

Frontline Workers: Urban Solutions for Developing a Sustainable Workforce in the Homeless Services Sector of Los Angeles County

Vanessa Rios
Antioch University Los Angeles

ABSTRACT

Recruiting, cultivating, and retaining frontline workers are essential tools for serving residents without housing. This study examines the challenges associated with employee retention in the homeless services sector of Los Angeles County in order to provide evidence that supports policy recommendations to build a robust workforce. By using a combination of semi-structured interviews and the Life Events Checklist, this study found that employees from six different organizations are committed to their work, yet the average job tenure of frontline workers is only two years. Lack of trust, communication and leadership, absence of participatory development and workforce capacity building, and discouragingly low wages were identified as workplace challenges. Results also show that many frontline workers have experienced and/or witnessed trauma events, although stakeholders and policy makers often do not consider employee's trauma exposure in this type of work. In the absence of an existing policy, this study supports recommendations in workforce strategies for staff recruitment, cultivation, and retention.

INTRODUCTION

In recent years, urbanization, the rapid growth of cities, has created numerous problems for countries throughout the world.¹ It is estimated that 70% of the world's population will live in urban areas by 2050.² From poverty to environmental degradation,

urbanization has caused unique issues. Meeting the growing demand for adequate and affordable housing is one of the most pressing problems facing the world today. This is especially true of metropolitan areas where dramatic increases in rent often price the local working class out of the market.³

Today, the County of Los Angeles is home to approximately 10.2 million inhabitants, making it the largest county in the United States. The diverse landscape has grown from 940 thousand people in 1920 to 10.2 million in 2017, an estimated 1,100 percent increase over the past century.⁴ Zoning policies and income have dramatically impacted who owns property and who cannot. Owning property is the single most important control in limiting gentrification and population displacement.

Urban growth in the Los Angeles basin has resulted in serious social issues. Between 2016 and 2017, the number of people without housing rose for an all-time high of approximately 58,000 on a given night, a 23% increase in one year.⁵ Los Angeles is now witnessing an exponential rise in homelessness, and elected officials, urban planners, policy-makers, and social service providers are challenged with supporting the needs of homeless residents. Urban planners and policy-makers strive to develop ways to sustain urban growth without displacing lower income communities. Social service providers are at the forefront of this housing crisis, in direct contact with these populations, caring for Los Angeles' most vulnerable community members.

As public, private and nonprofit sectors attempt to find solutions, the task to meet the needs of the present and future generations is daunting. The increase in homeless numbers, caseloads, and the demand for affordable housing presents homeless service providers with greater challenges. These workplace challenges include workforce

shortage, high turnover, and the mental health impact on workers. The impending homeless service workforce shortage and increasing demand for homeless services has diminished focus on existing social service workers. Even though great strides have been made to address homelessness in the county, employees in that sector are leaving their positions faster than service organizations are able to keep up. The sector's high turnover rates significantly impact service delivery, making the goal to end homelessness impossible.

More than ever, the retention of social service workers is paramount in solving the homeless crisis. Without human labor, organizations cannot function. Strategic planning efforts are required in order to build a robust workforce. Economists point to social services, nursing, and caregiving professions as the "hot" new jobs in terms of investing in metro areas.⁶ Currently however, countywide organizations struggle to sustain a force of qualified and satisfied workers.⁷ Making a livable wage can greatly impact the worker's decision to remain in that particular position; however, income is not the only factor contributing to why people stay at a job.⁸ There are many rooted issues within a larger context of hierarchies, relationships, personal fulfillment, organizational infrastructure and growth.⁹ Other issues related to recruitment and retention include financial resources, recruitment strategies, and health impact the workers.^{10,11}

The County of Los Angeles has the ability to revitalize the homeless services sector by investing in its most valuable asset, the workers, who are deeply committed to ending homelessness. However, when the foundation of what makes an agency function is ignored, there will be disruption in service delivery. In the case of homeless service agencies, frontline workers are the backbone of the sector. Frontline workers often

serve as the initial point of contact and/or ongoing service provider for homeless residents. Without them, an agency's mission could not be achieved. Although these professionals and paraprofessionals are deeply committed to their work, high turnover creates common challenges for homeless service providers.¹² High turnover not only stresses agency resources, but also creates serious ripple effects on an agency's infrastructure. The discussion about sustaining the workforce includes recognition that worker retention is related to interrelationships between all systems, including the economic, social equity, and environmental dimensions of the problem, thus adding to the importance of identifying the impact of services provided by frontline workers

By examining the experiences of frontline workers, others can better understand the unique issues associated with workforce retention in the field of homeless services. This study provides a focus on workers and serves to highlight issues with the intention to increase workforce retention, strengthen services, and enhance worker-client relationships. Through a combination of interviews and the Life Events Checklist (LEC), a measure of exposure to potentially traumatic events, the objective of this study is to provide evidence that supports policy recommendations to build a sustainable workforce. Policy recommendations serve to provide solutions for workforce recruitment, cultivation, and retention in the field of homeless services.

LITERATURE REVIEW

It is important to recognize that there are limited studies on homeless service workers. Therefore, these research findings are related to social work, nursing, caregiving, and emergency workers, exposed to similar events in working with vulnerable populations. Review findings specifically focus on four areas: 1) Mental

health impact on workers, 2) Recruitment and workforce shortage, 3) Participatory development, and 4) Cultivating existing workforce. These areas provide context for the results found in interviews and surveys. Each area in **bold** identifies the different parts of the review.

Mental health impact on workers

Central to an understanding of the retention challenge of frontline workers is gaining a clearer insight into health of workers. Studies of the psychological impacts of helping professions has focused more broadly on social workers, nurses, caregivers, and first responders. Research shows people working in helping services who have experienced trauma are at risk of work-related mental health problems.¹³ Other mental health related issues include burnout, secondary traumatic stress, and compassion fatigue. Frontline workers are exposed to critical incidents, including overdose, violent behavior, and death while working with homeless residents, thus impacting their health, due to the high levels of exposure to human suffering, critical incidents, and violence.^{14,15}

Approximately 75-87% of people working in helping services have experienced trauma leading to their career choice.¹⁶ Thus, it bears out that those with traumatic histories working in this sector appear to have a higher commitment than the general population.

The term “wounded healer” is used to describe helping professionals with a history of psychological trauma. Its cultivation in the world of psychology dates back to Chiron, in Greek mythology, the wisest of centaurs, from a tribe of creatures part horse and part human.¹⁷ Chiron was greatly wounded, causing unbearable, incurable pain. In

spite of endless suffering, Chiron healed through teaching others in order to achieve his own freedom from agony. It can be hypothesized that Carl Jung, who created the wounded healer theory, supported the concept that a personal history of trauma is a factor that commits people to helping professions such as homeless services. Zosky conducted a study on wounded healers taking a family violence course in graduate school.¹⁸ Students were asked to visit a child advocacy center as part of a class assignment. During the visit, students observed a presentation of forensic interviewing of sexually abused children. Numerous students reported elevated levels of distress and anxiety during this experience. Many of the students reported using a variety of methods to cope with emotional distress created by the coursework. Thus, according to Zosky, wounded healers may experience a range of reactions when exposed to trauma related incidents. However, the greatest challenge for wounded healers is how they are often affected by the work. For them, helping people who have experienced trauma may trigger flashbacks, anxiety, avoidance, and physiological responses.^{19, 20}

It appears that repeated trauma exposure impairs the way wounded healers interpret and react to their environment. Levy-Gigi, Richter-Levin, Okon-Singer, Kéri, and Bonanno tested the performance impairment associated with cumulative traumatic exposure.²¹ Participants included 39 crime scene investigators and 35 unexposed civilians. They were shown aversive pictures with low or high intensity. The results of the study indicated that trauma-exposed individuals failed to regulate their response to negative stimuli. Additionally, trauma-exposed individuals were equally distracted in both low and high intensity environments, which demonstrates the impact repeated trauma exposure has on individuals understanding of and reaction to their environment.

Garner, Baker, and Hagelegas examined the connection between first responders and mental health issues.²² They found that first responders are susceptible to nonfatal occupational injuries and illness (i.e., post-traumatic stress disorder (PTSD), depression, and acute stress disorder). However, this research also indicated that first responders are often trauma survivors, and when provided a supportive environment, they have the ability to heal. Other research discovered that emotional healing after a traumatic experience could lead to positive psychological changes.²³ The term “post-traumatic growth” (PTG) refers to this positive mental shift after experiencing adversity starting when individuals begin coping with their trauma.²⁴ Hawker and Nino conducted a study on the contributing factors to PTG in Iraq and Afghanistan combat veterans.²⁵ The study measured the frequency of themes that helped promote PTG. Results show two themes with the highest frequency were remaining connected with veterans/the military and feeling supported by family and friends. The study also found higher levels of PTG in women. Thus, Hawker and Nino demonstrate that PTG growth is attainable when provided with adequate support.

“Burnout” is another issue associated with the nature of frontline duties, which refers to the physical and emotional exhaustion related to job stress, and a sense of lacking in personal accomplishment.²⁶ In a study of caregiver burden and depression, findings are particularly in relevant helping professions where defeat and entrapment are factors that increase job-related burnout.²⁷ They found team support and regular supervision helped individuals broaden their understanding and perspectives, which improved their well-being. However, without interventions that help foster coping techniques, workers’ levels of defeat, depression, and entrapments remained the same.

In terms of positive effects, Stalker, Mandell, Frensch, Harvey, and Wright found that utilizing coping strategies helped workers feel a sense of accomplishment.²⁸ In this regard, research suggests the importance of working in supportive environment: an increase in employee retention.²⁹ More attention is now being paid to the linkage of burnout and high levels of work overload.³⁰ It is suggested that administrative staff should monitor the workload of employees in order to prevent work overload.³¹ This requires strategies to offset the labor of other employees in the agency.

In their study, Shirom, Nirel, and Vinokur tested the relationship between work hours and caseload to burnout in physicians.³² They surveyed specialists working in the field of medicine in community clinics. The results indicated that workload was linked to work hours, and excessive workload resulted in burnout and physical fatigue. They also found that work environment has been shown to impact specialists' mental and physical health. Regarding capacity, it appears there are efforts to address acuity and dependency caseloads in community nursing to achieve the best possible outcome for clients. Chapman, Kilner, Matthews, White, Thompson, Fowler-Davis, and Farndon examined a tool used to manage and classify different levels of acuity and dependency within community nursing.³³ The technique was developed to assist organizing the increase of patient need and demand. While the tool aims to improve caseload management in combination with safe staffing, limited evidence suggests that this method is not reliable. Future research should study the acuity-based staffing solutions based on geographical location to improve caseload management.

Recruitment and workforce shortage

Recruitment is the process of attracting and selecting suitable candidates to fill positions within organizations. While this may not apply to all employment, special attention must be paid to the pathway by which workers enter the sector. Additional focus includes workforce patterns and trends that will help determine the future of the homeless services sector.

Studies show that a strong care sector is needed in order to improve the health of vulnerable populations.³⁴ However, it is challenging to support a vulnerable population with a shortage of workers. A report released by the Committee for Economic Development shows that the healthcare sector is currently at a high risk of labor shortage.³⁵ These findings present service providers with growing concerns about responding to a high-shortage in workforce demand. An explanation for healthcare worker shortage is directly related to aging “baby boomers,” the largest generation in U.S. history, which are entering retirement age.³⁶ This greatly contributes to the demand for healthcare workers. Similar industry changes are presenting in social work, skilled labor, and science. The U.S. Department of Labor projects a 15% increase of social workers by 2026—an estimated 102 thousand workers within the next decade.³⁷ Over time, however, this industry growth may experience labor shortages if workers do not remain in this profession.

Beck, Leider, Coronado, and Harper conducted a study on high-priority workforce development needs at public health departments in the U.S.³⁸ The study surveyed 46 state health agencies and 112 local health departments. Participants were asked to prioritize workforce needs. The majority of respondents reported competitive salaries would help recruit and retain workers. Respondents also reported that qualified workers

were needed. The study highlights that training will address capacity deficiencies in many industries lacking qualified workers. It suggests state and public health agencies should consider developing a strategic plan to attract and retain qualified workers.

Buchan, Seccombe, Gershlick, and Charlesworth examined staffing challenges in workforce policy in the field of nursing.³⁹ Their research shows the importance of workforce planning to address the shortage of nurses in England. The report found that England did not have enough nurses, showing a shortage of 22,000 in 2015 – nearly 10% of the workforce. To ensure proper staffing of nurses, the report recommends national policy in safe staffing to ensure local responsibility. These findings suggest that the lack of evidence to support implementation is a weakness in harnessing support. This report also highlights the importance of using information technology to gather data on staffing issues. The report further shows the sector's growth has outpaced increased earnings of workers in the rest of the economy. The results show that the monetary value placed on healthcare and social service workers decreased 6% between 2010 and 2017. It is expected that wage recovery will occur in the rest of the economy, resulting in healthcare and social service sectors being even less attractive to job seekers.

Murray, Pole, Ciarlo, and Holmes examined a study designed to recruit and retain students from underserved and disadvantaged backgrounds into nursing education.⁴⁰ The lack of diversity in nursing schools indicated that disadvantaged communities were underrepresented in the workforce. In order to meet the health care workforce diversity needs of the future, the Health Resources and Services Administration funded a three-year grant to increase workforce diversity. Recruitment

strategies established relationships with high schools in disadvantaged urban communities, where professional education programs were established to serve as feeder schools to universities. The program included assistance in the areas of human and fiscal resources, such as scholarships, mentorships, and academic support to increase retention and graduation rates. Results show that early recruitment and various retention programs are successful in diversifying the registered nurse workforce.

Given the shortage of nurses in the United States, Yeager and Wisniewski investigated factors that influence nurses' decisions to work in public health agencies.⁴¹ They conducted a cross-sectional study on perspectives of nurses who worked in state and local public health departments. Surveys were emailed to 70,000 public health workers, with an overall response rate of 17% (11,630 of 70,315). Respondents were asked to rate the degree to which twelve organizational factors influenced their decision to work in public health. Results show the five recruitment factors most influencing nurses: flexibility of work schedule, autonomy/employee empowerment, ability to innovate, specified duties and responsibilities, and identifying with the mission of the organization. The influences of five retention factors show the following: autonomy/employee empowerment, flexibility of work schedule, specified duties and responsibilities, opportunities for training/continuing education, and ability to innovate. Attention to these factors can help agencies create positions that assist with recruitment and retention strategies.

As a supportive example, Hedlund's study illustrates the importance of long-term commitment in the construction industry to solve workforce shortages and improve recruitment practices.⁴² He describes the generation of craftsmen who are aging.

Projections show a two million worker shortage is expected by 2020. Hedlund argues that roughly 62% of college students are working part-time jobs, adding, “Those students are searching for career directions,” thus presenting the construction industry the opportunity to get involved with colleges. Hedlund believes that creating a pipeline to bring craft professionals into colleges, gives them the opportunity to learn the skills needed to become supervisors and project managers. He points out that this cannot be done without establishing marketing strategies to communicate directly with potential recruits. Hedlund suggest that social media and positive branding plays a key in recruitment. He adds that benefits such as health insurance and retirement packages not only increase workforce retention, but also improve the image of the industry.

Participatory development

It has been said that employee retention is associated with management’s ability to understand how agency relationships work.⁴³ An agency’s infrastructure can influence its ability to support workers, thus playing a major role in building a stable foundation for clients.⁴⁴ Brache and Rummier discuss how vertical hierarchies within agencies significantly impact communication between frontline employees and management.⁴⁵ They find that tension within the organizational structure will occur when workers attempt to address executive management above their direct supervisor. This is a constant challenge for agencies. Meadows’ argues that linear communication within an organization creates a complex system, which weakens its infrastructure.⁴⁶ Given these differences, it is important to examine the relationship between employee retention and workplace participation.

In a post-Karina New Orleans study conducted by the Mental Health Infrastructure and Training Project (MHIT) to reduce disparities in access to and quality services for depression and PTSD. Community health workers (CHWs) were used to gather valuable information about the needs of community members.⁴⁷ Because health and social service agencies are often utilized to fill unmet public health needs, the project found CHW engagement to be a promising strategy to overcome disaster-resultant health care infrastructure limitations. The study found that utilizing CHWs increased efficacy and helped support the provision of peer-to-peer training that filled the gap in traditional counseling services. It also found that working alongside CHWs increased community acceptability and offered invaluable suggestions for improving training material, such as strategies for cultural competence and networking. Thus, CHWs provide great insight that enhances programs and services.

Meyers and Vallas examine utilitarian and communitarian approaches in contemporary work organizations—“employee participation” and “diversity management”—by comparing two different cooperatives.⁴⁸ Their work explores the relationship between workplace democracy and worker cooperatives. They asked two intertwined questions: 1) What meanings get attached to class, race and gender under conditions or expanded worker control? and 2) How do these meanings affect the success or failure of organizational efforts aimed at transcending social inequality generally? Meyers and Vallas found that governance structure left substantial room for historically excluded groups (e.g., women, people of color, and members of the working class), as well as recognized and valued the multiple identities of workers. Additionally, they found that nontraditional work structures greatly increased women’s the recognition

of their opinions. The governance structure played a key role in diversifying the workplace.

Cultivating workforce

Roche and Nicholas examine the workplace development in the alcohol and other drug (AOD) sector to address the importance of investing in workers.⁴⁹ They briefly explain the evolution of workforce development that involves three phases: 1) Individual worker – bottom-up approach, 2) Internal systems approach, and 3) Integrated human services systems approach. The study revealed a gap between policy and research that promotes effective and efficient innovation implementations was found to create multiple barriers. Roche and Nicolas also found other challenges that include global issues contributing to a workforce shortfall. They found that globally there is a widespread shortage of AOD workers related to competitive job markets. In order for agencies to cope with existing and future challenges, they found that the implementation of a systems approach to AOD workforce development is needed.

Mackey studies whether human resource practitioners find professional development as a source for capital.⁵⁰ Mackey explores the psychological value of continuous learning. Findings show organizations that foster a learning culture strengthen employees' abilities to address adverse environments. This increases individual development and collective skill value to the organization. Mackey found that professional development supports working lives and job continuity, adding to increased economic capital. Further, this study suggests that professional development also supports work life growth and wellbeing and empowers individuals' abilities to contribute to society.

Dopson, Griffey, Ghiya, Laird, Cyphert and Iskander research mentoring models for public health workforce development.⁵¹ Their research finds that agency leadership is valuable to senior professionals who are responsible for staff development. They find that mentoring programs help employees demonstrate ongoing career development and growth. They also find that positive outcomes directly related to mentoring include promotion and career progression. This is also true for organizations that show positive outcomes for development that cultivates the next generation of leadership.

Hurst and Hurst examine challenges in transitioning from clinical practitioner to leader.⁵² Their research uses the “white bear syndrome” that refers to the psychological process that attempts to suppress certain thoughts to help identify potential struggles. They provide strategies for cognitively moving from clinical practitioner to human service organization leader. They find that, clinical social workers are not groomed to work in leadership roles. They also highlight that schools of social work do not provide experience with developing business plans, coaching others, team building, and strategic thinking – skills important in leadership roles. Hurst and Hurst find that with proper education and resources employers have the power to promote a supportive environment to cultivate future leaders. Therefore, evidence shows that leadership roles require capacity building regardless of employee education level – high school diploma to graduate degree.

The purpose of this review was to provide context for the results found in interviews and surveys. It is clear from the literature that further research is needed to identify the root causes of high turnover in the homeless services sector. The review revealed a large percentage of people working in health and services have experienced

trauma, are at high-risk for secondary trauma, and developing PTSD and other mental health issues. Participatory development emerged as a solution to improve workplace visibility by including workers in the decision-making process, while also broadening inclusivity in the workplace. Cultivating existing agency workforce, such as creating ladders of opportunity and workplace mentorship, reduces turnover by incentivizing workers to remain in their positions long-term.

STUDY 1

METHOD

Participants

The participants in this study included 21 employees working in the homeless services sector of Los Angeles County: 13 frontline workers (i.e., case managers, case managers/social workers, outreach workers, peer substance abuse specialists, substance abuse specialists, mental health specialists, and counselors) and 8 management personnel (i.e., program directors, clinician directors, associated directors, and program managers). Participants of the study were chosen from six homeless service organizations in the county: Downtown Women's Center (DWC), Homeless Outreach Program Integrated Care System (HOPICS), Union Station Homeless Services, Homeless Health Care Los Angeles (HHCLA), Housing Works (HW), and St. Joseph's Center (SJC). Participants were recruited by being asked to take part in the study by a staff member chosen from each agency. Participants were not compensated.

Of the 21 individuals, 62% identified as female and 38% male. The majority of frontline workers (70%) were female, and exactly half of the management employees were female. The average age of frontline workers was 42 years, and average age of

management was slightly younger at 41 years. All participants were in the age range of 24 to 62. Further, 38% of all reported having earned a high school diploma or less, 23% reported having earned a bachelor's degree, and 38% reported earning a graduate degree. The average job tenure of frontline workers was two years. Management average job tenure was approximately three years. Overall job tenure ranged from two months to seven years.

Materials and procedure

This study utilized interviews to gather data. In the interviews, employees were asked open-ended questions designed to enable them to describe their journey in working in the field, with its challenges, limitations, and staff wellness related to the work environment. All frontline workers were asked the same questions. On average, interviews lasted one hour. The semi-structured interviews were guided by the following prompts:

Frontline workers

- Why did you start working in the field of homeless services?
- Do you have a long-term commitment to this type of work? If not, what would help you feel more dedicated to the work?
- What are the challenges that would make you leave your current position (e.g., lack of promotion opportunities, unreasonable job expectations, etc.)?
- What do you think limits your effectiveness working with clients?
- This type of work is difficult; how do you care for your own emotional wellbeing?
- What could the workplace offer to help support you as a worker?

Management

Members of the management team were asked questions related to both workers and managerial experiences.

- Why did you start working in the field of homeless services?
- Do you have a long-term commitment to this type of work? If not, what would help you feel more dedicated to the work?
- What are the challenges that would make you leave your current position (e.g., lack of promotion opportunities, unreasonable job expectations, etc.)?
- This type of work is difficult; how do you care for your own emotional wellbeing?
- How do you support your staff's well-being?
- What do you think limits your effectiveness in supporting staff members?
- Why do you think former staff members left their positions (e.g., salary, workload, compassion fatigue, etc.)?
- Explain how funding expectations do not consider the complex challenges frontline workers face?

During the one-on-one interviews, participants were informed about the project's goal of sustaining frontline workers. Data were collected by using interview sheets to take handwritten notes on responses.

RESULTS

Frontline workers

Interviews with employees revealed six common characteristics: 1) Long-term commitment, 2) Wounded healer, 3) Trust, communication, and leadership, 4) Participatory development, 5) Capacity building, and 6) Low wages. Common response characteristics were identified and then translated into appropriate terms, as can be

found in Table 1. Nearly all workers interviewed reported having a long-term commitment to homeless services at an overall response rate of 92% (12 of 13). Among participants, 85% (11 of 13) reported experiencing trauma in their lifetime, which means these workers could be characterized as “wounded healers.” Approximately 77% (10 of 13) of workers reported that lack of trust, communication, and leadership are among the challenges that would make them leave their position. Roughly 69% (9 of 13) of workers reported that being part of program design and development would strengthen their understanding about implementation. This term is described as “participatory development.” An estimated 62% (8 of 13) of workers reported that developing skills to meet demands and expectations would support their needs, which is identified as “capacity building.” A lower percentage of workers at 46% (6 of 13) reported that low wages presented a challenge in sustaining their livelihood.

Long-term commitment

Five workers shared that their work was personal and part of their recovery process. One worker described his journey to recovery and working in the field of homeless services. He said, “This is my life’s work. It means everything to me.” Another worker reported her job to be part of her 12 steps of recovery. Three workers reported “falling in love with” homeless services. Here are their quotes about their relationship to homeless services:

- “I fell in love with the community.”
- “I fell in love with this place.”
- “I fell in love with social work.”

One worker reported that he experienced housing instability after military service. He found himself falling in love with the homeless community that he had once denigrated. This military veteran stated that at work he found the brotherhood he had lost after serving in the military. Two workers even reported they would retire in homeless services. One shared her vision of opening a homeless shelter. Another worker reported that he did not have plans to go into any other field of work. A total of eleven of thirteen participants stated that working with homeless residents caused them to be deeply committed to their work because of personal traumatic experiences. One worker explained that workers are not in the field for the money; he added, "We're here because we care."

Wounded healer

Eleven frontline workers reported having a history of trauma leading to their decision to work in homeless services. One worker reported being able to relate to clients very well after having experienced homelessness for six years. Another reported that she had been addicted to heroin, lost custody of her daughter, went to prison, and was living on the streets for over ten years. She found herself working at the same agency that helped her get off the streets and into housing. Five workers reported having one or both parents with substance abuse issues. Three reported being sexually abused as children. Some of the responses regarding trauma are presented below:

- "My mother was an alcoholic. My father wasn't around. My brother has a mental illness and heroin addiction. But somehow, I fell in love with homeless services."

- “I went to prison, where I was inspired to get clean. In my recovery, this work is part of the process.”
- “I served a prison term. Women in prison were my role models. Then I started working in treatment, where I’ve been for thirty years.”

One worker explained that the work was emotionally taxing; she added, “I don’t know...I don’t know where I’m at emotionally.” She explained how her job made her feel like she was reliving childhood trauma.

Trust, communication, and leadership

Among the characteristics described that challenge and impact workers’ effectiveness were lack of trust, communication, and leadership. One worker reported that not having clear direction makes his work especially difficult. He said, “All we do is say ‘no’ to clients.” He adds, with frustration in his eyes, “When there are housing vouchers available, we don’t even know how to use them. That’s a big problem.”

Another worker reported that clear direction is important because it shows leadership. He said, “Don’t let me fly by the seat of my pants.” One worker reported that trusting workers empowers them to work harder. Two workers reported that they felt overlooked and unappreciated. They felt that employee needs are just as important as client needs. Three workers reported that feeling unsupported was common in the workplace. They felt that they were unable to share concerns without fearing their jobs were at risk. One worker reported that she recognized the communication gap between management and employees. “Problems aren’t client-related, they’re mostly related to management,” she said. Another worker said, “Help us understand what’s going on at work. It will make us

feel connected.” Two workers reported that being able to create their own program would be empowering.

Participatory development

Four workers reported they would like to be viewed as being part of shaping how their work is done. They strongly believe the agency would benefit by allowing them to be part of program development. Another worker reported that the agency applied for grants without asking staff what would work best for residents. She said, “Without including our voices, we’re given unrealistic expectations that make our job difficult.”

Five workers reported having learned to be creative and improvise since systems are not designed according to the needs of clients. One worker said, “Systems are the biggest challenge. We have no other choice but to be creative in our work.” One worker reported having the ability to create her own program. She said, “It made me feel valued. Their support helped develop a relationship of trust.”

Capacity building

Four workers reported being challenged with the documentation requirements related to different funding sources. Two workers felt new hires with a college education would eventually take their positions. One worker reported there was a lack of self-defense training at work. She said, “We work in the drop-in center. What are we supposed to do if a client comes after us?” Three workers reported mental health days would help support their emotional exhaustion. Six workers reported that group and individual therapy requirements would help them process daily exposure to challenges. One worker said, “We provide one-on-one therapy, group therapy and quiet rooms for clients, but why don’t we do that for staff?” Another worker reported not having the skills

to help process his thoughts about incidents at work. He said, “When we hire someone, it’s sink or swim. Help people transition into their role, especially peer workers.” Another worker said, “I have trouble writing. I don’t want to lose my job over not being able to write. Teach me how you want notes written.”

Low wages

Six workers reported that low wages was an area that challenges and needs more attention to help support workers. Two workers reported to be interested in obtaining a county job due to high wages and benefits (i.e., retirement, pension, etc.) that agencies do not offer. Four reported that most of their money goes to rent. Two reported that they are at risk of becoming homeless due to low wages. Three reported that having to use personal money for gas was a challenge. One of three workers said, “I don’t get paid much—waiting to be reimbursed impacts my personal finances.” She added, “Sometimes that money means food on the table for my kids.” One worker reported how shocked she was when she received her first check. She said, “It’s really heartbreaking that we don’t get paid more.” She reported that the multiple roles workers have to play without proper compensation is unfair. She added, “It’s exploitation, especially when you look at how much CEOs make compared to our salaries.” Another worker discussed her age and concerns for the future: “I can’t even afford a retirement plan. What will I do when I retire?” All six workers reported that their job duties did not match their wages.

TABLE 1: Common response characteristics of frontline workers (N= 13)

<i>Percentage of total respondents</i>		
Response type	Number of respondents	Percentage
Long-term commitment	12	92
Wounded healer	11	85

Trust, communication, and leadership	10	77
Participatory development	9	69
Capacity building	8	62
Low wages	6	46

Management

As with frontline workers, interviews with management revealed six common characteristics: 1) Sector demand, 2) Capacity building, 3) Recruitment strategies, 4) Flexible funding, 5) Low wages, and 6) Wounded healer. All participants (100%, 8 of 8) identified workload demand as possible reasons why many workers are leaving their positions. Approximately 88% (7 of 8) reported that lack of capacity building support is thought to be the reason why staff members left their positions. Management most frequently reported recruitment strategies (88%, 7 of 8) being challenging. For 88% (7 of 8), the lack of flexible funding was considered a complex challenge for workers. Compared to 46% of workers who reported that low-wage work presented a challenge, 88% (7 of 8) of management reported that low wages were believed to be a major reason why staff members left their positions. There was a similar contrast in the wounded healer response between workers and managers, with only 38% (3 of 8) of managers reporting to have experienced trauma influencing their decision to work in homeless services.

Workload demand

All managers reported that workers are not lasting in the sector because of their workload. Five reported that expectations have evolved over the years, making it difficult for workers to keep up with demands. One manager said, “There’s so much thrown at us so fast that the sheer volume is overwhelming.” Another said, “If I’m feeling overwhelmed, then my staff is feeling it, too.” Three managers reported that paperwork

requirements account for more than 60% of the workday for workers. Three reported that documentation requirements overwhelm workers daily. Another reported how so many different programs weaken their ability to create a streamlined system. She suggested that having one system of reporting would ease the workload of workers. One manager reported that many of his workers are frustrated with their workload. He said, "Every client comes in here with a problem...you can't help but take work home." Another manager reported that the biggest challenge is finding a balance to get the work done.

Capacity building

Every manager interviewed felt that lack of capacity building was a primary source of burnout and high turnover rates. Two reported that longtime employees are leaving the sector because they can't meet the new job expectations. One of two managers said, "We haven't prepared workers adequately. It's like we're setting them up to fail." One manager said, "Functionality is based on understanding. Staff should to be educated on systems and funding in order to better understand requirements." One manager reported that workers want to feel supported; they want to see themselves "go somewhere" in the field. Another reported the importance of including workers in decision-making. She said, "They know what works. They know what doesn't work," and she added, "We need to be listening." Three managers reported that training the existing workforce to promote from within is important. One reported that workers are leaving their positions because there are not opportunities for them to advance.

Recruitment

Seven managers reported that among their biggest challenges is finding qualified workers. Two managers reported their challenge of working with new graduate students who do not understand job requirements. One manager reported that universities do not prepare graduate students to work with the homeless population. He added, “We can’t flood the field of services with clinicians.” One manager reported that social workers are coming into the field and do not want to do case management; instead they only want to do therapy. Four managers reported to be looking for people with lived experience.

Here are quotes regarding recruiting workers with lived experience:

- “A lot of the work we do isn’t taught in school.”
- “I’m looking for people with lived experience, passion and commitment.”
- “I’ve learned a lot from people without degrees.”
- “Their experience is invaluable.”

One manager reported that the new workforce is coming in with no experience working with the population. She said, “We don’t have time to train them.” Another manager said, “I can’t expect my case managers to last more than one or two years. She commented, “A lot of the new case managers want their hours and then they’re ready to leave.” One manager reported that he recently attended the county’s job fair. He said, “Most people can’t find work in their field. This explains why a lot of new employees are coming into homeless services from different industries.”

Flexible funding

Flexible funding allows agencies to utilize funding free from contract requirements. Seven managers reported that flexible funding models would make systems a lot easier for workers. Three managers reported that they were concerned funders do not understand the needs of agencies. Six managers reported that current funding models limit their ability to provide long-term services and employment. Three managers reported that short-term funding results in agencies consistently working in financial crisis mode. Four managers reported the importance of funders working closely with agencies to create realistic goals. One manager reported that funding does not account for integrated teams with workers who have different educational backgrounds. Three managers reported that funding constraints contribute to worker burnout. Four managers reported that agencies are competing for the same grants. One said, "Employees are impacted by competition the most. They're expected to operate at full capacity." She added, "That's impossible. We can't even keep the workers we have." Another manager reported that agencies are forced by grants to push for quantity over quality. Two managers reported that contracts do not include salary increases, making it difficult to keep employees. One manager reported that the design of funding is not sustainable. Another manager reported that diversity and flexibility in funding would allow agencies to create on-site mental health support for employees.

Low wages

Seven managers reported that low-wage work is believed to be the primary reason why workers leave their positions. Three managers reported they believe salaries do not match the amount of effort workers provide. Two managers reported that they were concerned about how little employees were paid. One manager reported that

the services workers provided are the same type they need, too. He said, “My staff could use the housing vouchers just as much as the people they serve;” he added, “They’re at risk of becoming homeless themselves.” One manager reported that hourly wage employees do not feel as valuable as salaried employees. Another manager reported that workers eventually leave for county jobs because they pay better.

Wounded healer

One manager reported growing up in the housing projects, with the destructive effects of poverty surrounding him, while witnessing his mother’s hard work to provide for his family. He recalled falling asleep to the sound of helicopters as a child. Another manager reported that after being involved in a serious car accident, his outlook on life completely changed; he wanted to do more. One manager reported being formerly homeless and struggled with a drug addiction for decades.

TABLE 2: Common characteristics of responses in management (N = 8)

<i>Percentage of total respondents</i>		
Response type	Number of respondents	Percentage
Workload demand	8	100
Capacity building	8	100
Recruitment strategies	7	88
Flexible funding	7	88
Low wages	7	88
Wounded healer	3	38

DISCUSSION

The aim of this research is to identify the issues associated with high turnover in the field of homeless services. Findings suggest that workforce strategies might help support organizations with employee retention. The study found that even though employees are deeply committed to their work, the average job tenure is only two years.

These results confirm that conditions exist to cause workers to leave their jobs. For example, approximately 77% of workers reported that lack of trust, communication, and leadership impacted their ability to work with homeless residents. Many workers reported the lack of participatory development contributing to workplace challenges. There were similar patterns in the area of capacity building. Findings expand on previous research, suggesting how mentoring programs help employees demonstrate ongoing career development and growth.⁵³ Other literature shows that investing in professional development empowers individuals and contributes to the organization.⁵⁴

As mentioned earlier, it is recognized that low wages are a factor related to worker retention. Long-term employment and livable wages—the investment in retention and workers—contribute to both agency and workforce stability. Competitive wages, combined with good benefits, may be necessary to recruit and keep diversity in qualified workers.

This study found a large percentage of workers identify with wounded healer characteristics. These findings are consistent with the literature demonstrating that 75-87% of people working in helping services have experienced trauma leading to their career choice.⁵⁵ Judging from the response rate, further research is needed to identify the relationship between retention and trauma.

There is evidence that workload demands contribute to high turnover. These findings are supported by research that indicates burnout is associated with high levels of work overload.⁵⁶ This suggests that low retention rates are likely related to sector demands. However, research shows that management could prevent high turnover by monitoring the workload of employees.⁵⁷ The monitoring of caseloads may be effective

in reducing work-related stress and enhancing worker efficacy. However, the data in this research also suggest that employees are not properly equipped to meet sector demands. Based on this study, there is a direct link between sector demands and capacity building. Other findings include the challenge of hiring qualified workers, which is related to recruitment strategies. These data support studies that recognize the importance of strategic planning efforts in order to attract and retain qualified workers.⁵⁸ Although hiring qualified workers is timely and costly, developing recruitment strategies would be offset by increased productivity, a reduction in turnover and retraining cost, and, more importantly, quality care outcomes.

Although turnover is likely a complicated phenomenon resulting from many different challenges, this research shows evidence that funding requirements do not account for everyday challenges in the workplace. These findings suggest that current funding models increase workload demands that contribute to workplace stress and burnout. As research illustrates, burnout and work-related stress is caused by excessive workload demands.⁵⁹

Compared to workers where roughly 90% report histories of trauma, the study found that less than 40% of managers have experienced trauma in their lifetime. This suggests that wounded healers are less likely to advance to management positions within the homeless services sector. As research illustrates, professional development and mentoring models for employee advancement could help cultivate the next generation of leaders.^{60,61} Therefore, it seems prudent for agencies to invest in workforce development that enables workers to acquire the skills and experience they need for positions of greater responsibility. Future research is necessary to enhance the

understanding of the role wounded healers can play in both program development and management.

STUDY 2

METHOD

Participants

As part of a broader investigation, frontline workers were surveyed using the Life Events Checklist (LEC) to help evaluate factors associated with high turnover in homeless service agencies. Employees were surveyed from two agencies in Los Angeles County: HW and HHCLA. The survey was provided to a total of 90 employees by management-level staff at each agency and had an overall response rate of 44% (40 of 90). No compensation was offered. All surveys were voluntary and anonymous.

Materials and Procedures

In order to conduct the study, the researcher obtained permission from administrative staff at each agency. Administrative staff was asked to distribute a survey to their frontline employees. The study used the LEC (see Appendix A) to measure past exposure of employees to potentially traumatic events. The LEC is a self-report tool that assesses exposure to 17 event types with known potential to result in significant distress or PTSD. These events include natural disaster; fire or explosion; transportation accident; serious accident at work, home, or during recreational activity; exposure to toxic substance; physical assault; assault with a weapon; sexual assault; unwanted or uncomfortable sexual experience; combat experience; captivity; life-threatening illness or injury; severe human suffering; sudden, violent death; sudden, unexpected death of some close to you; serious harm caused by participant; and any other stressful event or

experience. For each item, the respondent checked: happened to me, witnessed it, learned about it, not sure, or doesn't apply.

Other materials used included envelopes and a sealed deposit box for employees to submit completed surveys. Surveys were distributed in two different ways: via email and during in-person staff meetings. Upon completion of the surveys, participants were asked to place surveys in a secured envelope or deposit box. Participants were informed that the survey contained sensitive questions regarding exposure to trauma. During an all-staff meeting, HW employees discussed the LEC survey to address any potentially triggering questions. After surveys were completed, clinical supervisors at HHCLA discussed the material in a group setting. Researcher picked up the envelopes and sealed deposit boxes.

RESULTS

The following reports the response percentages of the 40 workers surveyed at the two homeless services agencies. For nine of the seventeen potential traumatic events listed on the survey, over 40% of respondents reported that the event had directly happened to them. As can be seen in Table 3, the average response rate showed that 46% of workers had a serious accident at work, home, or during recreational activity; fewer than half (40%) of workers were assaulted with a weapon; and 48% were sexually assaulted. Results showed that 62% of workers experienced natural disaster and 73% were involved in a transportation accident. Of the 40 workers, approximately 56% had been physically assaulted and about 58% experienced unwanted or uncomfortable sexual encounters. Additional findings of the study show

high response rates in the areas of sudden, unexpected death of someone close (73%) and other very stressful events or experiences (88%).

Results related to witnessing events show workers in homeless services have been exposed to traumatic events; with 44% of participants report witnessing physical assault in their lifetime. The number of individuals who witnessed life-threatening illness or injury was high at 58% and severe human suffering at 55%. Compared with witnessing incidents, the number of traumatic events that happened to workers showed higher percentage rates. Substantial percentages of workers who experienced and witnessed traumatic events were also found in this study. For any given event, an average of 29% of respondents reported witnessing it. This can be characterized as secondary traumatic stress. As can be seen in the table below, other responses revealed smaller percentage rates (less than 40%) than those described above. That, however, does not mean this data is insignificant.

TABLE 3: Results of LEC for frontline workers in the homeless services sector of Los Angeles County (N = 40)

<i>Percentage of occurrence in lifetime</i>			
Event	Happened to me	Witnessed it	Both
1. Natural disaster	62% *	23%	21%
2. Fire or explosion	26%	29%	11%
3. Transportation accident	73% *	38%	28%
4. Serious accident at work, home, or during recreational activity	46% *	33%	21%
5. Exposure toxic substance	32%	13%	8%
6. Physical assault	56% *	44% *	23%
7. Assault with a weapon	40% *	38%	20%
8. Sexual assault	48% *	20%	13%

9. Other unwanted or uncomfortable sexual experience	58% *	25%	20%
10. Combat or exposure to war-zone	3%	0%	0%
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	21%	10%	5%
12. Life-threatening illness or injury	24%	58% *	8%
13. Severe human suffering	26%	55% *	13%
14. Sudden, violent death (for example, homicide, suicide)	18%	28%	13%
15. Sudden, unexpected death of someone close to me	73% *	33%	28%
16. Serious injury, harm, or death you caused to someone else	23%	15%	10%
17. Any other very stressful events or experience	88% *	35%	33%

Note. The response of 40 percentage or more is denoted using * to identify high rates of trauma exposure.

DISCUSSION

The primary purpose of this study was to show that frontline workers in homeless services are exposed to traumatic events associated with significant psychological and emotional distress. As noted in the results above, high percentages of respondents to the LEC survey indicated that they had directly experienced or witnessed traumatic events. Some of these numbers were greater than the national average. For example,

accordingly to the Substance Abuse and Mental Health Services Administration, 18.9% of men and 15.2% of women have reported a lifetime experience of a natural disaster, whereas in this study 73% reported having this experience.⁶² The LEC indicated higher rates of trauma than are seen in international average, with witnessing violence (21.8%) or experiencing interpersonal violence (18.8%), accidents (17.7%), or trauma to a loved one (12.5%) in the world.⁶³

This study clearly indicates that wounded healers in the workplace are common within the homeless services sector. These findings are consistent with research that indicates a large percentage (75-87%) of people working in helping services have experienced trauma in their lifetime.⁶⁴ Accordingly to wounded healer literature, when workers are exposed to traumatic events it may trigger flashbacks, anxiety, avoidance, and other physiological responses.⁶⁵ The results of the current study suggest that workers are at high risk for PTSD, secondary traumatic stress, or vicarious trauma. Findings of trauma exposure among workers are consistent with other research related to people working in helping services, such as first responders.⁶⁶ As research illustrates, trauma exposure impairs workers' ability to interpret and react to their environment.⁶⁷ Further, the results of this study indicate that a large percentage of the workforce has experienced, witnessed, or both, traumatic events in their lifetime, whereas the general population numbers in the United States are much lower.

It is important to recognize that events are considered traumatic if an individual experiences or witnesses situations that cause physical, emotional, spiritual, or psychological harm. Individuals who have been exposed to trauma are likely to experience a traumatic stress reaction, such as shock, fear, or anger. These reactions

to trauma could have long-lasting effects on the brain. This is especially true if individuals are not treated promptly and correctly. Research shows that preventing chronic emotional stress can help employees perform optimally and reduce expenses associated with high turnover.⁶⁸ Employee wellness strategies may include encouraging mindful exercises, fostering a workplace culture that allows workers to seek support, providing training that creates awareness of chronic emotional stress, and most importantly, facilitating staff wellness through supervision to address feelings regarding worker-client relationships.

There are limitations to this strategy. Foremost is the ability to secure funding that supports staff wellness strategies. This study strengthens the argument for investing in future research to gather data.

GENERAL DISCUSSION

This study found that good leadership, capacity building, inclusive development, flexible funding, livable wages, and further research on the mental health impact on workers could support and help develop a sustainable workforce. Most importantly, it identifies the challenges of building a robust workforce. Hopefully, this encourages organizations, funders, and policymakers to develop measures that deal with workforce development, interventions, and policies clear with implementation structures, to improve retention in the Los Angeles County homeless sector services.

Transforming the homeless services sector to support frontline workers can be a valuable investment for organizations, but it requires willingness and commitment. It is evident that more research is needed to help identify the relationship between high turnover and experienced trauma in the homeless services sector in order to be

effective in helping workers cope with traumatic events. However, this cannot be done without organizations working alongside funders who can specifically allocate for research for workforce retention. Because workers are exposed to high levels of trauma, strategic efforts should be made to develop policies that support, strengthen and increase the wellbeing of workers. Without investing in the workforce, the sector cannot meet increasing demands for service. Based on findings from this study, policy recommendations (see attached) have been created to promote workforce strategies in the areas of staff recruitment, cultivation, and retention.

CONCLUSION

Moving forward, policies, procedures and advocacy to enhance workforce retention in the homeless services sector can be a priority in Los Angeles County if the county intended to resolve the homelessness issue. It is evident there is an absence of the necessary workforce policies to build a robust sector. This project was designed to help develop a legislative strategy to sustain homeless service workers who deliver services to an increasing number of residents without housing.

What is required is the courage to think outside traditional and narrowly conceived boundaries for workforce retention. It is possible that with strategic planning and commitment, the homeless services sector of Los Angeles County can be transformed so that it not only bring homeless residents back to dignity and productivity, but also cares for its most vital asset: its frontline workers.

ATTACHMENT
POLICY BRIEF

ENDNOTES

- ¹ Kolbadi, Nabiollah, Mahmoud Mohammadi, and Fahimeh Namvar, "Smart growth theory as one of the main paradigms of sustainable city," *International Journal of Review Life Sciences* 5, no. 9 (2015): 209-219.
- ² United Nations, *World Urbanization Prospects: 2014 Review*, (New York: United Nations, 2014), 7-19.
- ³ Tacoli, Cecilia, Gordon McGranahan, and David Satterthwaite, "Urbanization, poverty and inequity: is rural-urban migration a poverty problem, or part of the solution," *The new global frontier: Urbanization, poverty and environment in the 21st century* 43 (2008).
- ⁴ U.S. Census, "Los Angeles County Quick Facts," last modified July 1, 2017, <https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/PST045217>.
- ⁵ Los Angeles Homeless Service Authority, "2017 Greater Los Angeles Homeless Count Presentation Los Angeles County and Continuum of Care," last modified 2018, <https://www.lahsa.org/documents?id=1873-2017-greater-los-angeles-homeless-count-presentation-los-angeles-county-and-continuum-of-care.pdf>.
- ⁶ Lim, Diane, "The Work that Can't be Offshored or Automated," *Committee for Economic Development*, April 26, 2016.
- ⁷ Light, P.C., *Making nonprofits work: A report on the tides of nonprofits management reform*, Washington, DC: Brooking Institution Press, (2000).
- ⁸ McHugh, Matthew D., and Chenjuan Ma., "Wage, Work Environment, and Staffing: Effects on Nurse Outcomes," *Policy, Politics & Nursing Practice* 15, no. 3/4 (August 2014): 72-80.
- ⁹ Dixon, Mark R., and Amy K. Loukus, "Importance of organizational infrastructure," In *Handbook of crisis intervention and developmental disabilities* (2013): 7-26.
- ¹⁰ Waxin, Marie-France, et al., "WORKFORCE LOCALIZATION IN THE UAE: RECRUITMENT AND SELECTION CHALLENGES AND PRACTICES IN PRIVATE AND PUBLIC ORGANIZATIONS," *Journal Of Developing Areas* 52, no. 4 (Fall 2018): 99-113.
- ¹¹ Cicognani, Elvira, et al., "Emergency Workers' Quality of Life: The Protective Role of Sense of Community, Efficacy Beliefs and Coping Strategies," *Social Indicators Research* 94, no. 3 (December 2009): 449-463.
- ¹² Olivet, Jeffrey, et al., "Staffing Challenges and Strategies for Organizations Serving Individuals who have Experienced Chronic Homelessness," *Journal Of Behavioral Health Services & Research* 37, no. 2 (April 2010): 226-238.
- ¹³ Bell, Holly, "Strengths and Secondary Trauma in Family Violence Work," *Social Work* 48, no. 4 (October 2003): 513-522.
- ¹⁴ Milligan-Saville, Josie S., et al., "The Amplification of Common Somatic Symptoms by Posttraumatic Stress Disorder in Firefighters," *Journal of Traumatic Stress* 30, no. 2 (April 2017): 142-148.
- ¹⁵ Merchant, Lisa, and Jason Whiting, "Challenges and Retention of Domestic Violence Shelter Advocates: a Grounded Theory," *Journal Of Family Violence* 30, no. 4 (May 2015): 467-478.
- ¹⁶ Zerubavel, Noga, and Margaret O'Dougherty Wright, "The dilemma of the wounded healer," *Psychotherapy* 49, no. 4 (2012): 482.
- ¹⁷ Benziman, Galia, Ruth Kannai, and Ayesha Ahmad, "The wounded healer as cultural archetype," *CLCWeb: Comparative Literature and Culture* 14, no. 1 (2012).
- ¹⁸ Zosky, Diane L., "Wounded Healers: Graduate Students with Histories of Trauma in a Family Violence Course," *Journal Of Teaching In Social Work* 33, no. 3 (July 2013): 239-250.
- ¹⁹ Bell, "Strengths and Secondary Trauma," 513-522.
- ²⁰ Cunningham, Maddy, "Impact of Trauma Work on Social Work clinicians: Empirical Findings," *Social Work* 48, no. 4 (October 2003): 451-459.
- ²¹ Levy-Gigi, Einat, et al., "The hidden price and possible benefit of repeated traumatic exposure," *Stress: The International Journal on the Biology of Stress* 19, no. 1 (January 2016): 1-7.
- ²² Garner, Nadine, Jason Baker, and Duane Hagelgans, "The Private Traumas of First Responders," *Journal Of Individual Psychology* 72, no. 3 (Fall 2016 2016): 168-185.
- ²³ Zeligman, Melissa, et al., "Loneliness as Moderator Between Trauma and Posttraumatic Growth," *Journal Of Counseling & Development* 95, no. 4 (October 2017): 435-444.

- ²⁴ Bayer, Shiri, Rachel Lev-Wiesel, and Marianne Amir, "The relationship between basic assumptions, posttraumatic growth, and ambiguity tolerance in an Israeli sample of young adults: A mediation-moderation model," *Traumatology* 13, no. 1 (2007): 4.
- ²⁵ Hawker, Megan E., and Alba Nino, "Factors Contributing to Posttraumatic Growth in Iraq and Afghanistan Combat Veterans," *Journal Of Aggression, Maltreatment & Trauma* 26, no. 10 (November 2017): 1104-1116.
- ²⁶ Orgambidez-Ramos, Alejandro, et al., "Structural empowerment and burnout among Portuguese nursing staff: An explicative model," *Journal Of Nursing Management* 25, no. 8 (November 2017): 616-623.
- ²⁷ Griffiths, Alys Wyn, Alex M. Wood, and Sara Tai, "The prospective role of defeat and entrapment in caregiver burden and depression amongst formal caregivers," 2018.
- ²⁸ Stalker, Carol A., et al., "Child welfare workers who are exhausted yet satisfied with their jobs: how do they do it?," *Child & Family Social Work* 12, no. 2 (May 2007): 182-191.
- ²⁹ Knapp, Joshua R., Brett R. Smith, and Therese A. Sprinkle, "Is it the job or the support? Examining structural and relational predictors of job satisfaction and turnover intention for nonprofit employees," *Nonprofit and Voluntary Sector Quarterly* 46, no. 3 (2017): 652-671.
- ³⁰ van der Westhuizen, Sanet, and Liezel Bezuidenhout, "Work-related wellbeing in a call centre environment: The moderating role of age and tenure," *Journal Of Psychology In Africa* 27, no. 3 (June 2017): 216-220
- ³¹ de Beer, Leon T., et al., "Work overload, burnout, and psychological ill-health symptoms: a three-wave mediation model of the employee health impairment process," *Anxiety, Stress & Coping* 29, no. 4 (July 2016): 387-399.
- ³² Shirom, Arie, Nurit Nirel, and Amiram D. Vinokur, "Work Hours and Caseload as Predictors of Physician Burnout: The Mediating Effects by Perceived Workload and by Autonomy," *Applied Psychology: An International Review* 59, no. 4 (October 2010): 539-565.
- ³³ Chapman, Helen, et al., "Developing a caseload classification tool for community nursing." *British Journal Of Community Nursing* 22, no. 4 (April 2017): 192-196.
- ³⁴ Yuejen, Zhao, et al., "Long-term trends in supply and sustainability of the health workforce in remote Aboriginal communities in the Northern Territory of Australia," *BMC Health Services Research* 17, (December 19, 2017): 1-10.
- ³⁵ Lim, Diane, "The Work that Can't be Offshored or Automated," *Committee for Economic Development*, last modified April 26, 2016, <https://www.ced.org/blog/entry/the-work-that-cant-be-offshored-or-automated>.
- ³⁶ Colby, Sandra L., and Jennifer M. Ortman, "The baby boom cohort in the United States: 2012 to 2060," *Population estimates and projections* (2014): 1-16.
- ³⁷ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Social Workers, last modified October 24, 2017, <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>.
- ³⁸ Beck, Angela J., et al., "State Health Agency and Local Health Department Workforce: Identifying Top Development Needs," *American Journal Of Public Health* 107, no. 9 (September 2017): 1418-1424.
- ³⁹ Buchan, James, Ian Seccombe, Ben Gershlick, and Anita Charlesworth, "In short supply: pay policy and nurse numbers," *The Health Foundation* (2017).
- ⁴⁰ Murray, Teri A., et al., "A Nursing Workforce Diversity Project: Strategies for Recruitment, Retention, Graduation, and NCLEX-RN Success," *Nursing Education Perspectives (National League For Nursing)* 37, no. 3 (May 2016): 138-143.
- ⁴¹ Yeager, Valerie A., and Janna M. Wisniewski, "Factors That Influence the Recruitment and Retention of Nurses in Public Health Agencies," *Public Health Reports* 132, no. 5 (September 2017): 556-562.
- ⁴² Hedlund, Eric, "Recruiting Requires a Multifaceted Strategy," *Engineering News-Record*, last modified January 22, 2018, <https://www.enr.com/articles/43774-viewpoint-successful-employee-recruiting-requires-a-multifaceted-strategy>.
- ⁴³ Knapp, "Is it the job," 652-671.
- ⁴⁴ Dixon, "Importance of organizational," 7-26.
- ⁴⁵ Rummler, Geary A, and Alan P Brache, *Improving Performance: How to Manage the White Space on the Organization Chart*, Updated Ed., 3rd Ed. ed. San Francisco: Jossey-Bass, 2013.
- ⁴⁶ Meadows, Donella H., *Thinking in Systems: A Primer*, Edited by Diana Wright, White River Junction, VT: Chelsea Green Publishing, 2008.

- ⁴⁷ Wennerstrom, Ashley, Steven D. Vannoy, Charles E. Allen, Diana Meyers, Elizabeth O'Toole, Kenneth B. Wells, and Benjamin F. Springgate, "Community-based participatory development of a community health worker mental health outreach role to extend collaborative care in post-Katrina New Orleans," *Ethnicity & disease* 21, no. 3 0 1 (2011): S1.
- ⁴⁸ Meyers, Joan S. M., and Steven Peter Vallas, "Diversity Regimes in Worker Cooperatives: Workplace Inequality under Conditions of Worker Control," *Sociological Quarterly* 57, no. 1 (2016): 98-128.
- ⁴⁹ Roche, Ann, and Roger Nicholas, "Workforce development: An important paradigm shift for the alcohol and other drugs sector," *Drugs: Education, Prevention & Policy* 24, no. 6 (2017): 443-454.
- ⁵⁰ Mackay, Margaret, 2017, "Professional development seen as employment capital," *Professional Development In Education* 43, no. 1 (2017): 140-155.
- ⁵¹ Dopson, Stephanie A., Sue Griffey, Neelam Ghiya, Susan Laird, Aubrey Cyphert, and John Iskander, 2017, "Structured Mentoring for Workforce Engagement and Professional Development in Public Health Settings," *Health Promotion Practice* 18, no. 3: 327-331.
- ⁵² Hurst, Tamara E., and Philip W. Hurst, "White Bear Syndrome: Recognizing Potential Roadblocks in Transitioning from Practitioner to Leader," *Human Service Organizations: Management, Leadership & Governance* 41, no. 4 (2017): 438-447.
- ⁵³ Dopson, "Structured Mentoring," 327-331.
- ⁵⁴ Mackay, "Professional development," 140-155.
- ⁵⁵ Zerubavel, "The dilemma," 482.
- ⁵⁶ van der Westhuizen, "Work-related wellbeing," 216-220
- ⁵⁷ de Beer, "Work overload," 387-399.
- ⁵⁸ Beck, "State Health," 1418-1424.
- ⁵⁹ Shirom, "Work Hours," 539-565.
- ⁶⁰ Mackay, "Professional development," 140-155.
- ⁶¹ Dopson, "Structured Mentoring," 327-331.
- ⁶² Substance Abuse and Mental Health Services Administration, Trauma and Violence, last modified 2018, <https://www.samhsa.gov/trauma-violence>.
- ⁶³ World Health Organization, "WHO releases guidance on mental health care after trauma," last modified August 6, 2013, http://www.who.int/mediacentre/news/releases/2013/trauma_mental_health_20130806/en/.
- ⁶⁴ Zerubavel, "The dilemma of the wounded healer," 482.
- ⁶⁵ Bell, "Strengths and Secondary Trauma," 513-522.
- ⁶⁶ Garner, "The Private Traumas of First Responders," 168-185.
- ⁶⁷ Levy-Gigi, "The hidden price and possible benefit," 1-7.
- ⁶⁸ Menschner and Maul, "Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations," *Center for Health Care Strategies*, (2016): 1-2.

BIBLIOGRAPHY

- Bayer, Shiri, Rachel Lev-Wiesel, and Marianne Amir. "The relationship between basic assumptions, posttraumatic growth, and ambiguity tolerance in an Israeli sample of young adults: A mediation-moderation model." *Traumatology* 13, no. 1 (2007): 4.
- Beck, Angela J., et al. "State Health Agency and Local Health Department Workforce: Identifying Top Development Needs." *American Journal Of Public Health* 107, no. 9 (September 2017): 1418-1424.
- Bell, Holly. "Strengths and Secondary Trauma in Family Violence Work." *Social Work* 48, no. 4 (October 2003): 513-522.
- Benziman, Galia, Ruth Kannai, and Ayesha Ahmad. "The wounded healer as cultural archetype." *CLCWeb: Comparative Literature and Culture* 14, no. 1 (2012).
- Buchan, James, Ian Seccombe, Ben Gershlick, and Anita Charlesworth. "In short supply: pay policy and nurse numbers." *The Health Foundation* (2017).
- Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Social Workers. Last modified October 24, 2017. <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>.
- Chapman, Helen, et al. "Developing a caseload classification tool for community nursing." *British Journal Of Community Nursing* 22, no. 4 (April 2017): 192-196.
- Cicognani, Elvira, et al. "Emergency Workers' Quality of Life: The Protective Role of Sense of Community, Efficacy Beliefs and Coping Strategies." *Social Indicators Research* 94, no. 3 (December 2009): 449-463.
- Colby, Sandra L., and Jennifer M. Ortman. "The baby boom cohort in the United States: 2012 to 2060." *Population estimates and projections* (2014): 1-16.
- Cunningham, Maddy. "Impact of Trauma Work on Social Work clinicians: Empirical Findings." *Social Work* 48, no. 4 (October 2003): 451-459.
- de Beer, Leon T., et al. "Work overload, burnout, and psychological ill-health symptoms: a three-wave mediation model of the employee health impairment process." *Anxiety, Stress & Coping* 29, no. 4 (July 2016): 387-399.
- Dixon, Mark R., and Amy K. Loukus. "Importance of organizational infrastructure." In *Handbook of crisis intervention and developmental disabilities*, 7-26, Springer, New York, NY, 2013.
- Dopson, Stephanie A., Sue Griffey, Neelam Ghiya, Susan Laird, Aubrey Cyphert, and John Iskander. "Structured Mentoring for Workforce Engagement and Professional Development in Public Health Settings." *Health Promotion Practice* 18, no. 3 (2017): 327-331.
- Garner, Nadine, Jason Baker, and Duane Hagelgans. "The Private Traumas of First Responders." *Journal Of Individual Psychology* 72, no. 3 (Fall 2016): 168-185.
- Griffiths, Alys Wyn, Alex M. Wood, and Sara Tai. "The prospective role of defeat and entrapment in caregiver burden and depression amongst formal caregivers." *Personality & Individual Differences* 120, (January 2018): 24-31.
- Grimshaw, Jeremy M., and Martin P. Eccles. "Is evidence-based implementation of evidence-based care possible?" *Medical Journal of Australia* 180, no. 6 Suppl (2004): S50.
- Hawker, Megan E., and Alba Nino. "Factors Contributing to Posttraumatic Growth in Iraq and Afghanistan Combat Veterans." *Journal Of Aggression, Maltreatment & Trauma* 26, no. 10 (November 2017): 1104-1116.
- Hedlund, Eric. "Recruiting Requires a Multifaceted Strategy." *Engineering News-Record*. Last modified January 22, 2018. <https://www.enr.com/articles/43774-viewpoint-successful-employee-recruiting-requires-a-multifaceted-strategy>.
- Hurst, Tamara E., and Philip W. Hurst. "White Bear Syndrome: Recognizing Potential Roadblocks in Transitioning from Practitioner to Leader." *Human Service Organizations: Management, Leadership & Governance* 41, no. 4 (2017): 438-447.
- Knapp, Joshua R., Brett R. Smith, and Therese A. Sprinkle. "Is it the job or the support? Examining structural and relational predictors of job satisfaction and turnover intention for nonprofit employees." *Nonprofit and Voluntary Sector Quarterly* 46, no. 3 (2017): 652-671.
- Kolbadi, Nabiollah, Mahmoud Mohammadi, and Fahimeh Namvar. "Smart growth theory as one of the main paradigms of sustainable city." *International Journal of Review Life Sciences* 5, no. 9 (2015): 209-219.
- Levy-Gigi, Einat, et al. "The hidden price and possible benefit of repeated traumatic exposure." *Stress: The International Journal On The Biology Of Stress* 19, no. 1 (January 2016): 1-7.

- Light, P.C. *Making nonprofits work: A report on the tides of nonprofits management reform*, Washington, DC: Brooking Institution Press, (2000).
- Lim, Diane. "The Work that Can't be Offshored or Automated." *Committee for Economic Development*. Last modified April 26, 2016. <https://www.ced.org/blog/entry/the-work-that-cant-be-offshored-or-automated>
- Los Angeles Homeless Service Authority. "2017 Greater Los Angeles Homeless Count Presentation Los Angeles County and Continuum of Care." Last modified 2018. <https://www.lahsa.org/documents?id=1873-2017-greater-los-angeles-homeless-count-presentation-los-angeles-county-and-continuum-of-care.pdf>.
- Mackay, Margaret. "Professional development seen as employment capital." *Professional Development In Education* 43, no. 1 (2017): 140-155.
- McHugh, Matthew D., and Chenjuan Ma. "Wage, Work Environment, and Staffing: Effects on Nurse Outcomes." *Policy, Politics & Nursing Practice* 15, no. 3/4 (August 2014): 72-80.
- Meadows, Donella H. *Thinking in Systems: A Primer*, Edited by Diana Wright, White River Junction, VT: Chelsea Green Publishing, 2008.
- Menschner and Maul. "Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations." *Center for Health Care Strategies*, (2016): 1-2.
- Merchant, Lisa, and Jason Whiting. "Challenges and Retention of Domestic Violence Shelter Advocates: a Grounded Theory." *Journal Of Family Violence* 30, no. 4 (May 2015): 467-478.
- Meyers, Joan S. M., and Steven Peter Vallas. "Diversity Regimes in Worker Cooperatives: Workplace Inequality under Conditions of Worker Control." *Sociological Quarterly* 57, no. 1 (2016): 98-128
- Milligan-Saville, Josie S., et al. "The Amplification of Common Somatic Symptoms by Posttraumatic Stress Disorder in Firefighters." *Journal Of Traumatic Stress* 30, no. 2 (April 2017): 142-148.
- Murray, Teri A., et al. "A Nursing Workforce Diversity Project: Strategies for Recruitment, Retention, Graduation, and NCLEX-RN Success." *Nursing Education Perspectives (National League For Nursing)* 37, no. 3 (May 2016): 138-143.
- Olivet, Jeffrey, et al. "Staffing Challenges and Strategies for Organizations Serving Individuals who have Experienced Chronic Homelessness." *Journal Of Behavioral Health Services & Research* 37, no. 2 (April 2010): 226-238.
- Orgambidez-Ramos, Alejandro, et al. "Structural empowerment and burnout among Portuguese nursing staff: An explicative model." *Journal Of Nursing Management* 25, no. 8 (November 2017): 616-623.
- Roche, Ann, and Roger Nicholas. "Workforce development: An important paradigm shift for the alcohol and other drugs sector." *Drugs: Education, Prevention & Policy* 24, no. 6 (2017): 443-454.
- Rummler, Geary A, and Alan P Brache. *Improving Performance: How to Manage the White Space on the Organization Chart*, Updated Ed., 3rd Ed. ed. San Francisco: Jossey-Bass, 2013.
- Shirom, Arie, Nurit Nirel, and Amiram D. Vinokur. "Work Hours and Caseload as Predictors of Physician Burnout: The Mediating Effects by Perceived Workload and by Autonomy." *Applied Psychology: An International Review* 59, no. 4 (October 2010): 539-565.
- Stalker, Carol A., et al. "Child welfare workers who are exhausted yet satisfied with their jobs: how do they do it?." *Child & Family Social Work* 12, no. 2 (May 2007): 182-191.
- Substance Abuse and Mental Health Services Administration. "Trauma and Violence." Last modified March 9 2018. <https://www.samhsa.gov/trauma-violence>.
- Tacoli, Cecilia, Gordon McGranahan, and David Satterthwaite. "Urbanization, poverty and inequity: is rural-urban migration a poverty problem, or part of the solution." *The new global frontier: Urbanization, poverty and environment in the 21st century* 43 (2008).
- U.S. Census. "Los Angeles County Quick Facts." Last modified July 1, 2017. <https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/PST045217>.
- United Nations. *World Urbanization Prospects: 2014 Review*. New York: United Nations, 2014.
- van der Westhuizen, Sanet, and Liezel Bezuidenhout. "Work-related wellbeing in a call centre environment: The moderating role of age and tenure." *Journal Of Psychology In Africa* 27, no. 3 (June 2017): 216-220

- Waxin, Marie-France, et al. "WORKFORCE LOCALIZATION IN THE UAE: RECRUITMENT AND SELECTION CHALLENGES AND PRACTICES IN PRIVATE AND PUBLIC ORGANIZATIONS." *Journal Of Developing Areas* 52, no. 4 (Fall 2018): 99-113.
- Wennerstrom, Ashley, Steven D. Vannoy, Charles E. Allen, Diana Meyers, Elizabeth O'Toole, Kenneth B. Wells, and Benjamin F. Springgate. "Community-based participatory development of a community health worker mental health outreach role to extend collaborative care in post-Katrina New Orleans." *Ethnicity & disease* 21, no. 3 0 1 (2011): S1.
- World Health Organization. "WHO releases guidance on mental health care after trauma." Last modified August 6, 2013, http://www.who.int/mediacentre/news/releases/2013/trauma_mental_health_20130806/en/.
- Yeager, Valerie A., and Janna M. Wisniewski. "Factors That Influence the Recruitment and Retention of Nurses in Public Health Agencies." *Public Health Reports* 132, no. 5 (September 2017): 556-562.
- Yuejen, Zhao, et al. "Long-term trends in supply and sustainability of the health workforce in remote Aboriginal communities in the Northern Territory of Australia." *BMC Health Services Research* 17, (December 19, 2017): 1-10.
- Zeligman, Melissa, et al. "Loneliness as Moderator Between Trauma and Posttraumatic Growth." *Journal Of Counseling & Development* 95, no. 4 (October 2017): 435-444.
- Zerubavel, Noga, and Margaret O'Dougherty Wright. "The dilemma of the wounded healer." *Psychotherapy* 49, no. 4 (2012): 482.
- Zosky, Diane L. "Wounded Healers: Graduate Students with Histories of Trauma in a Family Violence Course." *Journal Of Teaching In Social Work* 33, no. 3 (July 2013): 239-250.

APPENDIX A

LIFE EVENTS CHECKLIST (LEC)

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally, (b) you *witnessed it* happen to someone else, (c) you *learned about it* happening to someone close to you, (d) you're *not sure* if it fits, or (e) it *doesn't apply* to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

<i>Event</i>	<i>Happened to me</i>	<i>Witnessed it</i>	<i>Learned about it</i>	<i>Not Sure</i>	<i>Doesn't apply</i>
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12. Life-threatening illness or injury					
13. Severe human suffering					
14. Sudden, violent death (for example, homicide, suicide)					
15. Sudden, unexpected death of someone close to you					
16. Serious injury, harm, or death you caused to someone else					
17. Any other very stressful event or experience					