experiencing poverty while seeking assistance for their survival. Latina, low-wage-earning human service practitioners handling cases mirroring their personal experiences with poverty may experience vicarious trauma or PTSD, as do professional or clinical practitioners (Schuler et al., 2016).

Although the aforementioned research regarding compassion fatigue illuminates important findings, I have found no research that has examined the experience of Latina low-wage-earning human service practitioners with compassion fatigue. Given such, further research is warranted that could examine low-wage-earning Latinas' experiences directly serving people experiencing poverty in an effort to address the documented problem of compassion fatigue in the helping professions (Cole et al., 2014; Howard & Navega, 2018; West, 2015).

Purpose of the Study

The purpose of this qualitative descriptive single-case study was to explore Latina low-wage-earning human service practitioners' experiences with compassion fatigue and the coping strategies they have developed while serving people who are experiencing poverty. The goal of this study was to understand how the intersectionality of race, gender, ethnicity, and socioeconomic status may influence Latina low-wage-earners' experiences with compassion fatigue as human service practitioners. Through this qualitative study, I expanded knowledge of how compassion fatigue, vicarious trauma, and secondary traumatic stress affect diverse and marginalized populations.

Research Questions

The following research question guided this study:

    RQ: What are Latina low-wage-earning human service practitioners' experiences with compassion fatigue and what coping strategies have they developed while serving people who are experiencing poverty?

Conceptual Framework

    Intersectionality (Crenshaw, 1991) and concepts associated with compassion fatigue (Figley, 2002) informed the design of this qualitative study. Intersectionality (Crenshaw, 1991) posits that to understand a person's perception it is critical to consider how their identifying characteristics intersect. Intersectionality assumes that personal experience is uniquely influenced by the intersection of characteristics such as gender, race, ethnicity, and class (Warner et al., 2018).

    Figley introduced compassion fatigue as part of his seminal work on understanding the psychological burden of delivering treatment to people experiencing post-traumatic stress disorder (PTSD) for clinicians (Figley, 2002). Compassion fatigue is grounded in the belief that although practitioners learn to view the world of their participants objectively, practitioners must also use their humanity to interpret people's experiences as they serve them, which means practicing with compassion and empathy (Figley, 2002). Compassion fatigue initiates with the practitioner engaging in the process of sympathizing or empathizing with another person's experience until making a personal connection (Figley, 2002). Compassion fatigue may also occur via prolonged exposure to trauma in persons (Figley, 2002). Compassion fatigue assumes that caring and empathy

for persons in need exacts a consequence on the giver (Figley, 2002). Signs of experiencing compassion fatigue include tension, preoccupation, anxiety, avoidance, numbing, and arousal (Figley, 2002). The experience of making a connection with another person's exposure to the point of carrying the person's pain or trauma as one's own is at the core of compassion fatigue (Figley, 2002).

The research question, interview questions, and data analysis were explored using the theoretical lens of the intersectionality theory while also applying the concepts of compassion fatigue as presented by Figley. Applying an intersectional lens to the design allowed me to explore issues related to women and privilege, oppression, race, and poverty among others. This study was grounded in the principles of the intersectionality theory and concepts of compassion fatigue to provide a framework for understanding Latina low-wage-earners' experiences with compassion fatigue as human service practitioners delivering services to people experiencing poverty. The theory and concepts that drove this study are discussed in greater detail in Chapter 2.

Nature of the Study

I conducted a qualitative descriptive single case study design to understand the issue of compassion fatigue in human service practitioners from the perspective of low-wage-earning Latinas in the field (see Taylor & Fernandez-Bergensen, 2015). Qualitative research is best when exploring a problem in-depth because it allows a comprehensive collection of descriptive data relevant to a given topic (Arghode, 2012). Phenomenology is a popular qualitative design that allows for exploration of the human experience and is often applied to explain a particular phenomenon (Slabbert, 2017). Autoethnography

engages the researcher as the participant for a personal accounting of their experience within a study to inform the research process (McIlveen, 2008). In contrast, the researcher's role is focused on describing their life experience when conducting narrative inquiry (Kapoulitsas & Corcoran, 2015), and focused on engaging stakeholders to collaborate in all aspects of the research process through participatory research (Wurm & Napier, 2017). A researcher may choose a narrative approach to tell a story that sheds light on an individual participant's personal perspectives in relation to a specific phenomenon of interest (Gao, 2019).Though other qualitative research designs may be applicable, I found the case study design to be the most suitable for this study.

Qualitative research designs such as the case study allow the researcher to gather rich data directly from interacting with participants using different and triangulated methods including in-depth interviews (Mampane & Omidire, 2018). Case studies are used by researchers seeking to examine a person, group, or organization's story as it relates to a particular issue and within specific boundaries (Tellie et al., 2019). Through this study, I aim to listen to and learn from the varied experiences of Latina low-wage-earners, a population that is understudied (see Taylor & Fernandez-Bergensen, 2015).

A single case study method of qualitative research was appropriate for this study as it allowed me to gather Latinas' diverse stories as told in their own words, and give voice to their perspectives through interpretation and analysis (Taylor & Fernandez-Bergensen, 2015). The lenses of intersectionality and compassion fatigue were applied throughout analysis, guiding the process of drawing the themes which are presented in

the final report using descriptive details to share the women's stories (Capous-Desyllas &

Loy, 2020; Ramirez et al., 2016).

Definitions

Burnout: A term used when workers lose motivation or interest in their work and

have depleted their ability to work effectively in the helping professions (Teran et al.,

2017).

Compassion fatigue: A term for the emotional and physical effects workers

experience when suffering exhaustion from overexposure to difficult client situations,

coupled with limited workplace supports (Decker et al., 2015). Compassion fatigue is

often used interchangeably with vicarious traumatization, secondary traumatic stress, and

burnout (Harr et al., 2014).

Compassion satisfaction: The pleasant feeling a worker experiences as they help

clients move closer to wellbeing (Harr et al., 2014).

Low-wage earner or worker: The segment of the workforce that is paid at or

below the federal poverty level (FPL) or at the minimum hourly wage rate (Luce &

Weinbaum, 2008).

Nonwage compensation: The additional noncash related benefits offered by the

employer for qualified employees both legally required and other. Examples include

federal and state required payments, insurance, retirement benefits, paid time off, and

flexible schedules (Pierce, 2001).

Secondary traumatic stress: A term for when workers' behaviors and emotions are negatively affected by exposure to stories of traumatic experiences of their clients (Hiles Howard et al., 2015).

Vicarious trauma: A term for when workers are traumatized as a result of reliving experiences of firsthand exposure to client trauma (Dombo & Whiting Blome, 2016)

Assumptions

First, I assumed that participants' consent to participate signified a full understanding of concepts presented as part of this study and they agreed to participate because they desired to share their experiences involving intersectionality and compassion fatigue. Next, it was assumed that the women participating in this study presented only their personal views and experiences as examples, using descriptions that were authentic, honest, and truthful in response to the interview questions. Lastly, it was assumed that I would collect the data, interpret the responses, analyze the data, and generate the final report in keeping with ethical research guidelines including managing biases.

Scope and Delimitations

This study was delimited by its scope and size which produced results that are significant for understanding the experiences of a particular set of people, however, are not generalizable to the experiences of larger masses (Lane et al., 2019). Only Latina low-wage-earning human service practitioners' experiences were included, which excluded experiences of all other human service practitioners, including Latino men. In addition, a relatively small sample of participants drawn from a common geographic area

or location further delimited the results. The small sample size of up to five participants and purposive sampling technique produced results particular to the participants of the study (Kapoulitsas & Corcoran, 2015). Therefore, the results of this inquiry were not necessarily transferrable to other settings and populations. The study was further delimited given that the research was conducted solely with Latina low-wage-earners working with people who are poor. The results may not be representative of the perspectives of other workers from other cultures, genders, socioeconomic groups, or other organizations (Zulfiqar et al., 2017).

Limitations

Participation in this research was voluntary. The results derived from analysis and the level of accuracy was limited to the participants' candid responses and the ethical analysis practices of the researcher (Mampane & Omidire, 2018). I interacted directly with participants during data collection, which introduced researcher bias and may have influenced the participants' responses (Heng, 2019). Using semi-structured interviews, I asked participants to share their stories of experiences involving stress or trauma. Given the nature of in-person interviews, the respondents could have felt pressured to give incorrect answers due to fear of being identified or having their responses singled out (Mampane & Omidire, 2018). I worked with the Institutional Review Board (IRB) to ensure proper protocols were in place to protect the identity of participants and reduce potential for harm or risks (Mizock & Russinova, 2015).

Significance

This study is significant because it is one of the first focused on Latina human service practitioners' experiences with compassion fatigue as low-wage-earners serving people in poverty. Studies examining compassion fatigue and secondary traumatic stress across cultural and sectoral settings are needed (Schuler et al., 2016). Poverty is increasingly considered synonymous with earning lower wages (Carnochan, 2014). Low-wage-earning human service practitioners in community action agencies help fight the war on poverty every day (Bunch & Sulamoyo, 2016). In 2017, 1,000 community action agencies nationwide served over 15 million low-income people, with 44% being people of color (Community Action Partnership, 2019). Human service practitioners may feel discouraged or overwhelmed by the demand for services, particularly when confronting severe cases without foreseeable solutions (Reid Mandell & Schram, 2020). Poverty is a multifaceted issue that continues to unfold through further scientific exploration by researchers across disciplines and methods (Joseph, 2019). There is an absence of empirical data to explore poverty-related issues in-depth (Himmelstein & Venkataramani, 2019). When people in poverty are absent from research, it is as they are made invisible within society (Gans, 2014). The voices and stories of the poor people living in the U.S. remain generally excluded from the literature, and more studies are needed to understand the problem (Gans, 2014; Lens et al., 2018).

Another reason this study is significant is because the future workforce is increasingly female and Latinx (US Department of Labor Bureau of Labor Statistics, 2015). Employers will benefit from this study as they are urged to contemplate the impact

of staff health on customer outcomes (Brend et al., 2019). This study gives voice to Latina low-wage-earning human service practitioners, a population that is not normally studied. The results contribute literature on compassion fatigue from the perspective of an underrepresented population. Also, this study provides insights for employers developing training and wellness programs. The results could move legislators to support policies that regulate workloads, increase wages, and enhance benefits for low-wage-earning human service practitioners.

Summary

The above Chapter 1 presented an introduction to the problem, the purpose, the theoretical and conceptual framework, and significance of this qualitative study designed to answer the question: What are Latina, low-wage-earning, human service practitioners' experiences with compassion fatigue and what coping strategies have they developed while serving people who are experiencing poverty? The following review of scholarly literature presented in Chapter 2 provides a contextual framework for studying the issue of compassion fatigue in human service practitioners. Chapter 3 contains a summary of the overall research methods applied in conducting this study including descriptions of the rationale and use of qualitative research design, data collection process, and data analysis completed. Chapter 4 presents the summary of results drawn from the data collected from participants. Finally, Chapter 5 offers a summary of conclusions drawn from the analyses of the data, as well as, suggestions for future research.

Chapter 2: Literature Review

Introduction

Human service practitioners in nonclinical settings may suffer from compassion fatigue, vicarious trauma, and secondary traumatic stress as they help people experiencing trauma (Begic et al., 2019; Benuto et al., 2018; West, 2015). Lusk and Terrazas (2015) used mixed methods to examine the effects of poverty and secondary traumatic stress on professionals serving Mexican and Central American refugees experiencing trauma. The researchers included a diverse sample of male and female workers of Hispanic, as well as other races/ethnicities, and did not factor income of the workers as a characteristic (Lusk & Terrazas, 2015). Schuler et al. (2016) examined whether psychological empowerment in the workplace could predict secondary traumatic stress and compared characteristics of secondary traumatic stress between nonprofits, for-profits, and public sector workers. The researchers recommended studies with a diverse sample and highlighted the need to understand elements influencing secondary traumatic stress in workers (Schuler et al., 2016). Considering ethnicity and income in compassion fatigue research highlights how exposure to poverty may affect low-wage earners.

Compassion fatigue scholars recently called for a focus on diversity and inclusion in research. Benuto et al. (2018) examined the relationships of trauma work to secondary traumatic stress for victim advocates finding that working with survivors of abuse can lead to secondary traumatic stress. The researchers noted the need for extending the literature by including ethnic minority groups and including sociodemographic factors to understand nuances, as well as, consider inclusive generalizability (Benuto et al., 2018).

Despite a proliferation of literature addressing the effects of compassion fatigue, vicarious trauma, and secondary traumatic stress in helping professions, there is a paucity of research regarding this phenomenon exploring the experiences of workers of diverse and marginalized populations (Cole et al., 2014; Howard & Navega, 2018; West, 2015). The current literature on compassion fatigue is mainly informed by the experiences of the popular majority culture.

The purpose of this qualitative descriptive single case study was to explore Latina women low-wage-earning human service practitioners' experiences with compassion fatigue and the coping strategies they have developed while serving people who are experiencing poverty. The goal of this study was to understand how the intersectionality of race, gender, ethnicity, and socioeconomic status may influence Latina low-wage-earners' experience with compassion fatigue as human service practitioners. Through this qualitative study, I expanded the knowledge of how compassion fatigue, vicarious trauma, and secondary traumatic stress affect diverse and marginalized populations. Chapter 2 includes context for the body of knowledge regarding the theory of intersectionality and the concept of compassion fatigue which drove this research. I discuss the mechanics of the literature search, describe theoretical and conceptual frameworks, provide a rigorous review of the most recent compassion fatigue literature, and summarize major themes in existing literature that informed this study.

Literature Search Strategy

An extensive literature search conducted via the Walden University online portal showed that studies on the effects of compassion fatigue have increased in recent years

(Borges et al., 2019). The search for primary sources to support this study included a variety of databases accessed mainly during February and March of 2020, including Academic Search Premier, ERIC, ProQuest, PsycINFO, and SocIndex. A search with limiters set to sort by date and show only publications with full text available online that were empirical, quantitative, qualitative, or mixed methods research articles from peer-reviewed scholarly journals was conducted. The search resulted in 4866 records of peer-reviewed sources related to the search terms *compassion fatigue*, *vicarious trauma*, and *secondary traumatic stress* published from 1983-2020, with 60% of these (2922) generated within the past 5 years. Of the 2922, only 46 were associated with the key words *Human Services*. Additional search terms applied to identify peer-reviewed sources included *poverty*, *intersectionality*, *front line employee*, *low wage worker* or *earner* or *employee*, *Hispanic* or *Latinx*, and *direct services*.

Conceptual Framework

Intersectionality Theory

In the early 90's, as popular feminist researchers worked to boost the women's movement, Black feminist legal scholar, Kimberly Williams Crenshaw raised her voice to introduce intersectionality (Crenshaw, 1991). Intersectionality (Crenshaw, 1991) posits that to understand a person's perception, it is critical to consider how their identifying characteristics intersect. The common postulation that the collective knowledge of women's issues as understood within groups or subgroups could be assumed as equal on the basis of gender was dispelled by intersectionality. Intersectionality assumes that women's personal experiences of privilege, power, and oppression can be uniquely

influenced by the intersection of characteristics such as gender, race, ethnicity, and class (Capous-Desyllas & Loy, 2020). With intersectionality it became clear that women of color lived different experiences than White women, proving that being part of a gendered minority did not exempt women from privilege on the basis of race in American culture.

Crenshaw called for systemic change to empower women of color in society. She denounced the failure to include the perspectives, needs, and conditions of Black women in the development of social policy as a form of oppression which disproportionately placed Black women at a disadvantage when seeking to improve their social conditions (Crenshaw, 1991). The scholar claimed that public policy, policy on violence against women in particular, lacked the provisions to address legal issues presented as a result of the converging complexities within and among the myriad lived experiences of women of color (Crenshaw, 1991). Crenshaw theorized on the effects of the marginalization of the voices of women of color in society, and explained how this exclusion presented multiple challenges when defining common issues across female groups. Intersectionality theory has been applied in social science research to help shed light on inequities amplified by women of color's intersecting identities and the systems that influence their living conditions as a result of who they are (Corus et al., 2016). Researchers can use the lens of intersectionality to identify, understand, and highlight the multifaceted, ever-changing, kaleidoscopic landscape of the human experience.

Compassion Fatigue

Compassion fatigue is grounded in the notion that although practitioners learn to view their participants' world objectively, they must also use their humanity to interpret people's experiences as they serve them, which means practicing with compassion and empathy (Figley, 2002). Compassion fatigue occurs when practitioners sympathize or empathize strongly with their clients' traumatic experiences, or when prolonged exposure to trauma in the people they see results in workers being personally affected (Figley, 2002). Compassion fatigue assumes that caring and empathy for persons in need exacts a consequence on the giver (Figley, 2002). The experience of making a connection with another person's exposure to the point of carrying the person's pain or trauma as one's own is at the core of compassion fatigue (Figley, 2002).

Conceptual Framework Applied to This Study

Rooted in critical, cultural, and feminist paradigms, the intersectionality theory(Crenshaw, 1991) provided the conceptual framework for this study. The concepts of compassion fatigue (Figley, 2002) also informed the research as a phenomenon of interest. Intersectionality applied in research brings to light the systemic oppressors impacting marginalized populations, identifying injustices, and revealing issues in need of social change (Crenshaw, 1991). The results of this study add the perspectives of Latina women low-wage earners in human services, a marginalized population, to the extant compassion fatigue literature.

If the effects of the intersecting categorical inequities experienced by Latinas who are low-wage-earners are not studied, then how these conditions may place Latinas at a

disadvantage for combating compassion fatigue as human service workers may not be understood (Corus et al., 2016; Saatcioglu & Corus, 2014). This study builds on existing literature by applying the concepts of compassion fatigue to provide a framework for exploring the experiences of Latina low-wage earners, delivering direct services to people who are in poverty. Likewise, the multidimensional lens of intersectionality offered the opportunity to understand the complexity of Latinas' experiences with compassion fatigue as they entwined with issues of gender, race/ethnicity, and socioeconomic inequality (Capous-Desyllas & Loy, 2020).

Critical social science is one of three major approaches under the overarching theoretical framework of social science research. Stemming from the conceptual and philosophical works of scholars such as Karl Marx (1818-1883), Sigmund Freud (1856-1939), Theodor Adorno (1903-1969) as well as others (Neuman, 2005), critical theory and feminist epistemology are approaches to research that give voice to participants who would not normally factor as important in research. The cultural feminist theory highlights issues relevant to the disenfranchised, disadvantaged, marginalized, and de-humanized (Acker, 1990; Billing, 2011; Maher, 1997). Cultural feminist theory is a paradigm that recognizes that gendered issues are essential in social science research. For example, within the context of the same educational institutional setting, a poor White female would have very different lived experiences compared to a poor Latina female and further still from a male within the same culture. One might be nurtured for having potential as a future change agent as society continues to transform. Another might be

dismissed with regret as the odds show against the hope for success. While the last might be a burden for being the most difficult to understand.

Cultural feminist theory researchers are sensitive to the multiple lenses applied when exploring such distinctive worldviews (Creswell, 2016). However, intersectional feminist researchers go a step further, acknowledging womens' gendered experiences, particularly among the marginalized, which extend beyond issues of gender to include the influences of other factors such as race, ethnicity, class, and power (Crenshaw, 1991). As a feministic researcher, I used qualitative methods together with the theoretical lens of intersectionality, that offered the flexibility in design necessary for the intimate exploratory research which allowed me to give voice to the socially and politically oppressed through this study (Mertens, 2010; Neuman, 2005). In this study, I used qualitative methods to explore Latina women's experiences as low-wage-earners at-risk for compassion fatigue while helping people experiencing poverty.

Literature Review

Intersectionality in Social Science Research

Researchers have used intersectionality to identify nuances among oppressed populations. Al-Faham et al. (2019) noted that immigrant communities such as Asian and Latinx Americans possess attributes that uniquely complicate their experiences of living as non-Whites within a racialized social environment. These experiences complicate interactions of these communities in the mainstream American culture for their customs may not conform to the societal norms. Intersectionality looks at layers of oppression present across systems and the layers of privilege that may exist within oppressed groups.

Scholars have applied intersectionality to argue that even within marginalized groups,

layers of oppression exist (Al-Faham et al., 2019). Layers within groups highlight those

more disproportionately marginalized against those in a better position to navigate

oppressive systems to engage in social justice movements (Al-Faham et al., 2019). The

idea is that even within activities focused on inclusivity, the voices of the marginalized

that can engage may not reflect the needs of those who are silenced by omission.

     Choo and Ferree (2010) took a critical look at how intersectionality in social

science research can highlight inequalities specific to participants' characteristics. The

authors also highlight opportunities to go deeper by further exploring the complexity

added by introducing comparative methodologies when conducting intersectionality in

sociological research (Choo & Ferree, 2010). They emphasized that giving voice through

intersectionality is not just about analyzing a societal framework that affects the

marginalized. Intersectionality should encompass those multiple frameworks that

collectively contribute to the further marginalization of populations (Choo & Ferree,

2010). They give clear examples showing how a research focus on a specific

characteristic such as class may demonstrate how participants of different race and

gender categories can experience commonalities within the context of class. However,

the same study may fail to highlight how race and gendered experiences are related to

class across institutional structures (Choo & Ferree, 2010). For example, the class status

may offer comparable advantages or disadvantages within the legal system, regardless of

race and gender. Yet, race and gender may affect advancement in education more than

class. Choo and Ferree (2010) encourage more in-depth interpretation in social science

research grounded in intersectionality by exploring the interrelationships of differences and similarities among participants' multiple layered characteristics.

Applications of Intersectionality

Scholars have applied intersectionality across different methods for social science research. Lancianese (2014) presented a call to align sociological social psychology with intersectionality, highlighting the strong relationships between these two research areas and the potential for reciprocal benefits to each area resulting from aligning these disciplines. Lancianese (2014) explained that intersectionality would benefit from a more exact definition and terminology to guide the design of studies incorporating the concept. In turn, sociological social psychology would benefit from versatility and inclusion to expand worldviews added via the lens of intersectionality (Lancianese, 2014). Sociologists posit the use of intersectionality may expand and strengthen areas of research in need of further development.

Quantitative researchers have looked at secondary data using regression analysis to examine the intersections of race and gender using education, employment, and income as a combined measure of poverty in people with disabilities in South Africa (Moodley & Graham, 2015). Moodley and Graham (2015) found that intersections of race and gender among people with disabilities in South Africa compounded significant disadvantages for women with disabilities. Besides, the disparities were disproportionate for women of color, as race was the strongest predictor of income, education, and employment status for disabled people by gender. The researchers recommend specific attention to understand the experiences of Black disabled women. Also, Moodley and

Graham (2015) said particular interventions addressing the inequalities identified should be developed and delivered. The focus is needed, given the standard protocols to offer relief across general categories have proven ineffective for women of color with disabilities within the South African social service systems.

Theorizers are working on designing new models for use in intersectional research. Serrant (2020) developed the silences framework as a tool for social science researchers interested in applying intersectionality to study marginalized populations' conditions. The author presents the silences framework as a new process covering a four-part approach to completing the research. First, set the tone of the context of the marginalized population's situation to be included for the reader (Serrant, 2020). This full description is to be developed using sources that depict the community conditions in assessing the current state of affairs. Next, making a clear statement of the researcher's position, followed by establishing access to the population itself for first-hand input into the research. Finally, clarity in the results in that the nature of including the marginalized also makes the results incomplete (Serrant, 2020). Serrant (2020) cautions that there will be a need to continue the research process to see what other aspects will be discovered as other distinct voices are included.

Intersectionality to Study Inequities in Marginalized Communities

Many scholars have made it clear that intersectionality remains critical in identifying the inequities to address to improve marginalized people's societal conditions, including conditions for women of color. However, shedding light on discrimination and inequality as perpetrated on women and women of color will not always result in actions

to address the issues. Yearly (2019) provides empirical evidence of how wage inequalities exist for women and women of color in particular. The author shows data for women's pay compared to that of White men with equal or lesser qualifications in the workforce to demonstrate the inequities present between these groups at a systemic level. However, employment law does not recognize this evidence as proof of employers' discriminatory practices (Yearby, 2019). Addressing the issue would require individual cases presented against specific employers with direct evidence showing that the pay gaps occurring between groups result from racial discrimination or gender discrimination or both. The research shows that the largest pay gap between gender, race, or ethnicities exists between Latina women who earn .54 cents compared to 1 dollar paid to a White male for the same task (Yearby, 2019). This disconnect between what research has delineated and what the law will recognize perpetuates women's oppression at work and particularly the marginalization of Latinas in the workforce.

Scholars recommend further examination of differences in social science research related to demographic characteristics in the population sample as a way to extend the results of their studies (Dreachslin, Weech-Maldonado, Jordan, Gail, Epané & Wainio, 2017; Sanner-Stiehr & Vandermause, 2017; Stark & Farner, 2016). Other scholars recommend a departure from considering differences in favor of focusing on similarities to inform approaches (Hudak, Russell, Fung & Rosenkrans, 2015). However unintended, most studies limit the factors examined so that critical demographic characteristics, such as age, race, and ethnicity of the participants, are often excluded from data collection and analysis (Yogamalar & Samuel, 2016). Gender alone being the exception, most empirical

research studies omit the analysis of demographic characteristic variables (e.g., age, race, ethnicity, etc.) (Chin, Desormeaux & Sawyer, 2016). This omission sustains the gap in available reference literature to identify effective methods and practices that would resonate with diverse populations within the workforce (Sweet & Swayze, 2017).

Intersectionality in this study applies a lens to compassion fatigue research, which includes the experiences of marginalized populations currently working within the fields of human services. The exploration of low-wage-earning Latina human service workers' experience may contribute valuable insights (Al-Faham et al. 2019). Low-wage-earning Latina's experiences may highlight the need to identify and develop different strategies and techniques for mitigating compassion fatigue in human service workers in keeping with the richly diverse makeup of the workforce within this sector.

Compassion Fatigue in Scholarly Research

Compassion fatigue research was initiated in the early 1990's taking root primarily within the fields of nursing and psychotherapy (Carbonell & Figley, 1996). Though interest in studies in nursing and healthcare continued, the following decade saw a shift in compassion fatigue research to dig deeper into the area of psychotherapy (Figley, 2002). This shift paralleled the developing burnout and PTSD research which advanced in the 2000's derived from the treatment of first responders' and soldiers' affected by trauma in the aftermath of 9/11 (White, 2001). As compassion fatigue research continued, it became important to understand its prevalence and to recognize the signs (Austin et al., 2009; Radey & Figley, 2007; Stamm et al., 2010). In response, a

proliferation of studies ensued in which scholars applied qualitative, quantitative, as well as mixed methods designs to build the extensive body of extant literature.

The more recent studies are focused on compassion fatigue in participants working in professional, licensed, and specialized care including nursing, mental health and behavioral health, child advocacy, domestic violence, social work, and case management (Bae et al., 2020; Begic et al., 2019; Benuto et al., 2018; Borges et al., 2019; Leake et al., 2017; Mendenhall et al., 2019). Other recent studies have taken a focus on education staff and student development best practices to increase awareness of compassion fatigue in the field (Günbayi, 2014; Harr, 2014). Studies including human services professionals have also emerged as workers in this field have been identified among those with the highest incidence of compassion fatigue (Cole et al., 2014; Craigen et al., 2014).

Common Characteristics and Factors Affecting Compassion Fatigue

Exposure to suffering, feeling overwhelmed, and feeling troubled while helping others could lead to compassion fatigue. Compassion fatigue has been described as an emotional and physical exhaustion experienced by workers in the helping professions (Henson, 2020). Professionals and caregivers in the field may develop compassion fatigue from being exposed to high levels of trauma experienced by the people they serve (Lee et al., 2018). Workers with compassion fatigue may feel overwhelmed by the needs of their clients and the demands of their job (Kapoulitsas & Corcoran, 2015). Researchers note that more frequent interactions with clients experiencing trauma places workers at a

high risk of suffering compassion fatigue due to the effects of overexposure to clients'

traumatic experiences (Hiles Howard et al., 2015).

A variety of factors may affect the incidence of compassion fatigue in human

service practitioners. The nature of work, the amount of work assigned, availability of (or

lack thereof) employer resources, and commitment to self-care have been identified by

researchers as factors that influence compassion fatigue (Brend et al., 2020). Specific

work conditions may also amplify risk factors contributing to compassion fatigue

associated with the nature and complexity of the work. For example, while nurses may be

trained to understand and accept death and dying as a regular part of caring for their

patients, they may not feel prepared for coping with the effects of long-term care, loss,

and grief (Decker et al. 2015).

Personal experience or direct contact with client hardship due to the nature of the

work may effect compassion fatigue. The compounding need for crisis intervention

services coupled with a lack of adequate resources to fund social programs has led to an

increasing volume of complex work for human service practitioners (Howard & Navega,

2018). Direct service workers are expected to address the critical needs of their clients as

they do more with less (Jirek, 2020). Within these work conditions, compassion fatigue

may also lead workers to feel distressed or hopeless, and uncertain of their ability to offer

help (Seemann et al., 2019). Compassion fatigue has also been characterized as workers'

experience with loss of empathy, lack of compassion, desensitization, or a struggle

coping with the stress of caring for others (Henson, 2020). Despite an ongoing scholarly

debate on the use of terminology related to this area of study, compassion fatigue is often

used interchangeably with other terms such as vicarious traumatization, secondary traumatic stress, and burnout (Ledoux, 2015; Henson, 2020).

Managing Compassion Fatigue

Researchers have linked the presence of compassion fatigue at work in helpers who are carrying excessive caseloads, are working long hours, may face increasing demand for their services, and are pressured to deliver despite limited resources to support their efforts (Salmond et al., 2019). At home, compassion fatigue may manifest itself as restless and sleepless nights, feeling impatient or irritable with family and friends, distractedness, forgetfulness, or disinterest in participating in usual activities (Azman, 2019). Workers are encouraged to remain self-aware of subtler signs of compassion fatigue such as avoidance of issues or work and withdrawing from engaging with people (Potter et al., 2015). Scholars have emphasized the importance of addressing these conditions, as well as the need for effective coping strategies to lessen the effects of compassion fatigue across sectors (Berg et al., 2016). Recent compassion fatigue studies focused on mitigating the effects have concentrated primarily on self-care, mindfulness, and organizational resources.

Self-care has been recognized as indispensable for addressing burnout in social work professionals (Wilson, 2016), healthcare professionals (Tellie et al., 2019), and may benefit all workers engaged in the helping professions (Kanno & Giddings, 2017). There are many strategies for practicing self-care not limited to reflection, meditation, physical activity, hobbies, and spending time with family or friends (Azman et al., 2019). Practicing self-care may help reduce the effects of compassion fatigue across school,

work, and home environments (Lewis & King, 2019). Though the concept of self-care denotes the worker's responsibility for self-management, the literature indicates that organizations may also benefit from incorporating practices that support self-care in their workers (Kanno & Giddings, 2017).

Prayer and spirituality were noted as effective coping strategies practiced by nurses treating incurable diseases such as HIV/AIDS (Tellie et al., 2019). Some nurses sought relief by tapping into their religious beliefs when feeling hopeless in the face of the inability to meet a dying patient's needs (Tellie et al., 2019). Helpers may also use mindfulness, a form of self-reflective meditation, as a protective measure against developing compassion fatigue (Decker et al., 2015). Higher levels of performing mindfulness can lead to lower levels of burnout in human service professionals (Harker et al., 2016; Raab, 2014). Practicing mindfulness may be a factor that increases compassion satisfaction, which conversely, reduces compassion fatigue (Decker et al., 2015; Raab, 2014). Though there is evidence that formal programs that incorporate mindfulness can be successful with addressing compassion fatigue (Harker et al., 2016), literature shows that informal or formal mindfulness practices can be beneficial (Decker et al. 2015). Practicing mindfulness has been related to spirituality given its personal nature and a common emphasis on achieving a heightened sense of awareness of self (Decker et al., 2015).

Home visitors have highlighted the importance of workplace supports for coping with secondary traumatic stress and burnout, describing a supportive workplace culture, where they feel comfortable expressing needs and concerns with supervisors that practice

reflective techniques as ideal (Begic et al., 2019). Nurses admit that practicing responsibly by taking care of self can help with mitigating compassion fatigue (Tellie et al., 2019). However, practicing responsibly within a supportive work environment with management that offers staff appropriate resources and training to do the work may further reduce the risks (Tellie et al., 2019; Wahl et al., 2018). Specific workplace resources noted were staffing support, consistent supervision, opportunities to debrief on difficult cases, and support with managing loss or grief (Tellie et al., 2019). Employers that take a proactive approach to implementing workplace resources to address the effects of compassion fatigue may benefit from improved client outcomes and reduced staff turnover (Kanno & Giddings, 2017).

Latinas and Compassion Fatigue Research

Research on compassion fatigue in the Latinx population is uncommon. The literature search yielded three studies focused on compassion fatigue related phenomena in Latinx populations over the past five years. Researchers examined the effectiveness of an intimate partner violence intervention on PTSD in Latina mothers using a clinical trial (Galano et al., 2017). Other researchers used mixed methods to explore secondary trauma in Latinx mental health and support service providers (Lusk & Terrazas, 2015) and burnout in Latinx clinicians (Teran et al. 2017). Latinx remains a population that has rarely been the focus of compassion fatigue research, and researchers have identified that more studies are needed.

Lusk and Terrazas (2015) conducted a mixed-methods study using the Secondary Traumatic Stress Scale (STSS), the Professional Quality of Life Scale (ProQOL), and

structured interviews to examine the nature and severity of secondary trauma in bilingual providers of refugee services on the Mexican border. The study participants included 31 professionals and para-professionals who offered direct services in settings such as legal services and counseling programs. All participants were fluent in Spanish, and all held either a four-year or an advanced degree. The researchers found that despite experiencing secondary traumatic stress while serving Mexican migrant refugees, Hispanic caregivers experience deep satisfaction and a sense of accomplishment in their work (Lusk & Terrazas, 2015). Despite reports of experiencing emotional and physical distress resulting from the secondary exposure to the trauma they encountered, the Hispanic participants displayed resilience and pride in offering assistance to their clients (Lusk & Terrazas, 2015). Cultural aspects attributed to Latinx, such as family closeness, helping others, empathy, and religiosity, were deemed protective factors for the study participants.

Galano et al. (2017) recruited 93 low-income Latinas to participate in a clinical trial to implement a Spanish-adaptation of a PTSD intervention program. The participants were Latina mothers, mostly immigrants, who had experienced intimate partner violence. The researchers recruited participants whose primary language was Spanish and addressed language barriers by assuring that all Spanish materials were available. The results showed that the 10-week group intervention reduced PTSD in the study participants exposed to intimate partner violence (Galano et al., 2017). Language, acculturation, and familial supports were factors that affected Latina's progress during the intervention (Galano et al., 2017). The sample size and control group added validity to the results. However, the researchers recognized that the participant demographics

limited the generalizability of the results (Galano et al., 2017). Given the limitation of the

participants being mainly immigrants, the researchers recommended further studies to

include Latinas from diverse cultural backgrounds (Galano et al., 2017). Though this

study included low-income Latinas, the women were program participants, not staff

delivering services.

Teran et al. (2017) conducted a mixed-methods study that looked at the training

and professional experience in providing bilingual psychotherapy services and measured

burnout in 66 licensed Latinx clinicians. The participant population included trained,

educated, licensed professionals in psychotherapy providing services in Spanish and

English. There were males and females included in the sample and non-Hispanic White

participants (Teran et al., 2017). The researchers found that culture may mediate burnout

in native Spanish-speaking Latinx clinicians due to the pride and satisfaction experienced

in serving patients in their native language (Teran et al., 2017). The researchers also

highlighted challenges in practice that may affect burnout specific to this population. The

workload was an issue due to the limited availability of Spanish-speaking professionals.

Meeting the translation needs of peers and supervisors in addition to their clients, the

need for policing cultural competence, checking peers and supervisors lacking these

skills, and being responsible for their professional development due to lack of resources

to support development in Spanish language (Teran et al., 2017).

Teran et al. (2017) shed light on the added complexities of delivering services in

the Spanish language within a dominant English language culture and support the need

for further research in this area. These studies offer a glimpse into scenarios that may

emerge around compassion fatigue in Latinx populations. The results show that Latinx's language and culture, including Latina women, may uniquely influence their experiences with compassion fatigue in their communities.

Systemic Oppression of Latinas as They Fill a Service Gap

Latinas in human services often wear multiple hats as they occupy entry-level positions in the helping field. The direct service work Latinas offer may place them in situations where they informally deliver services alongside skilled workers in high touch professions (Aguilar-Amaya & Gutierrez, 2019). For example, in communities with high concentrations of Latino residents such as New York City, NY, Orlando, FL, Los Angeles, CA, San Antonio, TX, the need for integrated language translation services may be high to help overcome the challenge of delivering programs to people experiencing a language barrier. This need presents a challenge for a cross-section of service organizations as the demand for Spanish language services exceeds the availability of culturally and linguistically competent qualified professionals to employ (Wildsmith et al., n.d.).

Consequently, Latinas are recruited to fill low-wage-earning clerical or support staff positions to offer non-Hispanic licensed professional's assistance to deliver culturally sensitive care. Almost half of the Latinas employed as health care workers are paid under $15 hourly (Himmelstein & Venkataramani, 2019). Latinas informally offering support through translation in the workplace are responsible for effectively interpreting, translating, and communicating sensitive information emerging from the interactions between clients and the social workers, child advocates, psychiatrists,

doctors, nurses, teachers who formally serve them. Translating for non-Spanish speaking professionals in the field exposes Latina frontline workers to the clients' traumatic experiences. Most frontline workers lack the formal training to recognize and address compassion fatigue, secondary traumatic stress, vicarious trauma, or burnout in their work environment (Aguilar-Amaya & Gutierrez, 2019). Latina human service practitioners may lack opportunities to address their workplace health needs while compensating for the lack of resources dedicated to support adequate Spanish language services to meet the demand.

Low-Wage-Earning, Disparities, and Employment Conditions

Workers are experiencing compassion fatigue as they attempt to meet the ever-present and overwhelming demand for services to people experiencing poverty induced trauma (Dombo & Whiting Blome, 2016; Hudson, 2016). Before the pandemic hit in March of 2020, reports showed that Americans were at the highest employment rate, with nearly half (44%) of American workers aged 18-64 employed in low-wage-earning jobs (Ross & Bateman, 2019). Overall, the low-wage-earning workforce was reported as diverse in racial make-up, with women (54%), Latinx (63%), and Black (54%) workers overrepresented in the group compared to population totals (Ross & Bateman, 2019). The majority of low-wage-earners (57%) were employed in 52-week full-time jobs, with 30% of the workers earning less 150% of the Federal poverty level than which is about$36,000 annually, and 26% requiring assistance from social service programs (Ross & Bateman, 2019). This information would imply that low-wage-earners are likely to experience poverty related problems.

The employment conditions presented generated disparities and inequities before the pandemic. Once the stay-at-home orders hit, employment disparities became evident in the new requirements placed across organizations for workers. Those in the more lucrative employment situations, such as private practices, higher education, and government programs, were easily transitioned or may have already been in conditions to work from home (Essential Yet Vulnerable, n.d.). These highly compensated workers would remain safe from the onset. Whereas, those who were part of that nearly 50% working in the low wage-earning jobs either found themselves suddenly unemployed, with reduced hours or continuing to work at a low wage rate throughout a pandemic (Essential Yet Vulnerable, n.d.). The low-wage-earners were providing vital services and essential services necessary, without any additional compensation to maintain the nation's daily functions.

Low-wage-earners must also learn to live off of these low wages. Most low-paying jobs do not include the benefits they might need to care for their physical and mental health (Ross & Bateman, 2019). While low-wage-earners are experiencing the pressures of working in an uncertain, unstable environment through the pandemic, they may lack insurance to address any emerging concerns. As we approach a year of COVID-related modifications at work offering service despite a pandemic, short-term effects may have only manifested as physical and emotional exhaustion. Still, in the longer term, these may result in more severe physical and mental health concerns.

Low-Wage-Earning in Human Services and Equitable Pay

Equitable wages for human service workers were deemed crucial by advocates of major cities across the nation. New York City recently issued a report that offered tremendous insights into the local conditions affecting human service providers' financial health and operations (Essential Yet Vulnerable, n.d.). This report stresses the inequities in terms of service expectations, the regulatory requirements, the unfunded mandates, and the demand for assistance related to relevant social issues. Concerning the state government's financial investment, support the operations of the human service organizations. This issue directly affects the low-wage-earners' potential to increase their income. To be sufficiently compensated, low-wage-earners must work for organizations that have access to adequate resources.

These funding limitations also impact nonprofit human service organization's ability to invest in staff development and training programs. Staff development and training programs would support low-wage-earners in building skills to deliver the services according to regulatory requirements (Undervalued & Underpaid, n.d.). Besides, funding restrictions create a void in investing in human resource development areas that would support the education and training of staff to become aware of and adopt self-care practices that may reduce compassion fatigue. It also limits the organization's ability to make investments in agency-sponsored wellness programs that would support those low-wage-earners who may not have the personal time and resources to invest in these activities (Undervalued & Underpaid, n.d.). It's a perfect storm that perpetuates the oppression and marginalization experienced by Latinx and people of color employed as

low-wage-earners in the human services field, unintentionally trapping them in a cycle of poverty alongside the people they serve.

Job loss due to the pandemic increased the demand for services dramatically in the low-wage-earning human service programs sector, as stated by the New York report (Essential Yet Vulnerable, n.d.). Not receiving additional compensation placed the responsibility to meet these demands on the workers. Some nonprofits reduced hours because of a lack of funding or funding cuts. This scarcity of resources further exacerbated the issue of doing more with less.

At home, depending on the situation, single mothers would have had children left without schooling or care for which they would have to make alternate arrangements. Though the federal government instituted provisions for workers to take time off to meet their family's needs, those provisions were insufficient to meet the length of the incidents of the pandemic. It was difficult to anticipate the right number of hours needed. However, once the family care act dollars have been exhausted, employers may not compensate. Beyond the CARES hours, employers would either allow for time off without pay, which creates a financial burden or resort to temporary layoff or furloughs, resulting in loss of employment (Essential Yet Vulnerable, n.d.).

Low-Wage-Earning in Human Services and Poverty Induced Trauma

Low-wage-earners on unemployment over the pandemic were still below $50,000 annually on average for that period (Essential Yet Vulnerable, n.d.). Also, low-wage-earners who remained working during the pandemic might not have received any hazard pay to supplement or compensate for the fact that they were working at risk. Particularly,

given there were higher-paid privileged workers who did receive additional compensation for their efforts and sacrifice in some cases.

Low-wage earning direct service workers in human services encounter poverty induced trauma by the nature of their work. Literature suggests a high demand for services for a low return-on-investment, a lack of staffing to provide help, a lack of adequate training for direct service staff, and a lack of resources to support workers in human service organizations (Undervalued & Underpaid, n.d.). The magnitude of these problems amplifies in the face of impoverished communities.

Low-wage earning direct service workers in human services may experience personal poverty induced trauma that goes unchecked. Workers may experience stigma in asking for help (Collins et al., 2020). Cynicism towards the effectiveness of programs, as a result, barriers to receiving services experienced by clients may be a barrier to seeking help (Collins et al., 2020). The workers may also encounter moral dilemmas of conflicts of interest in seeking assistance by asking for help at their workplace, living in the same community where they work, or experiencing guilt from receiving limited assistance otherwise meant for the people they serve (Collins et al., 2020). These conditions suggest a need for pathways to help the helpers earning lower wages in human services.

Conclusion

There is a case for exploring experiences of Latina, low-wage-earners' in human services and compassion fatigue. Through this literature review of extant studies, I showed how compassion fatigue studies have included populations recruited from groups that may unintentionally exclude low-wage-earning Latinas from participation. Examples

of populations included in compassion fatigue research that may exclude low-wage-earning Latinas include college students, organizational leaders, licensed professionals, specialized service providers, credentialed service providers, and professionals with four-year or advanced degrees (Aguilar-Amaya & Gutierrez, 2019; Fernandez, 2018). Despite recent improvements in enrollment into higher-education, Latinx are disproportionately underrepresented in obtaining professional degrees to practice in health and human services programs (Fernandez, 2018). Hence, even the studies that have produced literature to help address the gap in research related to Latinx participants exclude examples of the experience of the majority of Latinx in the workforce.

Though Latinas who are low-wage-earners are increasingly present in the workforce, they are marginalized from inclusion in compassion fatigue research unless the inclusion criterion explicitly calls for their participation. This implies that the scholarly knowledge of compassion fatigue may be incomplete, for there may not be enough information to understand how low-wage-earning Latinas experience the phenomenon or how to help low-wage-earning Latinas cope with it (Aguilar-Amaya & Gutierrez, 2019). Latinx often provide direct service in the field with limited training and education. Though these studies included Latinx professionals in the human services field, the focus of their research was not specific to low-wage-earning Latina women's experiences. As of this writing, this gap continues to exist in the compassion fatigue literature. Further, compassion fatigue studies that focused on experiences of low-wage earners are rare or non-existent (Aguilar-Amaya & Gutierrez, 2019).

Intersectionality theory applied for this study because it considers how the overlapping characteristics of low-wage-earning Latinas converge (culture, race/ethnicity, gender, education level, socioeconomic status, job level) and how these may uniquely influence the experience of Latinas with compassion fatigue within human services (Corus et al., 2016). At this intersection, the literature would suggest that Latinas are part of a marginalized group of women of color, who are more likely to be under-educated, underpaid workers, placed in direct service work positions that are legislatively mandated to deliver complex work that is in high demand with limited resources (Dombo & Whiting Blome, 2016). Examples of human services workers that could fit this description would include:

- Childcare workers

- Homecare, Homemakers

- Support staff, receptionists, aides

- Intake workers (must collect sensitive data)

- Temporary workers and substitutes

These intersecting conditions may affect Latina women low-wage-earning human service workers charged with directly addressing clients' immediate crisis-oriented needs (Aguilar-Amaya & Gutierrez, 2019). There is a gap in the knowledge of compassion fatigue in Latina low-wage-earning human service workers (Cocker & Joss, 2016). My study was focused on the experience with compassion fatigue of Latina, low-wage-earners, serving people who are experiencing poverty. Through this study, I build on the compassion fatigue literature by adding a new demographic focus, adding a socio-

economic focus (low-wage workers), and adding the lens of intersectionality.

Intersectionality allowed me to consider how layers of oppression might influence

compassion fatigue in marginalized populations.

Chapter 3: Research Method

Introduction

In this qualitative study, I explored Latina low-wage-earning human service practitioners' experiences with compassion fatigue while serving people experiencing poverty. For this research, I used a descriptive single case study design. Chapter 3 outlines the methodology implemented for completing this study. I begin with a description of the research design and rationale, which involves research questions, concepts, and research alignment. Then, I present my role as a researcher, including positionality, managing bias, and addressing ethical concerns. In the methodology section, I describe the procedures for sampling, interviewing, and data analysis in detail, among others that I used as I conducted this study. Next, I present the issues of trustworthiness and the ethical procedures that ensured the participants were respected and protected. Finally, I close Chapter 3 with a summary of the main points covered.

Research Design and Rationale

Research Question

To guide this study, I proposed the following research question:

RQ: What are Latina low-wage earning human service practitioners' experiences with compassion fatigue, and what coping strategies have they developed while serving people who are experiencing poverty?

Design and Rationale

This qualitative descriptive single case study involved exploring Latina low-wage-earning human service practitioners' experiences with compassion fatigue and the

coping strategies they developed while serving people who are experiencing poverty. The goal was to understand how the intersectionality of race, gender, ethnicity, and socioeconomic status may influence Latina low wage earners' experiences with compassion fatigue as human service practitioners. I expanded the knowledge of how compassion fatigue, vicarious trauma, and secondary traumatic stress affect diverse and marginalized populations by conducting exhaustive in-depth interviews (Mason, 2010). Studies examining compassion fatigue and secondary traumatic stress across cultural and sectoral settings are needed (Schuler et al., 2016). This study was among the first focused on Latina human service practitioners' experiences with compassion fatigue as low-wage -earners serving people in poverty.

For this study, I proposed a case study design which is a research approach used for in-depth analyses of phenomena (Patton, 2015). The case study ideology is grounded in postpositivist and constructivist philosophical paradigms which provide a framework for learning through exploration (Patton, 2015). A case study is characterized by its focus on cases occurring within a specific timeframe, place, or situation within the context of an individual, group, or organization's experience (Creswell, 2016). Case studies draw results from a small sample which can be one case for a single case study and two or more cases for a multiple case study (Donnelly et al., 2013). A qualitative case study approach supports in-depth exploration of unique aspects of identified phenomena within a specific case (Donnelly et al., 2013).

Since compassion fatigue has been considered within other populations and settings, this study introduced insights that apply specifically to Latina low-wage-earners'

experiences. The problem and purpose statement presented in Chapter 1 highlight a need

for a better understanding of how Latinas experience compassion fatigue while working

in the field of human services. A case study design was best suited because this approach

allowed an exploration of how a phenomenon is experienced by each case. Collecting

data from multiple sources for analysis and drawing conclusions allowed for a deeper

understanding of a specific set of conditions within a specific case (Donnelly et al.,

2013); this is referred to as data triangulation. In this case, it was Latina women who are

low-wage-earners in human service programs and are experiencing compassion fatigue

while serving people experiencing poverty.

Case study research may be used to comprehensively learn more about a specific

issue affecting an individual, group, or organization (Harling, 2012). Case studies involve

exploring the experiences of individuals or small groups through analysis of data from

interviews or observations within a limited sample. Case study research also involves

exploring a social problem in-depth by studying human experiences to draw themes from

multiple perspectives (Donnelly et al., 2013). For these reasons, the case study design

was the best choice for my dissertation on Latina low-wage-earners' experience with

compassion fatigue while serving people experiencing poverty. Hence, the single case

study method of qualitative research was appropriate for this study as it allowed me to

gather five Latinas' diverse stories as told in their own words, and give voice to their

perspectives through interpretation and analysis (Taylor & Fernandez-Bergensen, 2015).

In this single case study, I conducted five individual semistructured interviews in

combination with document reviews to achieve data triangulation. More specifics on data collection methods and instruments are discussed further in this chapter.

Role of the Researcher

In my role as a qualitative researcher, I used a case study design to conduct in-depth interviews with multiple Latinas to learn about their experiences. My researcher's role and personal theoretical perspective played a crucial role in this qualitative research (Patton, 2015). In broad terms my topic of interest relates to compassion fatigue in human service practitioners. Specifically, I was interested in learning "how do Latina women in the field experience compassion fatigue?" Conducting a qualitative case study required my active involvement in the research as the primary instrument for collecting, categorizing, analyzing and reporting the data (Creswell, 2016). As a researcher, I remained self-aware throughout the study and was conscientious of my positionality in every part of the process.

In qualitative research, I, the researcher, am the primary tool for collecting information (Merriam, 2009). I became a part of the instrument in semi-structured interviews allowing my knowledge and ability to be attentive guide me as I made adjustments to capture further details during the interview process (Dahlberg & McCaig, 2010; Merriam, 2009). My biases could affect the interpretation of the experiences shared by the participants, leading to different results (Gelling, 2010). Therefore, I remained sensitive to the participants' perspectives both during the interviews as well as during data analysis (Gelling, 2010). An iterative process of analysis and the member check-backs helped limit the amount of researcher bias affecting the study.

As a Puerto Rican female, with dark skin and nappy curly hair, working in the field of human services for nearly 25 years, I have experienced many challenges working within diverse groups of people to serve diverse groups of clients. I have had many experiences where co-workers and clients have judged me based on my appearance. My physical appearance, speech and dominance of the English language often deceive people who judge by appearance into believing that I am African-American. Early on in my career, I was a part of a collaborative group working on social issues. At that time, I was in my early thirties and had developed into a college educated fairly polished professional. Everyone around the table was comfortable with me since we had partnered on many occasions. The group would speak freely about issues affecting people of color though I was usually the only person of color involved in the conversations. This meant that I had also experienced many interactions within the group. I remember thinking often how authority and education should not give anyone the right to speak on issues that did not apply to their personal experiences. The focus should be on learning from people who have lived the conditions (Reid Mandell & Schram, 2020).

This experience was a defining one as I happened to be "the minority in the room" invited to form part of the initiative to bring the voice of the consumers we served. I remember constantly engaging in "self-talk" as I listened and learned just how biased and prejudiced persons with power over the destinies of others could be. But there was this one time during the process where I revealed myself because the group discussion really hit a nerve. The discussion was about Latina females and how they are the primary drivers of the teenage pregnancy rate. I am Latina, I was a teenage parent and the

daughter of a teenage parent. So as the members of the group went on and on about the issues, broken families, welfare, high school drop outs, drugs, child abuse, etc. etc. I was boiling up inside. Here I am staring them in the face, the antithesis of all they described, and they had no idea. They did not realize that I am Puerto Rican, that I was poor into adulthood, that I was a teenage mother, that I was a victim of domestic violence from ages16-21, that I started college with two children at age 26 as an adult learner, that I am a hard worker that rejected public benefits and took two jobs to support my children and pay rent, that I have no criminal record to speak of….because they only saw me as Black.

I believe this experience resulted in one of the greatest lessons learned in my career. I regret that I lashed out by disparaging the teenage pregnancy rate. I stated how I believed it was a hoax, since the pregnancy rate reflects live births. I said, "looked at differently, Latinas leading the teen pregnancy rate also means that Latinas have a lower abortion rate." I went on to explain that including abortions by teens in the statistic would reflect a more accurate teenage pregnancy rate and shift the demographics associated with the term given the differences in cultural beliefs about abortion. This all sounds great, but my arguments were not grounded in research, they were based on my opinion, observations, and beliefs. This experience helped me realize that I am biased and must stay vigilant against the interference of bias in my work (Reid Mandell & Schram, 2020), a condition which also applies to my role as a scholar-practitioner.

There is room for subjectivity in qualitative research given that my views influence the choices I made in the design of the research and affect the content of the results shared (Creswell, 2016). Overall, the direct link between myself as the qualitative

researcher and the participants influences every aspect of the study from data collection

through the analysis of the data gathered (Patton, 2015). Addressing any assumptions and

biases as they emerged throughout the execution of the study required disciplined

implementation of the strategies for ensuring trustworthiness as described later in this

chapter (Patton, 2015).

Methodology

Participant Selection Logic

I interviewed Latinas who were low-wage-earners, currently in the field of human

services, providing services to low-income people and who may have experienced

compassion fatigue. I used a qualitative descriptive single case study design to

understand the diverse perspectives of Latinas who are low-wage-earners working in the

field of human services and experiencing compassion fatigue while serving people who

are poor. Low-wage-earning Latinas in human services are a population that is

understudied (Taylor & Fernandez-Bergensen, 2015).

I used a purposive sampling method for recruitment (Kapoulitsas & Corcoran,

2015). Purposive sampling allowed me to recruit and select participants that met the

established criterion for inclusion in the research based on their specific characteristics

(Lens et al., 2018). Upon approval by the Institutional Review Board (IRB), I deployed

social media tools in English and Spanish for recruitment (Heng, 2019).

Participant selection was based on the following criteria: (a) self-identified as an

adult Latina female legally present within the United States; (b) self-identified as

currently or recently (within 6 months) employed and earning low-wages as defined by

the income eligibility guidelines for SNAP (supplemental nutrition assistance program); (c) self-identified as currently or recently (within 6 months) working directly with low-income people within an anti-poverty program (i.e., case work, home visitation, outreach, intake, home care, companion, childcare, pantry or soup kitchen, shelters, etc.); and (d) self-identified as having experienced signs of compassion fatigue as described by the Professional Quality of Life Scale (ProQOL) self-test (Stamm, 2010).

Interested participants self-identified by communicating with me by phone and electronically. I engaged potential participants during a preliminary virtual introduction using GoToMeeting to complete the screening process, obtained informed consent, and verified participant criteria for inclusion and exclusion in the study (Grigorovich, 2020). As each interested party agreed to participate, we established dates and times for interviews by the conclusion of each screening.

I estimated that I would complete around five in-depth interviews and actually completed five, which was in keeping with sample sizes used in other qualitative case studies (Yin, 2018). The recruitment strategy included a self-questionnaire attached with the invitation to participate to orient interested persons (Mampane & Omidire, 2018). The screening included a review of the interview protocol and addressed any questions or concerns, and I secured each participant's written informed consent to participate in this study prior to scheduling interviews (Prevo et al., 2018).

Instrumentation

The data collection for this study included a review of the literature and semi-structured interviews with questions guided by the principles of compassion fatigue

(Figley, 2002). A comprehensive review of literature related to the topic was be

conducted as part of the design process to inform the development of the interview

questions and to provide historical context on the issue (Jirek, 2020).

When seeking to gather stories that give context to the human experience (Jacob

& Furgerson, 2012), in-depth interviews are an effective method for researchers to learn

through stories (Seidman, 2012). I used a standardized open-ended interview design

(Turner, 2010) with questions that were fully composed prior to the interview and I asked

every participant the same questions. This structure also allowed for probing questions to

dig deeper for more detailed sharing (Turner, 2010). I designed questions to draw

descriptions from participants that incorporated elements of compassion fatigue and

intersectionality.

In addition to interviews, to achieve the necessary data triangulation required for a

case study, I also engaged in document review of related materials to support coping.

This may include work-provided materials like an annual report, brochures, flyers,

meeting minutes, etc., from the participants' organization in which they work (which

would remain confidential) or other materials that highlight the resources and offerings

available to the staff. This may also include review of websites or other support materials

provided to participants by a health care, support, or group support provider and/or

review of websites or other support materials participants seek out themselves.

Procedures for Recruitment, Participation, and Data Collection

I used social media outlets to conduct my recruitment. I created a post shared on

Facebook and on LinkedIn pages that were popular within Hispanic communities. I

posted recruitment ads directly to Facebook and LinkedIn as a user of both platforms. LinkedIn professional groups and Facebook special interest groups were included in the postings, in addition to the Facebook pages of related service organizations and associations. I posted within groups on both platforms as permitted to recruit for research. I requested permission from a group administrator or moderator to post on Facebook or LinkedIn pages as required. When recruitment was limited or not drawing information-rich cases, I reposted directly to the pages and made posts shareable to encourage the interviewees and other practitioners to forward it to people who might have been interested (snowballing).

Participants self-selected to take part in this study which was voluntary. The recruitment materials provided a clear description of the criteria for inclusion in the study, the mode of participation, the estimated time commitment, and the contact information for inquiries. During a pre-screening go-to-meeting, I verified that participants met the inclusion criteria as part of the process of seeking informed-consent. Participants selected a pseudonym that appeared in the recordings and transcriptions to protect their identities while also encouraging them to share.

To observe social distancing safety precautions recommended by the Centers for Disease Control as a result of the COVID-19 pandemic, all interviews were conducted remotely using Go-to-meeting videoconferencing software. A semi-structured interview process was conducted at a time and location convenient for each participant, using the interview guide I developed for consistency (Howard & Navega, 2018). The semi-structured interviews were between thirty (30) minutes to one (1) hour. The participants

were encouraged to choose a comfortable and confidential location for the interview, to protect their identities, and encourage privacy for open dialogue with candid responses (Azman et al., 2019).

The interviews began with a brief introduction to the topic and an opportunity to address any process questions. Then, participants were asked to reflect upon and describe their experiences in response to a series of open-ended questions, and I used the flexibility to include probing questions to pull evocative responses from the following questions (Günbayi, İ., 2014; Mizock & Russinova, 2015):

1. Tell me about your experience working with people in poverty.

2. What do you enjoy about your work as a human services practitioner who supports people living in poverty?

3. What do you find most difficult about supporting people who are living in poverty?

4. Describe a particularly difficult case and how you worked through it.

5. How did (does) dealing with this (a) difficult case affect you?

6. What supports did (do) you rely on when dealing with this (a) difficult case?

7. How do you feel about asking for help – at work, in your social support group?

8. In what other ways do you manage this stress or affect? What other resources or support do you seek out?

9. How is that going?

10. What is your experience with living on a limited income?

11. Given your background, culture, and work history, tell me how your
experiences affect your work with people in poverty.

12. Tell me anything else that you would like to share.

The data was be collected using Go-to-meeting electronic voice recordings and
field notes. Go-to-meeting records video, voice, captures notes, and auto-transcribes as
the interview is being conducted. I ensured that the interview was completed and that
each participant's voice was captured accurately by reviewing the Go-to-meeting
transcription and video captured immediately at the conclusion of each interview. I used
NVivo qualitative data analysis software to keep information organized for analysis. I
imported the transcriptions, all voice and video files, as well as any field notes into
NVivo following each interview (Annechino et al., 2010; Leech & Onwuegbuzie, 2011).

For each interview, I reminded the participants of their right to choose to stop
being in the study at any time. Also, that everyone in this study would remain
anonymous. I kept the information provided in a password protected computer and
locked file cabinet for any paper documentation in the home office. Only my dissertation
committee and I have access to the study data. Additionally, within a couple of weeks of
completing each interview, I completed check-backs with the participants via email to
share the full transcription and the written summary of the interview requesting feedback
from the participants to ensure that the transcriptions accurately reflected their voice
(Capous-Desyllas & Loy, 2020).

Data Analysis Plan

Data analysis occurred simultaneously within the process of data collection for each participant, was repeated for each individual case, and then for the cases in total using cross-case synthesis (Baxter & Jack, 2008). As I was interviewing, the first level of analysis occurred. I was listening for key concepts of the theories and asking probing questions to encourage interviewees to share more related to these topics. During analysis I related the interviewee's stories to existing literature as I interpreted their meaning. Conducting within-case followed by cross-case data analyses immersed me in the data by carefully and repeatedly reading the transcripts produced from each of the interviews to identify distinctiveness, similarities, patterns, as well as taking note of variations to organize the data into categories and draw emerging themes across the cases (Houghton et al., 2017).

Methods appropriate for single case study research analysis processes were applied while reading and re-reading the Latina's stories through the lenses of intersectionality and compassion fatigue (Allen & Jaramillo-Sierra, 2015; Baxter & Jack, 2008). Intersectionality guided the interpretation and analysis as the participants were prompted to describe their experiences with compassion fatigue from multiple perspectives as a Latina, a human service practitioner serving the poor, and from the perspective of a low-wage earner experiencing poverty (Denzin, 2017; Warner et al., 2018). The lenses of intersectionality and compassion fatigue were applied throughout analysis, guiding the process of drawing the themes which were presented in the final

report using descriptive details to share the women's stories (Capous-Desyllas & Loy, 2020; Ramirez et al., 2016).

Using qualitative data software management systems can facilitate the process of data collection and analysis (Patton, 2015). Given the need to observe the safety precautions and to practice social distancing guidelines in place due to the COVID-19 pandemic, I conducted all five interviews using Go-to-meeting teleconferencing software. I used NVivo software to assist with keeping all the data organized and accurate during analysis (Annechino et al., 2010; Leech & Onwuegbuzie, 2011).

Issues of Trustworthiness

Qualitative single case study methods allowed me to gain a deeper understanding of complex issues in the context of the real-life experiences of the participants through the interpretation of rich data drawn from a variety of sources (Giesbrecht et al., 2020). Qualitative data collection methods also allowed every participant to share their story as they have experienced it (Zulfiqar et al., 2017). Qualitative methods helped me produce large amounts of descriptive data for analysis and interpretation, as the main instrument for data collection (Baxter & Jack, 2008). However, a researcher's bias may have influenced the gathering and interpretation of the data (Mampane & Omidire, 2018). The complexity involved with objectively interpreting the in-depth interview data presented a disadvantage to qualitative research to be addressed (Mizock & Russinova, 2015). My role as an insider to the population had its advantages as well as disadvantages. As a Latina, living in poverty through adulthood and working to eliminate poverty for nearly

25 years, I remained self-aware of the world views this biography carried into the interpretation of data and construction of the results (Capous-Desyllas & Loy, 2020).

The characteristics I have in common with the participants helped with establishing the trusting relationship between researcher-respondent that best supported open and honest dialogue during interviews (Taylor & Fernandez-Bergensen, 2015). However, these shared experiences called for appropriate strategies to ensure credibility, transferability, dependability, and confirmability.

Credibility

Credibility in qualitative research assure that the summary information presented by the researcher is truthful, accurate, and consistent with the results of the study (Korstjens & Moser, 2018). I build credibility by sharing the significant findings and themes with participants as member checking to confirm an authentic representation of the participant's stories in the final report (Mampane & Omidire, 2018). I also use method triangulation by collecting data through interviews and by reviewing documentation or records submitted by the participants (Korstjens & Moser, 2018).

Transferability

Transferability determines how applicable the results of the study are to other similar groups and populations affected (Korstjens & Moser, 2018). Transferability is supported as I include thick descriptive details in the final case study report, illustrating the multiple dimensions to the participant's stories and how they intersect (Harris et al., 2020). I also ensure accuracy and reliability in the data by maintaining detailed audit trails of the analysis process (Kapoulitsas & Corcoran, 2014).

Confirmability

Confirmability refers to a peer or supervisors' ability to ratify that the researcher is presenting conclusions interpreted from the data collected and not from personal views (Korstjens & Moser, 2018). To establish confirmability, I maintain reflexive notes throughout different stages of the research development process (Heng, 2019). Through reflexivity, I acknowledge and reflect upon biases stemming from my past experiences, history, and culture that could influence the study results (Heng, 2019).

Dependability

Dependability encompasses the consistency of methods used so that a third-party can trace the source of the data and results back to the participants of a study (Korstjens & Moser, 2018). To help establish dependability, I clearly outline the steps taken to conduct the proposed research (Korstjens & Moser, 2018). In addition, I maintain a detailed audit trail of the processes involved to maintain a record of critical decisions and findings (Korstjens & Moser, 2018).

Ethical Procedures

Respect for persons demands that participants be of sound mind in order to be considered capable of reviewing the research plan, considering the risks, and granting informed consent which indicates their choice to participate in a study (Shore, 2006). This is of particular importance when conducting studies involving vulnerable populations such as young children, elderly and the infirm, who are automatically considered at higher risk of harm (Merriam, 2009). The nature of this study may have lead participants to potentially disclose information that could be perceived as

jeopardizing to their relationship with their current employer or with their customers. To

mitigate this, I informed participants of the full research plan as well as their right to

choose not to participate in the study. I also informed them of any anticipated risks of

physical, mental and emotional distress. Participants were also be informed of their right

to withdraw their participation at any time throughout the process. All participants in this

study were adults over the age of 18 and were not be considered vulnerable populations.

Therefore, this study was approved as not posing more than a minimal risk to the

participants by the Walden University Institutional Review Board.

Summary

In this Chapter 3, I discussed the research design for this qualitative descriptive

multiple case study. I presented the methodology applied, research design and rationale

guiding the study, and described my role as a researcher including its impact on the

study. I included the procedures for participant recruitment and data collection, as well as

the process for analysis of the data collected. I also covered issues of trustworthiness and

ethical concerns related to the research. In the Chapter 4 to follow, I will include a review

of the actual recruitment and data collection process followed by the results of the study.

Chapter 4: Results

Introduction

The purpose of this qualitative descriptive single case study was to explore Latina low-wage-earning human service practitioners' experiences with compassion fatigue and the coping strategies they have developed while serving people who are experiencing poverty. I sought to understand how the intersectionality of race, gender, ethnicity, and socioeconomic status may influence Latina low-wage-earners' experience with compassion fatigue as human service practitioners. Also, to expand the knowledge of how compassion fatigue, vicarious trauma, and secondary traumatic stress affect diverse and marginalized populations. Therefore, I designed and completed this study to answer the question: What are Latina, low-wage-earning, human service practitioners' experiences with compassion fatigue, and what coping strategies have they developed while serving people who are experiencing poverty?

In this chapter, I present detailed descriptions of the setting for participant interviews, the participant demographic characteristics, and the data collection and analysis processes. Next, I present evidence of trustworthiness in my research by describing my implementation of strategies to achieve credibility, transferability, dependability, and confirmability, as explained in chapter 3. Then, I present a section discussing the overall results of the study. Finally, I offer a summary of the responses of how the Latina low-wage-earners in this study experiences and cope with compassion fatigue while serving people experiencing poverty.

Setting

I completed this study amidst the first year of the global pandemic caused by the spread of the coronavirus COVID-19. The effects of the pandemic increased public reliance on technology for social interactions. The high risk of contracting this deadly virus caused my research design to take on a different form than traditionally proposed. I performed all research remotely to observe maximum precautions for the safety of the participants and my own. No in-person interactions took place for this study. All communications between the participants and researcher occurred utilizing email, text, calls, and virtual meetings.

All participants met the requirements for being included in the study, which was: (a) self-identified as an adult Latina female legally present within the United States; (b) self-identified as currently or recently (within 6 months) employed and earning low-wages as defined by the income eligibility guidelines for SNAP (supplemental nutrition assistance program); (c) self-identified as currently or recently (within 6 months) working directly with low-income people within an anti-poverty program (i.e., case work, home visitation, outreach, intake, home care, companion, childcare, pantry or soup kitchen, shelters, etc.); and (d) self-identified as having experienced signs of compassion fatigue as described by the Professional Quality of Life Scale (ProQOL) self-test (Stamm, 2010). The need for remote implementation of the study then called for technologically equipped participants and capable of participating remotely apart from meeting the eligibility criteria for participation.

Recruitment began on January 6, 2021 after obtaining Walden IRB approval (#01-05-21-1028075) to complete the study. All recruitment occurred via Facebook and LinkedIn social media posts, which required participants to access the internet, these specific pages, and email. Participants initially reached out via email and to which I replied with the approved invitation to participate in the study along with the informed consent form. Once participants reviewed and responded with their consent, I continued addressing their questions by phone, text, and email.

Virtual interviews occurred from January 26, 2021 – January 31, 2021. The five interviews were conducted separately within the Go-To-Meeting platform, which required each participant to have access to the internet, access to appropriate devices (i.e., phone, computer, or tablet), access to email, and the ability to utilize all of these to take part in the study. Two out of five participants experienced technical difficulties while accessing GoToMeeting. One participant experienced microphone and sound issues, which required her to use her smartphone over her tablet to participate. Another participant experienced bandwidth issues. Though this bandwidth issue cut her out twice mid-response, she restored the connection, resumed her responses, and completed the interview.

Demographics

The population for this study was comprised of five Latina women between the ages of 33 and 53 who were also low-wage-earners working directly with people experiencing poverty.

Table 1

Participant Demographics and Characteristics

	Gender	Age	Race/Ethnicity	Work role
L1 Ms. L	Female	40	Hispanic Latina Puerto Rican	Program Manager
L2 Marie	Female	51	Hispanic Latina Puerto Rican	LIHEAP Certifier
L3 Iris	Female	53	White Hispanic Native Descent Puerto Rican	Outreach Worker
L4 Jessie	Female	33	Hispanic Latina Puerto Rican	Human Service Worker
L5 Leilani	Female	41	Hispanic Latina Puerto Rican	Case Manager

As shown in Table 1, all of the participants were of Puerto Rican descent, with one being also of mixed race. The participants were currently employed in a variety of low-wage-earning human service occupations providing direct services for low-income people. The participants' current roles at work included program manager, low-income heating and energy assistance program certifier, outreach worker, human service worker, and case manager.

Data Collection

Upon receipt of Walden Institutional Review Board approval to conduct the research, I commenced implementation of my approved research plan in accordance with the IRB approved methods. I began recruitment of participants by posting on social media platforms including Facebook and LinkedIn. I used my personal pages as well as

public pages and professional groups available that were relevant to the population I was seeking to interview, Latina low-wage-earners in human services.

As the participants reached out via email with their interest, I responded with the invitation and informed consent email. I had six participants express interest in participating in the study, with five responding affirmatively to the invitation to participate and informed consent email. I arranged an appropriate time for the five interviews via email and text communications with the participants.

I completed the interviews using GoToMeeting web-based tool with an integrated transcriber which recorded video, audio, and transcriptions of each interview simultaneously for use. In addition, the GoToMeeting tool was used to organize the scheduling of interviews and provide emails with link information for the participants to easily access. GoToMeeting is available for use on most mobile devices through an app, which increased accessibility and usability. Participants are able to edit their name as it appears in the meeting prior to signing on, and they may also control their camera settings while attending meetings.

Each interview was successfully completed using GoToMeeting and lasted between 30 and 60 minutes. The interviews began with a scripted introduction to the research, followed by informed consent confirmation. Next, demographic questions were covered, followed by 12 interview questions. After completing each interview, I used Cloud Convert software to convert the GoToMeeting recording from an mp4 file to an mp3 file of the voice recording for transcription. From there, I exported the mp3 voice recordings of the interviews to a password-protected external hard drive.

I created a project for my research in NVivo called "Compassion Fatigue and Intersectionality in HSPs." This NVivo project contained all participant interview files as well as memos, annotations, and other items included for analysis. Once the conversion was completed, I proceeded to import the mp3 voice recordings into NVivo as a file within my project. Each file was labelled accordingly as "Latina X – Pseudonym – Date of interview" for documentation and organization purposes. From each file, I launched the NVivo transcription module and proceeded to auto-transcribe the audio files of the interviews within the system. Each conversion from audio to transcription took around 30 minutes for the system to complete.

Once the transcriptions were completed in NVivo, I was able to review each individual transcription with the audio playing along as it highlighted the wording to make any adjustments, edits, and corrections for accuracy. After reviewing each transcription completely, I imported them into the project file to be used for annotating, coding, categorizing, and organizing themes as part of the data analysis process.

Data Analysis

The interviews conducted were recorded and auto-transcribed using GoToMeeting. I converted the videos into audio recordings, imported the audio into NVivo, and converted the audio into transcriptions. Once the transcriptions were completed in NVivo, I was able to meticulously review each individual transcription with the audio playing along as it highlighted the wording to make adjustments, edits, and corrections for accuracy. I prepared the data for analysis by reviewing each transcription entirely. I imported the audio and transcription files into the NVivo project file to be used

for the data analysis process as I engaged in annotating, coding, categorizing, and organizing themes.

Data analysis began simultaneously within the process of data collection for each participant, and was repeated for each individual case, and then for the cases in total using cross-case synthesis (Baxter & Jack, 2008). As I interviewed each participant, the first level of analysis occurred and I captured initial interpretations of meaning from the responses. During interviews, I listened for key concepts, made note of my thoughts, and asked probing questions to draw rich data. I re-listened and reviewed the interviewee responses and related their stories to existing concepts of compassion fatigue literature as I interpreted meaning from their responses by applying a lens of intersectionality. I recorded my thoughts with memos and annotations during and after each interview. For the next level of analysis, I began within-case followed by cross-case data analyses as I carefully read and reread each transcript, becoming immersed in the data and noting the similarities, patterns, emerging themes, variations, and distinctiveness as I organized the data in NVivo for the initial coding (see Houghton et al., 2013).

Novice researchers can use descriptive coding to reveal codes by summarizing short passages within the responses (Miles et al., 2018). However, descriptive coding is not recommended for case studies, as its limitations may lead to missed information (Saldaña, 2016). As an alternative, Saldaña (2016) suggested the use of In Vivo coding, given this method of coding is effective for studies focused on results derived from meaning. I used In Vivo coding during the first run to preserve and distinguish the participants' voices within my analyses, as In Vivo involves selecting direct quotes or

passages from the responses to code the data (Miles et al., 2018). I focused on coding

significant passages related to the research questions within the transcripts that

highlighted the essence of the participants' experiences with compassion fatigue at the

intersection of gender, race, ethnicity, and class, as well as, the coping strategies used.

The NVivo software facilitated the process of In Vivo coding as the tool allowed for

coding entire segments of the transcripts for further analysis.

The process of analysis continued with a second run for which I applied Values

coding to highlight the values, attitudes, and beliefs associated with the participants'

experiences with compassion fatigue as reflected within their responses (Miles et al.,

2018). I completed this second run of coding analysis for each interview (within-case)

and then again across responses (cross-case) which provided a robust set of codes,

categories, and summaries of the data to identify the themes and draw conclusions for the

results over the remainder of the analysis process (Miles et al., 2018). A total of 49 codes

were inductively drawn from the data during analysis. Examples of the inductive codes

identified include:

- Ability to share knowledge.

- Cultural differences which get in the way of services.

- Feeling stuck in poverty.

- Difficulty of fighting long-term poverty.

- People in poverty and their need for more help.

- Increased awareness of needs.

- Lack of options to talk with family.

- Trauma-induced poverty.

The 49 inductive codes were further grouped by similarity of ideas, thoughts, and patterns into a total of 18 categories during analysis (Saldaña, 2016). Examples of the categories identified include:

- Compounded issues that affect dealing with poverty.

- Feeling powerless to help.

- Gratitude for what you have.

- Interdisciplinary service experience.

- Knowledge is important.

- Language and cultural concerns.

- Poverty experiences vary by the person.

A complete list of the codes, categories was included as an appendix to the final report.

Throughout the analysis process, I focused on reading and re-reading the Latinas' stories through the lenses of intersectionality and compassion fatigue. The interpretation and analysis of the participant descriptions of their experiences with compassion fatigue was considered from their layered and multiple perspectives as women, Latinas, human service practitioners serving the poor, and as low-wage-earners experiencing poverty (Denzin, 2017; Warner et al., 2018). The lenses of intersectionality and compassion fatigue provided a framework for drawing themes that reflected the complexity of the experiences shared and presented using descriptive details to share the women's stories in these results (Capous-Desyllas & Loy, 2020; Ramirez et al., 2016).

Evidence of Trustworthiness

I conducted a qualitative single case study to gain a deeper understanding of complex issues in the context of the participants' real-life experiences with compassion fatigue through the interpretation of rich data drawn from in-depth interviews and relevant documents (Giesbrecht et al., 2020). Large amounts of descriptive data were produced for analysis and interpretation by asking the same 12 questions of every participant during semi-structured interviews (Baxter & Jack, 2008). The in-depth interviews allowed every participant to share their story as they experienced it (Zulfiqar et al., 2017).

As a novice researcher, I was aware that my biases could influence the gathering and interpretation of the data throughout the process (Mampane & Omidire, 2018). Being an insider to the population brought its advantages as well as disadvantages. My role as a researcher who is also a Latina, living in poverty through adulthood and working to eliminate poverty for nearly 25 years, required that I practice strict reflexive note taking to remain self-aware of how my world views influenced the interpretation of data and the construction of the final results (Capous-Desyllas & Loy, 2020).

The characteristics I share with the participants helped with gaining trust during the recruitment and interviews, which in turn supported transparency in the participant's responses (Taylor & Fernandez-Bergensen, 2015). In recognition of the benefits and drawbacks to the trustworthiness for this study presented by my sharing a common history with the participants, I implemented appropriate strategies to ensure credibility, transferability, dependability, and confirmability.

Credibility

To achieve credibility, I focused on presenting information truthfully, accurately, and consistently in accordance with the results of the completed study (Korstjens & Moser, 2018). I have shared the significant findings and themes with the five participants through member checking completed via email. Each participant received a copy of their interview transcript along with a summary of the results for their review. Each participant confirmed their agreement with the summary findings and confirmed the authentic representation of their responses. I was able to build credibility by completing the member checking process as outlined (Mampane & Omidire, 2018). Two of the participants submitted additional data for review, which I used for triangulation during the analysis process (Korstjens & Moser, 2018).

Transferability

Transferability was achieved as I maintained detailed audit trails throughout the process of data collection and analysis. NVivo software was used to organize the data for analysis which aided in this task. NVivo traced a detailed record of changes to the files in an event log. The event log keeps a time-stamped record of all changes to the project and users making these changes. Transferability was accomplished with accuracy and reliability, as I used the rich data drawn directly from the in-depth interviews to include thick descriptive details in the final case study report, illustrating the multiple dimensions to the participant's stories and how they intersect with the phenomena in question (Harris et al., 2020).

Dependability

All IRB approved steps were followed to complete this study. I included a detailed description of the steps in the data collection and data analysis sections of this chapter to provide a clear outline for other researchers and reviewers (Korstjens & Moser, 2018). In addition to following the steps as outlined, I used voice to text and email to maintain a digital record of my thoughts and decisions during the development of the +knowing study design into the data collection, analysis, and reporting process. For the data analysis specifically, I kept a detailed audit trail of notes and memos linked to codes within the NVivo software system to maintain a time-stamped record of the analysis process, critical decisions made, and the findings reported (Korstjens & Moser, 2018).

As a first time user of NVivo software for this research project, I dedicated additional time and resources to become competent at using the system for my study. I completed about three months of additional online training through NVivo Academy completing the NVivo Core Skills training module with a score of 92 out 100% to become familiar with the system and learn its functionalities. In addition, I completed eight hours of online coursework through Udemy completing the *From Zero to NVivo 12 – Qualitative data analysis with NVivo* and *How to analyze qualitative data* online courses.

Confirmability

Confirmability is achieved when my peers and supervisors can confirm the conclusions and interpretations I made were from the data collected and not from personal views (Korstjens & Moser, 2018). The NVivo event log is a tool that can be

used to retrace all the steps completed while coding, categorizing and organizing the data into themes. In addition, I recorded annotations and memos within the NVivo system which I linked to specific codes to maintain a record of my thoughts, reflections, and actions taken over the data cleanup, review, and analysis processes (Heng, 2019). The codes, annotations, and memos in NVivo are directly linked to the passages of participant transcripts and audio recordings providing easy access for confirmability.

Results

After completing the data analysis process, I organized my interpretations of the participant's responses into four major themes. Four major themes and twelve subthemes were interpreted using inductive data analysis processes of coding, categorizing, grouping, and regrouping the data. The themes reflect my understanding of the participants' views in response to the central research question. I assembled a descriptive report, including brief summaries, and syntheses. I embedded extensive excerpts from the interview transcripts throughout the narrative to preserve the voice of the Latina low-wage-earners in the ideas presented. The following table lists the themes and sub-themes derived from the coding and categories drawn from the data analysis as included in the narrative report.

Table 2

Themes and Subthemes Derived from Analytical Coding, Categorizing, and Grouping

Theme	Sub-themes
Living on a limited income affects intersecting identities and awareness	• Prioritizing to survive occurs continuously • Experiencing poverty differently yields insights • Poverty mindset impedes advancement

Working with people in poverty enhances perspective	• Helping people through crisis reveals possibilities • Difficulty meeting guidelines exposes needs • Cultural concerns intensify commitment
Compassion fatigue is a hidden norm	• Experiencing emotional distress is a trigger • Pride is a barrier for seeking help
Coping and support foster resilience	• Being in the know is empowering • Compassion satisfaction is inspiring • Counselling and other programs as supports are reassuring • Family, faith, friends, and hope for a better day are heartening

The sections to follow present descriptions of the four major themes drawn from the analysis. The subthemes are also explained under each theme, including short interpretive narrations embedded within the most relevant and salient excerpts of the participant response data to support the conclusions presented in the summary.

Theme 1: Living on a Limited Income Affects Intersecting Identities and Awareness

Evidence of how the participants' intersecting identities while living on a limited income mirror those of their clients emerged through the Latina's responses to the interview questions. In this section, participants shared how they must prioritize in order to survive when living in on a limited income, how their experiences with poverty relates to that of their clients, and how mindset could affect forward progress.

Subtheme: Prioritizing to Survive Occurs Continuously

Participants expressed their frustrations while making difficult decisions on what needs they could meet at home with what resources they had. The continuous process of prioritization to survive at home described by the participants may be construed as great practice for what they do at work. However, prioritization at home may also contribute to

frustration, anxiety and fear experienced while balancing and meeting the needs for their clients at work.

Leilani's experience of living on a limited income is difficult, "With two kids, for so long, I've always had to you know, pay. For example, this month I can pay my gas, but I can't pay my electric. Next month I'll pay my electric, but I can't pay my gas." There's little room for extras, "it's hard because if you have a place where, you know, you have all these bills that you have to pay plus the kids' stuff. It's super difficult living on a limited income."

Having to prioritize and balance daily living expenses with the limited funds is a challenge. Leilani believes finding ways to earn more can help:

> If you make just a few dollars more than you know, you know you'll be OK. But sometimes being in a fixed income is hard, because sometimes you have to stop paying one bill to pay the other and or you have to do less groceries this week versus doing more groceries the following week. It could go both ways.
>
> Iris confirms the need to earn additional income to make ends meet:
>
> I had two jobs. I worked my full time job and then I had a second job until they lost the grant. I worked for eleven years, two jobs and I lost it in 2013, so it was difficult then because then I lost a little chunk of money.

Though part-time, this additional source of income was significant for Iris and her family, "It was only a 15 hour week job, but it was the extra money I needed." With the additional income Iris had been able to send her children to private schools and cover her car payment. Iris struggled to keep a balance over the years but she did it.

Marie describes her experience of living with limited income:

It's hard. It's been hard, it's I have struggled, I have. It's like you said the saying,

that nobody knows what somebody else is living, you know, if you're not in their

shoes. But it's like there's another one that's like I been there, and I have

experience, I have done it so.

Marie learned how to manage the difficulties, "It's hard and it's a learning

experience, so I know how to live having a lot and not having a lot. I had to, I had limited

income." She describes the challenges of making the tough decisions around financial

stressors:

It affects everything because it's like sometimes you have to say, do I pay the gas

or do I pay the light? Do I pay this? Do I pay that? Do I do groceries and I buy

this much? Or do I limit myself to get what the kids need and just that.

Marie states that her experience with poverty is what fuels her love for the work,

"So I should say, that it has been a learning experience, it's hard and maybe that is why I

love my job, because I can put myself into my community's, shoes my clients and

everybody else."

Subtheme: Experiencing Poverty Differently Yields Insights

Leilani makes a direct correlation between what her clients face and what she has

faced while living in poverty, "So it affects me where I see I see her and I see myself and

in it. You know, sometimes it brings back the anxiety and you feel a little depressed

because you're thinking about what she's going through." Strong feelings emerge for

Leilani when thinking back to her personal experiences and she empathizes understanding the other Hispanic woman's "struggle":

> I know for a fact that I have gone through the same situation. You know, maybe for her it was worse. Maybe for me it was worse. But the reality is not even a worse part of it it's just. The struggles. You know? As a Hispanic woman it's a struggle.

Jessie often shares a background in common with her clients and she shares the details of her experience whenever it is appropriate to encourage and give hope. She firmly believes that no one is hostage to poverty and that with determination and hard work it can be overcome, "And because of the fact that I have, you know, conquered a lot, but then I run into all too often times again people that don't want to accept the fact that they, too can do more." Jessie has also learned that not everyone is ready to work on the problem of poverty at the same time. She mentions her frustrations with having to wait for clients to take critical steps that will help their progress:

> And I've had to, again, learn how to not be angry at them. I've had to learn how to accept the saying, you know, you can bring the horse to the water, but you can't make them drink. You can bring them there. But you can't force them to do anything. You can show them, but you can't force them to do it, so that can be a really big downer for me, because I'm like, how and why would you not want to do better for yourself?

However, she also understands that everyone moves at their own pace, yet everyone can move, "Like how and why like that part, even though I know again that

they're stuck in a certain state of mind. It still bothers me when an individual does not want more or at least change." Jessie's learning to appreciate changes in her clients big or small:

> So. It's good and bad for me, though, and that still is something that I'm working on. Enjoying the small successes, enjoying the small victories and not letting, you know, the defeats or the ones that say no determine or be how I describe my whole experience in this field.

> For Leilani, a steady job working as a low-wage earner can be a double-edged sword, "When you have a job and you have a certain job that doesn't, depending on what the work you do, if it's not a pay that helps or that there's no raises or anything like that, then you feel stuck." Leilani agreed it's hard to move forward with limited resources, "but you always have those thoughts where, well, I want to do this, you know, it's the matter of when you can do that, when can you do it?" Having to manage expenses without enough money or without the hope of making more money is difficult, "So, yeah. So sometimes really it depends on what it is that you're stuck on. It's not everything."

Ms. L noted the constant reminders of poverty and its effects that she faces whenever she is at work:

> Well, you know, I guess it's just day-to-day, you know, that's just something that I guess you just used to, and like I said, it does, working in this field, does bring it to you more so on a day to day basis, right in your face.

Ms. L. compared low-wage earning in human services to low-wage-earning in other sectors. Ms. L. believes this dilemma of experiencing and encountering poverty is

more powerful in her line of work, "if you're working at a restaurant or a fast food restaurant, you're probably thinking about what you get paid for working in this field." Ms. L presents a scenario to illustrate how it is difficult to serve people in poverty while experiencing the same or worse conditions as they are, "You know, every day you're talking to someone that their life changed in a matter of seconds or someone that has been living the same way for a number of years. And that's all they know." She described her thought process when perceiving reluctance or anxiety in her clients, anxieties that she may also feel because of sharing the poverty status, "And here you are living with a limited income and they're looking at you for the answers. And you're kind of looking at them like I'm figuring it out as I go as well, you know?"

Subtheme: Poverty Mindset Impedes Advancement

People's mindset when they come for help can get in the way of obtaining the help they need when they need it:

> Sometimes when you live in certain conditions for a long period of time, it may be difficult for you to accept even though you're seeking for help? It sounds weird, but it may be difficult for you to accept. Certain steps that you have to make in order to get that help, if that's the case. (Ms. L.)

Ms. L emphasized how sharing knowledge is enjoyable but also difficult:

> Sometimes we, you may have a certain mindset or a certain idea of how things should be or how they have been, so trying to help someone understand that there might be another way or that even or maybe that even if they're going through that particular crisis at the moment, that there might be light at the end of the tunnel.

Jessie shares her understanding of how living on a limited income is hard to do, "A poverty mindset gets in the way of progress because it is those thoughts that continually discourage a person from making progress but rather encourage them to fail." She discusses how important knowledge is to help with navigating the needs when on a budget. Prioritizing and sticking to the budget are skills she learned as an adult and continues to develop. She also discusses how her mindset can contribute to whether she remains living in poverty for life or gets to a state where she is "ok' and no longer living "pay check to pay check." Jessie acknowledges her fight against this mindset of "remaining poor because they have to, because they should, because that is who they are and where they are in life" and is working to break the cycle of poverty for her family.

Providing hope and a shoulder to lean on are the most important and most enjoyable parts of serving people in poverty according to Jessie:

> The main thing that I enjoy is providing the hope to those individuals helping them figure out that just because of your environment or because of what you've been exposed to or your culture, your upbringing, that doesn't necessarily mean that you yourself have to accept a certain way of being or a certain way of living or a certain train of thought.

Jessie highlighted how being present and a person that her clients can rely on and relate to is also important:

> Also just the direct contact, the actually being there for a person, I feel like that that is way more helpful than sometimes just talking over the phone, because you get to see expressions, you get to feel emotion, you get to really interact with

them basically. And again, provide that help that shoulder to lean on when they

when they really need.

Jessie believes that interacting directly with people when they need it most is

critically important to their progress.

With living on a limited income, as the women shared more responses the well of

comparisons to their clients became deeper. They discussed how mindset affected them

personally, as well as their clients. In addition, they highlighted how the presence of

pervasive poverty could influence their views on potential personal growth. The Latina's

responses also gave the impression that mindset perpetuates an expectation of continued

poverty.

Theme 2: Working With People in Poverty Enhances Perspective

Latina low-wage earning human service practitioners' personal experiences

collide with their work experiences. Clear examples of the dichotomous experiences the

Latinas face were illustrated in their own words. Their responses described how

frequently associate their own experiences with what their clients may face. Also, the

responses showed how often these women relied on their own thoughts and experiences

while facing crises together with clients.

Subtheme: Helping People Through Crisis Reveals Possibilities

Ms. L has over 10 years of experience in the field and has delivered a variety of

services to help people experiencing poverty through crisis. She mentioned the types of

problems that she helps people to address:

My experience has been helping people that are in poverty or experiencing some type of crisis in their life at that moment achieve either a goal that they may have or just to come out of any type of situation that they were experiencing, food insecurity or housing insecurity or some type of expenses that they've had that they cannot pay, basically.

Iris identifies strongly with the people living in poverty. She was raised in poverty and continues to struggle with the issues of poverty as an adult:

When you need to kind of stand up for your rights or when you feel that there's injustices for your own, for me personally, so when I've experienced it and I'm working with families that are experiencing the same situation or similarities, you know, I for whatever reason, it's like another person takes control and I advocate and I look for every resource in the community or even outside the community to help the families.

Iris has great empathy and understanding for the people that she helps and she feels that connecting people to resources on multiple levels is important. Iris knows that every situation is different, but there are also many people that are facing the same issues. She is driven to advocate for the people who need help.

Iris gave a detailed accounting of a young mother with whom she had developed a client-worker relationship with over a long-term. She begins outlining how intertwined their lives were. She described the tween and teenage years of her client's life which were filled with challenges as an adjudicated youth coming from a household affected by substance abuse, "I related to her a lot, like I was a kid and I never said anything, I was so

scared." Her young client experienced juvenile detention, child molestation, rape, teenage

pregnancy, and poverty. Iris shared:

> I was four years old, when the rape happened between four and eight by two
>
> cousins. And this girl was being drugged, young. She was like 12, 13, you know,
>
> locked up in a group home. And so she didn't have a voice either. And no one
>
> seemed to believe her. And I felt like I never had a voice. And to this day, it does
>
> not heal.

> Iris continued to assist the young girl as she got older. As a young mother her

client experienced a house fire in which she lost all her belongings. Since the fire was

caused by her unattended four-year old, she also lost her child to the system. Iris

described what it felt like to share similar stories and be emotionally affected by this

young mother's case:

> You might think it heals, but I think you just learn to accept it and go on and just
>
> learn that you need to look at the signs, like with your grandkids and your own
>
> kids. And that's how I kind of like. You know dealt with it.

> However, having worked with this young mother over the long-term,

understanding the problems her client faced, but the small victories she had also

experienced, Iris provided assistance. Iris never stopped supporting and believing in this

young lady, and despite the challenges, she was there for her in her time of greatest need.

Iris helped this young mother to recover her child through advocacy.

> Jessie's experiences with people in poverty span a variety of programs and

services. Over nearly a decade she has had the opportunity to provide help and support

for at risk and vulnerable populations in crisis including children, youth, adults and seniors, "I've always found myself geared or drawn towards individuals that are, you know, low in poverty or just needing additional help, not really using all of the resources available because they don't know how or they don't know what's available." Jessie relates her experiences with poverty to those of the people she serves and believes her understanding of the condition of poverty helps with her work, "So it's been really interesting, especially being that I've been in some of those situations growing up, but fortunately I've been able to navigate and get myself out somewhat anyways to a better position in life."

Jessie describes in great detail one of her earliest cases, "I was assigned a young mom, she was 19 years old. Mind you, at that time, I was only twenty three, so I'm new I'm still fairly young. And she had twin boys." Jessie is called to help the young parent who suddenly finds herself homeless with her twin sons, "She just. She had this driving this determination to do what she had to do for her children, but she was just in the most outrageous of situations." Her client was a teen parent and, being a young parent herself, Jessie immediately empathized with this young mother's situation:

> So she's calling me frantic, I go and I pick her up and I bring her back to my
> office with me, where at least we can have a moment to kind of put a plan
> together and kind of review where she felt she can go, where she felt safe.

Jessie went down the line of services by the book spending an entire day with the client seeking a shelter placement and finding none:

So we're sitting there and we're sitting there, you know, and we went after we got the kids, I brought them dinner, you know, again, because I just felt like any little thing that I can do to make you feel some type of peace, I want it to do it in that moment because you were already experiencing so much stress and you're so overwhelmed.

Finally, after an extended period of time seeking options, Jessie appeals to the management at her place of employment:

I asked my supervisor, you know, what do you think I can do? Because I've exhausted everything. I've tried the domestic violence shelters, the regular shelters, everything. And there was just enough like everywhere that I tried, we hit a roadblock. So I did speak with a supervisor and all they can come up with was putting her in a hotel room for one day like they gave her one day. And I'm like, oh, boy, OK, you know, we'll take the day, but then what else are we going to do?

This one night stay was gratefully accepted but fell short of emergency shelter or housing long-term. Jessie spent that night worried about the fate of her client:

So she was able to reach a cousin that lives out of state. But, of course, she had no way of getting there. So the next day after getting her the room. I checked up on her, you know, she was, again, frantic because she knew her time was limited.

Jessie empathized with how her client may have worried about her children and about what Jessie could do in response to her client's situation as her worker:

She has her two boys now. She's worrying about DCF. She knows that I'm a mandated reporter. So there's just a lot going into that. She's starting to put her walls up because now she's, like thinking that I'm going to flip on her because of her situation and the well-being of her, her two twins.

Out of options and concerned for the children and her client, Jessie goes above and beyond breaching protocols to provide transportation out of state to the home of a close relative:

So basically, you know, after being told, you know, that I couldn't take the risk of taking her myself. I did take the risk anyhow, and I put her and her belongings because I didn't want her to have to leave what little bit she did have if we put her on the bus because, you know, there's a limit to how much you can take on the bus with you. So I packed up my car and I drove her to her cousin's house. She was beyond grateful. Her sons had drew me a picture that I literally still have to this day.

Despite the risks involved, Jessie took this situation into her own hands to resolve her client's issue:

I took them and I dropped them off and I just filled her up with some affirmations before dropping her off and reminding her of what she first told me at our first session, which was she would always tell me that she was going to do whatever it took for her to get on her feet for her or her boys.

Years after offering her help to this teenage mother through her crisis, Jessie received an unexpected message:

So fast forwarding nine years later. And she reached out to me on Facebook and she wasn't sure if it was me, she's like, Jessie? Is this the same Jesse that took me and my boys nine years ago? And you rescued us and took us away and brought us to my nearest cousin's house. And I was like I said, her name, like, just to make sure that it was her before I disclosed any other information issues.

Reconnecting with the young mother after so many years was an emotional experience for Jessie:

She literally facetimed me and was in tears because of, you know. Mind you, in that story, I didn't really do much like when you hear the story. I didn't do much, but I was there and I was available and I, you know, willingly broke a few rules just to make sure that she was safe and in a safe place with her children.

Jessie humbly shared how the result of her actions early in her career had helped change the lives of this young mother and her twins:

And she remembered that. Her sons remembered it. And she was like, you're one of the biggest parts of my story because of you and your kindness. I succeeded. Like she's a manager now. Her sons are 12 years old. And I was just I couldn't do anything but cry like, oh, my God, you know what I mean? Like, that little bit. That little bit. Pushed her to reach her, her I wouldn't even say her full potential, because she's still fairly young and I know she still has more to give, but it pushed her to not give up and to not be a statistic.

Subtheme: Difficulty Meeting Guidelines Exposes Needs

Iris is challenged by the multiple needs to be addressed and the limited resources available to offer assistance. "There's certain things you can get. There's people sometimes that don't even have enough beds in a home, and you try to connect them to some agencies and sometimes it's almost like they don't want to give out these." Iris discussed services that only address part of the issue that a person in poverty might face and how leaving the other needs unmet can make matters worse, particularly in the case of mental health services.

She mentions barriers and the constant changes in requirements that keep some people out of the circle that can receive help, "If the person is not working, they have to have some kind of income. You know, they just don't want a person that is just receiving state assistance or food stamps, but they don't get that." Iris also gets at the issue of stereotyping as a barrier to receiving services and how people experiencing poverty may often be misunderstood, "Sometimes these people can't afford daycare. So they stay home and or they just can only work a part time because then the kids come from school." This presents challenges when the person who needs help does not fit the typical description of a person that would normally receive the services.

Leilani shares more on the challenges of dealing with the guidelines for enrolling in programs, "The most difficult part is the guidelines, the guidelines when someone is literally in the need and there's no way you can help them." This is particularly troubling when there is a family with a demonstrated need that just misses the deadline and is therefore deemed ineligible, "If you're over one cent, let's say, just for food stamps and you have a family, unless they have four or three, let's say, that's one thing it's difficult

when you don't have the programs it's difficult." Leilani notes that many Hispanic women come to see her and fall short of the guidelines:

> They don't qualify because of the guidelines that you have for that specific thing that someone is coming in for and I'm going to say someone, you know, like I said, is it's mainly I have seen mainly a lot of Hispanic women come to me for one thing and the other.

Leilani described a case where she worked with a young mother of four who did not meet the guidelines to receive cash assistance but needed help, "Well, she didn't qualify at the time. She didn't have the proof that they were looking for." She was able to contact the landlord and negotiate an agreement that prevented the family from becoming homeless. Leilani stresses the paradox of overcoming one challenge while still facing many others

> Of course, she didn't have one cent for anything else, let's say for her gas, for her electric, for food or anything like that. But she was able to stay house. She was she didn't have to stay homeless. She didn't have to go into a shelter. She didn't have to go and double up with somebody else.

Jessie reflects on the difficulties in serving people that are poor, how they are complex, just like poverty, "So it's like. It's hard for them to trust you. It's hard for them to open up to you and really tell you what they need or really tell you what they're feeling." Jessie gives a rich discussion on how the issues of poverty can take a different form with each person and the solutions can be just as different for every person, "There's a complexity to that. The main thing is helping individuals start. Their change talk.

Basically helping them start or want to think of things differently, creating new habits, expecting more, you know what I mean?" For Jessie, there are frustrations stemming from the dynamics of her work, tied to the restrictions guiding the process of moving onto working the next case:

> Because sometimes you're this person and you're coming into someone's household or you're becoming someone's caseworker. And they already have this expectation or they already have this way of being that sometimes a week with them or month with them isn't enough time spent with them to make them change their viewpoints on things or to make them want to start a change for their own.

Working around the requirements adds another layer of complexity to the issue for as challenging as establishing communication and trust to move forward may be, meeting the requirements can be a greater challenge, "A lot of times too that does happen because, they know that you're only with them for a week or month. And then after that, you're going to be gone or you're going to be assigned to somebody else." Jessie outlines the anxiety she feels by knowing that the time to help a client with a problem is limited and if they are not ready to receive the help within the allotted time they may miss the opportunity:

> So you as the social worker and by you I mean me, you're literally trying to speed this process up like you're trying to crack this shell so fast because you know that you have things to offer them, but you can't offer it to them until they're open and willing to accept that help, if that makes sense.

Past experiences with accessing services, time restrictions, and documentation required to apply make meeting eligibility cumbersome, and more when additional barriers for the client such as a language barrier, lack of education, or lack of transportation prevent progress.

Marie finds navigating the guidelines and staying within the scope of her work most difficult:

> Yes, sometimes we don't have enough funding or enough help to provide what you're looking for or we have like a limited how can I put a limited funding, sometimes or we have limited power to help the families. And sometimes when you refer them to the other side of the outside programs. It's very difficult for them to get what they're looking for.

Regulatory requirements prevent her from offering additional help in some cases and that is frustrating to Marie:

> Sometimes it's very difficult to help families when let's say the programs have their own rules and regulations. And we need to follow those rules and regulations. And we are attached sometimes to the rules and regulations that we're not able to explore a little bit more within our positions to help families.

She highlights the feeling of powerlessness associated with not being able to offer additional help because it is beyond her role to do so:

> But. I don't know. It's hard because sometimes you want to help more. It's every case, it's so different, every family so different, that sometimes personally you know what to do, but sometimes it's not your place to do it. So you just have to

refer her and follow up, make sure. But then from this position to this position,

there's so much you can push.

The invisible lines drawn by institutional regulation leave Marie feeling powerless

to help, setting the limits for how far Marie can push to get a family services.

Iris is a fighter. She has fought her way through life for herself and her loved

ones. So she fights for everyone who comes to her for help:

> Well, I try to separate my work with my own personal stuff, if that's what you ask,
>
> and I the only thing like I say, if I. If I know I had a challenge in my personal life
>
> or someone around me some of that experiences pours over into my job so I can
>
> help my families. But you have to you have to become numb sometimes to know
>
> that no matter how much things people face, you can only do so much, because to
>
> this day, poverty has existed and existed before me.

Subtheme: Cultural Concerns Intensify Commitment

For Leilani, her experience dealing with people in poverty has been filled with

helping them navigate through financial stressors that compound as a result of their

impoverished status, "So this is something that Hispanics, Hispanic women, Hispanic

women, when they come to us in that sense, you know, it's hard it's really hard for them

to make ends meet." She describes different scenarios such as food insecurity in seniors

with a fixed income. According to Leilani, factors such as rent and bills and household

size affect seniors differently with the same fixed income. She explained how for some

seniors food insecurity is a matter of lacking food temporarily while managing their

budget but for others there is not enough resources and food insecurity presents a

prolonged issue. Leilani highlighted how these difficulties are amplified related to Hispanic women, "Whether it's an elderly, a single mother with their children, or whether if it's just a single, you know, just the woman herself trying to get herself, you know, to move forward from with from where they're stuck at."

Marie discusses how growing up in a Hispanic household, she was taught that it is important to care for everyone and help however she can:

> So the way I was raised, you know, my culture, like what I was raised, you know, if anybody needed something, hey, here it is, and cheer and caring. So that is a big part of the way I feel it in my job that I'm the way they taught me. That's what I'm doing now. I'm giving back. I'm paying it forward.

> Marie says her upbringing is what led her to this work and to love and enjoy the work even though it is difficult.

As a Latina low-wage-earner, Ms. L believes that having these characteristics in common is important to being effective in her work:

> So me being a Hispanic female and maybe when I speak Spanish, I may say certain words that they may hear and say, oh, you know about, then, you know, they may be more open to listen to what I have to say as opposed to someone that they cannot relate to.

Having common history and experiences with clients lends credibility to her work and may increase the client's likelihood to follow-through on the suggested actions to improve their situation.

Jessie agrees and she shares how relating with clients can be useful in her work:

I do share I share about my upbringing and my culture, my background with my

clients, and it's not as a bragging or in a gaudy way. It's more so that they. Can

feel hopeful. Especially if they can relate to me in any way. It can provide a bit of

hope that, wow, you know, maybe I can do this, maybe I can get this done.

Jessie eluded to some the challenges she faces as a low-wage-earning Latina

working with supervisors that have not experienced similar issues, "I'm teaching myself

how to not have a poverty, state of mind. Because I want more and I know that there's

more out there. But then I've had several supervisors where they've never dealt with

poverty, they don't understand what it is to go without."

Jessie shared how supervisors can be removed from situations enough to not be

able to relate or understand the complexities both by doing indirect work as well as from

not sharing a history or experience in common with the clients, "So I feel like it's a little

bit harder for them to show compassion or to show a connection, even with the type of

cases that we deal with on a regular basis. Because it's on a regular basis. This isn't like

one or two. This is an issue, an ongoing issue that I don't see it lifting up any time soon.

Yeah." Jessie's comments highlight how supervision can be helpful or harmful depending

on the background of the supervisor and how well they can relate to the issues.

Iris believes that her understanding of the issues that her clients face helps her to

be persistent and not give up until a solution is found for every problem:

So, you know, so with my own experiences, that's what I've done, you know, and

keep knocking on doors, keep knocking on doors, because somewhere somehow

we're going to find a solution to something, you know, to one that a place that I

always tell my family to start with their children's advocate, do this, do that, make

a list for them. You know, I feel like. There is some hope and there is some good

that always comes out. I feel sometimes, too, that people in poverty might worry a

lot and stuff. But these are strong people. Like I feel that I'm a strong woman. I

think, too, that has helped me because I tell them, don't let this happen to you, you

keep knocking, you keep knocking on doors. Don't let this happen and try to look,

look for the positive and you know what you are good at.

Ms. L. shares on the contradictory feelings associated with the intricacy of

working in human services while also experiencing poverty:

Well, I can say that, you know, working in this field, like I said, it does, you

know, it makes you grateful of everything, you know, that you have and don't

have at the same time. But it makes you very aware of the work that needs to be

done.

Marie described a very complex case that involved a language barrier, housing

concerns, and poverty concerns, children in the household, and required teamwork in

order to offer assistance, "I had a family that that they were having problems with the

rent if they were being evicted. They were Spanish speaking only." In this case this

person reached the worker by word-of-mouth of another client:

I was taking care of a client and that client referred the other client to me she just

mentioned, she just asked me, is there any way, since you are helping me and

you've been so helpful, can you just give a call to another client of yours? And it

wasn't personally on of my clients, but it was within one of the applications of my job right now.

This complex and multifaceted example showed how overwhelming the issues of poverty become when layered with culture and language:

So I did call the client and I say that that she was trying to reach somebody to help her because she only speaks Spanish. And I speak Spanish and I ask her what was going on. And she said that, you know, that she was going through eviction, that the landlord was telling her that she needed to move out. She has little kids. She had four kids and different ages. And that broke me because during the pandemic. Everything everybody has lost their jobs. They have been struggling with income. They have been struggling, paying rent, bills, food, everything. So she didn't understand what the landlord was telling her.

Through great efforts and teamwork Marie resolves part of the problem but is left aware that greater issues remain unaddressed:

And I told her, well, the first thing I need to do is check your applications, do everything, make sure I have everything for you. And then from there I can do a referral. I did the referral and everything and I try to educate her, even though sometimes, you know, it's not my role to in that matter. But I explained to her, OK, this is what the law is telling us that the landlords can do and won't be able to do during the pandemic. But every time I talk to her, she was crying and crying because she said, I know he's going to throw me out with my kids and stuff. And it was very difficult because some people in the community, they have very

limited income. They don't know what to do. They don't know how to get things done. They don't know who to call.

As part of this example she illustrates how the language barrier can put people in poverty in a position to be taken advantage of because they are not able to understand what is happening or what is at stake:

And we were able to help her and guide her during this situation and I kept calling her and I kept calling my co-workers because I did a referral to make sure that they were if they needed my assistance so we can help her. And it got to me because she said, I have nobody to help me. I don't. The problem is that I don't understand what he's telling me. He comes and he brings me this paperwork because he have power. He has the higher people with him that support him. And I have nobody to support me, so. When this client touched my life, because the way that she felt like hopeless like, like even though I knew he can't do that to you, but sometimes you try to let them know, you know, relax, there's an option. We can work towards that problem.

This gap in knowledge places them at a greater disadvantage to receive services because they may not access resources unless they encounter someone who can help them in their primary language:

 Maybe sometimes when you're on the other side of the situation, the problem looks small or simple because you know what to do. But on that end up of the other side, that person maybe has limited education, limited everything. And no matter what anybody says, if you don't take their hand basically and guide them to

what to do. You know what's going to happen with those kids, so at that point,

that case touched my heart because not only her, I see a lot of people in the same

situation.

Issues of power, oppression, and poverty influence the outcome for each case

because the help provided cannot eliminate poverty but only alleviates the conditions:

And sometimes, no matter what we do, it's always something else to do. That case

touched my life because I thought about the kids, I was like, so are they safe

there? Is the landlord going to take advantage of the situation? What's going to

happen with her, with this family? So in this case, we just follow up trying to get

the case in progress and follow up with the case then. But it was the case that

touched my life because during a pandemic now and even though before

sometimes the landlords and other people with power take advantage of the non-

speaking the language or not having the education to do things for them or

themselves, that gets to me a little bit. When I have these cases.

Marie has been working many years in the field and has learned that there is

always more help needed when it comes to serving people in poverty. "I have worked

with the community for it's going to be 15 years, my experience is that no matter how

much you help the community there's always a need for additional services." Marie

emphasizes how people in poverty have many needs, but it's important not to give up and

to do more. She also stresses the need for more services and more compassion in

providing assistance, "I did learn that we need to keep fighting because we need more

services, we need more compassion, we need more programs, and we need to create different ways to help more the people that are in need."

An interesting note on Latina low-wage-earners working with people in poverty, was how seemingly the Latinas separated their personal story from their client's experiences. This separation was particularly apparent whenever discussing positive outcomes that resulted from their work. However, the Latinas repeatedly related their own experiences and seemed deeply affected when working with people in poverty resulted in negative outcomes, such as a client's inability to access a resource.

Theme 3: Compassion Fatigue is a Hidden Norm

The Latina's descriptions of their experiences with emotional distress and anxiety related to work correlate with the characteristics of compassion fatigue. Still, the notion that compassion fatigue may be experienced unbeknownst to them emerges. This section includes examples of how the Latina low-wage-earning human service practitioners seamlessly draw deep connections between their own life experiences and those of the people they serve. Signs of compassion fatigue were reflected in their rich responses as they described personal trauma and effortlessly related it to their clients. The participants expressed how their clients' trauma can cause them distress. However, they may lack awareness of how walking in their clients shoes when offering them assistance might escalate their emotional distress.

Subtheme: Experiencing Emotional Distress is a Trigger

Iris shared a detailed accounting of her personal experiences with trauma, illustrating how these intersected with the experiences of her clients, and how that affected her work:

At the age of twenty five, when I left my daughter's father, he had raped me and he told me, well, you're my wife and pretty much he associated like I'm having sex with you. Whether you like it or not is not something different. But it was different. It was unwanted. I had not been with him in over seven months or so living in the same home. And then you get raped and bruised and, you know, violated and stuff. So when a young woman would talk about getting raped by boyfriends or deaths or mistreated and abuse, I had to kind of like watch my body language and kind of like process after I left that home visit in the car. Maybe I cry, maybe I get upset, and it just depended on the day and how I was feeling. But I always had to process.

Iris discussed how over her years in the field she has received great support from her supervisors to process and debrief whenever she is exposed to cases that are close to her own life experiences. In the case of supporting the young mother, Iris received regular supervision and also debriefed after every encounter:

I have supervision and support from my supervisor in terms of, you know, when she had to deal with DCF to get her child back and stuff and always talking about it when I will get cases that talked about molestation or rape or anything, you know, she, she always asked me how you're feeling?

Iris also received support from colleagues that were familiar with the child

protection systems while guiding her client through the process of recovering her child

from the system. Iris shares that while she did not go to therapy for many years, "I started

going to therapy after my son's accident and then little by little started dealing with all my

own stuff that I carried for years."

Leilani feels the issues that her clients face more deeply because they have so

much in common. She mentions how difficult it is to manage the feelings attached to it,

the emotional drain, the mental strain, the depression. Particularly when she is focused on

what the client is going through and not finding a way that she can help:

> You feel for that person, you have gone through it, you have seen it, you, you can
>
> taste it yourself because you know, you. So it affects you because you get
>
> emotionally drained you. You know, mentally and emotionally, you that part right
>
> there gets you. That part is the most difficult part of doing what I do with the
>
> people. That I, you know, with the women that I tried to help. So that yes. So yes,
>
> so that's the most difficult part. Is the you know, the thinking about what they're
>
> going through and feeling exactly. Because it does, it does get you, I would say
>
> sometimes. You know, it'll get you anxious, it'll, it'll get you depressed, I think
>
> that's the part that affects the most.

Jessie makes the observation that she was deeply impacted by a case because her

education did not prepare her for these types of situations:

> It at first, again, because I was just fairly new. Out of college and even though
>
> college, they teach you your field. They don't teach you real life, if that makes

sense. They teach you practical, by the book, you know. They'll teach you

theories and all those great things that are great to know because they do guide

you and kind of help you figure out where to start. But they do not teach you all

of the scenarios that you can come across when you're in the room and the real

world and you're really working in your fields and you're really getting your

hands dirty.

The skills she needed in order to manage that case were learned on the job and she

was early in the process. Jessie remembers feeling anxiety for the client and for herself,

and mentions how over time she has learned to identify and manage the emotional

distress caused by difficult cases at work. She also speaks of the challenges of working

with co-workers that may be experiencing burnout and so they lack compassion to offer

the people the help they really need.

Ms. L. described a situation that required multiple services in order to be

addressed. Though another worker assigned to help a client was new and not technically

her responsibility, Ms. L stepped up to assist, becoming involved in the case. Ms. L

discussed how difficult it was to work the case through the additional challenges

presented by the pandemic. Working remotely, not being in the same place at the same

time with the team, issues with information sharing and delayed communications are

some examples. Also, the emotional distress of the client cause additional "frustrations"

as it meant time added to the process of assisting with the financial needs. Ms. L shared

how she became personally affected by the experience of this client:

It took some time, but we were able to address, like I said, most of the needs that

the client had, but it was very emotional because, every time you I would speak to

the client to try to kind of like coach them through to help them say, download a

document that he needed, it would go back to the experience that he had. Why he

was not able to work and why I'm going through this because of what happened.

So that was kind of tough for me personally.

Ms. L describes her difficulty with experiencing empathy for the young person

whose life has changed in the matter of a day and how the thought that she could also

experience the same issues was distressing:

It affected me personally because it could be I thought of it like it could be me in

a way, because he this person was just going to work, you know, doing what they

do every day. Something happened and now their life change in in a day. So when

you hear situations like that...That's what makes it hard, because you can if you

put yourself in that place then, you know, you it makes you think twice a lot about

everything else that you're doing.

The participant responses align with characteristics of compassion fatigue and

illustrate how insubstantial the line between personal and professional experience is for

these Latina low-wage-earning human service workers as they serve people that closely

mirror their life experiences.

Subtheme: Pride is a Barrier For Seeking Help

Asking for help is difficult because it may cause worry over what people think.

Leilani offers her assessment on this, "Oh, wow, it's hard, it's hard because, you know,

you sometimes you don't want people to look at you. Like, you can't do anything for yourself." Pride gets in the way whether it's someone that is seeking help for the first time or if it's someone that is continually asking for support. Leilani believes opinions matter:

> You want to be able to especially, I would say, especially if you've been just that one person that has worked all your life and then all of a sudden you need help or just, you know, when you have been always, I would say, in the gutter, you know, where you've never been able to move up. And then you continue going to look for the help. When people look at you like, you know, excuse my language, but, you know, what the hell are you doing with yourself? You know, that kind of stuff.

Though she recognizes how difficult it may be to manage, Leilani views pride as something you need to overcome in order to get help and move forward:

> I think those are things that that, you know, you think about, but then again, if you don't look for the help, and I always thought that way, then you have to you have to know that how would I explain it? You don't want to feel proud. Because if you feel too proud and you're never going to be able to move forward. So, you know, and I feel like that way that I rather ask for help and be able to move forward and not ask for help and stay stuck in the same place.

When asked about her comfort level with asking for help Ms. L believes that pride could get in the way of seeking answers:

I could answer it two ways. Because if you would have asked me this question, maybe like five years ago, I would have said, well, I you know, I really want to Google everything. I want to find out. But, you know, today I say, you know, I have never that I had a problem asking for help, but maybe a little bit of pride involved.

Ms. L also expressed how working within COVID-19 protocols has made it more difficult to ask for help from the team since the work is done in isolation and remotely:

Because now you don't get to see your co-workers every day, and when you're in the office every day and these phone calls happened, these emails come in, these emergency clients have these unique situations. When everybody's pretty much around. You know, you can address it. But now you know, you have to send an email. You have to wait until maybe that person was in the room or you didn't know they were quarantined too because you're not supposed to know. So it's a lot…with COVID everything is taking longer, and like I said, there's a lot of other things that have happened. I mean, you may be working remotely and maybe your Wi-Fi was down and that's beyond your control.

Though it may be tempting to just handle every situation Ms. L says, "It's much better to discuss all these little unique cases that are happening because, you know, you don't know everything. Maybe that's what I'm realizing."

Jessie describes how being new to the field can bring difficulty to the need to ask for help from the senior staff. What the senior staff has to offer may not always meet the needs of the newer employees. Particularly when the senior staff have lost their

compassion for the work, according to Jessie, the suggestions they offer are limited by their experience and exposure to the conditions of the work:

> But there's times when the type of advice that they're offering, it does not pertain to what you're dealing with. So it's like, I appreciate that you even heard me out and that you let me just vent for forty five minutes. But I've gotten nowhere, so I'm back at square one and I've got to figure this out.

Jessie also makes a point about how important it is to have someone to talk to about the challenges they face in the field, "I've learned to appreciate just the ear because maybe and oftentimes just talking it out, even if you're not responding to me the way that I would like you to." Jessie says family is not always the best for this purpose but at least having someone to listen to you and give you the platform to talk through the issues helps with feeling better about the situation and finding solutions:

> I mean, talking it out a lot of times has offered a solution to myself, if that makes sense, like just having somebody to kind of run all these thoughts through and, you know, just helps me to pinpoint, oh, actually, I can do this.

Iris is comfortable with seeking help. She makes an effort to keep her personal life separate from work, but knows that it is not always possible:

> I try to separate my personal life like more now that I'm having therapy and stuff, I try to keep it there and when I'm not having a good day, I just call them because sometimes I feel like I've always been a real personal person, like keep my stuff personal. That it's difficult sometimes.

Iris presented an example of a client who lost a family member around the same time that she did and how it impacted her:

> It was hard, it was hard you know going to the cemetery with her and but I related with her, I related living in the house with addicts at a young age, me trying to help my mom, who my parents are divorced. She came from a young mom who was a heroin addict. And so and then when she loses her brother and her cousin in this tragic accident, it's like, wow. And then I lose my dad.

Iris described how she and this young client actually supported each other through the grieving process:

> So I remember crying with her all the time, you know, like and getting her help, getting her help, getting her therapy and all that stuff. So she's another one that's been always close to my heart, you know, and I often wonder how she's doing, you know?

Iris discussed how her workplace is flexible when she needs time to deal with personal issues and is appreciative of their support. Iris relies on her supervisor as a resource and maintains a great working relationship with open communication, "I don't think I've ever felt judged in any kind of way. My supervisor always been the greatest, but I just sometimes, sometimes you just feel like sometimes you just want to keep it separate." Iris relies on her therapist her main support when in need of help, "so now that I have a therapist and stuff and I just feel like let me just keep it there. And that's why I've been able to open up more."

Asking for help can be good or bad for the participants depending on the situation. Jessie states, "So, yeah, it's like a give and take, it's like a hit or miss, but it definitely is difficult at times to offer or to ask for that for that help." Conversely, Marie shares a different perspective on seeking help. When asked how she feels about asking for help Marie answers:

> Very confident. I'm very open minded. And I'm not afraid to speak my mind and I'm not afraid to insist. The truth will set you free. So I always go and ask. I'm not afraid to ask for help or to go to no one, my co-workers, my supervisors, I feel comfortable.

Marie relies on her co-workers and supervisors as a resource and is confident that she will get the help she needs whenever she asks for it.

For Latina low-wage-earners fighting their own experiences with poverty while helping others live through the same, asking for help gave the impression of being a complex and challenging process. The Latinas expressed an appreciation of the value in asking for and offering help. However, the participants also described the conundrum of experiencing personal needs related to living in poverty through negotiating issues associated with seeking help while being a trusted helper of people who are poor. The merits of accessing help as a resource when needed were also noted by the participants. Yet, the sense that getting help comes at a price came through in tone and tenor of their responses as they reluctantly shared their thoughts on the need to overcome pride and ignore discomfort in the process of getting help when needed.

Theme 4: Coping and Support Foster Resilience

As they look for ways to manage the stress related to living and working with poverty, the participants seemed to fall back on coping and support strategies that foster their resilience. The Latinas viewed knowledge as a key element to successfully address the issues of poverty for themselves and their customers. They relied on knowledge they possess, knowledge that others have, and knowledge they can seek. Latina low-wage-earning human service practitioners also rely on the same information to resolve crises.

Subtheme: Being in the Know is Empowering

Iris has learned that awareness of services and resources is a critical tool, "And so, like I said, I feel there's no reward. When I feel it, I feel just, wow, I made this connection. That's my reward. So when these families are experiencing poverty, I try to look for the steps." Iris believes her experiences help her to teach others to do for themselves.

Iris offers mentoring support for her clients that are parents, helping them navigate the difficulties of seeking services for their children in a school system that is short of resources:

> So I look for the things that are the quickest to solve, you know, I'd like kind of map it. They don't know where to start. They don't know where to and they don't even know where the middle part is. So I try to map things out for them. I try to not just do it for them, but sit by side by them and say, OK, let's make this phone call for this place. Let's do this because you don't you want to teach them. You want them to be able to know how to resolve and give them those tools and stuff.

When asked about the supports she relies on in dealing with a difficult case, Ms. L identified co-worker support:

> Working as a team with the case manager that was assigned the case and working with other case managers, that had a little bit more knowledge on certain, you know, with certain programs, say with unemployment, with SNAP. So basically working with, you know, with your co-workers and trying to figure out if I don't have the answer, somebody may have it right.

Ms. L values co-workers as a resource for support. Particularly, co-workers that possess knowledge beyond her own. Obtaining knowledge that she can use to resolve issues is a source of support and reassurance for Ms. L. whether she seeks knowledge on her own or by consulting with others:

> Basically, well just looking for information, you know, like I said, always trying to stay in the know with everything that's happening, you know, that has to do with anything that I know involves the company, the agency that I work for, and just talking to people, networking.

Gaining knowledge that is helpful in serving people in poverty is important.

Marie enjoys being part of an organization with resources to offer assistance. "I like when you get a family, that have needs and you are the tool to provide or open the door for the services that they're looking for." She feels good about helping people, "You feel good not only about yourself, but to work in a place that can be there for the community." Marie enjoys working within an agency "that can provide for the kids, that can like for instance, if they need a service, I can not only provide what they come for,

but with the interview that we do and the information we gather, we can refer them to other services and programs so that is very satisfactory."

Knowing about resources is important, but it is also important to know about needs. Marie believes it's important to connect people in poverty to as many resources as needed and to dedicate time to learning what their needs are, "Because sometimes they come for one thing, and sometimes you can offer so much by listening to what their struggles are at that moment."

Leilani emphasized that people have different service needs which creates challenges with getting help, "I can honestly say that about myself. When you're going through it, you don't know what the next step is. You don't know what the next step is." Knowing what to do next is critical to the process of coping and getting support:

And sometimes you just have to hear someone else say, hey, this is what's going on. And you know, just to hear someone say, hey, what do you think about this? What's the next step? And once they hear like, why didn't I think of that? That was like the simplest thing that I could have ever done.

Leilani articulates her enjoyment of helping people to navigate the systems in order to receive help:

So sometimes you just need to hear someone else say, and that's part of what I like to do, helping people, helping people move forward. And, you know, sometimes. That is just as simple as listening to somebody else just sitting there and not cry and try to gather your thoughts as to what the next step should be.

Sharing knowledge can produce solutions to complex problems and when knowledge is put into practice it can also produce joy. Iris enjoys the experience of seeing people change, no matter if a small change, "Even if it's a small change to me, I feel grateful, I feel that baby steps and even if you can just do a little bit of a difference in someone's life, you feel that you have accomplished something."

She really loves having the ability to provide the tools that people need to make progress in their lives:

> So when I direct people to certain things and they accomplish it to me, it gives me a sense of pride and some hope and OK, this person got it. And hopefully they'll continue that. It's like teaching them like giving them little tools. And when you do that, you know, that to me is a sense of accomplishment.

Iris knows gratitude is limited by living in a world of crisis, but she reaps the benefits in personal enjoyment from patiently providing information as part of her work:

> You know, it makes me feel there's no reward, you know, there's no reward. But to me, it feels good, feels good that I can build on those connections and, you know, and like, their hierarchy needs, like something's being met.

Subtheme: Compassion Satisfaction is Inspiring

In the case of compassion satisfaction, identifying closely with clients results in helping rather than hurting the workers. Iris empathized and was intensely affected by her work in the case of the young mother. In her own words:

> I felt what she felt like losing everything, she lost everything, had just a Red Cross and they were trying and my mom has some stuff in there and stuff, but the

fire was intentional and now that the owner was losing it. And so I that day

brought me back to that horrible day, how I was going crazy screaming up the

street and crying because I was like, oh my God, the building completely.

For Iris, being able to help this young mother through the situation that was so

similar to her own brought great satisfaction, "Everybody in that building lost everything

and felt so helpless. And back then I didn't even know anything about anything. And but

with her, I felt like I can help her." No effort was considered too great or burdensome,

Iris would simply do anything to help.

Ms. L shared that "the ability to help others gain the same knowledge that I have"

is what drives her and she feels good about being helpful to people experiencing poverty:

Meaning in certain situations that they may be facing and me being me, by

working in the place that I work in, the programs that I work in, the knowledge

that I have gained throughout the years, if I can help that person. Like I said,

achieve a goal or come out of that issue, a crisis that they're in at the time, it

makes me feel good.

Subtheme: Counselling and Other Programs as Supports are Reassuring

Leilani described a complex and layered situation moving from part-time

employment to joblessness to eviction and offers many examples of the services she used

while experiencing these conditions as a young single mother. She mentioned public

housing, section 8, YMCA Youth services, public assistance (DSS, SNAP, and TANF),

energy assistance, and counselling services.

Leilani seeks programs for support when she needs help, "Programs, you know, programs, because they believe it or not, it helps a lot when you can go and ask, hey, you know, I'm in need of this." Having a go-to-person is important for her when she is in need. A case manager helps her to think through problems and find solutions, "You always need that person or if it's, you know, an agency, they have case managers that are willing to help and they help a lot or even counseling." Counselling is also a resource that Leilani recommends, "Counseling helped a lot because you get to talk, you don't get to talk."

Therapy, counselling and support from her place of work form the main parts of the resources that Iris utilizes regularly to overcome challenges, "I always hear from my bosses, take care of you, take care of you. The work will be done. You know you need some days off, take them." Accessing therapy is not always convenient, "And of course, if my therapist can't see me during the evening or whatever, especially with a pandemic." For Iris, employer supports and resources were vital to her continued ability to work, "Now, I've been seeing him like forty five minutes during work hours. Yes. And so I'm grateful for that."

Jessie stated that using coping strategies really works for her, "they've really been super helpful. They allow for less stress on myself. It's super important." Early in her career, Jessie struggled with recognizing compassion fatigue, "I was doing this type of work and just holding my feelings or just not really doing much, to be OK, to protect my own bubble and I don't want to give up this field. I love what I do!" So she moved from keeping her issues bottled up inside to being more open and comfortable with her work.

"So it was either you learn how to cope, Jessie, you got to learn how to cope with this. You got to learn how to take care of yourself." Mindfulness, learning to separate to maintain wellness, and a compassionate approach to helping people in poverty are critically important coping tools for Jessie:

> I want to always be able to treat the people that I'm working with as that, as people in need. The minute that I start treating them like a case number or like a number on report. I don't think that I need to be in this field anymore, because at that point, I've lost my touch.

> Jessie speaks of meditation, music, dance and therapy as other coping skills she employs, "One of my big coping skills is meditation. You know, I'll turn everything off and just silence everything around me or I'll dance doing things that truly, truly bring me joy."

Subtheme: Family, Faith, Friends, and Hope for a Better Day are Heartening

The Latinas described how personal connections with family, faith, and friends encourages them through their need to cope with experiencing compassion fatigue while serving people in poverty. Jessie opens up in answer to what was the main source of support in dealing with a difficult case, "The main support really was… and it's going to probably, I don't know, sound weird, but having a child myself." Enjoying the experience of parenting and interacting with her daughter are important to Jessie, "I would be really like enjoying her and throwing myself into her because, you know, she was a younger child at the moment." Jessie's love for her daughter helped her with coping with the challenges of work:

So I can't talk to her about what I'm going through, but allowing myself to enjoy

her, and allowing her to make me smile, and allowing her to show me that I'm

grateful for what I do have, especially when you experience people in worse off

situations than yourself.

Jessie also shares how being thankful for the "little things" helps her greatly,

"That's a good thing to kind of hold on to and it allows for gratitude, allows for

appreciation, it allows for joy."

Leilani and Jessie offered interesting viewpoints on family as a source of coping

and support to deal with work related issues. Leilani implied that sharing her concerns

with family could affect their wellbeing as she stated that, "Sometimes it's not easy

talking to your family because then they also worry. So that's another factor right there."

Jessie's concerns on the matter were more technical in nature. She described the

following in referent to experiencing distressing workplace situations:

There were times when I dwelled on it, and I think, too, it was a lot of the times

because I didn't have other individuals to talk to that could really understand what

it was. Being that not many people in in my family work in those type of fields, so

I was bottling it up.

In contrast, Marie turns to God, husband and family for support. Marie identifies

strongly with her religion and faith in God. Whenever experiencing a difficult time,

Marie relies on her faith and loved ones to guide her through:

God, I'm very religious my family, my husband. You know, it's I always said,

God help me give me the strength and the knowledge, the wisdom to, you know,

to see beyond my eyes, what my eyes can see, my husband, he supports me a lot and you know love.

Marie relies on God, her husband, family and friends to get through all the difficult situations. She also highlights how having knowledge can be beneficial, "love with God and family and friends. It's like if when you have friends and they have knowledge…Knowledge is power. So I guess God, knowledge, friends, family." When pressured by the demands of the job, faith and family are powerful resources for Marie. She draws from faith and family as well as from her own optimism as she expresses how these resources work well for her, "So I always say, you know, live every moment like it's your last one. So. Just breathe. And hope for a better day, so it's working for me one day at a time."

Success in overcoming obstacles is tied to compassion satisfaction which offers inspiration for dealing with poverty related issues at home and at work. Coping with pressures at work and home involves the Latina's seeking solace in support systems similar to those they refer to their clients. Family, faith, friends, and hope are powerful support systems and affordable influencers for low-wage-earning Latinas when coping with the challenges of working with people that are poor. However, being from households that are experiencing many of the issues they are required to resolve for those they serve, the intersection of work-life balance for these women may be layered and complex.

Discrepancies in the Data

In describing their experiences with poverty and compassion fatigue, all except one of the participants described experiences that mirrored compassion fatigue surrounding the anxiety of remaining in poverty for themselves or possibly their anxiety of experiencing what they witnessed as experienced by their clients. Based on their descriptions, the process of putting themselves in a person's shoes happens quite effortlessly, frequently leading them to experience the signs of compassion fatigue or compassion satisfaction. However, Iris gave descriptions that bordered less on compassion fatigue and showed more STS characteristics or post-traumatic stress. At times, Iris described how she suffered reliving some of her own experiences through those presented by her clients. There was a different, more profound presentation of the idea of "putting yourself in their shoes" from Iris's perspective.

All but one of the participants mentioned family in some part of their response to the interview questions. Interestingly, Ms. L.'s descriptions are devoid of family and strictly dedicated to the work environment. Ms. L. may be adept at the separation of work and family value interactions. Perhaps Ms. L. shields her family experiences as a coping mechanism in and of itself, protecting the home environment from the work environment by isolating it.

Working in teams was mentioned as a support by the participants with the exception of one. Jessie's work-related support experiences were all about supervisor interactions and various levels of lack of support or lack of appropriate support to meet her needs as a worker. Jessie may lack experience working in team environments.

Perhaps most of her work experience focused on intensive and individual holistic case management without much collaboration between coworkers within the work environment.

With only one exception, the participants discussed the challenges of asking for help in how these challenges presented barriers and difficulties. Marie was the outlier who felt comfortable with seeking help, receiving help, and giving it. Marie attributed these qualities to relying on her faith and family.

Of the participants, 3 out of 5 made references to the challenges of providing services to customers that were outside of the scope of their work and how it prevented them from offering direct assistance to people where they had assessed an immediate need. However, Iris described a scenario where she went above and beyond to provide the service outside of the scope but unfortunately exposing herself to compassion fatigue by working through the grievance process crossing the line of confidentiality and ethics in providing support to a customer that was experiencing a similar issue as her own. Jesse also described the scenario where she identified a solution for the customer but was not allowed to implement the solution within the context of her actual work. Jessie took the initiative, provided the service, and secured the client's safety at her own risk. Jesse covered what could have been easily covered by the employer. However, the employer refused to offer that level of assistance to the client. Jesse made the difficult position to take it upon herself.

As for the interview protocol, the question "*how is that going*?" did not generate much response for the participants. The question seemed to stump or confuse them, and

they needed additional prompting to answer it. I would recommend rephrasing the question in the future to determine whether the use of their coping strategies was effective. Finally, only 2 of the 5 participants submitted additional artifacts included for analysis. I recommend requesting documents or artifacts in the invitation to participate for a better opportunity to collect submissions for future studies.

Summary

This study focused on one central question, what are Latina, low-wage-earning human service practitioners' experiences with compassion fatigue and the coping strategies they have developed while serving people who are experiencing poverty? Eight major findings across for themes were drawn from the participant responses. Overall, for the five Latina low-wage-earners in this study, living in poverty while helping people that are poor produces a paradoxical situation where they may experience both compassion satisfaction and compassion fatigue. Serving the poor while living on a limited income is something that the participants described how it affected them personally and discussed aspects of how this affects the people they serve. Many similarities exist between these women's experiences and that of their clients. The difference being knowledge of resources available to help address the issues of poverty. Another difference is knowledge of the lack of resources available.

The Latina low-wage-earners in this study appear to be engaged in a constant balancing act. When at home, they balance their budget, prioritize meeting their needs and make sacrifices to survive. While at work, they facilitate the same process as at home, only to benefit someone else. This dynamic makes their experience one of constant

contrast and struggles to balance their personal-self alongside their professional-self. The Latina's descriptions demonstrated how they draw from each of these self-experiences as necessary to assist with each case presented to them. It seemed that whenever the issues closely mirror their own conditions and experiences, they were more likely to experience compassion fatigue or compassion satisfaction depending on the outcome of their work with each case.

Based on their responses, the result of their work seems to impact how they feel about their work directly. Also, the fruit of their work may directly affect how deeply they experience compassion fatigue or compassion satisfaction. Each time they help a client overcome a challenge, they share that success as part of their personal self. The shared success may result in compassion satisfaction, for they learned how to overcome a particular challenge even when they may not have experienced it for themselves yet. In contrast, each time they experience a failure to resolve a client's issue, they picture themselves in the same predicament, leading to anxiety, resulting in compassion fatigue.

For the participants, knowledge appears as a central feature in coping with compassion fatigue. The women identified knowledge as an essential part of their decisions on what they do at home and work. They expressed how they value knowledge because understanding and experiencing how to navigate each particular challenge presented as a result of living in poverty provides the tools to start to address the issue whenever it should arise again. They noted how this is very helpful with managing the next case at home or work. The Latina low-wage-earners in this study understand that poverty is multidimensional. They acknowledge there will be a subsequent case and that

the next issue may be the same or different from the last case that they resolved. For these five Latina low-wage-earners, this knowledge becomes very valuable to their ability to cope simultaneously with the issues of living in poverty while working to help people who are poor.

For the final section of this study, chapter 5, I recap the rationale for conducting my study, provide further interpretation and syntheses of the findings, discuss the limitations that arose, offer recommendations to further this research, I also discuss the implications of these results for positive social change at the individual, organizational, and policy levels, and share my final thoughts within the concluding statements.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative descriptive single-case study was to explore Latina low-wage-earning human service practitioners' experiences with compassion fatigue and the coping strategies they have developed while serving people who are experiencing poverty. I conducted this study to understand how the intersectionality of race, gender, ethnicity, and socioeconomic status may influence Latina low-wage-earners' experiences with compassion fatigue as human service practitioners. In addition, to expand the knowledge of how compassion fatigue, vicarious trauma, and secondary traumatic stress affect diverse and marginalized populations.

I completed this study seeking the answer to one research question: What are Latina, low-wage-earning, human service practitioners' experiences with compassion fatigue, and what coping strategies have they developed while serving people who are experiencing poverty? I used purposive sampling to recruit five Latinas currently working in the field to take part in the study. I conducted five in-depth semi-structured virtual interviews using my IRB-approved interview protocol of 12 questions related to their experiences with compassion fatigue and working with people in poverty. I collected nearly 5 hours of rich voice-recorded response data from the participants.

There were eight findings organized within four major themes and twelve subthemes that emerged from the data analysis through coding, categorizing, grouping, and regrouping the data into themes that reflected the views of the participants in

response to the central research question. The findings align within each of the four major

themes as follows:

Theme #1 Living on a limited income affects intersecting identities and awareness

- Finding #1 Latina low-wage-earners' intersecting identities and awareness
  of how these identities converge with those of their clients at home
  amplifies their experience of compassion fatigue and the marginalization
  and oppression that low-income people of color face when experiencing
  crises.

Theme #2 Working with people in poverty enhances perspective

- Finding #2 Latina low-wage-earners' intersecting identities and awareness
  of how these identities converge with their clients at work amplify their
  experience of compassion fatigue and the marginalization and oppression
  that low-income people of color face when seeking services.

Theme #3 Compassion fatigue is a hidden norm

- Finding #3 Latina low-wage-earners helping people in poverty are
  susceptible to experiencing compassion fatigue triggered by emotional
  distress.

- Finding #4 Latina low-wage-earners helping people in poverty feel
  stigmatized when seeking assistance.

Theme #4 Coping and support foster resilience

- Finding #5 Knowledge of available resources and strategies to navigate access to services are protective factors for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

- Finding #6 Compassion satisfaction triggered by client success in achieving goals is a protective factor for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

- Finding #7 Counseling and other programs as supports are protective factors for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

- Finding #8 Family, faith, and friends are protective factors for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

One of the major findings indicated that compassion fatigue affects the Latina low-wage-earning human service practitioners in this study. Experiencing emotional distress while offering services to people in poverty and pride is a barrier for seeking help when needed were identified as risk factors for experiencing compassion fatigue in the participants. In this chapter, I summarize the reasoning for conducting my study, deliver further interpretation and syntheses of the findings, offer discussion on the limitations that arose, I also share suggestions for research, cover the implications of these results for positive social change, and share concluding statements.

Interpretation of the Findings

Exploring Compassion Fatigue and Intersectionality in Human Service

Practitioners: Latina Low-wage-earners Fighting Poverty

The lens of intersectionality in the analysis revealed a deeper meaning within

instances where each participant shared how it was more difficult for Latinas to

overcome challenges, how it was more difficult for people in poverty to receive services,

and how they perceived that experiencing these additional conditions were impacting

themselves and the people they serve.

The five low-wage-earning Latina women in this study, live within the reality of

the conditions they face daily. Therefore, compassion fatigue is not experienced

incidentally, but coincidentally as part of their work. This may place them in a state of

continuous pivoting between professional and personal self, which could affect their

ability to maintain work-life balance.

The figure was designed as a visual representation of the paradoxical experience

of the participants. The visualization conceptualizes Latina's experiences with

compassion fatigue as low-wage-earning human services workers helping the poor. The

visual is almost symmetrical as a mirror reflection of self-characteristics applied on the

personal and professional sides but with different dimensions of personal and

professional experiences related to compassion fatigue and compassion satisfaction reflected on each side of the mirror.

Figure 1

A Visual Representation of Participant Experiences of Compassion Fatigue
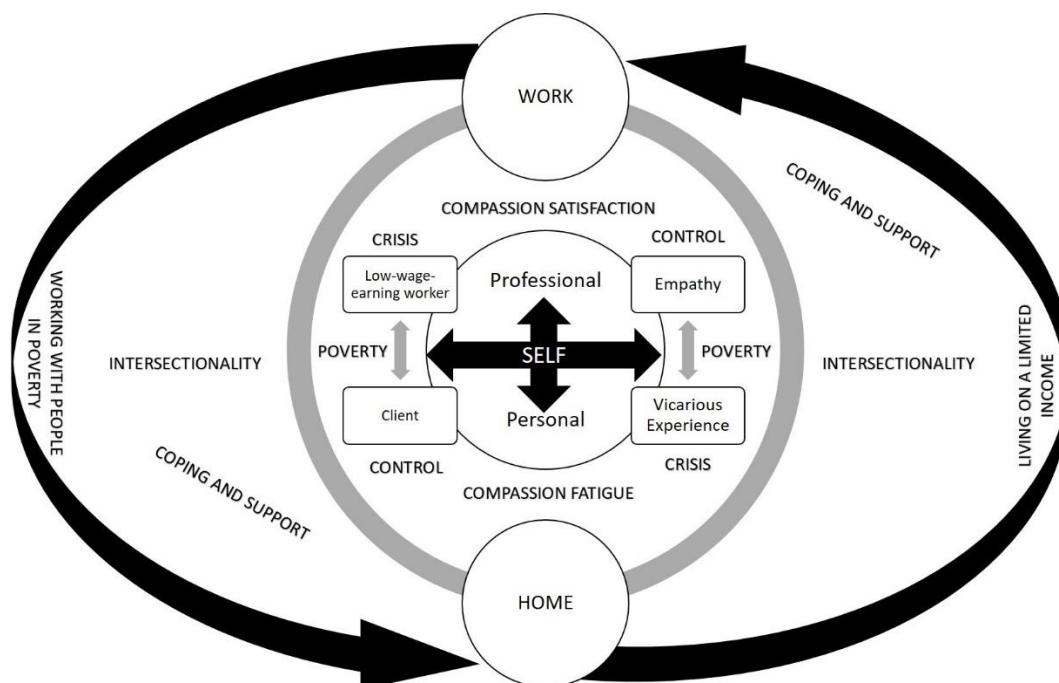
Self-awareness, which is important to the effective implementation of human services, is both helpful and harmful to these Latina low-wage-earning workers. On the one hand, self-awareness keeps them in touch with their empathy for the people they serve and helps them to tap into their compassion satisfaction as they are successful in their approaches to resolving their poverty related issues. However, self-awareness also keeps them in touch with their own vulnerabilities as a result of living in poverty. This consciousness acts as a constant reminder that their personal situations closely mirror

those of the people they assist and they may experience the same situations at any given moment. At times, parallel to the moment of service to a client in crisis.

For the women in this study, the layered interaction of self as they transition from personal to professional considerations within the field of work requires a constant exercise of compartmentalization and separation of personal self-experiences from professional self-experiences. Given the scenarios presented, this technique may become more complex and more necessary in order for the Latinas to be effective. Strategies to achieve this level of separation should be incorporated into future training programs for direct service workers recruited for their personal characteristics in order to provide social services to populations that require culturally competent services that are reflective of the communities served.

Living on a Limited Income Affects Intersecting Identities and Awareness

Finding #1 Latina low-wage-earners' intersecting identities and awareness of how these identities converge with those of their clients at home amplifies their experience of compassion fatigue, and the marginalization and oppression that low-income people of color face when experiencing crises.

The Essential Yet Vulnerable report (n.d.) raised issues of equitable pay for low-wage-earners. The authors of Undervalued & Underpaid (n.d.) talked about the limitations of human service organizations to train, develop, and pay staff. These ideas were confirmed by the participants in this study:

I had two jobs. I worked my full time job and then I had a second job until they

lost the grant. I worked for eleven years, two jobs and I lost it in 2013, so it was

difficult then because then I lost a little chunk of money (Iris)

The Undervalued & Underpaid (n.d.) report highlighted the oppression

experienced by Latina low-wage-earners being the least paid workers in the field. This

was also confirmed by this research, "When you have a job and you have a certain job

that doesn't, depending on what the work you do, if it's not a pay that helps or that there's

no raises or anything like that, then you feel stuck (Leilani)."

Ross and Bateman (2019) highlighted the need for low income and Latina low-

wage-earners to obtain social supports in order to survive. This was confirmed by the

participant responses. Ms. L. described her thought process as a low-wage-earning

worker when perceiving reluctance or anxiety in her clients, anxieties that she may also

feel because of sharing the poverty status, "And here you are living with a limited income

and they're looking at you for the answers. And you're kind of looking at them like I'm

figuring it out as I go as well, you know?"

The Latina low-wage-earners in this study experienced poverty and compassion

fatigue on different planes throughout the day based on their professional and personal

self-expression. During the interviews these expressions emerged as they discussed their

personal experiences with poverty interwoven with their professional experiences of

poverty as presented by their clients.

Working With People in Poverty Enhances Perspective

Finding #2 Latina low-wage-earners' intersecting identities and awareness of how these identities converge with their clients at work amplify their experience of compassion fatigue, and the marginalization and oppression that low-income people of color face when seeking services.

Kapoulitsas and Corcoran's (2015) study describing aspects of how the work environment affects compassion fatigue is confirmed. For this study, Latina frontline workers made references to feeling overwhelmed by the never ending needs of their clients and how the pressure to meet their needs caused anxiety:

> You know, with the women that I tried to help. So that yes. So yes, so that's the most difficult part. Is the you know, the thinking about what they're going through and feeling exactly. Because it does, it does get you, I would say sometimes. You know, it'll get you anxious, it'll, it'll get you depressed, I think that's the part that affects the most (Leilani)

Decker et al. (2015) discussed the issue of how training and preparation for the field may not align with the actual experiences of workers in the field related to nursing for death and dying. This was confirmed in my study as participants made references to the disconnect between institutional knowledge and experiential knowledge for human services:

> It at first, again, because I was just fairly new. Out of college and even though college, they teach you your field. They don't teach you real life, if that makes sense. They teach you practical, by the book, you know. They'll teach you

theories and all those great things that are great to know because they do guide

you and kind of help you figure out where to start. But they do not teach you all

of the scenarios that you can come across when you're in the room and the real

world and you're really working in your fields and you're really getting your

hands dirty (Jessie)

Howard and Navega (2018) discussed the imbalance between demand for services

and lack of adequate resources to provide help. This issue was confirmed by the

participant's comments concerning the lack of resources available to help their clients:

I have worked with the community for it's going to be 15 years, my experience is

that no matter how much you help the community there's always a need for

additional services. I did learn that we need to keep fighting because we need

more services, we need more compassion, we need more programs, and we need

to create different ways to help more the people that are in need (Marie)

Salmond et al. (2019) tied compassion fatigue to carrying excessive caseloads,

working long hours, and experiencing limited resources simultaneously. These

conditions were described and confirmed by the participants of this study. Participants

noted stressful and frustrating situations associated with the inability to help due to lack

of resources:

I asked my supervisor, you know, what do you think I can do? Because I've

exhausted everything. I've tried the domestic violence shelters, the regular

shelters, everything. And there was just enough like everywhere that I tried, we

hit a roadblock. So I did speak with a supervisor and all they can come up with

was putting her in a hotel room for one day like they gave her one day. And I'm

like, oh, boy, OK, you know, we'll take the day, but then what else are we going

to do? (Jessie)

Teran et al. (2017) tied pride and satisfaction experienced in serving in their

native language to compassion satisfaction for Spanish-speaking workers. This was

confirmed with this study:

So me being a Hispanic female and maybe when I speak Spanish, I may say

certain words that they may hear and say, oh, you know about, then, you know,

they may be more open to listen to what I have to say as opposed to someone that

they cannot relate to (Ms. L.)

Teran et al. (2017) also shed light on the complexities of delivering services in the

Spanish language this was extended by this research which highlighted the additional

barriers experienced by customers to access resources in Spanish. This was confirmed by

the participants in this study:

So I did call the client and I say that that she was trying to reach somebody to help

her because she only speaks Spanish. And I speak Spanish and I ask her what was

going on. And she said that, you know, that she was going through eviction, that

the landlord was telling her that she needed to move out. She has little kids. She

had four kids and different ages. And that broke me because during the pandemic.

Everything everybody has lost their jobs. They have been struggling with income.

They have been struggling, paying rent, bills, food, everything. So she didn't

understand what the landlord was telling her (Marie)

Aguilar-Amaya and Gutierrez (2019) emphasized the exposure of Latinas to compassion fatigue in the workplace through informal translations on the front lines. This was confirmed by the participants who discussed the pressures of providing services through translation without authority:

And we were able to help her and guide her during this situation and I kept calling her and I kept calling my co-workers because I did a referral to make sure that they were if they needed my assistance so we can help her. And it got to me because she said, I have nobody to help me. I don't. The problem is that I don't understand what he's telling me. He comes and he brings me this paperwork because he have power. He has the higher people with him that support him. And I have nobody to support me, so. When this client touched my life, because the way that she felt like hopeless like, like even though I knew he can't do that to you, but sometimes you try to let them know, you know, relax, there's an option (Marie)

Essential yet vulnerable highlighted the inequities occurring for low wage earners working through the pandemic. These issues were confirmed by this study:

Because now you don't get to see your co-workers every day, and when you're in the office every day and these phone calls happened, these emails come in, these emergency clients have these unique situations. When everybody's pretty much around. You know, you can address it. But now you know, you have to send an email. You have to wait until maybe that person was in the room or you didn't know they were quarantined too because you're not supposed to know. So it's a

lot…with COVID everything is taking longer, and like I said, there's a lot of other

things that have happened. I mean, you may be working remotely and maybe your

Wi-Fi was down and that's beyond your control (Ms. L.)

Several observations were made in reference to the systemic issues of poverty as

well as the systemic oppressors that prevent poverty from being addressed while serving

clients. Frustrations with restrictions to service delivery were also apparent. Their

frustrations mount as these women work to resolve the issues related to poverty that are

presented to them, but the programs do not provide adequate resources to address the

issues or implement the solutions that they suggest.

Compassion fatigue is a Hidden Norm

Finding #3 Latina low-wage-earners helping people in poverty are susceptible to

experiencing compassion fatigue triggered by emotional distress.

Figley's (2002) seminal research on compassion fatigue which in part formed the

conceptual framework for this research is confirmed by this study. Figley (2002)

introduced the concept of compassion fatigue to include that the workers show sympathy

and empathy. Also, that workers empathize strongly with the experiences of their clients

they also have shown signs of being personally affected by the exposure to their client's

concerns (2002). This study also extends this by adding confirmation within low-income

Hispanic female workers doing direct service work. The participants of this study shared

personal experiences of trauma related to their customer's pain:

So when a young woman would talk about getting raped by boyfriends or deaths

or mistreated and abuse, I had to kind of like watch my body language and kind of

like process after I left that home visit in the car. Maybe I cry, maybe I get upset, and it just depended on the day and how I was feeling. But I always had to process (Iris)

Henson's (2020) research conclusions on compassion fatigue in the helping professions is confirmed given the numerous references to experiencing emotional and physical exhaustion tied to their interactions with clients that the participants made:

You feel for that person, you have gone through it, you have seen it, you, you can taste it yourself because you know, you. So it affects you because you get emotionally drained you. You know, mentally and emotionally, you that part right there gets you. That part is the most difficult part of doing what I do with the people (Leilani)

Seemann et al. (2019) highlighted the link between work conditions and compassion fatigue that could make workers feel distressed or hopeless when they are faced with the inability to provide help. This is confirmed by participant responses within this research:

And sometimes, no matter what we do, it's always something else to do. That case touched my life because I thought about the kids, I was like, so are they safe there? Is the landlord going to take advantage of the situation? What's going to happen with her, with this family? (Marie)

Azman (2019) described what compassion fatigue could look like at home and how it would affect interactions with family and friends negatively. This was confirmed by the participants:

There were times when I dwelled on it, and I think, too, it was a lot of the times

because I didn't have other individuals to talk to that could really understand what

it was. Being that not many people in in my family work in those type of fields, so

I was bottling it up (Jessie)

Potter et al. (2015) discussed subtler signs including avoidance of issues at work

and withdrawing from engaging with people. Henson's (2020) research on compassion

fatigue characterized compassion fatigue with the loss of empathy, loss of compassion,

desensitization, and struggle with coping with caring for others. These ideas were

confirmed by this research. Participants made references that they were desensitized and

in fact one participant in particular spoke of others being desensitized at work as well:

Well, I try to separate my work with my own personal stuff, if that's what you ask,

and I the only thing like I say, if I. If I know I had a challenge in my personal life

or someone around me some of that experiences pours over into my job so I can

help my families. But you have to you have to become numb sometimes to know

that no matter how much things people face, you can only do so much, because to

this day, poverty has existed and existed before me (Iris)

I want to always be able to treat the people that I'm working with as that, as

people in need. The minute that I start treating them like a case number or like a

number on report. I don't think that I need to be in this field anymore, because at

that point, I've lost my touch (Jessie)

Finding #4 Latina low-wage-earners helping people in poverty feel stigmatized

when seeking assistance.

Collins et al. (2020) discussed the stigma and cynicism towards the effectiveness of programs that workers may experience due to their own exposure to the workplace. This is confirmed by the ambivalence in some of the respondents concerning seeking help in this research:

> You want to be able to especially, I would say, especially if you've been just that one person that has worked all your life and then all of a sudden you need help or just, you know, when you have been always, I would say, in the gutter, you know, where you've never been able to move up. And then you continue going to look for the help. When people look at you like, you know, excuse my language, but, you know, what the hell are you doing with yourself? You know, that kind of stuff (Leilani)

However, in this case one respondent shared a disconfirming view on the issue of asking for help:

> Very confident. I'm very open minded. And I'm not afraid to speak my mind and I'm not afraid to insist. The truth will set you free. So I always go and ask. I'm not afraid to ask for help or to go to no one, my co-workers, my supervisors, I feel comfortable (Marie)

My interpretation of the participant responses confirmed that the Latina low-wage-earners in this study experience compassion fatigue. Based on their responses, it is clear that resources to implement employer sponsored support services for workers are needed. These low-wage-earning positions (outreach workers, enrollment specialists, navigators) are typically entry level positions that are intended to build the connections or

to reach the hard-to-reach populations that agencies are contractually obligated to serve. However, in the process of making those connections to benefit the agency's service delivery model, the workers are being overexposed to the experiences of their clients. Experiences which may overlap greatly with their own, contributing to compassion fatigue in workers by institutional design. Further, the absence of a career path to provide advancement into other positions with less exposure, locks-in the workers in low-wage-earning positions that threaten their physical and mental well-being.

Coping and Support Foster Resilience

Finding #5 Knowledge of available resources and strategies to navigate access to services are protective factors for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

This is a new finding which may extend the literature on coping with compassion fatigue. It appears that for the Latina low-wage-earning workers in this study, obtaining knowledge goes beyond what they can receive through employer sponsored training. The participants are really honing in on their personal and professional experiences with full knowledge of navigating the systems and the difficulties involved. They are keeping a record of their successes to use that information with future customers as a baseline. This seeking and obtaining of knowledge to address issues of poverty brings them compassion satisfaction. This is an extension of the current literature and should be recommended as an area to be further explored for future research.

Sharing knowledge can produce solutions to complex problems and when knowledge is put into practice it can also produce joy. Iris enjoys the experience of seeing

people change, no matter if a small change, "Even if it's a small change to me, I feel grateful, I feel that baby steps and even if you can just do a little bit of a difference in someone's life, you feel that you have accomplished something."

She really loves having the ability to provide the tools that people need to make progress in their lives:

So when I direct people to certain things and they accomplish it to me, it gives me a sense of pride and some hope and OK, this person got it. And hopefully they'll continue that. It's like teaching them like giving them little tools. And when you do that, you know, that to me is a sense of accomplishment (Iris)

Finding #6 Compassion satisfaction triggered by client success in achieving goals is a protective factor for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

This is also a new finding that extends the research on compassion satisfaction within the context of coping with compassion fatigue. Evidently for the Latinas in this study, simply helping a client through to success adds to their experience with compassion satisfaction. The participants tie success specifically to the act of obtaining and sharing valuable knowledge. Again, the ability to gain new knowledge and to give information that is helpful coupled with the ability to see the outcome of success may lead to compassion satisfaction in workers helping people in poverty. MS. L shared that "the ability to help others gain the same knowledge that I have" is what drives her and she feels good about being helpful to people experiencing poverty:

Meaning in certain situations that they may be facing and me being me, by working in the place that I work in, the programs that I work in, the knowledge that I have gained throughout the years, if I can help that person. Like I said, achieve a goal or come out of that issue, a crisis that they're in at the time, it makes me feel good (Ms. L)

Finding #7 Counseling and other programs as supports are protective factors for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

Brend et al. (2019) referenced the importance of employer resources and commitment to self-care as protective factors for compassion fatigue this was confirmed by the responses of the participants. The works of researchers across different studies (Azman et al., 2019; Kanno & Giddings, 2017; Lewis & King, 2019; Tellie, et al. 2019;Wilson, 2016) that concluded self-care, mindfulness, and organizational resources, act as mitigating factors for compassion fatigue were confirmed by this study. Jessie stated that using coping strategies really works for her, "they've really been super helpful. They allow for less stress on myself. It's super important." Early in her career, Jessie struggled with recognizing compassion fatigue, "I was doing this type of work and just holding my feelings or just not really doing much, to be OK, to protect my own bubble and I don't want to give up this field. I love what I do!"

The usefulness of workplace supports for coping with compassion fatigue was presented by Begic et al. (2019). Workplace resources were also noted by Tellie et al. (2019) as important supports for managing compassion fatigue. These included staffing support, supervision, debriefing, and support with managing loss (Tellie et al., 2019).

This was confirmed in this study. Iris discussed the great support from her supervisors to process and debrief whenever she was exposed to cases that mirrored her own life experiences. In the case of supporting the young mother, Iris received regular supervision and also debriefed after every encounter:

> I have supervision and support from my supervisor in terms of, you know, when she had to deal with DCF to get her child back and stuff and always talking about it when I will get cases that talked about molestation or rape or anything, you know, she, she always asked me how you're feeling?

Finding #8 Family, faith, and friends are protective factors for Latina low-wage-earners helping people in poverty coping with compassion fatigue.

Tellie, et al. (2019) highlighted prayer and spirituality as coping strategies that worked for nurses dealing with death and dying in the field. This was confirmed and extended to include the low-wage-earning Latinas human service workers in this study:

> God, I'm very religious my family, my husband. You know, it's I always said, God help me give me the strength and the knowledge, the wisdom to, you know, to see beyond my eyes, what my eyes can see, my husband, he supports me a lot and you know love (Marie)

Lusk and Terrazas (2015) found that cultural aspects such as family, helping others, empathy, and religiosity were deemed as protective factors for their study of Latinx participants. This was confirmed in this study:

> Love with God and family and friends. It's like if when you have friends and they
>
> have knowledge…Knowledge is power. So I guess God, knowledge, friends,
>
> family (Marie)

Further Intersectional Exploration of the Findings

Best practice indicates that having workers that mirror the background and experiences of the clients being served is helpful to the delivery of social programs. In the human services field staff are often recruited for specific positions within programs due to their life experiences. However, when it comes to compassion fatigue, the institutional practice of this philosophy of service design indirectly places the worker at greater risk for experiencing compassion fatigue. In addition, the limited funding available to operate these programs leave employers with minimal resources for employees' salaries and benefits which further limits employee opportunities to engage in fee-based guided coping activities such as counselling, physical fitness training and gym memberships, massage therapy, and others.

In practice, the primary strategy recommended for coping with compassion fatigue is self-care. However, self-care may be much more difficult for employees in low-wage-earning positions, such as the Latinas in this study, to achieve while experiencing these conditions. Therefore, where low-wage-earning workers are delivering services to clients that mirror their background and experiences employer sponsored activities should be augmented to compensate for the lack of resources both financial and societal to support their ability to engage in self-care.

Limitations of the Study

Participation in this research was voluntary. The results I derived from analysis and the level of accuracy were limited to the participant's candid responses and my implementation of ethical analysis practices (Mampane & Omidire, 2018). My direct interactions with the participants during the recruitment and interviews allowed personal biases to influence the analyses of the participants' responses which I managed by implementing the strategies for ensuring trustworthiness outlined in chapter 4 (Heng, 2019).

The limited sample of 5 participants interviewed resulted in multiple flaws in my study design. First, the participants self-selected to participate and no formal assessment of experiencing compassion fatigue was administered. This allowed the possible inclusion of participants who may not have experienced compassion fatigue or that may have experienced compassion fatigue at different levels of intensity.

Also, the current conditions in the direct service field produced by the onset of the COVID-19 pandemic may have affected interest in participation. Due to COVID safety protocols it was necessary to use technology as the setting in which to recruit Latinas to participate in the study, and collect the data through interviews via online virtual meeting rooms. It is possible that Latinas experiencing the worst cases of compassion fatigue would feel too overwhelmed by the technology requirements to take part in this study.

Recommendations

Researchers identified a gap in the knowledge of compassion fatigue in Latina low-wage-earning human service workers (Cocker & Joss, 2016). Though this study

provides valuable insights on the topic, it was limited in the scope for replicability of its results. Hence, there are suggestions for future research that would improve upon the design of this study. Future studies should include more participants to add validity. Researchers may choose to conduct a comparison study of compassion fatigue in Latina low-wage-earners working with people in poverty across different Hispanic service organizations to explore differences and similarities between service sectors, regions, or Hispanic descent. Further, researchers might consider a mixed methods approach to strengthen validity and transferability as they further explore these research questions.

Based on the participant responses, areas to suggest for future research would include studies to understand the workplace culture dynamics of Latina low-wage-earners working with a supervisor or co-workers experiencing compassion fatigue on the service to the customers. This topic emerged from Jessie's comments about the difficulties of working among staff and supervisors that did not show compassion. The topic can be looked at from the perspective of new Latina workers to the field, or impact on teamwork. Also, understanding compassion fatigue in long-term employed Latina low-wage-earners, how they avoid or cope with compassion fatigue but may also be working among people who are burned out, etc.

Looking at understanding compassion fatigue in Latina low-wage-earners related to the impact of the pandemic on demand for emergency services delivered to low income people. This was drawn from the comments of Ms. L. who discussed how the challenges of keeping the team connected as well as maintaining connection with clients via remote services under COVID protocols affected her personally.

Other research questions to explore that could extend the current study include:

- What happens when life experiences overlap in the present for Latina low wage earning workers serving people in poverty? What affects might this have on the worker and/or the client?

- When and how do Latina low-wage-earners serving people in poverty transition from work from home or home to work when these experiences overlap so greatly?

- What is the relationship between seeking and obtaining of knowledge to address issues of poverty and compassion satisfaction?

- How does client success in achieving goals relate to compassion satisfaction?

Exploring these questions and topics could benefit Latina low-wage-earners and build on knowledge of compassion fatigue in diverse populations.

Implications

Labor market analysts confirm the job market is increasingly geared toward low-wage earning positions (US Department of Labor Bureau of Labor Statistics, 2015). Employers, human resource administrators, and other organizational leaders may use this information to develop employee assistance programs to support the implementation of workplace wellness initiatives impacting the low-wage earning workforce.

Social policymakers and funders should consider developing opportunities to support healthier work environments in low-wage-earning human service occupational fields. Change at the policy, funding, and employer levels would directly benefit all

workers, including Latinas and women of color disproportionately employed in these jobs.

With a job market increasing in low-wage-earning positions, it will be necessary for employers and communities to invest in maintaining a healthier workforce. This intersectional research study focused on low-wage-earning Latinas helped shine a light on the issue of compassion fatigue experienced on the frontlines of social service and human service delivery. Also, how these issues relate to one of the most marginalized populations in the workforce, low-wage-earning women of color. Though societal issues related to employment and compensation trends are of great importance to their lives, Latina low-wage-earners lack a substantive voice in affecting these issues.

Private institutions should establish low-wage-earning direct service worker hotlines, support groups, and personal, professional coaching opportunities for human service practitioners at the individual level. These services should be multi-lingual to be sensitive to diverse practitioner's needs. These resources should be designed for all workers, focusing on low-wage-earning Latina practitioners early in their careers. These resources would offer guidance in a safe space outside of what they might receive from their immediate supervisor or employer to address the stigma related to helpers seeking help. This may also provide real-world experience guidance above and beyond the technical training available through higher education.

At the community level, social change would flourish by creating community-based social support services designed to meet the personal and professional needs of low-wage-earning human service practitioners, and Latinas in particular, in keeping with

the social determinants of health. Community-based service providers might design non-traditional programs that specifically address the barriers to access identified by the workers. Also, add programs with flexible guidelines, emergency supports, and develop public policy and advocacy agendas to elevate the voice and needs of the low-wage-earners in human services. These support services should be community-based and delivered by 3rd party entities separate from the employer-sponsored activities to address the stigma related to helpers seeking help.

There should be higher financial investments in staff development, wellness, health, and mental health initiatives targeting low-wage-earners financed by the government at the legislative level. Government funding should be allocated to qualified organizations that employ low-wage-earners to deliver crisis intervention services for low-income people. The funds should be earmarked specifically for training and technical assistance activities supporting and developing the frontline direct service staff. One useful model for this approach is the US Department of Health and Human Services Administration for Children and Families Office of Head Start. Head Start issues federal mandates requiring its grantees to utilize funds specifically allocated within contracts for training and technical assistance activities to develop staff wellness.

Many low-wage-earning human service jobs exist within programs receiving federal and state funding allocations to provide services to low-income and disadvantaged citizens within communities. Government funding agencies and employers should make a conscious effort to recognize that the lives of the workers in the low-wage-earning jobs they create are not much better off than the lives of those they are

directing resources to serve. This acknowledgment would justify a movement for government funders to support direct service workers' compensation in accordance with a living wage standard. In turn, this change will allow workers to afford self-care and survive without having to rely on social programs to supplement their living expenses.

Conclusion

The Latina low-wage-earners in this study emphasized the issue of their perception of poverty, and how in their case, it relates to being more compassionate in the field. The Latinas expressed that because they have this perception of poverty, they understand that poverty is experienced differently. Because they have seen it, indeed lived it. They have lived through overcoming the crisis experiences that come on while being poor, but they have also seen how persistence in looking at different options for help has impacted other people's lives. They still struggle with overcoming poverty for themselves and help other people who look to them for help. There is no question that they are experiencing compassion satisfaction in what they do. These women also do not see the time and effort they spend helping others as giving up on their opportunity to make progress. However, the danger is that they may be affected by compassion fatigue and not even be aware.

The issue of compassion fatigue when it's low-wage-earning Latinas in poverty serving Latinas in poverty may differ. For the women in this study, perhaps the difficulty is not in lacking empathy or compassion for what they do. Yet, maybe the problem derives from the fear and anxiety in understanding that they are likely to experience a

similar impending crisis. It could be that part of the trauma that Latina low-wage-earners face at work is knowing how fragile the line between poverty and making ends meet is.

Latina low-wage-earners witness the loss of institutional resources for programs to support poor people and are not replaced. They see first-hand the impact of job loss, homelessness, and food insecurity on their clients. They know that they have a job for now, that they can manage expenses for now. They also know that they are personally struggling with poverty, but they are somehow making ends meet. However, every day they come to work to serve people in poverty, they grapple with the full force of the negative outcome of living with a limited income. They are also reminded of the minimal potential of overcoming the effects of poverty.

Like all other human service workers, Latina low-wage-earners have a personal and professional responsibility to make time for self-care. By practicing self-care, Latinas could do even better with their customers and do better for themselves. However, the systems in which they provide help should also recognize the need for helping the helpers and incorporate more resources to support their well-being. It appears the need for this work keeps Latina low-wage-earners caught in a vicious web, a never-ending cycle of poverty. Conversely, staying in the cycle is essential to helping others because getting out of it means not being in touch with it.

It seems like the expectation for the Latina low-wage earners in this study is to proudly yet resignedly put their impoverished state on pause each day to go to work and help other people to overcome and move beyond it. This gives a new and different meaning to "leave your problems at the door when coming to work." How could this

happen without affecting the Latinas? What happens when a Latina who continually helps others move out of poverty through employment and education remains unmoving and unchanging in the same impoverished conditions? This is a dichotomy, how Latina workers can motivate others to succeed but not motivate-self.

When compared to compassion fatigue in other fields, the separation from client outcomes is more delineated. For example, a nurse, therapist, psychiatrist, or healthcare worker experiencing compassion fatigue from overexposure to patient needs may still have hope of assurance of their health. For Latina low-wage-earners, living on a limited income is part of their everyday life, and so the problems they help their clients face become and remain part of their daily reality. Should it be concluded that the burden of care they carry is unique? The fear and anxiety attached to being next-in-crisis may be an unrecognized and unaddressed form of trauma that these women face as professionals in the human services field.

Bottom line, Latina low-wage-earners are great helpers, but they need help too! What about the challenges they face when wanting to address their conditions of poverty? How difficult it is to overcome that poverty mindset. How difficult it is to make time for professional and self-development. It is challenging to be the person that everyone relies on for help and not have someone to reciprocate. Motivating others and motivating self simultaneously to overcome overwhelming challenges takes tremendous effort. On the one hand, Latina low-wage-earners serving people that are poor work hard to address and resolve every issue brought before them at work. On the other hand, they are battling the

barriers, the lack of resources, the never-ending needs, and personal struggles brought on

by pervasive poverty.

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Appendix A: List of Codes and Categories

Compassion Fatigue and Intersectionality in HSPs

List of Codes

1. Ability to share knowledge
2. Appreciate all progress great or small
3. Barriers for single mothers - lack of childcare
4. Barriers to education
5. Client word of mouth to obtain help
6. Compassion fatigue
7. Compassion Satisfaction
8. Compounded issues that affect dealing with poverty
9. Coping and Support Systems
10. Counselling as support
11. COVID related issues
12. Co-worker support
13. Cultural differences get in the way of services
14. Difficulty helping people in poverty
15. Difficulty meeting guidelines
16. Empathy or STS
17. Eviction or Homelessness
18. Faith and Family as support
19. Feeling Powerless to Help
20. Feeling Stuck in poverty
21. Fighting long-term poverty is more difficult
22. Finding the time to work on goals
23. Food, housing, and bills
24. Gratitude for What You Have

25. Helping people in poverty through crisis
26. Hope for a better day
27. Interdisciplinary service experience
28. Knowledge as support
29. Knowledge is important
30. Language and Cultural Concerns
31. Language barrier issues
32. Longevity in the field
33. Multiple layers of poverty
34. People in poverty need more help
35. Perception of poverty problem intensity
36. Poverty experiences vary by the person
37. Poverty Increases Awareness of Needs
38. Poverty Mindset
39. Pride in asking for help
40. Prioritizing in order to survive
41. Programs as a support
42. Programs to address poverty are needed
43. Stereotyping poverty or need
44. Talking with Family is not an option
45. Teamwork
46. Trauma-induced Poverty
47. Worker Experience Living on a Limited Income
48. Worker Experienced Emotional Distress
49. Working Overtime or Multiple Jobs

Compassion Fatigue and Intersectionality in HSPs

Codes	Categories	Participant Interviews Containing Categories and Codes	Frequency of Occurrence
Empathy or STS	Compassion fatigue	5	21
Empathy or STS	Compassion Satisfaction	5	9
Barriers for single mothers - lack of childcare Barriers to education Trauma-induced Poverty Working Overtime or Multiple Jobs	Compounded issues that affect dealing with poverty	5	16
Counselling as support Co-worker support Faith and Family as support Hope for a better day Programs as a support Teamwork	Coping and Support Systems	5	16
Difficulty helping people in poverty	Difficulty meeting guidelines	5	9
People in poverty need more help	Feeling Powerless to Help	5	14

Compassion Fatigue and Intersectionality in HSPs

Codes	Categories	Participant Interviews Containing Categories and Codes	Frequency of Occurrence
Appreciate all progress great or small	Gratitude for What You Have	5	6
COVID related issues	Helping people in poverty through crisis	5	15
Longevity in the field	Interdisciplinary service experience	5	6
Ability to share knowledge Knowledge as support	Knowledge is important	5	10
Client word of mouth to obtain help Cultural differences get in the way of services Language barrier issues	Language and Cultural Concerns	5	10
Multiple layers of poverty Perception of poverty problem intensity	Poverty experiences vary by the person	5	7
Fighting long-term poverty is more difficult	Poverty Mindset	5	9
Stereotyping poverty or need	Pride in asking for help	5	5
Food, housing, and bills	Prioritizing in order to survive	5	9
Eviction or Homelessness	Programs to address poverty are needed	5	12

Compassion Fatigue and Intersectionality in HSPs

Codes	Categories	Participant Interviews Containing Categories and Codes	Frequency of Occurrence
Feeling Stuck in poverty Finding the time to work on goals Poverty Increases Awareness of Needs	Worker Experience Living on a Limited Income	5	9
Talking with Family is not an option	Worker Experienced Emotional Distress	5	8