Accounts of Burnout and Coping in BIPOC Mental Health Social Workers

By

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DISSERTATION
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Abstract

In the social work profession, burnout among BIPOC mental health social workers has not been explored nor extensively documented, and there is little research on their experiences of coping. Moreover, minimal research supports or proposes a coping theory for burnout in this population. This study examines the history of burnout in the social work profession, its impact, and the experience of BIPOC mental health social workers on coping with burnout. Using Corbin and Strauss's (2015) grounded theory, a qualitative semi-structured inquiry was carried out to highlight and discover a new theory that can be further tested in explaining how coping occurs for this niche population. Twenty licensed NYS social workers were sampled using purposive inclusionary criteria and their interviews were analyzed using the inductive methods of grounded theory.

The major findings of this study consist of six major themes: experiences of burnout, how BIPOC mental health social workers cope with burnout, the experience of the social work profession, experience of resiliency, experience of racism, and the impact of historical events. The final discovery is a model that explores the theory of coping with burnout. The research findings posit that there are systemic barriers for BIPOC mental health social workers in coping with burnout, that there is little support from organizations that protect workers' rights in addressing burnout, and the responsibility of coping with burnout is left to the individual.

Keywords: coping, burnout, social workers, BIPOC social workers, mental health social work

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Dedication

"In a gentle way, you can shake the world."- Mahatma Ghandi

To my family, thank you for helping me develop the strength, perseverance, and the passion I have for life. Thank you to my Husband, Aleksey Semenets, thank you for loving our children a little extra on long nights when I was in class or trilling away on a laptop. Thank you for putting in the 80% when I only had 20% left. Thank you for your positive words, comfort, and for being a support when I needed balance. Thank you to my mother, Teresa Valdes. Thank you for being a second mother to my children, for the invaluable time you committed to caring for me, for your patience, and the bright energy you exude. Thank you both for believing in my abilities to succeed and cheering me on. To my siblings, thank you for being my first friends, my first companions and for always creating laughter when you are around. Lastly, thank you to my children, James, Auriel and Ares, you will always be a big part of my 'why'.

Table of Contents

Approval Page……………………………………………………………………3

Abstract………………………………………………………………………… .4

Acknowledgements………………………………………………………………5

Dedication……………………………………………………………………….6

Chapter One: Dissertation Overview…………………………………….…....8

Chapter Two: The Study Problem………………………………………………14

Chapter Three: Literature Review……………………………………………......28

Chapter Four: Theoretical Framework………………………………………..75

Chapter Five: The Research Questions…………………………………………91

Chapter Six: Methodology……………………………………………………....94

Chapter Seven: Results…………………………………………………………115

Chapter Eight: Discussion……………………………………………………....172

References………………………………………………………………………195

Appendix A……………………………………………………………………..208

Appendix B……………………………………………………………………..210

Appendix C……………………………………………………………………..212

Appendix D……………………………………………………………………..213

Appendix E……………………………………………………………………..214

Chapter One: Dissertation Overview

This dissertation examined burnout and coping strategies among BIPOC mental health social workers in the researcher's home State of New York. The study utilized the qualitative inquiry methods of Corbin and Strauss's (2015) grounded theory to fill in a knowledge gap and discover an emerging theory that allows us to understand the process in which coping strategies are chosen, implemented, and finally if the participants perceived them as helpful in diminishing burnout. The data was gathered by conducting semi-structured individual interviews for 90 minutes, asking 11 pre-determined questions, and coded using Atlas.ti. Finally, using an inductive approach, the data were analyzed for themes and relationships between burnout, coping, and racial inequities. This research is relevant in the social work profession, as indicated by the following NASW Code of Ethics core values: social justice, competence, service, integrity, and research and evaluation (National Association of Social Workers, [NASW] 2021).

Burnout is a psychological response to prolonged stressors related to engaging and working directly with people and primarily plagues those in helping professions. Social workers who experience burnout develop this condition over time and tend to take more sick days, have more illness incidents, and experience faster-deteriorating health (Kim et al., 2011). It further encompasses feelings of chronic fatigue, cold symptoms, headaches, gastrointestinal issues, shortness of breath, a general sense of panic or dread, and sleeplessness (Freudenberger, 1974). In short, burnout development can be disastrous for those in the helping professions who serve vulnerable and at-risk populations. It affects the worker, the profession, and, more importantly, the clients served.

In the last twenty years, research on effective strategies for combating burnout has been far and few. This dissertation on how BIPOC mental health social workers cope with burnout stems from a gap in the literature regarding how burnout is experienced and perceived by BIPOC mental health social workers, and the coping strategies used to reduce burnout symptoms. The term coping strategies describes a specific set of planned or unplanned strategies in which the worker engages to unwind and treat symptoms of physiological discomfort, mental discomfort, and social disconnect (Lazarus & Folkman, 1987). Self-care and coping strategies can be broadly defined, and the meanings can be used interchangeably. However, this research distinguishes self-care from coping strategies by noting that self-care is an intentional process that positively affects the individual. In contrast, coping strategies can be negative or positive actions without intent; coping strategies can also be an automatic reaction to something that immediately threatens or challenges an individual (Lazarus & Folkman, 1987). Furthermore, the National Association of Social Workers (2021) recently mandated self-care by social workers in its ethical code, making it vital to preventing professional fatigue.

Current literature explores how social work is plagued with burnout, highlighting causes, negative impacts, and suggestions for professionals in tackling burnout. This dissertation explores organizational and personal causes and reviews the literature on formal and informal coping strategies. Burnout in social work stems from systemic challenges in organizations and individual workplaces. Some correlated causes are low/inequitable pay, lack of supervisory support, lack of supportive workplace policies, poor workplace culture, and high workloads (Acker, 2004; Acker, 2010; Evans et al., 2006; Kheswa, 2019; Kim & Lee, 2009;). Additionally, major personal contributors to burnout are variables such as trauma history, role conflict, decreased empathy, low self-regulation of emotions, emotional distress, value incongruence, and

ineffective coping strategies (Kretova-Lisa & Budaiova, 2007; Schwartz et al., 2007; Siebert 2006; Siebert & Siebert, 2007). Impacts on the profession include increased physical illness among workers, development of mental illnesses (anxiety, depression, PTSD), turnover, and depersonalization (Acker, 2010; Kim & Stoner, 2008; Yurur & Srikaya, 2012). This is especially troubling because it impedes providing quality, consistent, competent care to vulnerable populations.

The literature presented includes ways formal and informal coping strategies can decrease burnout and positively impact the social work profession. Formal practices, such as mindfulness-based therapy, mindfulness practices, and acceptance and commitment therapy, can reduce burnout. Several studies confirmed that these practices helped decrease burnout and turnover intention and increase job satisfaction (Acker, 2018; Brinkborg et al., 2011; Crowder & Sears, 2017; Cuartero & Campos-Vidal, 2019). Literature on informal practices include themes of self-care (healthy informal practices), self-awareness/ mindfulness, and social supports (family, friends, intimate partners) to help decrease burnout (Acker, 2018; Cuatero & Campos-Vidal, 2012; Sanchez-Moreno et al. 2015; Stalker et al., 2007).

The sample population in this study was chosen as the focus of this research due to limited studies of BIPOC mental health social workers in New York State. This location was selected due to being the researcher's home state, the location of the researcher's academic institute, and for feasibility. While the literature review in this proposal was not conducted with the specific population of BIPOC social workers, after a thorough investigation of the literature, it was clear that a gap in the knowledge about how BIPOC mental health social workers cope with burnout exists. Therefore, it was imperative to investigate and bring to the attention of the profession their experiences in mental health and how they cope with burnout.

This research utilized the vigorous coding methods delineated by Corbin & Strauss (2015) but remained flexible in the understanding that not all data gathered fits into this model. The data and emerging themes reached saturation after 20 interviews, a minimum that Strauss and Corbin (2015) suggest in Grounded Theory. After presenting several diagrams reflecting the interaction of codes, six major themes emerged from the analysis: experiences of burnout, how BIPOC mental health social workers cope with burnout, the experience of the social work profession, experience of resiliency, experience of racism, and impact of historical events. The conditional matrix was proposed as crucial in documenting the interactions between the participants, burnout, coping, and the historical political and socio-economic changes occurring around them. However, political, and socioeconomic events emerged as separate themes. Therefore, evaluating them using the matrix was unnecessary because they were integrated into the study results. Upon completion of the data analysis, a new emerging theory is highlighted and explicated. This theory seeks to explain how this sample of BIPOC mental health social workers copes with burnout.

It is essential to mention that the United States, specifically New York State, was in the throes of a global pandemic during this research. The COVID-19 virus had become widespread by early 2020, forcing essential workers and hospital and medical resources to be strained. Consequently, the mental health of those in the helping professions was also at risk during this time. Social workers' increased need and usage to combat the mental health effects of a mortality rate of over 700,000 (and climbing) strained the profession. Such a strain on the social work profession, while experiencing the trauma firsthand, creates an environment that can breed burnout (Holmes et al., 2021).

Key findings within the results show that BIPOC mental health social workers define and experience burnout in alignment with the definitions provided by Freudenberger (1974) and Maslach et al. (2001). They cite many of the exact causes in the literature but also discuss how their experiences with racial inequity and racism contribute to burnout. The findings also explicate their coping strategies, representing a mixture of formal and informal strategies. A further interesting finding is that participants classified self-care as coping and shared positive coping skills under the umbrella term of self-care. Participants also mentioned formal strategies such as professional coaching/ therapy. They also grappled with coping barriers related to systemic and organizational issues, such as lack of supportive policies, lack of supportive supervision/ supervisors, and workplace relationships. Personal barriers include challenges with cultural work ethic beliefs, lack of resources such as time, and poor boundaries. Other barriers influenced by workplace culture were shame and guilt experienced over productivity, taking time off, and disengaging from the workplace.

Further key findings include their views and feelings about the social work profession; negative feelings were associated with burnout being considered an occupational hazard and low pay. Positive feelings were associated with diverse professional experiences, feeling intrinsically rewarded, and connection with people. Participants also discussed what resiliency meant to them, sharing negative thoughts about its role in the social work profession and mental health field. Participants shared similar meanings for resiliency and similar views about how it exists (innate and learned skill). Additionally, participants shared their experiences with the COVID-19 pandemic. Notably, their experiences were dispersed throughout the interviews, demonstrating its impact as pervasive and contributing to hardships with burnout and coping.

Lastly, participants discussed experiences of racism and racial inequity, sharing that they saw disparages in pay, supervisory attention, and workload. Notably, bilingual participants accumulated higher caseloads and shared more experiences with high workloads due to providing translation services for other colleagues and in the documentation. The main finding of this research includes the answers to the research questions and the emergent theory. Through this theory, we learn that coping with burnout may differ based on a participant's abilities to identify burnout and how barriers prevent coping. We also learn how coping is influenced by their experiences with racism, burnout, coping barriers, and resiliency.

This study's contributions include suggestions for policy changes, social work education, social work practice, burnout theory, and ethical self-care practices. The social work profession provides valuable and immeasurable resources to the greater society, making it crucial that the workers of this profession are given the proper tools and resources to do their work effectively without harming themselves. The findings in this study seek to offer insight and create a platform of evidence for the social work professional community to deconstruct racial inequities and harmful practices for BIPOC social workers.

The limitations of this study include lack of generalizability and low reliability due to the study's qualitative methodology, possible increased burnout syndrome due to the global COVID-19 pandemic, and issues of racial injustice increasing burnout syndrome.

Chapter Two: Study Problem

Overview of the Problem

Burnout is an abundantly studied phenomenon among many professions. It has become an especially prevalent concern in the helping professions in the last fifty years. Freudenberger (1974) coined the term and described burnout as a physiological phenomenon in which the individual experiences chronic stress, feelings of exhaustion, and feelings of disconnect from their work. Freudenberger (1974) emphasized that burnout directly results from emotionally involved work dealing specifically with people. Maslach and Jackson (1981) defined burnout as a condition of emotional exhaustion and cynicism that mainly occurs among those who work with people. Maslach and colleagues (2001) later conceptualized the phenomenon into four psychosocial notions: depersonalization, emotional exhaustion, reduced personal accomplishment, and cynicism.

Burnout presents a challenge in social work because it requires demanding and, at times, strained encounters with people. In social work, these encounters are standard and required for quality client care. Through the accounts of their clients' traumas and mental challenges, social workers can develop compassion fatigue, begin to feel worn down, and experience secondary traumatic stress. Thus, social workers are vulnerable to burnout due to the daily interpersonal interactions with clients, colleagues, vulnerable populations, challenging social issues, and racial inequity. Without proper support or relief, burnout can develop and create an unhealthy experience for both worker and client.

Previous research has recorded accounts of burnout in the social work profession; however, an extensive literature review found a gap in the social work knowledge regarding the narratives on how social workers cope with burnout. Moreover, the literature on this topic is

primarily homogenous, reflecting quantitative data on predominantly White women. Furthermore, there is little information on how BIPOC mental health social workers cope with burnout. BIPOC mental health social workers are a niche group in which the dominant White narrative has not allowed their different experiences to be accurately heard. BIPOC mental health social workers predominantly hear the stories of vulnerable individuals and deal with the constraints of a managed care system, in which providers are expected to carry high caseloads, manage administrative duties, and provide practical, low-cost, short-term treatment (Acker, 2010); all of which have correlated with burnout and burnout related symptoms.

Definitions

Burnout is distinct from other conditions that plague the field of social work, such as *vicarious trauma*, *secondary traumatic stress*, and *compassion fatigue* (Knight, 2013). While they can be interrelated, burnout is a chronic physical and mental state that affects career functioning and the ability to function in personal, home, and social settings (Freudenberger, 1974). Knight (2013) identifies secondary trauma, compassion fatigue, and vicarious trauma as distinct responses to vulnerable populations. Knight (2013) describes these different reactions as part of the umbrella of *indirect trauma*, a construct that delineates the scope of effects working within the helping professions. We will use this umbrella to define and differentiate burnout from these other three ailments.

Secondary traumatic stress (STS) is where the clinician will experience flashbacks and intrusive thoughts of their client’s trauma stories. This reaction is much like PTSD (post-traumatic stress disorder), except that the client's retelling of the traumatic event becomes the traumatic event for the clinician (Knight, 2013). Other symptoms related to STS felt by the professional are hyperarousal, hypervigilance, preoccupation with thoughts about the client and

trauma events, and recollecting the client's experience in dreams (Knight, 2013). The result of this experience for clinicians is like trauma victims; they might engage in maladaptive coping strategies such as denial, detachment from their work, avoidance, and disbelief.

Vicarious trauma is defined as a distortion of perceptions around self and others. Professionals will begin to experience changes in their assumptions about safety, their social world, and themselves. The stories and exploitation of clients and children can change the clinician to view the world as unsafe, unpredictable, and untrusting. They might approach their social world and personal lives with an overcautious attitude and skepticism (Knight, 2013). Vicarious traumatization can lead to other problems, such as PTSD (post-traumatic stress disorder), depression, and anxiety (Dianescu, 2009).

Lastly, *compassion fatigue* is a loss of ability to empathize with clients. It is not caused by exclusively working with trauma populations; however, professionals that work with traumatized victims are more likely to develop this condition (Knight, 2013). Figley (1995) described it as gradual desensitization to working with clients, often resulting in avoidance of work-related tasks, lower productivity at work, and experiencing negative emotions towards clients. Moreover, Figley (2002) described it as a profound emotional deterioration, resulting in the individual feeling less empathic to others. In his early work, Figely (1995) defines the "cost of caring for those in emotional pain," compassion fatigue encompasses only two psychosocial concepts of burnout*: depersonalization* and *emotional exhaustion*. Both concepts relate to the deterioration of empathy, and the cost of this is the social worker's inability to treat clients objectively.

Additionally, *compassion fatigue* makes it difficult to engage in a helping relationship. Burnout is distinct from *compassion fatigue* because it encompasses two other concepts,

cynicism and reduced personal accomplishment. However, professionals and researchers have argued that compassion fatigue may precede burnout and serve as a warning signal to organizations and individuals as red flags or a need for intervention.

Within the social work profession, these experiences are considered occupational hazards experienced through the cumulative work of hearing and working with clients experiencing pain, distress, and suffering (Knight, 2013). Burnout can harm the quality and value of the services provided to vulnerable clients, mainly due to the interpersonal nature of working closely with people. Burnout is a different experience from indirect trauma associated with various stressors, including organizational and personal factors. Burnout can also occur from working with any population or profession and often encompasses various mental and physical symptoms (Knight, 2013). Knight (2013) further describes self-care strategies to manage indirect trauma but not "cure" it. Ideally, individuals can grow professionally and personally by learning to strategize when experiencing indirect trauma and voice their experiences, normalizing and validating how professionals feel. Following this model, the social work profession may utilize a similar approach, with intentional efforts focused on minimizing and managing burnout.

For this study, two other definitions are necessary to clarify the exclusionary criteria for the sample. First, the definition of Black Indigenous and other BIPOC individuals, or BIPOC, is based on the American Psychological Association's standards of bias-free language (American Psychological Association, 2020). BIPOC social workers are individuals who belong to non-White ethnic and racial groups. This term encompasses non-White groups collectively and is utilized in this study to describe such. However, in future data analysis and discussion, issues related to a particular racial or ethnic group will be described and addressed as such (American Psychological Association, 2020). Secondly, the definition of mental health social worker is a

social worker that works directly with individuals providing psychotherapy services, as defined by the New York State Education Department (New York State Education Office of the Professions, 2009). In New York State, the New York State Education Office of the Professions defines the scope of practice for social workers based on Article 154 of Education Law, Section 77701, which creates a two-tier system. Under this law, social workers with an LMSW or LCSW license can practice psychotherapy, diagnosis, assessment, and treatment to better psychosocial dysfunction.

History of the Problem

Considerable research has demonstrated how helping professions, such as doctors, nurses, human service workers, psychologists, and social workers, are vulnerable to burnout due to their prolonged nature, stress exposure, and emotional toll. Burnout was first identified in the 1970s and has become a popular research topic, mainly because of its effect on those experiencing the phenomenon. It is an occupational challenge mainly experienced by those who engage in "people work" and begin feeling disenfranchised by the work, environment, and well-being (Maslach, 2003). Maslach (2003) identified that prolonged exposure to high stress could result in burnout, decreasing client service quality. Maslach (1982) initially reviewed over 30 definitions of the phenomenon before creating the Maslach Burnout Inventory and conceptualizing the phenomenon into four dimensions.

Burnout is detrimental to the workforce because it expands beyond the quota of occupational stress. Burnout covers an extended period and correlates directly with an employee's functioning and relationship with their work. It is a chronic state of physical and emotional exhaustion, directly impacting how the individual reacts to ordinary work demands. It can encourage maladaptive coping mechanisms, which deteriorate the employee's performance

and ability to create meaning and personal accomplishment from their work (Schaufeli & Enzman, 1998). Burnout is also argued to be one of the reasons helping professionals may find themselves switching mid-career or looking into administrative work over direct care.

Burnout Within the Social Work Profession

Social work professionals and educators discuss how vigorous and demanding the profession can be, almost suggesting that specific adverse effects like burnout, compassion fatigue, and vicarious traumatization are accepted as common occupational hazards (Smullens, 2012). The study of burnout originated in the 1970s. Maslach later led the path of exploring and understanding factors that contributed to burnout and defining the burnout phenomenon as not just a physical but a social-emotional experience (Maslach et al., 2001). Burnout in social work has been documented; however, a history of its evolution in the profession is not chronologically recorded. Maslach (2003) wrote that professionals who do “dirty work” often suffer from burnout. This statement refers to those on the frontlines who deal with the direct impact of trauma and human suffering. Maslach (2003) also noted that those who do too much, too soon, are more likely to become burnt out versus those who enter the helping profession and slowly build experience. This can be related directly to the demanding environment of the social work profession and the emphasis placed on productivity in the field.

Burnout studies indicate a significant amount of burnout experienced by social workers across the many disciplines in the profession. For example, Siebert (2006) studied 751 social workers from diverse settings in North Carolina. The findings of this study indicated that burnout is the norm rather than the exception. Of the 751 participants in the sample, 75 % indicated experiencing burnout in their professional life, and 39% were currently experiencing burnout. Moreover, Siebert (2006) noted that those who did not score as having “burnout” on the

inventory wrote on their surveys explaining that they self-identified as having burnout and wrote about their experience with burnout. It also indicated the need to test personal and organizational variables as influences on burnout development.

Morse et al. (2012) discussed that social workers are especially vulnerable due to their exposure to stress and trauma. As a helping profession, social workers in various settings, specifically community mental health and hospital settings, witness or hear secondhand about stressful and traumatic events daily. Burnout can negatively affect a social worker's ability to deliver quality services and cause *depersonalization*. Depersonalization is defined by Maslach (Maslach et al., 2001) as the development of cynical, distant, and negative attitudes or actions against colleagues, superiors, and clients (Maslach, 2003). This can be detrimental to social workers in being empathic toward clients. More importantly, the harm to the clients when working with an indifferent and cynical social worker violates the social worker code of ethics.

The NASW Code of Ethics outlines several principles based on social work's core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2021). Those experiencing burnout have been proven to have difficulty providing adequate service, maintaining integrity in their work, advocating for social justice issues, and building professional relationships (Smullens, 2012). These are essential to maintain and grow in the social work profession.

Burnout has negatively impacted the profession of social work in two significant ways. First, burnout among workers can lead to high turnover intention, excessive sick time used, lack of personal accomplishment, and in extreme cases, cause anxiety and depression (Acker, 2004; Evans et al., 2006; Kim & Stoner, 2008). Secondly, it directly impacts clients through the level of care they can receive from a worker. Workers who are burned out are less productive and less

empathic. The focus of a burnt-out worker can shift from meeting the client's needs to decreasing their suffering (Morse et al., 2012). Likewise, mental health social workers in a therapeutic role are at higher risk for depression, suicide, substance abuse, and relational challenges should they experience chronic burnout (Baruch, 2004).

Another challenge social workers face, specifically mental health social workers, is the increasing number of clients needing services and navigating the managed care system. In a managed care setting, social workers treating clients with severe mental illness are subjected to high caseload rates, less-than-ideal salaries/ reimbursement fees, and little time for supervision and support. They are expected to focus on short-term treatment for clients who need long-term services and complete administrative and case management duties while maintaining competence in managing a caseload of up to 100 plus clients (Acker, 2010).

Morse et al. (2012) specify how burnout in the mental health workforce is economically wasteful. It is also a significant factor in the recruitment and retention of staff in the mental health field, which is vital to ameliorating the growing rates of individuals with mental illness. Maslach (2003) also identified that organizations that typically rush their workers into overload (significant amounts of work) would see higher burnout rates in a smaller window of time and high turnover for staff. Thus, this author chose this population as the focus of the study because mental health treatment requires consistency in the interaction between the client and the social worker. Exemplified treatment requires empathy, reflection, and insight into mental health challenges and weaves in a client's socioeconomic status, race, and gender. There is also little data on how social workers of color specifically handle their experience of burnout and if they are more susceptible due to their continued marginalization within society.

Burnout in the social work profession is an increasing problem, evidenced by the plethora of international and domestic (United States) research completed. We can also view diverse research, including systematic reviews and quantitative and qualitative work. Despite this widespread phenomenon, there are gaps in the literature relating to solutions for burnout in the social work profession. Moreover, the literature on burnout in the social work profession relies heavily on a homogenous sample of primarily White women, taken from the NASW's membership bank, leaving little space for understanding the disparity of the burnout experience among professionals of color. Finally, mental health social workers are underrepresented in much of the literature; this stands out as a challenge in accurately measuring burnout in specialized fields, negatively affecting clients because they are less likely to receive high-quality, consistent care.

Literature on coping strategies and burnout has provided little evidence of attempts to mitigate such a detrimental problem. Few studies have used evidence-based practices or individual solutions, such as coping strategies, therapy, career coaching, and organizational efforts, to address this growing workforce problem. There are diverse opinions on preparing social workers to combat this problem correctly, the roots of burnout were thoroughly studied, and scholars are still scrambling for a long-term solution. To effectively understand how to combat burnout, exploring how social workers in the mental health field, specifically in marginalized racial and ethnic backgrounds, develop coping strategies and perceive how effective these strategies are at supporting themselves while experiencing burnout would be invaluable to the profession's development.

Reducing burnout is necessary now more than ever due to the collective traumatic experience of the ongoing COVID-19 pandemic. The impact of the SARS-CoV-2 (COVID-19)

illness swept the globe starting in late 2019; since then, millions of people have died due to its infectious and severe nature. In the United States alone, over 1.3 million Americans have passed from the disease (Centers for Disease Control, 2023). Social workers are rarely considered “front line” workers; however, those working in human services, health care, education, and mental health, have continuously worked and provided services during this time. Caseloads with mental health and health-related illness have increased over the last year, and professionals’ challenges with the pandemic, including issues related to becoming sick with COVID-19 and the general upheaval of society (Peinado & Anderson, 2020).

Peinado & Anderson (2020) highlight the importance of treating burnout; however, they only suggest interventions that focus on the individual rather than what organizations can do to support their staff and clients. Holmes and colleagues (2021) cautioned that support for social workers from employers is vital; because of the collective trauma experience, social workers may find themselves sharing in the stressors of their clients and, therefore, in danger of self-disclosure and heightened incidents of secondary traumatic stress.

Finally, the social work profession also seeks to support and fight for racial equity and challenge social injustice. This also includes fighting for equal and increased pay among women and women of color, diversifying education programs, and including support in combating systemic racism within the profession. Kang and Garren (2018) discussed the effects of microaggressions in social work classrooms, which creates an environment that inhibits students' success by reinforcing stereotypes and invalidating marginalized students' experiences. Kang and Garren (2018) offer a solution through a pedagogy and diversity seminar to help prepare faculty to eliminate invalidating practices and actively offer expertise on power, privilege, and

oppression. While this is discussed on the educational level, such practices can be implemented to support social workers of color and eliminate the fear of speaking out against burnout.

Relevant Policies and Judicial Decisions

Policies on burnout in the social work profession are sparse, pointing to a significant gap in the literature on effectively managing and eliminating burnout. The NASW's website has specifically dedicated a section on utilizing self-care to prevent and ameliorate burnout. However, the NASW does not mention other methods to prevent burnout, such as increased training, policy or education standards changes, and free counseling services for workers. The NASW Code of Ethics outlines social workers' professional, ethical responsibilities to report unethical behaviors of their colleagues and, in general, not allow personal issues related to psychological impairment to influence their ability to work. While an important policy, it is also hypocritical since social workers can become impaired by a few factors, including the development of burnout, yet nothing but "individual" responses, such as self-care, is mentioned in the Code of Ethics (NASW, 2021).

One proposed policy that seeks to address the increase in demand for social workers and acknowledges the profession's challenges is the Social Work Reinvestment Act (Social Work Reinvestment Initiative, 2013). The act acknowledges there are under 650,000 social workers across the United States and over ten million individuals receiving services. The ratio of worker to client is alarming; however, social work is critical in providing individuals with resources, counsel, and various healthcare services to reach their full potential. The Social Work Reinvestment Act is the initiative built around promoting the passage of the Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act (H.R. 1532) (Social Work Reinvestment Initiative, 2013). The act supports the creation of a Social Work commission by

the Department of Health and Human Services to address social work policy issues, award specified grants for the recruitment and education of social workers, and support post-doctoral research on the social work profession. The grants will also cover issues related to the workforce and prioritize activities for improvement in education, training, and overall professional improvement.

Other policies regarding workplace support could directly impact burnout in social work professionals. The Equal Employment Opportunity Commission details two critical policies: the Americans with Disabilities Act and the Rehabilitation Act (United States Department of Justice, 2020; United States Equal Employment Opportunity Commission, 2016). Both policies indicate that individuals with an identified mental health condition should be granted reasonable accommodation and job protection. Burnout is as much a psychological condition as it is physiological. Social workers who experience burnout, if recognized as a temporary mental disability, should be able to seek out support and reasonable accommodations such as altered work schedules (for appointments related to treatment), reduced workload, changes in the work environment (working from home), and changes in supervisory methods or supervisor (United States Department of Justice, 2020; United States Equal Employment Opportunity Commission, 2016). As outlined, the condition does not have to be permanent or severe but only has the potential to substantially affect your ability to interact with others, concentrate, regulate your thoughts and emotions, and so forth (United States Department of Justice, 2020; United States Equal Employment Opportunity Commission, 2016).

Burnout does not fall under the qualified conditions; however, it meets all the criteria requested for reasonable accommodation. Instead of waiting for social workers to reach the point of developing a worsening condition, recognizing burnout as a mental illness in the Diagnostic

and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), which is accepted as a disability for accommodation, could change how burnout is treated in the workplace. Further research and evaluation of burnout in the workplace, specifically for social workers, could help build evidence to create policies that address this and establish burnout as an illness that can decrease the stigma surrounding shame for not being able to fulfill work duties.

Lastly, while not a policy, a solution that may encourage decreasing burnout is calling for social work professionals to advocate for unionizing the profession. Since the outbreak of COVID-19, Farr (2020) points out the struggle to keep healthcare and social service workers healthy and safe while addressing the front lines of the pandemic. Farr (2020) also recognizes that the profession has struggled notoriously with gaining and maintaining professional status while unionizing workers to provide better care. The COVID-19 pandemic has strained the social work profession and social workers in the health care and mental health fields. Social workers are inundated with caseloads, exposed to COVID-19 on the front lines, and continue to work with little resources and unfair pay. Farr (2020) acknowledges how these factors have notoriously influenced burnout in the profession. Professionals under the duress of burnout tend to provide patients with a lower quality of care. Unionizing the profession will allow suffering workers' voices to organize their demands for better workplace environments, increased support, resources, and pay equal to the work contributed to society.

Conclusion

In summary, burnout in the social work profession and, specifically, in mental health is a grave issue that merits further exploration and evaluation. With burnout comes heavy consequences for the profession, including high turnover rates, declining competency, damaged professional relationships, harm to clients, and loss of professional status. This study is essential

as it seeks to identify several aspects of burnout among BIPOC mental health social workers. First, it will identify and discover theories about how BIPOC mental health social workers interpret and process burnout. Secondly, it will ground this theory in qualitative data to establish the process and interpretations of coping strategies among a small population to gain depth and further enhance future research into coping strategies as one way to combat burnout. Lastly, it will contribute knowledge to the social work profession by amplifying the voices of BIPOC social workers, sending the message that a call to action is required to continue anti-racists practices in the profession, and amending the challenges associated with burnout.

Chapter Three: Literature Review

This section will summarize peer-reviewed research on burnout, burnout in the social work profession, and coping strategies. This literature review synthesized pertinent information supporting the need for further research on this topic. It also highlights how the relationship between these topics merits additional investigation into the specific population of BIPOC mental health social workers. This chapter begins by explaining the methodology of discovering the literature and a review of all relevant articles. It will end with discussing the literature's limitations and gaps and contend why more research can improve social work's overall profession.

Literature Review Methodology

To accurately capture and substantiate research into mental health social workers and their coping strategies, the search for this literature review comprised investigating articles about social workers in all practice settings. The rationale behind this choice is that inquiries on the specific group of mental health social workers and coping strategies for burnout returned extraordinarily little literature. To find relevant articles on social workers, burnout, and coping strategies, this author used the terms: social workers, burnout, and coping strategies in the title or abstract, in various combinations in the following databases: Academic Search Premier, Social Work Abstracts, SocIndex, APA PsychInfo, and JSTOR. Articles from 1999-2020 were included, and articles that implied that a client's level of mental illness or trauma type influenced or moderated the amount of burnout experienced by the social worker were excluded.

The search engines used were APA PsychInfo, Social Work Abstracts, and Academic Search Premier, based on the criteria previously discussed, which returned 179 articles. Ten were selected after eliminating scholarly works that did not relate to social workers/burnout/ coping

strategies. In JSTOR, a search using the terms social workers, burnout, and coping strategies returned 800 articles. This search was narrowed down by limiting the search to social work and psychology journals, yielding 250 items. Of the 250, 7 were relevant. In the database SocIndex, 114 articles were found and narrowed down to Ten using the same guidelines above. Finally, another search in Social Work Abstracts generated 134 articles, six titles, and abstracts related to social workers, burnout, and coping. Four more articles were eliminated from the final 33 articles because they were irrelevant to the topic, leaving 29 articles utilized for this review. After exploring the 29 articles, three were removed from the literature review due to not having a transparent methodology for their literature collection. This left 26 relevant articles contributing to the initial literature review.

Upon completing the data collection, analysis, and discussion, another literature review focused on articles from 2021-2023 was conducted. Using the prior methodology and search engines, 97 new articles were outlined for further investigation. In the search engines APA PsychInfo, Social Work Abstracts, and Academic Search Complete, 69 recent articles were found; 65 were research related to healthcare professionals and child welfare workers, which included professionals from all areas of expertise, and only four were related to burnout, coping strategies, and social workers. After further investigation, two articles were removed due to not having a transparent research methodology or empirical evidence. In JSTOR, limiting the articles to psychology and social work topics, 20 new articles were found; of these 20, none were relevant to social work, burnout, and coping strategies.

Lastly, in SocIndex, and Social Work Abstracts, eight recent articles were found, with three being relevant and five being unrelated to burnout, coping, and social workers. One article was a systemic review that investigated 14 articles on burnout and health social workers. Four of

the 14 articles in the systematic review included mental health social workers and were already included in the current literature review. Seventeen articles included social workers and other professional staff, excluding those from this literature review. Finally, the remaining three pertained to hospital social workers, performing duties and roles outside the social work field. Therefore, this article was not added to the literature review. Three new articles were investigated and added to the literature review.

To conclude, this literature review will discuss important points and information gathered from 29 articles on burnout among social workers and coping strategies. This literature addresses topics related to the question, "How do BIPOC mental health social workers cope with burnout?"

Literature Findings

The literature reviewed here can be divided into three main themes. The first is organizational factors, including structure, work culture, job satisfaction, role stress, and climate. The second is personal factors, including characteristics, work/home life balance, and role ambiguity. The third theme covers social workers' coping strategies, formal methods such as training, therapeutic modalities, randomized control trials, and informal coping strategies such as personal preventive measures, self-care, and various coping strategies.

Organizational Factors

In 2004, Acker conducted an essential study on social workers practicing in mental health agencies across New York State. The sample included 259 participants, primarily women (n=192) and White (n=221). Acker also highlights their education; 20 respondents had doctoral degrees, 190 had master's degrees (MA, MSW), and 30 had bachelor's degrees (BSW or BA). Several self-rated scales were used to collect data: The Job in General Scale (JIG), a scale

measuring role conflict and ambiguity (Rizzo et al., 1970), and a scale measuring social support. Acker (2004) also asked each participant their intention to leave on a self-made three-point scale.

Acker (2004) wanted to demonstrate how organizational conditions influence job satisfaction, intention to leave, and social support. This research was included in the literature review because it focused on social workers in the mental health field and the assumed relationship between burnout, turnover intention, and organizational conditions. In this study, Acker (2004) demonstrated that organizational conditions (role support, role conflict, role ambiguity, social support, and professional development opportunities) strongly correlated with job satisfaction and intention to leave. Working in a consistently adverse environment, especially with the severely mentally ill, increases the chances of developing burnout (Acker, 2004).

In another study by Acker (2010), a sample of New York State social workers practicing in managed care was surveyed to determine how managed care, burnout, somatic symptoms, and perceived competency are associated with each other. The sample consisted of 591 practicing social workers. Within the sample, 89 % held master's degrees in social work, and 5 % held doctoral degrees. The sample was also predominantly female (80%) and White (86 %), the rest of the sample identified as Black (5%), Latino (7 %), and Asian (1%). The ages ranged from 21 to 80 and identified between 2 and 50 years of experience. Also important were the setting types, 43 % were in mental health outpatient sites, 13% in community support systems, 7% in substance abuse settings, 8% were employed at inpatient psychiatric units, 6% in schools, and 23% in private practice.

Acker (2010) highlights how managed care in mental health settings caused increased physical illness related to burnout and somatic symptoms, thus, causing social workers to use more sick time and decreased productivity at work. Managed care produced many challenges for

social workers, including increased caseload size, administrative duties, and reduced autonomy. Furthermore, it affects clients because it favors short-term modalities, reduces costly (yet necessary services), and limits treatment to evidence-based practices (Acker, 2010). This study found positive associations between burnout and variables such as caseload size, professional development opportunities, salary satisfaction, years of social work experience, and agency type.

Despite some of the findings in these two studies, both have limitations related to the convenience sample, homogeneity among the sample, and response bias. Both Acker's (2004, 2010) studies disproportionately represent social workers of color, with higher response rates from predominately White women. It is also weakened by subjectivity due to the self-reporting nature of the measuring tools used for the study. However, this research holds significance in social work; it can implicate changes to the curriculum for social work students, demands an increase in teaching and learning short-term treatments, and comprehensive education on mental health and managed care systems. Lastly, there is an emphasis on evaluating organizational dynamics as indicators of burnout prevention and decreasing turnover intention.

Kim and Stoner (2008) took a different approach. They sampled 346 California social workers practicing in public organizational settings and surveyed them to learn about role stressors, job autonomy, social support (through supervision and peer supervision), and turnover intention associated with burnout. Within the sample, 58.4% were LCSWs, and 41.6 % were ASWs (Associate Social Workers). Mental health practice was the highest practice area indicated, with 43%. Other practice areas indicated were medical health (23.5%), school social work (7.8%), and child welfare/ family (17.2%). This study was significant in this literature review because of the high number of social workers' responses to mental health practice.

However, the sample was somewhat homogenous in race, with 68% identifying as White, 11.8 % as Latino, 9.2% as Asian American, and 5.0% as African American (Kim & Stoner, 2008).

The findings identified that burnout mediated the relationship between the sample's perceived role stress and the intention to quit. Social workers with high role stress levels experienced significant burnout; higher burnout rates were associated with a higher measure in the variable: the *likelihood of turnover*. One interesting finding of this study was that job autonomy and social support do not correlate with decreased burnout. However, it did show that those variables lowered the worker's intention to leave. This finding is worth further research because it assumes that improving job autonomy and offering more social support at work would help decrease burnout levels (Kim & Stoner, 2008). This factor will later become important when exploring the personal issues studied and associated with burnout, implicating that improving organizational support may not be enough.

Kim and colleagues (2011) explored the impact of burnout on social workers' physical health. This study was included in this literature review section because it speaks to the severity of the burnout condition and relates to organizational factors. Kim and colleagues (2011) created a three-year longitudinal study (2005-2007) that sent out mail surveys to a Californian social work listing. There were three waves of questionnaires; the first wave resulted in 406 participants, 70% (285) participated in the second wave, and the third wave participation rate was not reported. Several surveys measuring burnout, physical health complaints, and control variables (demographics) were used to collect data.

Demographics recorded for the sample were gender (male and female percentages varied over each wave; however, the study was predominantly female, varying from 80% to 79%), license status remained relatively the same with 36% ASWs (Associate Social Workers) and

63% Licensed Clinical Social Workers. The field of service was included and consisted of school social work (lowest participants) and Mental Health (highest number of participants at 46 %), years of experience, levels of burnout, and mean physical health complaint scores were used. The authors offered no information on the racial/ ethnic makeup of the sample.

The results revealed that burnout negatively affects social workers' physical health, leading to more physical problems within one assessment year. The most crucial point was that social workers with the highest burnout rates suffered more physical illness and utilized more sick time. This can negatively affect the social worker's job performance and lead to a high turnover. The study also presented a negative association between years of experience and physical health complaints, suggesting that entry-level social workers are at the most risk. Other findings included that females report more decline in health and more significant physical complaints. One explanation from the authors of this study is that anxiety and depression are more prevalent among women, causing a compounded effect with burnout symptoms. Kim and colleagues (2011) offer suggestions, including changes to working environments that include more supervisory action and increased employee awareness of burnout and prevention methods.

While the findings of this study contribute significantly, it is not without limitations. The author noted that the sample lacked generalizability because it was selected from one state. They also noted sample attrition and suggested that those in more physical discomfort may be less inclined to complete and return surveys. Lastly, they highlight that those three years may not account for a significant amount of time to follow those experiencing burnout. Moreover, accounting for other factors at work, such as caseload size, work hours, and supervisory communication, was not measured, offering little insight into the environment in which these social workers provided services.

A study conducted in England and Wales (Evans et al., 2006) with 237 social workers in mental health demonstrated that burnout in the social work profession is an international challenge. Of these 237 social workers, 61% were female, and 39% were male; a majority (58%) of the respondents indicated being under 50 years old. The sample also consisted of lower rates of ethnic minority groups; 2% indicated Black Caribbean, 1% Black African, and the researchers identified 10% as minorities but with no further distinction. Information on the remaining other racial/ ethnic groups was not provided. However, they indicated that 83% worked full-time and that respondents worked over 60 hours per week per worker. This can indicate challenges with work-life balance, creating a psychological and physical strain on the worker.

Evans and colleagues (2006) wanted to examine the prevalence of stress, burnout, job satisfaction, and mental health in social workers' overall health. The results of the study included several significant findings. First, the sample's high emotional exhaustion and stress rates positively correlated with high job demand and a sense of not feeling valued at work. Second, the findings indicated an association between the intention to leave their current position, emotional exhaustion (measured by the Maslach Burnout Inventory) and feeling valued at work. Lastly, the study indicated that there were also positive associations between other variables such as caseload size, social support, feelings about mental health in the social work field, and dissatisfaction with salary.

While this study supports much of the literature regarding burnout in the field of social work, the authors did share how at the time of the study, there was political upheaval about the changes being made to requirements of licensing, worker hierarchy (certification titles such as associate social worker, mental health social worker) and organizational changes in administration and policy. Thus, possibly skewing the results and causing the findings presented.

However, historically, challenges in feeling undervalued and overworked can influence turnover intention and the stability of services to clients.

Kheswa (2019) conducted a qualitative study to explore the experiences of social workers and the effects of work-related stress and burnout on their well-being in the Eastern Cape providence of South Africa. The sample consisted of 14 social workers from two locations; seven women and seven men were selected using purposive sampling. Within the sample, 11 had bachelor's degrees in social work, and 3 had master's degrees. The age range was from 25 to 59, and three participants held the title of "Senior Social Worker." Two focus groups were conducted for about an hour and a half over two days. While Kheswa (2019) did not indicate the racial makeup of this study, the author mentioned that the sample was homogenous and listed this as a limitation of the study.

Kheswa (2019) postulated that working under stringent circumstances and environmental challenges can cause stress, burnout, and a decline in physiological health. The presented themes included lack of resources, lack of accountability, impaired purpose in life, job satisfaction, post-traumatic stress disorder, displacement, debriefing for social workers, and religion & human relations. Several themes supported the idea that organizational factors affect the workers and the profession. For example, one worker reported that a lack of accountability and fair treatment made working less desirable. The sample also discussed job satisfaction, lack of extrinsic motivation, and recognition from their supervisor. These were factors in developing their current perceptions of their overall well-being and experience of burnout.

While Kheswa (2019) offered a fresh perspective on the influences that might contribute to burnout, the study was limited in several ways. First, the authors conducted interviews with past students of the researcher. This sampling choice could cause the participants to give answers

they thought the interviewer wanted due to their prior relationship (bias). The author also remarked that the sample size was small and homogenous regarding race and career. However, the themes implicate how important organizational support can be if executed correctly among social workers.

A Study in Turkey by Yurur and Srikaya (2012) examined how certain work-related factors can influence turnover intention, burnout experience, absenteeism, job performance, and organizational commitment. The sample included 222 social workers; 110 were female, and 112 were male. No further identifying information was given; the age range was 33-40 years, and the average work tenure was 12 years. The study hypothesized that role ambiguity and workload would be positively correlated, while social support from supervisors would be negatively correlated with the different sub-sections of the burnout inventory (emotional exhaustion, depersonalization, and personal accomplishment). The findings supported the hypothesis that work-related demands can heighten burnout, while social support from supervisors decreases the level of emotional exhaustion experienced and increases perceived personal accomplishment (Yurur & Srikaya, 2012). The literature supports that role ambiguity and workload positively correlated with higher emotional exhaustion and depersonalization levels. They concluded that organizational factors such as role ambiguity, workload, and supervision are critical factors in combating and decreasing certain aspects of burnout.

However, Yurur and Srikaya (2012) highlighted two critical outcomes that could lead to further research. They found that there was no correlation between supervision and depersonalization. One plausible explanation could be that the depersonalization levels for this sample could have been statistically low and, on the other hand, the idea that personality traits, work ethic, and cultural beliefs (all personal factors) could control the level of depersonalization

experienced. The second outcome is that supervision did not have an overall effect on a decrease in burnout. This author postulates that the reasons for this can be related to varied factors. One is client type; those who work with the severely mentally ill and in child welfare will depersonalize clients to cope with secondary trauma's emotional strain. However, this study could have improved by using a mixed-methods approach to add qualitative data to explore in-depth; and if personal challenges or the experience of burnout were contributing factors.

As with many correlation studies, Yurur and Srikaya (2012) state that the study's limitations are the small sample size, the place the sample was found (a nonprofit organization), and its usage of self-reported measures. Another notable limitation is the possible cultural differences between the United States versus Turkey's cultural norms. Lastly, access to specific resources in some places tends to be challenging; each country and employer may have access to varying amounts of financial assistance and pay for employees. While salary has been considered in a few studies, financial information would be required to comprehensively assess its influence on burnout in the social work profession.

Zhang and He (2022) researched how role stress, job autonomy, satisfaction, and burnout interact in China. This study included 7,810 social workers from the China Social Work Longitudinal Study, which was conducted in 57 cities in China, making it a nationally representative survey. Zhang and He (2022) employed a multi-stage random cluster sampling design focusing on social workers and social work agencies. They used four surveys as measurement tools: a short questionnaire measuring role conflict and role ambiguity by Rizzo et al. (1970), the Job Content questionnaire by Karasek (1985), the Brayfield & Rothe Job Satisfaction Scale (Brayfield & Rothe, 1951) and the Maslach Burnout Inventory-Human Service Survey (Maslach & Jackson, 1986). Among the sample, 5,965 sent responses back, indicating a

response rate of 76.4 percent. Because of the large sample size, the study did not provide demographics. Zhang and He (2022) proposed three hypotheses: 1) high levels of role conflict will predict low levels of job satisfaction, which will increase burnout; 2) high levels of role ambiguity will predict low job satisfaction and increase burnout; and lastly, 3) high levels of job autonomy will predict high levels of job satisfaction and reduce burnout. Utilizing SEM (structural equation modeling) via the AMOS data analysis system, they ensure through CFA (confirmatory factor analysis) that the model passed the goodness of fit. Secondly, they utilized a model to examine multivariable relationships among the variables, using maximum likelihood estimation.

Zhang and He (2022) reported that the results supported and validated all three proposed hypotheses. For the first and second hypotheses, role conflict and role ambiguity indirectly affected burnout levels of social workers through job satisfaction. For the third hypothesis, higher job satisfaction was associated with high job and decreased burnout. The findings of this study are significant in understanding how burnout impacts the social work profession and how changes in systemic issues like elaborating on roles and responsibilities, decreasing role ambiguity, and increasing autonomy in the workplace can lower burnout. However, it also points out that these issues should be addressed to increase work environment well-ness and fit. Zhang and He (2022) suggest that human resource management supports employees by reducing role conflict and ambiguity and improving workplace autonomy.

Limitations of this study included the cross-sectional design, resulting in associations between variables instead of causality. Second, the data came from surveys of social workers in China, not accounting for the context of their roles in China versus other countries, limiting generalizability. Lastly, this study was conducted with a set of social workers that work in

government and social work organizations, not accounting for the public sector. Lastly, the authors did not provide sample demographics, further limiting generalizability. However, this study aligns with findings from other literature that support burnout increases due to challenges in the workplace related to role conflict and role stress.

In California, Kim and Lee (2009) investigated supervisory communication, burnout, and turnover intention among social workers in healthcare settings. In this study, healthcare settings included hospitals, health centers, and mental health social workers. The sample in this study consisted of 478 social workers with either an ASW (Associate Social Worker) or an LCSW (Licensed Clinician Social Worker); of this sample, 405 worked in organizational settings, and 211 were in health care/ mental health. The authors did not detail the sample's racial/ ethnic makeup, gender, or years of practice; thus, making it challenging to assume diversity or homogeneity of the sample.

This research is significant because it suggests that different supervisory communication types can moderate the relationship between role stress and burnout. Three types of communication were measured: job-relevant- which includes the standard communication about rules, policies, work schedule, expectations, and task-specific assignments. Upward communication includes expressing trust with the supervisor to share the worker's concerns, challenges, and feelings about the work trickling down, ensuring workers feel heard and considered when changes are made. Lastly, positive relationship communication means having interactive communication that is personally supportive and helps workers identify with feeling valued.

Kim and Lee (2009) correlated several crucial factors using self-reporting measures to determine if the three types of communication influenced the relationship between *role stress*

and burnout. One of the discoveries was that job-relevant communication and positive relationship communication negatively correlated with burnout. This finding also correlated with low role stress, implying that better communication can create lower job stress and lower perceived burnout experiences. Other findings in the study included that when job-related supervisory communication is compared to turnover intention, it is negatively associated. Thus, supporting professional development and clear expectations of the workers from the supervisor is vital to a work environment that produces little burnout.

Limitations of this study are also related to the methodological nature of correlational work. Kim and Lee (2009) suggest longitudinal data as an alternative method for future studies. They also state that looking into the role supervisors play in becoming a Licensed Clinician Social Worker and burnout/ turnover intention within organizations could be ameliorated by increasing the three types of supervision highlighted in this study. Finally, the sample's characteristics were limited to participants' licenses and work setting; this makes it hard to generalize the study and does not provide adequate information on other latent variables, such as years of experience, race, salary, and gender.

This study's overall implication supports that organizations in social work should be redesigned to include a vigorous and structured supervision practice. While it is maintained that those will receive supervision regardless of agency type, it might be worth investigating how much time allotted in supervision can influence the perceived experience of role stress, turnover intention, and burnout. Furthermore, conducting a qualitative inquiry into how social workers perceive/ experience their supervisory relationship and whether it influences their feelings about their workload/environment. While the research on organizational variables is shared among the

literature, there are also systematic reviews on literature in specific social work populations to emphasize how burnout permeates the profession.

Personal Factors

While evidence supports how organizational dynamics can influence burnout among social workers, sufficient research indicates personal aspects that influence burnout. As stated, personal factors can include personality characteristics, work-home-life balance, and role ambiguity. These characteristics can influence specific areas of burnout, for example, emotional exhaustion and personal accomplishment. This section also discusses other personal factors that have not been researched to provide essential information.

Siebert (2006) introduces personal variables that may influence burnout development. The researcher created a more inclusive study that focused on personal variables such as trauma histories and personal challenges like "asking for help" that may unknowingly be linked to burnout. The study sampled 751 social workers chosen randomly from the North Carolina NASW chapter and sent surveys with three measures: burnout score, personal, and occupational variables. The sample was 88% White and 84% female, and the mean personal income was $40,000 a year. The sample also consisted of several practice settings; however, the only setting Siebert (2006) provided was mental health (41%). It also outlines that 86% of the sample had master's degrees, 66% of participants listed themselves as married, and 73% of respondents indicated living with a partner. Lastly, 58% indicated living in cities/ suburbs, while 42% indicated living in rural areas/ small towns.

The results concluded some startling findings. Of the 751 workers, 36% scored positively for burnout; however, those who did not score above the threshold for burnout but self-assessed they had burnout increased this number to 39%. Siebert (2006) included that some respondents

wrote notes on the scales to share their stories of burnout; however, this was not included in the study. The results also included significant findings: burnout was associated with personal variables such as childhood experiences of having a troubled parent, experiencing trauma, having difficulty asking for help, and feeling greater responsibility for clients outside of work. Other personal factors, such as childhood or adult sexual abuse and variables dealing with drug and alcohol abuse in family members, were negatively associated with burnout (Siebert, 2006).

While these findings have implications for future research into the personal attributes of social workers as plausible causes of burnout, the studies' limitation of being correlational means we can only assume a relationship but not causality. The study also has a homogenous sample with an overwhelming majority of White and female social workers. This does not allow for a diverse evaluation of burnout among minority social workers. Suggestions established by this study include addressing the incongruity of treating burnout through personal means and not organizational ones. Siebert (2006) suggests that future interventions include treatment methods for organizational problems and personal attributes. Furthermore, coping strategies vary across individuals based on their preferences and experiences. Treating burnout with solutions may not be good enough; proper coping strategies and resources are necessary to maintain low burnout levels.

In a second study by Siebert and Siebert (2007), a sample of 1000 social workers from the North Carolina NASW chapter were sent surveys to complete. The authors sought to explore the relationship between help-seeking behaviors among social workers, their role identities, their burnout level (specifically the emotional exhaustion subscale of the Maslach burnout inventory), and how this can be mediated by other roles they carry outside of their profession (such as caregiver, i.e., mother, father, legal guardian). Within the sample, 88% were White, 9% were

African American, and 3% were categorized as "other ethnicities." The sample was 84 % female, 66% identifying as married, and 73% living with a partner/ spouse. A pattern that has become emergent within the literature is that random samples from NASW have returned high rates of White and female participants, with more than half indicating they are married and with high licensing and education status levels.

Siebert and Siebert (2007) postulated that the conflict created by multiple role identities could influence social workers not to seek help when experiencing burnout. Moreover, they suggested that an individual's self-concept was deeper than changing behaviors and thoughts to a more positive lens but included addressing challenges of personality and the concept of "oneself." According to the literature presented in the article, helping professionals elect their profession because they have an aptitude for morality and service (Siebert & Siebert, 2007); therefore, in their role as a helper, they adapt and evolve to fit further into this identity. Conflicting attitudes and a combination of personal and social role demands may create discrepancies causing conflict and, in extreme cases, burnout.

Several significant findings in the data analysis can create a loose connection between multiple role identities and burnout. Sibert and Siebert (2007) reported that of all the recounted symptoms that may encourage someone to seek help, depression increased the likelihood of help-seeking among the sample. Conversely, the analysis revealed that those experiencing work-related challenges such as burnout or practice impairment did have a significant positive relationship with help-seeking due to personal challenges. Two additional personal attributes: years of experience did not increase the likelihood of help-seeking, and having a clinical license did increase the likelihood of help-seeking among social workers.

Lastly, having a caregiver role outside of work negatively influenced help-seeking. This finding supported role theory because it would imply that social workers, having developed and idealized a professional self-based on caregiving, would not see themselves as those in the role of needing care. Thus, it causes them to develop burnout and depression symptoms as they continue to reconcile this role identity discrepancy (Siebert & Siebert, 2007). The authors cautioned that this research is only correlative and can only create associations instead of establishing causality. While role identity can offer some explanation for the findings, this effort can be limited because we do not have operationalized definitions of caregiver identity, nor do we know the innate coping skills of the individuals in this study. Therefore, we have a very generalized idea about how personality attributes can impact a social worker's ability to seek help when experiencing burnout and receive proper treatment to address this problem.

Alternative viewpoints implying that personal attributes play a role in burnout development led Wagaman and colleagues (2015) to research how empathy moderates the experience of burnout, compassion satisfaction, and secondary traumatic stress. They hypothesized that practicing empathy allows social workers to prepare for interactions with clients, which allows them to be less affected by burnout and secondary traumatic stress. The research involved a correlative approach and a snowball sample of social workers who were field instructors at a university. The sample included 173 participants who completed surveys and returned the envelopes to the researcher. The sample was homogenous in two ways: it was 87% female and predominantly White (73%). Of the remaining sample, 12% identified as Latino and 5% as African American. The remaining 10% was unidentified. Within the sample, 97% identified having a master's degree or higher, and 93% of this sample had their highest degree in

social work. Other descriptive variables, such as experience in the field, were also used, with 75% of the sample indicating ten years or longer.

Empathy is an innate skill developed as individuals age and learn about others' emotional experiences. Therefore, it is considered a personal attribute one gains over time (Wagaman et al., 2015). The findings of this study created several connections between empathy, burnout, and secondary traumatic stress. Empathy has four crucial components: the concept of self and "other awareness" (distinguishing oneself from others), which are crucial in setting boundaries and maintaining mental well-being. Second, emotional regulation is vital in establishing and maintaining empathy for others while possibly experiencing discomfort—the affective response refers to the physiological experience of sharing or mirroring another person's reactions. Lastly, perspective-taking refers to interpreting and thinking about the situation, event, or experience.

Overall, the authors postulated that empathy could be critical to preventing burnout because of the decrease in burnout when high empathy levels were present. They also included in their findings that when the variable years of experience are higher, burnout levels decrease, and compassion satisfaction increases. The authors also suggest that empathy becomes a skill that social workers receive formal training in, thus, further preparing practitioners for its usage within a professional setting. Therefore, the personal responsibility of empathic social work is shifted from the individual to the institutions that educate social workers.

While empathy plays a crucial role in social work practice, the experience of applying empathic responses can be hampered by the individual's distress. In 2013, Thomas explored how personal distress moderated the relationship between burnout, compassion fatigue, and compassion satisfaction. Personal attributes, like developing and applying empathy, are salient in social work, yet those in distress might have difficulty responding empathically. Thomas (2013)

reviewed Eisenberg and Eggum's (2009) theory that those with high emotionality and low self-regulation will have the most difficulty applying empathy and responding to personal distress. Variables that might decrease personal distress responses are related to diverse cognitive processes such as cognitive appraisal, perspective taking, meaning assigned to a situation, ability to regulate emotions, and the role of proper training and professional experience.

Thomas (2013) utilized secondary data from a prior study in 2008. The data investigated a sample of 171 licensed clinical social workers and how variables such as empathic concern, perspective taking, fantasy, personal distress, compassion satisfaction, compassion fatigue, and other demographics like age, gender, years of professional experience, and trauma history are associated with burnout. Thomas (2013) did not provide any other descriptive information on the sample regarding race; however, they identified that it was more than 81% female (n= 139). Thomas (2013) also identified that the average amount of years of experience was 21 years, indicating that 55% of the sample indicated childhood trauma experiences, and 43 % indicated some trauma in adulthood. The correlational study found a significant relationship between personal distress, compassion fatigue, and burnout among the sample.

The findings included positive correlations between personal distress and compassion fatigue, burnout, and compassion satisfaction. The adult trauma variable also significantly influenced compassion fatigue scores but did not significantly correlate with burnout. While not discussed by the authors in this article, the findings also included positive correlations between burnout with personal distress. Also, childhood trauma history negatively correlates with burnout and compassion fatigue (Thomas, 2013), suggesting that childhood trauma may not influence an adult's ability later to regulate personal distress at work. In comparison, adult trauma may affect how an individual employs empathy when faced with others' experiences of suffering.

Additionally, results from this study explored how empathy is not the culprit responsible but the personal distress experienced when a professional is exposed to others' suffering. Thomas (2013) suggests that specific constructs, such as empathy and personal distress, are distinguishable. Personal distress is influenced by the individual's ability to self-regulate emotions; their ability to distinguish themselves from their client's emotional state heavily relies on their ability to manage emotions. However, social work entails creating professional interpersonal relationships with clients, making social workers especially susceptible to burnout.

Schwartz and colleagues (2007) postulated that other innate personal factors influence social worker burnout. The researchers conducted a correlational study with a sample of 523 social workers who were National Association of Social Workers members. The sample was predominantly White (93%) and female (81%). The researchers did not further distinguish any details on race. The sample's largest age group was also noted, with 242 participants falling between 35-45 years old, with a median of 23 years of experience. Schwartz and colleagues (2007) hypothesized that they would find those with more hope were less likely to experience burnout. They also measured several known variables influencing burnout among social workers, such as age, years of experience, and practice setting (public versus private). They also predicted that workers in public settings and those who worked in public settings long-term would have less hope and higher burnout.

The research findings are like previous correlations; burnout was lower among social workers in private settings and increased hope. Conversely, social workers in public settings with increased experience did not see decreased burnout or increased hope. The authors explain hope as a personal attribute through Synder's Hope Theory. They cite how Synder (1994; 2000) discusses hope to be goal-directed and a cognitive attribute. It consists of three interrelated

elements, goals, will-power, and way-power. Each is described as necessary; way-power consists of one's problem-solving ability and is based on the individual's perception that they can create effective solutions for obstacles. Will-power is the measure by which one can generate the motivation and hopefulness required to create a positive outcome. Hope is postulated as essential to social workers since it helps them visualize and carry out positive outcomes. It also encourages them when confronted with challenges and the suffering of others.

This study also had some exciting discoveries; first, hope increased with increased age in public settings. Conversely, social worker hope decreased when measured against age and private practice. One suggestion by Schwartz and colleagues (2007) is that social workers in private practice leave public practice; thus, those who remained had high hope from the beginning of their careers. They further suggest that those who leave public practice with low hope might transfer to private practice, causing private practice findings and increasing age to result in lower hope. Hope is an abstract concept attempting to explain a fluctuating emotional state. Therefore, hope is an innate quality one must possess to prevent burnout in the social work field.

Taratakovsky (2016) took a similar approach to investigating burnout by researching personal value preferences rather than personal histories and attributes. Utilizing Schwartz's theory of values, the author tests personal value congruence with the social work profession's values and burnout experience. The study took place in Israel across all social work settings, measuring 512 social workers using self-rated scales and anonymous questionnaires. Tartakovsky specified that Jewish social workers were selected because they comprise 96% of all social workers in Israel and because those who identify as others may have different values,

beliefs, and social norms. There were no racial, gender, or socio-economic characteristics identified in the sample.

At length, Taratakovsky (2016) discusses the 12 fundamental values according to Schwartz's theory of values. The values are described as the following: universalism (understanding, appreciation, protection and tolerance of the welfare of people and nature), benevolence (caring for the well-being of others), humility (acknowledging one's insignificance in the larger plan of things), conformity (being able to limit actions and urges that will violate laws, social norms and rules), tradition (preserving and maintaining cultural, religious and family traditions), security (preserving safety, stability and harmony of self, immediate environment and social structure), face (obtaining a sense of security power through ones public image), power (aspiring for social status by gaining control and dominance over resources and other people), achievement (acquiring personal success through demonstrating competence according to social rules, norms and standards), hedonism (the pursuit of pleasure and sensual gratification), stimulation (striving for excitement, change and novelty) and self-direction (the freedom to cultivate ones independent ideas, abilities and decide one's own actions) (Tartakovsy, 2016, pp. 659).

Taratakovsky (2016) relayed the study's most significant findings: higher burnout levels were found in individuals who preferred power and face values. Those who preferred benevolence, universalism, and achievement were associated with less burnout. The idea that social workers want to help others in need and practice the core social work values congruent with those listed above, and experience less burnout is significant. It supports that an individual's personal preferences and characteristics can influence the accumulation of burnout within the social work profession. Moreover, those whose personal values coincided with social work may

be less likely to experience burnout. While the findings are significant, it is crucial to recognize that latent variables, such as age, gender, race, and ethnic identity, may influence individuals' values. Therefore, this type of study could be of more use if repeated with social workers in the United States.

For future research, measuring someone's spirituality and the values of their religious or spiritual connection can provide a significant source of knowledge for the individual before entering the social work profession. Insight into personal attributes, characteristics, and current spiritual and value preferences can better prepare those who find theirs do not align with the social work profession. Taratakovsky (2016) recommends that future studies also include measuring social work values against the employer's / organization's and the social workers' values to get an inclusive picture of the relationships between those three variables and burnout.

Lastly, Kretova-Lisa and Budaiova (2007) researched 65 social workers in specific public services in Slovakia, such as job affairs, social affairs, and assessment departments. Little demographic information was provided on race/ ethnicity, age, and gender. However, personal lifestyle demographics were recorded, such as family status (single 20%, married 61%, divorced 14 %, and window/widower 5%) and family structure (alone 25%, with partner 22%, with children 11%, with partner and children 42%). It also included education (secondary school 68%, bachelor level 14 %, and university education 18%).

Participants were asked to complete several questionnaires about their demographics, burnout level, and coping strategies. Kretiva-Lisa and Budaiova (2007) assumed several hypotheses on personal factors, such as the relationship between burnout and education level, a higher level of ineffective coping strategies and burnout syndrome, and a need to change one's employment correlating with higher burnout experience. They also asked two questions related

to family: one of which was if higher levels of burnout were experienced by those living in an incomplete family and if burnout levels are higher in divorced individuals.

These highlighted findings all pertained to each hypothesis proposed by the authors. First, the relationship between lower education and higher burnout levels was confirmed; second, the relationship between burnout and an "incomplete family" was not statistically significant. Third, the hypothesis that higher levels of burnout correlated with ineffective coping strategies was confirmed. Some ineffective strategies identified were avoidance strategy, which had the highest correlation with burnout, the second was instrument strategies (details on this method were not provided); and last social support-seeking strategies. The authors also noted higher levels of a 'need to leave employment' with higher burnout. This confirmed that turnover intention is higher for those with higher burnout rates. The authors also elaborated on the data gathered that workers rely on organizational support to help ameliorate burnout rather than individual coping strategies.

As with many articles in this literature review, the sample size and lack of information on racial/ ethnic makeup make this study difficult to generalize. Overall, personal factors affecting the risk and development of burnout range from personality characteristics to a history of trauma and situational lifestyle choices like marriage or family separation. Burnout can also create physical ailments and exacerbate the need to take time off, causing less effective service delivery to clients. Other personal attributes associated with burnout include value differences with the profession and countertransference/ transference experienced by the worker. Poor training and a lack of information on prevention are other themes that can lead to burnout in the profession. In summary, a combination of personal and organizational factors contributes to burnout; while each side comes with its challenges, many articles believe that a balance of treating both will successfully eliminate burnout from the profession.

Coping Strategies

Two major sub-themes within the literature on coping strategies are becoming popular among researchers. Much like the two themes of organizational and personal burnout factors, the coping themes are formal (implemented by organizations and researchers to find ways to combat burnout) and informal (related to how individuals deal with burnout). Wagaman and colleagues (2015) emphasize that both areas must be addressed simultaneously for burnout to resolve within the social work profession. The following literature group pertains to research that has explored and attempted to theorize the best practices.

Formal

Formal literature on burnout involves the practice of formal interventions like one's mental health social workers implement with clients. In a systematic review by Trowbridge and Lawson (2016), the researchers specifically spoke to the importance of social workers in healthcare with dual roles. They provide crisis intervention therapy and inpatient services and are also used as medical social workers who liaise with families and other medical professionals to treat clients. This systematic review targeted qualitative and quantitative research, with samples of social workers who participated in evidence-based mindfulness training (intervention) and evaluated for efficiency in decreasing the adverse effects of work-related burnout and stress.

Trowbridge and Lawson (2016) conducted a literature review using the following databases: PubMed 1976 to 2003, CINAHL 1976 to 2013, Proquest Nursing and Allied Health, PsychInfo, Social Service Abstracts, and Social Work Abstracts, all from 1976 to 2013. The researchers used keywords such as mindfulness, mindfulness-based stress reduction, social work, and social work training. Studies included were those only written in English, including quantitative and qualitative, and only included social work health care providers and further

narrowed it down by searching for practitioners rather than students. It is not clarified why the authors chose to include the term' social work students in their search but consequently worked to exclude those studies, except for one they found too significant to exclude because of the data it provided. The researchers sought to answer four focused questions, with two being applied to quantitative and two to qualitative.

Significant quantitative findings included themes such as mindfulness correlating with a decrease in the burnout subscales, testing a mindfulness intervention, and the results indicating decreases in stress, increases in quality of life and coping, and positive changes in attitude. Significant qualitative findings included increased self-awareness, empathy, increased ability to focus on patients, higher respect for the patient population, and increased self-reflection. These qualities and outcomes benefit social workers because of their positive influence on their professional practice. Enhancing the social worker's mindfulness, coping abilities, and informal interventions can provide higher positive outcomes for clients.

This study included social workers with diverse educational levels and varying professional experience who had roles within healthcare systems. However, the authors concluded that the literature was scarce in providing sufficient evidence on the effectiveness of mindfulness-based interventions. Since these interventions were relatively new during the research, many samples were small and could not be generalized to the larger social work population. As stated, taken as stand-alone research, each study in the systematic review has exciting findings that could offer a possible preventative and intervention method for burnout, compassion fatigue, and secondary traumatic stress. However, the intervention remains uncertain without larger samples and RCTs to provide supportive evidence.

An example of a smaller study related to mindfulness intervention took place in Canada. The research conducted by Crowder and Sears (2017) was mixed methods, controlled and non-randomized. The authors compared burnout and resilience levels in an intervention group of 14 social workers against a waitlist group that did not receive the intervention. After the quantitative data was compiled, they interviewed the intervention group to assess changes in their mental processing of stress, work-related challenges, and perceived mental health wellness. The sample comprised 11 females and three males, from ages 32 to 58, with 10 participants identified as Caucasian and the remaining identified as Canadian. No further ethnic description is provided; however, the education levels identified were two with a Bachelor of Arts degree, six with a Bachelor of Social Work degree, and six with a Master of Social Work degree. All participants had to engage in direct social work practice for at least three years and work more than 20 hours weekly. The practice experience ranged from 3 to 34 years, with the majority practicing individual, group, and family social work.

The quantitative portion of the research consisted of an intervention based on the mindfulness curriculum. The intervention met for eight weekly sessions, receiving at least 2.5 hours of curriculum and skills training. The quantitative findings included a decrease in the individuals' perceived stress from baseline and again at week one. The control group had higher stress levels, and the intervention group had lower ones. However, the intervention group's overall statistical significance was poor compared to the waitlist group on all self-rated scales.

One promising aspect was the qualitative data, in which three themes were developed. The themes were changes in attitude, behavior, and energy changes. Participants in the intervention group discussed how much more present they were at work and with clients; they felt more hopeful and had more freedom to choose to be happier. Changes in behavior included

improved sleep, calmness of the mind and body, and making better choices about health practices. This included exercising and creating time for breaks, giving way to better self-awareness (Crowder & Sears, 2017).

While this study's limitations included the sample size, sampling styles, and chances of a Type II error in the data, the qualitative data provided depth to a topic that was not explored in the past. The baseline, pre-test, and post-test model could cause participants to become more familiar with the scale within the research, allowing for testing bias to accumulate. Nevertheless, the qualitative data conveying changes in the social worker's behaviors and energy is hopeful in nearing an effective intervention for burnout within the social work community.

In an additional study outside the United States, Brinkborg and colleagues (2011) conducted a randomized control trial among Swedish social workers, testing Acceptance and Commitment Therapy (ACT) to decrease stress and physical health issues and improve the overall mental health of the sample. Of the difficulty paramount in this study, burnout levels were measured but not highlighted as the focus. This study is relevant because of the profession of the sample (social workers), the inventories used (which included the Maslach Burnout Inventory), and because it offers overall knowledge to the social work professional community.

The study started with 109 social workers but presented valid data on 94 of the social workers due to attrition. The study did not include any exclusion criteria and consisted of 94 women and 15 men, with an average age of 44 among the participants. Of the participants, 104 (95%) had permanent jobs, and the average working hours were 38 per week. All participants were graduates of university /college, and 90% graduated from the School of Social Studies. The sample also included demographic characteristics such as marital status, child-rearing status, and sick/extended leave measures. More importantly, the motive behind the sick/ extended leave

consisted of reasons such as stress (21 participants), anxiety/ depression (17 participants), and stress-related physical disease (four participants). No ethnic or racial information was identified within the sample.

The sample participants completed pre-test scales and were divided into high-stress and low-stress groups. Each group consisted of one "waitlist group" and another group that received the intervention. After the therapy was complete, all groups were given post-intervention scales. It was also noted that when participants did not complete the post-test, this group consisted of 12 participants. The treatment's overall aim was to increase psychological flexibility; the sessions took place four times for three hours each and were bi-weekly. For adherence, four social workers delivered the intervention in pairs to increase accountability in practice, and a checklist was used to ensure all areas were covered after each section.

The study's important outcome was that those who received ACT were measured for decreased stress and burnout scores. The group with the highest level of stress made the most improvement. This study indicates the importance of implementing formal interventions as coping strategies and further decreasing and combating burnout among social workers. Brinkborg and colleagues (2011) state that the evidence of this study supports ideas of addressing burnout among social workers to increase work productivity, and while it is a brief intervention, it can be highly effective for those with higher stress levels. A longitudinal study could provide more evidence to determine if this type of therapy is sustainable and effective at producing long-term effects on stress, mental health, and burnout.

Barck-Holst and colleagues (2021) researched another formal workplace intervention overseas in Sweden with social workers. In an exploratory mixed methods study, the authors conducted a quasi-experimental trial reducing the work week/ time by 25 percent. Additionally,

participants maintained their full-time pay and had a reduced workload. The study occurred in a social service agency; full-time hours were considered 39 per week. Participants completed the Maslach Burnout Inventory and the Everyday Life Stress Scale and were interviewed. They hypothesized that the surveys would show lower levels of burnout and stress within the intervention group due to the reduced workload and increased time off. To qualify, participants must have worked full-time before the trial, and data on their work hours had to be available for 14 of the 18 months in the longitudinal trial. Additionally, they needed to answer the follow-up surveys.

There were originally 23 workers in the intervention group and 35 in the control group; at the end of the study, 12 workers remained in the intervention group and 17 of the 35 in the control group. Only the participants who remained in the study were reported on in the research. The study's results were mixed; it was reported that the intervention group showed partially lower burnout symptoms, supporting the researcher's original hypothesis. On the MBI, emotional exhaustion was lower, but depersonalization levels remained the same. Forty-eight stress situations were reported during the interviews, including work and personal challenges. In work challenges, these situations were as follows: emergencies (related to clients), practical setbacks (double-booked meetings, lack of time), report deadlines, client aggression, manager interactions, managerial stressors, and difficult tasks (gathering large amounts of information in a short time). Personal challenges were labeled as stressful home situations and included: meeting friends (lacking time and energy), household chores, childcare (not having enough or regular care), practical setbacks (broken home appliances), and burnout symptoms (stress over emotional exhaustion).

Overall, the participants in both groups maintained that work stressors were still constant, even with the reduced work week, and did not alter other related issues like caseload size or work-related stressors related to the type of work. However, some positives were noticed; participants shared feeling more hopeful about options for coping with stressors and not needing to plan every moment. Participants also used the extra time off to complete chores and free time activities. Barck-Holst and colleagues (2021) noted that some of the limitations of this study were its small sample size and homogeneity, sharing that it consisted of primarily female social workers but not elaborating on the exact amount. Furthermore, the authors shared that recall bias could be a factor during the interviews. Lastly, other limitations included the lack of reporting on the sample demographic variables, notably how many children the participants had and what influences their family dynamics had on the participant's work-life balance.

In an alternative approach, Grady and Cantor (2012) discussed how self-psychology could be applied in an institutional effort to strengthen an individual's professional self, helping social workers, especially those new to the profession, combat the effects of chronic stress and burnout. While self-psychology is a concept that an individual can utilize without institutional support, having this modality as a resource can increase the self-awareness of those in the field, emphasizing the practice to be taught before social workers enter the workforce. Grady and Cantor (2012) cite Heinz Kohut, who fathered and developed the self-psychology model. The theory suggests that individuals need different life experiences to develop strong, healthy, and secure 'selves.' By doing this, they can effectively deal with stressful situations and self-regulate their responses to stressors.

Grady and Cantor (2012) discuss the main components of the self-psychology model: the grandiose self, the idealized parent image, and twinship. Each component of this model includes

suggestions made by the authors for institutions/ organizations to implement to increase the profession's ability to decrease burnout. The grandiose self-concept refers to the part of the individual that needs affirmation, praise, and celebration of the individual's accomplishments. Grady and Cantor (2012) suggest that social workers focus on providing supervision that connects theory to practice and acknowledging social work students and supervisees to consist of constructive criticism and praise for their work.

In self- psychology's idealized parent image concept, supervisors are suggested to mirror a mentor & mentee relationship. This bond serves to create the individual's idealized version of themselves, and by creating a mirroring relationship, the social worker can grow to mirror the abilities and work habits of their mentor/supervisor. Finally, the authors speak about twinship; the phenomenon states that it is essential to feel that the social worker can look to others for knowledge and relational experiences. Grady and Cantor (2012) suggest fulfilling this need by conducting peer supervision and building professional peer interactions, allowing social workers to feel less isolated in their experiences. It is also cautioned that those filling these roles for social workers are healthy, knowledgeable about burnout, and self-aware of their own professional needs.

Lastly, McCarthy and colleagues (2022) studied how themes and practices of empowerment impacted burnout levels among social work field instructors. McCarthy and colleagues (2022) explain how field instructors are vital to social work education and are responsible for balancing professional responsibilities and supervising students. The study sought to explore the association between overall empowerment and burnout and how various elements of empowerment are associated with burnout when controlling for variables that impact both, such as work, demographic characteristics, and workplace characteristics. This non-

experimental cross-sectional study sampled field instructors from an extensive Mid-Atlantic University’s MSW program. Using Qualtrics, two surveys were sent to participants: the Professional Quality of Life Scale, which includes a 10-item burnout sub-scale used as the dependent variable, and the Social Worker Empowerment Scale, the independent variable. Lastly, control variables were selected by the authors by using the literature on burnout to highlight the most common predictors of burnout. These include work experience, field and sector of practice (public or private), and experience with and attitudes toward interprofessional collaborations.

The study's results indicated low levels of burnout and overall moderate levels of empowerment. Furthermore, certain aspects of empowerment, such as a sense of collective identity in social work and perceived knowledge, are associated with lower levels of burnout. Several other findings supported current research on burnout like years of experience associated with lower levels of burnout and that supportive teamwork acted as a protective barrier against burnout. This study's suggestions included expanding social work field instructors' knowledge and practice competencies to empower them and prevent burnout (McCarthy et al., 2022).

Limitations of this study included the cross-sectional design, limiting causal interpretations of the findings. Furthermore, convenience sampling could encourage participant bias, implicating that those who felt the most burnt out did not have the energy to participate. The study also sampled field instructors who, by occupation, have more years of field experience, thus significantly lowering the baseline burnout score. Moreover, self-reported surveys can be influenced by the participant's desires to be part of the study and or report the ‘right things’ to feel substantiated in their contribution to the social work field. The significance of this study in the overall research demonstrates that cognitive coping concepts, such as

empowerment, continue to focus on the individual's abilities to participate in this time of coping strategy or cognitive reframing. Such concepts are not always easily implemented, especially for social workers who come from marginalized and oppressed populations. Since no amount of change of perspective, or practice of coping, can impact the systemic challenges associated with burnout.

Informal

Informal coping strategies conclude many activities; however, the significant themes are self-care (including hobbies), mindfulness, and informal social supports (family, friends, and intimate partners). As we review the literature, we will continue to highlight gaps in the literature, areas of strength, and areas that need improvement.

Self-care is paramount in the social work profession; it is generally discussed in the context of using informal, healthy recreational activities that should be practiced as often as needed to unwind and treat stress. Cuartero and Campos-Vidal (2019) postulated that compassion fatigue, defined as a state of exhaustion: emotionally, physically, and socially, which results from prolonged states of stress related to work, would be decreased for those who practice self-care. Compassion fatigue has been linked to various issues in the social work profession, including vicarious trauma, PTSD, and burnout syndrome. Social work, by nature, requires working under stressful situations and with clients experiencing various dysfunction levels. Due to this, compassion fatigue can be, at times, unavoidable. This article was retained because the population surveyed (social workers) reflected self-care practices within the profession.

Cuartero and Campos-Vidal (2019) wanted to investigate whether self-care practices influenced compassion fatigue and, therefore, can be used to prevent the condition. The research was conducted on the island of Mallorca in Spain. The sample was selected using a set of

inclusion criteria; self-rated surveys measuring compassion fatigue level and self-care activities were sent to 339 social workers, which returned 270 usable surveys. The authors note that the sample was very homogenous, with females making up 89.6% and 86.7% working full-time. The authors also highlight that most social workers in Spain work in public service; therefore, it is assumed that the sample consisted of social workers who practice in the public sector.

While racial/ ethnic sociodemographic information was not recorded, the authors offered data on relationship status (40% never married, 47 % married or in a civil partnership, 11% divorced, and 1 % widowed), years in the workplace (ranged from less than six months to 5 or more years, with 69.3% in the five years or more category), working hours (full time 86.7%), workload (1-50 cases per month was at 57.4% and 50- 100 at 29.5% and more than 100 at 13.1%) and two questions to measure self-care usage and cases determined by the social workers to have high emotional content. The sample was given a packet of three self-rated scales to be completed and analyzed by the researchers; one of the scales (the ProQOL IV scale) mainly measured compassion fatigue, compassion satisfaction, and burnout.

The most significant findings were that the sample reported a medium level of experiencing compassion fatigue and, on average, partake in three to four self-care activities per week. The top activities indicated were personal: engaging with family and friends in leisure time and eating healthy foods. Other findings demonstrated that those who practiced self-care more often had higher levels of compassion satisfaction. It was also found that women report elevated levels of satisfaction and engagement in self-care. Women also reported partaking in more self-care activities than the male participants; however, this result can be skewed due to the homogeneity of the sample (female participants 89.6%). Lastly, while this study did not include

the data on burnout in its analysis, the burnout scale indicated a medium level of burnout among the sample.

This study's limitations include selection bias; volunteers may have personality traits that could have altered the results. The study is also correlational and does not prove causation. However, this study does give insight into how social workers utilize self-care on a personal level to improve their overall work function. Cuartero and Campos-Vidal (2019) made some suggestions like other current researchers. One example is operationalizing and implementing self-care curriculum and therapy to help the profession maintain sparse numbers of burnout and compassion fatigue. This can have a broader effect on the overall client system; improving the worker can improve the worker's service delivery to clients.

In another attempt to describe how self-care and coping can improve social worker functioning and professional adequacy, Stalker and colleagues (2007) compiled a systematic literature review on child welfare workers experiencing elevated levels of emotional exhaustion and high job satisfaction. The review focused on studies where social workers with high emotional exhaustion scores on the MBI (Maslach Burnout Inventory) still had high job satisfaction scores. They searched relevant databases such as PsychINFO, Social Sciences Abstracts, Sociological Abstracts, ERIC (Education Resources Information Centre), MEDLINE, and Human Resources Information Centre. The authors note that the literature review was vast and unable to produce a comprehensive overview of all literature. However, they created a comprehensive review of six quantitative articles based on their inclusionary criteria.

Stalker and colleagues (2007) explored factors such as emotional strain, large caseload size, supervision issues, and work-related support. These issues are paramount for social workers because they can lead to burnout syndrome and, when untreated, have long-term physical and

mental health barriers. However, despite the work and related organizational stressors reported in the study, the group could find satisfaction intrinsically in their work. This was attributed to the worker's ability to find rewards within their challenges in the face of adversity. There are few strengths-based studies, but they could be valuable for future research.

As mentioned above, studies focusing on the positive are few; however, Pooler and colleagues (2014) take just that approach by exploring how social workers find joy in their work. To reverse the adage of finding solutions to burnout, Pooler et al. and colleagues (2014) focused on the positive to increase compassion satisfaction and decrease burnout. The researchers asked students at the University of South Carolina to nominate a social worker who “finds great joy” in their work. Once this was completed, a snowball sample was taken, and this process was repeated in Texas and North Carolina. The sample consisted of 26 participants, 23 women, and three men, with 19 indicating their race as White and seven people indicating as BIPOC individuals. The sample also consisted of two BSWs and 24 MSWs, with practice experience ranging from 2 to 50 years. The participants' practice fields ranged from medical social work, mental health, school social work, and community health. Using a grounded theory method, the researchers interviewed all participants using ten questions in their interview guide. The analysis yielded four significant clusters, six subclusters, and 24 codes. The researchers further defined the 4 clusters into two groups, interpersonal (interactions between the worker and other people) and intrapersonal (internal sources of joy).

The significant findings lie within the four key clusters: makings connections, making a difference, making meaning, and making a living. Social workers mentioned relationships with clients, colleagues, and supervisors in making connections as crucial to positive work experiences. The authors shared that 24 of the 26 participants mentioned items coded in this

category. The second one, making a difference, also fell into the interpersonal causes of joy category. All participants mentioned that creating change and “making a difference” contributed to experiencing joy in their work. In the two intrapersonal clusters, making meaning explained how participants used reflective and interpretation processes to develop meaning in their work. Sub-clusters within this larger cluster were finding purpose and finding fit in work and, lastly, making a life, deals with the social worker’s outlook on life and their growth experiences at work. Important sub-clusters included items such as: gaining perspective, managing experiences, rejoicing in the little things, learning continually, gaining confidence, and maturing.

Overall, the substantial results of this study include a crucial implication for social work. One implication mentioned by the authors is that social workers thrive when they feel a sense of purpose and perceive progress. They also highlight that a primary implication is making time for self-care and includes more than exercises or one to two activities you enjoy. It encompasses thinking about improvement, gratitude, engagement, and living in the present. The authors also challenge that “finding joy” also creates risk and vulnerability in the field; it offers a perspective on failure, pain, and disappointment that is more positive.

The limitations of this study are related to the nonrepresentative sample and participant psychological bias. Asking someone to find someone who “takes great joy in their work” may end up choosing people with personal characteristics that create stability and happiness in general. This could have caused skewed results, leading to higher positive information about social work's joys. The authors acknowledge that finding joy does not mean ignoring the looming challenges in social work, like low pay, high caseload rate, lack of recognition, and high turnover rate.

In another study, Acker (2018) explored self-care practices by conducting a correlative study using a sample of 469 social workers to explore if self-care is associated with job satisfaction and turnover intention. This study is relevant because job satisfaction has been linked to the MBI (Maslach Burnout Inventory) personal accomplishment subscale. Social workers with higher job satisfaction will have high personal accomplishment scores. It has also been found that burnout levels moderate the relationship between turnover intention and job satisfaction. The sample was selected from a professional list in New York State, and 1000 randomly selected social workers were sent self-administered scales, with 47% responding. The social workers were employed in various settings, with 43% in a mental health outpatient setting. The respondents' education levels were homogenous 89% had master's degrees in social work, while it was mentioned that 5% had doctoral degrees, and 6% were unknown. The sample was primarily female (80%) and predominantly White (76%). Other ethnicities included African Americans or Black (10%), Latino (12%), and Asian (2%). While this study does not mention burnout, it is essential and noteworthy because it supports that self-care should be a mandatory practice for social workers, thus preventing and possibly reducing burnout.

This study found that self-care was associated with decreased turnover intention and increased job satisfaction. However, Acker (2018) failed to specify key details in self-care, such as measuring accessibility and self-care types that were most utilized. Another left-out variable that can be explored is how self-care influences the social worker's ability to work effectively with clients. For example, gathering data on milestones met, performance reports of the social workers in the setting, and interviewing random clients anonymously to determine if clients feel less or more satisfied with the abilities of social workers who practice self-care versus those who do not.

This study's limitations included the convenience and homogenous sample (predominantly female and White), limiting generalizability. Acker (2018) also highlights how the sample had higher education and high work experience. Therefore, the sample may be better prepared to handle work challenges and are more seasoned in dealing with stressful work environments. This study also takes a snapshot of one individual's experience at one point, not accounting for the dynamics time can change, like job satisfaction, turnover intention, or burnout. A longitudinal study may be beneficial in tracking burnout accumulation or decrease.

Kalliath and Kalliath (2014) explored coping strategies social workers adopted to decrease work-family conflict, which can also be tied to burnout in the social work profession. They used a sample of participants from a quantitative study that used a survey method; they included two open-ended questions; of the 2000 surveys sent to members of the AASW (Australian Association of Social Workers), 439 questionnaires returned usable data. Kalliath and Kalliath (2014) explain the theory of 'coping' through Lazarus and Folkman's (1984) assessment of coping as two distinct types: problem-focused and emotion-focused. Of the two questions on the survey, 87% answered the first question, and 73 % of the sample answered the second question. The sample comprised 81% of females, and the average age was 44. Seventy-one percent of the sample was employed full-time, and 66% were in direct social work practice.

Moreover, 71 % identified as cohabiting or married within the sample, 13 % were single, and 15% were divorced, widowed, or separated. The sample identified 47 % with children; the majority reported less than four children and an average age of 13.9. Lastly, the sample description included a survey on domestic work (caring for children or other family members); respondents reported an average of 29 hours per week spent on domestic responsibilities/care. The study did not report other descriptors indicating race, ethnicity, and religion.

The authors presented the findings based on the survey; the first question, "What are some of the challenges you experience in managing your work and family demands?" yielded three crucial themes: work pressures, family pressures, and time pressures. The second question, "In what ways do you cope with these challenges?" yielded seven coping strategies: social support, timely communication, time management, setting clear expectations, cognitive reframing, developing hobbies, and job flexibility (Kalliath & Kalliath, 2014). Paramount in the findings were the descriptions highlighting what is already known; work pressures, such as the demanding nature of social work, workloads, and lack of supervisor support, contributed to stress. Other interesting contributors were family pressures, such as caring for children and the elderly in a limited time and maintaining household chores. Moreover, many of the respondents reflected on strategies conducted outside of work. For example, cognitive reframing is a process done exclusively by the individual to change their perspective by thinking neutrally about adverse events or developing hobbies that would take good time management skills. The implications of this study stressed the importance of family-friendly work environments, balancing the relationship between home and work, timely communication, and self-care. Of course, the findings of this study are limited to the scope of the sample, covering only Australian social workers, who are predominantly female and White.

Diaconescu (2015) performed an extensive systematic review of databases such as Web of Knowledge, ProQuest, and Scopus literature from 2006-2015 on burnout in the social work field. Diaconescu wanted to clarify several issues related to social work, including vicarious trauma, burnout, and compassion fatigue. However, the systematic literature review also discovered the importance of self-care as a coping strategy. Initially using the terms burnout, compassion fatigue, and trauma, the author garnered 2,112 articles and narrowed them down by

including peer-reviewed, whole texts and looking for the term's social welfare and social work. After narrowing it down to 212, the author found 61 using the term burnout, and they were selected for the review.

Several salient themes discussed coping and self-care in this study. First, Diaconescu (2015) highlights that a substantial portion of the literature recommends that social workers in any field create their routine and framework for dealing with the stressors of hearing other people's trauma and socio-economic and mental health challenges. It is also noted that the practice of self-care should be individualized. Social work students should familiarize themselves with the diverse types and find the most suitable to their needs for current and future use. Examples of types are physical/ behavioral (jogging, dancing, movement), relational (expression of feelings with friends, family, and activities with them, including quality time), and cognitive strategies (which include distraction, avoidance of trauma at work, limitation of exposure and reframing). Barriers to self-care included lack of time, lack of motivation, difficulty focusing on relaxing, and finding support.

Another point discussed was how personal trauma histories made social workers more vulnerable to secondary traumatic stress since both are cumulative syndromes that develop over time without intervention or treatment. Recommendations for success were starting habits for exercises early, empathetic communication, debriefing, mutual support, and mentoring for students and newly graduated professionals. Ultimately, Diaconescu (2015) highlighted that the implications for social work practice would be to continue teaching and developing the social worker's skills to hone transference and countertransference, learn effective coping strategies, and build self-care into social work practice professionals.

Lastly, Sanchez-Moreno and colleagues (2015) examined the relationship between burnout, psychological distress, and informal social support. The study was conducted in Madrid, Spain; 189 public service social workers were contacted and sent self-reporting questionnaires. The sample was predominantly female (87%), indicating an average age of 41. The researchers provided demographic information, including years of experience, marital status, and number of clients seen weekly. The research did not provide information on the racial/ ethnic backgrounds of the participants. It was also mentioned that the sample worked in various settings, including mental health; it is considered a public service in Spain.

The study's findings included high burnout, high emotional exhaustion subscale levels (as measured on the MBI), and a strong association between burnout and psychological distress. Another interesting finding is that burnout and psychological distress decreased with informal social support. Furthermore, those who indicated satisfaction with their social supports saw a more significant decrease in psychological distress, suggesting that a person's satisfaction with their abilities to seek out and obtain informal support is critical in reducing burnout and psychological distress. This study supports prior literature on coping, where informal support is essential to the worker's ability to compartmentalize their work experiences, allowing them to "de-stress" and treat/ intervene with their own burnout experiences.

This study was limited because of the sample size and demographics. Additionally, it did not evaluate informal social support as a category with subcategories, failing to give more detail about what is considered informal social support and how many individuals in the sample used similar or dissimilar social informal supports.

Conclusion

The literature on burnout demonstrates social workers' challenges and the current coping strategies utilized to prevent and treat the syndrome. Overall, the literature reflects several organizational factors that are associated with burnout: large caseload size, lack of professional support, lack of professional development opportunities, salary, agency type, role stress, lack of supervisory support, and challenges related to communication (Acker, 2004; Acker, 2010; Evans et al., 2006; Kheswa, 2019; Kim & Lee, 2009;). The detrimental consequences of allowing burnout to go untreated can cause increased physical illnesses, turnover intention, low accomplishment, higher levels of absenteeism, and more experiences with depersonalization (Acker, 2010; Kim & Stoner, 2008; Yurur & Srikaya, 2012). The literature describes prominent personal factors and non-job-related variables that contribute to burnout, which include trauma history, role conflict, role identity, decreased empathy, low self-regulation of emotions, personal distress, value incongruence, and ineffective coping strategies (Kretova-Lisa & Budaiova, 2007; Schwartz et al., 2007; Siebert 2006; Siebert & Siebert, 2007; Taratakovsky, 2016; Thomas, 2013; Wagaman et al., 2015).

Research has described formal and informal coping practices; formal is operationalized as coping strategies implemented by entities to support their workers, and informal, by which professionals engage in everyday interactions with family, friends, and self. Formal practices, such as mindfulness-based therapy, mindfulness practices, and acceptance and commitment therapy, positively influence burnout, stress, and workplace satisfaction. Several studies confirmed that these practices helped decrease burnout and turnover intention and increase job satisfaction (Acker, 2018; Brinkborg et al., 2011; Crowder & Sears, 2017; Cuartero & Campos-Vidal, 2019). In comparison, two other studies suggested that using a strengths-based perspective and insight into self-psychology can increase self-awareness and create a better supervisory

relationship, which improves overall workplace morale (Grady & Cantor, 2012; Pooler et al., 2014).

Within the literature about informal practices, the themes of self-care (healthy informal practices), self-awareness/ mindfulness, and social supports (family, friends, intimate partners) help decrease burnout. (Acker, 2018; Cuatero & Campos-Vidal, 2012; Sanchez-Moreno et al. 2015; Stalker et al., 2007). In another study, Kalliath and Kalliath (2014) explored how work-family conflict can be decreased through proper coping, increasing the individual's work abilities and conceivably decreasing the possibility of burnout. Creating family-friendly work environments can help alleviate workplace pressures that cause poor outcomes. There was little literature about informal practices for alleviating burnout. While self-care can be considered formal and informal, the researcher acknowledges that individuals have different ability levels for self-care, which concludes why this research study significantly adds to the knowledge base of social work practice.

The literature has several gaps. First, most of the samples have homogenous sample demographics. Many of the articles mentioned samples that were predominantly White and female. Exceptionally few articles included African American or Black, Latino, and other races/ethnic groups of color as participants. This presents a fundamental challenge regarding diversity and representation in the social work profession. Second, this research included both qualitative and quantitative studies on burnout. However, most of the studies are correlational and measured at just one point in time. Additionally, systematic reviews were included; however, detailed information on the data types analyzed was not provided.

To conclude, this literature fails to evaluate and discern the experience of burnout as felt by BIPOC professionals, creating a significant gap in the social work literature and knowledge

base and continuing to support a White dominant narrative. While the original research question was to explore how mental health social workers cope with burnout, the literature review clarified that the focus of this study is to amplify the voices of BIPOC social workers and discover a theory on how they cope with burnout, with the hope to further studies into their unique experiences. This study fills a gap in social work knowledge about this population and how burnout is managed. Implications of the study could lead to further investigation of social work pedagogy and policy surrounding supporting and creating anti-racist practices that address burnout within the profession. Accepting burnout as a "normalized" experience in the helping profession is not the answer to finding ways to cope with the damage it can cause. Therefore, this study sought to answer the overall question: How do BIPOC mental health social workers cope with burnout?

Chapter Four: Theoretical Framework

This section will cover three comprehensive theoretical frameworks informing the study's content and methodology. The three frameworks have significant ties to social work research and will further the profession's knowledge base by supporting analysis of how the data creates a solid foundation for a theory that describes how social workers of color cope with burnout.

Transactional Theory of Emotions and Coping

Lazarus and Folkman's Transactional Theory (1987) and research on emotions and coping is a theoretical framework based on the fundamentals of ego psychology and systems theory, which postulates a transactional nature between emotions and coping. They viewed coping from a process-oriented perspective, describing it as less of a phenomenon and more like a systematically occurring transaction after an antecedent. However, the appraisal of the antecedent can determine how and what coping strategies are chosen.

Lazarus and Folkman (1987) explain the different components that birthed and strengthened this perspective; they created a salient theory on coping through research. First, individuals take part in *cognitive appraisal*, which involves evaluating everything happening to the individual as it arises. Appraisals occur in two ways: *primary* and *secondary*. Primary appraisal relates to thinking about how occurrences will influence our well-being. For example, a stressful event or situation can be categorized into four subtypes: harm, threat, challenge, and benefit. Harm refers to what has already been experienced, the threat is the anticipated harm, the challenge is the potential in the situation to gain proficiency /produce an outcome, and benefit refers to how an individual's personal beliefs, goals, cultural practices, social practices, and environment elicit an emotional reaction.

The challenge appraisal calls for coping, and the benefit appraisal works to ascertain the emotional weight and brevity of the outcome on the individual. Transactional variables become more prominent if individuals feel they have stakes in the situation, such as goals and emotions. *Transactional variables* are anything unique to the person that would influence how they decide to cope with the situation. In *secondary appraisal*, criteria must have been met to indicate that there is harm, threat, challenge, and benefit involved; when the stakes have been considered, the individual will engage in secondary appraisal to decide how they cope or if there are actions that can be taken to improve on the outcome.

In this manner, the experience of burnout can be considered significant in the appraisal process because it is harm that is currently being experienced, a threat that creates anticipated harm, and a challenge, as it can cause the social worker to feel drained but also stir maladaptive actions to amend the negative experience. However, Lazarus and Folkman's (1987) transactional theory does not stop at appraisal; it dives deeper into coping and explores the emotion evoked from the antecedent. Coping was earlier theorized into two categories: problem-focused and emotion-focused; however, because they believed this was an inaccurate picture, after research, they created a scale that identified several subcategories: *confronting coping, accepting responsibility, distancing, self-control, seeking social support, escape-avoidance, planful problem-solving, and positive-reappraisal* (Folkman et al., 1986a). Furthermore, Lazarus and Folkman (1987) distinguished that these coping methods can yield negative or positive outcomes, depending on the individual and if they have considered their "stakes" in the situation. Therefore, it is essential to remember that neither problem nor emotion-focused coping is better than the other, and similarly, any of the eight sub-categories can result in negative or positive outcomes.

Coping strategies were noted to change depending on what type of appraisal was made; for example, it was found that those who appraised an event as a threat or harm to their self-esteem would rely heavily on *confronting coping* (i.e., standing their ground/ fighting for what they wanted) and *escape/ avoidance coping*. Lazarus and Folkman (1987) also found that *planful-focused* and *confrontive coping* were used more frequently in situations appraised as changeable. Conversely, coping techniques such *as avoidance/ escape* and *distancing* were frequently utilized when acceptance was required. In organizational settings for mental health social work practice, social workers may have extraordinarily little autonomy over their caseload size, patient interactions, administration time, and schedule. If a social worker is experiencing burnout on top of these workplace stressors, they may be more likely to rely on *distancing, escape-avoidance,* and *confrontive coping* (which can look like insubordination: not completing notes, refusal to attend meetings, hostility towards work requests).

Lazarus and Folkman (1987) also noted that coping is a process that changes based on how the person re-appraises the situation, making it hard to precisely pinpoint how they appraised the antecedent and assess which coping skill will most benefit them for this experience. When social workers appraise burnout and the severity of its influence, coping strategies are chosen based on the individual's access to resources and prior experiences and or planned strategies for this problem. For example, a social worker with mild burnout, preliminary plans for self-care, and experience mastering positive coping strategies might have a better chance of turning their burnout experience into a challenge to overcome and grow professionally. However, should the stakes change, the individual may rely on coping strategies that are not conducive to solving burnout but avoiding/ escaping the perceived cause of burnout. Problem-focused responses relate more to environmental/organizational challenges and situations deemed

changeable. Conversely, emotion-focused responses deal with challenges deemed as needing to be accepted and when needing to manage emotional distress (Folkman & Lazarus, 1987). This acceptance can lead to positive feelings of resilience and growth or damage, leading to avoidance and regression in the worker and personal interactions.

As the literature has presented, burnout is rooted in organizational and personal variables. Social workers in the mental health field may knowingly or unknowingly participate in appraisal and use coping strategies based on their experiences. Thus, coping strategies are often unique to the situation, person, and outcome. Coping also might change as the individual's personality changes, and they gain experience learning how to appraise antecedents as less harmful. Thus, social workers with more experience may accept burnout as an occupational hazard that can be positively utilized for opportunities to gain experience. However, those with negative experiences or difficulty re-appraising burnout as an opportunity for growth may not receive favorable outcomes. Thus, it leads to negative issues in social work practice related to burnout, such as high turnover rates, more sick days taken, lower productivity, and lower personal accomplishment. Lazarus and Folkman (1987) conjectured that it is essential to recognize that coping is a microanalytic concept; those who research it must understand what a person is coping with before understanding their emotional process and coping strategy. Furthermore, intersectionality will influence how individuals appraise a situation based on prior experiences of disadvantage and discrimination.

Lazarus and Folkman (1987) have also discussed the importance of microanalytic research to determine how people cope and the nuances of their experiences. Thus, concluding that transactional theory and the research by Lazarus and Folkman (1987) on emotions and coping will provide a sound theoretical framework for understanding how BIPOC mental health

social workers experience, perceive, and cope with burnout. Furthermore, social work practice is generally about interacting with individuals, their environments, and antecedents, which create their experiences. In theory, as someone practices social work, they constantly utilize cognitive appraisal to determine how to cope and benefit from stressful situations. However, this ability may become diminished due to burnout and the general feelings and harm it can cause, thus leading to an automatic choice of maladaptive behaviors versus a particular plan of action to institute positive benefits/ outcomes.

Resilience Theory

Resiliency in social work practice, education, and policy is used to direct focus from deficit thinking to strengths. It emphasizes innate strengths, favorable outcomes, development of protective factors, agency over self, and viewing internal and external adversity as an opportunity for growth (Collins, 2017). Resiliency is an innate ability to adapt to adversity by regulating internal and external reactions. Theorists postulate that resilience is developed over an individual's lifespan and is the outcome of healthy development. Resiliency is the product of an individual's ability to appraise and process trauma, adversity, and adverse external stimuli using positive thoughts and problem-solving. At the same time, they promote psychological and emotional well-being by exercising this ability (Newell, 2020). The collective literature on resiliency is vast, with evidence of strong connections between trauma experiences and resiliency as a "personality trait" in helping temper trauma reactions. However, resilience is also presented as a multi-dimensional process that varies over time and in different contexts for individuals.

Due to the complexity of applying resiliency theory, different models of treatment and support have arisen. For this proposal, the definitions and applications of resilience theory will

be based on the Resiliency Ecological Systems Model, also referred to as RESM. This approach is known for its person-in-environment approach and is tantamount in social work practice, theory, and research (Greene & Watkins, 1998). RESM shares that individuals can learn how to respond to stress by adapting and establishing positive functional behaviors. Like many other models, RESM postulates that resiliency is an innate ability that can be positively cultivated through an individual's environment and interactions with functioning social systems (Greene, 2014). Thus, life-long positive exchanges within the environment and social systems will result in positive individual outcomes (Greene, 2014). The *person-in-environment* theory and practice have long been the foundation of social work practice and theory, suggesting the goal of social work practice was to improve interactions and the *goodness of fit* of the client and others in their ecosystem (Greene & Watkins, 1998). Therefore, RESM espouses that the reciprocal interactions of the person with their environment and other systems around them will foster opportunities for resiliency and growth (Greene, 2014).

Greene (2014) presented resilience as part of the ecological systems framework, proposing that it explains how people adapt to stress and adversity to maintain homeostasis and daily functioning. Research has contributed a substantial number of factors that correlate with the development and practice of resiliency; however, causation has yet to be established. Genetics, trauma type, environment, and societal issues correlate with varying levels of resiliency. Within the influence of environmental factors, several models are utilized in social work practice that connects the individual's environment to their development of resiliency. First, *ecosystems theory* describes how ecosystems' reciprocal interaction can influence how individuals adapt to stressors and whether their coping strategies benefit their growth (therefore developing resiliency). This can also be referred to as the ecological model, where the significant

assumptions are to view the reciprocal interaction between the individual and the environment. Furthermore, it encompasses the *person-in-environment* perspective in social work practice, where we try to determine the *goodness of fit* and if the environment is nurturing enough to enhance the necessary security, support, and resources for the client (Greene, 2014).

In systems theory, the sum of all the parts equals the whole, which means the system relies on each part to function correctly. When a system is disrupted by stress or trauma, the instability can be balanced, especially for resilient systems. Systems are considered adaptive; however, if resilience is low, the system cannot function without all parts reaching equilibrium (Greene, 2008). Thus, if just one part of the system is in chaos, it will have difficulty remaining resilient and reaching its prior or optimal functioning. This theory can also be applied to social systems, which can become complex because every individual, group, and community has fine-tuned characteristics. When unbalanced could cause erratic behaviors and reactions within each system, making resilience a dynamic system and group characteristic in its practice and application.

Systems and ecosystems theory teaches the importance of examining the micro, meso, macro, and exo-system as essential points for assessing system functionality and which interventions can enhance resiliency (Bronfenbrenner, 1979). Thus, this further supports how social work practice entails examining and assessing an individual's abilities and capacities by exploring the bio-psycho-social-spiritual backgrounds of people. This perspective and practice can help outline how other moderating factors influence people and how these branches fluctuate based on different stressors and dynamics (Greene, 2014). While these discussions about the education, practice, and theory of resiliency can be applied to client systems, they can also connect to the social work profession and those who work within it.

While there is evidence that burnout decreases among social work professionals as they gain experience, other variables, such as their innate adaptability and resiliency, might play a more significant role in that decrease. Scholars have also postulated that while experience may grow, disconnect from the work might also be why experienced social workers had lower levels of burnout (Schwartz et al., 2007). However, while it can be a combination of both, resiliency can also play a prominent role in this, especially for mental health social workers, who hear stories of great human suffering, neglect, abuse, and emotional pain. If resiliency is fostered through the experience of adversity, social workers must task themselves with being conscious of their triggers and responses when interacting with client systems. However, chronic exposure and stressors related to the work could create underlying barriers to fostering the resiliency needed to combat symptoms of burnout. Additionally, BIPOC mental health social workers are burdened with enduring microaggressions, and systemic issues related to racial inequity as they work with clients of color who face the same challenges.

There are many indicators that the physical environment, culture, and underlying systems within an organization can influence how well someone can perform in their professional duties. Resiliency could be essential in determining why some social workers develop burnout versus their peers and how they process and implement different coping strategies. Nevertheless, there is room in the social work profession to expand on the influence of burnout and coping strategies. Numerous groups in adverse situations or with a history of adversity have supported factors such as environment, genetics, and societal issues correlating to resiliency. While the literature on resilience and social work professionals is expanding, emphasizing social work education to include resiliency in the curriculum and critique of the concept has created notable discourse (Garrett, 2014).

Garrett (2014) highlights that literature around resilience has failed to include diversity and anti-oppressive values because its meaning and practice rely on more traditional norms, which neglect socio-political, race, and gender intersectionality. Definitions of resilience will change in diverse cultural, ethnic, and racial backgrounds because resilience arises from the process of diverse individuals, groups, cultures, and communities interacting and negotiating their place in society (Ungar, 2008, 2012; Collins, 2017). Resiliency has also been critiqued to overly focus on individuals rather than whole systems and broader socio-political issues as the concern. It diverts the attention away from those in positions of power and privilege, who have the moral responsibility to enact change (Collins, 2017).

Instead of holding these more significant influences accountable, resiliency emphasizes meeting the status quo and adapting to adversity instead of resisting unfair or unjust situations. Individuals might become complacent with the idea that what is happening around them in the larger context is part of "life" and should be accepted as paying your dues. BIPOC mental health social workers fall into this expectation of meeting the 'status quo,' and under distress, are expected to be innately resilient, despite their challenges with racial injustice, workplace microaggressions, and the already growing issues of limited resources, increasing workloads, extensive administrative duties, role strain and conflict, illness, and being overworked due to staff shortages (Kang & Garren, 2018; Lloyd et al., 2002; Stalker et al. 2007).

Despite these challenges, the literature focuses on building professional resilience and preparing social workers to enter a challenging profession. Newell (2020) discusses how the systematic use of self-care can build professional resiliency and possibly prevent or ameliorate burnout. Newell (2020) challenges the loose definition of self-care and argues that defining it as more than a personal feat will help establish self-care in the social work profession as a process

and practical set of skills to be utilized, much like the interventions for clients. Developing professional resiliency requires addressing both personal and organizational reasons for burnout. Moreover, Newell (2020) connects compassion satisfaction as a promising result of building professional resiliency, thus allowing the worker to engage in vicarious resiliency. Vicarious resiliency reflects how the client processes and heals from trauma, allowing the social worker to make meaning of their work and feel intrinsically rewarded. Thus, promoting compassion satisfaction and building upon their professional resiliency.

Grant and Kinman (2014) discuss how support systems such as families and friends could influence resilience in social work professionals. However, this practice is limited due to their strict code of ethics and laws surrounding the confidential nature of their work. Also, not all social and family systems are healthy; as social work professionals have noted, they can also come from traumatic backgrounds and non-dominant racial groups that are marginalized and oppressed. Additionally, mental health social workers may have difficulty and increased stress from dealing with clients whose situations might reflect similar past or current challenges they might be having. While monitoring for countertransference and over-identification with clients is a proponent of the Code of Ethics (NASW, 2021), other socio-political-racial issues may prevent workers from getting proper care. In several studies, social workers indicated that a lack of supervision, lack of peer supervision, and lack of support from the workplace greatly hinder their abilities to perform their duties and by no fault of their own (Acker, 2004; Siebert & Siebert, 2007; YurYur & Srikaya, 2012).

As the literature evolves on social work practice and professional resiliency, this author postulates that BIPOC mental health social workers will have varying accounts of how the dominant White narrative sets disproportionate expectations for constructing and utilizing coping

strategies to decrease burnout. Additionally, they are expected to maintain the status quo and acquiescence with their workplaces and overarching oppressive societal systems. Finally, community and societal resilience demand intervention in governmental and global efforts to ensure that humans build resilience and engage in societal adaptation (Collins, 2017). Natural disasters, illness, environmental changes, societal issues such as poverty, and systemic racism must be addressed utilizing interconnectivity, policy change, and global communication (Collins, 2017).

Critical Race Theory

Critical race theory (CRT) is best explained as a movement that exposes the relationships between race, power, racism, and society (Delgado & Stefanic, 1997, 2012). CRT's general mission is to investigate, deconstruct and eliminate racist systems and inequities by engaging in the basic tenets of the complied literature. Daftary (2020) summarized the tenets as such:1) *racism is endemic and ordinary*: it is an everyday occurrence that is deeply embedded into the social structure of America and American values; because of this it is often invisible, 2) *race is a social construct* that is a system of categorizing people according to physical attributes that have no correspondence to any genetic or biological reality, the categories have been invented by society, 3) *interest convergence* maintains the idea that racial equality is only considered and implemented into policies when it corresponds with and benefits the best interests of the dominant white group (Bell, 1980) , 4*) intersectionality* – which acknowledges and identifies how social categories and identities are not distinct identifiers but are interconnected and continue to interact within the oppressive systems in the United States, 5) *the importance of voices of color*- the dominant groups account of history excludes the voices of the oppressed to justify and further legitimatize its claim to power, CRT encourages rewriting of history from the

lived-narratives of the oppressed group, 6) *property value of whiteness*- Harris (1993) introduced this concept and how the notion of whiteness has been constructed into a tangible commodity, not only does the dominant group define racial identities but also continues to shape the law to benefit whites, 7*) the critique of liberalism* which postulates there is a formal equal opportunity of law and policy that is functional and ensures that all races are treated equally in the eyes of the law, which encourages a system of color-blindness and minimizes the impact of racial inequities.

Since CRT is multidisciplinary, reiterations of the theory have expanded the scholarship to include various disciplines and applications for oppressed groups' racial and ethnic backgrounds. While the core focus of CRT is on issues that affect Black and African American people in the United States, the application within other marginalized peoples has expanded the central ideology and created specific subdivisions: Latino Critical Race Studies, Queer Crit, Fem Crit, and Asian American Critical Race Studies (Abrams & Moio, 2009). CRT has also been applied to several other areas, such as education, policy, and social work. Social work pedagogy, policy, and practice center on values such as social justice, human relationships, competence, dignity and worth of the person, integrity, and service (NASW, 2021). Social work's historical practice challenges oppression and systemic racism and encourages anti-racist practices (Abrams & Moio, 2009). However, social work education has room for growth to incorporate exclusionary practices within education and professional settings. Furthermore, research in social work practice can be further expanded by using CRT to evaluate social issues and practice to increase anti-oppressive work (Abrams & Moio, 2009).

Razack and Jeffery (2002) offer a design that draws on the basic tenets of CRT and propose an eight-point model for the examination and deconstruction of racism within social work education: 1) whiteness as normative and nonracial; 2) the silence of marginalized

narrative; 3) liberal principle of neutrality; 4) color blindness; 5) the inextricability of race, power, and privilege; 6) the legitimizing of race scholarship; 7) legitimizing the voices of the oppressed scholarship on race and oppression; and 8) acknowledgment by the social work profession of the implication of race on a global scale (Abrams & Moio, 2009; Razack & Jeffery, 2002). The emphasis of these eight tenets within social work education seeks to dismantle whiteness as a dominant social construct, recognize the damage it causes to the profession, and raise opportunities for calls to action.

CRT can also inform research by using these tenets to amplify the voices of the oppressed, seeking to share their experience and deconstruct the white false narratives that have continued to marginalize the oppressed. Based on the literature review of this proposal, BIPOC mental health social workers have not had opportunities to share their burnout experiences. The literature review in this proposal presents mainly data collected from social workers, where the majority are White and female. Furthermore, how social workers cope with burnout can vary based on several variables: age, race, religion, and experience. More importantly, social workers of color may face systemic barriers to equity within the profession, causing a suspected disproportionate experience of burnout. Inequities in access to resources within the workplace and personal backgrounds are assumed to significantly impact the ability of social workers of color to engage in self-care, which is tantamount to the social work code of ethics as an ethical practice.

Stuart (2021) exposes underlining neo-liberalism within the discourse of self-care practices in the social work profession and identifies how this seeks to oppress social workers and those they serve. It maintains the rhetoric that the solution is within the individual workers, normalizing the impact of inadequacies in the more extensive system, such as issues with equal

pay, large caseloads, lack of proper supervision, lack of positive supervisory support, lack of peer supports, and excess administrative duties. Promoting a docile workforce that puts the narrative on the individual to do better is an ideal based on White privilege and, therefore, should be deconstructed as CRT proposes in its basic tenets. These tenets will likely present themselves as themes in the data for BIPOC mental health social workers and consistently align with the oppressive nature of whiteness as a social construct.

While the research questions will seek to amplify the voices of social workers of color, the analysis and interpretation of their narratives will be evaluated within the context of the historical and cultural impacts of events around them. Several factors will significantly influence these narratives: first, during the COVID-19 pandemic, statistically, Latinx and African American populations suffered the most deaths (Centers for Disease Control, 2020). Second, the subsequent police brutality against African Americans and the subsequent murders of Breonna Taylor, George Floyd, and Tony McDade created a paradox in which social workers of color were asked to assist in writing statements addressing the injustice while being left to deal with their feelings individually (Farina et al., 2021)—finally, job losses due to closures of facilities when quarantine took place within several cities.

Finally, this study seeks to develop a theory that can be tested and utilized to learn how to support BIPOC mental health social workers in the profession, both organizational and personal. Like CRT, a call to action would be to outline specific gaps in the findings, in which further research and policy discourse will need to occur to disrupt the various forms of oppression in the social work profession. This researcher acknowledges that several iterations of CRT may need to be applied during the data analysis and discussion, as CRT iterations encompass differing challenges within the context of each ethnic and racial group. However, this researcher will rely

on and refer to Razack and Jeffery's (2002) tenets for social work education, which this researcher believes can be utilized to evaluate the data from this study.

Summary of Theoretical Framework

The decision to include three frameworks in this study reflects the complexity of burnout in the social work profession. For social workers to improve this problem on a micro level, professionals must look at the transactional nature of their responses to distress and emotions and how they choose to cope, consciously or subconsciously. Coping strategies are acknowledged as both positive and negative; as Lazarus and Folkman (1987) emphasize, specific coping strategies applied in different contexts can result in positive and negative outcomes for different individuals. Lazarus and Folkman (1987) quickly described how this process took place and defined it within the larger context of the individual variables of a person; additionally, they discuss how stressful events or issues are appraised, which can dramatically influence the outcomes of the process. BIPOC mental health social workers will have varying burnout accounts and describe the 'what and how' in choosing their coping strategies. This theory allows the researcher to understand how social workers of color choose their coping strategies, which ones they readily utilize, and why.

Resiliency Theory is crucial because it is the outcome of appraising stressful or harmful situations and overcoming these events. Resiliency is viewed as a positive outcome that develops over time. However, it can be dynamic, and change based on factors such as the environment, the stressor, the resources available, the effects of the stressor, the characteristics of the individual, and the perceived outcome of the stressor. The Resiliency Ecological Systems Model (Greene & Watkins, 1998) considers how individuals can learn to develop resiliency as a skill through positive interactions with functioning systems; for BIPOC mental health social workers, this

includes working in an environment that is openly anti-racist and seeks to support them through anti-racist practices. Burnout can be addressed by building anti-oppressive professional resiliency and addressing the challenges of the system of social work practice rather than relying solely on the workers.

Finally, Critical Race Theory was chosen because the researcher intends to utilize this theory as a research construct that will amplify the voices of the oppressed and demand a call to action from the social work profession to find ways to support social workers of color in preventing and combatting burnout. Moreover, analyzing the process for social workers of color in choosing and utilizing coping strategies may be influenced by the constant experience of oppression. Therefore, CRT seeks to expose this transgression and challenge the idea that individuals are responsible for their self-care or prevention practices. The interaction of these three critical theoretical frameworks provides a more profound understanding of the emerging theory that can be tested through further research.

Chapter Five: The Research Question

This section will outline the overall research question this study answers and review the importance of each selected question. Details of how each question will be grounded in the literature review and theoretical framework will be presented to connect the research. This study sought to understand and dig deeper into how BIPOC mental health social workers perceive, understand, and process coping with burnout. Extensive current quantitative research links burnout to the social work profession. It also demonstrates that coping strategies have been implemented individually and in group/ organizational settings to discover and suggest interventions. However, the underrepresentation of social workers of color in current literature has indicated a gap in the knowledge. Additionally, BIPOC mental health social workers may have access to different resources than their White peers, indicating a difference in coping strategy development and perceived effectiveness.

Fundamental to the social work profession is how and why specific coping strategies are chosen and helpful. Furthermore, self-care, a popular coping strategy, is indicated as conducted differently for personal and professional purposes. Coping strategies are mostly personalized; however, in some cases, research has been conducted to discover what organizational interventions or therapeutic modalities can be implemented to resolve burnout (Brinkborg et al., 2011; Crowder & Sears, 2017; Trowbridge & Lawson, 2016). The following questions will guide this research to discover the theory on BIPOC mental health social workers and how they cope with burnout.

Main Question:

How do BIPOC mental health social workers cope with burnout?

Understanding how social workers cope and manage symptoms of burnout is critical to comprehending how the profession can support social workers in conquering burnout. A qualitative framework would be the best way to address this inquiry. Padgett (2017) gave an excellent rationale for utilizing qualitative methods "Qualitative studies seek to represent the complex worlds of respondents in a holistic, on-the-ground manner" (p. 2).

Sub-Questions:

1. How do BIPOC mental health social workers select coping strategies to cope with burnout?

The "how" social workers choose their coping strategies is of significant importance. Grounded Theory methodology seeks to understand the process behind actions (Padgett, 2017). Therefore, answering the "how" in this study will create a theory surrounding the process and why these participants chose specific coping strategies. This is important to the social work profession because, through the voices of active social workers, we can glean a deeper understanding of the impact of burnout and understand how they perceive and act to treat this condition independently.

2. How do BIPOC mental health social workers perceive and cope with burnout?

Hearing from the participants' perceptions and ideas gives a firsthand account and adheres to the qualitative flexibility, giving way to the subjective ideas that the participants hold and represent and question the existence of a single objective reality (Padgett, 2017). In conclusion, while quantitative measures may give us complex data, behind the data are the subjective values and thinking of the individual. While coping and burnout have quantitative measures to provide data, it is critical to obtain qualitative depth to get a complete picture of the problem and the nature of coping strategies in response to the perceived threat.

3. What are the barriers and challenges for BIPOC mental health social workers coping with burnout?

To further distinguish and understand the experience of social workers of color, their experiences with oppressive barriers and systemic racism must be uncovered to expose how White privilege is embedded within multiple systems and resources. As per CRT (Critical Race Theory) and anti-racist practice, the social work profession needs to understand how this affects their labor force and the consequences of engaging in the neutral practice of colorblindness. Additionally, a call for action to ameliorate this systemic issue must be based on deconstructing the embedded 'whiteness' and 'privilege' that assumes social workers of any race, gender, and creed can cope with burnout through their own means (Razack & Jeffery, 2002).

Chapter Six: The Research Methodology

This section will cover this study's research methodology and review the qualitative methodology and rationale, including information on the sample approach and size, data collection method, data analysis method, ethical practices, credibility, and researcher bias. This research sought to answer several qualitative questions that synthesize the theory surrounding how BIPOC mental health social workers cope with burnout. It explores and elaborates on how and why they choose specific coping strategies. Additionally, it investigated how practices of systemic racism influenced the experience of burnout for BIPOC mental health social workers. Furthermore, it offers insight into how participants chose coping strategies if they perceived their choices as helping alleviate burnout, and if the barriers that created difficulty in choosing and practicing coping strategies.

Research Design

Burnout is vastly studied; however, coping strategies for BIPOC social workers in mental health have been the focus of little qualitative research. While we can correlate specific coping strategies with some burnout reduction through quantitative research, we cannot explore or develop relevant theories without diving deeper into how this group of social workers chooses their coping strategies and learning about how they experience this process.

Data on social workers of color are presented in small quantities within the literature compared to White social workers. Furthermore, we cannot know how to support or abolish disparities within the social work profession without understanding how burnout impacts BIPOC social workers. More specifically, BIPOC mental health social workers are a small niche of providers and have not had the opportunity to engage in anti-racist research to deconstruct privilege and amplify their narratives. This research intends to reshape how the social work

profession views and addresses burnout, particularly among BIPOC social workers who deal with the chronic damage of workplace microaggressions and White privilege practices (Bell, 1980; Kang & Garren, 2018).

Creswell and Poth (2018) highlight that qualitative scholars embrace the idea of diverse realities grounded in the participants' unique experiences. This method is inductive and emerging, allowing for flexibility and open interpretation of the findings. Another characteristic of qualitative research is that it is context-dependentcontext dependent. It can cover social, political, and historical changes influencing participants' experiences before, during, and after research (Creswell & Poth, 2018). This aligns with Critical Race Theory and seeks to understand the impact of recent historical changes, especially when several anti-racist protests took place over the deaths of multiple African American people at the hands of police brutality. Moreover, the impact of COVID-19 on a global level highlighted the racial inequities within the healthcare system, creating an environment for global trauma (Holmes et al., 2021).

Data in quantitative methods have proven burnout exists, and encounters with burnout saturate the social work profession; however, it does not explore the context in which this information was received. It also lacks depth in personal accounts and the social worker's voice in creating meaning behind the studies. While no data interpretation is impenetrable by bias and subjectivity, qualitative research embraces how data is collected and utilized to explore the unknown narrative. Corbin and Strauss's (2015) grounded theory method guided this study's research question, methodology, data collection, and analysis.

Grounded Theory

Corbin and Strauss's (2015) grounded theory method uses an inductive approach to look for patterns, themes, and commonalities in the data to formulate a theory that can later be tested

with further research. Grounded theory has a long history of challenges and definitions; however, it is still a more popular qualitative inquiry method (Creswell & Poth, 2018). Strauss and Corbin's (1990) rigorous procedures for data collection, analysis, and evaluative criterion provide a systematic foundation to explore the experience and process BIPOC mental health social workers endure to cope with burnout. Abundant data presents mixed views on how burnout is developed through organizational and personal factors. There is a gap in the literature and theory regarding BIPOC mental health social workers coping with burnout. Moreover, adopting coping strategies has not been thoroughly researched qualitatively. Information on theories regarding the choice of coping strategies remains elusive. Therefore, a grounded theory approach is suitable because it seeks to supply an understanding in the form of answering "how" and "why" questions (Creswell & Poth, 2018; Padgett, 2017).

Creswell and Poth (2018) offer a systematic but interpretive procedure for conducting grounded theory research, which includes: focusing on how the individuals experience the process, the steps that unfolded, theory-building through data collection and analysis, structuring and keeping track of the analysis, utilizing distinctive coding (open, axial, and selective) and following procedures linked to the coding level as defined by Strauss and Corbin (1990). Furthermore, grounded theory articulates and presents the theory as a discussion or model. Grounded Theory does not prescribe time-laden approaches; instead, it allows the researcher to study an event, person, or subject within its context and under transition (Padgett, 2017). This approach is ideal for understanding the process of experiencing burnout and learning about how the sample chooses coping strategies to alleviate their current or past burnout syndrome.

While theory addresses the development of burnout and some practices to prevent and combat burnout, there is a gap in explaining how systemic racial inequities can cause differing

experiences with burnout and coping for BIPOC social workers. Another crucial point for utilizing grounded theory is how external events, not just those related to burnout, have influenced the current state and presentation of the phenomenon. For example, changing economic conditions, political movements, cultural shifts, and public health conditions are meant to be integrated into the theory to offer the most detailed explanation and connection between those events and their impact on the phenomenon (Corbin & Strauss, 2015).

Interpretive Grounded Theory and Constructivist Grounded Theory

Corbin and Strauss's (2015) grounded theory model can also be labeled as interpretive grounded theory (IGT). This model encompasses interpretivism and inductive viewpoints, including a vigorous coding and analysis method. This method was seen as the most fitting for this type of research because the emerging theory is meant to stand independently, with or without the researcher's view/ interpretation and can be generalized and tested by subsequent studies. Conversely, Charmaz (2017), takes a constructivist and pragmatist approach to grounded theory, where the researcher's prior knowledge, the literature review, research questions and analysis, all include the researcher's implicit knowledge, and the result is an interpretation rather than an exact theory (Sebastian, 2019). While no theory is exact until further testing occurs, utilizing Corbin and Strauss's (2015) grounded theory model for this research ensures highlighting the participants' voices and minimizing, as much as possible, the influence of outside resources.

Additionally, this research focused on utilizing data collected from semi-structured interviews, focusing on the usage of language and the meanings behind the participants' words. Thus, providing a coding process that can be rigorous and present a more linear and traceable coding evolution. On the contrary, under Charmaz's (2017) grounded theory model, data would

also have been collected from the body language, physical presentation, and changes in facial expression and based on the researcher's interpretation of those data points. While bias is present in both methods, utilizing only the words of the participants created a purer interpretive and inductive method In using Charmaz's methods (2017), the final result would be theory but explicate on the construction of the experienced phenomenon. This method does not use a constant comparative allowing single occurrences to be coded, broken down and rebuilt if necessary. Additionally, Charmaz's (2017) coding methods maintain more flexibility, which would have resulted in more than one core category in coding and analysis.

Lastly, through Corbin and Strauss's (2015) grounded theory, the researcher is engaged and actively interpreting the data, and is allowing for discovery to take place. In using a pragmatist and constructivist approach, the researcher would be more focused on constructing the data instead of discovering (Sebastian, 2019). Therefore, Corbin and Strauss's (2015) method aligns more with implementing Critical Race Theory and its seven tenets (Abrams & Moio, 2009) in research, because it gives more voice to the participants and more room for discovery of their experience, rather than how the researcher views the experience.

Statement of Positionality

As a researcher of Latinx background, a monolingual social worker, and identifying as a woman, my experiences as such carries an implicit bias toward the research, therefore influencing the data analysis and conclusion of this study. As someone who has worked in the mental health field of social work for nine years; seeing and hearing firsthand encounters of racial inequity and burnout in the workplace, and not having a similar experience, puts me in a position of power over those who have experienced oppressive and unequitable work environments. Acknowledging this has been crucial in conducting my interviews and

understanding the nuanced challenges of the participants. Furthermore, it is my stance in my personal philosophy that racial inequity be abolished through anti-racist practices and through teaching critical race theory to emerging professionals and in the higher education school system. My perspective and understanding of this research are to continue to undo my own bias and racism learned from White dominant systems, while continuing to do the work necessary to create an equitable education and social work profession. I also discovered that I related to some of the cultural work ethic expectations off the participants, particularly the intersectionality of being a woman and part of a marginalized group. Where over explaining ourselves to our superiors for taking time off and maintaining unwavering loyalty, instead of making career changes that reflected my needs. Acknowledging this and practicing self-reflection through memos, has helped me to clarify and pull back my biases from this research, and amplify the voices of those who participated.

Data and Subjects

This research utilized purposive sampling. The logic for purposive sampling for this study lies in choosing participants that provided much data on coping with burnout and allowed the researcher to create a sample that reflects the desired racial sub-group of BIPOC social workers (Heppner & Heppner, 2004). It also allowed for continued sampling until saturation had been met. According to Corbin and Strauss (2015), saturation is met when no new concepts emerge from the data during collection and analysis. They also suggest that a minimum of 20 participants are used in grounded theory. However, Corbin and Strauss (2015) note that the saturation of a theme can be met with a smaller sample size, and in this case, to confirm the theme, discriminant sampling may take place to either support the emerging theory or contrast the emerging themes.

Additionally, when the sample has reached saturation from a certain race, gender, or work experience bracket, the researcher may begin to use *discriminant sampling*. White social workers can be selected to create a comparative element in the study. This is not a necessary step; however, in utilizing Strauss and Corbin's (1990) grounded theory methods, it is recommended that discriminant sampling be used if saturation has not been met. It can also support and provide evidence of the theory (theories) that emerge from the study (Creswell & Poth, 2018). Moreover, it supports the usage of constant comparison during the analysis of the data (Strauss & Corbin, 1990). Constant comparison is conducted while engaging in data collection and analysis; it looks for similarities and differences in data patterns and attempts to aid the researcher in grasping the meaning of events (Corbin & Strauss, 2015).

Inclusionary rather than exclusionary criteria were chosen to ensure the sample population was accurately selected (Heppner & Heppner, 2004). The sample is focused on BIPOC mental health social workers but created diversity in demographic data (latent variables) that influenced the sample's responses. The sample consisted of licensed social workers in the mental health field, emphasizing burnout in their past or current experience, and included social workers of ethnic and racial minorities. Licensed social workers were included in this study because to provide clinical services (psychotherapy, assessment-based treatment planning, and diagnosis); as defined by the New York State Education Department, one must have obtained their clinical license, defined as either the Licensed Master of Social Work or the Licensed Clinical Social Worker (New York State Education Office of the Professions, 2009). In New York State, the New York State Education Office of the Professions defines the scope of practice for social workers based on Article 154 of Education Law, Section 77701, which creates a two-tier system. Under this law, social workers with an LMSW or LCSW license can practice

psychotherapy, diagnosis, assessment, and treatment to better psychosocial dysfunction. Thus, only LMSWs and LCSWs will qualify for participation (New York State Education Office of the Professions, 2009).

While generating a sample of BIPOC mental health social workers that are licensed is crucial to the study, the acknowledgment that the Association of Social Work Boards (ASWB) has a history of withholding its pass/ fail testing demographics exposes how the examination is a gatekeeping tactic that is blindly utilized to oppress non-White social work candidates from obtaining their licensure. Therefore, limiting equal access to higher paying roles and clinical sub-fields for BIPOC social workers. This disparity directly impacts the delivery of services to our vulnerable and oppressed client populations, who would benefit from a diverse social work workforce (Castex et al., 2019). When the ASWB was directly addressed, their response was that a large portion of examinees provide more than one race demographic or none at all for the exam prompt, therefore making it difficult to determine and release the pass/ fail rates. However, this statement aligns with Critical Race Theory's cornerstone assertion that racism is ordinary and pervades in social structures and institutions, and embraces color blindness (Kolivoski et al., 2014).

In 2022, ASWB released its testing demographics, all but confirming racial disparities among passing rates. Within the United States and Canada, passing rates for first time and eventual test taker demographics for the clinical exam by race is as follows: Asian (79.7%), Black (57.0 %), Hispanic/Latino (76.6%), Multiracial (86.6 %), Native American and Indigenous Peoples (73.5%), and White (90.7%) .Within gender, eventual and first time test takers passing rates are 80.1 % for men and 82.7 % for women, however, more women sit for the exam than men. Passing first time and eventual test takers for the master's license exam is as follows: Asian

(75.5%), Black (51.9%), Hispanic/ Latino (71.2%), Multiracial (85.1%), Native American/ Indigenous Peoples (72.2&), and White (90.8%) (ASWB, 2022). With gender pass rates as follows: men (78.2) and women (79.0%), while again more women sat for the exam than men (ASWB, 2022). Thus, exposing a clear racial disparity in pass rates among marginalized and oppressed populations.

The sample was recruited using networking systems such as LinkedIn, The New York State Society of Clinical Social Work List Serve, and emails to outpatient agencies employing mental health social workers. The NASW was not used as a recruitment resource, due to past literature using them as a resource, and inherently, creating homogenous samples of White social workers in research. However, the current method chosen was specifically meant to target New York based social workers, in mental health settings, that may or may not be connected to larger networking institutions but are still part of the mental health practitioners' sub-field in social work. A link on the recruitment flyer led to a Qualtrics survey, which notified participants of consent, asked for demographics, and included inclusionary questions. Participants were asked not to complete the survey if they did not consent to the study. Inclusion criteria included those working in New York State, with current active licensure in the social work field (LMSW, LCSW), and those working in public (non-private practice) mental health practice positions. The sample comprised BIPOC social workers, including African American (Black), Latinx, Asian, and mixed racial groups—participants who were currently experiencing burnout or had experienced burnout in the past three years. Exclusionary criteria included those with no experience with burnout or who experienced burnout more than three years before the study. Secondly, if the participant is not currently employed in a mental health setting and does not provide direct services to clients, they were excluded from participation.

Recruitment resulted in 32 inquiries into participation; however, after applying the inclusionary criteria, the final sample included 20 participants. While conducting interviews, data was analyzed and coded using several grounded theory analysis methods. The codes and themes reached saturation through constant comparison, and no new concepts emerged after 20 accumulated interviews; discriminant and continued sampling was not necessary. The 20 interviews provided abundant open codes, axial codes, and six major themes.

Measures

This study had two main measurements; the first was a demographic questionnaire sent via email through a Qualtrics link. The demographic measurement (see Appendix B) asked if the individual consents to participating in this research. It included the following demographic information: age, gender, race, years of experience, years at current employment, license (LMSW or LCSW), marital status, parenting status, ages of children, trauma history, current living situation, recent experience with burnout, and experience with burnout.

The second measurement instrument (Appendix D) is the interview guide, which contains eleven questions that will be used during the 90-minute interview; the data collected and coded from these questions serviced to answer the overall research question and helped discover the theory of: "*How do BIPOC mental health social workers cope with burnout?"*. The following questions were the focus of the interview and were grounded in this study's literature, theory, and methodology:

1. Tell me about your racial/ ethnic background.

This question is explored to understand how the participant perceives and integrates their racial and ethnic background into their experiences. To understand how social workers of color cope with burnout, we first need to understand how they identify with their racial and ethnic

backgrounds and what encounters exemplify their experiences as part of their racial and ethnic group. Experiences vary in each racial and ethnic group; as we understand, no two individuals will identify or have the same encounters within a single racial or ethnic group (American Psychological Association, 2020; Razack & Jeffery, 2002).

2. Tell me about your experience as a social worker thus far.

Social workers can establish professional careers and work in many sub-fields and settings. Asking about the participant's experiences as social workers aided in identifying what sub-fields they have worked in, which populations they have served/prefer, and how their experiences have impacted their well-being. This question also covers exploring their scope of practice as mental health social workers (New York State Education Office of the Professions, 2009).

3. Tell me what you enjoy about the work you do.

This question takes a strengths perspective and allows the participants to reminisce about the positive accomplishments, intrinsic rewards, and validation they have experienced as social workers. Asking this question can help foster resilience by focusing on growth that might arise from mastering their emotions and overcoming burnout. This question can also serve as a protective factor; by asking about what they enjoy, participants may feel less traumatized when sharing their experiences with burnout and how that experience has impacted their social work practice (Newell, 2020).

4. When you hear or think about burnout, what does that look like or mean to you? How do you define it?

Exploring this question's data provides insight into how BIPOC mental health social workers define burnout and begin to identify how they perceive it according to Lazarus and

Folkman's (1987) transactional theory of emotions and coping. Creating and making meaning from the participant's perception is essential in grounded theory, as we are exploring what and how the interaction of the participants and the phenomenon are the focus of the study rather than the participant or phenomenon itself (Strauss & Corbin, 1900).

5. Tell me about your experience with burnout.

This question relates to the understanding that BIPOC individuals may have experienced the phenomenon of burnout differently from the reports of the dominant white narrative; current literature is focused on White, female, and primarily quantitative populations. CRT posits that deconstructing racism and racist practices and amplifying the experience of BIPOC individuals will challenge and create a call to action (Bell, 1980). This question sought to understand and discover new experiences/ challenges that have not been discussed.

6. How have you coped with burnout? What does coping look like/ mean to you?

This question supports the overall research inquiry by exploring and learning how mental health social workers have coped with burnout and what that process is and means to them. This question supports the Critical Race Theory framework, which encourages amplifying the voices of the oppressed (Bell, 1980), and supports the grounded theory analysis process. Understanding how they cope will help to conceptualize the impact coping with burnout has on the participant and uncovering the relationship between the two concepts (Corbin & Strauss, 1990).

7. Has there been anything that has prevented you from coping with burnout?

This question addresses the possibility of any barriers or challenges that may emerge as concepts to explore further. The literature review reflects a gap in the knowledge about how BIPOC mental health social workers cope with burnout and any personal or organizational challenges that have prevented them from coping; again, learning about the participant's

perceptions and reality aligns with grounded theory and general qualitative inquiry (Corbin & Strauss, 2015; Creswell & Poth, 2017).

8. Has structural racial inequity and systemic racism affected your experience with burnout?

This question amplified the voices and experiences of the oppressed; BIPOC mental health social workers and their experiences will differ from the dominant White narrative of the burnout experience, affecting how they may cope with the burnout experience. Again, drawing from the tenets of CRT and bringing CRT into social work research as recommended by Razack and Jeffery (2002).

9. What messages have you received from others about coping with burnout?

This question explores what the participant understands as their role in decreasing or dealing with burnout, according to the messages they have received externally. This question explores how the participant received and interpreted those messages and whether they affect how they cope with burnout. This question ties into the literature review and further explores personal accounts of organizational and personal challenges with burnout. It also supports CRT in understanding how social workers of color interpret or experience racism through messages from society, employers, professional networks, and family (Razack & Jeffery, 2002).

10. What is your process for selecting coping strategies?

Grounded Theory is also used to explore the process by which the participant interacts with the phenomenon or concept of interest; this question seeks to gain knowledge about the process and engage the participant in thinking about how they may or may not actively select their coping strategies (Corbin & Strauss, 2015).

11. When you hear the word resiliency, what does it mean to you?

This question explored and aided in understanding how BIPOC mental health social workers describe and understand resiliency in their own words/ perspectives. Following one of the tenets of CRT, instead of taking the definition of a word from dominant White society and applying it to BIPOC individuals, giving them a voice to define this concept allows us to deconstruct what the word means to different races and what it means to them (Bell, 1980; Harris 1993; Razack & Jeffery, 2002).

Procedures

Data collection was conducted through a demographic questionnaire and an interview. The interview was offered through video technology via Zoom and consisted of a recorded 90-minute interview. The participants and researcher decided together on the date, time, and circumstance for the interview.

The first step in gathering the sample was posting and disseminating a flyer that included inclusion criteria, demographics, and consent identification. The first contact was an email response to each participant thanking them for their interest in the study and containing the Consent Form (Appendix A) and the resource sheet (Appendix D). The email also included the link to the demographic questionnaire via Qualtrics. Once participants clicked the link and began the survey, they consented to participation, as explained in the consent form (Appendix A). Should the participants meet the inclusion criteria in the survey, they were contacted via email and asked to select an interview date and time.

Each interview was recorded via the Zoom platform, and participants were allowed to turn off their videos; however, the researcher always had her camera on. Eight participants had their cameras off, while 12 chose to keep their cameras on. The Zoom audio recordings were transcribed using *Transcribe by Wrealy*, an online AI transcription service. All interview

recordings are stored on the researcher's laptop in a password-protected file; a backup file is kept on a password-protected google drive affiliated with the researcher's University. All data will be kept for three years (as is the Federal guidelines). The researcher ensured they were in a private space that allowed openness and protection of the participant's identity (home office space); the participant chose the location that best suited their needs for the interview. Participants were told that if they began to feel discomfort or upset by the interview questions or content, they could choose to withdraw at any time, and all their data and information would be destroyed at their request. None of the participants stopped or chose to withdraw from the study. The researcher offered a resource sheet to all participants to support them in their discomfort or injury (Appendix E).

Data Analysis

The data analysis method mirrored Strauss and Corbin's Grounded Theory (Kenny & Fourie, 2015; Strauss & Corbin, 1990), which means the data analysis co-occurred with data collection. The interrelated process allowed all relevant or irrelevant concepts to be immediately identified and addressed (Strauss & Corbin, 1990). In grounded theory, concepts are the units of analysis; anything arising from the data that described an action, event, or incident was used as the data unit. All concepts developed were related and can be further linked in the research by investigating what, how, before, and after each concept (Corbin & Strauss, 1990). The analysis also used constant comparison to help guard against researcher bias because each concept was challenged and viewed with new data from each interview. This inductive approach helped ground the data analysis in the present data. The data analysis process included open, axial, and selective coding, which assisted in narrowing the data to significant core concepts or 'themes'

that informed the emergent theory. Finally, diagrams were used to integrate the theory and findings, linking events and societal changes (Strauss & Corbin, 1990).

Another crucial part of the grounded theory data analysis was documenting ("memo-ing") the constant changes and re-grouping of categories and codes through the method of constant comparison (Miles et al., 2020). Throughout the coding, memos were utilized to track the evolving theory and keep track of patterns that display changes in complexity, clarity, saturation, and accuracy (Creswell & Poth, 2018). A codebook was used to ensure rigor and usage of codes further. Memos in this usage were not just simply the researchers' ideas; they aided in formulating a theory, beginning with the first coding sessions and continuing until the end of the research process, including writing the results (Corbin & Strauss, 1990). The following information delineates specific processes and methods used to support the validation of the results.

Rigor and Trustworthiness

To demonstrate rigor and reliability, several methods were used to enhance this study:

Rigor. Arguments about validation in qualitative research have had a long history of trying to establish a universal understanding and systematic procedure for identifying and proving validation (Creswell & Poth, 2018). Authenticity was established using these methods during the analysis: reflexivity, clarifying researcher bias, and generating a rich, thick description.

Reflexivity and Researcher Bias. Reflexivity involves the researcher disclosing their understanding of any biases, values, and experiences with the topic and population to create transparency and provide insight into their perspective and prescribed ideas (Creswell & Poth, 2018). The writer acknowledges and shares that her identity as a licensed social worker in mental

health has allowed her a first-hand account of colleagues and peers discussing how issues related to their work and home lives have led or are currently leading to burnout. The writer also acknowledges that her identity as a Latina has also created experiences of intersectionality in her work that are oppressive. Based on the literature, the author assumed that burnout would trigger or bring up issues related to her personal experiences detailed in memos as the research and data analysis occurred.

The researcher feels that her experience with burnout is minimal, putting her in a position of power among those she interviewed. In this power dynamic, questions and ideas might arise from participants that the researcher openly answered without providing too much personal information to prevent skewing the data collection. Therefore, participants were asked to wait until the end of the interview to ask any questions and voice concerns about the research, to which extent they were uncomfortable; they were offered the option of dropping from the research. The researcher also acknowledged that strong feelings and reactions to the stories she heard could be triggering, primarily because she identifies as a professional in the field of study and a Latina with a unique experience based on race and background. Themes of social justice and creating equity in the profession brought up challenging and informative conversations throughout the interviews. The researcher only amplified the participants' voices and asked for clarity to understand the data best.

Generating Rich, Thick Description. Under this form of validation criteria, a detailed account of the evidence for or against the theory's formulation was provided, including details on the environment, atmosphere, physical descriptions, movement descriptions, and activity descriptions (Creswell & Poth, 2018). Readers can see from start to finish within the data the “how” and the “why” based on thick data description and evidence.

Trustworthiness. Reliability was addressed in several ways, including utilizing a coding system such as Atlas.ti and employing higher-quality electronics to record and transcribe data (Creswell & Poth, 2018). This author used peer debriefing and auditing methods as both fit the rigor and structure of Strauss and Corbin's (1990) grounded theory and data analysis methods (Padgett, 2017). While Creswell and Poth (2018) do not offer descriptions for reliability, Padgett (2017) offers several that defined this study's trustworthiness.

***Auditing*.** Auditing is defined as leaving a trail and adopting openness while documenting the data collection and analysis (Padgett, 2017). While it can be burdensome to keep a trail of all analytic changes, a running document with changes according to date, time, and a description of why this change was made to the data was kept and used to analyze it (Padgett, 2017). The researcher used memos to document code changes, the merging of codes, and the analysis of codes through handwritten and digital diagrams and memos.

Protection of Human Subjects

The protection of human subjects in research is regulated by the U.S. Department of Health and Human Services; federal regulations, policies, and guidance help to deliver an ethical and moral research process. Under the Protection of Human Rights Act of 1993, all research must adhere to Health and Human Services regulations under 45 CFR 46, which provides robust regulations and rules for protecting subjects and maintaining ethical boundaries (United States Department of Health and Human Services, 2021). Thus, maintaining human rights to life, liberty, freedom from slavery and torture, freedom of opinion and expression, and the right to work and education are undisturbed. Moreover, everyone is entitled to these rights without discrimination (United States Department of Health and Human Services, 2021).

Before engaging in this study, the researcher completed the application to WCG IRB through the researcher's institution of higher education and completed Protection of Human Subjects training in July of 2021. The following criteria explain how this research was conducted ethically.

Risk to Subjects & Adequacy of Protection

There was minimal risk to the subjects in this study. Participants were asked to complete an anonymous survey, giving their demographics and an outreach email. The email and participants' names were never used in this study; all participants were given a pseudonym to protect their identities. Moreover, participants were allowed to turn off their cameras during their Zoom interview, the videos of the participants were not used, and the audio was transcribed to written documents to ensure protection. All interview data is kept in a password-protected file on the researcher's home computer and kept in a password-protected drive file in the

Potential Benefits of the Research to the Subjects and Others

Participation in this study might have benefited the subjects by highlighting their experience as BIPOC mental health social workers with burnout and lead to a call for action to change, develop, and demolish policies that continue to uphold White-dominant narratives about burnout and coping with burnout. In general, policies surrounding burnout and theories about how to prevent burnout may arise from this study that directly impacts the social work profession by finding positive ways to support its constituents.

Limitations

This study has several limitations. First, this study occurred during a global pandemic, in which mental health resources were strained, and social workers in mental health were dealing with a global trauma that affected them personally and their client populations. Thus,

accumulating burnout could result from the exacerbation of an already challenging role and quarantine-imposed limitations of access to resources. Secondly, qualitative studies are limited by their methodology. They are time-consuming, have lower levels of reliability, are not generalizable, there can be no objective verification through statistical analysis, the data analysis is laborious, and lastly, establishing causality is difficult given the various individual factors/ characteristics of each person and their responses (Creswell & Poth, 2017). Third, as is the nature of conducting grounded theory, there is no hypothesis testing, and the writer must engage lightly in the prior literature review, refraining from concluding the data based on prior knowledge. Furthermore, purposive sampling was utilized, with inclusionary criteria focusing on a sub-group of mental health social workers, making generalizability challenging to achieve.

Moreover, the inclusionary criteria are comprised of NY State licensed social workers. While this detail is required for practitioners in mental health for billing and insurance purposes, and by NYS Office of Professionals as the licenses allowed to deliver psychotherapy services (New York State Education Office of the Professions, 2009); this is a systemic barrier for non-White social worker as witnessed in the passing testing demographics provided by the ASWB. Current testing rates from the yeas of 2011-2021, show that White test takers passing rates are 90% or higher, whereas Asin, Black, Latino/ Hispanic, Native American/ Indigenous Peoples, pass rates never reach a 90 percent passing rate. As mentioned before, this is an inherently oppressive practice, as well as the cost of the licensing application and test cost (Castex et al., 2019).

Furthermore, while the sample consisted of only BIPOC social workers, the sample was taken from several shared social and professional networks, all of which were not specifically non-White. Thus, creating a colorblind process in the sampling method, which is detrimental to

creating CRT driven research. This limitation was an oversight on the researcher's part and should be addressed with future research. Additionally, because Critical Race Theory is vast and has evolved over the past 50 years, the initial tenets were aimed to specifically exploit racist systems against African Americans.The CRT tenets were aimed and utilized in a more broad sense for this study, therefore not allowing for through examination of the differences in racial groups, culture and gender to be addressed.

Lastly, participants were asked for demographic information that prior research has linked to influencing burnout. The information requested was trauma history, caregiver role, public versus private practice, and years of experience. These variables could have potentially linked back to some conversations about the burnout experience and coping process. However, they were unused for two reasons. First, participants did not discuss in the interviews any specifics around those variables contributing to burnout, and second participants' pseudonyms were not linked to the information on the demographics chart to further protect anonymity. Therefore, those variables cannot be confirmed as further contributors to the sample burnout experience.

Chapter Seven: Results

The following chapter will share the results of the study, and it will present the six themes that emerged from the data analysis and provide rich and descriptive quotations to support its emergence. The details from the descriptive quotations will also tell the story that empowers the overarching theory presented in this chapter. The results section will also discuss and highlight any overlap between data and how that affected the analysis and the results. There will be several tables containing visual representations of the demographic information of the study, the codes and coding process, and the theory that emerged.

Sample

As proposed, a survey of inclusionary criteria and demographics was sent to several different sampling pools, resulting in 32 responses. Of the 32 responses, 25 qualified for the study. After contacting the 25 potential participants, five did not respond, and 20 scheduled and completed the semi-structured interview. Of the seven that did not qualify, two did not have experience with burnout currently, or within the past three years, one did not have their license, and four identified as White (and a person of non-BIPOC background/ culture). The 20 interviews were recorded as planned using Zoom, with 12 participants opting to keep their cameras on. Each interview lasted from a range of 25 minutes to 60 minutes. All participants consented to the survey and again during the interview, and each was given a token of an appreciation gift card of 10 dollars to a store of their choice. All interviews were uploaded to the transcription website, Transcribe by Wrealy. Following this, each interview was uploaded into Atlas.ti, where all data analysis occurred.

Within the sample were eight LMSWs and 12 LCSWs. All indicated they were direct providers, and all identified having burnout currently or within the last three years. Sixteen

participants indicated working in public places, such as public hospitals, non-profits, and outpatient facilities. While four reported working in both, which includes private for-profit agencies. Within the sample, six identified as Latinx/Latina, six identified as Black, three identified as African American, two as Hispanic, one identified as Asian, one identified as BIPOC, and one as Mixed Race with no details provided. Most of the participants identified as female, while one identified as male. The cultural and ethnic backgrounds varied and are individually listed in Table 1, which contains all demographics reported and years of experience varied from 1 year to 20 years. All participants shared that they have a master's degree. The participant age ranged from 25 to 58 years of age. Fourteen participants shared that they were partnered, and six were single. Eleven indicated they did not have children, and nine indicated they had children with ages varying from 2 months old to 16 years of age. Lastly, five participants indicated they did not have a history of trauma, while 15 indicated they did.

All participants were assigned pseudonyms; doing so allows readers to follow the unique voices and stories of each participant. The pseudonyms were chosen not to be included on the demographics chart to keep anonymity and not create an opportunity for individuals to be identified.

Table 1

Participant Demographics

License	Direct Provider	Burnout (Current or past three years)	Public or Private Practice	Race	Gender	Cultural/ Ethnic Background	Experience	Level of Education	Marital Status	# of children and ages	Age	History of Trauma
LCSW	Yes	Yes	Public	Latina	Female	Ecuadorian	10	Masters	Partnered	1; 2 yrs.	35	No
LMSW	Yes	Yes	Public	Hispanic	Female	Dominican	2	Masters	Partnered	2; 5&7 yrs.	32	Yes
LCSW	Yes	Yes	Both	Latinx	Female	Latinx	10	Masters	Partnered	No	30	Yes
LMSW	Yes	Yes	Both	Black	Female	Jamaican American	3	Masters	Single	No	26	Yes
LMSW	Yes	Yes	Public	African American	Female	African	3	Masters	Partnered	No	27	No
LMSW	Yes	Yes	Public	Latinx	Female	Latinx	4	Masters	Partnered	1; 8yrs.	32	No
LMSW	Yes	Yes	Public	Latina	Female	Mexican	1	Masters	Partnered	No	25	Yes
LCSW	Yes	Yes	Both	Asian	Female	Filipino and Indian	20	Masters	Single	No	43	Yes
LMSW	Yes	Yes	Public	African American	Female	Caribbean	10	Masters	Partnered	No	37	Yes
LMSW	Yes	Yes	Public	Mixed	Female	Latina	7	Masters	Partnered	1;16 yrs.	43	Yes
LCSW	Yes	Yes	Public	Latina	Female	Latina	4	Masters	Partnered	No	30	Yes
LMSW	Yes	Yes	Public	Black	Female	Latina	4	Masters	Single	2, 1&4 yrs.	27	Yes
LCSW	Yes	Yes	Public	Black	Female	Afro-Caribbean	11	Masters	Partnered	No	39	Yes
LCSW	Yes	Yes	Both	Hispanic	Female	Hispanic	6	Masters	Partnered	1;2 months	39	No

Table 1 continued

Participant Demographics

License	Direct Provider	Burnout (Current or past three years)	Public or Private Practice	Race	Gender	Cultural/ Ethnic Background	Experience	Level of Education	Marital Status	# of children and ages	Age	History of Trauma
LMSW	Yes	Yes	Public	African American	Female	African American	10	Masters	Partnered	1; 6yrs.	34	Yes
LCSW	Yes	Yes	Public	Latina	Female	Latina	8	Masters	Single	No	45	Yes
LCSW	Yes	Yes	Public	BIPOC	Female	Latina	19	Masters	Partnered	2; 11&13yrs.	58	No
LMSW	Yes	Yes	Public	Black	Female	African American	4	Masters	Single	No	27	Yes
LMSW	Yes	Yes	Public	Black-Brown	Female	Puerto Rican - Caribbean	1	Masters	Partnered	No	25	Yes
LMSW	Yes	Yes	Public	Black	Male	Jamaican	32	Masters	Single	No	30	Yes

Themes and Codes

This section explains the themes and codes resulting from the completed data analysis. Quotations are used to support these findings and create a thick, rich description for purposes of rigor, trustworthiness, and reliability. Each theme is a result of selective coding, and within each theme, several sub-categories weave together to explain how they contribute to that concept. Each subcategory was at one time a second level (axial) code that emerged from the data analysis. The data analysis initially resulted in 113 open codes; however, through constant comparison and final review, the open coding session resulted in 90 codes. From the 90 codes, further analysis grouped those codes into 15, and finally, down to the final six themes. Table 2 below gives the reader insight into the code groupings. This section will also elaborate on the interrelatedness of the themes and codes, culminating in a discussion about the most prevalent co-occurrences of codes.

Table 2

Code Distribution in Themes

Open Codes	Axial Codes	Selective Codes (Six Themes)
angry, apathy, avoidance, depersonalization, despair, drained, exhausted, feeling undervalued, indicators of burnout, overwhelmed, overworked, survival mode, unmotivated.	Symptoms of Burnout	Theme One: Experience of Burnout
negatives of bilingualism, organizational problems, personal life experiences, providing services to BIPOC individuals	Causes of Burnout	
turnover, impact of burnout, leaving social work profession.	Impact of Burnout	
burnout lingers, burnout all-encompassing, burnout builds overtime, burnout is minimized, burnout is sneaky/underdiagnosed, burnout is systemic, burnout is taboo.	Characteristics of Burnout	
positive workplace relationships, supportive supervision/ administration	Burnout Prevention	
asking for help, fear of job loss, guilt, lack of resources, lack of supportive policies, lack of supportive workplace relationships, productivity, shame, work ethic expectations, work/ life boundaries	Barriers to Coping with Burnout	Theme Two: How BIPOC Mental Health Social Workers Cope with Burnout
maladaptive coping	Negative Coping Strategies	
basic care as coping, creating boundaries, disconnecting, entertainment as coping, hobbies as coping, making meaning, mental break, mindfulness coping, outdoor activities, physical/action coping strategies, prioritizing self over work, professional help/ therapy, self-advocacy, self-awareness, self-care, social supports, spiritualism as coping, time off	Positive Coping Strategies	
coping is temperamental, intentional coping, realistic coping.	Characteristics of Coping	

Table 2 Continued

Code Distributions in Themes

Open Codes	Axial Codes	Selective Codes (Six Themes)
burnout as an occupational hazard, income disparities, unrewarding work	Negatives of SW Profession	Theme Three: Experience of Social Work Profession
connection, diverse professional experience, intrinsic rewards	Positives of SW Profession	
racial resiliency, resilience as gaslighting, resiliency innate and learned, resiliency innate/ internal, resiliency is learned, resiliency necessary for success	Characteristics of Resiliency	Theme Four: Experience of Resiliency
acceptance, bouncing back, overcoming, and perseverance.	Meaning of Resiliency	
higher caseload, impact of intersectionality, impact of racism at work, impact of white privilege on social workers, lack of racial diversity, navigating conversations about racial inequity, white fragility, workplace racism	Experience of Racism at Work	Theme Five: Experience of Racism
Impact of Historical Events: (George Lloyd Death/Protests, Pandemic)	Impact of Historical Events	Theme Six: Impact of Historical Events

Theme One: Experience of Burnout

This theme emerged from the data analysis based on the participants' descriptions of their experiences with burnout. This theme includes several subcategories discussed: symptoms, causes for burnout, the characteristics of burnout, the impact of burnout, and their reported opinions/experiences with burnout prevention at their workplaces/ organizations.

Symptoms

Participants described burnout symptoms as both physical and mental. They described symptoms as apathy, avoidance, depersonalization, despair, physical and mental exhaustion, feeling overwhelmed, overworked, unmotivated, and angry. The following quotations are descriptions from participants describing their symptoms:

> I found myself, I didn't want to talk. I was just exhausted…Burnout to me, is just not caring anymore, and not because you don't want to care but because you're too tired to care. -Evie

Another participant described how it felt and impacted their work:

> It's like maybe you are not being able to do your work-you know correctly because it's too much that they're giving you or you know, you're so overwhelmed with that work that you cannot connect with the clients. So basically, overwork yourself. And even though we are in the helping profession, like helping others and then like being kind of like 'out of breath' with all the work you have because it's sometimes like some companies, they give you so much to do it's impossible… – Kit

Similarly, this participant described more symptoms that encompassed physical and emotional descriptions:

> So for me, when I hear or think about burnout, I think it looks like feeling overwhelmed, feeling disconnected with your work and avoiding work because there is a lot of guilt about how that avoidance manifests in my work. Burnout is just for me a general sense of discontent and physically feeling drained, it looks like calling out of work more days, feeling sick more days, lack of energy and sleep. - Salma

Another concept shared as a symptom is the lived experience of being in a state of *'survival mode.'* During this time, participants described a fight or flight experience, a state of stress and threat, which caused them to live daily with no strategy to handle the constant strain they were experiencing. However, while attempts to alleviate that stress may have included self-care, this unintentional process was not sustainable in the participants' eyes. The following quotes describe this unique experience that is not included in the modern definition of burnout:

> And so that's when I started to feel like, okay. It's difficult for me to get out of bed each morning, I hate being here. I'm like dragging my feet throughout the whole day, and I don't know if I ever truly recovered from that experience. Burnout to me is a sense of dread or doom, when thinking about working or being in a constant state of fight or flight and not realizing it. – Marie

Similarly, this participant mentioned the word survive in their description, linking the experience to resiliency.

> You know, it's hard to sit and be intentional when you are just trying to survive, working, and having multiple outside responsibilities and on top of feeling depleted. Why do I need to live in this feeling of trying to survive and be resilient about things that could easily be taken care of if someone or a person in power made a change. -Betty

Additionally, this participant described how it was challenging to come out of this state of survival:

> When I recall having burnout, I kept thinking what I can do to make it to the next day, how do I survive today. It's a lot to think about but in the moment, it happens so fast, but that's what I sum it up to, that survival instinct you have a hard time coming out of it. -Jackie

Characteristics of Burnout

Participants discussed the characteristics of burnout, which described how burnout exists and functions. Specifically, they mentioned how burnout is under-identified and sneaks up on you, how it is minimized, how it is treated as a taboo topic, how it builds over time, and how it lingers, making a recovery difficult. Lastly, participants identify how it pervades their lives, can be all-encompassing, and is a systemic problem. Furthermore, burnout is discussed as under-identified in the workplace and within themselves. Participants grappled with experiencing the symptoms but minimizing it or feeling their superiors minimized it. The following quotes describe this experience in further detail:

> Um during my supervision with my supervisor, it's like a supervision agenda sheet, and one of the questions to ask is, how is your mental health? Like, what are you doing for self-care? But the messages that I've received from that-while it's great to talk about it. We're talking about other things during my supervision and then it's like all a sudden as she's pulling up another spread sheet of my productivity, she looked at me and she goes, by the way how's your mental health? And I was like, oh, it's great and then she's like oh, by the way, self-care right? We have 5 mins left but you're practicing self-care, right?- Gloria

Similarly, this participant shared :

> And I could never imagine stating – I need to work less, or I need less cases to a supervisor and it being received in a way that does not include them asking what I am doing for myself ... what I am doing is telling you to take this off my plate… I also don't think that the workforce has been very supporting of women of color who have both the role of parent and ambitions to do more than that. - Salma

Participants also shared how burnout is sneaky or underdiagnosed, which is connected to it being minimized. However, they do not feel or notice the effects until it is too late.

> Most people don't ever realize they are experiencing burnout because it's just, they're so tired that they just think it's just I don't know. I'm just tired. It's like, no, you're experiencing burnout. -Mae

Participants also shared talking about burnout and how it was received as a taboo topic, which led to them not asking for support when needed:

> In contrast, my experience with burnout at my prior employment was almost like a dirty word, if you talked about it, it was assumed that you were a disgruntled employee with issues about your workload or your workplace relationships which wasn't the reality. - Donna

Furthermore, participants also mentioned how burnout builds over time and can linger well after the experience is over, making it difficult to start over:

> This happened two years ago and even today I think I find myself still recovering in some way. When I noticed I was burned-out is when last year working in a high stress mental health clinic- it was within a school and so the rules were very different from being in a clinic the visits were shorter and work was not always consistent…-Frida

Lastly, participants discussed burnout as an all-encompassing experience that is a systemic problem. This sub-theme also overlaps with causes of burnout and is evidenced in several studies in the literature as an organizational/ systemic challenge rather than individualistic.

> So I have seen burnout, I have experienced it, it pervades the way that you feel everyday about the work and the way that you think, and the way you approach things. I think that's when I was most burned out – it impacted me at my home because my son was noticing and I think those little things that I did to try to cope demonstrated that to me. - Lisa

Furthermore, this participant shared their frustration with how burnout is treated and how the system seeks to blame the participants not engaging in enough self-care:

> And it really negates the fact that this is a systemic thing. Like, I'm burned out because of you guys, not because I'm not doing enough yoga… If ya'll gave us more resources, more time off- I wouldn't be so burned out. So it's frustrating that this is treated like an individual thing that gives individualized solutions-like the solution is put on us to not be burned out when it's like it comes from the top. It's a fact that I was a high school social worker dealing with nine-year-olds - the fact that I wasn't able to get more sick days. It's the fact that my supervisor is micromanaging every single thing that I do and not focusing on that. - Sonia

In summary, this sub-theme encompasses how the participants in this study have experienced burnout, more specifically, how it exists in their lives concerning their personal and work selves. Moreover, they shared how it is pervasive and reaches outside the workplace. The experience of burnout surprises them, despite building over time, and while there is the

encouragement to be cognizant of warning signs, burnout is still minimized. Additionally, the experience of burnout lingers; even when participants have found relief, they might be reminded of the experience or become stressed in a new workplace, thus causing them to re-experience symptoms and thoughts associated with burnout. Finally, burnout was experienced as an overall systemic issue, yet it is not treated as such.

Causes of Burnout

Participants discussed various burnout causes; however, the most prevalent type was related to organizational problems within the workplace and overall profession. Participants also discussed personal life challenges such as loss. They also shared the negatives of being bilingual and providing services to BIPOC individuals, which increased caseloads. The following quotations from the data analysis support this topic and elaborate on it.

Personal Life Experiences.

> I think that I think I don't know why. I guess I was able -I'm also like married and I have kids and I think that also impacts the way my education was and like how serious I took everything because it's not like I was living at home with my parents, and I feel like I was making a lot of sacrifices to be where I was.- Evie

And loss:

> For example, there was a time where at my part-time job it became difficult for me, mainly because I suffered the loss of my brother. So I had to take, I had to cut back. Because at that point I didn't want to do the work. - Helen

Providing Services to BIPOC individuals. Participants shared how working with vulnerable populations, such as clients of unrepresented and marginalized groups, requires more hands-on work and more complex issues to solve, making the workload much higher:

> My experience with burnout has been the same place I have my most memorable experience as a social worker. When I was working with a transitional youth, I was working with boys 18-20. But I experience burnout because it's just they go through so much and you take on a lot of that-on your like or in your own mental health. When I hear all the stories of these boys, you try to help them out. And at the same time, it was about like let's say 20 boys at the time that I was working with and to take on all their problems and all the things that they have to go through. - Mae

Similarly, this participant described the same experience:

> I think because of the complex needs that our clients present, I think we are bombarded with more, with uhm, more complex situations to deal with, because you know, lets day not only serving as the provider you also perform the different roles. Not only the case management part -you become the translator. You must do more hands-on work. And basically, you have to be at the forefront to advocate for your clients because of the language barrier. So, I think you are doing more. – Helen

Moreover, this participant shared how difficult advocating for these clients can be:

> So I guess that is something but also it's hard to because there's moments where I see the inequities for certain clients as compared to other clients. And so, I feel like I am trying to speak up for that and trying to advocate for them because there's just things that they deserve just as much as anyone else. And so that kind of like takes up some of like my compassion. Like, I'm like how much longer do I have to say the same thing over and over again for them to realize that something needs to change or else the same problem was going to happen again and again and again. – Gloria

Negatives of Being Bilingual. Bilingual participants discussed how their caseloads were higher than monolingual colleagues and how using them to translate made their workload heavier than monolingual colleagues:

> And then in comparison to someone who speaks only English, then it will be like, okay so she's getting the cases like slowly, Every month she's getting 20 cases, okay, But the Hispanic workers, it's like oh here is the 50 cases. - Kit

One participant shared that even when additional compensation is added, the work and pay do not balance out:

> When talking about salary, I was given bilingual pay yearly-so it was added to my salary, but even then, the amount of work was not compensated properly. I think after a long time- I just felt like it was the standard, x amount of work will always equal this amount of pay. On top of that I was translating a lot more than I did that first year because of staffing issues and it just became overwhelming. I was doing my work and my documentation, which was all in English, and then helping my non-bilingual co-workers. -Celia

Organizational Issues. Several participants shared how organizational issues of all types contributed to the causes of burnout:

> We were all usually short staff. So that was part of the burnout. So, I was just overwhelmed and sometimes I was in a bad mood because of the burnout. Because of the extra work some people will notice. Once I spoke with my supervisor, like not the best wat. And she, you know, she told me and I was like, well, it's way too much. - Kit

Another participant elaborates more on the systemic/ structure of organizations that typically encourages burnout:

> A lot of the time it’s the infrastructure of the work itself that its having that bandwidth because I mean for me personally I could-especially in inpatient see like 30 patients a day. My last job, I worked with some of the sickest patients in the hospital setting, I specialized in working with people with complex, chronic health conditions. So, the sickest of the sick was my specialty. So having to deal with one or two of them is difficult in terms of your own processing but having that be the normative in terms of your caseload. There wasn’t enough time to process and then in the midst of trying to have some semblance of a life and then maintain your own wellness, that sometimes the juggling act, the balls would fall. - Doris

Conversely, this participant shared about poor workplace culture and micromanaging supervision styles as culprits of burnout:

> And just creating a bad like bad worth morale for the whole team. Those are all the things that would. And I’ve mentioned before in meetings that like, this is what leads to burnout. To my burnout, it’s micromanaging, the lack of respect for my intelligence and my skills and my lived experiences frustrates me so much that leads me to being burned out and not my caseload. Like I said, I love client interaction. So, if I can have like you, 20 high school kids to see that week, like I’m going to be really tired but that’s not as bad as like dealing with the organizational issues. -Sonia

Overall, participants focused on how the causes of burnout can be personal and systemic. Participants described how practicing in two languages can also be a challenge; they are used to interpret for colleagues, which creates a heavier workload on their end, but they are also given more cases faster than monolingual workers. Participants also shared that treating BIPOC clients can be more demanding due to the complexity of their barriers. Lastly, organizational challenges

were at the forefront of the data, identifying that even salary was an organizational issue contributing to developing burnout.

Impact of Burnout

The fourth sub-category discussed is the impact burnout had on participants. They shared various workplace and personal issues that created challenges for them. Contributors mentioned physical, mental, emotional, relationship, and workplace problems. This sub-category overlapped with burnout symptoms. Participants' quotes describing the impact also described the symptoms they were experiencing. The following quotes evidence the impact of burnout experienced by the participants, with one participant sharing that she was considering leaving her workplace:

> So then I started to think about leaving, and at that point it was this sadness that was desperation to leave, not caring where or if I found work. At some point I was overwhelmed and exhausted and it wasn't sustainable. – Frida

Alternatively, a participant shared about their health difficulties and what happened when they disclosed this to her supervisors and HR:

> Also for me as not only a practitioner of color-but someone with chronic health conditions, my last company was in a hospital. My labs. My blood work was messed up and it was all directly related to stress. I gave the indications to both my employee health and to my supervisors and nothing changed. So overnight my caseload doubled. And it was like no one cared so I was like having indicators that my health was suffering, and I had to decide. So, a lot of times that's how it is especially for hospital personnel. It's this whole notion of, well if you're not happy, you should just leave. -Doris

Additionally, participants shared how burnout impacted their ability to enjoy their lifestyle:

> Like I said burnout kept me from doing things I enjoy, the feeling stopped me from socializing and wanting to be around others, I continued my routine of going to the gym and working out my frustrations, but it all felt obligatory. The enjoyment was gone. Now I have never had suicidal or self-harm thoughts, but during that time I lacked maybe purpose? I didn't know what was next for me... basically. -Jackie

Burnout Prevention

This sub-category explores participants' experiences with burnout and how supportive supervision/ administration and positive workplace relationships could prevent burnout from occurring. This topic overlapped with the theme of coping and how they cope with burnout but was distinguished by talking about solutions outside of their coping strategies.

> I recently had a conversation with my own supervisor about like I'm doing too much and we're short staffed and she needs to help me or, or like I'm going to leave and she was like and after that conversation, she really kind of helped my figure out what I need to cut back on and like not, you know, kind of delegating and managing time better but also recognizing that I can't be everything for everyone else.- June

Another participant shared how important it was to have personal social support outside of the workplace to prevent burnout:

> So far I'll say it had been challenging but not impossible. And that's thanks to support systems. And when I'm telling you the support system it's about having amazing colleagues around you, and sometime those colleagues do not have to be from you know, your immediate work environment. For example, people I worked with in the past or people I went to school with. And definitely having that support in supervision being able to bring up these concerns in supervision. - Helen

Overall, the importance of the analysis from this theme helps inform a more extensive theory on how BIPOC mental health social workers cope with burnout. Participants shared burnout symptoms, some of which align with the meaning of burnout as we know it today. However, other symptoms emerged, such as the experience of survival. The impact of burnout was also touched upon; participants shared decreases in their satisfaction with their lifestyle and personal interests. More importantly, burnout impacted their health, with some sharing adverse issues maintaining their well-being.

Theme Two: How Mental Health Social Workers Cope with Burnout

During their interviews, participants indicated various positive coping strategies. They discussed specific activities but also talked at length about the process and characteristics of coping. They also shared about coping barriers, including personal and organizational barriers. Participants also discussed negative or maladaptive coping, which they identified as unsustainable. Another discussion was that survival and coping were unintentional and done as a reaction to current stressors. Self-Care was also a significant category in this section; many participants identified self-care as coping. Self-care consisted of many activities; however, self-care also included a sub-theme of basic care, which emerged from the participants discussing self-care as regular daily activities to maintain wellness. Conversely, some participants shared negative sentiments about utilizing self-care, specifically 'basic care,' as a coping strategy.

Barriers to Coping with Burnout

Participants shared several specific barriers to coping with burnout; the main topics of conversation within the data focused on several factors: work ethic expectations, productivity, lack of supportive workplace relationships, shame & guilt, lack of supportive policies, lack of

resources, difficulty with setting work/life boundaries, themselves, and challenges with asking for help.

Work Ethic Expectations. Work ethic expectations were described as a personal experience embedded in pressures surrounding performance and personal cultural ideologies stemming from the participants' upbringing. Intertwined with this concept was the feeling of guilt/shame that participants experienced when going against those expectations. For example, these quotes highlight this challenge:

> At one point, you know we've seen you know on TV social media about like their PTO days, take that day off, but when you have been raised by immigrants, who came to this country and like the first opportunity they had for a job they're superiorly loyal to it. It's like, as long as you're not bleeding, you go to work. It's really hard to kind of pull back from that and realize okay. I need rest, I need to, you know do these certain appointments and things. I need to just not be in this space. -Beverly

Specifically, one participant identified her cultural challenges in coping and feeling tricked into thinking that burnout is acceptable:

> Culturally, in my experience, mental health is not addressed, so many suffer from PTSD, or Depression. If I told my family how I felt they would talk about how my generation is too sensitive or how our work ethic is poor, the reality is we are being gaslit into thinking this it is, that doesn't sit well with me. -Salma

Moreover, this participant disclosed the speculation she received from work when asking for time off:

> Sometimes I also think when I took time off or needed a day it was questioned-or it was asked if I could change the day and that was hard for me, I grew up with parents that

> taught me to listen to your superiors and being off is like foreign concept work is everything and because of that I felt guilt taking the time off that was given to me in my contract.- Frida

Similarly, this participant identified feeling guilt when requesting time off:

> Guilt, when I take a day, I feel guilty about letting my clients down, I also you could take a week right, then come back and after that vacation the pressure that was there before remains after. So, it defeats the purpose of the time off, you might feel worse, and I didn't like that dynamic. - Betty

Lack of Supportive Policies. Moreover, tied into the need or pressure to be productive and work hard came with it recognizing there was a lack of supportive policies to encourage taking time off or finding ways to cope with burnout:

> It's about also acknowledging that there are structural barriers that are beyond me making changes. And I think the part park where you're like because you do this, maybe it's me first, maybe I need better time management, maybe I need to do this better and then you realize you're doing all of that and you're like, no, the problem isn't me. And I think sometimes the burnout is exactly that. - Doris

Likewise, one participant shared their struggle with advocating for more time off after exhausting the little sick time they are allotted each year, contributing to her unwellness:

> However, all my sick days for now were gone. So apparently, I'm experiencing problems like, I can't take any sick days. I tried negotiating with HR. They said, no, so I must use my PTO now for sick days or mental health days which has led me to not take adequate time. Right now we have been hiring more staff but I had to really advocate for myself a couple of months ago, that you know, they are not going to make me the elementary

school social worker, Right? I got a lot of pushback from management, saying that there was never anything in your contract that said we couldn't. We only have eight sick days, for an organization that focuses on wellness… It's not substantial or sustainable. I have 15 PTO days which is okay, but my personal days are in included in that as well. And you know when you have a doctor's appointment, you know, I would 8 to 4, I must use a PTO just to meet my basic needs. So yeah policies make it hard to prioritize your wellness. -Sonia

Poor Supervision/ Workplace Relationships. Participants also shared how their experiences with poor supervision/ workplace relationships impacted their ability to cope with burnout.

I was working for the employer I am with now and in the beginning my supervisor was heavily, micro-managing my work. At first I tried to reconcile it, say or make excuses, maybe she wants to improve my clinical assessment skills, maybe this, but really it was her way of controlling me, it wasn't about my work ethic or productivity, more about how she felt I didn't fit into her square box of expected behaviors. - Jackie

Another participant shared about being isolated due to cliques and microaggressions:

So those were just some of the experiences, but let's not forget some of the micro aggressions or clicks in staffing where people feel they have to stick with people in their unit or within their culture to feel protected. -Celia

Lack of Resources. Participants also discussed a lack of resources as a barrier to coping. This could look like a lack of or obstructed physical access to certain things, such as finances and activities, or could present itself as a lack of time.

> At times, also thinking, is this helping? Is this healthy? If I don't like this activity, then why am I forcing myself and a big part of that is the lack of access to alternative coping. I would like to try reiki or meditation but its finding that resource and then working towards finding the time to attend those initial teaching classes or creating time after a long day to force myself to practice-again nothing should feel forced, but the message is if we don't make the effort for self-care or coping then we will never be free of burnout. That can feel defeating. - Donna

Challenges with Work/ Life Boundaries. Participants discussed their challenges with creating boundaries between work and personal life. They would find themselves doing work at home or working beyond their time.

> I feel like I see the pros and cons and I think part of that is like not creating a better boundary, and I think if you can't, if you're not able to create better boundaries as more of a risk to burnout and that can, if I think it's one thing if you love what you are doing and you really want to do it all the time. But I think that much of the work in social work can be heavy and challenging. - Augusta

Moreover, this participant weighed the pros and cons of working from home, demonstrating how the pandemic impacted work boundaries:

> And working from home, while it has been beneficial, I almost find it harder to jump off my computer or enjoy using it for other things, it is like I come back to work and continued to do work well past my time off. - Celia

Asking for Help. Lastly, conversations about asking for help came up as a barrier. Participants identified how difficult this was; each presented a unique situation that conveyed a different message.

> Oh yeah, it makes me it, then you know, it just created all these feelings of resentment towards the leadership role. Because why are you doing this to me? Yeah, it's sort of why people in the helping profession have a hard time asking for help because they're sort of like you know there's sort of this expectation that because you know how to help others you should be able to do it for yourself and that moment which isn't always the case especially with the policies I mentioned. -Sonia

Conversely, this participant shared that learning to let go and asking for help improved how she felt:

> It's hard to get out of the mindset of the helper getting their own help or feeling inadequate because I asked for help in the mess of trying to be there and support clients. I struggled getting past that but when I started to let go, I began to feel lighter. -Donna

Additionally, this participant shared about how asking for help created feelings of shame:

> Asking for help, I think that for me comes with a lot of shame, which I have been unpacking in therapy. Yeah, it's like there's a bunch of shame around asking for help-it also has to do with capitalism and productivity, and like, your expectation around all of that stuff. - Beverly

Process of Coping

This sub-category emerged from participants discussing how they cope with burnout. Participants described two coping processes: intentional and unintentional, and described the function of coping as temperamental. Temperamental coping is the idea that coping varies. It increases/ decreases and differs depending on the person, place, time, and situation. Coping is also described here as an automatic process without the individual noticing or thinking about how they will cope or what they need to do to cope with burnout. Participants also described

coping as thinking about what is realistic. Realistic refers to participants doing things they could easily access and were readily available. The following quotes identify how this concept emerged from the data:

> The selection just kind of happened. I didn't like actively think about it, what I mean because I feel like when you actively schedule things to do on like your day off, like it becomes work. Because if you think about when you go to work Monday through Friday, and we have Saturday and Sunday off… on Fridays we're already mapping out what we have to do in the house on the weekend. I must do the laundry. I have to do this and it just sounds stressful and that's work. So, I didn't want to do that. I just kind of let the process happen on its own. – Mae

One participant describes how coping is temperamental, changing with their mood:

> But it changes with my mood sometimes coping is turning everything off and finding peace doing nothing. It's like a big disconnect, but that's hard because then you have friends, and you have family knocking at your door-saying - 'hey what about us. Then reality sets in that your responsibilities in your life are still there. – Frida

Additionally, this participant shared how coping needed to feel unpressured and doing things that would get them ahead of the stress they felt:

> Coping to me is creating my time and doing what I want to with that time, not feeling pressured to work or meet anyone's expectations and the freedom to choose the activities I enjoy. I mean I don't intentionally think, how will I cope today? I think a stressful situation happens or I get overwhelmed, and I think about what I should do that is going to get me ahead of this stress, what do I need to be effective. -Jackie

In Contrast, intentional coping implies that participants recognize they were burnt out and need a strategy to cope with the symptoms they were experiencing. For example, participants that felt more tired would incorporate physical and mental rest by adjusting their sleep schedules. The following quote outlines this process:

> When I think about this, I find that I do have positive, impactful things that are worked into my schedule-for example in the morning- make sure I have a cup of tea in a quiet space and I write down my intentions for my day, maybe I don't get through all of my to-do or I lose focus but having that ritual has helped. - Donna

Despite these two sub-themes emerging, more data supported the idea that coping was perceived as something that must be realistic and temperamental instead of using intentional strategies to decrease and target burnout systematically.

Positive Coping Strategies

In this sub-category, participants shared coping activities they used when experiencing burnout. These activities ranged from purposeful activities to combat physical and mental fatigue, such as exercise, sleeping, and rest, to more formal activities, such as professional therapy, guided meditation, and mindfulness practices. They also discussed informal activities, sometimes categorized as self-care, ranging from entertainment (movies, games, etc.) to socializing with friends and family. Within the concept of self-care were activities coded as 'basic care.' 'Basic care' refers to activities to maintain wellness, such as eating healthy, having access to clean water and comfortable housing, and seeing a doctor regularly. Participants also discussed creating better boundaries and making meaning from their work to combat/ cope with burnout. This included taking time off or disconnecting from their work and creating healthy boundaries in their personal and work lives.

Creating Boundaries/ Disconnecting. One participant shared the concept of disconnecting from work and social media:

> I have, you know, when I'm feeling really stressed. So I have my work email on my phone and I will take it off and that helps me when I'm feeling really burnt-out. Like that helps me feel recharged. And any kind of disconnecting home from work. – Evie

Another participant explores how they value their time off from work and support getting away from work and social media:

> So, I'm like no. I'm doing this every day, or you know, as a person who has, you know, like most social workers, multiple jobs. There are three to four evenings in a week when I am not working. I'm not posting on my social media; I'm not thinking about a post. I am not thinking about clients that I prioritize that time for myself or like spending time with family members. I do not check emails on the weekend. I don't even have the app on my phone. I have notifications turned off. -Beverly

Self-Care. Self-care is explained by participants as an umbrella term and falls under the coping spectrum. They defined it as multiple activities:

> So, self-care. And maybe it's because like I do lessons on this but self-care, I know some people think like a spa date. But self-care can be listening to a book or reading a book, self-care is that umbrella term for the things that bring you joy- anything that makes you feel joy and things that fill your cup, you know for me over the last couple of weeks, self-care has meant letting go of things, that don't fill my cup. It can mean many things for me. -Evie

Basic Care. As defined previously, 'basic care' is engaging in activities that help maintain your health and daily wellness:

> I'm going to try and find things to do while I'm at home. Maybe I need to start exercising a little more maybe to, you know take care if myself a little better. Not stress and keep my routines. Try to eat healthier. Start surrounding myself with different things. -Lisa
>
> Sometimes doing simple things, for example, spending time alone and reading a novel, or watching something to distract helps. Making sure you are eating well and having healthy foods, but these are normal routine things that I believe you can do any day but sometimes that becomes clouded-there things make you better but that's not just what coping is. -Michelle

Another participant points out how these basic care activities should not be grouped with self-care, and they struggled with learning to cope:

> I also struggled to understand how to cope, is self-care the only thing, and what is that for me, because taking a shower, sleeping more, and eating good meals those should not be my coping strategies; those are part of my day-to-day routine things. Those are basics for living everyday life. -Frida

Time Off. Participants also shared how taking time off from work is a coping strategy that helped them recharge.

> When explaining earlier about when my supervisor pointed out that I was experiencing burnout. I took a week off. My supervisor knows enough to give me a week off and the first couple of days-I was just in the house. I didn't know what to do with myself. I was like, okay. I am usually at work. What am I doing here? And then I realized I was sleeping more. I had time to make food. Prepare a large meal, you know, eat a home cooked dinner and I thought 'Oh this is nice.' This is relaxing or watch movies and TV and just literally just laying down for long enough that you don't have to worry about

your alarm, going off at a certain time or worries about how you have to type a note. - Mae

Prioritizing Self Over Work. This coping strategy emerged from participants recognizing that they needed to put themselves before work and that leaving a job or declining more responsibilities was essential to coping.

What is it again? The great resignation, people are so focused on remote work, focused on leaving things that no longer fit into their life instead of trying to force things or compromise. The message now is put yourself first, there is only one you, but a million other people can do that job you have to focus on being -caring for you because that's your most important goal. And when I think about that, it's true you need to be at your best to make growth to make progress in life, and you shouldn't need to feel like you are just making it day to day. I spend a lot of time working on in the moment things that make me feel present and remember the point of my reason for continuing or my passion. I focus on what I can do in this moment to ease these heavy feelings or give myself the care I need to feel up for going out with friends or pushing myself to take an extra-long bath or spend that extra hour watching TV. Yeah there are deadlines and things looming but if I notice when I don't help myself first I feel deprived, and that weighs on my mental health too. - Celia

Professional Help/ Therapy. Many participants shared how professional therapy, a more formal cognitive-based coping strategy, helped decrease their burnout and improve their abilities to deliver quality services to clients.

In addition to all of that, getting a therapist, because it's like, I think I've also become a better clinician because I got a therapist. So now I have a therapist. I have a business

coach. I have like the supervision and I feel like I have a place to put all of the things I don't necessarily know where they need to go, but they don't need to stay in my mind. - Beverly

Another participant shared the same experience, exploring how talking to a professional impacted their work abilities:

And being able to talk to someone about what you are experiencing, I have my own therapist that I talk with and its very insightful and helps me be a better social worker. - Michelle

Hobbies as Coping. Participants shared various activities: journaling, collecting figurines, and photography are just a few examples.

So one of the things I started thinking about was like what's something that I used to love doing that I missed was journaling. I found a box of like my old journals in high school and I was like, Oh my god I was such a nerd that I'm just like thinking about when I used to write some of those passages like remembering where I was in my room, the music I was listening to and because I like pictures. I used to put pictures on the paper. So I went and got myself a wonder woman journal and one of those instax cameras and started doing it again. -Beverly

Mindfulness. Mindfulness also described a cognitive coping experience that participants used to change their thoughts about coping and burnout**.**

Also, getting caught in the negative patterns where you think negatively-something as simple as telling myself this is not that much or give space to understand what you heard form a client or from a friend/family and process, is this going to impact me later. If so, what can I do to stop that. - Michelle

Participants also included other coping strategies that were not listed, such as entertainment (playing games, watching TV/ movies), physical activities (exercise, outdoor activities, sports) utilizing social supports (family and friends), and self-advocacy (including advocating for time off at work, joining special interest groups, etc.). Overall, the positive coping strategies utilized by participants presented a wide range of different activities. One interesting finding is that self-care was considered a coping strategy. Self-care was defined by participants and explained as an umbrella term for many activities. Almost all self-care activities mentioned were positive.

Negative Coping Strategies

Negative coping strategies are the smallest sub-category in this more prominent theme. Only three quotations from the study outlined the participant's feelings, perceptions, and experiences with negative coping strategies. However, two of them depict the usage of alcohol as a coping strategy; each of those participants also grapples with that reality in that quotation. Only one quote defined a coping strategy as positive and negative.

> I've coped in a lot of maladaptive ways. I admit, I do like my wine but then I realized this could possibly be a slippery slope. Like what is an appropriate coping skill? So yeah, I might be a social drinker. But if I'm downing a bottle of wine at night, how was that really helping the issue. So clearly that stopped as soon as it started. -Beverly

Similarly, this participant shared self-awareness of engaging in drinking alcohol to cope:

> So I noticed sometimes I drink more, so instead of maybe like I drink wine, a few ounces with a dinner, now maybe say I am drinking 6-8 ounces a few times a week. And that kind of tells me that something is going on. -Augusta

Moreover, this participant recognized how coping could be both negative and positive:

> Uhm, I mean coping can be a lot of things, you know what I mean? It can be good habits but also can be bad habits and vices that trip you up. At times it's hard to see what in the moment is. -Jackie

Theme Three: Experience of Social Work Profession

This theme alludes to the experiences of BIPOC mental health social workers and how they perceived/felt about the social work profession. The sub-categories include the positives of the profession and the negatives of the profession. Most participants spoke about feeling intrinsically rewarded by their work, enjoying the work's connection, and discussing diverse professional experiences. Some negatives were about how unrewarded they felt, income disparities, and how burnout was an occupational hazard.

Positives of Social Work Profession

Connection. Participants talked about enjoying connecting to people in the social work field:

> I enjoy bringing people together, I think that I, I don't know if it's because I'm still new in the field but I've been thinking a lot about what it is that I enjoy, and I can't say that I enjoy the actual individual therapy portion of it, but I do really enjoy brining large groups like community organizing together. I enjoy connecting with people. I enjoy just allowing. Like I guess planting those seed and allowing people to kind of process what that means for them. - Evie

Alternatively, this participant shared enjoying working with diverse populations and finding connections in each one.

> What I really enjoy is the connections that I make with people, you know, even both positions, like one is a short-term connection and then this one is a more long-term

connection. So I just really like working with different populations. Honestly, like just being able to sit there and you know, have a conversation with someone or just get to know them better or to hear them say that you know, I don't really talk to anyone, but at least I have you to talk to- that's always been a good feeling. - Gloria

Diverse Experience. Most participants shared enjoying diverse work experience in the social work profession.

> Uhm it has varied I pretty much have been in the field since well, you know even prior to my MSW, you know I did work in child welfare, but since 2011, I've worked in several settings: inpatient and outpatient mental health, forensic social work, correctional settings and youth development settings. -Beverly

Moreover, this participant shared enjoying different roles in her current work and how it keeps her work interesting:

> I work right now with a diverse group and that is what I enjoy most. I am someone who becomes bored or stressed when I am stagnant, so to be able to engage in different roles at work is superlative for my work style. I am in outpatient mental health for the past 3 years it can be challenging but rewarding because some days I work out of a school-based site and another few days I work on-site in our clinic. The change in environment is healthy and keeps things interesting - Donna

Intrinsic Rewards. This was described as feeling internal satisfaction with the work and seeing how they impact their clients. One participant shared:

> I would say, I have an interest in mental health in general. So, I just enjoy being like that support and making a difference even though it doesn't seem like it immediately. Again, especially when you don't make progress or don't think your making progress, but that's

what I enjoy its rewarding to be supportive to people who are otherwise stigmatized and judged. - Dorothy

Negatives of Social Work Profession

Participants shared a few concepts related to negative experiences in the social work profession. Specifically, they grappled with burnout as an occupational hazard and income disparities.

Burnout as an occupation Hazard. One participant shared that when looking for support within the social work field, participants share indifference about burnout:

> I think that if I'm talking about like any social work groups social work groups that I'm part of, the message is, well, this is what you signed up for. With this work, the expectation is that you burn yourself to the ground because you're in a helping profession, and to help you have to show how selfless you are. -Evie

Another participant reported how the messages about this concept are mixed and have changed since the beginning of the global pandemic:

> I feel like the messages were mixed… maybe just changed; before the pandemic, is was more like this is what you signed up for, this is what life is, this is the work, move forward and don't dwell on things. -Celia

Income Disparities. Income disparities arise in the literature when comparing social workers' pay to other professions, and it also shows up as an issue of racial inequality. One participant shared how the amount of work is not compensated adequately in pay:

> Like this is another discussion, but I feel like what adds to burnout is that social workers aren't getting paid as much. So then like that overworked and underpaid feeling, that's definitely a factor. - Dorothy

Overall, participants described positive perceptions/ experiences within the profession, highlighting the diversity of work options and the intrinsic rewards from doing work that feels fulfilling to them. In contrast, negative perceptions about the profession spurred from experiences with low pay, feeling undervalued/ unsupported, and the intense nature of the work.

Theme Four: Experience of Resiliency

Participants discussed their beliefs on resiliency; this ties into the study because their experiences with resiliency may impact how they experience burnout and the overall social work profession. Participants described resiliency as a concept to combat hardships or inequities they face as invalidating and encouraging troupes that BIPOC communities face. Participants also shared two ideas about how resiliency comes to be; some shared that they felt it was an innate skill, others thought it was learned, and some felt it was both. However, resilience was considered necessary for success by some participants despite their negative or positive views. This theme can be broken down into two sub-themes: Meaning of Resiliency and the Characteristics of Resiliency.

Meaning of Resiliency

The meaning of resiliency for participants varied. However, several descriptive words came up: bouncing back, perseverance, acceptance, and overcoming. Participants also shared personal histories or thoughts on resilience while discussing the meaning specific to them. The following quotations summarize and support this finding.

> Resiliency is like, your ability to bounce back, your ability to take on the whole world on your shoulders and still be able to do the work. And when I think of resilience, I think of the African American community, my community. Mainly because we’ve been through so much as a generation. We’ve been through so much as a community. And here we are,

we're still here. We're still going through the same things, you know, but still the whole world on our shoulders and still fighting for it. Resiliency is that for me- Mae

Furthermore, participants associated the concept with being strong despite hardship:

Resiliency means staying strong, pushing on, persevering being able to bounce back. And figure out or get to the next step despite, you know, the circumstances. -Dorothy

Characteristics of Resiliency

When discussing the characteristics of resilience and the process, participants shared that they felt it was necessary for success and that it can be a combination of innate (something they are born with) and learned (a skill they obtain over time). The following quotation from the data analysis supports these two concepts:

It's something that I want to truly- truly believe that everyone has some like it just needs different things to bring it out. Like, I've always said that you know resilience can be intrinsic, something that you've always kind of had, it can be a skill, it's something you can teach people or something that can be modeled. – Beverly

One participant shared that resiliency is innate and in life must be practiced; additionally, it is based on personal variables:

You are born with some level of resiliency-at some point in life, it must be practiced. I think it's a social concept that could be explored further. But, we know in social work, it could be reflected in a combination of variables: environment, parenting, trauma. – Salma

Resiliency is Gaslighting. Another concept that emerged during the discussion of the characteristics of resiliency was associated with negative feelings or feelings of being 'gaslit' into believing the participant needed to be strong and resilient to deal with trauma or difficult experiences. The following quotes explore this:

> Resiliency is a blanket statement, sometimes, it can make someone who has been through a lot feel invalidated because they assume they are wrong because they had these traumatic things happen and suddenly, they are supposed to be resilient and if they are struggling that can feel belittling. - Michelle

Alike, this participant shared their thoughts on applying this concept to someone who experienced sexual assault:

> I also think about how someone going through trauma is always encouraged to have resilience and learn from the experience, but all experiences are not about that; what about trauma victims, sexual assault victims… are they something to say – wow I learned so much from that? So instances like that example always end up making me feel angry or negative toward someone being told they should be resilient. -Donna

Additionally, this participant echoed this same sentiment of frustration with the term and directing responsibility to the systems causing distress:

> Like you have to put up with all this stuff that's going on around you versus, maybe there could be some shifts in like the community or the society to make resilience a little bit easier for everybody, or to be resilient in the face of things that we can't control. Like a lot of the times I feel like resiliency is about you know things that other people could control if they put some effort in but we just have to deal with it. -Beverly

Lastly, one participant shared how it echoes the practice of gaslighting:

> But I also know that resiliency is like, you know can feel like gaslighting. I don't know how to describe that, but when I was in grad school, I remember someone talking a little bit about how sometimes people who can like say this- 'oh your so resilient'- and it can kind of feel like, like lessening their experience. -Gloria

Overall, the sentiments of resilience varied among participants; however, the meaning was like what is described in resilience theory. Further exploration of how resilience is perceived and experienced within BIPOC communities is vital to understand how to acknowledge it as a skill while understanding that the experiences of thinking or talking about resiliency can be harmful or minimizing in specific contexts.

Theme Five: Experiences of Racism

Participants shared their experiences of racism in the workplace and how it manifested. Focuses were on language barriers, increased caseloads, challenges with taking time off, feeling invalidated by management and colleagues, lack of supportive policies, cultural and work-ethnic challenges, family pressures based on cultural/ racial bias, unequal pay to White counterparts, and the impact intersectionality has on workers.

Impact of White Privilege on Social Worker

This sub-theme explored how White privilege impacted the participants and what that experience felt or looked like within their personal lives and workplace. The following quotes help support and emphasize these concepts:

> I think for me it probably would be the fact that I work in a very White community, a very privileged community. You know a community that is very focused on CRT and how we are indoctrinating the kids and issues with earring masks and all of that. It's very exhausting to have to maintain this neutrality. – Evie

Another participant shared about how access is limited to BIPOC social workers and how White privilege provided resources and connections to White social workers:

> Whereas with the White counterpart, you would see them making more professors encouraging them to get into admin or you need to do this kind of work. I had an

experience. I was in school getting my masters, I was in class and they were telling us all the different types of social workers there are. And I have one of my White classmates, he was like, yeah, I'm already into sports social work, but I don't want to do it anymore. You know, it's not something I want to do, and you see all the African Americans and Black people turn and look at him, like, wait, we're all getting a masters - how did you get into that? Then he says oh, my dad knows a guy in the company. And then you say okay got you. Now, you know it's the privilege connection. - Mae

Furthermore, how upper management remains predominantly White:

> My last job. I applied for a middle management role because of my colleagues who were other BIPOC individuals, they wanted me to apply. And I did. I remember distinctly sitting in that interview and I was the only person of color in the room, even though there are multiple social workers of color when it came to middle and upper management. They are certainly not diverse. - Doris

Navigating conversations of racial inequity

Participants discussed how navigating conversations about racial inequality within the workplace affected them. Some conversations were about pay and how they had to navigate uncomfortable conversations and had become a source of validation for those grappling with their Whiteness, especially in supporting or creating policies and anti-racist agendas.

> It was just tiring, and I felt exhausted at having to I don't know the words I want to use, but I just felt like I had to have this neutral face on all the time. Like, I could not react. I didn't know who was safe around me to speak about any feeling that I might be having as well. So, yeah, I think that had a huge impact on me. And now I worry about how other people in this space perceive me. – Marie

Additionally, having conversations around fair and equal pay:

> I recently had an issue where I thought there was some racial discrimination going on in terms of pay, and like having to bring that up to my supervisor, our directors. I was thinking the whole time, like what are they thinking of me, bringing this up to them. Just having to work about respectability all the time, it's just really tiring. Almost feeling as if I could not advocate for the equity in pay without feeling judged or misperceived. – Marie

Impact of Racism at Work

In this section, participants shared about the impact racism had on them in the workplace; they shared how it affected their ability to take their sick time or paid time off. They also shared how advocating for themselves can be painted as a negative attribute or labeled difficult employee.

> A lot of my Black and Brown colleagues were afraid to take their vacation or sick time, because there were all these protocols for returning to work and it felt very one-sided. White colleagues would just put in the request and get their time and come back and nothing was said, but then myself, I would say hey I need a day and it was scrutinized and there was guilt; oh but you need coverage, coverage for what? All my cases can only get therapy from me, and when I'm away for a day they need to call the emergency line or a supervisor. -Celia

Another participant shared how they are labeled for advocating for themselves:

> For better treatment and like just because, you know, I'm in this professional role. Like doesn't mean that I want to just like say yes ma'am, no ma'am. I'm very argumentative and I feel like sometimes that comes off unprofessional, which is like frustrating because

> I'm like, if I came from a different background, maybe it would look as like, it would look like I'm a very strong advocate, but instead, I'm given the label as unprofessional, and uncomfortable to be around. - Sonia

Another quote, which overlaps with causes of burnout, speaks about how the participant's needs in supervision are disregarded, but her White colleagues are given more attention.

> I am also a bilingual practitioner, and my caseload was always higher than my White co-workers. My supervision was always ended short or rushed to meet the needs of other White employees and I don't know if some of that was my own perceptions-but for my other colleagues of color in social work, I heard the same experience. - Donna

Workplace racism

Participants also shared blatant acts of racism in the workplace; this included microaggressions, assumed stereotypes, and bias. They shared having increased caseloads compared to their White colleagues and how that affected their work.

> At one point, I was providing services to people once a month, at times less, and it felt exhausting. I had to juggle sometimes 60-100 cases, all while managing my administrative duties, and treatment plans. It can be so overwhelming, and when I compared it with my White colleagues, it just didn't add up. They had less cases and were assigned less, most of the time bringing up this inequity just made things tense between colleagues, at times, even White colleagues were advocating for us, arguing with admin to tell them it was too much. -Salma

One participant shared how they were left out of office activities and labeled based on their background instead of being called by their name:

I also experienced a lot of racism at times from colleagues- being called the Spanish girl instead of my name and I remember come of my White colleagues at work, maybe like isolating me from the activities they plan like the secret Santa or when I needed to be off not getting an answer from them about covering my cases, but for the White colleague it was yes.-Michelle

Lastly, another participant reported being passed up for leadership opportunities:

I also noticed that my colleagues who are White getting more opportunities to take on leadership projects and that makes me angry and frustrated, I can propose something in a team meeting and when all the details are figured out, I am the last person chosen for the lead. -Betty

Experience with White Fragility

In this sub-section, participants dive into White fragility, what it looked like for these participants, and how it impacts the relationship between their workplace, colleagues, and themselves. Participants spoke about the discomfort of becoming a point person for anti-racist discussions or looked to for validation. Moreover, participants described pushback when they called out policies or issues specific to BIPOC clients and colleagues.

And so they started this like anti-racism group that they were going to be implementing and it was exhausting like especially as a new staff member someplace having to hear all of your White co-workers, like grapple with their Whiteness and anti-Blackness, really impacts the relationships that they have with me, the relationships they with the clients we serve. -Marie

Equally, this participant shared how they noticed that speaking out and asking for support or training to help better their care for the BIPOC communities was received with resistance:

> So, I'm beginning to notice a pattern here. So, in an interdisciplinary team meeting that had probably about 30 people in it. I made mention to the fact that you know, the demands of the clientele has been changing and I was interested in finding out what additional supports were being provided to individuals in relationship to additional cultural competency and cultural sensitivity, because we're all kind of going through it right now and especially when you hear from your clients that, so and so doesn't understand, or they've said something condescending, or there had been some micro aggressions- and have it being received as defensive. As though I'm saying, you did something wrong, where I'm just asking for all of us to receive support, not necessarily calling out, the White people, but just saying, it's something that we all can benefit from, I can benefit from it. So sometimes because like, we do have these biases, we do have these lived experiences that play a role. But when it was met with such defense, I was like, well shit, here I go, and then I started noticing I was being left out of conversations that plans were being made for other things and I wasn't notified. -Beverly

Lack of Racial Diversity

Participants shared how a lack of diversity in their workplace, specifically in middle and upper management, is discouraging and unrepresentative of the workforce and population they serve. Moreover, they shared how this affected their work and how they interacted with their places of employment.

> My supervisor and her colleagues that are supervisors, middle management, they are a mixed group, White, Black, Latinx, there is diversity there, but when you reach more of the senior directors, and board members, they are White-non-Spanish speaking, it hurts to see a lack of representation at that level. - Betty

One participant shared about the vulnerability of working in a place with a lack of representation:

> So my first job, when I was really unhappy, was a predominantly Black workplace, which I feel like is very rare-just like in terms of the world. But yeah, I like went from a place where there is some like level of safety just like being around other Black people, especially other Black women. And then I moved into this new workplace where I am one of two Black clinicians out of probably 200 staff members, like it is bad in terms of racial diversity. -Marie

Likewise, this participant discussed how they felt invisible:

> And how much you are seen, which means all that time there was this, you're doing your job, but there was this feeling of invisibility. At the same time, this need to act like them in order to fit in, in order to feel part of the group. And I think it took me years as a practitioner to let go of that and to be my own advocate, but a lot of times that meant standing alone. -Doris

Intersectionality

In this section, participants described the experience of intersectionality, sharing their experiences or perceptions of how interlocking systems of oppression work to continue inequities in their lives, and more specifically, in coping with and experiencing burnout. Participants shared experiences requesting time off and feeling targeted.

> And I know historically, a lot of time women didn't have a voice or when they did have a voice, they'd have to explain themselves. They'd have to convince. And it's like, is that wired into our DNA? Is that why this is so hard? Like, if it was a White male, he'd just be

> like, I won't be in today. Done. But for me to write that-oh my god. No, but what if they and then I was out last week- what if there's questions? - Beverly

Another participant shared:

> You know, there was a group of us in peer supervision, and of course, it was just expected that we would, as the women of color - contribute in a way that helped or guided the material distributed about racism in the workplace and gender and that was not a comfortable experience.

Overall, participants spoke about varying types of racial inequity and racism; some were overt in the conversations and actions of their peers or superiors, other descriptions elaborate on how it pervades employment systems, and lastly, how it impacts.

Theme Six: Impact of Historical Events

This theme emerged as participants discussed throughout their interviews how the COVID-19 global pandemic, George Floyd's death, and the subsequent protests directly influenced their experience with burnout and their ability to cope with burnout. Participants discussed issues related to barriers to coping due to the pandemic, increased focus on self-care due to the pandemic, continued burnout, faster accumulation of burnout, and the influence of historical events in general on their functioning. This theme developed without sub-themes during the analysis due to the integrative manner of participant quotations regarding their experiences with both historical events. While there may have been several other defining events, these were the only two spoken about throughout the interview.

Pandemic

As mentioned in Chapter 1, the COVID-19 pandemic began before this research started and continued throughout its completion. Participants shared how the pandemic influenced their

workplace environments, creating staffing shortages and eventually shifting priorities to focus on their well-being. One participant discussed how staff shortages created during the pandemic impacted them:

> I am at work as you can probably tell, I had to come in today. We are short-staffed. It is chaos. I think that I practice a lot of self-care and it's just been, really, really, brutal with the pandemic, just the past two years. – June

Another participant postulated how work systems were impacted:

> Yeah, and I'm sure it's even worse now in the midst of covid. So covid being the pandemic, being a high stressor and a trauma must have really impacted the that, that system. -Doris

Additionally, participants shared about how it shifted people's priorities to themselves,

> I really think after the pandemic-people are recognizing this more and like looking at what is essential in their lives because I guess we went through something. I guess for some it was very traumatic. Like- being unable to go out or go to the supermarket or fearing everything. So I think more people are recognizing more about having better work environments. – Kit

Participants also shared how it disproportionately impacted BIPOC communities and how they were worried about themselves:

> Yeah, well I think it was after seeing the disparity at work during the height of the pandemic, you know where, it was Black and Brown lives, one after the other lost and I work in a predominantly Black and brown community, so that is our population but there was something so very visceral about seeing that and thinking, am I next? Will this take my life? – Celia

Another participant shared how they also struggled with creating healthy work boundaries since working from home at the height of the pandemic:

> The pandemic made this difficult because working from home can be so comfortable that too much time passes, and you realize you worked 10 hours, and that's more than the time in your shift. Expectations also changed, and for me I had to be on top of my paperwork constantly because every few months the reports go out and we could look bad. -Lisa

George Floyd Death and Protests

Only two participants mentioned George Floyd's death and the subsequent protests following his death. The main focus of these two quotes was how it impacted their work and how their workplaces decided to address it:

> This explosion on racial injustice and it really caused an upheaval for the population, I was working more hours, I did not even have time to acknowledge how this had impacted me on a personal level and how those things can mix together. I remember the protests and how we were asked to participate and represent our work but then we were asked to use a personal day. I was in shock. – Salma

Moreover, this participant shared about the grandstanding some agencies participated in:

> And I moved to this new workplace and like August of 2020. This was like during the summer, when all of the riots and protests were happening. There was protesting all the time. Every company was making all this grand statements about how they're going to support Black people including my company. -Marie

Two major historical events occurred during this research, impacting the population nationally and globally. The pandemic impacted the participant's abilities to cope with burnout;

moreover, it created another layer of barriers caused by shifting work environments, decreasing limited resources, and mass loss of life. George Floyd's death at the hands of the police during the summer of 2020 pushed the United States population to riot and protest. However, it spurred a focus on racial injustice within the government systems meant to protect. Overall, both events were discussed on a limited basis throughout the research.

Conditional Matrix

While the importance of the conditional matrix and its anticipated usage were included, this study did not include a conditional matrix because a theme emerged that directly addressed the influence of these two events. This theme, 'the impact of the historical events,' was included in the final analysis. The connection between the research topic and historical events occurred naturally. Moreover, in the next section, the interrelations of the codes will explicate the influence further.

Interrelations of Codes and Themes

Throughout this research, codes and subsequent themes would overlap. It was evidenced by the data analysis when one quotation would have two or more overlapping or interacting ideas and, therefore, two codes. More importantly, participants thought and explained how those multiple variables contributed to their experiences. While some codes influenced others, some presented with reciprocal relationships, where both themes or codes influenced each other. This section will explain the most salient and recurring code relationships.

Co-Occurring Codes

Co-occurring codes are two or more codes assigned to any data segment (quotation). The co-occurrence can signal a relationship or thought process that strings those two topics together; however, not all relationships are revealed from this process. For example, there might be an

unseen or unspoken relationship between symptoms of burnout and characteristics of resiliency; conversely, because of the complex and individualistic nature of lived experiences, these two codes may not overlap. Therefore, not all co-occurring codes account for complex relationships that are seen or unseen.

Symptoms of burnout, barriers to coping, and negatives of the social work profession converge. Participants have expressed how burnout is an occupational hazard and a negative of being in the social work field and how it influences their symptoms and ability to cope. One participant noted,

> What has prevented me from coping with burnout is the amount of work that needs to be done. So like the job that I'm doing now is as an inpatient mental health social worker at a hospital. You don't really have time to experience burnout and what I mean by that is there is so much work to be done. It's a hospital. So, there's always patients. There are always people that need, you know need help. You don't even get a weekend off- if you wanted a weekend off or a week off, you have to request. And sometimes months in advance. Sometimes you might not even get it because we're always short staff. There's so much work to be done that when you can, you don't have time to experience the burnout and you don't have time to deal with it, you know, because like, you know, what is going on so you clock- in and do what you have to do and get out. -Mae

Another set of co-occurring codes were *causes of burnout* and *experiences of racism at work*, which tie together two important themes: *experience of burnout and experience of racism*. One participant shared,

> That is something I still struggle with now, in the past when I was burnout it was different, I notice I had many more cases than the other social worker and I notice I was

also translating more for my colleagues and for the providers in the building and that is not what the job description included but it was a part of the unspoken expectations. – Frida

Another participant shared a different experience, alluding to when to draw the line/ limits for how much effort is given to speaking out but then walking the line of enabling poor workplace conditions and related racist agendas:

They're almost was the connotation of was that there was almost a sigh of relief when I quit because I was one of the only people drawing attention to what the needs were, what was coming up and now they don't have that person that's stirring the pot. So, they have to address these things. They can just you know, continue moving on the way that they do which also makes me feel a little sad because it's just like I wasn't doing this just for me, I was doing this for all of us because we need more equity in the workplace, and we need more equity for our clients. But if this also says something you agree with -there's a part of it that you're also perpetuating -what's happening. But then I also think on the same token. It's like how much energy and not necessarily -commitment is the right word. But how much are we willing to put into the work and the structure of the workplace? Because don't get me wrong. There's, these themes that come up in every workplace. And what are we willing to deal with? Are we not willing to deal with? I wasn't willing to deal with all of those things and not that -it wasn't so bad that it couldn't have changed, but we need a different leader that were willing and they weren't willing and I don't have the bandwidth to do my job to the best of my ability AND fight those battles. - Beverly

A further set of necessary interacting codes is *burnout prevention* and *positive coping strategies*; we can assume from this grouping that quotations from this set will allow us to

understand how these two relate. For example, this participant talked about feeling overwhelmed with work and used a positive coping strategy that also used to prevent burnout by participants:

> I just know. I know as a social worker. I need to do something. Hmm. I think that I just knew I needed to-I needed something. I need to do something because I wasn't like, I was irritable. I irritable at work. I was irritable at home. I just knew I need to do something- I Spoke to my therapist about it and she was like, you need to talk to your supervisor. And she was also helping like supporting like, okay, we need to like we need to move on this, right? You can't feel this way. So that was really helpful. - June

Another set that converges is the *characteristics of burnout* and the *negatives of social work profession*; one participant highlights how burnout is an occupational hazard and a negative of the social work profession and further connected the act of coping is the individual's responsibility:

> Burnout is also considered an occupational hazard for social workers; I remember in my graduate seminar class many years ago. They talked about how important it was for us to be aware of burnout and what to do WHEN you develop burnout- almost like this is inevitable and that we should accept this condition as it is but also there is full-proof prevention. Those two things contradict each other, but in the end in the end- its-its more about how you handle it right? - Salma

There are many co-occurrences; this section named a few important ones, with the highest co-occurrence (relationship) emerging from *symptoms of burnout and barriers of coping*, with 15 quotes overlapping. Second, with 12 overlapping quotes, is the *experience of racism* and *causes of burnout*, implying that these two concepts interact, and we can conjecture from this that experiences of racism are also causes of burnout for BIPOC mental health social workers.

However, these co-occurrences can only provide us with theories on how they interact, and further research may be able to help correlate and develop this concept.

Research Questions

This study proposed one overall research question and three sub-questions. The overall question: "How do BIPOC mental health social workers cope with burnout?" Moreover, three sub-questions: "How do BIPOC mental health social workers select coping strategies to cope with burnout?" "How do BIPOC mental health social workers perceive burnout and cope with burnout?" and "What are the barriers and challenges for BIPOC mental health social workers coping with burnout?" These questions are vital in understanding and developing further research on burnout and coping. This section explains how the results of this study answered these questions.

Main Question

The main question: 'How do BIPOC mental health social workers cope with burnout?' can be answered by looking at the first and second themes that emerged. The first theme, which explores the experience of burnout for BIPOC mental health social workers, reiterates several findings. First, the meaning of burnout, and like what we know from the current literature, varies from participant to participant. Symptoms also fluctuate; however, there were many commonalities. More importantly, we learned about how burnout functions, the process by which it is experienced, and its characteristics through analysis.

Burnout, as an experience for this group of participants, consisted of a mix of physical and mental/emotional experiences; it also pushed some participants into a state of 'survival.' Based on this state of chronic stress, participants shared how they cope with burnout through positive coping strategies. Coping, which is a broad term, means coping by way of self-care and cognitive

activities. Both formal and informal approaches were mentioned throughout the interviews. While cognitive coping can fall under the umbrella term of self-care, the methods underneath this subcategory can be used separately and were discussed by most participants as an independent activity from self-care.

The term self-care covers a collection of coping activities. However, the significant activities mentioned were entertainment/hobbies, social support, and basic care. Basic care, an exciting concept, consisted of participants discussing utilizing day-to-day health maintenance activities as self-care. Some specific activities included making doctors' appointments, taking mental health / sick days off from work, eating healthy meals, sleeping more, and caring for their bodies through hygiene and health care. Utilizing expenses like a spa, or nail and hair services, were mentioned sparingly. Social support was mentioned, as well as visits with family, friends and outings. Physical activities such as exercise also fell under the category of basic care.

Cognitive coping also occurred, where participants discussed creating work/life balance by implementing boundaries in the workplace and stressful personal relationships. Participants used other activities, such as mindfulness and meditation, while some shared about disconnecting from social media and their phones. Many participants also engaged in formal coping through therapy (counseling). One participant explored mindfulness and connected it back to spirituality, which helped guide their abilities to cope with burnout. While there are many layers and complexities to coping, it is proposed that this research only covers a fraction of the experiences. However, the overall question of how BIPOC mental health social workers cope with burnout was addressed in these results.

Sub Questions

The sub-questions in this research were answered for the most part by the findings. Again, these findings may be limited to this sample and may not cover all the experiences of this group. The first sub-question: 'how do BIPOC mental health social workers select coping strategies to cope with burnout?' was addressed and answered by taking a closer look at one of the concepts in the second theme, how BIPOC mental health social workers cope with burnout.

If we examine the concept labeled process/ characteristics of coping, we learn that BIPOC mental health social workers cope in two different ways. Coping is explained as intentional or unintentional (automatic process), and we also learn that coping is temperamental. When experiencing burnout, participants may be unaware for some time due to the nature of burnout building overtime and sneaking up on them. They also described it as minimized in the workplace and a taboo topic, making recognizing, and combating it difficult. Burnout may begin, but workers will continue to work; those who become self-aware and recognize its impact will begin an intentional coping process. This can include thinking about how they feel physically, mentally, and emotionally and engaging in coping activities that address their needs. These coping activities remain relatively the same for both groups, aware and unaware workers.

Those who do not recognize burnout or receive negative feedback when discussing it; will begin coping through an automatic process. They will engage in different activities that might help address some symptoms but not all. As mentioned by participants, this state of survival may temporarily impact and decrease symptoms but not result in a long-term solution. Thus, it leads us to another characteristic of burnout: it lingers; even when steps can be taken to decrease it, it may never fully resolve. Participants describe this survival state as the catalyst for recognizing they are burnt out and may engage in intentional coping afterward. All participants engage in similar coping activities, as described in the answer to the main research question. All

participants also described coping activities as temperamental, changing over time despite increasing or decreasing burnout.

The second sub-question, ‘How do BIPOC mental health social workers perceive burnout and cope with burnout?’, is again explored and answered by looking at the following themes: experience of burnout, the experience of racism, experience of the social work profession, and impact of historical events. Participants shared that burnout is a systemic challenge. It is part of a more significant issue related to organizations and workplaces. They mention that burnout is considered taboo and perceived as the individual worker's responsibility. Burnout is also viewed as an occupational hazard in the social work profession; thus, it is minimized because it is expected to happen.

Participants viewed the COVID-19 pandemic as an influence on the burnout experience. They reported that it created more hardships in finding resources for coping, made workplace/ home life boundaries harder to maintain, and added to the symptoms. In contrast, participants also shared how the pandemic changed their perspectives on burnout and their workplace environments—spurring workers to be more cognizant of toxic workplace environments and choosing to put their health and safety first, thus bringing more awareness to the culture of accepting burnout as an occupational hazard and looking towards the future to change this.

Furthermore, participants shared that their burnout experience was also impacted by challenges with racism in the workplace. They cited that high caseloads significantly contributed to burnout, especially for bilingual students. They also noted that a lack of diversity impacted their feelings about their workplaces and how White fragility led organizations to address social injustice issues for clients and workers disproportionately. They also shared how cautious they

needed to be when navigating conversations about racial inequity and that this significantly impacted their burnout experience.

Finally, the third sub-question, 'What are the barriers and challenges for BIPOC mental health social workers coping with burnout?' is answered by exploring the codes related to barriers of coping and the theme of 'How BIPOC mental health social workers cope with burnout.' Participants shared many coping barriers, including personal and organizational issues. Participants talked about how asking for help was difficult due to the taboo perception of discussing burnout and how a lack of supportive workplace policies prevents them from taking time off to get the support they need. Participants also talk about the shame or guilt they experience due to pressures from their cultural upbringing that prioritizes work over wellness and how pressures to be productive in current workplaces play into these expectations.

There were also difficulties in finding resources, mainly related to lack of time or access to proper workplace sick days and vacation time. Participants also shared how important a lack of positive workplace relationships caused barriers to coping with burnout. More specifically, they shared being unable to talk with superiors and felt unsupported by them. Another barrier to coping was due to the closing of public resources during the COVID-19 pandemic. Participants shared difficulties incorporating boundaries into working from home; however, a few participants shared that this was an issue before the pandemic began.

Summary

This research concluded with six major themes, all with interrelated concepts and experiences. Participants discussed their experiences with burnout, identified common symptoms, and shared their personal experiences. Participants likewise identified the causes and impact of burnout on their work and personal lives. The identified causes aligned with what the

literature review presented, accounting for organizational and personal challenges. Impacts of burnout also aligned with the presented literature, outlining thoughts of turnover, leaving the social work profession, and challenges in their personal/ workplace functioning. Moreover, burnout was influenced by the participant's experiences with a lack of supportive policies, positive workplace relationships, the experience of racism, and organizational problems.

Burnout's characteristics of being all-encompassing, building over time, being minimized, systemic, and a taboo topic are sentiments found throughout literature. The characteristics of burnout influence how burnout is experienced, making it difficult to detect for some participants. Coping with burnout is an intentional and unintentional process influenced by the individual's cumulative life experiences with many intricate variables, all of which are not mentioned or discovered in this study alone. Further research should include determining if White mental health social workers have the same experiences with coping and testing how accurate this theory is when applied to the more significant population of social workers in different sub-fields.

Lastly, the results answered the main research questions and sub-questions, contributing to a broad theory on coping with burnout. While extensive use of constant comparison, memos, and a codebook, ensured the results to be as pure as possible and reflected the voices of the participants, the results can only be applied to this small group of participants and not the general social work profession. Nonetheless, this research's results connected many issues to help us understand how BIPOC mental health social workers experience, perceive, and cope with burnout.

Chapter 8: Discussion

During this chapter, the reader will learn how the literature review and theoretical frameworks interact with the resulting themes and theories from the research. It will discuss the significant findings and the answers to the research question. Moreover, it will explore its relationship to the literature and theoretical frameworks. Any unexpected or surprising results and implications will also be explored. To conclude, this chapter will end by discussing the limitations, contributions, and areas for future research.

Key findings

The resulting theory on coping with burnout and final themes from the data analysis delivers significant evidence that this study answers the overall research question. Moreover, the participants' voices and the subsequent emerging codes identify and align with the literature on burnout within the social work profession. Lastly, the theoretical frameworks utilized to evaluate the key findings represent participants discussing their experiences with burnout, coping, and racial inequity. The following subsections within the key findings will elaborate on these crucial points.

Themes

Theme One: Experience of Burnout

Participants shared symptoms that aligned with the definition of burnout as coined by Freudenberger (1974); they experienced feelings of exhaustion, both physical and emotional, that impacted their abilities to function in their personal and workplace lives. Participants described a chronic state of stress, which can lead to a state or feeling of needing to survive rather than intentionally addressing the present feelings of burnout. They also shared about the causes of burnout, which aligned with what was presented in the literature review. Participants pointed out

organizational issues such as larger caseload size, lack of professional support, lack of supervision, unequal/ low salaries, and role-related stressors as causes of burnout. These align with what is found in the literature review; several authors (Acker, 2004 & 2010; Evans et al., 2006; Kheswa, 2019; and Kim & Lee, 2009) explored these factors in their research and found correlations to burnout.

Participants also shared personal experiences that contributed to burnout development, which included experiences of racism in the workplace. While they also mentioned challenges with trauma, mental health, and ineffective coping, which were explored in several studies (Kretova-Lisa & Budovia, 2007; Schwartz et al., 2007; Siebert, 2006; Siebert & Siebert, 2007; Taratakovsky, 2016; Thomas, 2013; Wagman et al., 2015). However, very few studies in the literature review included the impact of racial inequities in contributing to worker burnout. Finally, participants also shared the impact of burnout, discussing decreases in their personal and social lives, feeling physically unwell and suffering from mental health challenges, and thoughts of leaving the social work profession and their current positions. These thoughts align with the correlations in several studies (Acker, 2010; Kim and Stoner, 2008; Yurur & Srikaya, 2012).

Theme Two: How BIPOC mental health social workers cope with burnout

Participants discussed coping strategies, barriers to coping, and characteristics of coping. Participants reported that most of their coping strategies fell under informal strategies, which included self-care, mindfulness, hobbies/ entertainment, making meaning, physical/ outdoor strategies, basic care, time off, and disconnecting. These strategies align with some of the informal strategies found in the literature review that other study participants used to decrease burnout (Acker, 2018; Cuatero & Campos-Vidal, 2012; Pooler et al., 2014; Sanchez-Moreno et al., 2015; Stalker et al., 2007). Participants also shared about more formal activities, including

self-advocacy, workplace boundaries, and professional help/ therapy. These findings clarify where more research is needed. Current literature reflects little on how formal coping strategies can impact burnout development and prevention.

Additionally, participants dive into how they choose or select their coping strategies, resulting in the current theory of coping with burnout. Participants shared that they both intentionally and unintentionally engage in coping, making it a temperamental process that changes from person to person. Furthermore, coping is influenced by the barriers experienced by the participants. Some of these barriers explored issues related to personal and workplace challenges. Participants reported feeling shame and guilt and grappling with their work ethics stemming from their upbringing and cultural values. This is supported by Siebert (2006), who conducted a study focusing on personal variables and how they influence burnout development. Challenges like asking for help and feeling greater responsibilities to clients outside of work all contributed to burnout.

Additionally, barriers to coping and challenges with shame and guilt overlap with experiences of intersectionality. Participants specifically shared challenges with self-care or using time off due to the expectations around their gender and their cultural values about work. More specifically, participants who were migrants or had parents that were migrants, reported the expectation of being grateful, working hard, and loyalty to their workplace despite the mistreatment. This algins with Critical Race Theory's acknowledgement that placing a primary focus on just race alone, does not account for the nuanced marginalization that takes place for BIPOC folks (Abrams & Moio, 2009).

On the contrary, participants also considered how organizational barriers play a role in coping. Participants reported a lack of supportive policies, resources, and supportive workplace

relationships as barriers to coping with burnout. Again, these variables correlated with burnout in several studies in the literature review, citing that providing these things in the workplace would decrease burnout (Kim & Stoner, 2008). Moreover, policy barriers continue to createinequity in workplace environments because most of the superiors and upper management of agencies are predominantly White. This suggests that interest convergence, which is the practice of White policy makers creating policies that serve their self-interest, is the norm. An example of this occurred when participants discussed time off. When BIPOC participants asked for time off, the requests were often met with restrictions or reinforcement of rules, like providing a doctor's note. However, their White colleagues shared that they were not obligated to abide by the same policies. Lastly, punitive actions against those who go against the status quo, helps maintain the inequity and create further disparity by denial of raises or promotions due to perceived "insubordination" by workplaces or poor workplace performance reviews(Kolivoski et al., 2014).

Theme Three: Experience of Social Work Profession

This research theme explored how participants experience the social work profession and how it contributes to their experience of burnout and coping. Participants explored some of the profession's negatives, one being that burnout is an occupational hazard. The current literature discusses how demanding social work is, suggesting that burnout is a typical experience (Smullens, 2012). In his study, Sibert (2006) highlights that 75% of a 751-person sample indicated experiencing burnout in their professional lifetime. Meanwhile, 39 % scored high burnout levels on the Maslach Burnout Inventory. However, those who did not score as feeling burnt out wrote in the margins of their surveys that they still felt burnt out despite lower scores.

Additionally, income disparity was discussed as a negative of the social work profession. However, current literature has not explored income alone as a contributor to burnout.

Income disparity is another challenge reflected in social work practice as an issue of inequity. Lower income means that workers cannot meet some of their basic needs, let alone be forced to pay for continuing education courses that are not always covered or free of charge by employers. While the profession has worked diligently over the years to further legitimize and separate it from other health care and social professions, the continuing education rules force lower income social workers, mainly social workers of color in public sectors, to use their own incomes to continue learning for the professions sake, or risk losing licensure and the ability to work in the mental health field. Participants, especially bilingual participants, shared how they were in high demand for translation and for treatment of clients. Yet, income was still reported as a negative of the profession, implying that these services are not being compensated for properly.

Conversely, participants also shared positive experiences of the profession, focused on the nature of the work. They shared that connection to clients, diverse professional experiences, a sense of intrinsic rewards, and personal accomplishment made them feel good about being a social worker. Aligning with literature that correlates intrinsic rewards with decreases in burnout and how challenging negative feelings about burnout can help decrease it (Siebert & Sibert, 2007).

Theme Four: Experience of Resiliency

Participants discussed their perceptions, feelings, and meaning of resilience. All participants had similar definitions, naming ‘bouncing back,’ ‘overcoming,’ ‘perseverance,’ and ‘acceptance’ as concepts to describe the meaning of resiliency. Resiliency characteristics were also shared; participants perceived resilience as innate and learned, supporting Collin’s (2017)

description of resilience as emphasizing innate strengths and developing protective factors. Newell (2020) supported this finding; they share that theorists believe resilience to be the product of someone's ability to appraise, process, and problem-solve trauma and adversity. Participants mostly believed resilience was necessary for success, yet some did not agree with how the term is used.

Participants conversely shared that the term resilience had qualities of invalidation and gaslighting. Garrett (2014) has shared how the literature on resilience has failed to include diversity and anti-oppressive values because the meaning and practice rely on traditional practices. Therefore, it neglects the influences of socio-political, race, and gender intersectionality. More importantly, definitions and experiences of resilience will change based on the diverse cultural, ethnic, and racial backgrounds because resilience continues to arise from the process of individuals, groups, cultures, and communities interacting and negotiating their place in society (Ungar, 2008, 2012; Collins 2018). Another critique is that resilience shifts the focus onto the individual instead of issues with the broader socio-political systems in place. The participants' discussions of resilience reflect these sentiments and, therefore, reflect that a change is necessary for how the social work profession looks to resilience to explain or encourage growth from adversity within marginalized populations.

Another critical point for this study is how the Resilience Ecological Systems Model (RESM) (Green & Watkins, 1988) applies to the participant's experiences. RESM suggests that individuals can learn how to respond to stress by adapting and establishing positive functional behaviors, which develop through positive interactions with their environment and social systems (Greene, 2014). This follows the *person-in-environment* theory and practice and the *goodness of fit* model, in which the social work profession is grounded (Green & Watkins, 1998).

However, the participants noted how constant and unrelenting the burnout experience can be, demonstrating that resilience to burnout may not be as quickly developed. This especially applies to those who have spoken about workplace and systemic challenges, such as increased workloads and inequity in pay. While BIPOC social workers are equipped with knowledge and skills that can be protective, they also experience and face many of the same oppressive issues as BIPOC non-social workers, therefore making the experience or development of resiliency invalidating.

Lazarus and Folkman (1986a) discussed resilience differently; it can be compared to the *positive reappraisal* coping process. This term comes from their Transactional Theory of Emotion and Coping (Lazarus & Folkman, 1987). This theory posits a transactional nature to experiencing emotions and coping. Participants engage in a cognitive appraisal, in which they evaluate events into four categories: harm, threat, challenge, and benefit; based on this, they may choose to cope in different ways. One of the coping categories is called *positive reappraisal*; this process occurs when the individual thinks positively about the event and changes their perspective and how they weigh their "stakes," more commonly known as risks in the situation. They may cope despite the challenge and harm it causes and grow from the experience. While this theory fits with most of the findings in this research, looking into the transactional variables, such as race, economics, and gender, would provide a nuanced approach to burnout in the BIPOC mental health social workers community.

Theme Five: Experience of Racism

Experiences of racism occurred during the participants reporting their encounters with burnout, barriers to coping, and coping strategies. Participants shared how they received higher caseloads than their White counterparts and experienced racism in the workplace. Racism was overt and experienced as microaggressions, isolation, and unequal pay. It was also covert and

presented in the form of White fragility. Moreover, they shared how the lack of diversity was discouraging and navigating conversations about racial inequity was difficult due to a fear of being perceived as combative or insubordinate. Participants additionally discussed how White fragility appeared in the workplace and how organizations became worried about how they were perceived based on their anti-racist agendas or lack thereof. Participants recounted how this only occurred after the death of George Floyd. Participants also shared how they were not asked but utilized as spokespersons for workplace committees that included anti-racist agendas. Thus, adding to their already experienced stressors and forcing them to watch their colleagues grapple with Whiteness and its impact on the BIPOC professional community. This influenced how impacted how they experienced burnout and coping.

Razack and Jeffery (2002) offered a design to examine and deconstruct racism within social work education; however, if we apply this framework to the social work profession, we can start thinking about how racism in the workplace impacts the BIPOC social work community and eliminate the damage caused, whether overtly or blindly. Additionally, workplaces should include anti-racist agendas and practice in their environments and not hold BIPOC social workers singularly responsible for translating what that entails. Bell (1980) elaborates on this through the seven tenets of CRT, one of them being amplifying the voices of the marginalized and oppressed. Instead of turning to upper management, which participants report as predominantly White, workplaces should seek to hire consultants from BIPOC communities to create a safe and open conversation about the treatment and changes that need to occur in their workplaces.

Additionally, this research itself does not account for the many individual experiences of intersectionality, which Critical Race Theory calls for by sharing the unique experiences of

different races, gender, and cultures. Where one participant may explain their experience as a Black, Latina, and as first-generation migrant, another person, such as an Asian American, migrant, may have different challenges and therefore need a more nuanced theoretical frame work to amplify that experience and their unique voices. Furthermore, the intention of the research methodology was to highlight the participants experiences, however, qualitative research by nature is inherently biased, as the researchers' personal values and thought process, influences how things are interpreted and categorized. While not intending to create an oppressive lens for the data, there is implicit bias over this process.

Theme Six: Impact of Historical Events

Participants mainly shared their experiences with the COVID-19 pandemic and how it impacted their work and experience with burnout. While some noted that the pandemic contributed a great deal of stress and trauma, they also indicated that burnout was a challenge far before the pandemic. Farr (2020) discussed an increased struggle to keep healthcare workers healthy and safe while also allowing them to contribute to addressing the pandemic. The participants shared this sentiment, as they actively discussed how burnout was difficult to address due to challenges with access to resources, lack of support, lockdown protocols, shortages in staffing, increased demands on health and mental health services, and shifts in workplace environments.

Additionally, two participants brought up the impact of George Floyd's death; this shared two different but similar perspectives, highlighting that social work should refocus on social justice issues. If we suggest looking at burnout and coping from a social justice perspective, disparities in BIPOC social workers' pay, intersectionality, and workplace racism will be decreased, with the hope of eradicating these issues.

Theory of Coping with Burnout

This theory emerged from looking at the relationship between the six themes, each contributing uniquely to this finding. The Theory of Coping with Burnout postulates several vital stages that explain how this sample of BIPOC mental health social workers copes with burnout.

Pre-Cognizant

The first stage is the experience of burnout. Participants shared symptoms that aligned with the definition of burnout coined by Freudenberger (1974); they experienced physical and emotional exhaustion, impacting their abilities to function in their personal lives and workplace. They described this experience using words such as exhaustion, tiredness, feeling empty, unmotivated, avoidant, and physically unwell. Participants likewise described a chronic state of stress, which can lead to a state or feeling of needing to 'survive' rather than intentionally address burnout. As found in the literature review, the causes of burnout can vary. Organizational factors, such as challenges with high caseloads and reduced autonomy (micromanagement) (Acker 2010), can cause workers to feel dissatisfied with their work and experience burnout. Participants in this study discussed how higher caseloads, especially for bilingual workers, contributed to their burnout.

Unawareness

The second stage of this theory maintains that the worker is still unaware of the occurrence of burnout but might start to experience its impact. Supervisors, colleagues, and family may begin to see the impact on the worker through their behaviors. Examples of this in the literature that align with participants' experiences are thoughts of quitting their job, decreases in social activities, decreases in work participation, and taking more sick time off. Kim et al. (2011) highlighted how participants with the highest burnout scores experienced more physical

illnesses and took more time off from work. Thus, supporting that burnout is economically wasteful for the mental health workforce (Morse et al., 2012). Conversely, participants also noted guilt and shame for taking time off; these feelings, combined with unsupportive workplace policies, pushed participants into a state of 'survival.' This state focused on alleviating current symptoms without looking at the burnout experience.

This inability to recognize burnout may stem from the chronic sense of needing to maintain productivity in the workplace. This idea stems from many factors, including the participant's own cultural background and work ethic. Additionally, it is theorized that the concept of burnout as an occupational hazard may push professionals to subconsciously, or consciously ignore warning signs indicating burnout. Lastly, no time concepts are related to this theory; while it is proposed that those new to the profession may acquire burn out quicker, the syndrome can begin to negatively impact the worker at different time intervals based on many intricate variables. Some known variables correlated with burnout are having a caregiver role outside of work, being relatively new to the field, working in public sectors, and having a history of trauma (Acker, 2004; Acker, 2010, Evans et al., 2006; Kalliath & Kalliath, 2014; Kheswa, 2019; Kim & Lee, 2009; Siebert & Siebert, 2007).

Self-Awareness Versus Reaction

Self-Awareness. The third stage splits into two groupings; the first grouping, 'self-awareness,' indicates that workers identify they are burned out and start to think about intervention. This active process aligns with the process of cognitive appraisal in Lazarus and Folkman's (1987) Transactional Theory of Emotions and Coping. Cognitive appraisal is when the individual begins to evaluate what is happening to them, sorting it into one of the four categories: harm, threat, challenge, and benefit. Depending on how someone categorizes burnout,

it may directly impact what they do to cope. However, this author ~~postures~~ posits that burnout is classified as all four, and because of this, participants' next step in the process is intentional coping. At this stage, participants' personal experiences with resiliency, the overall social work profession, and their experiences with racism in the workplace will influence their mental and emotional state. Participants in this group may have had previous experiences with burnout, seen others with the condition, or had positive experiences where they persevered through stressful work and life events. These reciprocal relationships create a unique process for the individual. Moreover, this stage does not mean that the participant is not under stress or feels the need to 'survive,' as described by the participants in this study. However, they may be able to have more control and direction over how they deal with burnout.

Reaction. In contrast, participants who cannot recognize burnout will move on to the third stage but end up in the second grouping, called 'reaction.' The reaction group describes the process of the participant reacting to being in a state of 'survival' described as a state of chronic distress, thus leading them to participate in coping without awareness or targeted activities. Coping for these participants is primarily motivated by alleviating present stress, focusing on symptoms rather than the general problem of burnout. In this case, Lazarus and Folkman's (1987) presentation of a cognitive appraisal does not occur. This leads to a different coping experience and process, resulting in the same coping activities. This stage is additionally influenced by the participant's personal experiences with resiliency, the social work profession, and experiences of racism in the workplace. Participants with negative experiences with resiliency and the social work profession may have more challenges alleviating burnout than others.

Coping: Intentional, Unintentional, and Temperamental Process

The final stage of the Theory of Coping with Burnout is the coping experience. This stage presents coping as intentional/ unintentional and temperamental. All coping is temperamental, changing depending on the individual variables specific to the person. This concept is like Lazarus and Folkman's (1987) idea of transactional variables, which make coping unique to the participant. As noted, experiences with resiliency, racism, the social work profession, resources, and overall well-being will influence this process. However, coping, or the type of activities underneath the umbrella of coping, remain relatively the same for all participants, regardless of their coping method and level of awareness. Coping is divided into two sub-types, self-care, and cognitive coping, with both sharing and having interwoven coping activities.

Participants defined self-care as many things; they discussed hobbies, entertainment, exercise, social supports, and a concept defined by the research as 'basic care.' Self-care also consisted of cognitive coping activities- such as disconnecting, mindfulness, therapy, and setting boundaries. Factors like support from their workplaces influenced coping activities/ organizations, workplace policies, experiences with racism, resource availability, and personal challenges like asking for help. Asking for help was a challenge that Siebert & Siebert (2007) reflected in their study. They theorized that social workers struggled to seek help because they developed an idealized professional self which is rooted in being able to be a caregiver. It was not easy to reconcile the role of being a help-seeker, which was influenced by those in the sample who had caregiver roles outside the workplace.

Participants in this research study examined coping as something that needed to be realistic, which included thinking about things they had easy access to and could realistically engage in. Self-care is discussed in the NASW Code of Ethics as an ethical practice that social workers must implement to prevent and decrease burnout experiences (NASW, 2021). Self-care

is a practice that is predominantly encouraged as an individual effort despite the ongoing literature supporting burnout resulting from systemic challenges. While the participants in this study shared stories about self-care as positive acts, some had negative feelings about it. Sharing that 'basic care,' like eating a healthy lunch at work, taking a complete lunch break, going to the doctor regularly, and exercising, should not be considered part of the self-care umbrella.

Lazarus and Folkman (1987) dive into coping and theorize several subtypes: *confrontive coping, accepting responsibility, distancing, self-control, seeking social support, escape avoidance, planful problem-solving, and positive reappraisal.* They, too, explored coping as a temperamental process, changing based on the individual's cognitive appraisal process. Coping for participants in this study who were aware of their burnout experience consisted of planned activities, like Lazarus and Folkman's (1986a) descriptions of *planful problem solving, accepting responsibility, self-control, and seeking social support* coping. Conversely, participants who remained unaware and did not participate in *cognitive appraisal*, would participate in coping, and utilize activities such as d*istancing, escape-avoidance, and confrontive-coping.*

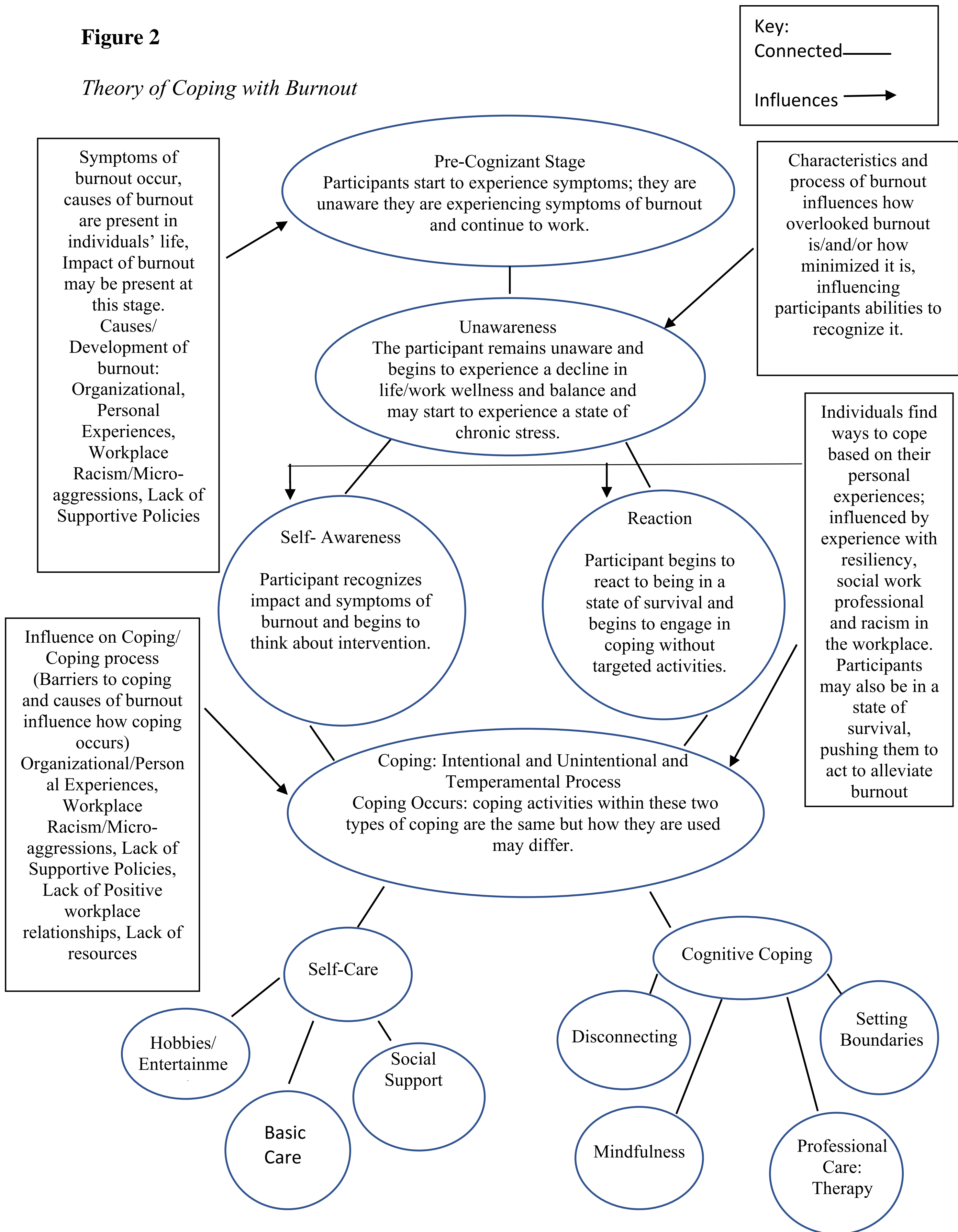
Coping also intersects with participants' experiences of racism and marginalization. Coping and the barriers to coping encompassed issues of neo-liberalism (Stuart, 2021), maintaining that the solutions are within the individual and normalizing the inadequacies in that system. Challenges include unequal pay, dismissive or poor supervision, lack of diversity within middle and upper management, and their voices feeling undervalued. Moreover, employers' attempts to build into their practice anti-racist agendas impacted this sample of BIPOC mental health social workers negatively. The participants shared having difficulty maintaining neutrality and not knowing if it was safe to share how they felt about these efforts; more notably, the efforts were made by a superior that did not reflect BlPOC voices and experience but rather from

the White dominant perspective. If Critical Race Theory tenets were applied to supporting coping with burnout for BIPOC workers, attempts at anti-racist agendas and deconstructing racism in the workplace should be created by organizations that are led by BIPOC leaders and those who seek to balance power and privilege in the workplace. Participants also shared that acknowledging the systemic impact of burnout and racism would help to begin conversations about what is equitable.

Overall, the Theory of Coping with Burnout is based on participant accounts and is not created from causation but from the inductive process of thinking, feeling, and doing. There are many intricacies and layers in implementing this theory and process. Therefore, this theory is just the first outline and step into diving into how coping with burnout takes place. Figure 2, below, provides clarification through a visual aid and can be used in conjunction with Table 1, which directs the reader to see how the concepts from the themes were used to identify this theory.

Figure 2

Theory of Coping with Burnout



Implications

As previously stated, research in the field of burnout is exhaustive. However, few research endeavors seek to explore and understand the voices of workers experiencing burnout. In trying to understand and give a comprehensive picture of burnout in the social work community, specifically for BIPOC mental health social workers, this study confers the importance of finding an effective solution to this challenge. Moreover, this study presents a new emerging theory on coping with burnout that can be explored and tested in future inquiry. Doing so will influence the social work field in the following ways:

Social Work Practice

This study highlights factors, personal and organizational, that contribute to burnout and coping strategies, formal and informal, that BIPOC professionals utilize. Moreover, it exposed the influence racial inequity and racism has on burnout and coping, as experienced by BIPOC mental health social workers in their day-to-day social work practice. MoreoverAdditionally, it was discovered that the terms coping strategies and self-care were used interchangeably, and this group considers self-care a coping method. This study also espouses that burnout influences turnover thoughts, a factor aligned with the present literature on burnout (Acker, 2004; Evans et al., 2006; Kim & Stoner, 2008). Therefore, social work practices should address these inequities to produce a high standard of care for clients and create equity and wellness to retain a diverse workforce. This would uphold several Code of Ethics standards, advocating the importance of social justice, competence, and service (NASW, 2021).

Furthermore, the recent change to the Code of Ethics, requiring self-care as an ethical standard (NASW, 2021), should be evaluated generously to understand best how to support the workforce in this effort. The National Association of Social Workers should begin to lobby for

unionization to help create protective federal policies that will aid social workers and, more importantly, BIPOC workers feel protected in their workspaces. In addition, if self-care is mandated, policies concerning providing suitable options for self-care, including funding for staff investment, should be implemented.

Social Work Education

Through this study, social work education would benefit from teaching and creating a curriculum that outlines racial inequities in the profession and emphasizes how students in the social work field can actively encourage changes and advocate for equitable treatment of themselves and their BIPOC peer scholars. More importantly, social work education leaders should work towards re-creating their cultural competency models. While the teachings are broad and intend to cover many unique groups, the broad nature of it creates a colorblindness that attempts to equalize racism. Acknowledging racism as endemic and creating specific anti-racist curriculum better prepares emerging social workers to properly address racism in the profession and in their client systems (Abrams & Moio, 2009). Additionally, higher education institutions should seek to challenge bias and White privilege by providing equitable internship opportunities to all students seeking to diversify their social work practice fields.

Moreover, integrating curriculum that specifically discusses burnout, its impact, and resources for prevention and/or coping, would create a more self-aware emergence of social work professionals. This in turn would support role reconciliation for help seeking by helping professionals. Instead of normalizing burnout, education should work to normalize prevention and systemic changes in practice. Lastly, teaching Critical Race Theory in social work schools, would help to create more opportunities for pupils to be prepared to identify racist practices in

oppressive systems and develop policies and plans that combat racism in the education and social work field.

Policy

As reviewed in Chapter One, policies on burnout and active solutions for burnout do not yet exist. This study demonstrates that advocating for future policies around safe workplace practices and accommodations for employees experiencing burnout is tantamount to creating a successful workplace. While several other ideas, such as unionizing the social work profession (Farr, 2021) and the Social Work Reinvestment Act (Social Work Reinvestment Initiative, 2013), do not include specific items about burnout or preventative actions to reduce the development of burnout, policy makers would do the social work profession a disservice by not re-visiting these ideas or rallying for them. This study increases awareness of burnout experiences for BIPOC mental health social workers and thus encourages the creation of a policy focused on supporting social workers experiencing burnout. Policies encouraging accommodations, like the Americans with Disabilities Act, which supports accommodations for mental illnesses such as depression and anxiety (United States Equal Employment Opportunity Commission, 2016), should include burnout as a disability for accommodation. Furthermore, workplaces that employ social work staff should implement policies that support workers in taking paid time off to address burnout and provide extra support, such as free therapy and reduced workloads.

Likewise, it is important that policy also reflects the implications of licensure for social workers. Castex and colleagues (2019) highlights ways in which he licensure system is inherently racist and how it creates disparities in pay, promotion eligibility and prevention of BIPOC social workers from delivering much needed services to marginalized communities,

creating a compounding effect and violating the Code of Ethics, by preventing social workers from ensuring equal access to resources, such as mental health care (NASW, 2021). It is the suggestion of this researcher that the NASW and ASWB collaborate to create an alternative path to licensure, much like Texas implemented for those who have failed the licensure test by several points. Through that system, licensure could be awarded after social workers gain a certain amount of practice hours and reach competency in the therapeutic skills needed to deliver services.

Social Work Research

Social work research would benefit from continuing to teach examples of how Critical Race Theory can be used to explore and create anti-racist research that amplifies the voices of the marginalized and oppressed. Successive research should focus on the challenges burnout creates for non-White social workers, and how to apply action steps to combat disparaging practices in the field. Moreover, social work research should continue to create research based on samples from predominantly non-White entities, to create a more detailed picture of how racism pervades the social work field. Lastly, social work research should embrace critiquing and challenging White dominant research theories, with the mission of creating equitable research and applicable theory.

Summary

In conclusion, this research explained how burnout impacts the social work profession, specifically BIPOC mental health social workers practicing in New York State and sought to discover and explain their coping strategies. Burnout research is rich in social work and provides insight into a challenge with dire outcomes. It was essential to conduct this research due to the limited literature on coping strategies and the experiences of BIPOC mental health social

workers. The research was conducted through a qualitative approach, using the inquiry methodology of Grounded Theory, as described by Corbin and Strauss (1990, 2015). The data was gathered by first collecting inclusionary and demographic information through an online questionnaire; following this, semi-structured interviews with 11 predetermined questions took place with 20 participants. It sought to answer the overall research question: "How do BIPOC Mental Health Social Workers Cope with Burnout."

The significant findings of this research identify several crucial points. First, it identified the burnout experience for BIPOC mental health social workers and explored this in the context of their experiences. It discussed causes in the literature and the implications of burnout in the social work profession for this group. Secondly, a new coping theory emerged, despite having similarities to other coping frameworks, such as Lazurus and Folkman's (1987) Transactional Theory of Emotion and Coping; this theory posits that the coping process is temperamental and can be intentional and unintentional. Moreover, coping strategies and the term self-care were used interchangeably, indicating an overlap in the definitions of these two terms. Most of these strategies were positive, reflecting both actions and cognitive coping strategies and reflecting that participants do engage in coping with emotional and physical addressing.

Third, this study uncovered challenges with coping and barriers related to increases in burnout. Some challenges indicated are a lack of supportive workplace relationships, a lack of supportive policies, personal issues, and challenges with maintaining boundaries. Furthermore, this study observed how racial inequity impacted BIPOC mental health social workers and shared through their narratives the impact it has had on coping and burnout development. Fourth, essential findings also included the impact of the historical events during this study, including a global pandemic and the death of George Floyd, a Black man wrongfully murdered by police.

Both events impacted burnout and racial relationships, creating a higher need and strain on the mental health profession and BIPOC communities. Furthermore, the COVID-19 pandemic created strains on financial and healthcare resources and disproportionately impacted BIPOC communities (Farr, 2021).

Additionally, while resiliency is a crucial component of social work practice, this study identified that using resiliency or its framework within the context of burnout and coping, especially for BIPOC workers, downplays and invalidates their lived experiences and hardships. Participants were expected to work to or meet a status quo, which supports Collin's (2017) idea of deconstructing individualized standards of resilience and coping and demanding interventions on governmental and global levels. BIPOC mental health social workers shared how standards set for them versus their White counterparts were more demanding and focused on individual outcomes. To rectify this message, Collins (2017) suggests that this begins with societal changes, increasing equity within the social structures, and then governmental and global efforts.

Areas of Future Research

This study left several areas unexplored that justify further research due to the methodological limitations.

First, this research can be further supported by verifying burnout rates within the sample by utilizing the current Maslach Burnout Inventory. Utilizing this tool in a mixed methods study could clarify if it aligns with how the participants felt about their burnout experience. Further research should also involve looking at this tool to determine if it is relevant and effective at relaying and measuring the burnout experience for BIPOC social workers, considering that racial inequities directly impact their experiences. Moreover, based on further studies involving BIPOC social workers experiencing burnout, creating/ developing an instrument to measure the unique

burnout experience for social workers of color would be paramount in understanding how it impacts marginalized groups.

Likewise, understanding that not all marginalized groups have similar experiences due to differences related to race, culture, and gender. Exploring how intersectionality impacts everyone based on their experiences and using the corresponding literature in Critical Race Theory will give more detail and voice to their narratives. The current study looks at the collective experience of BIPOC mental health social workers on coping with burnout, leaving out the uniqueness of different groups. This might suggest conducting case study research to take a deeper dive into the impact of racism and racist practices in the social work field, and what coping with burnout looks like for them/.

Secondly, a study sampling the national level of burnout rates among social workers in all fields, including members and non-members of the NASW, would give a more accurate depiction of burnout in the profession. This research could also include a comparative study of burnout rates for LCSWs versus LMSWs versus unlicensed social work professionals. Lastly, this study did not look at how the individual demographics of the participants impacted their answers to the research questions. This would have made the participants more identifiable and, therefore, impossible to use in this framework. While these variables have been identified by current literature as correlating with burnout, exploring these variables through another qualitative study would inform how they can give further context to burnout and coping experience.

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APPENDIX A: Consent Form

Research Study Title: *Accounts of Burnout in Social Workers of Color: A Qualitative Study on how Social Workers of Color Choose their Coping Strategies in the Face of Burnout*

Researcher(s): Crystal Semenets, Wurzweiler School of Social Work, Yeshiva University – Wilf Campus, New York

Why am I being asked to participate in this study?

You are being asked to participate in this study because you have self-identified as a mental health social worker of color practicing in New York State. You have also identified that you have current or experience(s) with burnout and work in direct service with clients (non-supervisory role). You have also identified that you have access to the internet and a computer and the ability to read, write and practice social work in English.

What is this study about?

The purpose of this study is to examine how BIPOC mental health social workers cope with burnout and if there is a theory that comes from this discovery that can later be tested. The research is also aimed to fill in the gaps of the limited literature on this topic and contribute to the overall social work profession.

How long will I be in this study?

If you agree to this study, you will be asked to fill out a demographic's questionnaire via email (a 5–7-minute process and be contacted to participate in a virtual or in-person interview for a minimum of 90 minutes, answering several open-ended questions related to the topic.

What happens if I say yes to participating in this study?

You will be asked to sign this consent form, complete a demographic questionnaire, and, if selected, go on to participate in an individual interview that will last for 90 mins. *It is your choice to participate in this study; should you have no interest, you do not need to respond to the consent form email, or questionnaire and you will not be considered. Your decision does not affect your relationship with the researcher.*

What happens if I agree to be in this study but change my mind later?

You can change your mind and stop at any time during this study. Please follow the below steps to withdraw entirely:

-Contact the researcher directly via phone or email and inform her that you would no longer like to continue participating in this study.

-Any information that has already been collected from your participation will be withdrawn and destroyed.

Are there any possible risks to me?

There is minimal to no risk in participating in this study, however, should you feel emotionally affected by the discussion that comes from the individual interview, the research findings, you will be provided a sheet with resource information to utilize to support you. All identifying information will be removed, however, demographic data from your demographic questionnaire

will be shared. Should anyone ask the researcher about your participation in the study, there will be no communication with anyone about your participation, except for with you.

Will I be paid for this research, or will it cost me anything?

You will not be compensated for this study. However, a token of appreciation will be given to those who participate in the form of a $10 Amazon gift card. It will not cost you anything to be in this study.

Who can see or use the information collected in this study?

Your name will not be collected with your interview, you may use a pseudonym of your own choice. The voice recordings of your virtual zoom or in person interview will be destroyed at the conclusion of this research, only a paper copy of your transcribed interview will be saved, and password protected on the researchers University Google Drive. The information will be kept for up to three years (as required by Federal guidelines) or until it is no longer required and then be destroyed. Your email address may be required for contact purposes to schedule your individual interview, the purpose of having the email is strictly for professional use and is protected by the researcher by a password-protected file on the researchers google drive account. If information from this study is published or presented at social science research events/ meetings, your name and email will not be used. This researcher will do her due diligence to ensure that your information is not used improperly or maliciously; she will make sure that no one else knows of your participation in the research. While it is unlikely, there are times when others may need to see the information this researcher collects about you; these persons will only include individuals at the Wurzweiler School of Social Work who oversee research to make sure it is conducted properly.

Will I benefit from this study?

Participation in this study may benefit you by highlighting the experience you the participant has had as a mental health social worker of color with burnout and lead to a call for action to change, develop, and demolish policies that continue to uphold White-dominant narratives about burnout and coping with burnout. In general, policies surrounding burnout and theories about how to prevent burnout may arise from this study that directly impacts the social work profession by finding positive ways to support its constituents.

Who can answer further questions about this research study?

This research is being overseen by WCG IRB. An IRB is a group of people who perform independent review of research studies. You may talk to them at 855-818-2289 or researchquestions@wcgirb.com if:

- You have questions, concerns, or complaints that are not being answered by the team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

Statement of Consent

By clicking on the provided link, you agree to take part in this research

APPENDIX B: Hard Copy of the Demographic Questionnaire (also covers inclusionary criteria) on Qualtrics Platform

1. Do you hold an LMSW or LCSW license? Please circle (please circle one: LMSW / LCSW) Yes NO

2. Do you work as a direct provider of mental health services for clients?

Yes No

3. Have you ever self-identified as experiencing burnout or self-identify as currently experiencing burnout? Yes No

4. Do you work in public or private practice? Please circle one

Public Private

5. What is your racial identity?

____

6. What is your gender identity? Please write your answer in the space provided:

____

7. What is your cultural/ ethnic identity? Please write your answer in the space provided:

____

8. How many years of experience do you have in mental health social work practice?

____

9. What is your highest level of education?

____

10. What is your marital status? Please circle one:

Single Partnered

11. Do you have children?

If yes, please list their ages: ____

None

12. What is your age?

____

13. Do you have a history of Trauma (as defined as any event current, past, or present that was unexpected and unwanted that caused significant harm/ distress)? Please Circle One:

Yes No

APPENDIX C: Solicitation Letter with Consent and Confidentiality Agreements

Dear ListServ Members, Faculty and Peer Scholars,

My name is Crystal Semenets, and I am a Doctoral student at Wurzweiler School of Social Work. I am currently researching BIPOC mental health social workers and how they cope with burnout. Burnout is a condition that has plagued the social work profession for many years, and I am trying to develop a theory about how BIPOC mental health social workers, cope with burnout. There is a significant gap in research on this group and their experiences coping with burnout. I hope you will consider taking part in this research study that will help me gather data on this matter.

My research will center on learning about what burnout looks like or means to BIPOC mental health social workers, their experience with burnout, how they have coped with burnout, and if they have experienced any challenges with coping. Additionally, I want to learn how systemic racism has affected their ability to cope with burnout. Finally, from this research, my hope is to discover a theory that can later be tested and used to further the literature gap in social work on burnout and coping.

This research is entirely voluntary, and your participation will remain anonymous. If you agree to take part, you will be sent a virtual consent form and a demographic questionnaire that will ask for an email and phone number so that you can be contacted for your interview. You do not have to provide your name. If you do, your name and identifying information will not be used in the research. All data collected is kept for up to three years (as per Federal guidelines) or until the researcher no longer requires it and then will be destroyed.

Please note that by filling out the demographics questionnaire and providing your email/ number, you will be consenting to participating in this study. You may choose not to answer any question in the questionnaire, or during the interview. You may choose to withdraw from the study at any time. Should you have further questions or concerns about your rights or about any aspect of this research, I encourage you to contact me at crystal.rodriguez@mail.yu.edu or the

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Thank you for your time, and I hope you will choose to participate in this research!
Crystal Rodriguez Semenets, LCSW, Ph.D. Candidate

APPENDIX D: Semi-Structured Open-Ended Interview Questions and their Connection to the Study

Each interview will start with several warm-up questions related to the participant's unique demographics and to open the conversation and allow for rapport to build. The following questions are the focus of the interview and were grounded in this study's literature, theory, and methodology.

1. Tell me about your racial/ ethnic background
2. Tell me about your experience as a social worker thus far
3. Tell me what you enjoy about the work you do
4. When you hear or think about burnout, what does that look like or mean to you? How do you define it?
5. Tell me about your experience with burnout.
6. How has racial inequity and/or systemic racism affected your experience with burnout?
7. Has there been anything that has prevented you from coping with burnout?
8. How have you coped with burnout? What does coping look like/ mean to you?
9. What messages have you received from others about coping with burnout?
10. What is your process for selecting coping strategies?
11. When you hear the word resiliency, what does it mean to you?

APPENDIX E: Mental Health Resources for Participants

Below are several resources to support your mental health needs.

Emergency Hotline Information
Department of Health Crisis Hotline 1-800-527-7474

Life Net Hotline Network 1-800- LifeNet (543-3638)

NYC Well 1-800-692-9355 or text "Well" to 65173

Multiple Locations
Jewish Board of Children and Family Services
To make an appointment: 1.844.ONE.CALL

Lifestance Health
Lifestance.com

Bronx
Comprehensive Counseling LCSWs
https://www.comprehensivecounselinglcsw.com/
718-830-0246

Mosaic Mental Health
718-796-5300

Manhattan
Manhattan Mental Health Counseling
212-960-8626

Brooklyn
Comprehensive Counseling LCSWs
https://www.comprehensivecounselinglcsw.com/
718-830-0246

Queens
New Horizons Counseling Center108-19 Rockaway Blvd
Ozone Park, NY 11420
Tel: 718-845-2620