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SOCIAL WORKER'S ADJUSTMENT AND PERCEPTION WHEN DEALING WITH DOUBLE-EXPOSURE DURING A NATURAL DISASTER

Magaly Santos

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SOCIAL WORKERS' ADJUSTMENT AND PERCEPTION WHEN DEALING
WITH DOUBLE-EXPOSURE DURING A NATURAL DISASTER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Magaly Santos

May 2021

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Approved by:

Dr. James Simon, Faculty Supervisor, Social Work
Dr. Armando Barragan, M.S.W. Research Coordinator

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ABSTRACT

Limited research has captured the perceptions and adjustments of social workers living and providing treatment in the same communities during a disaster. Few studies have captured the stressors and responsibilities put on social workers during an ongoing disaster. This paper reported the findings of the double-exposure captured using a qualitative approach in collecting interviews from nine mental health professionals who continued working during the outbreak of the COVID-19 pandemic. A constructivist paradigm was used to capture each participant's reality. Participants described the sudden change to remote work as difficult when having to find the balance between work and life demands, providing quality care to clients, and creating a proper workspace at home. Benefits to their new work environments were described by having more time to spend with family, using telemedicine to continue providing care to clients, and a sense of safety. The following research study contributes to the social work practice by providing awareness to the lack of disaster preparedness and lack of governmental support in assuring social workers have the appropriate resources.

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To all those that believed in me when hope was too far out to reach. To Dr. James Simon for providing me guidance and clarity every step of the way. To all faculty and staff that have been part of my journey throughout the MSW program.

DEDICATION

This is dedicated to all the first-generation Hispanic women that strive to become a professional regardless of the challenges put in front of them. To my partner Ha for giving me a shoulder to cry on and holding my hand every step of the way. To my son, Anthony, for being so understanding and patient with me throughout the endless hours that I could not play with him. To Joanna and Jessica for encouraging me to be my best even when I was at my worse. To all my beautiful family and friends that have supported me throughout the way.

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CHAPTER ONE

PROBLEM FORMULATION

Problem Statement

Natural disasters occur rapidly and leave many victims to deal with the aftermath. The increase in the need for psychological and social support places social workers in the frontline of crisis. Social workers living and providing services in the affected community are faced with greater challenges. Social workers face challenges due to family-work conflicts, emotional and psychological stressors, lack of agency support, restricted knowledge on disaster recovery, and dealing with rapid changes to social environments (e.g. Boyer 2008; Huang et al., 2014; Sweifach et al., 2013). This leaves social workers balancing between professional and personal responsibilities.

Purpose of the Study

Over the past decades, humanity has experienced negative consequences following epidemics. Past epidemics have served to bring awareness to the rapid onset, spreading, and lack of immediate intervention responses. The world is currently facing a new flu pandemic, COVID-19, that has spread rapidly across the world, taking a high toll on mortality. According to a cross-country database on COVID-19 testing, as of the time of publication for this thesis, there have been 2.93 million reported deaths worldwide (WHO, 2020). For purposes of consistency to today's pandemic and taking into consideration the

lack of little to no research on COVID-19, I will take a look at past research such as the severe acute respiratory syndrome (SARS) and swine flu pandemic (H1N1). Limited research on pandemics fails to cover the role of mental health professionals such as social workers in disaster recovery. Social work has been a growing field over the years and their work in disaster recovery has been recognized when looking at Hurricane Katrina or 9/11.

Unlike other pandemics, COVID-19 is the first pandemic to impact communities worldwide at such a rapid rate and force essential workers to continue working under these conditions. Due to this analogy, besides comparing COVID-19 to SARS and H1N1, this study will also capture the experiences of mental health workers providing services during wartime. This allows for the comparison of social workers providing services during an ongoing threat.

Mental health workers are faced with providing emotional support to clients under stressful situations often lacking materials and resources (Delfante et al., 2018; Khalid et al., 2016). Like H1N1 and SARS, the spread of COVID-19 attracted vast media coverage and created uncertainties about the severity of the virus. Barell et al., (2020) point out the role of controversial media coverage of fake news at the beginning of COVID-19, which made it difficult for many to get factual information about infection control and transmission. This along with the lack of resources and increased risk of exposure created a sense of moral injury and the increased need for mental health services within the population (Garfin et al., 2020; Mohsin et al., 2020).

Baum (2016) used the terms “double-exposure” and “cross-pressures” to describe the experiences that social workers share with their clients. Oftentimes, social workers are expected to provide care and support to clients while also, balancing their own uncertainties and consequences of a disaster. Boyer (2008) reflects on her role as a social worker during Hurricane Katrina and sharing the same emotional loss as the community and clients. This shared transference serves to question her professional abilities dealing with stress, anxiety, and feelings of helplessness. Other studies focused on understanding ways that social work practice is impacted by catastrophic events and self-evaluation of the professional role (Baum, 2012).

There are many studies that focus on the emotional and psychological stressors that impact victims of natural disasters. A natural disaster is known as an unexpected event that causes great damage or loss of life (Civaner et al., 2017). Yet, few studies analyze the emotional and psychological demands of traumatic events on social workers at the micro, mezzo, and macro levels. Social workers’ adaptability to the constantly changing needs of clients and environmental demands greatly depends on the support of the agency and governmental policies. Oftentimes, after a disaster, the focus turns to rebuilding the physical aspects rather than targeting the mental and emotional challenges that many are dealing with (Baum, 2016). This is especially crucial for marginalized populations that are dealing with disparities in income and an adequate standard of living (Gould & Wilson, 2020). Social workers are left with

ethical obligations to advocate with and on behalf of those that are most affected. Delfante et al., (2018) relate burnout of mental health nurses to the lack of ability in decision making and being unrecognized by colleagues. Interventions on an individual and community level including universal disaster protocols, crisis intervention, flu outbreak safety protocols, and adequate government funding are required to further support social workers (Barello et al., 2020; Weiss et al., 1995).

In the midst of a traumatic event such as a natural disaster, social workers like many professionals are expected to respond to victims in an effective and professional matter. Few studies have focused on the experiences and adjustments of social workers that are living with the effects of the COVID-19 pandemic. Even fewer studies focus on the ongoing uncertainties that mental health workers face when working during the COVID-19 pandemic. Health care workers described their experiences during H1N1 and SARS epidemics as dealing with safety concerns (e.g. infecting family/friends), lack of materials (e.g. facemask, gloves), heavy workloads, and little recognition of their role (Barello et al., 2020; Delfante et al., 2018; Khalid et al., 2016). Other studies relate health care workers' high burnout levels to seeing patients on a daily basis and job satisfaction to the meaning of ethical and professional obligations to their profession (Khalid et al., 2016; Lasalvia et al., 2009).

Studies show that preventative measures (e.g. social distancing, hand washing), developing plans for future outbreaks, team interdisciplinary communication skills, support for families, trauma-informed practices, favorable

work conditions, increasing of budgets and resources, emotional/psychological supports, and campaigns to protect workers (Barello et al., 2020; Bellamy et al., 2019; Caringi et al., 2017; Haines et al., 2020; Khalid et al., 2016; Kilmer & Gil-Rivas, 2010; Updegraff et al., 2011). Few studies have captured the stressors and responsibilities put on social workers during an ongoing disaster. Being exposed to ongoing threats and changes in environments can have many negative effects on social workers' ability to balance work and family obligations; few to no studies have focused on the impact of Coronavirus (COVID-19) on mental health workers such as community social workers.

COVID-19 pandemic has shown the drastic effects it has on individuals and communities all over the world. The virus shut down schools, jobs, and killed millions globally. The ongoing threats and ever-changing environment increased the difficulties faced by many. Even during pandemics, social workers continuously provide services and adapt to their new realities. In order to better support social workers during ongoing pandemics, agencies should consider safety protocols, emotional/psychological supports, and adequate staffing levels (Barello et al., 2020).

Significance of the Study

The findings from this study contributed to the field of social work on a micro, mezzo, and macro level. On a micro level, the research supported social worker's mental health by identifying issues of resiliency, self-care, and

professional identity in practice. Social workers advocated for themselves and clients that faced struggles during the pandemic.

Agencies work on creating universal policies and emergency protocols that support social workers during the crisis. On a mezzo level, findings contributed to building supportive relationships with families and other professionals that are also experiencing the effects of the event. Other opportunities included in-service training, interventions, and education on disaster recovery. On a macro level, government sectors coordinated and supported mental behavioral health services and professionals that serve in the front line of disasters.

The new phenomenon for social practice contribution in disaster response has developed new challenges for professionals. Social workers were expected to respond to victims with professionalism and confidence even when dealing with their own mental state. Previous research on disasters has focused on quantitative approaches measuring social worker's fatigue, secondary traumas, burnout, and work-life conflicts (Barnett et al., 2012; Bellamy et al., 2019; Brooks et al., 2016; Bulter et al., 2017; Caringi et al., 2017; Haines et al., 2020; Sui, 2013; Weiss et al., 1995). Further research collecting qualitative data can potentially serve to better understand the perceptions of social workers balancing work-family obligations during ongoing threatful environments. The present study took an interview-based approach to collect the experiences of social workers

balancing their roles as professionals and individuals during the COVID-19 pandemic.

Research Question

The research questions presented for this study include: In what ways do social workers feel like their agencies have been able to support them in their professional and individual roles? How have social workers balanced work and family demands since the beginning of COVID-19? What ethical or personal boundaries have prevented or motivated community social workers to continue providing services to the community during the pandemic?

This study's contributions served to further understand the ways that agencies can better support their employees during a time of crisis. Throughout the years the roles that social workers play in disaster recovery have urged for the importance of preparing, planning, and educating.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Social work is one of the many mental and behavioral practices that train professionals to serve and perform in stressful environments. Over the years the role of social workers within communities helping those in crisis has gained popularity. The purpose of this chapter is to explore the literature related to social worker's ability to balance work and family demands when responding in threatening work environments. Social workers face disequilibrium when trying to balance work and family demands, are exposed to ongoing threats, lack agency, and social supports, and deal with their own mental well-being. Understanding the ways to better support social workers' dealing with exposures to ongoing threats will help in areas of planning at the micro, mezzo, and macro levels.

Literature Review

Ho et al., (2005) describe health workers' fear of contracting SARS and contaminating family, friends, or colleagues. The study describes worker's experience during the SARS outbreak as dealing with high stress, heavy workload, and sudden changes in routine medical procedures that made it difficult to keep up with healthy measures. This resulted in workers socially isolating away from family to reduce the risk of infection (Ho et al., 2005). Von

Gottberg, et al., (2016) reported worker's willingness to report to work during an outbreak of the Ebola virus, depended on the level of exposure and risk an individual faced. Only 56% of respondents reported willingness to report if mandated, while others failed to report due to the fears of contamination to families (von Gottber, et al.). This shows how individuals exposed to threats in their environments at work, prioritize family safety before their role as a professional.

Taking into account the few studies capturing social worker's personal experience and adjustments in the spread of infection diseases, we can take a look at social worker's experience in providing relief during disasters such as war and earthquakes/hurricanes. Unlike other pandemics, COVID-19 has been the first pandemic worldwide to create uncertainties in the community and present and ongoing threat similar to war. In a study looking at 15 social workers employed during the Gaza War, participants reported higher levels of work-life conflict when having to choose work over family (Baum, 2012). Those with children reported higher distress when having to leave children with relatives in order to report to work (Baum, 2012). Baum (2016) examined social workers during the Second Lebanon War and determined that workers' decision to report to work was done after they knew their families were safe and childcare arrangements were made (Baum, 2016). Some questioned their professional identities, while others remained motivated by their ethical obligations to clients; others enjoyed the distractions brought on from working (Baum, 2012; 2016).

Social workers in management positions and policymakers also struggled with finding the appropriate balance to support work-family roles. Female managers, more than males, became flexible in meeting the needs of their employees that were parents. Some female managers developed rotating rosters or arranged meetings to give employees opportunities to recharge (Baum, 2016). This increases worker's psychological and physical health and decreases burnout (Barello et al., 2020; Delfante et al., 2018).

Civaner et al., (2017) interviewed 31 employees working in disaster response during the war in Turkey to better understand challenges on a micro, mezzo, and macro level. On a micro level, professionals reported issues with a lack of education and proper training about disaster response. On a mezzo level, professionals dealt with ethical values when refusing to treat ISIS militants which often resulted in them being killed. When looking at management and political levels, professionals faced issues with limited amounts of resources in already underdeveloped areas. Other macro issues were related to the lack of policies implemented by those in power and the role of media in helping cover-up or report on misleading information (Civaner et al., 2017). All of these levels impact a professionals' ability to ethically perform their jobs and reach a level of self-actualization within their professional career.

Ethical responsibilities clash when social workers lack assistance with child care. Studies show that parents would not utilize daycares when there was there is a perceived threat. Lastly, cultural influences on gender roles negatively

impacted social workers' abilities to balance work-life family obligations (Baum, 2012). Participants were from a culture where women are expected to deal with children and men are seen as more assertive in their professional roles. This threatened the work-life balance for female social workers that depersonalized from their roles as mothers (Baum, 2012). The study suggested that in order to support social workers the individual, family, and professional identities should be considered.

Work-life balance has been defined by the recognition that work-life demands intersect. When one role demands more and takes time from the other it can negatively impact an individual's professional performance and health (Kalliath & Brough, 2008). Sui (2013) utilizes this definition to explore the role of personality traits in Chinese health care worker's ability to balance work-family interface. The study shows how women employees were at an increased risk for work-family stress due to demanding work schedules, workplace violence, and issues with psychological/physical health (Sui, 2013). Positive influences on work-life balance for these individuals were related to high levels of resiliency, optimism, and hope. These factors were also related to the increased levels of professional identity and job satisfaction (Sui, 2013).

Huang et al. (2014) conducted interviews with social workers that provided disaster responses to victims of the Wenchuan Earthquake. Results showed that on a micro-level, social workers lacked knowledge working with disaster victims, creating feelings of frustration and depression. Living conditions and lack of

support from family and friends increased uncertainties about their professional roles (Huang et al., 2014). On a mezzo level, most reported the lack of cooperation between social workers and social service agencies. Lastly, on a macro level lack of governmental supports and rapid environmental changes made it difficult for a social worker to adjust (Huang et al.). Even though this study centered around the challenges that individual social workers faced, the results from this study can help better support, social workers, on micro, mezzo, and macro level.

With a disaster comes the uncertainties of everyday life including the high demands of work. Haines et al. (2020) cover the consequences of non-standard work hours on workers' work-family balance. Consequences included marital issues, parenting quality, lack of social life, emotional distress, and deteriorating health (Haines et al., 2020). The argument was that individuals working nonstandard hours are less available to build relationships with spouses, children, or have other social interactions. As result, they lacked emotional, instrumental, and informational supports.

These resource shortfalls create imbalances in the relationship between work and family. In another study, Peeters et al. (2005) focused on the quantitative, emotional, and home demands that result in burnout. The study correlated the effects of the above demands on having children. Qualitative approaches to questions about home demands included: "Do you have to do many things in a hurry when you are at home?", "How often do emotional issues arise at home?",

and “Do you have to plan and organize a lot of things with regard to your home life?” (Peteers et al.). Results concluded that higher home demands interfered with work roles and predicted burnout.

Other studies have focused on the individual consequences of exposures to high work-life conflicts. Schaufeli et al. (2009) used the effort-recovery approach to describe that job demands only become negative when individuals do not get the proper time to emotionally and physically recover. The study also showed, how supportive colleagues play a role in building an accepting organizational culture and promote work goals (Schaufeli et al., 2009). Barello et al., (2020) state that organizations should provide psychological support before, during, and after an outbreak. Types of supports can vary between psychotherapeutic groups and collaborative work climates (Barello et al.). Agencies can also, promote psychological and physical health by having enough staff to give employees proper rest (Barello et al.).

Taken together, these studies suggest that agencies and workers lack proper education, training, resources, and preventative protocols to prepare them for future pandemics. This study highlights the need for advocacy in protecting essential workers by promoting safe working environments and contributing adequate resources. With the growing need for mental health professionals and the recent amount of outbreaks, it is important to understand how to better support workers.

Theories Guiding Conceptualization

Conservation of Resources

For many battling with exposure to constant threat, objective reality, and life circumstances will impact their ability to perform at work. Sui (2013) identifies this as conservation of resources theory (COR), motivation in an individual to perform and continue performing depends on their current availability of resources. If a social worker is pulled away from family to meet work demands, their ability to meet their family's needs decreases. This can cause emotional strain for the social worker and their family. COR theory or stress theory can also, be used to describe the emotional and work-related stress in social workers dealing with increased work demands and nonstandard work hours (Haines et al., 2020). Other studies introduce psychological capital to describe how some individuals are more resilient towards negative stressors. Sui (2013) believes that individuals with psychological capital are constructed with traits such as confidence, optimism, perseverance, and resiliency. Individuals are able to better manage their roles between work and life.

Role-Conflict Theory

Past literature introduces many theories that capture the challenges that individuals face when trying to balance work-life roles. For the purposes of this study, a role-conflict theory is used to capture the pressures put on the individual by their professional roles during a disaster and family obligations. Turner (1974) used role theory to define patterns of identity, differential rights, privileges, and

responsibilities to a certain role. Conflicts can arise in roles when there are problems, risks, harm, or unmet needs of the person in the role. For example, in a study during the beginning of the COVID-19 outbreak, workers were reluctant to work due to fears regarding their own health and infecting others (Barello et al., 2020). For many safety measures were enough to evaluate agencies' actions in supporting them as professionals.

Summary

Disaster response can bring out many negative and positive qualities in professionals. Individuals that are impacted by disasters at a personal and professional level are left with balancing work and family demands. The lack of research on social workers during an actual ongoing threat and the variety of individual needs makes it difficult for organizations and policymakers to create universal supports. Prior research identified positive influences including education in disaster response, family/social supports, flexibility in work hours for parents, agencies normalizing worker's emotions, and clear understanding of values and roles of social workers responding to disasters (Bellamy et al., 2019; Brooks et al., 2016; Nuttman-Shwartz, 2015; Perkins & Sprang, 2012). Many studies also reported negative adjustments to the work-life balance due to gender roles, lack of support in work-life domains, lack of agency/governmental supports, and physical/psychological challenges (Baum, 2012;2016; Haines et al., 2020; Peteers et al., 2005; Schaufeli et al., 2009).

Considering that few studies have examined social workers' personal perceptions of balancing work-life roles during an ongoing threat, the current study utilized role-conflict theory and conservation of resources to better understand professional and personal challenges at the micro, mezzo, and macro levels. Furthermore, this study adds to the aforementioned studies by collecting qualitative information about participants' experience starting from the beginning of COVID-19 and their current adjustments to the demands of work and family, as the pandemic is still ongoing.

CHAPTER THREE

METHODOLOGY

Introduction

We now move into chapter three where the focus shifts to the research question and approach that drives the study to a chosen paradigm. The following section describes the purpose of the study and presents the qualitative methods employed in this study. Further, this chapter aims to break down the selection of participants and collection of data. It explores the participation of human subjects and rights to confidentiality. In conclusion, this chapter also explores data analysis and issues with validity, reliability, and cultural sensitivity.

Study Design

This research project used a constructivist paradigm to depict the adjustments and perceptions of social workers dealing with a natural disaster. A constructivist paradigm was chosen due to the belief that there is no single reality. This paradigm best fits the study because the constructivist paradigm believes in the concept that “social context and interaction” are a large indicator of how we perceive reality (DeClarlo, 2018). Due to the study focusing strictly on a subjective approach and believing in the participant’s reality rather than a single reality, post-positivism pragmatism was ruled out. Participants’ data were collected to better understand their experiences at the individual level.

The study explored participant's perceptions of the impact of COVID-19 on their work-life balance. Demographics and information regarding participants' experiences was collected including having children, whether the participant or a family member infected with COVID-19, and information about agency support, satisfaction, and level of adjustment to work environments. Qualitative information was measured using the responses from the interview process by each participant. This study also aimed to collect data on the balance between professional and personal roles that social workers play.

Sampling Data

Convenience sampling is used in collecting data from individuals with certain characteristics or attributes (DeCarlo, 2018). This inclusion criterion drives the study to utilize convenience sampling. This sampling method was most convenient being that the study was only interested in the data collected from social workers, specifically those being directly affected by an unexpected disaster. In order to recruit participants, an email to the chosen agency was sent out and appointments were scheduled to conduct individual interviews. Interviews collected data from nine community social workers serving in a non-profit agency located in Orange County, California. Since disasters affect everyone, so no exclusions were made based on characteristics such as gender, age, or ethnicity. All participants included mental health providers with credentials ranging from degrees at the masters and doctorate levels.

Participation in this study was completely voluntary and all information was kept confidential. Participants were provided with a Consent Form (see Appendix A).

Collection and Instruments

An interview questionnaire was utilized to collect participants' answers because it allowed for the exploration of participants' experiences caused by several factors (DeCarlo, 2018). Limitations in this current and past qualitative approach have been in the small number of participants. In a study by Baum (2016), qualitative data were collected from fifteen social workers, which fails to represent the whole population. This current study collected data from a sample of nine social workers. Other limitations can be due to researcher bias, as I interned at the agency at the time of data collection. Even though "social constructionists and postmodernists might point out that bias is always a part of research to at least some degree" (DeCarlo, 2018, p. 151), I took sensitive precautions when collecting data. For example, I reached out to all agency locations and chose participants based on availability and interest in participation.

A questionnaire was utilized and provided to participants during the interview process. The questionnaire consisted of twelve questions addressing: (1) challenges and adaptation to new working environments due to COVID-19 (2) challenges and supports faced regarding family dynamics and (3) strategies used to maintain personal and professional identity. The questionnaire aimed to find

similar patterns in data regarding adapting and balancing work-life demands facing a disaster.

Procedures

I reached out to the director of the non-profit agency via email in order to recruit participants. Those that agreed to participate were provided with a consent form where limits of confidentiality were discussed and reminded that no identifying information would be disclosed. The informed consent provided information about the aim of the study and the procedures to collect the data. It ensured that there were no potential risks or costs involved in keeping participants' identities safe as all interviews were going to be stored in a password-protected file on my personal computer.

A demographic questionnaire prior to the interview session was provided to participants after signing up for the study (see Appendix B). The questionnaire aimed to test for variables of social worker's job satisfaction/agency support and level of impact/adjustment. Questions included: "In what ways has your agency provided support to their employers during the pandemic?"; "How are you balancing work and family demands during the crisis?"; "What are some strategies you utilize in dealing with your new work environments?"

Due to current pandemic restrictions, all interview sessions were conducted for an hour via Zoom.

Protection of Human Subjects

Participants were required to review and sign a formed consent. The consent form educated participants about the aim of the study, data collection, and voluntary participation. Participants were notified that their participation was voluntary and was free to withdraw from the study at any point. No identifying information was collected from participants and their answers were only utilized for the means of this study.

Summary

The data for this study were collected using a bottom-up approach. I used open, axial, and selective coding to look for themes or commonalities in the data. Open coding helped in translating interviews using an online assessment tool. I used axial coding to break down core themes and relate categories and subcategories to each other. Once I was able to describe patterns across variables, selective coding was utilized to choose core categories that represent data. Data collected and transcribed was then utilized to examine the effects of a natural disaster on the work-life balance of social work (DeCarlo, 2018).

CHAPTER FOUR

EVALUATION

Introduction

This study aimed to explore the challenges and adjustments in providing mental health services after COVID-19. The information collected from participants in the study highlights the experiences of mental health professionals providing care during the pandemic. The positive and negative experiences of providing care during a pandemic raise the limitations and necessary resources to continue providing services at the micro, mezzo, and macro levels. To interpret how participants have been impacted and their experience in adjusting to working and life after COVID-19, this chapter addresses the following research questions (1) How have social workers balanced work and family demands since the beginning of COVID-19? (2) In what ways do social workers feel like their agencies have been able to support them in their professional and individual roles? (3) What ethical or personal boundaries have prevented or motivated community social workers to continue providing treatment during the pandemic?

Qualitative methods were used in this study. With the help of narratives that captured the experiences of mental health providers after COVID-19, themes and sub-themes were constructed developing into the study's data analysis. This chapter captures the individualized experiences of mental health professionals adapting to new work environments during the pandemic. In-depth interviews

were transcribed and coded to present the results of each participant’s journey in adjusting to work and life demands during the pandemic. Themes and categories depicting participant statements are delineated and presented below.

Participant’s direct quotes are presented to help understand themes and support data collected during interviews.

Presentation of Findings

There was a sum of nine participants who took part in the study. All participants were full-time mental health providers providing services at an agency in Orange County. Participants varied in several ways including of being a caregiver, employment status, years with agency, and agency position. As outlined in Table 1, most participants were female, Hispanic, full-time, mothers.

Table 1.
Sample Demographics

Participants	Age	Gender	Race	Education	Years w/Agency	Employment Status	Children
Participant 1	29	Female	Hispanic	Graduate	5	full-time	Yes
Participant 2	34	Female	Hispanic	Graduate	4	full-time	Yes
Participant 3	32	Female	Hispanic	Graduate	1.5	full-time	No
Participant 4	40	Male	Asian	Graduate	14	full-time	No
Participant 5	33	Female	Hispanic	Graduate	4	full-time	Yes
Participant 6	43	Male	Hispanic	Graduate	10	full-time	Yes
Participant 7	30	Female	Hispanic	Graduate	4.5	full-time	No
Participant 8	29	Female	Hispanic	Graduate	1.8	full-time	No
Participant 9	42	Female	Hispanic	Graduate	15	full-time	Yes

Based on the qualitative interviews, a total of three themes and nine subthemes were created using participants' responses, which are presented in Table 2. Questions reflecting mental health professionals' experience in adapting to work and life demands during COVID pointed out the need for support systems, which resulted in the first theme. With the ongoing threat and uncertainties in the environment, participants focused on their personal experiences balancing work and family demands, which became the second theme called Work/ Life Balance. Lastly, participants new work environments created negative and positive experiences, which became the third theme called Negative and Positive Impacts

Table 2.
Themes and Subthemes from Mental Health Professionals Experiencing a Double-Exposure During COVID-19

Themes and Subthemes	Description
Support Systems 1. Agency Level 2. Remote Work 3. Family/ Friends 4. County/ State Levels	This theme emphasizes the various levels of supports that participants identified as helpful in their adjustment to working conditions since COVID-19. This theme also highlights common implications of participants' perceptions regarding their support systems.
Work/Life Balance 1. Pros/Cons 2. Working Conditions 3. Psychological/ Physical Health	This theme captures the clinician's adjustments to balancing work and family demands during COVID-19 and changes to psychological or physical states.
Negative and Positive Impacts 1. Service Delivery through Tele-medicine 2. Treatment Dual Process	This theme describes clinician's experiences in adapting to providing treatment while also being impacted by the same crisis as clients. This double exposure (dual process) as professionals and individuals, created negative and positive impacts on adjustments in their professional and individual roles.

Research Question 1: Support

The first research question focused on the initial actions that agencies and participants took in adjusting to working environments during COVID-19.

Participants were asked to reflect back on the first months after COVID-19 and share their experiences of adjusting to working after a pandemic. Support themes were identified as communication, the agency's initial action to remote work, family and friends, and county/state actions. All support levels facilitated mental health professionals in continuing to provide services to the community during COVID-19. Five major themes emerged under the domain of support, which included communication (n = 7), remote work to enhance safety through telemedicine (n = 9), family and friends (n = 6), and county/state stipend (n = 8).

Support at the Agency Level

A recurring theme highlighted by participants was related to the constant communication between the agency and its employees. Participants also emphasized the importance of communication with clients and in receiving guidance from their agency throughout the recurrent changing environment. Participants three and four discussed the importance of their agency's communication in supporting them even when management themselves were unaware of what the following steps were.

Both participants three and four discussed the role of communication at the provider and management levels. This was illustrated when Participant 3 stated:

Well, their communication was great they let us know right away like what was happening even if they didn't necessarily know what the protocols were going to be at least they let us know that they didn't know, and then very early on they allowed us to work from home. (Participant 3, January 11, 2021)

This was also illustrated when Participant 4 stated:

Well, you know the management team, we had meetings almost daily you know, so I think that is a constant communication constant delivery and communication agency-wide... so I think CGC through its leadership and it's just constant communication was really beneficial for all the cancellation conditions.(Participant 4, January 14, 2021)

Participant 7 reflected on the accessible communication with supervisors, directors, and IT department stating:

...directors assistant directors, have been very accessible via the phone, email, Zoom meetings to provide support. We've been getting trained on telehealth strategies and how to better interact with clients. They have also been providing other staff meetings provided by different facilitators related to COVID and how to cope with the stress. Also. Maybe the IT department has also been helpful in how to provide support and let's say finding some forms, they're very easy access, they have very easy access. (Participant 7, January 16, 2021)

Remote Work and Safety

Participants described the agency's initial action due to the pandemic in prioritizing everyone's safety and allowing them to work from home. The sudden changes brought on challenges that many participants described as having a lack of space in their home, inadequate working materials, and not having accessibility to important documents. Others described this transition more positively, highlighting the new opportunities for providers to continue providing services and supporting their communities during a pandemic. This is presented when Participant 9 states:

In my head back then I thought it was just going to be a few months until the agency figured out the safety protocols, but not wanting us back in the office, just for them to be so concerned with the safety of everyone, not only the employees but obviously, the community coming into our clinic. That in itself is huge to continue to allow us to work remotely from home after a year and possibly. You know, as we're already in this new year, we still don't have a date to when we'll be going back in person in the office.

(Participant 9, February 16, 2021)

Another interview shows how Participant 2 struggled to adjust to providing services from home stating:

We didn't get Zoom licensed right away, we got Zoom licenses maybe like a month or two months later. When Covid first hit we were doing phone sessions and it was really hard to complete assessments with clients over

the phone, so the first two months it was chaos I didn't plan... (Participant 2, January 9, 2021)

A third interview with Participant 4 captures the fast response of the agency in supporting employees reporting:

I think child guidance center has really helped people work from home through Telemedicine and then the creation of my PC, so clinicians can access the network from their respective homes. You know 'cause in our field we just kept saving stuff on the desktop and things like that so then they really created a portal in which clinicians can go in and it simulates their desktop at work 'cause the server is protected you know, so now people from home can access that server via mypc.com. (Participant 4, January 14, 2021)

Family and Friends Support

Family, friends, supervisors, and colleagues were labeled as supportive systems in balancing the new reality of being a mental health essential worker during a pandemic. Four participants identified their spouses as being their major support system and others named family members such as grandparents in assisting with child-care. Participants discussed how spouses served as key informants in helping with children, dividing home demands, and supporting them as professionals. This is foreshadowed during the interview with Participant 2 when stating:

My husband knows you know, that I usually work long days so he has an understanding of what I do so he knows... he's fully supportive of it. We haven't been arguing or having fallouts because of, again I'm truly blessed that I do have that support and he understands it. (Participant 2, January 9, 2021)

Another Participant addressed the decreased state in worrying about child-care stating:

My husband is a full-time dad, I work full time and he's a full-time dad, so at least I don't have that concern or anxiety about if he's OK, if he's safe, is he being taken care of, because I know he's just downstairs. (Participant 9, February 16, 2021)

A third Participant brought up the importance of communicating her needs to her spouse by stating:

I will let my husband know you know, I'm doing work just from the computer and I'll let him know, I just need like 15 minutes just to myself before I go into the living room and switch to mommy mode. I felt like I had that on my commutes you know that's something that I do miss my commutes really provided me that time. (Participant 5, January 14, 2021)

Participant 6 described how grandparents stepped in as caregivers responding:

It's been a struggle I'm not going to lie I think it's you know luckily I have I have a good amount of support like my mother-in-law comes and will help

with my sons, my oldest son who's 8 his school, so I'm not having to sit in his room with him while he's doing school trying to get work done...

(Participant 6, January 16, 2021)

County/ State Involvement

The topic of the county and state action in providing relief after the pandemic targeted many issues from a top-bottom approach. Participants expressed mixed feelings about the initial action that county or state levels initiated in supporting agencies, mental health providers, and communities. Repeated themes captured the lack of resources to support populations affected by COVID-19, clinician's liability to meet productivity, and a stipend distributed to essential workers.

During an interview a participant at a management position showed how state funding supported employees by providing them with a stipend:

We were able to offer all full-time employees a stipend. I think it's what we called it and so I think we did like two of those where they got extra money on top of what they normally get paid, and then also you know looking for ways of what can we do to really support them? (Participant 6, January 16, 2021)

The following four quotes capture participants' experiences in utilizing stipends or personal finances to purchase office supplies and cover new expenses to adapt to new work environments. Participant 9 stated:

Our Agency provided us with a couple of stipends along the way to be able to in a way support us to have our supplies here. With that, I was able to purchase a desk and a chair because I was just working in my son's room on his bed because that was the most comfortable room, before getting my desk and chair and getting office supplies. And I didn't have none of this stuff prior here at home anyways. (Participant 9, February 16, 2021)

Participant 2 stated:

There are other costs that clinicians are picking up on their own like paper you know if you're printing something and mailing it out you're printing, where's the paper coming from? You know or the ink, those are resources that can make it a little bit better. I don't know if it's finding a balance in a way that it's work stuff and that you don't have to take away from your own income. (Participant 2, January 9, 2021)

Participant 8 stated:

How much money the county is saving by having me work from home, like, am I using your electricity? I'm not using your water, your toilet paper. A lot of your things, like I'm using my own and so like that's coming out of my expenses, so please reimburse me for that. The other thing, because we are essential workers, I don't know why we haven't been offered the vaccine? (Participant 8, February 16, 2021)

Participant 7 stated:

I think you really taking our expenses into consideration because, you know, we're still meeting the same expectations, but yet we're working from home. Providing our own materials for example electricity or phone. So, all of that. I feel like maybe also providing more funding. That would be helpful. (Participant 7, January 16, 2021)

Other participants shared their perception of having to meet the same productivity levels as they were prior to COVID-19 and putting pressure on the county for more support. Participant 3 stated:

Hey let's mobilize and let's put pressure on the County, you know like what can we learn from what is going on right now? How are mental health workers treated you know especially brown and black mental health workers let's look at what's happening... mobilize and unionize and get together. For me this would be the opportunity to do that as an agency to like to reach out to other agencies and see where they are struggling and like connect and go back to the state. (Participant 3, January 11, 2021)

Participant 3 also stated:

I know that it's not just CGC's choice, but the County could have said you know this is happening and we used to expect you guys to turn in or perform at 1000, we are OK with you guys working at 800 or whatever, you know and like that's OK and don't feel like your contract is going to be jeopardized or like don't stress about you guys not having funds next year if your employers aren't functioning at 100% productivity and it's like the

county's not doing that so CGC's not doing that and I have a huge problem with that. (Participant 3, January 11, 2021)

Participant 4 expressed:

Just 'cause someone is producing the way similarly or comparably pre-COVID that doesn't mean this is what they dreamed of you know. I think a lot of the clinicians are like, “yeah we're doing it but it's not great”. So, I think sometimes the management team is kind of overly optimistic that things are looking good you know, and I think even in our group supervision we discuss, “yeah I'm doing it but...” So I don't know if it's validation or some sort of affirming clinician's experience. I think it's not being too optimistic based on data. Like oh we're still getting this amount of intakes, we're still getting this amount of producing hours. I think to bridge that gap, I don't know if it's a conversation that needs to happen, but you know if you're printing stuff out you're using your own toner right, if you are having to wait for stuff in the Mail. (Participant 4, January 14, 2021)

Research Question 2: Work and Life Balance

With rapid changes following the outbreak of COVID-19, most participants reported facing challenges in trying to adjust to their new work environments at home. The second research question asked: How have social workers balanced work and family demands since the beginning of COVID-19? Participants pointed

out several positive and negative experiences in relation to working from home. Themes capturing these experiences were associated with balancing working hours and life demands (n = 7), working environments (n = 5), time spent with family (n = 5), and physical/psychological stressors (n = 8).

Work Hours and Life Demands

Negative and positive experiences varied throughout participants. Those with children in the home expressed higher levels of stress. Participants explained higher stress levels being associated with balancing the role of being a parent and working from home. Participants admitted struggling, in the beginning, to get organized or creating a proper working space. A recurring domain focused on creating schedules and setting boundaries for self to avoid burnout. Participants pointed out the struggles with being a parent and working from home, stating,

It's definitely been more challenging now working from home, and especially with a child under one, but I've just tried to manage, set aside time specifically for work in order to be able to you know have that time and just tell myself it's work time right now and then, you know during breaks, I can go out and be with my family. (Participant 1, January 9, 2021)

Participant 2 also stated,

I think day by day week by week, to be honest it's probably for me, it's just you know I do have two little ones, I think that's the big difference among

other people...I sometimes had to cancel sessions because again my kids not cooperating or my husband was asked to work longer, then I know I have no childcare so I call out or I cancel my appointment say like, "hey I'm leaving early today". (Participant 2, January 9, 2021)

And Participant 6 added,

I would say it's just you know every day is kind of different even though they're kind of the same, so like I try to do my lunch, if I have time to take lunch, I try to do it at the same time as their lunch, so I can do it all together right make their lunch eat my lunch come back to work. So I would just say you know allowing myself at times to "hey you know for the next half hour I think I'm just going to sit on the seat and just relax I'm not going to, if I get a call obviously I'll answer it, but I'm not going to respond to any emails right I just need half an hour to just shut down". I think just again having that awareness to do that as needed and yeah again the stress and then you know the irritability like just being mindful of that. So it's okay I can't really do this right now 'cause I can hear my kid not wanting to do his homework, I'm going to take a break right now to just de-escalated and calm down. (Participant 6, January 16, 2021)

Participants also shared their experiences in adjusting to their new working environments:

My home is my also my workplace so trying to separate the two, and not when I'm with my son, be reading emails or answering calls and then

feeling like I'm working twenty-four, seven. And that's how I felt in the beginning. And it was actually a little stressful and frustrating. (Participant 9, February 16, 2021)

Participant 3 stated,

The number one hardest thing I think is being able to separate and compartmentalize work and home, you know, because you're home, I'm not at work, you know what I mean? So I'm trying to somehow teach my brain to understand like hey this means you're at work now like somehow you know get into work mode. (Participant 3, January 11, 2021)

Participant 5 noted,

I mean it has been hard in the sense that I'm at home you know and so initially that was like really hard in the beginning, until like we started schedules and like better communication with my husband. So just being here at home I mean it is hard I feel like it's a little bit more exhausting being like on a computer you know rather than face to face. (Participant 5, January 14, 2021)

Participant 7 described the adjustment in setting boundaries to deal with work and home demands and stated:

Yeah, I think really creating like a structure for myself to be able to kind of balance, you know, home life and work life because I think at the beginning, you know, I was a little bit hard to be home dealing with personal life, so I think just really, if I'm going to start work, let's say 8:00 in

the morning, you know just really be those hours are going to be utilized, you know, to work from home. And then as soon as, like, I am done, really not try to look at the emails. So maybe that having a structure, having boundaries for myself. (Participant 7, January 16, 2021)

Working Environments

The pandemic took many by surprise and its results shut down schools, restaurants, and mandated stay-at-home orders. Participants agreed that the agency's rapid response and tactic of providing services remotely was the safest choice for every party involved. From the nine participants, only one disclosed still going into the agency on a regular basis. Those that adjusted to remote work shared similar experiences dealing with the lack of office supplies, distracting work environments, and difficulties in making proper referrals. Positive experiences were related to the realization that clinicians were able to continue providing services to the community. Participant 2 shared her experience in getting organized and adjusting to new work environments:

Maybe the third month I started cleaning out my garage and making that office space, it meant purchasing like a chair. I didn't have a desk, so I didn't purchase a desk 'cause they're very expensive, I just purchased a flat like party table. (Participant 2, January 9, 2021)

Another participant stated:

I'm in my bedroom, so I don't have like a desk you know literally you guys are just like on a on a dresser that I pulled forward. So, I do miss the

amenities that come with an office you know, you got your desk, you got like an office chair. I'm just like on a regular little not like a stool, but like a bench. (Participant 5, January 14, 2021)

Capturing the negative experiences that clinicians face when space at home is limited, Participant 3 stated:

Speaking of a healing space you know my office is in my bedroom like my bed is right next to me you know. It's just so bizarre because if I had maybe planned or if I had the resources or you know if I got paid enough to live by myself or to have an office separate...you're constantly hearing peoples like whether it be traumas or problems or sort of being in that space and then having to still be in this space in your room which is supposed to be like your sanctuary like that's really difficult. (Participant 3, January 11, 2021)

Participant 7 points out the difficulties in providing resources or having documents available for clients expressing:

I think what has been difficult, for example, when I was working in the office, it was easy I had personal contact with the clients. I was able to provide any resources they needed like a hand to hand, forms, that they needed to fill it was easier. Now that I'm working from home, it's hard for them to have the same access that everybody has to a computer, to a printer, even Internet. So that's what has created a challenge. But for example, people that have been able to get on the computer or even when

I do phone sessions, you know, it has been effective. But I think just being able to provide those resources that they might need that's what has been a challenge. (Participant 7, January 16, 2021)

Other experiences were related to distractibility due to external factors in the home such as children:

I would say the only thing would probably be realizing maybe that my patience working from home is not what it has ever been. I have less of a patience threshold and I think it's because now balancing my kids school, my other kid misbehaving, a newborn, working, the distraction of hearing noise, the distraction of hearing my dogs bark. (Participant 6, January 16, 2021)

Participant 5 stated,

I'm sure my clients can hear my daughters screaming, I've had one say something like I hear your daughter in the background, like oh yeah she'll calm down right now or something like that right, and I think it was a parent so she totally understood but I think that's just been kind of some challenge. (Participant 5, January 14, 2021)

On a more positive end, the use of Telehealth has created flexibility in providing services from home, Participant 6 stated:

I think this is going to provide a lot more flexibility for us to provide services and there are going to be clients that want to keep with the Telehealth model. I think even after the pandemic is over and there's

going to be some that are going to want to get close to do the face-to-face as soon as it's over. So I think we're going to be flexible and see what works best. (Participant 6, January 16, 2021)

Time Spent with Family

Working remotely for many meant that they were no longer wasting several hours commuting to work and being stuck in traffic. Those with children highlighted their satisfaction with the increasing amount of time they now have to spend with family. Others shared that they had more time to cook and eat meals with family. All participants with children agreed that even with all the challenges faced since the pandemic if given a choice they would continue to work from home and only go into the office when necessary. Participant 5 describes the time and money she saves not having to commute stating:

No traffic you know, I'm not having to commute on my commute, I live in Corona and so I was taking the fast track in the mornings and so that was like an additional like spending... now I feel like I am spending more time with my girls just because I get that time added on to my day kind of you know. So it's just like being home or and just being with my family more that's definitely been a plus. (Participant 5, January 14, 2021)

Participant 7 also describes the levels of satisfaction with family involvement by not having to commute stating:

Well, I am more at home than I used to be, so I do feel like my relationship with my family member has improved in the sense that yes I'm working ,

but as soon as I'm done, I'm right here, compared to work I still needed to drive. There's traffic, you know, depending on where you live. That could take an hour, more than an hour, if I can just in the morning actually be able to have breakfast with my family. Some people are here. So for me, I feel from one to one hundred, I think, yeah, my ratings are like 85 to 90 percent. (Participant 7, January 16, 2021)

Physical/ Psychological Changes

With the limited knowledge of COVID-19 and fast-changing environments, participants explained changes to their psychological and physical states.

Psychological and physical behaviors reflected the uncertainties and stress associated with the virus. Levels of caution resulted in most participants isolating from other family members or indulging in outdoor activities. Weight gain and lack of sleep were identified as negative effects of physical and psychological stressors. To counteract negative stressors, participants reflected on self-care practices and setting realistic mindsets to viewing the current pandemic.

Uncertainties and lack of knowledge about the virus created levels of caution for some participants leading to isolating behaviors. Participant 6 stated:

It's been hard for us because we just with the level of caution we had to use because I had you know my wife was pregnant. We really did avoid a lot of unnecessary going out. We'll go to a park, but we don't get close to people. We'll go to a park, we don't go on the playground equipment right, 'cause you just never know. It's been hard in that sense to not be out and

about and go places I think that's been the hardest part. (Participant 6, January 16, 2021)

In another example Participant 5 described her psychological state similar to a roller coaster describing it as:

I feel like it was really tough psychologically just like hearing about what's going on in the news not just covered you know, just like everything else. So, I feel like it's been like an up and down kind of like a rollercoaster and then physical health, I feel like I have declined in that because we're not going out as much, we're not like exercising as much you know, although my eating has gotten way better. We used to eat out a lot and now we're just making everything from home. (Participant 5, January 14, 2021)

Participants also described difficulties with sleeping due to work stress, stating:

My mental health, I think just sometimes, you know, like stress, stressing about work. So maybe also something that I do sometimes struggle with, like sleep. So maybe having difficulty sleeping is something that I notice because I'm like, I have like underlying stress about something that I need to get done for work per say. (Participant 7, January 16, 2021).

Participant 8 stated,

I do have a hard time sleeping and I think it's because, so like at the end of the day my head will be so tired, I can fall asleep, my eyes are tired because I've been using my head all day, but I haven't been using my

body. So, my body is like moving, I feel like my legs and my arms have so much energy at the end of the day. My head is just like, I just want to sleep. (Participant 8, January 19, 2021).

Participants explained that by setting realistic expectations and keeping positive mindsets they were able to apply coping strategies that helped them deal with stressors related to the pandemic. Several participants discussed having an awareness that this is a pandemic, and everyone is doing the best they can with what they got. Participant 6 shared:

I think just you know, having that awareness that there's no manual for this, like no one knew that this was going to happen. So things change and sometimes our emotional state is not going to be maybe what it normally is, and so just understanding that this is tough for everyone including ourselves and so as it should be right? Like it's not supposed to be easy. I think just reminding myself of that and reminding myself that it's not easy for my family and my kids either, so stab a little bit more patience and maybe not be as frustrated as I could as I might feel in that moment, I think just having that awareness. (Participant 6, January 16, 2021)

Participant 4 described it as being present based stating:

I think kind of being a little bit more present-based might be helpful and just talk about uncertainty right, not banking on coming to the clinic and saying, I'll feel better when I come back to the clinic. It should be, I should

try to feel better despite me not coming to the clinic. (Participant 4, January 14, 2021)

Participant 3 added to having realistic expectations stating, "...allowing myself to say this is okay that you're not you're not supposed to be functioning right now..." (Participant 3, January 11, 2021).

Research Question 3: Ethical and Personal Barriers

Participants were prompted to discuss the changes in clinical delivery due to the impact of COVID-19. Participants were asked: Since the pandemic how would you describe your levels of satisfaction in the services that you are providing? Participants reflected on their experiences with telemedicine, clinical roles, and dual process. Themes included challenges with telemedicine due to lack of client engagement (n = 6), spending more time providing case management (n = 5), and clinician/client shared dual process (n = 6). Participants with higher satisfaction using Telehealth described increasing involvement of caregivers, especially fathers. Participant 5 stated:

I have liked the parent involvement a lot, and I find that more now actually like I'm getting a lot more of caregiver involvement with this being online. Where before it was really hard to get the caregivers involved and things like that but now it's just so much more communication with parents because they're either answering the phone first and so I get them, or like

I scheduled their own session... so yeah I'm very satisfied with this with how things are going. (Participant 5, January 14, 2021)

Participant 7 stated:

Yeah, I think with some parents, like, for example, if it's a two-parent household, sometimes it was difficult to have the other parent coming to the office because that parent was usually working. So, I do have more access to being able to get a hold of that parent. (Participant 7, January 16, 2021)

Other participants discussed the challenges in engaging clients and building rapport. For example,

I would say seven and under are the kids that, like, you need to give them something to do. You need to, like, play a game with them. And sending them links is really hard. Having them do anything and guiding them to do anything is really hard because to them your just on the screen and any new clients that I've had that are little, I don't know if they fully understand like at some point we will meet in person and I have my office and I will give you things to do, like a worksheet or a game or something. They don't get that. So it's really hard to, like, have that connection with them.

(Participant 8, January 19, 2021)

Another participant noted,

When it comes to working with children, it's not the same level. It's much harder working with children via telehealth, and their engagement is less,

their interests is less. Maybe the beginning is interesting for them, but now they get bored because it's like they do this for school as well, you know, so I'm not satisfied in terms of how providing services to children, through via Zoom, to be honest with you. (Participant 9, February 16, 2021)

Another challenge providing Tele-medicine relates to issues of safety.

Participant 2 stated:

When you do have high risk clients you don't have him in the room you know when they're in the room you can get a feel for things, the process itself of just having the client in the room is very helpful for a mental status when you have him on video they can turn off their camera you know they can refuse it's easier they're in their home they can just walk away they cannot answer so with high risk clients it's scary you know you don't know if they're being truly honest... did I do a good enough assessment of a high risk client? (Participant 2, January 9, 2021)

Clinical Roles

When asked about the changes in clinical roles when serving clients, participants discussed increasing amounts of time providing case management. Participants pointed out the development of peer navigators to support clinicians and families. More than providing case management services to families right after COVID-19, participants describe the lack of resources available to families being impacted. Participant 2 uses Maslow's Hierarchy of need to state:

So I did find myself doing a lot more case management at times almost like stabilizing their basic needs you know it's like Maslow's pyramid right, their depressed, last thing that they're going to be focused on, his depression versus their own survival mode. (Participant 2, January 9, 2021)

Participant 7 describes her experience with clients stating:

“It’s hard for clients to focus on a long-term goal, it's unrealistic when they're trying to figure out if they're going to have food by the end of the week.” (Participant 7, January 16, 2021)

The development of peer navigators was targeted to supported clinicians and families in meeting basic needs and client goals. Participant 7 stated:

We do have something at work that it's called like peer navigators. So they provide resources for our family. So, for example, let's say because I'm still I'm still expected as a clinician to be providing clinical work. So, I don't lose focus on that. (Participant 7, January 16, 2021)

Clinician/ Client Dual-Process

Participants were asked to share their experiences being a mental health provider and being impacted by the same crisis as their clients. Dual processing experiences were described as opportunities to connect with clients and challenges facing the same stressors. For example:

I think having that like experience the same experience that clients are experiencing, helps me in providing services and umm not necessarily like

100% knowing what they're going through but having an idea umm because I'm also going through it as well. (Participant 1, January 9,2021)

Another participant stated,

They are Zoomed out they'll tell you like, if I had to go on one more Zoom call, I will! You know, and I feel for them because I feel the same way so sometimes I say OK what about if we skip Zoom today what about if we talk on the phone? (Participant 2, January 9, 2021)

Also, participant 6 noted,

I think it's given them it's been, I think a double-edged sword, I think it's given them the understanding of how you know how hard it can be sometimes to feel lonely and isolated right because they might be having to do that now right because they're having to avoid people. (Participant 6, January 16, 2021)

Participant 8 stated,

I remember early on we were talking about like I think the word is dual processing? Where like you're hearing all of your clients. While you're going through it, too, and so like you're having to process with them and giving them their own space to like, yeah, you know, I know this is hard and having a voice of reason and calming and nurturing, but at the same time, it's like, I need that because I'm also stressed and I'm also wondering what's going to happen and the uncertainty of that. So, it's like

that dual processing of like you're going through this pandemic, but so am I. And so that's really hard sometimes. (Participant 8, January 19, 2021)

Finally, participant 9 noted,

I can relate still in many other levels because like you said, everybody's going through the same thing, you know, in terms of the quarantine and the anxiety of contracting or knowing people who have had the virus or have the virus. I think sometimes I do get burned out, and I feel more tired, more irritable, that is when I need to take a couple of days off...

(Participant 9, February 16, 2021)

Summary

Chapter Four described the themes and subthemes from the participants' qualitative interviews. Collection of interviews were used as data to target the three research questions centered around participants' adjustments to work/life balance since the pandemic. This chapter summarized the statements made by nine participants. Categories that arose from the statements included (Theme 1) support, (Theme 2) negative and, and (Theme 3) work/life balance. A total of nine sub-themes were identified throughout the data. Next, Chapter Five will focus on the discussion, conclusion, and future implications in relation to social work practice and the findings from this study.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

The following chapter focuses on discussing the results of the study parallel to the research questions. Limitations to the study are addressed and serve to present recommendations for social work practice at the micro, mezzo, and macro levels. Lastly, a discussion regarding further research to continue supporting the field of social work is presented.

Discussion

The purpose of the study was to examine the perception and adjustments of mental health professionals providing services during a pandemic. With limited research on helping professionals' experience working during a pandemic, this study aimed to reflect the double exposure social workers experience as professionals and individuals. This effort identified challenges that mental health providers faced at the beginning and continuously, a year into the pandemic. After presenting each finding, a discussion and analysis were done to focus on each research question. Overall, this discussion serves to analyze the findings related to supportive services, negative and positive impacts of working in these environments, and participant's abilities to balance work and life stressors.

Supportive Systems

The study identified support at micro, mezzo, and macro levels as a key component in mental health provider's ability to continue to provide services to the community during a pandemic. Participants described the agency's supportive efforts regarding supporting them in the flexibility of remote working and consistent communication. This finding is consistent with other studies that identified resiliency factors and job satisfaction among disaster responders in relation to interagency cooperation, perception of safety, work culture support, and supervisor support (e.g., Biggs et al., 2014; Brooks et al., 2015; Brooks et al., 2016). The study also found that involvement of family and friends involvement increased the ability to manage work-related stress. This finding is consistent with Valcour et al., (2011) and van Daalen et al., (2006) who utilized Conservation of Resources theory and described how social supports that provide emotional, instrumental, and informative resources increased an individual's ability to balance work-life demands. Most participants described the agency's efforts to keep them safe as an important factor in supporting them as professionals, even with the challenges that came along with remote work.

Since the pandemic, strict lockdown measures shut down schools, closed offices, and forced many essential workers to continue working. Participants' reactions to adjusting in their professional and individual roles were strongly influenced by support systems. These supports were identified as agency's communication, the flexibility of remote work, social supports, and involvement of

county/state levels. Agency's involvement in communicating new protocols, supervisor supports, and being able to work remotely were identified as positive supports in adjusting to new professional roles. This finding is similar to Schaufeli, et al. (2009) who described employees' increasing willingness to dedicate efforts and abilities to work tasks when they receive many resources. This highlights the importance of having the necessary resources for employees including funding, family supports, a supportive organizational culture, and the necessary resources for their clients.

Participants that were married or had children, identified important social supports as spouses and grandparents. The pandemic led to schools and daycares closing, leaving many participants depending on family members or partners to help with children. In a study about social workers in disaster recovery during wars, Baum (2016) found that due to interruption of normal child-care, social workers depended on grandparents, spouses, or other family members for child-care. Participants that were not married or had kids described social supports as friends or co-workers. A theme that many participants discussed, was related to the involvement of county and state levels. Participants discussed receiving two stipends from the county that financially helped them in buying office supplies. Others discussed strong feelings towards the liability and unrealistic expectations of meeting productivity at levels pre-COVID-19. Participants' challenges in working remotely paralleled the lack of office space and supplies, lack of organization, and the delay in county and state actions.

Furthermore, participants declared struggling to complete accurate assessments and providing quality care to clients the first couple of months when utilizing telephone sessions. A similar lack of governmental response to properly meet the needs of the community has been documented in the aftermath of Hurricane Katrina (Kilmer & Gil-Rivas, 2010). These findings all underscore the importance of the lack of funding and support at the county and state levels in disaster preparedness and response.

Work and Life Balance

Life and work during COVID-19 made it difficult for many participants to adjust to their new work schedules. Those with children described challenges related to child-care, separating work and home life, and distracting environments. Other participants described challenges in adjusting to remote work due to lack of office space or materials at home. Participants described working from their bedrooms or garages and using their own finances to buy office supplies. This study identified negative and positive perceptions when having to balance work and life demands. Negative experiences balancing work and life demands was associated with having children and separating work and family life. These findings are consistent with Loewenberg (1992), who focused on professionals during wartime and their unwillingness to report to work due to contradictory feelings of being available to their children. Positive experiences described the resiliency and positive mindsets that participants gained in setting

healthy boundaries for themselves. This is also consistent with Sui (2013), who focused on employees' psychological capabilities (self-efficiency, optimism, hope, and resiliency) and their increasing abilities of work well-being and work-life balance among employees.

All participants described setting boundaries and work schedules as beneficial in adjusting to remote work. Nevertheless, participants also agreed on the benefits of increasing the amount of time spent with family no longer having to commute to work. Self-care practice and present-based mindset were viewed as positives in adjusting to new work environments. Physical and psychological health varied for all participants. Some described stress related to work that led to difficulty with sleeping. Not being able to visit family or doing activities outside brought feelings of isolation to some participants. Mostly all participants stated dealing with stressors by practicing self-care, exercising, and having a present-based mindset. No other studies have identified having a present-based mindset as a coping skill. Khalid et al. (2016) identified coping strategies related to increment in compensations, recognition of work effort, using avoidance, and ethical/professional obligations to the profession.

Negative and Positive Impacts

Even during a pandemic, social worker's ethical responsibility to those they serve pushed for innovative changes at micro, mezzo, and macro levels. Participants described their new flexible environments as allowing them to

continue serving their communities via telemedicine. Some participants' satisfaction with telemedicine was described by the increase in parent involvement, specifically when referring to the increase of father involvement. Other participants described their experiences with telemedicine as less satisfactory. They pointed out ethical and safety issues when dealing with high-risk clients, often stating the lack of ability to read non-verbal cues. Another challenge that participants frequently brought up when using telemedicine, was the lack of engagement and participation when working with younger clients. The lack of interest and connection from younger clients decreased satisfaction in treatment services and participants described feelings of frustration.

This study identified dual process and clinical roles as the most significant challenges in providing services during the pandemic. This finding is consistent with Baum's (2012) findings of social workers' emotional exhaustion, fears, anxiety, and inability to focus on their needs due to being exposed to the same threats as the communities they serve. Other findings were related to the ethical responsibility of client continuity of care and case management skills in meeting clients' direct needs.

Clients were not the only ones that struggled in adjusting to remote services. Participants reflected on their shared experiences with clients related to the uncertainties that came with COVID-19, stress with balancing work and home life, Zoom fatigue, and isolation. Participants described their experiences as double exposure, providing treatment while also being impacted by the same

crisis as clients. This experience for some participants led to burnout or the need for validation. Baum (2012) captured social worker's double exposure as increasing stress, left to deal with own fears and tension, and emotional exhaustion. Participants also described participating in more case management linking clients to resources to make sure that basic needs were being met. Overall, meeting the same productivity as pre-COVID and lack of funding to cover participants' expenses related to work were seen as controversial and unrealistic.

Limitations

Even though the study brings importance to the field of social work and the new ability to continue serving communities during an ongoing crisis, the reader should understand significant limitations. The biggest limitation was the number of participants and approaches to data collection. Nine participants were chosen using convenience sampling due to the restricting environments and time limitations during the pandemic. Another limitation can be due to my being an intern at the agency and having a working relationship with some participants. This conflict of interest might have interfered with interviewees' answers when relating to personal experiences. Lastly, another limitation was due to the level of impact that COVID-19 did not personally have on any participants. No participants reported contracting COVID-19 or having a close family member infected, meaning that their experience would be different from an individual that was directly affected.

Implications for Social Work Practice

A global pandemic is going to create challenges that can only be addressed by focusing on the various levels of an individual, communities, or governmental policies. On the micro-level, participants felt the need to have natural supports, practice self-care, and live in a present based mindset in order to continue adjusting to the demands and constant changes in their environments. Acknowledging that not all individuals have the same resiliency levels or support systems can be important in the way that agencies provide supportive services to employees. This can be done either through validation of experiences during staff meetings or creating leadership groups where professionals have supports from colleagues. Further training and a clear explanation of their role of mental health professionals during a crisis can help increase individuals' view as being in a helper role and adjusting to dual exposure. Research with a larger sample size that includes participants that have been directly affected by the same crisis as their clients are recommended to learn how to provide better support and prevent burnout.

Focusing on a mezzo level, participants discussed the agency's flexibility in remote work through telemedicine. Telemedicine has opened up a new avenue for professionals to reach out to clients while maintaining safety even during a crisis. An increase in client involvement reflects the conflicts that some might off faced when receiving services in person such as, transportation or parents with multiple children. Some participants reported lower levels of

satisfaction in using telemedicine due to the lack of engagement with younger clients. This raises an important question when trying to analyze the effectiveness of providing virtual services to some clients. Additional training focusing on the best practice in engaging clients in a virtual environment can also be of importance. Safety measures were discussed with high-risk clients and the effectiveness of completing biopsychosocial assessments with minimal non-verbal cues. Lasalvia et al. (2009) discussed safety concerns mental health nurses experienced when working with teens that are high risk and being able to meet their safety needs. More research is needed to address limitations to treatment using telemedicine services with certain clients.

On a macro level, lack of involvement and support from county and state levels raises challenges for providers during a crisis. Participants voiced receiving two stipends that some utilized to buy office supplies, but many still felt like the stipends didn't supplement their low wages. One participant shared the slow process of the county to actually provide reimbursement for services via Telehealth Zoom leaving them to conduct sessions through telephone. Participants' frustration came from the lack of proper assessments not being able to see the client and rose to ethical concerns relating to safety measures. Implementation of policies and community resources that support professionals and during pandemics can be crucial to promote effective practice. Recommendations for further research would center around social work

education, training, and policies in place that support and prepare social workers to deal with unexpected crises such as pandemics.

Termination

Termination of the study with participants took place after each interview. Participants were thanked and allowed to ask any questions. Participants were encouraged to reach out to me if any questions or concerns arose. Participants were informed of the presentation of data to the agency after the study is submitted and approved by IRB. Complete termination with the agency will take place after the presentation of data.

Communication of Findings to Study Site and Study Participants

Presentation of data will take place with the approval of the director during a monthly staff meeting. Data will be presented electronically using a PowerPoint. Presented data will be beneficial in highlighting Participants' experience in adjusting to remote work. The agency will have the opportunity to view areas of benefit as well as areas that need improvement. Agency and participants will also be informed that the study could be accessed through the CSUSB ScholarWorks website on May 24, 2021.

Summary

Chapter five focused on the discussion and implications for further social work practice and research. Limitations of the study were introduced foreshadowing issues with data collection due to conflicting interests and small sample sizes. I discussed termination, presentation of data, and impact on the agency. Finally, the agency and participants were made aware of the availability of study through the ScholarWorks website.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study, in which you are being asked to participate, is designed to investigate the work-life balance among social workers during an ongoing pandemic. This study is being conducted by MSW student researcher Magaly Santos, under the supervision of Dr. James Simon, adjunct professor at School of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of this study is to gain a better understanding of work-life balance among social workers experiencing a double-exposure during COVID-19. Data from this study will also serve to better understand how micro, mezzo, and macro influences can better support social workers.

DESCRIPTION: You were selected to participate in this study because you are a social worker and have experienced the ongoing changes in work-life areas during COVID-19. The interviewer will ask you several open-ended questions about your ability to balance work-life obligations since the beginning of COVID-19 pandemic. Due to COVID-19 restrictions interviews will be conducted via Zoom.

PARTICIPATION: Your participation in this study is completely voluntary and any information obtained will be anonymous and will only be used for study purposes.

CONFIDENTIALITY: Your responses are anonymous and no personally identifiable information will be collected. Responses will be recorded through emerging themes that represent the group.

RISKS AND BENEFITS: There is no foreseeable risk associated with this study. Increasing understanding in this area will benefit the field of social work by learning more about how we can better support them.

CONTACT: If you have any questions about this study, please feel free to contact Dr. James Simon at James.Simon@csusb.edu.

RESULTS: Results of this study can be obtained from the Pfau Library [ScholarWorks](http://scholarworks.lib.csusb.edu) database (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after July 2021.

I agree to have this interview audio recorded _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understood the consent document and agree to participate in your study.

Place an X mark here

Date

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination Status: Determined Exempt IRB-FY2021-121

James Simon Magaly Santos

CSBS - Social Work

California State University, San Bernardino 5500 University Parkway

San Bernardino, California 92407

Dear James Simon Magaly Santos:

Your application to use human subjects, titled "Social Worker's Perception and Adjustment When Dealing With Double-Exposure During a Natural Disaster" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>. You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-121 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair CSUSB Institutional Review Board

ND/MG

APPENDIX C
INSTRUMENT

INTERVIEW QUESTIONS

1. In what ways has your agency provided support to their employees in adjusting to new work environments during COVID-19?
2. How are you balancing work and family demands during the crisis?
3. What are some strategies you utilize in dealing with your new work environments?
4. In what areas has the pandemic negatively affected you or your family?
5. What are some support services that would benefit you in adjusting to rapidly changing environments?
6. What are some negative stressors that you have dealt with due to the pandemic?
7. What are some coping mechanisms that have helped you deal with stressor?
8. What initial action in response to the pandemic did your organization take that you found beneficial in supporting you as a professional? If any?
9. Since the pandemic how would you describe your levels of satisfaction in the services that you provide?
10. Since the pandemic how would you describe your levels of satisfaction in your involvement with family or home life?
11. Since the pandemic how would you describe the changes in your psychological or physical health?
12. In what ways have your relationships with your family members been influenced by the demands of your work?
13. Since the pandemic what are self-care practices that you have utilized in dealing with stressors?
14. How have your personal values and professional roles influenced your participation at your agency?
15. What family conflicts have you dealt with during the pandemic?
16. How are you adapting to the constantly changing environments and uncertainties during the pandemic?
17. Can you give me an example of a stressful experience you have had due to COVID-19 in relation to work/ home?
18. Can you give me an example of a positive experience due to COVID-19 in relation to work/ home balance?

Developed 2020 by Magaly Santos

APPENDIX D
DEMOGRAPHIC QUESTIONNAIRE

PARTICIPANT INFORMATION

1. What is your gender
 - a. Female
 - b. Male
 - c. Other:

2. Which category below includes your age?
 - a. 18-20
 - b. 21-29
 - c. 30-39
 - d. 40-49
 - e. 50 or older

3. What is the highest level of school you have completed or the highest degree you have received?
 - a. Some college but no degree
 - b. Associates degree
 - c. Bachelor's degree
 - d. Graduate degree

4. How many years have you been with your agency?
 - a. Less than one year
 - b. One year
 - c. Two years
 - d. Three or more years

5. Which category best describes your employment status?
 - a. Employed, working 40 or more hours per week
 - b. Employed, working 1-39 hours per week

6. What category best describes your race?
 - a. White
 - b. Black or African American
 - c. Asian
 - d. Mexican or Hispanic
 - e. Other:

7. Do you have children or are a caregiver to someone in your home?
 - a. No
 - b. Yes
 - c. If yes, how many:

REFERENCES

- Barello, S., Falcó-Pegueroles, A., Rosa, D., Tolotti, A., Graffigna, G., & Bonetti, L. (2020). The psychosocial impact of flu influenza pandemics on healthcare workers and lessons learnt for the COVID-19 emergency: A rapid review. *International Journal of Public Health*, 65, 1205–1216.
<https://doi.org/10.1007/s00038-020-01463-7>
- Barnett, D. J., Thompson, C. B., Errett, N. A., Semon, N. L., Anderson, M. K., Ferrell, J. L., Freiheit, J. M., Hudson, R., Koch, M. M., McKee, M., Mejia-Echeverry, A., Spitzer, J., Balicer, R. D., & Links, J. M. (2012). Determinants of emergency response willingness in the local public health workforce by jurisdictional and scenario patterns: A cross-sectional survey. *BMC Public Health*, 12(1), 164–164.
<https://doi.org/10.1186/1471-2458-12-164>
- Baum, N. (2012). 'Emergency routine': The experience of professionals in a shared traumatic reality of war. *The British Journal of Social Work*, 42(3), 424-442. <https://psycnet.apa.org/doi/10.1093/bjsw/bcr032>
- Baum, N. (2016). Work–family conflict among social workers, managers and policy makers in times of disaster, *The British Journal of Social Work*, 46,(1) 222–238, <https://doi.org/10.1093/bjsw/bcu094>
- Bellamy, N. D., Wang, M. Q., McGee, L.A., Liu, J. S., & Robinson, M. E. (2019). Crisis-counselor perceptions of job training, stress, and satisfaction during

disaster recovery. *Psychological Trauma*, 11(1), 19–27.

<https://doi.org/10.1037/tra0000338>

Biggs, A., Brough, P., & Barbour, J. P. (2014). Exposure to extraorganizational stressors: Impact on mental health and organizational perceptions for police officers. *International Journal of Stress Management*, 21(3), 255–282. <https://doi.org/10.1037/a0037297>

Boyer, E. (2008). A student social worker's reflection of the self and professional identity following the impact of hurricane Katrina on New Orleans. *Traumatology*, 14(4), 32-37.

<https://psycnet.apa.org/doi/10.1177/1534765608325296>

Brooks, S. K., Dunn, R., Amlôt, R., Greenberg, N., & Rubin, G. J. (2016). Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology*, 4(1), 18–18. <https://doi.org/10.1186/s40359-016-0120-9>

Brooks, S. K., Dunn, R., Sage, C. A. M., Amlôt, R., Greenberg, N., & Rubin, G. J. (2016). Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster. *Journal of Mental Health*, 24(6), 385–413.

<https://doi.org/10.3109/09638237.2015.1057334>

Butler, L. D, Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary

- traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma*, 9(4), 416–424. <https://doi.org/10.1037/tra0000187>
- Caringi, J. C., Hardiman, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C.. (2017). Secondary traumatic stress and licensed clinical social workers. *Traumatology*, 23(2), 186–195. <https://doi.org/10.1037/trm0000061>
- Civaner, M. M., Vatansever, K., & Pala, K. (2017). Ethical problems in an era where disasters have become a part of daily life: A qualitative study of healthcare workers in Turkey. *PloS One*, 12(3), e0174162–e0174162. <https://doi.org/10.1371/journal.pone.0174162>
- DeCarlo, M. (2018). *Scientific Inquiry in Social Work*. Pressbooks. <https://scientificinquiryinsocialwork.pressbooks.com/>
- Delfrate, F., Ferrara, P., Spotti, D., Terzoni, S., Lamiani, G., Canciani, E., & Bonetti, L. (2018). Moral distress (MD) and burnout in mental health nurses: A multicenter survey. *Medicina Del Lavoro*, 109(2), 97–109. <https://doi.org/10.23749/mdl.v109i2.6876>
- Garfin, D. R., Silver, R. C., & Holman, E. A. (2020). The Novel Coronavirus (COVID-2019) Outbreak: Amplification of public health consequences by media exposure. *Health Psychology*, 39(5), 355–357. <https://doi.org/10.1037/hea0000875>

- Gould, E., & Wilson, V. (2020). Black workers face two of the most lethal preexisting conditions for coronavirus-racism and economic inequality. Retrieved from <https://www.epi.org/publication/black-workers-covid/>
- Haines, V. Y. III, Doray-Demers, P., Guerrero, S., & Genin, E. (2020). Nonstandard work schedules, resource shortfalls, and individual/family functioning. *International Journal of Stress Management*, 27(4), 346–357. <https://doi.org/10.1037/str0000159>
- Huang, Y., Fu, Y. & Wong, H. (2014). Challenges of social workers' involvement in disaster recovery. *International Journal of Social Welfare*, 23, 139-149. <https://doi.org/10.1111/ijsw.12029>
- Kalliath, T., & Brough, P. (2008). Work–life balance: A review of the meaning of the balance construct. *Journal of Management & Organization*, 14(3), 323-327. <https://psycnet.apa.org/doi/10.5172/jmo.837.14.3.323>
- Khalid, I., Khalid, T. J., Qabajah, M. R., Barnard, A.G., & Qushmaq, I. A. (2016). Healthcare workers emotions, perceived stressors and coping strategies during a MERS-CoV outbreak. *Clinical Medicine and Research*, 14(1), 7–14. <https://dx.doi.org/10.3121%2Fcmr.2016.1303>
- Kilmer, R. P., & Gil-Rivas, V. (2010). Responding to the needs of children and families after a disaster: Linkages between unmet needs and caregiver functioning. *American Journal of Orthopsychiatry*, 80(1), 135–142. <https://doi.org/10.1111/j.1939-0025.2010.01016.x>

- Lasalvia, A., Bonetto, C., Bertani, M., Bissoli, S., Cristofalo, D., Marrella, G., Ceccato, E., Cremonese, C., De Rossi, M., Lazzarotto, L. Marangon, V., Morandin, I., Zucchetto, M., Tansella, M., & Ruggeri, M. (2009). Influence of perceived organizational factors on job burnout: Survey of community mental health staff. *British Journal of Psychiatry*, *195*(6), 537-544. <https://psycnet.apa.org/doi/10.1192/bjp.bp.108.060871>
- Loewenberg, F. M. (1992). Notes on ethical dilemmas in wartime: Experiences of Israeli social workers during Operation Desert Shield. *International Social Work*, *35*(4), 429–439. <https://doi.org/10.1177/002087289203500405>
- Mohsin, A. K. M., Hongzhen, L., Sume, A. H., & Hussain, M. H. (2020). Analysis of the causes of moral injury in the outbreak of 2019-nCoV. *Psychological Trauma*, *12*(S1), 162–S164. <https://doi.org/10.1037/tra0000720>
- Nuttman-Shwartz, O. (2015). Shared resilience in a traumatic reality. *Trauma, Violence & Abuse*, *16*(4), 466–475. <https://doi.org/10.1177/1524838014557287>
- Peeters, M. C. W., Montgomery, A. J., Bakker, A. B., & Schaufeli, W. B. (2005). Balancing work and home. *International Journal of Stress Management*, *12*(1), 43–61. <https://doi.org/10.1037/1072-5245.12.1.43>
- Perkins, E. B., & Sprang, G. (2012). Results from the Pro-QOL-IV for substance abuse counselors working with offenders. *International Journal of Mental Health and Addiction*, *11*(2), 199–213. <https://doi.org/10.1007/s11469-012-9412-3>

- Schaufeli, W.B., Bakker, A. B., & Van Rhenen, W. (2009). How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior*, 30(7), 893–917.
<https://doi.org/10.1002/job.595>
- Siu, O. L. (2013). Psychological capital, work well-being, and work-life balance among chinese employees. *Journal of Personnel Psychology*, 12(4), 170–181. <https://doi.org/10.1027/1866-5888/a000092>
- Sweifach J., Linzer, N., LaPorte, & H. H. (2013). A social worker’s duty to care: the self–other dimension of disaster response. *Traumatology*, 19(1), 3-10.
[10.1177/1534765612441977](https://doi.org/10.1177/1534765612441977)
- Turner, F. (1974). *Social work treatment*. Free Press.
<https://doi.org/10.1080/00220612.1977.10671427>
- Updegraff, J. A., Emanuel, A. S., Gallagher, K. M., & Steinman, C. T. (2011). Framing flu prevention-an experimental field test of signs promoting hand hygiene during the 2009-2010 H1N1 Pandemic. *Health Psychology*, 30(3), 295–299. <https://doi.org/10.1037/a0023125>
- Valcour, M., Ollier-Malaterre, A., Matz, C., Pitt-Catsoupes, M., & Brown, M. (2011). Influences on employee perceptions of organizational work–life support: Signals and resources. *Journal of Vocational Behavior*, 79(2), 588-595. <http://dx.doi.org/10.1016/j.jvb.2011.02.002>

- Van Daalen, G., Willemsen, T. M., & Sanders, K. (2006). Reducing work–family conflict through different sources of social support. *Journal of Vocational Behavior, 69*(3), 462-476.
- von Gottberg, C., Krumm, S., Porzsolt, F., & Kilian, R. (2016). The analysis of factors affecting municipal employees' willingness to report to work during an influenza pandemic by means of the extended parallel process model (EPPM). *BMC Public Health, 16*(1), 26–26.
<https://doi.org/10.1186/s12889-015-2663-8>
- Weiss, D. S., Marmar, C. R., Metzler, T. J., & Ronfeldt, H. M. (1995). Predicting symptomatic distress in emergency services personnel. *Journal of Consulting and Clinical Psychology, 63*(3), 361-368. <https://doi.org/10.1037/0022-006X.63.3.361>
- World Health Organization. (2020) Coronavirus disease (COVID-19) pandemic.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>