2021

Effects of Compassion Satisfaction, Burnout, and Compassion Fatigue on Attrition Intention of African American Mental Health Professionals

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Walden University
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Abstract

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M.Ed., Cleveland State University, 2007

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Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

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August 2021

Abstract

The African American community tends to stigmatize mental health services and is underrepresented in both client and therapist populations. Retention of African American mental health professionals (MHPs) may mitigate distrust in these services, allowing more individuals to seek out counseling. The purpose of this nonexperimental survey study was to investigate if compassion fatigue, burnout, or compassion satisfaction can predict intended attrition rates in African American MHPs. Constructivist self-development theory was employed to predict both resiliency and the potential adverse effects of listening to client narratives of 99 African American MHPs with a variety of mental health credentials. Stepwise multiple regression was used with compassion fatigue, compassion satisfaction, and burnout as the predictor variables, and attrition intention as the dependent variable. The only significant predictor of attrition intention was burnout. Compassion fatigue was not a predictor of attrition intention, and compassion satisfaction decreased attrition intention. These findings may suggest resiliency, that the African American MHPs in the sample were satisfied with their jobs. However, over time, if they were not engaging in protective factors a lack of self-care could lead to burnout. These findings may impact positive social change by drawing attention to the importance of self-care practices in African American MHPs. Burnout is a phenomenon that happens over time that can be prevented. The prevention of burnout can increase retention in the MHP community, allowing the opportunity for ethnic representation for the African American community to see someone like themselves when seeking mental health services.

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Chapter 1: Introduction to the Study

There is a cost to caring, according to Halevi and Idisis (2018). This cost was explored in this study. This chapter presents the background, problem statement, purpose, theoretical framework, nature of the study, definitions of terms, assumptions, scope and delimitations, and significance of the study. The background section gives a glimpse of the literature review. The problem statement, the study's significance, and the purpose section reveal why this study is relevant. The theoretical framework section proposes a theory that supports the hypothesis. The definition of terms operationally define compassion fatigue/secondary traumatic stress are negative symptoms of depression, anxiety that is triggered by helping patients, burnout is psychological and emotional exhaustion that can cause PTSD symptoms, compassion satisfaction is a sense of job accomplishment (Stamm, 2010); attrition intention is defined as the thought of resigning that causes one to resign, and other key terms (Fukui et al., 2019). In the language of traumatology, these three terms, compassion fatigue (CF), vicarious trauma (VT), and secondary traumatic stress (STS), are used interchangeably. In the study of traumatology, burnout is a level of psychological distress the mental health professional (MHP) is experiencing. According to Stamm (2010), these three terms, VT, STS, and CF, describe how emotional/psychological distress is manifested when mental health therapists are exposed to trauma material, and there is no delineation between them. Learning more about how African American MHPs cope with exposure to STS may aid in creating culturally sensitive protective factors. Understanding the relationship of CF/STS, compassion satisfaction, burnout, and attrition intention may impact social change by

improving retention, decreasing the risk of burnout, and identifying protective factors for African American MPHs, improving how self-care is implemented in the workplace.

Background of the Study

A plethora of researchers such as Bartoskova (2017), Ludick and Figley (2017), and McCormack and Adams (2016) have studied CF, compassion satisfaction, and burnout among MPHs. However, none have addressed this phenomenon of CF/STS, compassion satisfaction, burnout, and attrition intention concerning African American MPHs. The literature review highlights this gap of knowledge in the area of CF, compassion satisfaction, burnout, and attrition intention for African American MPHs. One of the gaps in the literature is in addressing how MPHs and the African American community are affected by receiving mental health services or providing services. The body of literature on this topic encompasses studies on how and when the concept of CF originated and how secondary trauma stress impacts the MPH either by resilience or distress (Bartoskova, 2017). The research on CF, compassion satisfaction, burnout, and attrition intention among African American MPHs is nonexistent. Therefore, research articles on Latino and African American MPHs were examined to address how CF, burnout, and compassion satisfaction influence them professionally and personally.

The literature review also includes studies on attrition and attrition intention rates among MPHs. Researchers have found that turnover rates can influence the quality of care. Learning more about the factors that cause turnover may equip practitioners with the tools needed to provide quality care. The relevance of this study is to examine the effects of CF, compassion satisfaction, and burnout among African American MHPs.

Retaining African American MHPs may aid in increasing the use of mental health services in the African American communities.

For example, the U.S. Department of Health and Human Services Office of Minority Health (2019) reported that in 2017, suicide was the second leading cause of death for African American teenagers. The authors also reported that African American high school girls were 70% more likely to attempt suicide than their Caucasian counterparts (U.S. Department of Health and Human Services Office of Minority Health, 2019). These statistics are disheartening, considering most high schools have access to a school counselor. The National Survey on Drug Use and Health: Mental Health (2018) found that 8.7% of African Americans 18 and over received mental services compared to 18.6% of Caucasians. They also found a disparity in prescribing psychotropic medications. In 2018, 6.2% of African American individuals 18 and above who received prescriptions compared to 15.3% of their Caucasian counterparts (National Survey on Drug Use and Health: Mental Health, 2018). These numbers are alarming, revealing a disconnect between African Americans and mental health services.

However, having African American mental health representation helps reduce the anxiety related to the stigma of mental health services (Shannonhouse et al., 2016). In other words, if more African American MPHs were present, it may start changing the stigma of receiving mental health services in the African American communities. If we can better understand the relationship of CF to turnover in African American MPHs, we could develop strategies to increase retention and self-care and attract more African American MPHs to the field.

Problem Statement

The problem is how helping professionals are impacted by treating mentally ill clients. The question is CF/how STS, compassion satisfaction, or burnout affect African American MHPs' quality of life and whether there is a correlation with attrition intention. According to Zeidner et al. (2013), close to 50% of helping professionals are at risk for CF. CF can cause anxiety, distress, depression, inattention, and problems with interpersonal relationships. Furthermore, CF can ultimately lead to burnout (Shannonhouse et al., 2016). MPHs may become so involved in providing care to their clients that they develop CF/STS. MPHs who experience CF tend to have higher rates of physical ailments, lower productivity, use more sick time, have lower morale, and have higher attrition rates (Ray et al., 2013). The American Psychological Association (APA) code of ethics “Personal Problems and Conflicts” warns clinicians not to provide services while under emotional distress due to it rendering them inept at providing quality care (APA, 2016). According to Turgoose et al. (2017) CF is acquired over time from the therapist having an ethical responsibility to care about and have empathic feelings towards their clients.

CF is a psychological, interpersonal problem that may incapacitate a person from having the ability to feel empathy, which can develop in a psychologically distressing workplace (Turgoose et al., 2017). Therapists who experience symptoms of CF tend to have a diminution of empathetic feelings. MPHs who experience CF/burnout may also have an increase in anxiety, distress, inattention, and problems with their interpersonal relationships (Shannonhouse et al., 2016). This condition can render them incompetent

when providing treatment to clients and can also create inappropriate client/therapist boundaries or patient safety risk. Harrison and Westwood (2009) stated that the symptoms of CF/burnout could be deleterious to the MPH, impacting the quality of care. Halevi and Idisis (2018) examined Bowen's "differentiation of self" as the therapist's ability to maintain a balance between their emotional self and engagement with others. Halevi and Idisis acknowledged this "use of self" as the therapist's empathic rapport with their client while maintaining healthy and professional boundaries. Skovholt (2001) refers to this phenomenon as the cycle of caring, which encompasses building a rapport, showing empathy, active involvement, and then termination. This cycle is the intervention used by MPHs in conjunction with appropriate boundaries that allow client healing. However, when this cycle is interrupted by CF or burnout, it can leave the therapist emotionally vulnerable. For example, when a therapist works with a veteran for 1 year, processing their heavily repressed and recurring traumatic memories, the therapist can become affected by their stories. Although this is the nature of the job, a sense of cognitive dissonance can occur when the therapist has a high caseload with 50% of the clientele sharing heavy trauma, which may be in addition to working a 45-50-hour week. The therapist treating this veteran would be expected to maintain their "use of self" while working under these conditions, which could cause VT (Halevi and Idisis, 2018). However, if this therapist reported compassion satisfaction, they may not have a sense of cognitive dissonance. According to Halevi and Idisis, many psychosocial and psychological factors determine how a therapist copes with trauma material. When MHPs

are experiencing CF, compassion satisfaction, and burnout while helping, it may produce feelings of attrition intention (Fukui et al., 2019).

According to Franco (2016), there is a growing nationwide shortage of community based behavioral MPHs. This shortage could be attributed to stress, high expectations, loss of internal locus of control, and the clinician's high workload (Franco, 2016). Franco (2016) reported attrition rates among community mental health facilities in the United States were approximately 25.6% a year. Franco also found that burnout was higher due to low job satisfaction with MHPs. Lastly, the study found that attrition impacts retention among the staff. Therapists resigning caused an environmental shift to the work culture or climate that increased job dissatisfaction in the workplace, creating a higher turnover rate (Franco, 2016).

When mental health providers choose to leave the field, it can become problematic due to the interruptions in providing clinical care (Franco, 2016). These interruptions can cause premature terminations, resulting in patients not receiving appropriate treatment. High turnover rates can also create feelings of distrust for the institution by clients, possibly exacerbating their psychological illnesses. Yanchus et al. (2017) reported that shortages with MHP staffing could cause increases in suicidal ideation. These adverse outcomes impact the African American community by perpetuating the stigma of receiving mental health services. Maura and Weisman de Mamani (2017) examined the disparity of mental health among minorities. The researchers attributed it to discrimination, lack of quality of care, poverty, stigma, lack of trust in mental health care providers, absent family support, and lack of respect for

spiritual/cultural beliefs. Maura and Weisman de Mamani reported their findings based on the Schizophrenia Patient Outcomes Research Team that African Americans are less likely to attend mental health counseling than their Caucasian counterparts due to their distrust of institutions. African Americans continue to face many adversities, such as poverty, lack of education, discrimination, and prejudice (Sanders-Thompson & Alexander, 2006). These factors can cause depression, medical ailments, posttraumatic stress disorder (PTSD), anxiety, and substance abuse disorders (Chou, Asnaani, & Hofmann, 2012). Brittian et al. (2015) found an association between discrimination and depression in African American and Latino college students. Another relevant factor is the relationship between African American MPHs and their African American clients. The phenomenon of CF, burnout, and compassion satisfaction may be especially challenging due to African American MHPs sharing the same culture and adversities as their clients. However, these same cultural adversities can cause African American MHPs to experience compassion satisfaction, empowering them to be better equipped to embrace trauma narratives.

Another problem is organizational structures creating distress in the MHP work environment. High caseloads, inadequate supervision, no autonomy, and long hours are enough to contribute to the differentiation of self, CF, and burnout (Franco, 2016). Many mental health agencies in the United States have high productivity requirements, some expecting up to 70% face-to-face time, generating 112 direct service hours per month (Franco, 2016). These productivity demands alone could place any MPH at risk for CF or burnout. Steel et al. (2015) discussed burnout factors encompassing perfectionism,

balancing family responsibilities and work requirements, unmet career expectations, and over-engagement with caseloads.

Furthermore, the lack of compensation for prolonged work hours does not satisfy the therapists' financial expectations after investing time and money to obtain a master's level degree (Franco, 2016). Certainly, this is another risk factor for burnout. When this psychological impairment becomes noxious, the result can be attrition. However, this research study can contribute to social change by providing information that might help African American professionals increase self-care and sustain job retention and possibly attract other African American students/professionals to the field. It could affect social change by assisting African American MPHs in creating culturally specific coping methods to improve work-related stressors and burnout. Additionally, it may foster increased cultural sensitivity to agencies giving services to African American clients and increase therapist ratios to report better outcomes.

Purpose of the Study

This research study used a quantitative survey method. I sought to answer the question:

RQ: Do CF, compassion satisfaction, and burnout predict attrition intention in African American MPHs?

The constructivist self-development theory was utilized to address this question. Constructivist self-development theory posits that MPHs are impacted by CF/secondary trauma, burnout, and compassion satisfaction (Saakvitne et al., 1998). The theory asserts that MPHs are affected through resiliency (compassion satisfaction) or psychological

distress (Saakvitne et al., 1998). This theory compares the independent variables to the dependent variable by examining the effects of CF, burnout, and compassion satisfaction that can cause resignation. The covariate variables I considered were the demographics such as gender, age, location, years of experience, type of license, and the number of times they have resigned due to work stress. The demographics gave me more content on each participant. The participants were African American MPHs who have an active license.

Research Question/Hypotheses

RQ: Do compassion satisfaction, burnout, and CF predict attrition intention in African American MPHs?

$H_0$1: Compassion satisfaction does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a1: Compassion satisfaction has a statistically significant correlation with attrition intention among African American MPHs.

$H_0$2: Burnout does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a2: Burnout has a statistically significant correlation with attrition intention among African American MPHs.

$H_0$3: CF does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a3: CF has a statistically significant correlation with attrition intention among African American MPHs.

The instrument that I used was a demographic questionnaire, Professional Quality of Life (ProQOL-V; Stamm, 2009), which includes the following subscales: compassion satisfaction, burnout and CF, and the turnover intention scale (Bothma & Roodt, 2013) to measure attrition intention. The ProQOL-V measures CF and STS as one variable (Stamm, 2009). Based on the assessment, burnout is also a component of CF/STS (Stamm, 2009). When participants score in the range of CF/STS or burnout, helping is causing them psychological distress. Participants were also administered the Turnover Intention Scale to assess the relationship between the independent variables and the dependent variable. There were three independent variables, CF/STS, compassion satisfaction, and burnout, and the dependent variable, attrition intention.

Theoretical Foundation

The constructivist self-development theory was selected due to its theorizing that when VT occurs, it can predict changes to the therapist's frame of reference, thus negatively impacting their worldview, belief system, and cognitive schemas (Helm, 2016). In support of this dynamic, the constructivist self-development theory puts forth that the effects of traumatic experiences are based on the individual's ability to adapt to the trauma and the meaning they ascribe to the event (Saakvitne et a., 1998). A traumatic event can cause someone to have symptoms of PTSD, or it can produce positive symptoms of resiliency, pride, sense of community, faith, trust, and hope (Saakvitne et al., 1998). The theory was derived from the idea that trauma can be two-fold, having positive and negative outcomes (Saakvitne et al., 1998).

The constructivist self-development theory by McCann and Pearlman (1990) examines the relationship between the individual therapist and their prolonged exposure to secondary trauma experiences. Helm (2016) examined constructivist self-development theory from an experiential mental health perspective. Helm believed the constructivist self-development theory model suggests that VT symptoms are an adaptive response from the therapist hearing the detailed stories of traumatic events. According to McCormack and Adams (2016), recurring interactions with VT can change a person's cognitive schema creating a defense mechanism for self-protection. This theory conceptualizes how CF can cause psychological impairment in African American MPHs in their work environment. As it relates to the hypotheses, this theory examines how trauma material affects the specific traits of the therapist by either causing them harm (CF, burnout, STS) or resilience (compassion satisfaction; Saakvitne et al., 1998). It has been established that MPHs are at risk of developing STS/CF, burnout, or compassion satisfaction due to working with patients. Although researchers have shown that traumatic experiences have accounted for compassion satisfaction, such as personal growth, wisdom, and personality changes, other researchers have found trauma to be a negatively life-changing event (Saakvitne et al., 1998). However, the theory does not delineate how adversity can become harmful or helpful. The theory posits that many factors can determine how a person vacillates between experiencing positive or negative symptoms of the trauma (Saakvitne et al., 1998). Such factors encompass sociocultural contexts, developmental stage, personality, age, individual experience of self,

psychological and biological resources, expectations, and economic status (Saakvitne et al., 1998).

Saakvitne et al. (1998) purported that western culture has biased views on trauma survivors. The western cultural attitudes of long-term trauma survivors can be met with negative connotations, denying the emotional impact experienced by the victims (Saakvitne et al., 1998). These societal attitudes tend to give accolades to individuals who "Bit the bullet, sucked it up, and got over it," minimizing the impact of the trauma (Saakvitne et al., 1998). For instance, in The Me-Too movement, sexually assaulted victims were questioned as to why they waited 20 years to report the sexual assault instead of validating the difficulty and shame involved in keeping a secret for 20 years. These societal factors strongly influence how trauma is interpreted and internally digested (Saakvitne et al., 1998).

Overall, constructivist self-development theory explains how processing traumatic material can lead to CF/STS, compassion satisfaction, or burnout. This theory explains the implications of MPHs experiencing negative emotions from trauma narratives, which may affect attrition intention.

Nature of the Study

This research study used a quantitative survey approach because the data being measured required a mathematical and statistical procedure. The quantitative survey method assesses the relationship between the independent and dependent variables. This study required a multiple regression analysis that allowed the independent variables (CF, compassion satisfaction, and burnout) and dependent variable (attrition intention) to be

quantified. The data collection was entered into the SPSS program to obtain results. I analyzed the data by assessing the correlation between the independent variables and the dependent variable.

The instruments that I used were a demographics questionnaire, ProQOL-V (Stamm, 2009), to measure CF/STS, compassion satisfaction, and burnout, and the Turnover Intention Scale to measure attrition intention (Bothma & Roodt, 2013). Demographic information were covariate variables including gender, age, location, years of experience, type of license, and the number of times they have resigned due to work stress. I recruited participants recruited using the snowball sampling method, convenience sampling method, and professional websites. I did not record any emails or any identifying information. Participants were asked to forward/repost the invitation letter by email to MPHs who met the criteria to maintain anonymity for the snowball method and convenience method. For professional websites, I placed an invitation post. When the post was accessed, there was an invitation and the informed consent information with a link to SurveyMonkey. I used SurveyMonkey to administer the survey. The survey only contained demographic information and two assessments.

Definition of Terms

Attrition: A decline in the number of employees or participants that occurs when a person resigns or retires; another word to describe attrition is turnover (Collins Discovery Encyclopedia, 2005).

Burnout: Experiencing work-related stressors, emotional exhaustion, and diminishing competency (Baum et al., 2014). Burnout for this study is a component of CF/STS (Stamm, 2010).

Compassion fatigue (CF): In 2001, Figley's research redefined the term, enhancing the description based on his compassion stress/fatigue model. Figley believed that compassion was "bearing the suffering of others" (Figley, 2002, p.1434). In this study I used Figley's (2002) definition of CF: "A state of tension and preoccupation with traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders and persistent arousal associated with the patient" (p. 1435). The term CF was derived to explain nurses' experiences who had become burned out (Ray et al., 2013). According to Ivicic and Motta (2017), CF and STS are commonly used interchangeably. Therefore, CF, VT, and STS were used synonymously for this study.

Compassion satisfaction: A sense of altruistic, positive emotions that come with helping others, like the feeling of accomplishment or competency (Stamm, 2009).

Secondary trauma stress (STS): According to Baum et al. (2014), symptoms likened to PTSD such as anxiety, inattention, hypervigilance, ruminating thoughts, sleep disturbance, and recurring memories or thoughts.

Turnover intention: According to Fukui et al. (2019), thoughts about leaving a job that is related to actual turnover.

Vicarious trauma: A response to traumatic material that causes psychological symptoms that resemble PTSD and change the individual's cognitive schemas (Maguire & Byrne, 2017).

African American mental health professionals: Those who hold active licenses for clinical social work, professional counseling, marriage and family counseling, substance abuse counseling, and psychologists.

The study of traumatology uses the terms CF, VT, and STS interchangeably.

Assumptions

The aspects of the study that were assumed were that participants would organically report their symptoms of CF/STS, burnout, and compassion satisfaction. The participants were African American MPHs who are currently licensed. Ivicic and Motter (2017) posited that asking MPHs to account for their secondary trauma stress may not always be accurate. Participants may not be aware of their symptoms or may deny how they are genuinely feeling. There is a vulnerability when using surveys asking participants about personal and professional information (Ivicic & Motta, 2017). Another assumption was that when using the snowball sampling method and professional websites to recruit subjects, the participants were African American MPHs. These assumptions were essential to the study due to their impact on how data was collected and interpreted by participants and the researcher. If data is included that does not meet the study's participant criteria, it can skew the results. Therefore, SurveyMonkey was programmed to exclude any questionnaires that did not meet the study's criteria.

Scope and Delimitations

The research problem stemmed from the question of whether the profession of helping is an occupational hazard (Kiley et al., 2018)? Yanchus et al. (2017) researched MHPs working from a Veteran health facility and found a predictor of turnover intention

is psychological exhaustion. This study focused on the effects of CF, burnout, compassion satisfaction, and attrition intention of a population that has not been studied. This study's population was African American MPHs, meaning all individuals of African descent who are citizens of the United States. How this population was gathered was by the snowball, convenience, and professional website sampling method. This population was selected due to the lack of knowledge about African American MPHs. That is, there is no research on how this phenomenon impacts African American MHPs. All other ethnicities and languages were excluded to concentrate on this population. The research assessment tools were all written in the English language, so to include other languages could change the interpretation or validity/reliability of the assessments because my language is English. Also, including different ethnicities would not have allowed me to assess a large enough sample size to test the hypothesis. For instance, the study by Yanchus et al. (2017) examined 2,520 psychologists for predictors of attrition intention, and only 1% were African American. One percent of a population is not enough to test a hypothesis. Therefore, this study represented 100% of how CF, compassion satisfaction, burnout impact attrition intention in African American MHPs. Another study by Fukui et al. (2019) tested 186 community clinicians for job traits that cause attrition intention. The participants in the study were 80% of women, 85% Caucasian, 20% men, and 15% of other ethnicities. One of the limitations the researchers reported was the sample size being disproportionately Caucasian women that could have possibly skewed the results.

The issue addressed by this study is the crisis in African American communities that are not receiving mental health care. According to Card (2017) the history of this

population and mental health treatment is bleak. African Americans have suffered from being over or not medicated, given unnecessary labels, placed inside inpatient facilities as the first level of care, and mistreated by bias and culturally incompetent MPHs (Card, 2017). African Americans also tended to have early termination resulting in fewer therapy sessions than their Caucasian counterparts (Cabral & Smith, 2011).

It was suggested by Maura and Weisman de Mamani (2017) that African American MPHs can help this problem by simple representation. According to Maura and Weisman de Mamani (2017), diversity is necessary for the field of mental health. The researchers found that Caucasian MPHs makeup over 90% of the population but serve 33.5% minorities. When minorities seek out mental health, primarily their only choice is a Caucasian therapist. According to Maura and Weisman de Mamani (2017) African American MPHs can provide cultural context, ethnic preferences, and possibly increase confidence in the mental health field. Maura and Weisman de Mamani (2017) stated that this disparity may cause minorities distrust the mental health field and be unwilling to pursue help. Although researchers have found no evidence that treatment outcomes are better with ethnic pairing (Card, 2017), research has found that many minorities, particularly African Americans, feel there is a difference between cross-ethic dyads due to their feelings of past and present cultural mistrust (Eshun & Packer, 2016). Card (2017) suggested African Americans suffer from two types of stigma. The first is public stigma, the fear society places on individuals who attend counseling, referring to them as mentally ill. There is also self-stigma of having the label of mental illness cause feelings of alienation, shame, and demoralization (Card, 2017). These feelings of alienation stem

from racism, prejudice, hostility, oppression, microaggressions, and harmful stereotypes towards African Americans, which have caused a level of distrust towards Caucasians (Hu & Taylor, 2016). Learning more about this population could provide some assistance by identifying how CF, compassion satisfaction, and burnout impact their well-being.

Fukui et al. (2019) reported that high turnover rates in the field of MPHs are ranging between 25% to 60% yearly, which is problematic and can have harmful effects on the quality of care. African American MHPs attrition intention may be relevant during a time when mental health services are a necessity in the African American community, especially when researchers have found the answer to the problem could be as simple as ethnic representation. In general, the literature has shown that helping can place professionals at risk for psychological distress, especially when protective factors are not active. Kiley et al. (2018) surveyed 460 MHPs and found that 56% reported psychological distress and 50% reported intention to resign. These numbers speak to the severity of the problem CF and burnout can have on MHPs leading to attrition intention.

Limitations

The limitations of this study could be the exclusion of all other nationalities. When generalizing the literature of CF, compassion satisfaction, burnout, and attrition intention, the research studies have extensively included all nationalities, with African American MPHs representing less than ten percent of the participants. This study will only focus on African American MPHs. Another limitation is utilizing a quantitative approach that will not allow participants to speak about their experiences with CF, compassion satisfaction, burnout, and attrition intention. However, the turnover intent

assessment will enable the researcher to determine how many therapists are highly probable to resign. The ProQOL-V will identify participants experiencing CF/STS, burnout, and compassion satisfaction. The results will determine if CF, compassion satisfaction, burnout is a predictor of attrition intention. The researcher has not discovered any bias or weakness in methodology or construct validity at this time. We know that MPHs can suffer from CF, burnout, compassion satisfaction, and attrition (Yanchus et al., 2017). The gaps in the literature are researching how African American MHPs are impacted by this phenomenon and attrition intention.

Significance of the Study

The significance of this study is discovering how CF, compassion satisfaction, burnout, and attrition intention are affecting African American MHP's. The problem is likened to have a domino effect; for instance, when CF, compassion satisfaction, burnout is present, it may cause a feeling of attrition intention. These feelings cause resignation; when MHPs resign, they leave patients affecting the quality of care, which increases caseloads and institutions to hire new clinicians. In the African American communities, this domino effect can perpetuate feelings of distrust. Eshun and Packer (2016) believe it is this distrust that may cause African Americans to fear being exploited when they share their trauma narratives with Caucasian therapists.

Significance to Theory

The researcher will contribute to the body of literature by identifying the impact of CF, compassion satisfaction, and burnout has on a specific population. Many researchers have study CF, compassion satisfaction, and burnout utilizing all mental

health providers, and they have discovered how it has impacted them. Although, none of the researchers have focused on CF, compassion satisfaction, burnout, and attrition intention among African American MPHs. Examining this relationship may help mitigate this problem of turnover in mental health providers and help this population identify factors that cause CF, compassion satisfaction, burnout, and attrition intention.

Significance to Practice

The significance of practice is retaining African American MHPs to allow people of color to experience ethnic representation. For example, an African American female suffering from depression can only choose from a MPH who is a Caucasian male or female. The issues triggering her depression stem from her feelings of oppression from her boss and landlord, who are both Caucasians. Although both male and female Caucasian clinicians are stellar, this woman may decide to opt out of services due to her distrust or feeling conflicted about venting to a white person about her feelings of oppression. Therefore, diversity in the mental health field is imperative to foster a sense of caring by helping this population feel included by ethnic representation (Maura and Weisman de Mamani, 2017).

Studies have shown that African Americans are underrepresented and underserved in receiving mental health services (Maura & Weisman de Mamani, 2017). Maura and Weisman de Mamani (2017) found that African Americans continue to have negative attitudes towards mental health therapy and are less likely to return for services. It is believed by Hu and Taylor (2016) that intergroup anxiety may contribute to the negative feelings of distrust between African Americans and mental health institutions.

Intergroup anxiety is "The social interaction between two or more people of different social backgrounds that have been historically characterized by tension and anxiety, i.e., Caucasian and African Americans" (Hu & Taylor, 2016, p. 193). A study by Cabral and Smith (2011) discovered clients had a significant preference for a mental health provider of the same race.

Another study by Sue and Sue (2012) reported African American students preferred African American counselors when dealing with racial and interpersonal issues. The study found African Americans were more ethnically aware of social interactions with Caucasian therapists, which caused the therapists' intergroup anxiety and discomfort (Hu & Taylor, 2016). The definition of ethnically aware is the premise that one is conscious of racial bias, prejudice, and discrimination experiences (Hu & Taylor, 2016). This heightened awareness can be misconstrued as paranoia or hypervigilance. It can also create a level of initial distrust when interacting with institutions and in social exchanges (Hu & Taylor, 2016). This anxiety and tension stem from stereotypes of negative images and worldviews of African Americans. Eshun and Packer (2016) believe the western cultural discrimination practices created minorities negative perceptions, which has impacted how African Americans view themselves, how they view others, and how others perceive them. These stereotypes can cause a barrier when attempting to build a rapport with any cross-ethnic dyad. Understanding the therapeutic alliance has been deemed an essential aspect of treatment.

Research has found that Caucasian and African American therapeutic relationships can be successful as a cross-ethnic dyad, according to Hu & Taylor (2016)

the cross-ethnic pairing between Caucasian therapists and African American clients continues to be the norm. Therefore, Caucasian therapists must be aware of their personal biases and learn about racism and discrimination when establishing a rapport (Hu & Taylor, 2016). When there is positive interaction with cross-ethnic pairing, it can manifest by creating a sense of trust and improve satisfaction ratings with mental health services. However, Hu & Taylor (2016) found that when African Americans experienced a negative interethnic social interaction, it can exacerbate their mental health symptoms of anxiety, depression, and feelings of being misunderstood. According to Cabral and Smith (2011) the ethnic pairing was relevant to African American subjects and could be beneficial in a climate of racial prejudice. Cabral & Smith (2011) believed that African American mental health outcomes would improve when it encompasses the idea of ethnic pairing.

Significance to Social Change

Social change begins when African American MPHs become more aware of self-care practices. Also, learning how to minimize their risks for CF, burnout is vital for MHPs to recognize when their work is causing them distress. Social change would also include teaching specific coping skills to retain African American MHPs. To help mitigate negative interactive experiences and anxiety when working with clients of the same culture. It is believed that given African American MHPs, coping tools may also increase compassion satisfaction (Craigie et al., 2016). Another social change aspect is also recognizing the underrepresentation of African American mental health services. Understanding how African American MPHs remaining in the field could reduce the

stigma, which may aid in increasing mental health services among African Americans. Furthermore, learning more about this phenomenon could draw attention to the effect of disrupting therapy and financial issues to agencies.

Overall, the social change factor in researching this problem could be creating awareness among employers of the need for ethnic representation, aiding African American MPHs in culturally specific ways of coping with work-related stressors. Also, social change could identify protective factors to maintain self-care, reduce attrition intention, reduce the stigma, help clients receive better quality of care, and strengthen the African American community, which contributes to the wellness of all communities.

Summary

In summary, the problem of burnout, CF, and compassion satisfaction among MPHs is still relevant; however, the research addressing this phenomenon among African American MPHs remains almost nonexistent. In particular, understanding the effects of CF, compassion satisfaction, burnout, and attrition intention among African American MPHs could bring awareness to the need for minority representation. Having representation could reduce the stigma and increase mental health services for the African American community, an under-serviced population. Also, learning cultural protective factors could make an impression on the rates of retention.

The psychological deficit of CF, compassion satisfaction, and burnout can influence the MPH ability to serve. Theoretically, according to McCormack and Adams (2016) the recurring interaction with secondary trauma can change one's cognitive schema creating a defense mechanism for self-protection. When MPHs are experiencing

psychological impairment due to CF, compassion satisfaction, and burnout, it may cause attrition, which impacts the quality of patient care. Also, it is a belief that there is a relationship between the MPH's wellbeing and their work environment, client environment, and personal environment that can cause distress or satisfaction (Stamm, 2010). Chapter two will shed light on the history of CF how it has plagued helping professionals and theoretical framework. Chapter two will also reveal how MPHs can experience resilience instead of CF after exposure to trauma material.

Chapter 2. Literature Review

Introduction

The research problem was the impact CF, compassion satisfaction, and burnout have on African American MPHs, and whether they affect attrition intention. This literature review encompasses the origin of CF, the history of CF, compassion satisfaction, and burnout as they relates to attrition and attrition intention. I review the research on the theoretical foundation and prevalent studies that identify the problem of CF/STS, compassion satisfaction, and burnout among MHPs. Finally, I examine the literature on how this phenomenon may impact African American MPHs. I present the past and present research that is relevant and influential to this study. Also, I examine gaps in the literature that were further explored by this study.

Literature Search Strategy

I gathered the research information from articles from several databases, including ProQuest- Nursing and allied health, PsycINFO, psych articles, Sage journals, socIndex with full text, psycCritiques, and ERIC. The terms that were utilized to find these articles were *compassion fatigue, attrition, burnout, compassion satisfaction, turnover intent and mental health professionals, nurses and compassion fatigue, secondary trauma, vicarious trauma and mental health professionals,* and *African American mental professionals/compassion fatigue.* Research articles spanned from the 1980 to 2018. For the literature research I utilized publications such as books and journal articles. The research articles on CF, attrition intent, and African American MHP were nonexistent, but I found research articles on other minority groups.

Theoretical Foundation

The constructivist self-development theory (McCann & Pearlman, 1990) posits that listening to trauma stories affects the therapist's self-development either negatively or positively based on their schemas. constructivist self-development theory was derived from the concept of constructivism. Constructivism is defined by how others directly influence a person’s individual development. The foundation of constructivism dates back to Jean Piaget. Piaget's idea of schemas plays a pivotal role in this theory (as cited in McCann & Pearlman, 1990). According to McCann and Pearlman (1990) schemas are the expectations of self, assumptions, beliefs, worldview, and the manifestations of psychological needs. Constructivist self-development theory is based on how trauma material can change the MPH mental framework or cognitive schema (McCann & Pearlman, 1990). The theorists believed mental health providers construct their meaning based on how the traumatic material is internalized.

Furthermore, the theory examines five areas in which trauma impacts individuals. These areas represent the cognitive and experiential aspects of the traumatic narratives (Saakvitne et al., 1998).

- The frame of reference is a person’s usual way of understanding self and world, including spirituality.
- Self-capacity is defined as the ability to recognize, tolerate, and integrate effect and maintain a benevolent inner connection with self and others.

- Ego resources are necessary to meet psychological needs in mature ways; specifically, abilities to be self-observing and use cognitive and social skills to maintain a relationship and protect the self.
- Central psychological needs are reflected in disrupted cognitive schemas in five areas: safety, trust, control, esteem, and intimacy.
- Perceptual and memory system includes biological (neurochemical) adaptation and sensory experience.

These five areas of self suggest that the MPHs can be affected in these areas when exposed to VT (Helm, 2016). McCann and Pearlman (1990) utilized vicarious traumatization to described how therapists respond to hearing explicit details of traumatic experiences by their clients. The psychologists also found that burnout and countertransference can be the long and short-term effects of listening to these traumatic narratives (McCann & Pearlman, 1990).

History of Compassion-to-Compassion Fatigue

CF originated in the medical profession with nurses. Nursing practices existed before the 16th century stemming from the religious ideology of caring (Boyle, 2011). This idea of caring or compassion initially had strong roots in religious beliefs. For instance, Florence Nightingale (founder of nursing) devoted her life to what she believed to be a calling from God to provide health services to people (Nightingale & McDonald, 2001). Florence Nightingale used compassion along with her knowledge to facilitate healing (Nightingale & McDonald, 2001). This unconditional positive regard gave

patients hope and comfort. However, the term CF was coined in 1992 by Joinson, a nurse who recognized D. Chase, a crisis counselor, for inspiring the term (Joinson, 1992).

Joinson (1992) used this term to describe the emotional distress nurses were experiencing caring for patients in emergency rooms. She found nurses were suffering from symptoms of depression, fatigue, insomnia, and somatic complaints and were detached, unproductive, emotionally distressed, and angry (Boyle, 2011). Joinson attributed CF with the emotional conflict between the nurse's constant demands of their patients and the multiple roles nurses play. Before Joinson, there was Figley, who started theorizing about combat trauma when he returned in the 1960s from the Vietnam War (Figley, 1995). Figley developed the concept for STS based on his findings examining secondary trauma among family systems.

In 1980, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III) initially recognized posttraumatic stress disorder (PTSD) as a psychological diagnosis to define Vietnam veterans' combat-trauma symptoms (Figley, 2002). In 1980, Figley's concept of distress from a traumatic event was first acknowledged as a mental health disorder; that began his focus on traumatology (Figley, 2002). Traumatology is defined as the study of long-term distress after a traumatic event directly impacts someone and how the exposure emotionally affects the individual (Figley, 2002). Traumatology was the beginning of psychologists examining how trauma impacted mental health (Figley, 2002). Psychologists started defining trauma within their specific areas, creating terms like secondary survivor by Remer and Elliot, critical incident stress by. Mitchell in 1983, and emotional contagion by Miller et al. in 1988 (as cited in Figley, 2002). Although the

effects of trauma on mental health had finally come to light, there were some issues with the new labels among the MHPs. For instance, STS had a negative connotation. STS was a term that had many of the same symptoms as PTSD and was used to describe the stress of helping professionals. Stamm (1999) stated two issues with the term STS were how media used it negatively regarding the services given to the homeless and how it negatively labeled helping professionals. For MHPs during that time, STS was stigmatized. Therefore, in 1993, STS was replaced by CF, which became a more palatable term for the mental health community (Figley, 1995).

By the 1990s, traumatology research was expanding to other areas of psychology. For instance, Pearlman and Saakvitne (1995), who distinguished vicarious traumatization, stated, "Vicarious traumatization is a process through which the therapist's inner experience is negatively transformed through empathic engagement with clients' trauma material" (p. 279). Stamm (1999) was the first psychologist to use STS and vicarious traumatization interchangeably and to write about work-related STS. However, Herman in 1992 disagreed with the DSM III PTSD diagnoses. Herman criticized the DSM III criteria for PTSD. Herman believed the description did not encompass the magnitude of the threat of annihilation or the severity of the psychological impact on veterans. However, Figley continued his research over the years and was widely cited in research articles making him a well-known specialist in this area. Many current research studies have adopted his theory, the Pro-QOL model of CF, CS, and burnout, to measure outcomes (Figley, 2002).

Overall, the history of compassion began with the ideology of nurse practices rooted in their spiritual beliefs. A nurse coined CF, but the mental health concept originated with Figley (2002) in the 1960s when family systems were being impacted by the return of war veterans. Reviewing this history is evidence that this phenomenon was an issue in the past and continues to be relevant. Long ago, psychologists were novices about the impact of CF/STS and burnout. Presently, there is substantial clinical research on this topic, yet helping professionals continue to be plagued with the risk of CF, STS, and burnout, like a dormant disease waiting to emerge. MPHs must become more aware of the risk of compassion, fatigue, burnout, and protective factors.

Compassion Satisfaction and Compassion fatigue

The studies provided exposes the problem/impact CF, compassion satisfaction, and burnout can have on MHPs. MHPs are the specialized caregivers who administer interventions that facilitate healing in the event of crisis or trauma. Therefore, it is paramount for MHPs to be emotionally healthy to serve the community. While natural disasters, medical disease, military injuries, social inequalities, grief, divorce rates, and terrorism continue to occur, individuals will seek out MHPs to help them make sense of these circumstances. When MHPs are plagued with the negative symptoms of CF, it could be a public health concern, especially if it impacts their competence. In the literature, studies have consistently reported a client/therapist trauma dynamic that can be contagious, placing the MHP at risk. Other commonalities are utilizing CF and STS (STS) interchangeably, the amount of time the MHP is exposed to client trauma (a risk factor for CF), and studies on resiliency or compassion satisfaction.

For instance, Craigie et al. (2016) utilized the ProQOl-V to examine the work of nurses and the impact of compassion satisfaction and CF influenced their emotions. The researchers posit that compassion satisfaction is an aspect of workplace resilience that can reduce burnout when working with trauma clients. Compassion satisfaction can be a buffer to CF, attributing to feelings of hope and optimism (Craigie et al., 2016). The researcher posits individuals that can work with trauma clients and report CS have learned adaptive coping skills to mitigate negative emotions. Adaptive coping skills can defend against burnout and STS (Craigie et al., 2016). In conclusion, the study found that CS had a positive correlation with CF that suggests that CS is a protective factor for burnout and STS. This study is relevant due to it revealing the importance of discovering ways to increase African American MHPs CS to reduce their risk of CF and burnout, possibly increasing retention.

The literature suggests this dynamic of distress/trauma can create resiliency. MHPs may also feel more competent, effective, and have a sense of compassion satisfaction (CS). For instance, McKim & Smith-Adocock (2014) examined CF vs. CS with trauma counselors, clinical social workers, and psychologists who served traumatized clients. The researchers found that the trauma counselors who reported a history of personal traumatic experiences had higher CS levels than the other MHP's. The trauma counselors also were more seasoned clinicians and felt supported by their organization. The researchers attributed this finding to the trauma counselors reporting a sense of altruism and accomplishment. This sense of altruism suggests that CF vs. CS has

more layers in understanding how the same ordeal can lead to either emotional distress or resilience.

For example, McCormack and Adams (2016) conducted a qualitative study examining MHPs in the inpatient setting that utilized a medical model for treating traumatized clients. The MHP participants reported feeling the medical model did not account for the fundamental therapeutic role of providing rapport, therapeutic congruence, empathy, compassion, and unconditional positive regard (McCormack & Admas, 2016). The MHP participants reported struggling with therapeutic integrity working with clients on short-term treatments and early discharges, often unable to provide the treatment they felt was necessary (McCormack & Admas, 2016). Also, being unaware of how the discharged patient would be impacted by the insufficient care given. These limitations left the MHPs participants feeling inadequate, frustrated, and disappointed (McCormack & Admas, 2016). The researchers found that MHPs who could redefine their role had more resiliency outcomes (McCormack & Admas, 2016). Therefore, the study showed that therapeutic integrity could be either a risk factor of STS or a protective factor. Meaning, competent therapist working with trauma clients may reduce their risk of STS/CF, but therapists that feel incompetent are at risk of STS/CF. This phenomenon speaks to the importance of the wellbeing of the MHP when providing care and the cost of limiting the MHP opportunity for therapeutic integrity. A study by Finklestein, Stein, Green, Bronstein and Solomon (2015) examines MHPs residing and working in a community with a high level of trauma. The MHPs were repeatedly exposed to political upheaval in Gaza of Israel and treated clients that resided in Gaza. The study

found that this double exposure to their experience of the trauma and listening to their client's distress places them at risk for PTSD and STS (Finklestein et al., 2015). This study supports the depth of the concurrent impact of exposure to trauma can have on MHPs.

When examined, this study, from a juxtaposition viewpoint comparing the experience of Israel MHPs with the African American MHPs, may find some parallel of double exposure to traumatic narratives. For instance, in western culture, African American MHPs continue to be subjected to discrimination, racism, and prejudice while working with distressed clients. For African American MHPs, the political climate in America does not value African Americans, evident by police brutality, social injustice, and institutional bias. African American MHPs may encounter the same dynamics as the MHPs and citizens in Gaza. Hu & Taylor (2016) examined the social interaction between African Americans and Caucasians. The researchers found that African American perception of interactions with Caucasians tends to be racial stereotypical, micro-aggressive, and overt bias (Hu & Taylor, 2016). Another study that challenges the literature is by Ivicic and Motta (2016), who sought out an objective measure to examine STS in MPHs instead of self-reports. The study utilized 88 MHPs from New York City in a social service institution.

The researchers utilized the Modified Stroop, a 20-word presentation of three trauma-related words on index cards (Ivicic & Motta, 2016). The mental health professions were given three cards at a time in order of control, neutral or PTSD-related, and ask to name the ink color of the word that was printed on the index card (Ivicic &

Motta, 2016). The modified Stroop instrument was utilized to identify STS within the MHP participants. The study found that working with traumatized clients was a risk factor for STS in MHPs. Over 23 percent of the participants were suffering from CF (Ivicic & Motta, 2016). The study also found a correlation between the MHPs that experienced personal trauma with elevated levels of STS.

Interestingly, the researchers found that female MHPs reported more STS than male MHPs and found no correlation between CS, the severity of the trauma or regular supervision, and its impact on secondary trauma, contrary to the literature (Ivicic & Motta, 2016). The modified Stroop instrument was utilized to identify STS within the MHP participants. The study found that working with traumatized clients was a risk factor for STS in MHPs. Over 23 percent of the participants were suffering from CF (Ivicic & Motta, 2016). The study also found a correlation between the MHPs that experienced personal trauma with elevated levels of STS. Interestingly, the researchers found that female MHPs reported more STS than male MHPs and found no correlation between CS, the severity of the trauma or regular supervision, and its impact on secondary trauma, contrary to the literature (Ivicic & Motta, 2016).

To provide another juxtaposition, a study by Bartoskova (2017) examines post-traumatic growth within trauma therapists. The study defined post-trauma growth as professional and personal development when working with traumatized clients (Bartoskova, 2017). The study was a qualitative research design that interviewed ten trauma therapists with a caseload of 40 percent traumatized clients in Scotland. Bartoskova (2017) found the participants would initially encounter STS but then would

experience feelings of personal and professional growth. Bartoskova (2017) contributed to the growth of the MHPs working with their traumatized clients gave them a sense of appreciation for their life circumstances, inspiration by the strength of their clients, and their ability to learn how to cope with trauma narratives had been professional fulfilling.

Overall, it is apparent resiliency is possible in the phenomenon of CF vs. CS when working with mental health clients. However, the literature presents a more persuasive argument to support that STS/CF and burnout are a health risk to MHPs. The research studies presented in the next section will reveal more about how CF specifically impacts African American MHPs and attrition.

African American Mental Health Professionals

The research on how African Americans are impacted by CF, compassion satisfaction, and burnout is tapered. However, there were two ethnic articles with participants that were Latino and African MHPs. Examining the experiences of these two MHPs may support the notion that one's cultural differences are unique and play a role in how one perceives one's worldview. These cultural differences can affect how an MHP administers treatment and how they process STS. Gaining more awareness and understanding of how these differences impact their worldview may aid them with protective factors to reduce CF and increase treatment outcomes for culturally diverse clients.

For instance, a mixed-method study by (Shannonhouse et al., 2016) examined Latino psychologists who counseled Latino parents after a daycare was destroyed by fire in Mexico. The fire killed 49 children and injured 93. The researchers found that the

MHPs that counseled the parents who lost their child and had to identify their bodies had higher levels of CF and burnout as opposed to the MHPs that counseled the parents of children that had been injured (Shannonhouse et al., 2016). For the MHPs working with the parents who lost their children developed symptoms of PTSD due to their cultural worldview of family and community, "What happens to you happens to me." Evident by one psychologist who stated, "Personally, it's important for me to recognize that some of the interviews were really heavy for me, it's been difficult. We speak of trying to separate ourselves from the interviews, to try and have it not affected us, but it is clear to me that this is totally impossible to do." (Shannonhouse et al., 2016 p.211).

Another psychologist reported, "I feel selfish that I feel good about participating in this, proud to be doing this." (Shannonhouse et al., 2016 p.211) The results of this study found that the devastation negatively impacted all the MHP participants. The participant's group that provided services to parents of injured children CF decreased with time and debriefing. The group of participants that identified the children's bodies continued to suffer from CF (Shannonhouse et al., 2016). The researchers also found the male clients who embraced the Latino culture of "Machismo" were more avoidant had diminished interest, inability to recall, detachment, and restricted range of effect than reactive symptoms (Shannonhouse et al., 2016). If these reactions to trauma could be better understood and processed by Latino MHP, it could improve treatment.

Inherently, the researchers found that many MHP male participants were unable to detach from their feelings due to cultural values of collectivism and a sense of community, the participants reported, "We are all in this together." Participants shared

that this experience was both a risk factor and a protective factor (Shannonhouse et al., 2016). The participants exposure to trauma was salient due to them reporting a sense of altruism and CF. Supporting the opposition of literature, all the participants reported increased self-efficacy and personal accomplishment.

The second study was qualitative by (Sui, X & Padmanabhanunni, 2016) it examined South African psychologists who worked with South African patients that had experienced physical, sexual abuse, political violence, terminal illness, hijackings, and domestic violence. The researchers found that CF is a risk factor over time or due to long-term exposure to trauma (Sui, X & Padmanabhanunni, 2016). The MHP participants reported symptoms of PTSD, including somatic complaints, recurring memories or intrusive thoughts, changes in cognitive schemas, and negative emotions (Sui, X & Padmanabhanunni, 2016). This study reiterates the literature on the devastating effects of long-term exposure to STS on MHP's. One African psychologist stated, "I feel a helpless rage…. the anger comes from the fact that you know you try your best to help but in the South African context, there's lots of violence, lots of suffering…. you can only do so much, and I think that is where the anger comes from for me." Although, all the African participants also reported experiencing professional and personal growth during this study. For instance, another African psychologist shared, "As you go alone, you grow, and you change constantly…. working with clients changes your worldviews…. I learned about how the most broken had the greatest capacity to give and to feel and to share, and … I've come to realize that there is always hope, no matter how difficult things may seem…I sometimes do lose hope but only for brief moments, and then I look at the things

that are working for me rather than what's not working." (Sui, X & Padmanabhanunni, 2016, p.130). Culturally, this article may conceptualize the profound feelings of empathy as the African psychologists reported how their STS experiences over time asserted itself into their personal lives. The study extensively discussed how the transformation of benevolence created a feeling of reward, personal and professional growth, improved interpersonal relationship, and had a greater appreciation of their life circumstances.

This article may be the lens into how African American MHPs also make sense of an unfair world, causing either trauma or resilience. The dichotomy of helping victims of trauma and experiencing personal growth due to the exposure. These African MHPs were unable to compartmentalize their work and home situation due to the climate of political devastation targeting Africans. The psychologists in a position of influence did not view their status as leverage or protection from the danger. This article provides evidence that MHP's exposure to trauma material can experience secondary trauma stress/VT.

The gap in the literature is how African American MHPs respond to STS and the nuances of how to combat CF and burnout. Shannonhouse et al. (2016) also supported a need for further research on culturally specific interventions when battling secondary trauma. These articles delineated a need for research on this topic for other cultures to develop appropriate ethnic practices and culturally protective factors and enhance treatment services.

Attrition and Attrition Intention

This section of the literature review will explore the relationship between CF, compassion satisfaction, burnout, and attrition intention. Fukui et al. (2019) reported

MPHs' yearly turnover rates are from 25 to 60% supporting a shortage in provider services. Luther et al. (2017) found that mental health institutions in American across the 50 states are experiencing budget cuts or irregular payments for services. Budget cuts have forced mental health organizations to cut staff or are unable to hire needed clinicians. These budget cuts leave working practitioners with limited resources for the high demand for mental health services (Luther et al., 2017). There is a need to find ways to retain clinicians. According to Franco (2016), it is necessary to retain satisfied MHPs to provide quality care to their patients. When MHPs are dissatisfied or are in emotional distress resulting in resignation can negatively impact communities (Franco, 2016).

Subsequently, this study examines the effects of CF, compassion satisfaction, burnout on attrition intention of African American MHPs. The research on this topic of attrition intention on African American MHPs was unattainable. However, there were a plethora of research studies on substance abuse counselors. The literature on substance abuse counselors (SBC) is relevant for a couple of reasons. First, their specialization often treats dual diagnosis clients, and they are participants in this study. Lastly, substance abuse counselors working with this population and organizational factors represent the emotional stress of all MHPs giving insight into the mitigating factors that cause attrition. The literature on attrition of these specialized MHP depicts the effects of CF. For instance, a study by Eby and Rothruff-Laschober (2011) examined the voluntary turnover rates over four years based on SBC perceptions of their organizations and leadership effectiveness. The organizational factors included: distributive justice, support, and procedural justice (Eby & Rothruff-Laschober, 2011). Leadership effectiveness was

defined by the counselor's engagement ability toward peers and showing initiative above their job duties (Eby & Rothruff-Laschober, 2011). The study also discussed the problem with the turnover in counseling programs. Turnover disrupts the quality of care due to it being a financial burden. Turnover also increases individual caseloads and pressures human resources to swiftly replace and train new staff (Eby & Rothruff-Laschober, 2011).

The results of this longitudinal study found 47% of the first wave participants resigned due to their negative perception of the organizational environment (Eby & Rothruff-Laschober, 2011). In the second wave, 39% had resigned, and by the third and fourth waves, 47% had resigned (Eby & Rothruff-Laschober, 2011). Interestingly, the researchers found that although there was an increase of attrition between years two and three, after the third year, the cohort turnover rates declined (Eby & Rothruff-Laschober, 2011). The researcher believed it might have been due to the economic crisis during the time of the study. The study also examined the organizational environment, leadership effectiveness, and supervision effectiveness. The researchers found neither good supervision, leadership effectiveness, a supportive organizational environment had any influence on turnover rates (Eby & Rothruff-Laschober, 2011). The researcher believed these protective factors are not significant enough to mitigate emotional stress, limited resources, low pay, and high caseloads (Eby & Rothrauff-Laschober, 2011). This study supports that organizational factors can cause CF/burnout creating a climate of attrition.

Another research study by Laschober, Turner, and Eby (2013) examined the relationship between turnover and job performance after a year of clinical work by

substance abuse counselors. The researchers found the turnover rate for substance abuse counselors was between 18-33 percent a year, and in some substance abuse settings, it can reach 100 percent within a year. (Laschober, Turner & Eby, 2013). Liken, to all the mental health programs or institutions, high attrition rates impact the quality of care. Mental health programs with high attrition rates can be risk factors for clinicians that must take on extra clients, increasing their caseloads, changing the dynamics of their work environment. This study found there is a relationship between job performance and attrition rates (Laschober, Turner & Eby, 2013). The researchers found that the clinicians who resigned were not their higher performers but struggled with the relational performance of organizational citizenship (Laschober, Turner & Eby, 2013). Relational performance is the clinician's ability to digest negative feedback and the willingness to learn new interventions (Laschober, Turner & Eby, 2013). Organizational citizenship is defined by how clinicians can socially engage with their co-workers to help them individually or help the organization by going above their job expectations (Laschober, Turner & Eby, 2013). The researcher surmised that participants with low relational performance might have resigned due to them being inflexible to organizational changes. The researchers found participants who left due to organizational citizenship high or low felt the distress of helping co-workers, clients, and the organization. The high citizenship causing CF/burnout and the low citizenship created the distress of feeling isolated or unsupported by their organization or co-workers (Laschober, Turner & Eby, 2013). MHPs in this study resigned due to their inability to adapt to change.

Finally, Knight, Landrum, Becan, and Flynn (2011) study further examines this relational performance. Knight et al. (2011) research focused on how counselor's perceptions of organization resources and job demands impact attrition rates. The researchers found organizations that had high work demands with limited resources tended to cause counselors to resign, and organizations with low work demands but continue to make changes also caused counselors to leave (Knight et al., 2012). Although, the study found counselors were less likely to resign if the company were in the process of making positive changes (Knight et al., 2012). The study found counselors with low work demands were more inflexible and resistant to change due to the counselors feeling the modifications were unnecessary. The organization's attempts to improve the program through change appeared to cause the counselors distress when they perceived it to be unwarranted. The researchers inferred the MHPs might have felt limited power/control, inadequate education, lack of involvement in the company goals, and limited power over their client's resources (Knight et al., 2012).

Summary and Conclusions

The literature has shown helping can place MHPs professionals at risk for psychological distress, especially when protective factors are not active. When MHP's wellbeing is not attended to, it can create an environment that breeds STS/CF, compassion satisfaction, and burnout. When STS/CF, burnout, compassion satisfaction is present, it may cause an increase in attrition rates. MPHs who experience limited support from their organization, such as high caseloads and inadequate supervision, are at greater risk for CF and burnout. However, some studies found STS/CF, compassion satisfaction,

can have a positive impact. MHPs can also experience personal growth, wisdom, and personality changes. The theoretical framework supports this concept of the work environment causing CF, burnout, or compassion satisfaction based on perception.

Additionally, the study will contribute to the body of research by discovering how African American MHPs are impacted by CF, compassion satisfaction, and burnout when listening to trauma narratives. Will, the researcher, find a causal effect between CF, CS, burnout, and attrition intention, or will the data support the null hypothesis? Chapter three will reveal the research design, methodology, and data analysis plan that will answer how African American MHP's internalize CF/STS, compassion satisfaction, and burnout.

Chapter 3: Research Method

Introduction

This section encompasses the research design, the methodology, the setting, instruments used, approach, and participants of this study. This section will also address the rationale for choosing a quantitative survey method, ethical issues, and the data collection process.

Research Design and Rationale

This study's research design was the quantitative survey method, which allowed the independent variables (CF, burnout, compassion satisfaction) and dependent variable (attrition intention) to be quantified. The purpose of the survey design was to utilize a sample of the population to interpret the behavior of African American MHPs. According to Creswell (2009), a quantitative survey design is a numeric descriptor. The survey design allows the researcher to gather the attitudes, opinions, and behavior from a sample of the population (Creswell, 2009). This study was nonexperimental; there was no variable manipulation.

Methodology

Population

The target population included MPHs of African descent who are citizens/born in the United States of America. The participants were a percentage of the population that met the criteria for the study. The U.S. Bureau of Labor Statistics (2017) reported there are over 577,000 MPHs. The data on how many are African American was not available, but based on Maura and Weisman de Mamani’s (2017) report that about 90% of that

number are Caucasian, the estimation is possibly 57,700 African American MPHs in the United States in 2016.

Sampling and Sampling Procedure

The sample size was taken from the African American MPHs who completed all three surveys. Based on a G*Power analysis calculator, the study met a 95% confidence level, alpha level = .05, power value level equal to .80. A conservative effect size of .30 was used, and the projected sample size was $N = 150$ MPHs. There were three predictor variables, all measured by the Professional Quality of Life V questionnaire, which included STS/CF, burnout, and compassion satisfaction, and the dependent variable was attrition intention.

Procedures for Recruitment, Participation, and Data Collection

The snowball sampling method, convenience sampling method, and professional websites were used to recruit participants. The internet social media sites allowed me to post invitation letters for free. Participants were recruited on social media such as LinkedIn, Psychology Today, Facebook, and professional websites. The questionnaire was sent to African American MPHs who have an active license. All participants were licensed African American MHPs, including licensed professional counselors, clinical social workers, marriage and family therapists, master's level substance abuse counselors, and psychologists. The initial contact was an email invitation letter introducing the research study and including the informed consent information. The informed consent notified participants that any information they provided, including results, was anonymous. The initial contact email displayed a link to SurveyMonkey to

complete the survey if they agreed to participate. This procedure was the same for convenience sampling and snowball sampling. For the snowball method, I initially sent the survey link to African American MHP colleagues by utilizing the email address from their business cards (a colleague is any professional in the same field). I did not utilize coworkers (a coworker is one or more people who are employed by the same organization). I also inquired if participants would forward the survey site to other African American MHPs who met the criteria. The demographics questionnaire comprised closed-ended questions created for this study. The demographics included questions about gender, age, years of experience in mental health, mental health setting, the highest level of education, type of license, employment history with their license, and employment status (part-time or full-time).

For professional social media posts, I posted an invitation statement. When participants opened the post, they read the invitation letter, consent, and had the link to SurveyMonkey for participation. I gathered data using SurveyMonkey, a web-based electronic tool. The survey did not contain any scoring instructions, and the participants were not given their scores. The email also included resources for self-care and services for CF/STS, burnout, contact email, address, and phone number for any questions. There was no identifying information recorded. There was not a list of emails recorded, as suggested by Institutional Review Board.

Instrumentation and Operationalization of Constructs

I selected the ProQOL-V due to its validity and reliability, its specific design to measure the constructs for MHPs, and the vast usage in other research studies. Stamm

(2010) developed the ProQOL-V, which is a 30 question self-report Likert scale questionnaire that measures CS, STS/CF, and burnout. The original measure was named the Compassion Fatigue Self-Test developed by Figley in 1980, and then in the 1990s,. Stamm changed the name to the ProQOL. The ProQOl-V was designed for mental health providers but can be used with other helping professionals such as nurses, law enforcement, social workers, teachers, journalists, soldiers, and jurists serving on trials (Stamm, 2010).

The ProQOL-V instrument has been a reliable measurement tool in many research studies over the years to quantify the effects of CF/STS, CS, and burnout in MHPs (Stamm, 2010). There have been over 200 research papers that have used this assessment tool (Stamm, 2010). The ProQOL-V operationalizes STS and CF as one construct. Participants will choose from a 6-item Likert scale from *0 = never* to *5 = very often* on their experiences in the last 30 days (Stamm, 2010). According to Stamm (2010), the Cronbach's alpha for the scale = .88 and is thus a valid measure.

I chose the Turnover Intention Scale due to it being a valid and reliable measure of predicting attrition or turnover. Roodt developed the Turnover Intention Scale. It was originally a 15-item questionnaire used to predict attrition (Bothma & Roodt, 2013). The turnover intention scale uses a 5- point Likert scale. Turnover intention is defined as an employee's plan to leave the organization or occupation while seeking other career alternatives (Bothma & Roodt, 2013). The turnover scale was designed to identify a staff member's intent to resign. A score of over 18 highly predicts resignation. The significance of identifying turnover is to minimize the cost of hiring and training new

employees and the disruption of services (Bothma & Roodt, 2013). The Turnover Intention Scale presently has a 6-item questionnaire, which has been proven to be a valid and reliable measure for attrition (Bothma & Roodt, 2013). According to Bothma & Roodt (2013) the Cronbach's alpha = 0.80 and is thus a valid measure. (See Appendix D and E for permission letters.)

The use of both instruments allowed me to examine the relationship between CF/STS, compassion satisfaction, burnout, and attrition intention, thus testing the hypotheses. The ProQOL-V reported if participants were experiencing STS, burnout, or compassion satisfaction working with mentally ill clients. The Turnover Scale reported participants' intention to resign based on job satisfaction, asking questions like, "To what extent does your current job have a negative effect on your personal well-being?" The ProQOL-V measured the three predictors of CF, STS, compassion satisfaction, and burnout. CF operationally was defined as STS, which is a component of CF (Stamm, 2010). CF is described by the exposure to traumatic narratives in the workplace. This variable was scored by a Likert scale; a score above 57 suggests that the participant is experiencing a high level of CF/STS. This variable had an *SD* 10; alpha scale reliability .8 (Stamm, 2010).

Compassion satisfaction is distinguished as the pleasure and positive feelings associated with helping others on the job (Stamm, 2010). A score higher than 57 suggests that the participant is experiencing a high level of compassion satisfaction. This variable has an *SD* 10; alpha scale reliability .88 (Stamm, 2010). Finally, the ProQOL-V defines burnout as another component of CF (Stamm, 2010). Burnout is feelings of inadequacy

of performing job duties that lead to a sense of hopelessness that conditions will not improve. These feelings can be associated with work demands, including high caseloads and limited resources and non supportive supervision. A score below 18 suggests competent feelings in the work environment. A score above 57 indicates a person is experiencing burnout. This variable has an *SD* 10; alpha scale reliability .75; all three variables have an average scale score of 50 (Stamm, 2010). For example, a high score on CF/STS or burnout, along with a low rating on CS, indicates symptoms of depression that may require treatment (Stamm, 2010). A high score on CS suggests positive feelings about helping others. The ProQOL-V is calculated by reverse items 1,4,15,17,29, calculating the sum for each variable CS, burnout, and CF/STS, and then converting z scores to *t* scores.

Data Analysis Plan

An updated revision of SPSS software analyzes the data. The software cleaned the data, code dataset, conduct descriptive statistics, and conduct analyses. Survey monkey was programmed to exclude any surveys that did not meet the criteria. The research question is: Does CF/STS, CS, and burnout predict attrition intention in African American MPHs?

This study is a correlational study that utilized a quantitative survey with non-random sampling. The statistical test is a multiple regression method. This method allowed the researcher to analyze the correlation of the multiple variables in sets. The multiple regression method is utilized to predict relationships. This method revealed if there is a statistical correlation between CF/ STS, CS, and burnout with attrition

intention. The multiple regression analysis has several assumptions, such as the independent and dependent variables have a linear relationship (Green & Salkind, 2011). The second assumption of multiple regression is that the multivariate normality is distributed with each variable (Green & Salkind, 2011). When the multivariate normality distribution is not met, then only a linear relationship can occur. Thirdly there is no multicollinearity when the independent variables are not significantly correlated with each other. Finally, the homoscedasticity assumption is that the values of the variables are independent of the other values of the same variable (Green & Salkind (2011). The inclusion of these three predictors (CF/ STS, burnout, CS) tested the hypotheses if they are significant predictors of attrition intention.

Threats to Validity

External Validity

This section will encompass the threats to external validity, including testing reactivity, interaction effects of selection and experimental variables, the specificity of variables, reactive effects of experimental arrangements, and multiple-treatment interference. In general, the testing reactivity could be a threat to an experimental study utilizing a pre and post-test (Creswell, 2009). However, this study is non-experimental, utilizing two assessments without a pre and post-test. The interaction effect of selection could be a threat due to the researcher utilizing a non-random sample of a varied number of African American MHPs that will be recruited within the United States. Due to the participants' specific characteristics, the researcher cannot generalize to other MPHs (Creswell, 2009). For the threat of validity with experimental variables, participants will

answer questionnaires online and have no contact with the researcher. The specificity of variables has been addressed by clearly operationally defined variables based on the instrument's definition. The reactive effects of experimental arrangements may be a threat due to the nature of the questions and participants being aware of what is being studied. Finally, multiple-treatment interference in this study is non-experimental; there will be no treatment groups.

Internal Validity

According to Creswell (2009) internal validity threats are the barriers that restrict the researcher from drawing inferences from the populations data. The threats of internal validity can involve experiences and procedures. According to Stamm (2010) the internal threats stated below can be generalized to other populations among professionals such as social workers, nurses, firefights, teachers, lawyers, and others. This section will identify the threats to the internal validity that can impact this study.

Due to the present time of the COVID-19 mental therapists are utilizing telehealth practices. This pandemic may cause an internal threat to validity due to the stress, pressure, and adjustment from providing face-to-face office visits to learning how to utilize telehealth services. Due to COVID-19, participants may score higher on both assessments. How this will be addressed is the assessments have a measure of error; therefore, if participants score within range, higher scores within that range will not impact the data. In general, maturation can be a threat if participants change during the study (Creswell, 2009). However, there is a one-time online survey in this study that ascertains the participant's present symptoms and the past 30 days. Another threat is the

testing instruments being utilized if they are unable to assess the variables. In this study, the instruments selected were explicitly designed to test CF, compassion satisfaction, burnout, and attrition intention. Experimental mortality will cause a threat if a large percentage of participants drop out of the study. However, the researcher plans to recruit a large sample size. The selection-maturation was not a threat due to non-random selection allowing the participant to have the same characteristics for equal distribution to test the hypotheses.

Construct Validity

Threats to construct validity addresses any overall issues in the research design that prevents measuring the variables. According to Stamm (2010) the ProQOL-V was designed to test CF/STS, burnout, and compassion satisfaction for MPHs. Stamm (2010) reported the instruments construct validity is reliable and has been utilized for more than 200 research articles. The Turnover intention scale is a predictive measure that is a valid measure of turnover intention that does predict attrition (Bothma & Roodt, 2013). Therefore, the researcher did not recognize any threats in the construct of validity.

Ethical Procedures

The researcher assessed ethical risks, including psychological, legal, relationship, economic/professional, and physical risks. The psychological risks are low; assessments did not include any scoring method; therefore, no personal evaluation can be assessed. There is no relationship risks researcher does not work or provide any services with the participants. Also, there are no legal risks due to no violation of laws, and participants are all adults giving their consent. The economic/professional risk is not applicable due to

participants' personal and professional information is anonymous and voluntary, with no violation of workplace policies. The physical risks are not applicable. The researcher did not have any physical contact with potential research participants, and the participants did not have physical contact with one another. A snowball sample, convenience sampling method, and professional websites will be used to recruit participants. To protect the participates, no personal information was documented, and the study was approved by the Walden University Institutional Review Board (approval number **08-24-200251302**) to ensure all ethical guidelines were followed.

Summary

This research study is a nonexperimental quantitative survey design. The methodology of this study required a multiple regression method that utilized survey monkey to collect data. The population is African American MHPs, and the participants were individuals from the population that meet the criteria for the study. Data was collected using the snowball sample method, convenience sampling method, and professional websites. This study is voluntary and anonymous. Participants were emailed an introduction letter that included consent information and resources for counseling and self-help, followed by a link to survey monkey. The professional websites engage participants with an invitation post. When the post is accessed, there is an invitation, informed consent with a link to survey monkey. The instruments being utilized to measure CF, compassion satisfaction, burnout is the ProQOL-V, the Turnover Intention Scale measured attrition intention, and a demographic questionnaire. Chapter four reveals the results of the surveys.

Chapter 4: Results

Introduction

The purpose of this study was to examine the relationship between CF, burnout, compassion satisfaction, and attrition intention. This chapter includes the data results using SPSS multiple linear regression. The study was quantitative, and the research question and hypotheses were:

RQ: Do compassion satisfaction, burnout, and CF predict attrition intention in African American MPHs?

$H_0$1: Compassion satisfaction does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a1: Compassion satisfaction has a statistically significant correlation with attrition intention among African American MPHs.

$H_0$2: Burnout does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a2: Burnout has a statistically significant correlation with attrition intention among African American MPHs.

$H_0$3: CF does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a3: CF has a statistically significant correlation with attrition intention among African American MPHs.

This chapter will provide results for the data collection and results of statistical analysis.

Data Collection

The data collection was from August 29, 2020, to October 1, 2020. The population utilized for this study comprised African American MPHs. The sample size collected was from the target population. According to the U.S. Bureau of Labor Statistics (2017), there are 577,000 MPHs in the United States, including licensed professional counselors, clinical social workers, marriage and family therapists, psychologists, and master's level substance abuse counselors. Between 2010-2016 psychologists made up of 166,00, substance abuse counselors 203,040 (a decrease of 23% from 2010 to 2016)), licensed professional counselors139,820, psychiatrists 25,250 (a 36% decrease from 2010 to 2016), and marriage and family therapists 42,880 (an increase of 37% from 2010 to 2016). Out of this 577,000, 10% are African American (Maura and Weisman de Mamani, 2017).

Based on the literature, MHPs who experience trauma narratives are at risk for psychological distress, STS, or burnout, which can be an occupational hazard (Halevi & Idisis, 2018). The literature also found a gender disparity in that MHPs are majority female. Halevi & Idisis (2018) conducted a study on who helps the helper and found that out of 134 participants, only 6% (20) were male. This study also found participants were 94% female. The demographics of this study reflect the literature.

I utilized online professional websites and emails to contact participants. I also used the snowball method to attain the required sample size. The projected sample size was 150 African American MPHs; however, only 104 surveys are accumulated. The overall response rate was 86% of the 104 surveys that were collected. Out of the104

surveys collected, five percent of the surveys were incomplete, leaving $N = 99$ surveys. The data collection was executed from the plan presented in Chapter 3, and there were no discrepancies. I used SurveyMonkey to administer the surveys, and the participants were given the consent form online or by email with a link to the survey.

My barriers to not collecting the projected sample size may have been due to America's current political climate and the pandemic. According to Akintobi et al. (2020), Covid-19 has caused a level of distress due to quarantining with family members, teaching school-age children at home, small businesses closing or downsizing, working from home, and social distancing, which have invoked feelings of isolation, hopelessness, anxiety, depression, and helplessness. Both Covid-19 and the 2020 election year may have contributed to stress among the African American MHP population due to the conflicting values and beliefs (Akintobi et al., 2020). The conditions of racism, the pandemic, and the divide in 2020 may have emotionally impacted the African American MHPs. These circumstances could have overwhelmed this population that may not have had time or motivation to complete one more task.

Demographics

The participants were African American MPHs who had an active license as a licensed professional counselor, clinical social worker, marriage and family therapist, psychologist, or master’s level substance abuse counselor. The African American MPHs were of African descent and resided in the United States. In this section I report the demographics of the participants.

To gather a better understanding of these demographics, I compared them to the generalized population. The U.S. Bureau of Labor Statistics (2017) report for gender statistics included only women. The U.S. Bureau of Labor Statistics found that 72,900 mental health counselors were Caucasian women, and 9,400 were African American women. For psychologists, Caucasian women were 82,700 and African American women were 11,800. Of substance abuse counselors, Caucasian women made up 70,200, and African American women were 25,400. When examining the states, the U.S. Bureau of Labor Statistics (2017) found the highest population of MHPs as of 2016 are in California, which employs 15,300. Pennsylvania employs 13,020, Virginia 8,980, New York 6,970, and Massachusetts employs 6,830. When reporting settings, it was found that 34% of psychologists own private practices or are independent consultants. Also, 30,000 mental health counselors are employed at an individual and family mental health facility. Table 1 shows part-time and full-time results. Participants who worked full-time were 77%, and 21% worked part-time.

Table 1

Demographic Frequency and Percentage of Part-Time and Full-Time

	Frequency	Percent	Valid percent	Cumulative percent
Part-time	22	21.2	21.4	21.4
Full-time	77	77.8	78.6	100.0
Total	99	100.0		

Note. (N = 99)

Table 2

Demographic Frequency and Percentage of Settings

	Frequency	Percent	Valid percent	Cumulative percent
Social service	2	2.0	2.0	2.0
College -univ	6	6.1	6.1	8.2
Hospital	7	7.1	7.1	15.3
Mental health	26	26.3	26.5	41.8
Private	57	57.6	58.2	100.0
Total	98	99.0	100.0	

Note. (*N* = 99). The majority of participants came from a private practice, 57%, and 26% worked at a mental health facility. There was one participant who did not answer the question.

Table 3

Demographic Frequency and Percentage of Gender

	Frequency	Percent	Valid percent	Cumulative percent
Female	94	94.9	94.9	94.9
Male	5	5.1	5.1	100.0
Total	99	100.0	100.0	

Note. (*N* = 99).

Table 4

Frequency and Percent of Age Group

Age	Frequency	Percent	Valid percent	Cumulative percent
18-29	9	54.0	54.0	54.0
30-44	68	28.4	28.4	82.4
45-59	19	17.6	17.6	100.0
60+	3	100.0	100.0	
Total	99	100.0	100.0	

Note. (*N* = 99). The largest age group was 68% of the participants ranged from 30-44, and the other large group was 16% ranging from 45-59.

Table 5

Demographic Frequency and Percentage of States

	Frequency	Percent	Valid percent	Cumulative percent
AK	1	1.0	1.0	2.0
AL	3	3.0	3.0	5.1
AR	1	1.0	1.0	6.1
AZ	1	1.0	1.0	7.1
CA	6	6.1	6.1	13.1
CO	1	1.0	1.0	14.1
CT	1	1.0	1.0	15.2
DC	1	1.0	1.0	16.2
FL	6	6.1	6.1	22.2
GA	8	8.1	8.1	53.5
IL	7	7.1	7.1	30.3
IN	1	1.0	1.0	38.4
KS	1	1.0	1.0	39.4
KY	2	2.0	2.0	41.4
LA	3	3.0	3.0	44.4
MA	1	1.0	1.0	45.5
MD	5	5.1	5.1	50.5
MI	4	4.0	4.0	54.5
NC	7	7.1	7.1	61.6
NH	1	1.0	1.0	62.6
NJ	1	1.0	1.0	63.6
NY	3	3.0	3.0	66.7
OH	3	3.0	3.0	69.7
OR	1	1.0	1.0	70.7
PA	3	3.0	3.0	73.7
SC	1	1.0	1.0	74.7
TX	17	17.2	17.2	91.9
VA	6	6.1	6.1	98.0
WA	1	1.0	1.0	99.0
WV	1	1.0	1.0	100.0
Total	99	100.0	100.0	

Note. (N = 99). Participants resided from all over the United States, but Texas had the largest percentage at 17%.

Table 6

Demographic Frequency and Percentage Years of Experience

Participants	Frequency	Percent	Valid percent	Cumulative percent
2.00	2	2.0	2.0	2.0
3.00	6	6.1	6.1	8.1
4.00	3	3.0	3.0	11.1
5.00	6	6.1	6.1	17.2
6.00	4	4.0	4.0	21.2
7.00	8	8.1	8.1	29.3
8.00	10	10.1	10.1	39.4
9.00	1	1.0	1.0	40.4
10.00	9	9.1	9.1	49.5
11.00	3	3.0	3.0	52.5
12.00	3	3.0	3.0	55.6
13.00	2	2.0	2.0	57.6
14.00	4	4.0	4.0	61.6
15.00	7	7.1	7.1	68.7
16.00	3	3.0	3.0	71.7
17.00	2	2.0	2.0	73.7
18.00	3	3.0	3.0	76.8
19.00	1	1.0	1.0	77.8
20.00	7	7.1	7.1	84.8
21.00	2	2.0	2.0	86.9
22.00	3	3.0	3.0	89.9
23.00	1	1.0	1.0	90.9
24.00	1	1.0	1.0	91.9
25.00	6	6.1	6.1	98.0
27.00	1	1.0	1.0	99.0
30.00	1	1.0	1.0	100.0
Total	99	100.0	100.0	

Note. (*N* = 99). Years of experience varied from one year to 10 years.

Table 7

Demographic Frequency and Percentage of Licenses

	Frequency	Percent	Valid percent	Cumulative percent
License pro coun	41	41.4	41.4	41.4
Clinical soc work	37	37.4	37.4	78.8
Marriage & fam	6	6.1	6.1	84.8
Subst-abuse coun	6	3.0	3.0	87.9
Psychologists	9	6.1	6.1	100.0
Total	99	100.0	100.0	

Note. (*N* = 99). Licensed professional counselors made up 41%, a licensed clinical social worker made up 37%, and the other licenses made up 21%.

Results

This section will discuss the findings based on the data analysis and the hypotheses testing utilizing a Multiple Linear Regression. The research question was:

RQ: Do compassion satisfaction, burnout, and CF predict attrition intention in African American MPHs?

The analysis started with checking the assumptions using the linear regression in SPSS. Figure 1 shows the scatterplots that burnout and STS have a moderately strong correlation. The coefficients' results found a multicollinearity output, which caused a contradiction due to the ANOVA model being significant reporting $F(3,97) = 5.762$, $p<.00$ (refer to table 8). The multicollinearity shows STS and burnout are strongly

correlated (refer to figure 1). Although the VIF values are below ten, therefore assumptions are met. Figures 2 and 3 show the results of normality and homoscedasticity.

However, the coefficients model revealed all three independent variables were not significant in predicting attrition but the ANOVA model being significant implies the model is useful (refer to table 9). Therefore, due to the contradiction, the three independent variables were entered into stepwise, which removed the multicollinearity variables.

Table 8

Linear regression ANOVA

Model		Sum of squares	df	Mean square	F	Sig.
1	Regression		3	146.833	5,762	
	Residual	440.499	95	25.484		.001b
	Total		98	24.930		
		2420.991				
		2861.490				

Note. a. Dependent Variable: ATTRITION b. Predictors: (Constant), BURNOUT

Table 9

Coefficients

		Unstandardized coefficients		Standardized coefficients			Collinearity statistics	
Model		B	Std. Error	Beta	t	**Sig**.	Tolerance	VIF
1	(Constant)	16.808	8.113		2.072	.041		

	CS	-.184	.151	-.152	-1.220	.225	.571	1.751
	BURNOUT	.329	.179	.290	1.841	.069	.359	2.784
	STS	-.016	.114	-.018	-.140	.889	.550	1.818

Note. a. Dependent variable: ATTRITION.

Figure 1

Scatterplot

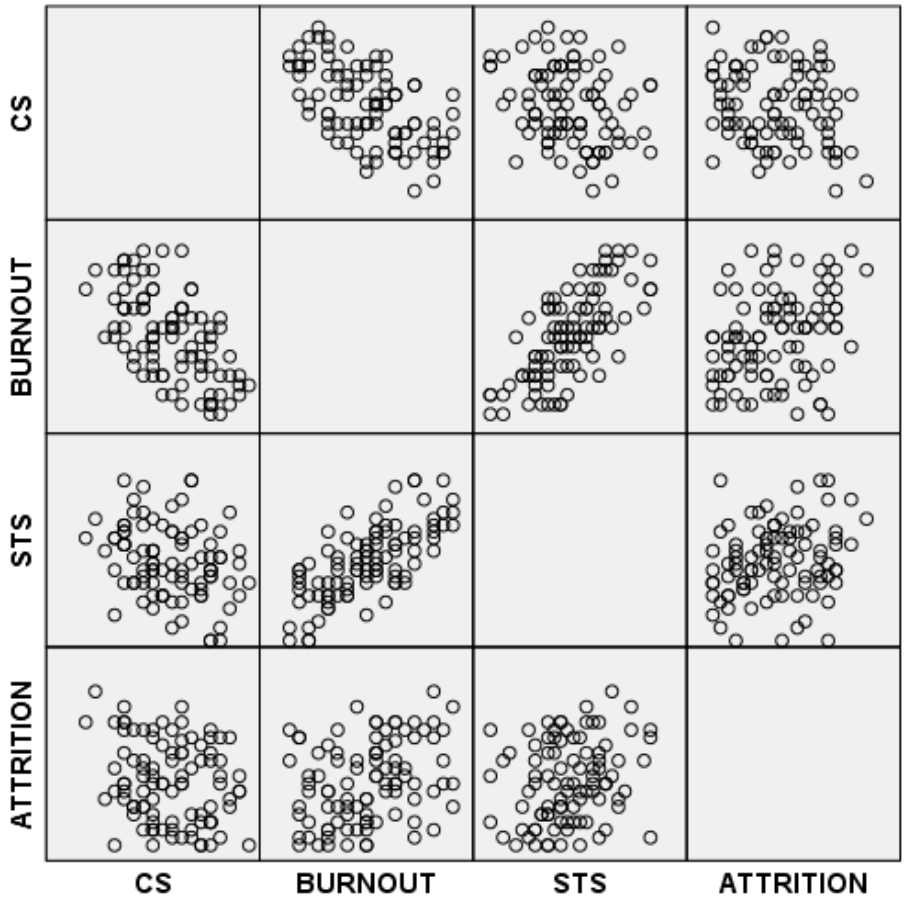


Figure 2

Normal Plot or Regression Standardized Residual

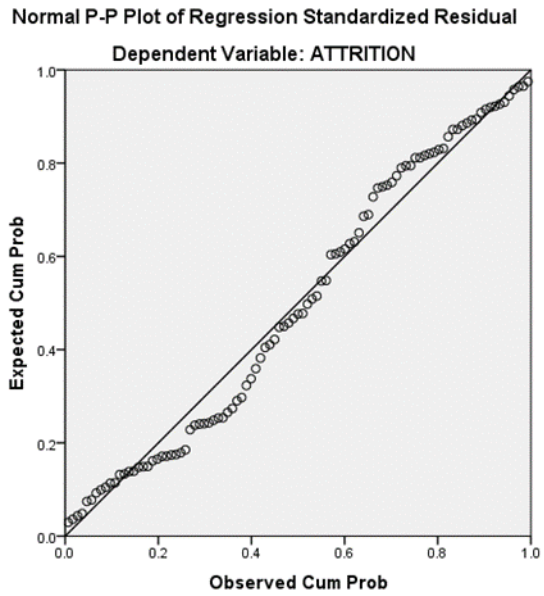
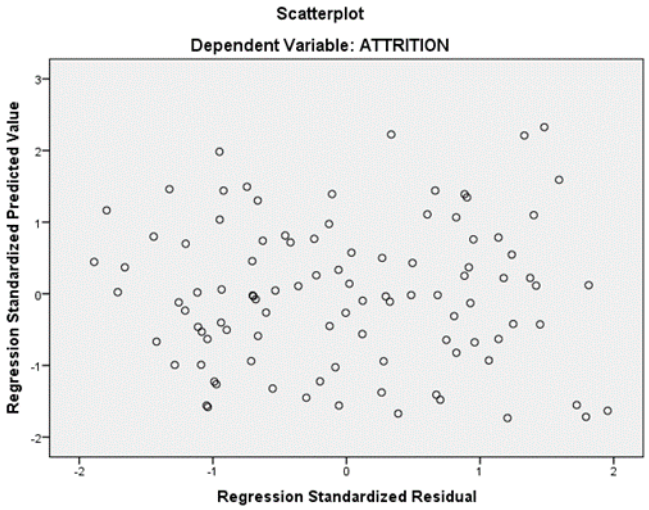


Figure 3

Homoscedasticity



Figures 2 and 3 show the normality and homoscedasticity, which assumptions have been met.

Table 10

Statistics

Statistics					
		CS	BURNOUT	STS	ATTRITION
N (Sample Size)	Valid	99	99	99	99
	Missing	0	0	0	0
Mean (i.e., Average)		41.3232	20.5244	23.6263	15.5917
Median (midpoint)		41.0000	21.0000	23.0000	15.0000
Mode (most common)		40.00	21.00	20.00[a]	15.00
Std. Deviation		4.48314	4.76302	6.04504	5.40360
Minimum		29.00	12.00	11.00	7.00
Maximum		50.00	30.00	46.00	28.00
Percentiles	25	38.0000	16.9192	20.0000	11.0000
	50	41.0000	21.0000	23.0000	15.0000
	75	45.0000	24.0000	28.0000	20.0000

Note: a. Multiple modes exist. The smallest value is shown.

Table 10 displays descriptive statistics for the independent variables and dependent variables compassion satisfaction, burnout, STS, and attrition.

Table 11

Descriptive Statistics

	Mean	Std. deviation	N
CS	41.3232	4.48314	99
BURNOUT	20.5244	4.76302	99
STS	23.6263	6.04504	99
ATTRITION	15.5917	5.40360	99

The Pearson Correlation was then conducted to assess the correlation (N = 99) (refer to table 11) between the independent variables CS, CF/STS, and burnout with the dependent variable attrition intention. The table reveals that burnout and compassion satisfaction are significant at the $r(97) = -.611$ $p < .000$. The hypotheses for burnout were:

$H_0$2: Burnout does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a2a: Burnout has a statistically significant correlation with attrition intention among African American MPHs.

Based on the Pearson Correlation burnout and attrition intention is $r(97) = .372$, $p < .001$, there is a significant positive relationship between burnout and attrition intention; when burnout increases, then attrition intention increases, which supports the alternative hypothesis.

The hypotheses for CS were:

$H_0$1: Compassion satisfaction does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a1: Compassion satisfaction has a statistically significant correlation with attrition intention among African American MPHs.

The results found that compassion satisfaction had a negative statistically significant effect; thus, when CS increases attrition, intention decreases $r(97) = .326$, $p < 0.001$, which supports the alternative hypothesis. The Pearson Correlation also revealed CS and CF/STS $r(97) = .202$, $p < 0.045$; there is a statistically significant negative relationship between CS and CF/STS when CS increases, then CF/STS tends to decrease. CS and

burnout are $r(97) = .611$, $p < 0$; there is a statistically significant negative relationship between CS and burnout when CS increases burnout decrease.

The hypotheses for CF/STS were:

$H_0$3: CF does not have a statistically significant correlation with attrition intention among African American MPHs.

H_a3: CF has a statistically significant correlation with attrition intention among African American MPHs.

The results also found burnout and CF/STS is $r(97) = .630$, $p < 0$; there is a significant positive relationship between burnout and CF/STS when burnout increases, CF/STS tends to increase. Lastly, the correlation between CF/STS and attrition intention is $r(97) = .195$, $p < .053$; there is not a statistically significant relationship between CF/STS and attrition intention, which supports the null hypothesis.

Table 12

Pearson Correlations

	CS	BURNOUT	STS	ATTRITION INTENTION
CS				
Pearson Correlation	1	.611**	.202*	.326**
Sig. (2-tailed) (i.e., pv)		.000	.045	. 001
N	99	99	99	99
BURNOUT				
Person Correlation	.611**	1	.630**	.372**
Sig. (2-tailed) (i.e., pv)	.000		.000	.000
N	99	99	99	99
STS				
Person Correlation	.202*	.630**	1	.195
Sig. (2-tailed) (i.e., pv)	.045	.000		.053
N	99	99	99	99
ATTRITION				
Person Correlation	.326**	.372**	.195	1
Sig. (2-tailed) (i.e., pv)	.001	.000	.053	
N	99	99	99	99

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

Multiple Linear Regression

Finally, the stepwise regression is utilized to determine which independent variables predict attrition intention. Stepwise removed the variables causing multicollinearity, and the only independent variable to be significant was burnout resulting in $R^2 = .098$, burnout accounts for 9.8% of the variance in attrition intention (refer to table 11). The equation, using burnout, is significant $F(1,91) = 9.898$, $p < .002$. The regression equation is attrition intention= 8.051 + .360 (burnout), meaning on average, for each additional unit increased burnout, the attrition intention score increases by 0.360 points on average. The ANOVA results for burnout and attrition intention were $F(1,91) = 9.898$, $p < .002$, which is statistically significant (refer to table 13). The stepwise coefficients output was significant $p < .002$, meaning burnout is the only predictor of attrition intention. The stepwise regression results revealed no contradictions.

Table 13

Stepwise

Model	Variables entered	Variables removed	Method
1	**BURNOUT**		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

Note. a. Dependent Variable: ATTRITION INTENTION

Table 14

Stepwise Regression Output

Coefficients						
		Unstandardized coefficients		Standardized coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	8.051	2.364		3.405	
	Burnout	.360	.114	.313	3.146	.001
						.002

Table 15

Stepwise ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.	M	SD
Regression	246.752	1	246.752	9.898	.002b	20.5244	4.76302
Residual	268.619	91	24.930				
Total	2515.371	92					

Note. a. Dependent Variable: ATTRITION b. Predictors: (Constant), BURNOUT, The ANOVA results for burnout and attrition intention were $F(1,91) = 9.898$, $p < .002$, which is statistically significant.

Table 16

Model Summary

Model	R	R Squares	Adjusted R square	Std. error of the estimate
1	.313a	.098	.088	4.99298

Note. a. Dependent Variable: ATTRITION INTENTION b. Predictors: (Constant), BURNOUT

Table 17

Stepwise Compassion Satisfaction and Secondary Trauma Stress Variables

Model		Beta In	t	Sig.	Partial correlation	Collinearity statistics Tolerance
1	CS	-.058b	-.467	.641	-.049	.660
	STS	.019b	.131	.896	.014	.500

Note. a. Dependent Variable: ATTRITION b. Predictors in the Model: (Constant), BURNOUT.

This table displays the stepwise results of the two excluded variables, compassion satisfaction ($p < .641$) and STS/CF ($p < .896$), which are not significant.

Summary

The purpose of this study was to answer the research question:

RQ: Do compassion satisfaction, burnout, and CF predict attrition intention in African American MPHs?

Initially examining the data, a contradiction emerged resulting from the multicollinearity variables and the AVOVA showing a significant p<.001 value. Then, Stepwise (to

remove the multicollinearity variables) and the Pearson Correlations were utilized and found that burnout strongly correlated with attrition, which explains the AVOVA p<.002 value and the coefficients model results being significant. Based on the data, burnout $F(1,91) = 9.898$, p<.002, attrition intention = 8.051 + .360 (burnout), is the only predictor of attrition intention in African American MPHs.

The hypothesis results found burnout and attrition intention are $r(97) = .372$, p<.001; there is a significant positive relationship between burnout and attrition intention; when burnout increases, then attrition intention increases, supporting the alternative hypothesis. The results revealed that compassion satisfaction had a negative statistically significant effect; thus, when compassion satisfaction increases, the attrition intention decreases $r(97) = .326$, p<0.001, which supports the alternative hypothesis. The results also showed the correlation between CF/STS and attrition intention is $r(97) = .195$, p<.053; there is not a statistically significant relationship between CF/STS and attrition intention, which supports the null hypothesis.

The demographics revealed the characteristics of the participants. The participants are African American females with ten years of experience working full-time in either a private practice or mental health facility from many states. The participants were mainly licensed professional counselors and licensed independent social workers age 30-44 or 45-59.

There have been a plethora of studies on compassion satisfaction, CF/STS, and burnout. However, these findings are significant in how the job of helping impacts

African American MPHs. The next chapter five will discuss the implications and limitations of these findings.

Chapter 5: Discussion, Conclusion and Recommendation

Introduction

The nature of this study was to examine how compassion satisfaction, CF, burnout, and attrition intention impacts African American MPHs. The relevance of learning about this phenomenon is twofold. First, it provides insight into the conditions or factors that cause this population to leave the field. Secondly, the findings allow a snapshot of how African Americans MHPs are affected by the characteristics of the job.

The importance of learning what causes African Americans MHPs to resign is to increase retention. Research has found a disparity in the lack of mental health services in the African American community (Card, 2017). According to Card (2017), ethnic representation mitigates the stigma and allows African Americans to seek out therapists who look like them. According to Akintobi et al. (2020), it is expected that COVID-19 will negatively impact Americans' mental health. However, the African American community is more vulnerable to the pandemic, exacerbating the mental health disparities of hopelessness, PTSD, depression, and anxiety (Akintobi et al., 2020). Therefore, discovering ways to mitigate the stigma of mental health services for the African American communities is paramount.

This study was also conducted to add to the body of research specifically on African American MHPs. The research findings could help develop culturally protective factors to promote retention. The results showed that the only predictor of attrition intention is burnout. There is a relationship between compassion satisfaction and attrition intention; when compassion satisfaction increases, attrition intention decreases.

Surprisingly, the research found that there is no statistically significant relationship between CF and attrition intention.

Interpretation of the Findings

This study was implemented to answer the research question:

RQ: Do compassion satisfaction, CF, and burnout predict attrition intention in African American MPHs?

Initially, there was a contradiction with the data due to multicollinearity where STS and burnout have a moderately strong correlation. Therefore, the data were entered into stepwise, which eliminated any multicollinearity variables. The stepwise finding confirmed that only burnout is a predictor of attrition intention.

I also found the statistically significant hypotheses were:

- compassion satisfaction has a statistically significant correlation with attrition intention among African American MPHs,
- CF does not have a statistically significant correlation with attrition intention among African American MPHs, and
- burnout has a statistically significant correlation with attrition intention among African American MPHs.

The findings for burnout supported the alternative hypothesis and the literature review. According to Luther et al. (2017), for MHPs employed in community facilities, burnout impacts the quality of care. When MHPs experience burnout, it causes them psychological distress, which can impact the treatment. The researchers also found that MHPs who experience burnout reported low job satisfaction (Luther et., 2017). This

article also depicts how the MHPs' workload or long hours can cause burnout. Therefore, based on the definition of burnout, it is expected that clinicians who are experiencing a sense of hopelessness, job stress, and high caseload would eventually resign. The literature also addresses how productivity demands can cause turnover or attrition intention. According to Franco (2016), when productivity requirements are utilized to measure the value of an MHP, it can decrease job satisfaction, causing a turnover.

Examining CF/STS, interestingly, this study's finding has a contrasting position from the literature review that revealed that CF/STS could have a negative emotional impact on mental health providers. For instance, Shannonhouse et al. (2017) reported that MHPs exposed to secondary trauma stress could experience symptoms of PTSD. The literature review found that CF had a detrimental effect on MHPs. However, CF/STS appeared not statistically significant among the African American MHPs in this study. This finding may support the constructivist self-development theory that suggests MHPs can grow and be resilient when listening to trauma narratives (Saakvitne et al., 1998). It may also imply that African American MHPs enjoy helping others until they reach burnout.

When examining the results for compassion satisfaction, the researcher found a negative correlation when compassion satisfaction increases, attrition intention decreases. When this population experiences job satisfaction, they are less likely to resign. According to Ray et al. (2013), the literature supports this assumption that CF/STS decreases when compassion satisfaction increases. I found that participants who reported compassion satisfaction had limited experience of CF/STS and burnout.

It is apparent based on the literature that MHPs' work environment is vital to their emotional well-being. The CF/STS findings in this study do not support the literature; however, the theoretical interpretation may explain if it is a factor of resilience. Having a better understanding of resilience can aid in discovering protective factors that will decrease burnout.

Theoretical Interpretation

For this study I utilized the constructivist self-development theory that posits there are two ways MHPs process STS (Saakvitne et al., 1998), by psychological distress or resilience. In general, this study's findings suggest that African American MHPs may process STS with resilience. CF did not correlate with attrition intention, meaning the job of the African American MHPs does not cause them distress. According to Card (2017), the African American culture has been conditioned to endure adverse conditions. I posit that African Americans have learned how to mask their pain or find other ways to cope, like having a strong belief in a higher power, self-reliance, and hard work (Card, 2017). The theory also suggests personal characteristics such as age, gender, sociocultural status, developmental stage, personality, individual experiences, and economic status cause a person to vacillate between CF and burnout to resilience (Saakvitne et al., 1998).

Limitations of the Study

A limitation of this study was the sample size being $N = 99$ instead of 150 participants. The projected sample size was 150 participants, and I believe that due to the pandemic and other nationwide crises, the sample size was not obtained. Literature has shown that in many studies on MHPs, the sample size was over a hundred participants. In

this study, the only participants were African American MHPs, who represent 10% of all MHPs in the United States (Maura & Weisman de Mamani, 2017). Therefore, the number of participants (N = 99) was appropriate for the identified population. I can only speculate the impact the additional 51 surveys would have had on the outcomes.

Other limitations could be the demographics such as gender, age, state setting, years of experience, and license not representing a large enough sample size to compare each variable. However, based on the literature, these demographics have been consistent with other studies or data. For example, the population for many studies on mental health clinicians were predominately female. The U.S. Bureau of Labor Statistics (2011) found that 72,900 mental health counselors were Caucasian women, and 9,400 were African American women. This study found 94% of participants were female, and 6% were male, which could skew the results. For this study, the information gathered pertained to mainly African American female MPHs. The age group ranged from 18 to over 60 years old; the two groups that could be compared were 30-44 and 45-59, which is also a limitation. The study can only extrapolate the results from this age range. There were so many participants from different states that the sample size was not large enough to compare them. Settings were also a limitation; only private practice and mental health facilities could be compared. The other settings did not have a large enough sample size. Another limitation was the years of experience of the participants, with most years of experience at ten years. Again, the results can only be viewed from up to 10 years of experience. For licenses, only two disciplines could be examined, which were licensed professional

counselors, and licensed clinical social workers. The others did not have a large enough sample size to compare licenses.

Recommendations

Based on the findings, there are a few prospects for future research studies. One is to study African American MHPs men instead of generalizing the results. Researching this male population would address a gap in the literature. I gathered limited information on this population; also, the literature provides minimal information about male therapists. Baum et al. (2014) stated that many research studies on trauma either exclude male MHPs or do not compare both genders. Secondly, the results suggested that burnout is the cause of attrition intention that happens in the workplace. It could be beneficial to conduct a study that would examine the work environment. The study would analyze the settings such as mental health facilitates, colleges, private practice, or hospitals in regard to attrition intention and what settings are best for MHPs and why. Fukui et al. (2019) reported limited studies on mental health facilities and turnover rates among MHPs. Understanding what setting or environment is the most stressful would help with developing protective factors to prevent burnout. According to Franco (2016) MHPs work environment contributes to their job satisfaction and work stress. This study revealed a correlation that when compassion satisfaction increases, attrition intention decreases. Learning more about the aspects of what causes compassion satisfaction may also help identify more protective factors.

Implications

This study intended to research the predictors that cause African American MHPs to resign. The relevance of discovering what causes attrition intention is to develop cultural protective factors that will create retention. The problem is the underserved African American community that has a history of untreated mental health disorders. According to Dempsey, Butler & Gaither (2016) found that racism, misdiagnosis, and lack of cultural diversity has caused African American to mistrust institutions seeking help for their mental health needs elsewhere. Maura and Mamani (2017) researched 8621 African American mentally ill patients and found they received inadequate care and received fewer follow-up visits than their Caucasian counterparts. The researchers found minorities have higher service dropout rates, less access to mental health care, receive less quality of care, are less likely to receive care, and reported less satisfaction with mental health services than their Caucasian counterparts (Maura & Mamani, 2017).

The literature suggests that if more African Americans could choose ethnic pairing, they may be more inclined to obtain mental health services. Having assessable to mental health services for African Americans would aid in social change by helping this population receive healing by treatment vital to the community. Card (2017) posited that there is a stigma or gap that needs to be a bridge between mental health and the African American community for healing to begin. This study adds to the body of research by recognizing that burnout is a predictor of attrition intention among African American MHPs. This knowledge indicates that protective interventions or self-care help to prevent burnout. It also suggests that African American MHPs are not suffering from CF and

compassion satisfaction is another protective factor. In practice, facilities can educate this population on the definition of burnout to help them identify self-care intervention. Figley (2017) suggested that MHPs should have the same compassion for themselves as their clients by practicing self-care.

Burnout is a psychological condition that occurs over a long period of time (Stamm, 1999). Protective factors can mitigate burnout by providing supervision to help clinicians manage boundaries with work-life balance. Also, supervisors becoming more aware of not assigning caseloads that are not top-heavy with clients with severe mental illness. Yanchus, Periard, and Osatuke (2017) posit that mental health organizations need their supervisors to administer protective factors for MHPs to prevent burnout. Although, clinicians need to be aware of their mental health needs advocating for time off or maintaining a 40-hour work week.

Conclusion

This study supports previous research on compassion satisfaction and burnout. The study discovered that African American MHPs have attrition intention when they are experiencing burnout. It has also revealed that CF/STS is not a predictor of attrition intention and compassion satisfaction decreases attrition intention. These results may suggest that African American MHPs are experiencing resilience when working with trauma clients. Burnout appears to be the condition that causes attrition intention. Learning that burnout is the culprit is good news due to burnout is a condition that happens over time. Therefore, protective factors can prevent burnout within this population by self-care practices and educating mental health facilities on identifying

MHPs experiencing work stress. This knowledge can help address the problem of mental health in the African American community.

For instance, the African American community suffers from depression, anxiety, PTSD, and all other mental health disorders in addition to racism and discrimination that exacerbates or can create these symptoms. Research has discovered that this community is underserved due to their fear and mistrust of the institution of mental health services. Having ethnic representation is one way to combat this stigma and possibly bridge this gap or disparity. This study was conducted to discover what causes African American MPHs to leave the field. If representation is a key factor in our ability to serve this community, then retaining African American MHPs is necessary.

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Appendix A: Demographics

Instructions

Please answer the questions below.

1. **Race**: African American/ Black □ Multiracial /Biracial □ Native American / Alaskan Native □ Asian/Asian American □ Euro-American / White □ Latino American / Hispanic □ Native Hawaiian or Pacific Islander □
Other (Please Specify) _____

2. **Gender**: Male □ Female □ Other □

3. **Age**:

4. **Type of active license**:

Licensed Professional Counselor □
Clinical Social Workers □
Marriage Family Therapist □
Master-level Substance Abuse Counselors □
Psychologists □

5. **Practice setting:**

College/University □
Social Service Agency □
Hospital □
Mental Health Agency □
Private Practice Setting □
Other (Please Specify) _____

6. Years of experience as a mental health professional:

7. **Employment status**: Part-time □ Full-time □

8. How many times you have resigned from a job as a mental health professional due to work stress:

9. How many direct hours do you see clients a week:

10. Do you work with clients that have experienced trauma: yes □ no □