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# The Protective Effects of Hope Training on the Human Service Workforce Burnout and Secondary Traumatic Stress

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## ABSTRACT

Workplace stress and burnout are a concern among human service leaders. Organizations need evidence-driven enhancements and actionable strategies that impact employee wellbeing. This study evaluates employee-focused training that draws from theory and research on hope in a large, multi-agency human service organization. The training used both in-person and asynchronous learning. A nonrandomized comparison group design with retrospective posttest assessment was used to investigate the potential impact of participation in hope training on workforce burnout and secondary trauma. Findings demonstrate statistically significant differences between those who completed training and those in the control group with no training.

## PRACTICE POINTS

- Burnout and secondary traumatic stress can have negative effects on the overall well-being of the human service workforce and if severe, can lead to a functional impairment.
- The cognitive process of hope, or positive future expectations, when nurtured in the workplace, has a positive impact on the overall employee wellbeing, including a reduction of burnout and secondary trauma symptoms.
- A training program designed to nurture the employee's hopeful thinking processes for their personal and professional life was designed and provided to a large human service organization.
- The training increased hope among the sample that completed the training, and reduced reported symptoms of job burnout and secondary traumatic stress when compared to the group of employees who did not complete the training.
- Hopeful thinking provides strategies to set specific goals, solve problems to overcome barriers and sustain motivation during challenges.

## KEYWORDS

Burnout; hope theory; human service workforce; secondary trauma; workforce training

Human Service professionals are on the front line of a community's more complex social problems. As a workforce, human service professionals are in programs that aim to bolster wellbeing and overall quality of life through service delivery. Therefore, it is common for those who work in human service settings to routinely engage with individuals and families who experience crisis, trauma, violence, and other adversities (i.e., unstable access to basic needs, developmental disabilities, foster care, etc.). Human service professionals are often employed in settings such as public child welfare practice, elder protection, family violence, courts, legal systems, and supporting individuals with intellectual disabilities, among many other types of

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service-focused programming designed to enhance the quality of life. While the nature of the career may be rewarding, it is also work that routinely exposes the workforce to ongoing demanding work conditions and environments that may make employees particularly vulnerable to their welfare, such as burnout and secondary traumatic stress (Bride et al., 2008; Lizano, 2015). When employees routinely encounter obstacles to effective work, along with competing job demands and setbacks when completing job-related tasks, they may become vulnerable to disconnecting from the work, giving up, or leaving human service work altogether. Both burnout and secondary traumatic stress can have deleterious effects on the quality of service delivery and lead to employee turnover (He et al., 2018; Leake et al., 2017; Lizano, 2015). If the symptoms of both burnout and secondary traumatic stress are severe enough, it is likely to result in functional impairment and suggest the need for evidence-driven interventions (Aarons et al., 2009).

Further, burnout and secondary traumatic stress can harm both the individual and the organizational climate and culture (Lizano, 2015; Salloum et al., 2015). As Human Service organizations continue to experience high rates of burnout and turnover among the workforce, significant resources are constantly in demand for new employee training (Mor Barak et al., 2001). Therefore, human service professionals and their organizations must build specific yet straightforward, cost-effective strategies that support and nurture employee wellbeing.

Positive organizational behavior scholarship (POB) has emphasized examining positive approaches to work and organizations, defined by Luthans (2002) as “the study and application of positively orientated human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace” (p. 59). One such construct known to promote wellbeing in this area of research is the cognitive, motivational construct of hope, conceived by Snyder (1994). Snyder defined hope as a “positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)” (Snyder et al., 1991, p. 287).

Hope has emerged among positive organizational behavior scholars as one possible explanation of why certain employees are more likely to achieve their workplace goals despite obstacles and setbacks (Luthans et al., 2000; Youssef & Luthans, 2007). Hope has emerged as beneficial in some human service settings such as child welfare practice (Pharris et al., 2022), staff in assisted living settings (Simmons et al., 2009), and among child abuse pediatric providers (Passmore et al., 2020). Hope has been linked to areas of performance and achievement (Gustafsson et al., 2018; Peterson & Byron, 2007; Snyder et al., 2002), including an employee’s self-efficacy, job performance, and job satisfaction (Youssef & Luthans, 2007). Additionally, organizational scholars suggest that hope plays a vital role in employee performance, flexibility, and adaptability. Hopeful employees can solve work-related challenges (Peterson & Byron, 2007) and have greater job commitment (Avery et al., 2009). It has also been demonstrated that hopeful leaders are associated with employee retention and job satisfaction (Avery et al., 2009; Peterson & Luthans, 2002). It is thought that hopeful employees have better work-related outcomes because their hopeful thinking provides the strategies to set specific goals, solve problems to overcome barriers and sustain motivation even amid challenges. Additionally, when hope is nurtured in the workplace, it provides “upward spirals” of performance, progress, and flourishing while simultaneously “undoing” some of the impacts of negativity (Fredrickson & Joiner, 2002).

Given the benefits of hope in work-related settings and the challenges of the complex work in the adversity and trauma that human service professionals often engage in, it is important to consider if the strategies of hopeful thinking can be enhanced in the workforce. More to the point, can hope-building strategies benefit the employee’s wellbeing? Prior studies have established that hope is malleable and can be enhanced (D. Feldman & Dreher, 2012; Hellman & Gwinn, 2017). This study extends the current literature on hope, burnout, and secondary traumatic stress by evaluating the effectiveness of a 4-hour hope training program created to increase awareness about hope and provide actionable strategies or skills employees can use to set goals, identify pathways, and dedicate the agency toward their desired goals. Using a quasi-experimental design, we hypothesized that compared to the control group, the intervention group would have significant differences in hopeful thinking and

a decrease in burnout and secondary traumatic stress symptoms. This paper examines the results of employee training designed to enhance wellbeing using the tenets of hope theory in human service settings.

### **Hope theory**

The most widely used and robust conceptualization of hope draws from Snyder's (2002) work, which describes hope as a positive motivational state that is based on an interactive and derived sense of successful 1) agency (goal-directed thinking) and 2) pathways (planning to meet the goal) (Snyder, 2002). Hope is a goal-directed cognitive state (way of thinking). Simply stated, hope is the belief that one can find pathways to desired goals and sustain motivation to use those pathways toward the desired goal. Goal setting is the cornerstone of hope and is the target of mental action sequences (Snyder, 1994, 2002; Snyder et al., 1997). Human behavior is goal-directed in both the short-term and long-term. Individuals with higher hope are more likely to set achievable goals. To do so, *both* agentic thinking and pathways thinking must be active for hopeful thinking to emerge.

Agency thinking is the perceived capacity to use one's pathways to reach the desired goal. Agency thinking is thought to both begin moving along the pathways and thoughts to help one sustain progress along the pathway. Individuals with higher hope engage in self-talk such as "I can do this" or "I will overcome." Agentic thinking becomes very important when individuals encounter barriers or obstacles to their goals. During such blockages, individuals with higher hope can apply the motivation to find alternative pathways (Snyder, 2002).

Pathways, the second component of hope, describe the individual's capacity to construct workable strategies or routes toward the goals. This often comes in the form of internal messages, such as "I can find a way to get this done," but may also be expressed in a willingness or capacity to seek out others for support to generate one or often many routes to the desired goal. The capacity to find multiple routes to one's goals is a characteristic of individuals with higher hope (Snyder et al., 1991). Hope theory has over two decades of research that supports the construct's validity and reliability (Hellman et al., 2013; Snyder et al., 1991).

### **Hope, job burnout, and secondary traumatic stress**

More recent studies have begun to examine the role of hope as a protective state in harmful work conditions of job burnout and secondary traumatic stress. In a sample of child welfare professionals, hope was an independent protective factor and a significant predictor of lower burnout (Pharris et al., 2022). Likewise, a study of child abuse pediatricians examined the relationship between hope, job burnout, secondary traumatic stress, and meaning in work and found that hope coupled with meaning in work mitigated the adverse conditions of job burnout and secondary traumatic stress (Passmore et al., 2020). While future research is needed to more fully understand the direct impact of hope in human service workplace outcomes, the promising results from the initial studies suggest that hope levels positively impact employee wellbeing.

### **Hope and work**

Hope is associated with positive workplace outcomes for the employee and the organization. A meta-analysis on the impact of hope examined 133 effect sizes in 45 studies, comprising 11,139 employees. The meta-analysis found a statistically significant positive correlation between hope and employee performance based on self-report and aggregate measures such as financial performance (Reichard et al., 2013). Other studies that have examined the links between hope and work performance found that employees with higher hope have better work performance (Peterson & Luthans, 2002; Youssef & Luthans, 2007), job satisfaction, and organizational commitment (Luthans & Jensen, 2002; Youssef &

Luthans, 2007). Studies of management executives with higher hope have found those executives are better at finding solutions to work problems, suggesting that hope is associated with the ability to overcome organizational obstacles (Peterson & Byron, 2007; Peterson & Luthans, 2002).

Recent studies have demonstrated that teaching or training hope has proven efficacy in increasing hope and other variables related to emotional and social wellbeing (D. Feldman & Dreher, 2012; Kirby et al., 2021; Marques et al., 2011). A 5-week program designed to increase hope among middle school students found that teaching students strategies to increase hope could be achieved and sustained over time. In addition to increasing hopeful thinking, the authors also saw an increase in the student's life satisfaction, a positive attitude toward themselves, and an increase in self-worth (Marques et al., 2011).

Testing the hypothesis that hope is malleable in brief interventions, D. Feldman and Dreher (2012) measured the effect of a 90-minute training on college students' specific strategies for hopeful thinking and goal setting. They found that a brief, hope-based training increased students' hope from pretest to post-intervention. The student's hopeful thinking was sustained through the 30-day follow-up. Along with increasing hope, the study participants had an increase in life purpose, selection of a vocational calling, and more progress toward their goals. Another hope-focused training program for oncology professionals demonstrated that a signal session of hope-enhancement-based training improved the capacity for hope on a life goal and that participants overwhelmingly valued the training and its usefulness (D. B. Feldman et al., 2021). These studies demonstrate that programming, interventions, or trainings designed to foster hope can support significant social and emotional wellbeing changes.

### **Hope training**

Using Snyder's (2002) hope theory as a framework, the Hope Enhancement Training is a 4-hour hope-focused training developed under the Hope Centered and Trauma Informed® training series. The training provides the participant with both theory and application content. Specifically, the training's outcomes are for participants to conceptualize their goals, identify various pathways to achieve them, and build strategies to sustain the mental energy to sustain the goal pursuit. This structured training is comprised of four distinct units. The first is an "Introduction to the Science of Hope," a presentation where participants are given the definition of hope and descriptions of hope's key tenants of goals, pathways, and willpower, along with clarifying conversation on how hope differs from resilience, optimism, and self-efficacy. In the second session, "The Process of Hope," participants are given examples of how we use hope in our day-to-day experiences. This includes information that can help the participant recognize they focus attention in a way that is future-focused (hope or worry/fear) or by way of reflections on the past (rumination, guilt, shame, or nostalgia). The third session, "The Impact of Adversity on Hope," is designed to highlight the devastating effects that stress, adversity, and trauma have on goal setting, disrupting the ability to identify pathways or overcome barriers and disrupting or robbing willpower focus (Munoz et al., 2022). Specifically, the training explores how trauma such as those from childhood from experiences like those in the Adverse Childhood Experiences Study (ACEs) (Feletti et al., 1998) and workplace trauma exposure may impact their hopeful thought processes and indicators to recognize the loss of hope (Pharris et al., 2022). The fourth session, "Practice: Strategies to Nurture Hope," allows the participant to practice and use reflective learning to practice and apply hope to their personal or professional lives. First, participants engage in a hope centered goal setting interactive small group exercise, where participants identify 1–3 personal or professional goals. They then use a worksheet to engage in a guided conversation to clarify the nature of their identified goals. By giving specific attention to just the goal component of hope encourages deeper exploration of the nature of the goals, whether they are avoidance vs. achievement goals, goals that require stretch vs. mastery, and short-term vs. long-term (Cheavens et al., 2019; Snyder, 2000). Additionally, the participants reflect on their existing or desired social supports and consider potential detractors from pursuing the goal. The nature of our goals directs the viable and reasonable pathways and helps the learner visualize the benefits of pursuing the goal (Cheavens et al., 2019). After each participant has clarified their goal(s), they transition to a guided activity in which they identify pathways available to achieve their goal and brainstorm barriers they may

encounter along with possible solutions. Participants use worksheets to engage in guided conversations to identify potential pathways (discussing potential barriers) and generate 4–5 specific benchmarks (sub-goals) that will lead to goal attainment. Participants also engage in willpower-building discussions (e.g., creating future memories of success). After participants have experienced the process of using hope to set goals and pathways in their personal/professional lives, they transition to facilitator-led discussion on applying the tenets of hope (goals, pathways, willpower) to their work. See [Table 1](#).

**Table 1.** Hope enhancement training Units.

Unit	Hope Centered and Trauma Informed® Training
1	Introduction to the Science of Hope
2	The Process of Hope: Where do you focus your attention?
3	The Impact of Adversity on Hope
4	Practice: Strategies to Nurture Hope

## The current study

This is an exploratory study of the effectiveness of hope training for human service professionals. The study leveraged a quasi-experimental retrospective posttest assessment to investigate if there were differences between employees who completed the training compared to employees who had not completed the training. More specifically, this study examined differences in burnout and secondary traumatic stress among a treatment group exposed to a four-hour training compared to a control group in which both groups represent employees working in a large human service state agency. This study received IRB approval from the Oklahoma Department of Human Services, IRB no 064032021, and the University of Oklahoma, IRB no. 54022020.

## Method

### Study design

To test the hypothesis, a nonrandomized comparison group design (Cook & Cambell, 1979) with retrospective posttest assessment was used to investigate the relationship of participation in hope training on workforce burnout and secondary trauma among a sample of human service employees in state government. The employees are in a large, state-based human service program that includes child welfare, aging services, adult protection, child support services, intellectual disabilities services, child care programming, and family and adult services that administer federal safety net programs. As part of an agency-wide initiative to integrate the science of hope across all aspects of the human service agency, all employees were encouraged to participate in this training and provided two options for completing the four-hour course. Employees could complete the training in a synchronous format in a traditional classroom setting with instructors or a synchronous instructor-led training using video conferencing (zoom) technology. The second option was to complete a self-paced course with prerecorded content with the instructors, distributed from the organization's learning management system. The training content across these options was consistent in order, length, and materials covered.

### Sample selection and assignment

Employees were recruited to participate in an annual employee engagement survey administered internally to the human service state government agency. The annual survey was distributed while the organization was in the process of implementing the agency-wide hope training. As part of the agency's annual employee engagement survey, items were incorporated that asked the employees to self-report their completion of hope training.



The table provides demographic characteristics for the three different training groups. Categories of participation included (0) No training (designated as the control group;  $n = 680$ ); (Group 1) hope training presented via synchronous learning (in the classroom or in-person via video conferencing technology) ( $n = 247$ ); or (Group 2) hope training completed via an asynchronous method, the prerecorded content with the instructors, distributed on the agency's internal learning management system ( $n = 1,049$ ). For gender, the majority of the participants identified as female across all groups, with percentages ranging from 64.1% to 76.1%. Males contributed to a smaller proportion (11.5% to 13.2%), while a few participants preferred not to answer (4.6% to 4.3%). A very small percentage identified as nonbinary (0.3% to 1.0%). Regarding job tenure, participants were distributed across different experience levels. The highest proportion fell into the 6–10 year category (26.9% to 28.5%), followed by 1–5 years (21.9% to 24.4%). The No Training group had the highest percentage of participants with 16 or more years of job tenure (20.6%), while the Synchronous Training Group 1 had the lowest (37.7%). Lastly, supervisor status varied among participants. Approximately 18.8% to 21.9% of participants were supervisors, while the majority (81.2% to 82.7%) were not.

A chi-square analysis was completed to examine demographic characteristics within each training session further. Only the distributions within tenure provided a statistically significant difference [ $\chi^2$  (8) 44.97;  $p < .001$ ]. Further examination of the distribution suggests that those employees who had been with the agency for less than one year were more likely to have not participated in the training and, therefore, placed into the control group. As mentioned, both supervisor status distributions [ $\chi^2$  (2) 2.82;  $p = .244$ ] and gender distributions [ $\chi^2$  (6) 6.73;  $p < .347$ ] were not statistically significant.

Demographic characteristics for each group are presented in [Table 2](#).

**Table 2.** Demographic characteristics.

Baseline Characteristic	No Training/Control Group		Synchronous Training Group 1		Asynchronous Training Group 2	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%
Gender						
Female	436	64.1	188	76.1	773	73.7
Male	78	11.5	24	9.7	138	13.2
Prefer Not to Answer	31	4.6	16	6.5	45	4.3
Identify as nonbinary	2	.3	3	1.2	10	1.0
Job Tenure						
Less than 1 year	71	10.4	10	4.0	71	6.8
1–5 years	197	29.0	54	21.9	256	24.4
6–10 years	183	26.9	56	22.7	299	28.5
11–15 years	89	13.1	34	13.8	173	16.5
16 or more years	140	20.6	93	37.7	250	23.8
Supervisor						
Yes	128	18.8	54	21.9	182	17.3
No	552	81.2	193	78.1	867	82.7

Reflects the number and percentage of participants answering “yes” to this question.

## Measurement

### Adult hope scale

The Hope Scale is an 8-item scale that measures the extent to which the respondent feels motivated to obtain goals and whether they can construct pathways to attain those goals (Snyder et al., 1991). A total hope score is derived by adding the scores from the eight items. An 8-point Likert scale, ranging from 1 = definitely false to 8 = definitely true, is used to measure the responses. An example of the AHS item is *I energetically pursue my goals, and there are lots of ways to get the things in life that are most important to me*. Consistent with previous findings (Hellman et al., 2013), the reliability estimates for the total Hope Scale for this sample were adequate ( $\alpha = .90$ ).

### **Burnout**

Employee burnout was measured using the Oldenburg Burnout Inventory (OLBI; Demerouti et al., 2003) to assess *exhaustion* and *disengagement*, classic symptoms of burnout. The OLBI has 16 items presented on a 4-point Likert scale (1=Strongly Disagree to 4=Strongly Agree). Eight items measure *disengagement*. A representative example of the eight disengagement items asks the respondent if they *Always find new and interesting aspects in their work*. Eight items measure *exhaustion*. A representative example of the exhaustion items asks the respondent if *there are days they feel tired before they arrive at work or feel emotionally drained by the work*. Internal consistency reliability for the burnout scale was .90.

### **Secondary traumatic stress**

A 17-item scale assessed the degree to which secondary traumatic stress impacted the staff member. This scale was developed by Bride et al. (2004). This measure assesses the extent to which participants recognize the symptoms of secondary trauma when working with traumatized individuals. The scale identifies three subscales: intrusion, avoidance, and arousal. Respondents were presented with a 5-point Likert scale ranging from (1) Very Often to (5) Never. Reliability estimates for the Secondary Traumatic Stress indicated ( $\alpha = .94$ ). An example of the STS scale is *I thought about work with my clients when I didn't intend to*, and, *I expected something bad to happen*.

### **Knowledge of hope**

A single item was developed to assess the level of knowledge each participant self-reports on hope (How would you rate your knowledge of hope theory?). This item was presented with a response option ranging from 0 (No knowledge) to 10 (Very knowledgeable).

## **Results**

To investigate if exposure to hope training was related to higher knowledge of hope, we computed a between groups analysis of variance (ANOVA) using Tukey post-hoc analyses for group comparisons. The results of the ANOVA showed significant differences among the groups [ $F(2,1904) = 590.70$ ;  $p < .001$ ;  $\eta^2 = .38$ ]. Moreover, the partial eta square indicates that estimated group differences represent a large effect (cf. Cohen, 1992). The Tukey post-hoc comparison showed the control group ( $M = 2.54$ ;  $SD = 2.86$ ) scored significantly lower on knowledge of hope compared to both the live hope training ( $M = 6.72$ ;  $SD = 1.99$ ) and the self-paced hope training ( $M = 6.36$ ;  $SD = 2.03$ ). The differences between instructor-led synchronous learning and the prerecorded self-paced training were not statistically significant.

### **Burnout**

To investigate if exposure to hope enhancement training was a potential protective factor related to lower burnout, we computed a between groups analysis of variance (ANOVA) using Tukey post-hoc analyses for group comparisons. The results of the ANOVA showed significant differences among the groups [ $F(2,1904) = 13.84$ ;  $p < .001$ ;  $\eta^2 = .01$ ]. Moreover, the partial eta square indicates that estimated group differences represent a small effect (cf. Cohen, 1992). The Tukey post-hoc comparison showed the control group ( $M = 38.54$ ;  $SD = 10.00$ ) scored significantly higher on burnout compared to both the live hope training ( $M = 35.72$ ;  $SD = 9.10$ ) and the prerecorded self-paced course ( $M = 36.28$ ;  $SD = 9.14$ ). The differences in burnout between live and self-paced training were not statistically significant. See Table 3.



**Table 3.** Descriptive statistics ANOVA.

Variable	Control Group		Instructor Led		Self-Paced Course	
	M	SD	M	SD	M	SD
Knowledge of Hope	2.54*	2.86	6.72*	1.99	6.36*	2.03
Job Burnout	38.54*	10.00	35.72*	9.10	36.82*	9.4

$p < .001^*$ .

### Secondary traumatic stress

Previous research has shown that burnout and secondary traumatic stress have strong positive associations (Cieslak et al., 2014). Our results showed similar strong associations between burnout and each dimension of secondary traumatic stress (intrusion  $r = .52$ ;  $p < .001$ ; avoidance  $r = .65$ ;  $p < .001$ ; and arousal  $r = .55$ ;  $p < .001$ ). As a result, burnout was treated as a covariate, and computed a multivariate analysis of covariance with Intrusion, Avoidance, and Arousal as a set of dependent variables.

Using Wilk's  $\lambda$  for interpretation and burnout as a covariate to adjust for differences between groups, the MANCOVA resulted in a significant difference between groups among the three dimensions of secondary traumatic stress [ $\lambda .976$ ,  $F(3, 3590) = 7.30$ ;  $p < .001$ ]. Given the significant multivariate test, we then examined the between-subject effects with pair-wise comparison to examine each of the three secondary traumatic stress domains across the three hope enhancement training groups. See Table 4.

**Table 4.** Descriptive statistics MANCOVA.

Variable	Control Group		Instructor Led		Self-Paced Course	
	M	SD	M	SD	M	SD
Secondary Traumatic Stress						
Intrusion	10.79*	4.28	9.41*	3.00	9.23*	3.26
Avoidance	13.94	5.52	12.30*	4.73	12.29*	4.73
Arousal	11.17*	4.43	9.74*	3.62	9.75*	3.60

$p < .001^*$ .

*Intrusion.* The test of between-subject effects demonstrated a significant difference between the hope training and the intrusion domain of secondary traumatic stress [ $F(2, 1797) = 20.75$ ;  $p < .001$ ;  $\eta^2 = .02$ ]. Moreover, the partial eta square indicates that estimated group differences represent a small effect. The pairwise comparison showed that the control group ( $M = 10.79$ ;  $SD = 4.28$ ) scored significantly higher compared to both the live ( $M = 9.41$ ;  $SD = 3.00$ ) and recorded ( $M = 9.23$ ;  $SD = 3.26$ ) hope training groups. The differences between the live and self-paced training groups were not statistically significant.

*Avoidance.* The test of between-subject effects demonstrated a significant difference between the hope training and the intrusion domain of secondary traumatic stress [ $F(2, 1797) = 7.19$ ;  $p < .001$ ;  $\eta^2 = .01$ ]. Moreover, the partial eta square indicates that estimated group differences represent a small effect. The pairwise comparison showed that the control group ( $M = 13.94$ ;  $SD = 5.52$ ) scored significantly higher compared to the instructor-led virtual learning ( $M = 12.30$ ;  $SD = 4.56$ ) hope training groups. The differences between the instructor-led training ( $M = 12.39$ ;  $SD = 4.73$ ) and self-paced training groups were not statistically significant.

*Arousal.* The test of between-subject effects demonstrated a significant difference between the hope training and the intrusion domain of secondary traumatic stress [ $F(2, 1797) = 11.51$ ;  $p < .001$ ;  $\eta^2 = .01$ ]. Moreover, the partial eta square indicates that estimated these group differences represent a small effect. The pairwise comparison showed that the control group ( $M = 11.17$ ;  $SD = 4.43$ ) scored significantly higher compared to both the instructor-led ( $M = 9.74$ ;  $SD = 3.62$ ) and self-paced ( $M = 9.75$ ;  $SD = 3.60$ ) hope training groups. The

differences between the instructor-led and self-paced recorded training groups were not statistically significant.

## Discussion

Employees who work in human service settings have frequent exposure to burnout from job demands and exposure to the trauma of others. The present study is designed to examine if a training course that enhanced hope among employees significantly impacted hopeful thinking and other positive outcomes of decreasing burnout and symptoms of secondary traumatic stress. The findings suggest that employees who completed the four-hour Hope Enhancement Training significantly differed from those in the control group who had not completed the training. The significant differences between the increased knowledge of hope coupled with decreased reported symptoms of job burnout and secondary traumatic stress scores suggest that training-based intervention designed to increase employees' wellbeing by increasing hopeful thinking is beneficial. Training that builds both awareness and skills associated with hope is a potentially significant protective factor for human service employees who represent the community's safety net for vulnerable citizens. This training is a strengths-oriented approach to help employees identify their capacity to set and pursue goals for the future they desire and sustain the mental energy for those goal pursuits. It is plausible that employees who are equipped to focus their attention on future goals can better use strategies to cope with adversity and stress in the present to continue toward the future.

As hypothesized, the comparison group who had not completed any training had statistically significant lower hope scores and reported more symptoms of burnout and secondary traumatic stress, including more symptoms of intrusive thoughts, avoidance and emotional arousal. Prior studies suggest the consequence of those symptoms result in negative employee behaviors, which can devastate the individual employee's well-being and overall quality of life (Cieslak et al., 2014). Hope focused goal setting may help the employee distinguish actionable strategies during work-related distress, help the employee find workable pathways, and promote the employee's agency via positive self-talk (Chan et al., 2019). Therefore, hope acts as a protective factor during times of distress. The results of this study are congruent with other studies of hope focused interventions that demonstrate that hope can be improved in a training or educational setting and have positive benefits for the participants, but expands the current research to include the usefulness of hope in high-demand human service workplace settings (D. Feldman & Dreher, 2012; D. B. Feldman et al., 2021; Hellman & Gwinn, 2017; Marques et al., 2011).

The study findings suggest that this Hope Enhancement training improves employee outcomes in traditional organizational training environments and online self-paced learning. This may be particularly important to larger organizations that may be limited in training a large workforce efficiently and with practical outcomes. While further investigation may be necessary, it suggests that training that provides actionable strategies the employee can use for their immediate and long-term well-being can be delivered in various training modalities.

## Study limitation

The study has some limitations that can provide opportunities for future research. First, Burnout and STS are typically considered dynamic psychological states that may be impacted by unique work characteristics and personal demographic differences. Therefore, it is possible that repeating the measures at different points in time may have some different effects (Dunford et al., 2012). Also, the sample for this study was from one state human service organization, and future studies to replicate the findings should determine the stability of the effect. Potential threats to internal validity should be acknowledged. The single-group posttest design may introduce threats related to history and maturation, as external events and participant changes over time could confound the observed effects. Also, the sampling method employed may result in selection bias, limiting the generalizability of the

findings. Finally, future examination of the curriculum should examine if the change in hope and related decrease in burnout and secondary traumatic stress have organizational outcomes over time, such as retention, job satisfaction, or organizational commitment. However, given the size and scope of different services within the sample, it would suggest the employees have unique and different working conditions and reflect the human service workforce. Nonetheless, this study is a retrospective design that presents compelling control group data supporting the training program's benefits.

## Conclusion

Given the complexity of the work setting in which human service professionals work, training that equips the professional to build the capacity for hopeful thinking may be one strategy for improving employee wellbeing. Moreover, given the prior research on positive outcomes of hopeful thinking at work, this training has the potential to address issues such as motivation, retention, efficiency, and problem-solving in the workforce (Peterson & Byron, 2007; Peterson & Luthans, 2002; Reichard et al., 2013; Youssef & Luthans, 2007). Future studies on the effect of this hope training in the Hope Centered and Trauma Informed® series and other curricula that aim to increase hope should focus on different potential positive outcomes. Additionally, future studies that examine the dosage effect of the training along with the sustainability of the intervention over time should be examined. Training is likely most effective when combined with ongoing organizational strategies that reinforce the training in day-to-day work. As organizational leaders construct processes, policies, and programs, attention to employee hope and wellbeing would be more likely to sustain the positive impact of the training. Organizations should consider planned change approaches that could be used to instill hope in organizational cultures that extend beyond the training event. The promising findings of this study suggest that hope enhancement training is one strategy that human service organizations can deploy that positively impacts the workforce's wellbeing.

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