

# **A Mixed-Methods Analysis of Professional Quality of Life, Resilience, and PTSD Among Social Work Practicum Instructors (SWPI)**

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## **Abstract**

This study examines the professional quality of life of social work practicum instructors (SWPI), focusing on their experiences of compassion satisfaction (CS), burnout (BO), secondary traumatic stress (STS), posttraumatic stress disorder (PTSD), and resilience. Using mixed methods, the research explores SWPI's perceptions of professional resilience and the influence of race, ethnicity, and gender on their well-being. Quantitative findings are contextualized through qualitative data, offering a comprehensive understanding of professional experiences. Findings underscore the need for enhanced trauma-informed support, training, and mentoring for SWPI, along with systemic changes to promote antiracist, antioppressive practices and intersectional decision-making in social work education and practice.

*Keywords:* social work practicum instructors; compassion satisfaction; resilience; burnout; mixed methods

The defining purpose of the social work profession is a commitment to serve as an

agent of change toward improving the well-being and health of the most vulnerable people and communities in society, while simultaneously advancing social justice efforts (National Association of Social Workers [NASW], 2021, Preamble). Similarly, this mission extends into academia, where social work practicum instructors (SWPI)<sup>1</sup> are charged with ensuring students receive an educational experience that prepares them to become effective social workers who can uphold the commitment to social justice (Council on Social Work Education [CSWE], 2023). The role that SWPI play in preparing students to become social workers is highly specialized in that they often occupy dual roles as educators and practitioners (Hensley, 2016). SWPI create educational learning environments directly within the practicum setting, creating curriculum that weaves in classroom content, providing supervision and mentoring, and connecting students to professional networks (Hensley, 2016; Lateef et al., 2023; Lotmore, 2014). Commonly, SWPI take on this role voluntarily, motivated by an interest in helping develop future generations of social workers.

While learning to balance the responsibilities and expectations of both of these positions simultaneously can be fulfilling, SWPI also face unique challenges. Lateef et al. (2023) pointed out that SWPI may experience challenges, such as insufficient training, as well as feel a lack of support from their organizations and/or social work programs, which can result in SWPI declining to continue as practicum instructors. Compounding these specific challenges, SWPI are also likely to experience many of the stressors that general, non-SWPI social workers face. For instance, studies have found high levels of work-related stress among social workers (de las Olas Palma-García & Hombrados-Medieta, 2014; Kinman & Grant, 2011; Stanley et al., 2007), which have been exacerbated during the COVID-19 pandemic, as job demands and prolonged stress have increased, taking a further toll on social workers' well-being (McFadden et al., 2022). Lastly, social workers, like other professionals, must contend with systemic and organizational stressors such as racism, sexism, classism, ableism, and various additional interlocking forms of oppression.

Cumulatively, these challenges, especially if they are chronic, can take a toll on SWPI's professional quality of life. Professional quality of life includes "the positive and negative emotions that an individual feels about his or her job as a helper" (Kim et al., 2015, p. 200). Professional quality of life can be measured using scales that assess compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) (Stamm, 2005). Additional indicators include assessments for posttraumatic stress disorder (PTSD), and resilience. While there is robust research within different areas of social work practice related to the elements of professional quality of life (e.g., BO, CS, STS, PTSD, resilience) (Bloomquist et al., 2016; Lateef et al., 2023), there is scant research specifically related to the experiences of SWPI.

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1 We use the term "social work practicum instructors" (SWPI) as opposed to "field" instructors.

Recognizing the invaluable contributions SWPI make to the social work profession, along with the unique set of challenges they experience, this study seeks to fill a gap in the literature, using a mixed-methods analysis to examine the professional quality of life of SWPI. We selected a mixed-methods approach as qualitative data enriches and adds context to quantitative findings, allowing us to deepen our understanding of the professional quality of life of SWPI. Specifically, the study seeks to (a) assess the levels of CS, BO, STS, PTSD, and resilience experienced by SWPI, and (b) understand the intersecting influence of identity markers such as race/ethnicity and gender on SWPI professional quality of life.

## **Literature Review**

We offer a brief literature review to define the indicators of professional quality of life in relation to SWPI. Given the dearth of research on SWPI, we have included literature related to social work practitioners in general. We note that while research samples assessing professional quality of life often include demographics related to gender, they often do not disaggregate racial data, or at times leave out racial data altogether. Table 1 summarizes study findings from administering the professional quality of life (ProQoL) survey (Stamm, 2005) to social workers. Finally, we highlight research (Johnson et al., 2021) that has clearly demonstrated the all-important role of trauma-informed self-care in enhancing the professional quality of life among SWPI.

**Table 1***Comparison of Study Findings Administering the ProQOL to Social Workers*

Author, year	N	Location	% female	Race/ethnicity	Type of SW	STS	CS	BO
Salloum et al., 2015	104	FL	82.7	55.8% White 34.6% Black 20.2% Hispanic	Child welfare workers	High	High	High
Senreich et al., 2020	6,112	13 US states	88.8	83.2% White, 6.2% Black, 3.9% Latino, 1.1% Asian, 5.6% mixed/other	Licensed social workers (various fields)	–	High	–
Prost & Middleton, 2020	776	US	91.9	55.2% African American 38.1% White	Child welfare workers	Mod	High	Mod
Caringi et al., 2017	256	MT	77.0	92.2% White	LCSWs	Low	–	–
Kwong, 2018	208	US	82.0	51.2% Chinese 13.7% Korean 8.9% Japanese 6.5% Filipino 4.2% Asian Indians 6.5% multiracial	Asian-American SWs	Low	Mod	Mod
Current study	110	–	84.9	48.6% White 37.4% Latinx 3.7% A/PI 2.8% AA/Black 2.8% Biracial/ethnic 4.7% other	SW practicum instructors	All: Low Latinx: Low	All: High Latinx: Mod	All : Low Latinx: Low

**Compassion Satisfaction (CS)**

*Compassion satisfaction* is the pleasure and satisfaction that helping professionals find in their work and the degree to which they feel successful and supported by their colleagues (Conrad & Keller-Guenther, 2006). CS is a protective factor for social workers in the face of various types of work-related distress (Conrad & Keller-Guenther, 2006; Kwong, 2018) and components of empathy increase it (Wagaman et al., 2015). Senreich et al. (2020) conducted a survey of 6,112 licensed clinical social workers (LCSWs) to measure the factors affecting CS and workplace stress, and found that “licensed social workers experience considerable satisfaction with their helping role despite their broad range of experiences regarding workplace stress” (p. 104). While this study is not specific to SWPI, it nonetheless demonstrates the importance of CS as a protective factor against workplace stressors. A study of child protection workers and supervisors found more than 70% expressed a strong potential for CS (Conrad & Keller-Guenther, 2006). A separate study highlighted that child welfare

staff who practiced higher levels of trauma-informed self-care experienced higher levels of CS (Salloum et al., 2015). While these studies are encouraging, some studies point to lower levels of CS among social workers. Salloum et al., (2015) noted in their study of child welfare case managers and supervisors that 31.7% of the sample reported low levels of compassion satisfaction. Similarly, Kwong's (2018) study of Asian-American social workers found the overall level of CS as average among the participants, along with a lower level of CS associated with higher levels of burnout.

## **Burnout (BO)**

*Burnout* is defined as "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job" characterized by three dimensions: "overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment" (Maslach & Leiter, 2016, p. 103). Due to the stressful nature of social work, BO is unfortunately very common among social workers (Ratcliff, 2024). The association of high levels of stress and burnout among mental health social workers is well documented in the literature (Coyle et al., 2005), thereby affecting professional quality of life.

## **Secondary Traumatic Stress (STS)**

*Secondary traumatic stress* is viewed as an occupational hazard due to providing direct services to populations experiencing trauma, since listening to descriptions of and/or witnessing trauma may result in symptoms similar to PTSD, such as intrusion, avoidance, and arousal (Bride, 2007). A handful of studies have assessed the prevalence of STS among social workers. Within these studies, mean levels of incidence varied widely: 50% for child welfare workers in Florida (Salloum et al., 2015); 26 % for child welfare workers in five US states (Prost & Middleton, 2020); 22% for Asian-American social workers in the US (Kwong, 2018); and 11% for licensed clinical social workers in Montana (Caringi et al., 2017). Considering the incidence of compassion fatigue among social workers, it is important to note components that appear to mitigate the negative consequences. One study among child welfare workers found that workers who engaged in higher levels of trauma-informed self-care experienced higher levels of compassion satisfaction (Wagaman et al., 2015).

Within the research literature a distinction is made between BO and STS, which are independent of one another, although related (Adams et al., 2006; Conrad & Keller-Guenther, 2006). For example, while BO is conceptualized as a gradual and cumulative process (Rossi et al., 2012), STS may occur after exposure to a single incident (Deville et al., 2009). Additionally, BO and STS can be viewed as two distinct features of a phenomenon known as *compassion fatigue* (Adams et al., 2006). Compassion fatigue "reduces our capacity or our interest in bearing the suffering

of others” (Figley, 2002, p. 1434), diminishing the ability to be empathic. Helping professionals are at risk of compassion fatigue and “emotional exhaustion” when involved in working with clients experiencing trauma (Adams et al., 2006, p. 2). Though this study is not examining compassion fatigue in detail, by assessing the levels of BO and STS we can begin to understand the likelihood SWPI might be experiencing compassion fatigue.

## **Posttraumatic Stress Disorder (PTSD)**

Very few studies have assessed the prevalence of PTSD among SWPI. One study of licensed social workers in Georgia found 15.2% met the core criteria for a diagnosis of PTSD, 50% met the intrusion criterion, and 45% did not meet any of the three core criteria for PTSD despite exposure to working with traumatized clients (Bride, 2007). A study of licensed clinical social workers in Montana found 40.9% met the criteria for PTSD using the Secondary Traumatic Stress Scale as a proxy measure (Caringi et al., 2017).

## **Resilience**

*Resilience* has been defined as “a universal capacity which allows a person, group, or community to prevent, minimize, or overcome the damaging effects of adversity” (Grotberg, 1995, p. 2). It also refers to the “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 543). Resilience is not an absolute or permanent ability or trait, but rather, as suggested by Grotberg (1995), is a dynamic process that develops over time and may vary over time or circumstances.

To cultivate resilience, several elements must converge: the presence and intensity of resilient factors, the exposure to adversity, and the interaction between these factors (de las Olas Palma et al., 2014). The process of resilience involves risk, individual and contextual protective factors, and a positive outcome (Masten, 2001; Werner & Smith, 1993). A positive outcome in one area does not necessarily mean positive outcomes in all areas, e.g., academic success can co-occur with emotional distress (Garmezy, 1993).

Resilience, which is not limited to the ability to resist but also involves the capacity to reconstruct, has been studied using a variety of approaches in recent years. Social workers are considered potentially resilient, as this is an ordinary and universal ability that can be developed by anyone (Masten, 2001). Professional resilience is one strategy for responding to workplace adversity (Jackson et al., 2007). Few studies have investigated resilience in practicing social workers (de las Olas Palma et al., 2014).

## **Project Overview**

Using a mixed method analysis, our study aims to examine the professional quality of life of SWPI. The study seeks to (a) assess the CS, BO, STS, PTSD, and resilience levels of SWPI, and (b) understand the intersecting influence of race/ethnicity and gender identity on SWPI professional quality of life. Specifically, there are three questions this study hopes to answer:

1. To what level do SWPI experience CS, BO, STS, PTSD, and resilience?
2. What are the perceptions of professional resilience among SWPI?
3. What influence does race/ethnicity and gender identity have on the professional quality of life of SWPI?

## **Method**

This study employed a concurrent mixed-methods design, integrating quantitative surveys with qualitative interviews to explore both measurable outcomes and contextual nuances in SWPI's professional experiences. We used a brief, online, self-reported questionnaire to collect, analyze, and integrate qualitative and quantitative data (Creswell & Plano-Clark, 2011). A mixed-methods design provided a dynamic view into the professional quality of life of SWPI, eliciting descriptive and narrative information. Creswell and Plano-Clark (2011) stated that using mixed methods serves to bridge qualitative and quantitative research and answer questions that a singular approach cannot independently answer. This study received approval by the university institutional review board (IRB).

## **Participants and Procedures**

To recruit SWPI, the sampling frame we employed was the practicum instructor database maintained by a social work department at a large urban public university in southern California. An email with a link to the study questionnaire was sent to 300 master's-level SWPI on April 20, 2018. A public verbal request was made during the end-of-year practicum instructor appreciation luncheon on May 16, 2018. Data were collected from April 2018 to June 2018. Of the 138 individuals who initially opened the online survey, 28 did not complete the survey in its entirety, resulting in a final sample of  $N = 110$ , which represents a 36.7% response rate. The entire online survey used in this study took participants an average of 15 minutes to complete. Participation in the study was voluntary and anonymous.

## **Measures**

The Professional Quality of Life Scale (ProQOL) (Stamm, 2010) is a 30-item self-

reported instrument and has three subscales that measure compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS). Respondents are offered a range of possible answers from 1 (*never*) to 5 (*very often*).

The CS subscale (Stamm, 2010) assesses the pleasure one derives from being able to do work well. CS items include “I like my work as a helper” and “I get satisfaction from being able to help others.” The CS scale items are summed to determine CS score and level. Higher scores on this scale represent a greater satisfaction related to one’s ability to be an effective caregiver in their job. The average score is 50 ( $SD = 10$ ; alpha scale reliability = .88).

The BO subscale (Stamm, 2010) assesses feelings of hopelessness and difficulties in dealing with work or in doing one’s job effectively. BO items include “I feel connected to others” and “I feel worn out because of my work as a helper.” The BO scale has five items that are reverse scored and summed to determine the BO score and level. Higher scores on this scale mean higher risk for BO. The average score on the BO scale is 50 ( $SD = 10$ ; alpha scale reliability = .75).

The STS subscale (Stamm, 2010) assesses developing problems due to work-related, secondary exposure to traumatically stressful events. STS items include “I jump or am startled by unexpected sounds” and “I am preoccupied with more than one person I help.” The STS scale items are summed to determine the score and level of STS. Higher scores on this scale indicate a greater risk of STS. The average score on this scale is 50 ( $SD = 10$ ; alpha scale reliability = .81).

### ***PTSD Scale***

The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) assesses risk for traumatic stress symptoms (Prins et al., 2016). The PC-PTSD-5 (five items) is identical to the PC-PTSD (four items), with a revised item and the addition of a fifth item (“Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?”) to reflect the changes of PTSD criteria from the DSM-IV to the DSM-5. A cut-point of three on the PC-PTSD-5 (i.e., respondent answers “yes” to any three of five questions about how the traumatic event(s) have affected them over the past month) is optimally sensitive to probable PTSD.

### ***Resilience Scale***

The Connor-Davidson Resilience Scale (CD-RISC 10) is an authorized self-rated 10-item version of the CD-RISC 25 (Davidson & Connor, 2018). The CD-RISC 10 score range is 0 to 40. Participants are directed to respond to items (e.g., “Under pressure, I stay focused and think clearly” and “I believe I can achieve my goals, even if there are

obstacles”) with reference to the previous month. Respondents are offered a range of possible answers from 0 (*not true at all*) to 4 (*true nearly all the time*). Scoring is based on summing the total of all items.

## **Participant and Qualitative Data Collection**

The following participant characteristics were collected: race/ethnicity, gender identity, age, highest educational level, years of direct services work experience, total years of supervisor/administrative experience, and current job type. Qualitative information was captured through surveys that included one single-item, open-ended qualitative question exploring SWPI experiences and perceptions of their professional resilience. The qualitative question posed was “What would you like to say about your professional resilience?” A text box followed the question for narrative comments.

## **Mixed-Methods Design**

This study employed a mixed-methods approach to triangulate qualitative and quantitative data, aiming to provide a more comprehensive understanding of professional resilience. While quantitative measures offered standardized assessments, the qualitative component captured contextual nuances and participants’ lived experiences, facilitating a deeper exploration of resilience and its contributing factors.

## **Data Analysis**

Quantitative data were analyzed using the Statistical Package for Social Science (SPSS), version 27. Descriptive statistics (i.e., frequency distributions for all categorical variables and means and standard deviations for interval or ratio-level variables), reliability statistics (to assess the internal consistency of each scale), and correlation analyses were computed. Chi-square tests were performed with categorical variables, and *t* tests were performed with continuous variables. All significance values shown were based on two-tailed tests. Descriptive statistics allowed for summarization and description of the quantitative data. Based on racial and gender characteristic differences, we analyzed ProQOL subscales for the total sample and for the Latinx subgroup to assess differences.

We used a thematic analysis for the qualitative data to analyze, identify, and report patterns revealed within the data, providing a rich and thorough explanation of the data (Vaismoradi et al., 2013). Through an open coding process, in vivo codes using participants’ words were logged in a codebook from which categories were generated. Due to the limited number of participant responses, a manual frequency

count of categories was conducted, color-coding each distinct category found to distinguish them from each other and identify emerging themes. Data was drawn and arranged into categories, patterns, themes, and relationships emerging from and grounded in data, with an a priori focus on a single theme: *perceptions of professional resilience* among SWPI. Qualitative data were disaggregated and analyzed by race/ethnicity (White/Latinx) and gender identified by participants (male/female). Although one primary researcher coded the data, peer debriefing and support among the research team was conducted throughout the analysis to strengthen the trustworthiness of the study, making sure to consider areas of power, privilege, racial, gender, and class dynamics, and how those factors might impact the data (Padgett, 2017).

### Quantitative Results

Participants in this sample were primarily female (84.9%;  $n = 90$ ), White/Caucasian (48.6%;  $n = 52$ ), or Latinx (37.4%;  $n = 40$ ), and ranged in age from 26 to 78 ( $M = 43.79$ ,  $SD = 11.96$ ). Participant characteristics are summarized in Table 2. The mean Primary Care PTSD screen score was well below the cut-point of 3 (optimally sensitive to probable PTSD). A total of 13 (12.6%) participants endorsed three or more PTSD symptoms on the PC-PTSD. Most (60.7%;  $n = 67$ ) reported having experienced a traumatic event in their lifetime, with some at risk for traumatic stress symptoms such as avoidance (18%;  $n = 20$ ), nightmares (17%;  $n = 19$ ), being numb (17%;  $n = 19$ ), on guard (12%;  $n = 13$ ), and feelings of guilt or blame (6%;  $n = 7$ ).

Among Latinx respondents, a total of 5 (13.2%) participants endorsed three or more PTSD symptoms on the PC-PTSD. Most (65.8%;  $n = 25$ ) Latinx participants reported having experienced a traumatic event in their lifetime, with some at risk for traumatic stress symptoms: nightmares (24%;  $n = 9$ ), avoidance (21%;  $n = 8$ ), being on guard (16%;  $n = 6$ ), being numb (13%;  $n = 5$ ), and having feelings of guilt or blame (5%;  $n = 2$ ). Results show 27.5% ( $n = 11$ ) of BIPOC respondents reported suffering nightmares, while 17.6% ( $n = 9$ ) of White respondents reported the same, though the difference was not statistically significant.

**Table 2***Participant Characteristics*

	All SWPI <i>n</i> (%)	Latinx SWPI <i>n</i> (%)
Gender		
Female	90 (84.9)	33 (84.6)
Male	15 (14.2)	5 (12.8)
Non-binary	1 (0.9)	1 (2.6)
Race/Ethnicity		
White/Caucasian	52 (48.6)	
Latinx/Chicanx	40 (37.4)	40 (100)
Asian/Pacific Islander	4 (3.7)	
African American/Black	3 (2.8)	
Biracial/bi-ethnic	3 (2.8)	
Other	5 (4.7)	
Educational level		
MSW	101 (96.2)	38 (95.0)
Doctorate	4 (3.8)	2 (5.0)
At-risk for PTSD symptoms	13 (12.6)	5 (13.2)
Job type		
Direct services	51 (48.1)	22 (55/0)
Supervisor	55 (51.9)	18 (45.0)
	<i>n</i> , (mean, <i>SD</i> )	<i>n</i> , (mean, <i>SD</i> )
Age	103 (43.8, 12.0)	37 (40.4, 9.5)
CS	102 (42.3, 5.2)	39 (41.9, 5.4)
STS	102 (20.8, 5.6)	37 (21.4, 5.6)
Burnout	101 (21.0, 5.0)	39 (21.4, 5.2)
Resilience	105 (31.2, 4.9)	38 (31.2, 4.6)
PC-PTSD	72 (0.9, 1.5)	27 (1.0, 1.3)

The mean score for compassion satisfaction (ProQOL) was 42.3 ( $SD = 5.2$ ), indicating moderate to high satisfaction. The burnout (ProQOL) mean score was 21.0 ( $SD = 5.0$ ), reflecting low to moderate risk. Secondary traumatic stress (ProQOL) mean score was 20.8 ( $SD = 5.6$ ), also suggesting low to moderate risk. Resilience, measured using the CD-RISC 10 scale, had a mean score of 31.2 ( $SD = 4.9$ ), similar to the general population and indicative of moderate resilience levels. Among Latinx participants, these measures reflected similar trends: compassion satisfaction ( $M = 41.9$ ,  $SD = 5.4$ ), burnout ( $M = 21.4$ ,  $SD = 5.2$ ), secondary traumatic stress ( $M = 21.4$ ,  $SD = 5.6$ ), and resilience ( $M = 31.2$ ,  $SD = 4.6$ ).

In bivariate correlations, burnout showed a moderate and significant inverse correlation with both compassion satisfaction and resilience. BO and STS, as well as CS and resilience, showed moderate and significant positive correlations. The mean scale scores and significant bivariate correlations for study variables are summarized in Table 3.

**Table 3**

*Means, Standard Deviations, Reliabilities, and Correlations of Study Variables for all SWPI*

Variable	Mean	SD	Cronbach's alpha	Var. 1	Var. 2	Var. 3	Var. 4	Var. 5	Var. 6	Var. 7	Var. 8	Var. 9
1. Age	43.79	11.96										
2. Gender				.03								
3. Race				.28**	.04							
4. Years of practice	16.59	10.74		.86**	.12	.20*						
5. Years as supervisor	8.49	8.01		.77**	.07	.17	.77**					
6. CS	42.07	5.23	.87	.15	.02	-.03	.24*	.26**				
7. STS	20.68	5.59	.82	-.13	.05	-.12	-.12	-.19	-.26**			
8. Burnout	20.92	5.04	.80	-.03	-.03	-.19	-.19	-.19	-.62**	.66**		
9. PTSD	.70	1.32	.82	.01	-.14	-.23	-.23*	-.11	-.05	.30**	.24*	
10. Resilience	31.23	4.88	.86	-.09	-.09	.17	.17	.22*	-.56**	-.15	-.46**	.03

\*  $p < .05$

\*\*  $p < .01$

A chi-square test of independence showed that there was a significant association between ethnicity (Latinx) and the risk of STS:  $X^2 (22, N = 106) = 35.75; p = .032$  (Cramer's  $V = .581$ ). A chi-square test of independence showed that there was a significant association between Latinx ethnicity and one STS item: "I feel depressed because of the traumatic experiences of the people I help,"  $X^2 (3, N = 107) = 8.85; p = .031$  (Cramer's  $V = .288$ ).

Overall, the descriptive data provide critical information to understanding levels of CS, BO, STS, PTSD, and resilience among SWPI. To sum, SWPI generally experience

high levels of CS and low levels of BO and STS, with moderate resilience, though a small percentage (12.6%) reported PTSD symptoms. Latinx SWPI align with these trends, showing moderate CS and low BO and STS, indicating overall satisfaction, but highlighting the need to enhance resilience further.

## Qualitative Results

Research question 2 in our study aimed to understand the perceptions of professional resilience among SWPI. We also disaggregated data based on ethnicity/ race and gender to initiate a preliminary exploration of the potential influence these identities play in the professional quality of life of SWPI (question 3). Through an open coding process, in vivo codes using participants' words to capture their experiences and perceptions were logged in a codebook from which categories were generated after data saturation was reached.

Our thematic analysis identified four categories as recurring topics relevant to male participants' perceptions of professional resilience. The categories were grouped into two major themes. One theme, *individual care* (categories: *individualism* and *self-reliance*), describes White males' perceptions of professional resilience. A second theme, *mutual care* (categories: *collectivism* and *interdependence*), describes Latinx males' perceptions of professional resilience.

A similar thematic analysis was conducted for female participants. Six categories were identified as recurring topics relevant to female participants' perceptions of professional resilience. The categories were also grouped into two major themes. One theme, *self-preservation* (categories: *avoidance*, *detachment*, and *separation*), describes White females' perceptions of professional resilience. A second theme, *self-efficacy* (categories: *confidence*, *optimism*, and *resilience*), describes Latinx females' perceptions of professional resilience. The following sections describe the themes and categories derived from the questionnaires, illustrated with quotations from participants (see Table 4 for a summary of the qualitative themes).

Table 4

Summary of Qualitative Themes

Perceptions of professional resilience, male SWPI	Theme 1: Individual care (individualism and self-reliance) Theme 2: Mutual care (collectivism and interdependence)
Perceptions of professional resilience, female SWPI	Theme 1: Self-preservation (avoidance, detachment, separation) Theme 2: Self-efficacy (confidence, optimism, resilience)

Perceptions of Professional Resilience, Male SWPI

Theme 1: Individual Care (Individualism and Self-reliance)

Four male participants responded to the qualitative survey question. Although this low number represents a limitation to the study, a strength lies within the equal proportion of White male respondents to Latinx male respondents (White,  $n = 2$ ; Latinx,  $n = 2$ ). A theme identified within White males’ perceptions of professional resilience was *individual care*. White males described their professional resilience as individual and independent from others (individualism). For instance, one White male participant stated, “I am able to recharge fairly easily after struggles.” The emphasis in this statement was on individual self-care and an ability to recover with ease following professional work challenges. Another White male participant identified professional resilience through a sense of self-reliance and as an opportunity to exercise individual strength of character. He explained it like this: “Everything is an opportunity, so show up.” Notably, both White male responses omitted any indication of having external support outside themselves.

Theme 2: Mutual Care (Collectivism and Interdependence)

In contrast to White males, a theme identified among Latinx males’ perceptions of professional resilience was *mutual care*. In part, Latinx males attributed their professional resilience due to the support they received from others in either personal or professional relationships. As one Latinx male explained, “Having another person to talk to at work has helped me a lot.” This participant highlighted the importance of having mutually supportive (interdependent) relationships at work and their contribution toward his professional resilience. Similarly, another Latinx

male expressed the benefits of having strong social ties (collectivism) outside of his professional work setting, as well as exercising flexibility when faced with challenges at work, describing his resilience as follows: "Always remaining open and adaptable. Being as prepared as I can be in order to address any potential problem in my agency. I also have a strong personal life [outside of work] and clear boundaries." These divergent themes of individual and mutual care found between White and Latinx male social workers provide a preliminary exploration of the role of race/ethnicity on perceptions related to professional resilience and support among men within social work.

## **Perceptions of Professional Resilience, Female SWPI**

### ***Theme 1: Self-Preservation (Avoidance, Detachment, and Separation)***

There were more female participants in the study ( $n = 90$ ) than males ( $n = 15$ ). This is reflected in the number of female responses gathered and analyzed within the qualitative portion of this study. A primary theme identified among White females' perceptions of professional resilience was *self-preservation*. To survive professional work challenges, White women engaged in behaviors self-described as avoidant, detached, and separated when faced with obstacles they perceived as excessively difficult. One participant explained, "It was a challenge to me in the very beginning and I made a decision to avoid work with populations that were the most difficult to leave at the office." Another participant described her ability to detach herself emotionally from clients and separate herself from holding personal responsibility for her client's growth, while simultaneously engaging in self-nurturance:

I have learned detached compassion, which allows me to be present and compassionate with my clients but not take their problems or trauma with me. I also believe strongly in an empowerment model, and so I am mindful about not taking on responsibility for their growth but empowering them to do so. This allows me not to burn out or work harder than my clients. I also have self-nurturing practices which support me in being resilient, grounded, and refreshed.

Another White female participant expressed having an ability to separate her personal life from her professional life, and made clear distinctions between the two:

I feel that I can separate my professional life and my personal life. There are times when I have concerns or worries for my clients or those my team works with, but in my own time, I try my best to separate my time from "work" time.

Other perceptions regarding professional resilience conveyed by White female social workers included a separation between work and home life and learned emotional detachment from work-related matters. This notion was described by a participant

like this: "I have learned through different social work jobs where my balance is between maintaining empathy and caring toward my work while not taking it home. Some settings are easier for me to do this in than others." A similar sentiment related to the separation between personal and professional life was conveyed by another White female, adding the importance of processing during supervision. She explained, "Processing with a supportive supervisor is very important, along with having a balanced life outside of work." It is worth reiterating that survival was the primary theme among White female social workers concerning their perceptions of professional resilience, and self-preservation was perceived to be achieved through avoidance, detachment, and separation.

## ***Theme 2: Self-Efficacy (Confidence, Optimism, and Resilience)***

In contrast to White females, a primary theme identified among Latinx females' perceptions of professional resilience was *self-efficacy*. Latinx female social workers self-described as optimistic, resilient, and confident in their ability to overcome professional work-related obstacles. Latinx females led with hope and optimism and viewed themselves as capable. One participant described her optimism directly and transparently, stating, "I approach things in an optimistic manner." However, another participant described her gratitude for the "little things," and expressed an inclination toward levity in life: "I try not to take things/life too seriously. I try to focus on the "gifts" in life. (a new day, being able to walk, good health, a roof over my head, a good parking place)." Another participant viewed challenges at work as opportunities for personal growth, explaining, "I often look for ways to improve as a professional and as an individual and see challenges as helping me grow as a person." Additionally, one Latinx female recognized strengths in everyone, and stated, "We all have strengths, and having the ability to identify them is difficult at times in our line of work, but they are there."

In addition to viewing professional challenges from an optimistic point of view, Latinx female social workers perceived themselves as confident in their abilities and skills rooted in their resilience. As one participant stated, "I think I am a very creative problem solver. I think outside the box when I come across a barrier and I like to consider obstacles as new challenges, and I am confident that I can overcome them." Similarly, another participant highlighted her capacity to rise above difficulties at work, bolstering her resilience. She explained her experience by stating, "I've been through challenges, and they have made me stronger so I consider myself a very strong person but that doesn't always come easy." A similar sentiment was expressed by a participant who also attributed her resilience to the professional support she received at work, saying, "I find that I can bounce back from what I do every day, and the environment of the clinic I work at is really helpful and encouraging to self-care and team-building." Lastly, one participant summarized her perceived resilience,

articulating, “I believe I am pretty resilient in overcoming challenging situations/experiences.” When faced with professional challenges, the Latinx female social workers reported a reliance on their resilience, optimism, and confidence to confront these issues and thrive in the workplace, unlike their White counterparts’ perceptions, whose primary reported focus was survival through avoidance, detachment, and separation.

## Resilience

The quantitative findings indicated moderate resilience ( $M = 31.2$ ,  $SD = 4.9$ ), contextualized by the qualitative themes of optimism, adaptability, and professional confidence, which emerged as central to participants’ perceptions of resilience. Participants often described resilience as their ability to remain hopeful and overcome challenges through creativity and support from colleagues. As one participant noted, “Resilience is about knowing you’ll find a way, even in the hardest times.” An alignment between quantitative scores and qualitative themes suggests a robust and consistent pattern of resilience among SWPI, emphasizing both individual and relational factors that contribute to their capacity to manage professional challenges.

## Discussion

Our study sought to fill a critical gap in understanding the professional quality of life among SWPI. Specifically, we sought to learn the level of STS, PTSD, CS, BO, and resilience among SWPI, their perceptions of professional resilience, and the influence race/ethnicity and gender identity has on their professional quality of life.

The percentage of females in this sample of SWPI (84.9%) mirrors the percentage of female social workers with a master’s degree or greater (85%) reported in a national social work workforce report (Salsberg et al., 2017) as well as in other studies assessing professional quality of life (Caringi et al., 2017; Kwong, 2018; Prost & Middleton, 2020; Salloum et al., 2015). Our study has a larger percentage of Latinx SWPI (37.4%) than the percentage of master’s level Latinx SWs reported nationally (9.5%), which gives us a unique opportunity to better understand the professional quality of life and resilience of Latinx social workers.

The mean secondary traumatic stress (STS) score for both the total sample and for Latinx SWPI in this study may be interpreted as low risk. This matches the results of two previous studies with White LCSWs in Montana (Caringi et al., 2017) and Asian American social workers nationwide (Kwong, 2018). Another two studies found high (Salloum et al., 2015) and moderate (Prost & Middleton, 2020) risk for STS among child welfare workers. Despite the low risk for STS among all SWPI in our sample, STS

was significantly associated with both burnout ( $r = .62$ ) and PTSD symptoms ( $r = .30$ ), with correlations ranging from low to moderately high. Additional research from an intersectionality-based lens (Mattsson, 2014) could help to understand the role of key contextual factors and identity markers, which may deepen our understanding of the association between burnout and PTSD risk with STS.

The level of compassion satisfaction (CS) was high for the total sample and moderate for Latinx SWPI. A study assessing CS among Asian American SWs (Kwong, 2018) nationwide found moderate levels of CS, as we found in this study among Latinx SWPI. In two previous studies with child welfare workers, both found high CS as well (Salloum et al., 2015; Prost & Middleton, 2020). Since the data in these studies were not disaggregated by race or ethnicity, we are not able to know if there were racial/ethnic or gender differences in levels of CS. Further, higher levels of CS and resilience were both significantly correlated with a lower risk for burnout and, the strengths of the correlations were moderate ( $-.62$  and  $-.46$ , respectively).

The risk for burnout was low for both the total sample and Latinx SWPI. Two previous studies found risk for burnout to be high or moderate among child welfare workers (Prost & Middleton, 2020; Salloum et al., 2015) and the study assessing burnout among Asian-American SWs found their risk for burnout to be moderate (Kwong, 2018). It may be that differences in job responsibilities, expectations, and interactional components between child welfare workers and SWPI could account for a lower risk for burnout. Further, the practicum instructor–student relationship may offer important protective and resilient factors that serve as a buffer from the stress of direct services. Possibly, the enthusiasm and positive emotions of MSW interns may be emotionally contagious (Shoshan & Venz, 2022) to SWPI. More research should be done to further explore this key dynamic.

The mean resilience score for this sample was about the same as the mean resilience score of 31.8 ( $SD = 5.4$ ) found among a random-digit dial sample of adults in the US (Campbell-Sills et al., 2009). Even though social workers tend to have higher rates of depression than US adults (Ting, 2011), it was encouraging to see that resilience scores were similar to a general sample of US adults. On the other hand, considering the importance of the phenomenon of resilience in social work practice and education, it is interesting to note that SWPI did not have higher resilience scores than the general US population. Increased levels of resilience can benefit their own health and well-being (Mohlin et al., 2021) and allow them the opportunity to model and teach resilience skills to MSW interns and client populations.

## Counter Narratives

As social work scholars have noted, the last decade has seen an increased awareness

and focus on racial dynamics within the profession across education and practice-based settings (Aldana et al., 2023). Levine et al. (2023) pointed out the importance and impact of preparing SWPI to build antiracist language and analysis, so as to better serve MSW students. Our preliminary findings within the qualitative results highlight the need to further examine common negative stereotypes attributed to gender norms ascribed to the Latinx community. For example, a dominant narrative bestowed upon most Latinx men is that of “machismo.” Machismo is frequently characterized as the embodiment of hypermasculine traits, including physical aggression, dominance, hypersexuality, and resistance to seeking support or emotional connections (Arciniega et al., 2008; Estrada & Jimenez, 2018; Walters & Valenzuela, 2020). The qualitative data found within Latinx male responses, albeit limited, underscores the need for further research on this demographic population. By identifying the importance of mutual care through collectivism and interdependence and highlighting the value of relationships, Latinx male participants in this study reclaim and re-author masculinity. In doing so, they shed light on the positive aspects of Latinx men’s social/emotional/relational orientation that serves as a protective factor to fortify their professional resilience.

In contrast to Latinx men, Latinx women are stereotyped as docile and subservient, as described in the concept of *marianismo*. Coined in an essay by political scientist Evelyn P. Stevens (Stevens & Pescatello, 1973), *marianismo* is derived from the veneration and devotion to the Virgin Mary in the Roman Catholic Church (Lavrin, 2006). Consequently, according to *marianismo*, Latinx women are relegated to being humble, chaste, and self-sacrificing for their children, families, and husbands—placing family over careers. However, Latinx female participants in this study self-identified as confident, optimistic, and resilient. The personal character attributes identified by Latinx females in this study emerged as primary qualities that fostered their self-efficacy. Given the opportunity to rewrite their own story, Latinx women’s self-perceptions were inversely associated with dominant narratives and stereotypes of passive servitude.

Additionally, beyond being resilient, Latinx women perceived themselves as unequivocally capable of handling professional challenges with confidence, social support, and optimism. The qualitative data presented in this study helps support the need for further research to bridge the gaps in knowledge related to Latinx females’ perceptions of professional resilience, since previous studies administering the ProQOL to social workers have excluded Latinx female perspectives (Caringi et al., 2017; Kwong, 2018; Prost & Middleton, 2020). However, although resilience and optimism are admirable traits embraced by researchers examining communities of color, it is critical to politically interrogate systems that perpetually put undue stress on Latinx women.

## **Integration of Qualitative and Quantitative Findings**

The study's triangulation of qualitative and quantitative data on resilience provides a multidimensional understanding of this construct. Quantitative measures captured participants' overall resilience levels, which were moderate and aligned with normative expectations. The qualitative data, however, illuminated the underlying processes and relational dynamics that contribute to resilience, such as reliance on professional support systems, adaptability, and optimism. This integration not only corroborates the quantitative findings but also extends them by offering insights into the contextual and interpersonal factors that are pivotal for sustaining resilience in the challenging roles of SWPI. Together, these findings highlight the importance of combining methods to fully capture the complexity of resilience and its manifestations in professional practice.

## **Implications**

Although the findings in our study are correlational and not causal, we believe they affirm the call to action within the research literature for increased attention, support, training, mentoring, and research with SWPI (Brasfield et al., 2022; Johnson et al., 2021; Levine et al., 2023; Tufford et al., 2024). SWPI in our study have reported experiencing traumatic stress symptoms. The need to address trauma is important given the links trauma exposure has to impaired neurodevelopmental and immune system responses (Substance Abuse and Mental Health Services Administration [SAMSHA], 2014). Organizations can promote an improved professional quality of life by reviewing their supervision practices, agency policies and procedures from trauma-, healing-, and resilience-informed lenses (SAMHSA, 2014). Lastly, given what is known about the harmful effects of racism on physical and mental health (Paradies et al., 2015), our findings suggest that changes are needed at the micro- to macro-level in order to effectively promote antiracist and antioppressive practices and intersectionality-based decision-making.

## **Social Work Education and Practice**

The findings from this study underscore the need for social work programs to provide more comprehensive support for SWPI. Given the critical role that SWPI play in shaping the future of the social work profession, it is essential that these educators receive adequate training, mentorship, and resources to maintain their professional quality of life. Social work programs can prioritize trauma-informed approaches in their interactions with SWPI, ensuring that practicum instructors are equipped to manage the emotional and psychological demands of their dual roles as educators and practitioners. Additionally, integrating voluntary and ongoing assessments of professional quality of life into the supervisory process could help identify areas

where SWPI may need additional support, ultimately enhancing the educational experiences of both instructors and students (Brasfield et al., 2022).

## **Organizational and Policy Change**

The study also highlights the need for systemic organizational and policy changes to better support SWPI. Organizations that employ social workers must recognize the unique challenges faced by those who take on practicum instructor roles, and should develop policies that foster a supportive and resilient work environment. Based on the qualitative results of this study, organizations can support SWPI by implementing trauma-informed and resilience-building initiatives tailored to their unique needs. This includes providing regular opportunities for professional development focused on self-care and stress management, fostering a supportive work culture that values mutual care and interdependence, and offering mentorship programs that address the specific challenges faced by SWPI from diverse racial, ethnic, and gender backgrounds. Additionally, organizations should ensure that SWPI have access to mental health resources, and create safe spaces for open dialogue about the emotional and psychological demands of their roles. Furthermore, social work organizations and accrediting bodies may consider revising their standards to include specific guidelines for the support and well-being of SWPI, recognizing their dual responsibilities as both practitioners and educators. Such changes would not only improve the professional quality of life for SWPI but would also contribute to the overall effectiveness of social work education and practice.

## **Diversity, Equity, and Inclusion Initiatives**

Finally, the study's exploration of the intersectional influence of race, ethnicity, and gender on SWPI professional quality of life has important implications for diversity, equity, and inclusion (DEI) initiatives within social work. The findings suggest that social work programs and organizations need to be more intentional in addressing the unique challenges faced by SWPI from marginalized backgrounds. This includes developing antiracist, antioppressive frameworks that inform decision-making at both the micro and macro levels. By embedding intersectionality into the fabric of social work education and practice, institutions can better support SWPI of diverse identities, ensuring that all instructors have the opportunity to thrive in their roles. Moreover, DEI initiatives should also focus on creating more inclusive environments where the voices and experiences of SWPI from underrepresented groups are valued and amplified. Additionally, social work programs and organizations must strengthen their recruitment efforts to retain men, especially men of color, and address racial microaggressions and cultural taxation experienced by minoritized status groups due to their limited numbers and visibility (Curiel, 2023)

## Limitations and Future Research

Some of the research studies we relied on in our literature review used terms such as “child protection workers,” “child welfare case managers,” and “social workers,” which may not accurately denote individuals holding a BSW or MSW degree. We believe it is important to acknowledge the difference in titles, specifically because of the need for title protection within the social work profession (Kaufman, 2023). Further, we acknowledge that our data was collected in 2018, and that the analysis and dissemination of our study was impacted by the stressors and barriers imposed by the COVID-19 pandemic. Still, we believe our findings are highly relevant to the current context—maybe even more so, given the intensity and polarization of our present socio-political-cultural climate. Finally, we encourage future researchers to continue exploring the vast diversity of SWPI’s experience related to professional resilience, especially other intersecting identity markers (e.g., race, gender, class, sexual identity, ability status, etc.).

A notable limitation of this study is the relatively small sample size ( $N = 110$ ). While this sample provided valuable insights into the professional quality of life among SWPI, it limits the generalizability of the findings to broader populations of social work practicum instructors. The sample’s size may have also constrained our ability to detect smaller effects or patterns within the data, particularly when analyzing subgroups (e.g., Latinx participants, male participants). This limitation necessitates caution in interpreting and contextualizing findings, as they may not fully represent the diversity of experiences within the SWPI population.

Future research with larger, more diverse samples is needed to corroborate these findings and explore additional factors that may influence professional resilience, compassion satisfaction, burnout, and secondary traumatic stress in SWPI. Expanding the sample size could also enhance statistical power and provide greater clarity on the nuances of identity-related differences.

## Conclusion

The findings of this study contribute to a growing body of literature on the professional quality of life among SWPI. By examining the levels of compassion satisfaction, burnout, secondary traumatic stress, PTSD, and resilience, this study sheds light on the complexities and nuances that characterize the experiences of SWPI. Our research underscores the importance of addressing both the protective factors and the risk factors that influence SWPI’s professional quality of life, particularly through a lens that acknowledges the intersecting roles of race, ethnicity, and gender identity.

The evidence suggests that while SWPI generally exhibit moderate to high levels of compassion satisfaction and resilience, there are significant challenges related to burnout, secondary traumatic stress, and PTSD, which are intricately linked to their professional roles. The study also reveals critical differences in the perceptions of professional resilience between Latinx and White social workers, as well as between male and female SWPI. These findings challenge stereotypical narratives about Latinx men and women, presenting a more nuanced understanding of how these groups navigate their professional challenges.

The implications of these findings are far-reaching for social work education and practice. It is essential for academic institutions, social work organizations, and policymakers to recognize the unique stressors faced by SWPI and to develop targeted interventions that promote their well-being. This includes fostering trauma-informed, healing-centered, and resilience-informed practices within social work programs and agencies, as well as advancing antiracist and intersectionality-based approaches to decision-making and support.

In conclusion, by addressing the professional quality of life of SWPI, we not only enhance their ability to train the next generation of social workers, but also strengthen the overall health and efficacy of the social work profession. Further research is needed to explore these dynamics in greater depth and to develop strategies that can mitigate the risks and enhance the resilience of SWPI, ultimately leading to a more robust and effective social work practice.

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