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**Coping Strategies Used by Christian Social Workers to Manage their Mental Health  
Amidst Covid-19**

A Grounded Theory Study

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**Abstract**

A grounded theory model of qualitative research was used in order to create a theory for the ways in which Christian social workers coped with the effects of job stress and compassion fatigue during the global Covid-19 pandemic. The participants were six female social workers from Northwest Iowa who worked in direct care with clients. From the participants' stories emerged a fluent framework for how the social workers were coping within the time of the Covid-19 pandemic. Researchers found that the participants' coping strategies fell within the realm of five categories: faith, physical activity, distractions, support systems, and boundaries, all of which are supported by previous literature.

### **Literature Review**

Social workers work with vulnerable people, constantly bearing the hard stories of hurting people and acquiring heavy caseloads on top of managing their personal lives. Due to these factors, roughly 21% to 67% of mental health professionals experience high levels of burnout (Morse, 2012). This is an extremely concerning number as burnout and other factors often lead to job turnover (Firmin et al., 2013). In the face of Covid-19, this is even more concerning as many professionals, including social workers, have taken on more hours, thus increasing their risk of emotional exhaustion (Braquehais et. al, 2020). In light of this information, it is imperative to begin looking at the different ways social workers are currently taking care of themselves, their use of coping skills, and the impact of faith during this difficult time.

### **Compassion Fatigue & Burnout**

Professions in the helping field are commonly known for their susceptibility to burnout and compassion fatigue as a result from job stress. The term “burnout” was first used by psychoanalyst Herbert Freudenberger in 1974 to describe the various symptoms of exhaustion following stress and emotional overload in the workplace (Runcan, 2013). Although social workers are among the most committed of all helping professions, studies suggest they are also at a greater risk of burnout due to their constant exposure to the difficult problems presented by clients (Runcan, 2013; Decker et al., 2015). Burnout can also result from large caseloads, overworking, the work atmosphere and structure, low wages, feelings of guilt, unmet expectations when helping clients, and more (Decker et al., 2015; Dastagir, 2021; Firmin et al., 2013). Additionally, the inability of an individual to detach from work while not at work also leads to increased stress and a suffering well-being (Sonntag, 2014). All these factors

combined contribute to the notable amount of turnover within helping professions (Firmin et al., 2013).

Social workers are fueled by compassion and their commitment to helping others. While these are necessary and commendable attributes, too much of a good thing can actually make matters worse for both social workers and the clients with whom they work. This phenomenon, commonly known as compassion fatigue, is characterized by a “gradual lessening of compassion among care-giving professionals who work with traumatized individuals” (Decker et al., 2015). Too much compassion and exposure to trauma can lead to physical exhaustion, emotional stress, withdrawal and isolation, and sudden mood changes such as depression or irritability, and these symptoms often occur with little to no warning (Decker et al., 2015). Combined with burnout from job stress, social workers may lose their sense of purpose and feel as though they can no longer adequately help the individuals they work with (Runcan, 2013).

Compassion fatigue and burnout among helping professionals, especially social workers, have been increasingly prevalent in the recent events of the Covid-19 pandemic (Prasad et al., 2021). The problem with compassion fatigue is that it makes social workers feel guilty for turning away clients. Therefore, as mental health issues and suicidal ideation rates have skyrocketed and more people are reaching out for professional help, social workers have naturally taken on heavier caseloads. Dastagir (2021) noted that 84% of mental professionals increased their caseload during the pandemic. As a result, social workers’ personal time has significantly decreased, lessening their ability to effectively cope and manage their own well-being. Instead, professionals undergo constant stress with little to no relief. More recent studies have shown that elevated stress and burnout rates among social workers are also linked to “fear

of exposure or transmission”, navigating changes in resources and supports, difficulties accessing clients, and adapting practice to meet the ever changing circumstances within a limited timeframe (Prasad et al., 2021; UNICEF, 2021). The intensity of these variables combined has caused a significant increase in job stress, fatigue, and burnout.

Another contributing problem unique to the Covid-19 pandemic is that everyone experiences the same events at the same time. The phenomenon in which an “entire society feels this intense threat or overwhelming amount of stress that exceeds one’s ability to cope” is known as “collective trauma” (Holmes et al., 2021). The pandemic has affected every person in society in some way, and most people have experienced some kind of loss. This creates a unique position for social workers in that they are trying to help clients cope with everything going on while also trying to deal with the same stress and loss themselves. In professional terms, this phenomenon is called “parallel experience” (Dastagir, 2021). Dual exposure to stressful events often causes social workers to become more vulnerable, making it easier for professional and personal boundaries to blur together (Holmes et al., 2021).

Interestingly, in a recent study conducted by Holmes et al. (2021), burnout and secondary trauma rates were found to be at an average level among social workers. Researchers reason that “because society is currently viewing the work of social workers, nurses, doctors, and other frontline or essential workers in a positive light, those working to help others may internalize those positive and heroic messages into higher levels of compassion satisfaction” (Holmes et al., 2021; Prasad, 2021). Due to the notable level of care and commitment that social workers demonstrate toward their job and their clients, social recognition and appreciation helps encourage social workers and other helping professionals to persevere in the work they are

doing. While this is beneficial both for social workers and clients, however, it also indicates the importance of organizational support and the use of adequate coping strategies for helping professionals to continue doing their work to the best of their abilities.

### **Faith & Spirituality**

Social workers make up the largest population of clinically trained helping professionals in the United States, and a large amount of social workers report affiliation with a Christian denomination (Oxhandler & Ellor, 2017). Oxhandler & Ellor (2017) indicate that faith for Christians in the field of social work serves as an additional resource by promoting comfort and calling using theological virtues specifically within the Reformed tradition. Lizano et al. (2019) adds that “spirituality was found to be a valuable personal resource related to work engagement”. One reason for the connection between social work and the Christian faith is that the Christian worldview often supports the social work Code of Ethics and mission to serve the disadvantaged. Therefore, a social worker’s religious and/or spiritual beliefs affect how they interpret the world around them and how they interact with clients (Oxhandler & Ellor, 2017).

As a result of this overlap, faith is inseparable for the Christian social worker and will inevitably impact their practice, even if they are unaware of it (Kuilema, 2014). Hohn et al. (2017) found that approximately 62.7% of social workers believe that it is appropriate to incorporate faith into their work, but few have been trained on how to do so in an ethical way that also promotes the self-determination of clients. Another study conducted by Oxhandler et al. (2021) found that out of 486 NASW members, 97-99% of participants agreed that faith impacted their social work identity and 76-99% stated that faith impacts their social work practice, while only 8-41% reported that they had conflicts between their faith and their social work practice.

Social workers are confronted with the alarming amount of evil and brokenness in the world on a daily basis. This likely leads to different forms of burnout, such as emotional exhaustion, cynicism, and diminished personal accomplishment (Kuilema, 2014). Christian social workers may also over-identify with their clients because they live by the Christian standard to love their neighbor as themselves. These strong commitments and ideas carried out in their work may also lead to an increase in burnout (Kuilema, 2014).

Those who experience emotional exhaustion may do so in the context of despair as a Christian who wrestles with the idea of suffering in the world. Some Christian social workers find peace amidst suffering with the knowledge that Christ also suffered on the cross for the sins of the world. Faith gives assurance that suffering happens for a reason and that it can be turned into something good, which can help with coping (Kuilema, 2014). Giving worries to a higher power reflects the Christian idea of humility, or relying on something other than oneself and finding hope in faith. This brings forth the belief that people cannot do everything on their own, and untimely God is in control and can lessen the stress and burnout being experienced (Kuilema, 2014).

Compassion fatigue negatively impacts social workers, while compassion satisfaction moderates those negative effects. It has been found that a person's faith can influence their compassion satisfaction (Harr, 2013). Christian social workers reported very high levels of self-efficacy as opposed to those who do not identify with the Christian faith (Oxhandler & Ellor, 2017). The positive feeling of compassion satisfaction for social workers and helping professionals contributes to their mental, physical, and spiritual well-being and promotes overall workplace health (Harr, 2013).



Integrating faith into the education of social work, and also in their practice with clients, has also shown to improve job-related burnout. Christian faith is a common incentive for people entering the helping profession. However, social work students are often told by professors and supervisors not to talk about their faith and religious beliefs with clients in the interest of promoting ethical practice and self-determination of clients (Hohn et al. 2017). On the other hand, social workers found strength and empowerment from sharing their faith and love of God with their clients. This helped social workers connect with their clients by watching them grow in their faith, increased their compassion satisfaction, motivated them to stay in their agency, and led to less burnout (Hohn et al., 2017; Harr, 2013). Hohn et al. (2017) found that approximately 62.7% of social workers believe it is appropriate to incorporate faith into their work, but they have not been educated or trained in spirituality and ethical decision making in relation to faith. Although there is much research on social services integrating faith into their practice (Hohn et al., 2017; Harr, 2013) there is little research on the perspective of the practitioner's stance on this issue.

Another way that faith can be used to lessen burnout and stress in social workers is by combining faith with therapeutic mindfulness. Mindfulness is a meditative practice that brings heightened self-awareness to the present moment. Mindfulness uses deep breathing, contemplation, and transcendence, which are common approaches in mental health settings to facilitate feelings of compassion (Trammel, 2015). Mindfulness is rooted in Buddhist religious philosophy but has been integrated with Christianity through the use of a certain spiritual/faith model. This model incorporates moments of awareness and unity with God in the ordinary day-to-day tasks or experiences (Trammel, 2015). By inviting God into the rituals of relaxation exercises, reading scripture, participating in yoga, engaging in prayer, or sipping tea, God's

restoring grace, spirit, and wisdom are openly embraced (Trammel, 2015). Additionally, mindfulness can help individuals dwell on Scriptural truth that develops character and assists in navigating life, work, and values (Trammel, 2015).

Faith-based mindfulness is practical and attainable to any social worker and can help avoid emotional burnout, raise awareness of self-care needs, and improve attention. One study conducted by Trammel et al. (2021) found that religiously oriented mindfulness interventions were effective for decreasing personal burnout for social workers, increasing heart rate variability and improving their overall state of mindfulness.

### **Self-Care & Coping Strategies**

Social workers are often exposed to second hand trauma, as well as their own personal experiences, and while many suggest self-care to their clients, they often fail to take their own advice. Self-care can be described as anything that one does in order to rejuvenate oneself in ways that are healthy. Self-care looks different for everyone and could be anything that is based in a “self-compassionate mindset” (Coaston, 2017). A self-compassionate mindset is one with which a person works towards a positive path relating to themselves. Essentially, self-compassion is a way of treating oneself as though they are important and deserve to be taken care of: physically, emotionally, and spiritually. Another vital piece to self-care is the idea of self-awareness (Mills, 2020). In order to participate in self-care, one must first be aware of what they need in order to use self-care effectively. When helping professionals are attuned to their own needs and have the opportunities to meet them, it enhances their work with their clients (Coaston, 2017).

However, there is a slight danger with self-care as it is solely self-focused. It is possible to rely too heavily on the aspect of self-care to reduce compassion fatigue and burnout, simply

due to the sole focus on the self. Bressi (2016) writes about the dangers of neglecting a person's support systems along with other resources. These resources can consist of agency-level support, personal therapy, as well as other ways of coping. As helping professionals hear the difficult narratives of others, it is imperative that they also be receiving therapeutic help and utilizing coping skills along with self-care in order to help them sort through their own narrative (Bressi, 2016).

There are three broad categories of coping strategies. One of these categories is active coping skills. Active coping skills are strategies in which an individual deals directly with the situation that appears to be the cause of the distress. Secondly, there are passive coping strategies, which involve a closer focus on the emotional side of the situation and work more towards the regulation of emotions (Padyab, 2013). In a study of Iranian social workers, it was found that using active coping skills had a more directly positive impact on health (Padyab, 2013). In another more recent study done by McFadden, it was discovered that there is a third category which the researcher has identified as avoidance. McFadden describes this being where an individual completely avoids the stressor in whatever way possible. This may include taking frequent or extended leaves from work (McFadden et al., 2021).

Researchers have investigated how social workers cope with the balance of work and family. Throughout their stories, the social workers reported how they struggled to have enough time for their families and their work. The researchers found that many social workers relied on strategies such as finding a strong support system for themselves, having a flexible job, working to manage their time well, and many others (Kalliath & Kalliath, 2013).

Within the past year (2021), the National Association of Social Workers (NASW) has included different forms of coping skills and tips in order to maintain social work health. The

first of these listed is keep connected. This was mentioned earlier when discussing Bressi as well as Kallaith & Kallith's articles. The next tip that was listed was the importance of taking time to self-reflect after work. In a 2017 Porter article, a study completed by Di Stefano, Gino, Pisano, & Staats was referenced in order to demonstrate the importance of self-reflection. These four individuals discovered that employees who spent only a couple minutes after work reflecting performed 23% better after ten days than those who did not (Porter, 2017).

McFadden and her research team completed a study in the UK that looked into the well-being, coping, and quality of working life. Her research was based on the Jobs Demand Resource model which suggests that all jobs have both demands and resources to assist with those demands. Within the time of Covid-19, job demands had increased but not necessarily the resources to support which can lead to an increased caseload as well as isolation. McFadden and her team used several related scales in order to gauge how the participants were doing throughout the study (McFadden et al., 2021).

McFadden and her team discovered that individuals who used positive coping skills such as active coping as well as seeking help, were associated with higher levels of well-being. Other coping skills that had similar impacts were exercise and having good boundaries between home and the workplace. On the other hand, individuals who used avoidance or substance abuse as coping strategies had a significantly lower well-being. The implications of this study is the realization that there is no one-size fits all coping skill. Rather, it depends on the individual and them needing to be aware of what they need. Mcfadden also stated that there needs to be more support services but she nor her team elaborated on what this might mean or be (McFadden et al., 2021).

While there exists a great amount of research regarding job stress, burnout, and coping strategies, not much exists combining all aspects for social workers specifically. Most prior research about job stress is targeted at teachers and nurses. One study (Beh & Loo, 2012) conducted with nurses at a public hospital looked at the effects of job stress in the lives of the nurses, as well as what coping strategies were found helpful in handling that stress. Researchers (Beh & Loo, 2012) found that developing a plan and schedule for daily activities and utilizing proper time management skills showed to be effective in lessening the combined stresses of daily life, as well as adopting a positive attitude and outlook, seeking professional assistance from a counselor when needed, prayer or spiritual support, maintaining a supportive network of friends, family colleagues, and others, finding time for relaxing activities, and more. The effectiveness of each coping strategy varies from person to person, but when a person can find what works for them, job stress and fatigue can be better managed (Beh & Loo, 2012).

Much of the findings from research about nurses may also relate to helping professionals in other settings, such as social work. However, because the setting and nature of the two professions differ significantly, there is much to be found about effective coping strategies used to combat the stress and fatigue for social workers in particular. Furthermore, as Covid-19 continues to make a significant impact on the daily lives of all individuals, more research is needed concerning mental health and effective coping mechanisms for social workers in the midst of these times.

The goal of this research was to help both current and future social workers recognize the importance of using healthy coping skills, as well as the idea of applying it into their everyday lives in order to improve their quality of life. We also hoped to assist in educating the general community about the importance of taking care of oneself in a healthy and effective manner.

### **Purpose Statement**

Grounded theory research focuses on a specific explanation or process that emerges from shared experiences of participants and aims to provide further understanding for others who may share similar experiences (Creswell & Poth, 2018, p. 82). For this qualitative study, a grounded theory approach was used to discover a theory about the development of coping skills for social workers. The purpose of this grounded theory study was to discover and understand the coping mechanisms of Christian social workers who face job stress, burnout, and compassion fatigue and the effects these problems have on their mental health amidst the Covid-19 pandemic. At this stage in the research, coping strategies are generally defined as any method or skill that positively combats or helps alleviate various mental health issues. The central question explored in this study is, “What coping strategies are used by Christian social workers to manage compassion fatigue, burnout, and related mental health issues resulting from their job amidst Covid-19, and how effective are these strategies?” Sub-questions address job stress, compassion fatigue, coping strategies, the impact of faith, and the effects of Covid-19.

### **Methods**

#### **Rationale**

Researchers chose to use a qualitative research design for this study in order to gain “a complex, detailed understanding of the issue” that can only be established by “talking directly with people” (Creswell & Puth, 2018, p. 45). Qualitative research best fits into this study as researchers wanted to understand both why and how Christian social workers have dealt with the impacts of compassion fatigue and burnout throughout the duration of the Covid-19 pandemic. This style of research is largely based on participant interviews, giving room for a broad spectrum of responses to be given and a theory to be formed from the combined voices of the

participants. A qualitative design allows for both the participants and the researchers to explore the different styles of coping, as well as the effectiveness of the coping strategies.

### **Type of Qualitative Design**

More specifically, researchers chose a grounded theory approach for this study. This choice was made with the knowledge that the purpose of a grounded theory study “is to move beyond description and generate or discover a theory” (Creswell & Puth, 2018, p. 82). In a grounded theory study, the collected data is the words and experiences of the participants. From this data, commonalities and themes are identified to develop a more comprehensive outlook on the research question being examined. This research aims to understand the different processes by which Christian social workers use to cope with the impacts of compassion fatigue and burnout amidst the Covid-19 pandemic. Within grounded theory, the focus is on the voice of the participants rather than the statistics of what the participants do, creating a more in-depth understanding of the situation and, as in the case of this study, the processes.

### **Sampling Method**

When finding participants for this study, purposeful sampling was used. Purposeful sampling was used as researchers were intentional about finding participants who were knowledgeable about how their faith and other coping skills impacted their level of compassion fatigue and burnout (Creswell & Puth, 2018, p. 148). More specifically, criterion sampling was used to develop an accurate picture of the question in examination. Participants met specific criteria laid out by researchers, which indicated that participants must be Christian social workers who worked directly with clients on a daily basis in the state of Iowa. By using criterion sampling, researchers were able to interview only those who fit the designated criteria for the purpose of the research question (Creswell & Puth, 2018, p. 159). Lastly, participants were

selected through snowball (otherwise known as chain) sampling. This involved asking participants what other Christian social workers they knew who fit the same criteria (Creswell & Puth, 2018, p. 159). Six participants were interviewed in this grounded theory pilot study.

### **Data Collection**

Data for this grounded theory study was collected through a series of interviews with each participant (Creswell & Poth, 2018, p. 161). After participants were recruited through purposive sampling and signed a consent form (see Appendix A), individuals were contacted by email to set up an interview time according to their schedule and availability. Interviews were conducted by video call on Zoom and lasted approximately an hour each. Zoom was utilized as a method of collecting data mainly for convenience and as a health precaution in light of the ongoing pandemic. Researchers remained in a private, closed-off room during interviews in order to ensure confidentiality and minimize distractions, as well as to create a safe and comfortable environment for all involved.

To begin the data collection process, researchers first developed an interview protocol outlining the general research questions being explored in the study. From there, twelve sub-questions relating to the research questions were created to further guide and direct the interview process. These primarily open-ended questions created a standard open-ended interview style in which all individuals were asked the same questions and were allowed to respond freely to the questions, expanding on their personal experiences. Participants were notified at the start of the interview that video or screen recording, along with voice recording, would be utilized in order to accurately collect and analyze the gathered information. Additionally, the names of interviewees were masked to protect anonymity and ensure confidentiality (Creswell & Poth, 2018, p. 175).



**Verification Procedures**

When all data collection was completed and transcribed, researchers began the data analysis process by using multiple validation strategies to check for reliability and credibility (Creswell & Poth, 2018). The four validation strategies used were clarifying researcher bias and engaging in reflexivity, generating rich and thick descriptions, in-member checking and triangulation.

For the first approach, clarifying research bias, each researcher evaluated the ways their “biases, values and experiences” brought to the study from the outside may have shaped the approach and interpretation of the study (Creswell & Poth, 2018, p. 261). One researcher held a specific bias in that she knew one of the study’s participants from attending the same church as the participant. Additionally, she conducted a job shadow under this participant a year before, which created some bias in that she had a preconceived idea of the participant’s job and experiences. Secondly, this researcher conducted an interview with one participant who worked for a similar organization that the researcher herself worked for. Another researcher also related to some participants' experiences as she worked directly with people in a similar helping field. Finally, the third researcher admitted feeling burnout in her previous work with people. Therefore, researchers were biased in that they were able to relate to some of the experiences shared by participants in the study and thus influencing the interpretation of interviews. Furthermore, all researchers were social work students. As future social work practitioners, researchers will most likely experience burnout and compassion fatigue at some point in their work, which created biased expectations. Therefore, it is possible that researchers could directly benefit from the outcomes of this research in their future work.

The second validation method used was corroborating evidence through triangulation and multiple sources of data. Researchers used multiple “sources, methods, investigators and theories to provide corroborating evidence” (Creswell & Poth, 2018, p. 261). The intent was to demonstrate validity of findings by focusing on themes and perspectives that emerged from the data and displaying those themes throughout interpretation. Interviews were transcribed verbatim to maintain authenticity, then coded using open, axial, and selective coding. Validity was supported by using direct quotes from participants and keeping true to the participants original meaning. Researchers then compared all transcripts to uncover emerging themes.

Finally, the third validation strategy was utilizing rich and thick descriptions throughout the coding process. Researchers provided descriptive detail of the participants and setting in order to “allow the reader to make decisions regarding transferability” (Creswell & Poth, 2018, p. 263). Details were obtained through the use of quotes, descriptions of activity, interconnection, and strong action verbs (Creswell & Poth, 2018, p. 263).

### **Ethical Considerations**

When evaluating this study and the potential risks posed to participants, researchers realized that the risk factors were minimal. One risk considered was if the questions asked during the interview process would bring up traumatic, past experiences for participants and therefore would cause related stress and/or anxiety to the participants. Before data collection, all participants signed an informed consent document which discussed the purpose of the study as well as the possible risks that came with participating. Before interviewing the participants, researchers went over the consent form verbally with participants and informed them that the interview would be recorded and transcribed. Researchers also reminded participants of their right to stop the recording and interview or withdraw any previous information from the study at

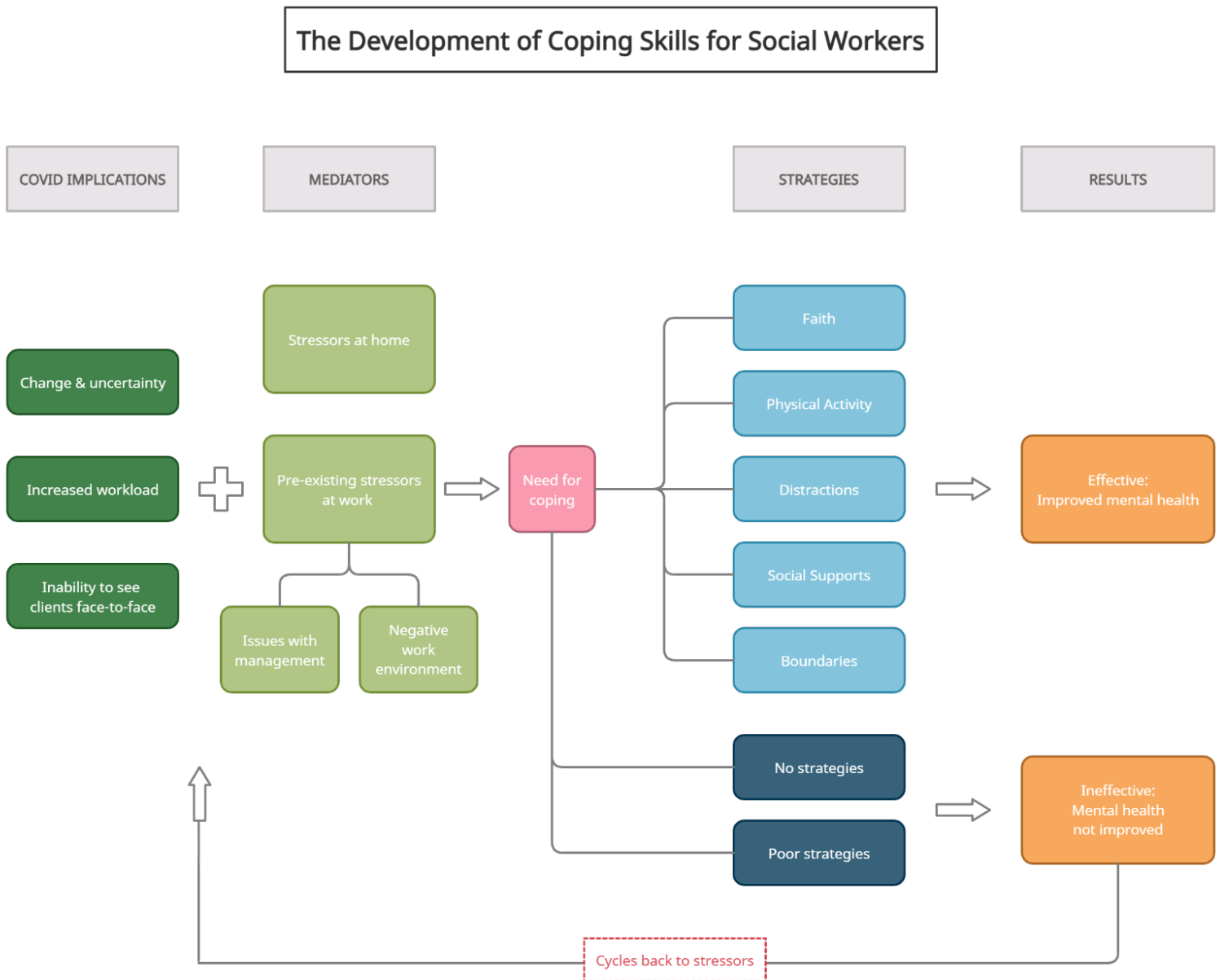
any point. Researchers assigned pseudonyms to participants and changed or withdrew any identifying information in order to protect the anonymity of the participants. Participants were also given professional resources for counseling should they experience distress during the study, as well as a chance to debrief their experience in the study.

### **Results**

For this study, six female, Christian social workers in direct practice were interviewed via Zoom video. To begin, participants shared a little about themselves and their job. The first interviewee, Brenda, managed vocational and day habilitation services for a caseload of clients through an organization providing services for individuals with disabilities. Sally and Meghan were special education strategists who help identify students that might need special education services in school. Stacy, Jessica, and Lily provided counseling and therapy services in private practice. Stacy was also a Registered Play Therapist. Aside from Brenda, all other participants had received their Master's degree in Social Work. These individuals shared their personal experiences and understanding of topics related to job stress, coping strategies, and faith both before and during the Covid-19 pandemic. When put together, their stories gradually gave way to a visible process of the development of effective coping strategies.

This framework, *The Development of Coping Skills for Social Workers*, is constructed through four general phases: Covid implications, mediators, strategies, and results (See diagram below). The implications of stress from an individual's job resulting from Covid-19 and the mediators of home and alternative job stressors combined to provoke a need for dealing with those concerns in some way. From there, five coping themes were drawn from a cross-analysis of each social worker's experience: faith, physical activity, distractions, support systems, and

boundaries. The participants completed the development process by reflecting on the results, or the effectiveness, of their coping strategies.



**Covid Implications**

All participants shared about how Covid increased or affected their job stress. For some, the changes and uncertainty of the pandemic contributed to their stress levels. Lily mentioned that the change in service delivery was “not something that I was really used to because I sit for a

majority of my day but not in the same position and like having to be like straight onto the computer and stuff like that. Umm, so it was an adjustment”. Stacy talked about some uncertainties she faced while starting a new business at the start of Covid. She admitted having “moments of it feeling very scary” when things would “go exactly opposite than you think it's going to go”. For Meghan, adjustments in communication were something she noticed. She stated, “In the schools so part of what I get to do is talk to administrators and I’ve noticed that that has gone down because their offices are locked or you have to have appointments.”

Furthermore, some interviewees reported an increase in either their case or workload as a result of Covid. When asked about her caseload in particular, Stacy elaborated:

“When Covid hit one thing that I noticed um is that we were receiving a lot of referrals specifically due to Covid which is very different you know what I mean like we would get calls for people who are fearful of getting Covid so its anxiety related to Covid and so yes I do think we have seen an increase or an uptick... you know a lot of people are struggling financially umm if they weren’t working there was some a lot of depression that we were seeing umm so yeah just a lot of stressors umm on top of the normal stressors I guess that Covid added.”

Sally shared a similar experience of an increased workload when it came to schools starting again in the fall following Covid. She explained:

“Every special ed teacher had to add details to every single IEP [individualized education plan] related to what a hybrid learning experience would be and what a virtual learning experience would be. It was time-consuming, it was exhausting, it was stressful, because there really was no example either...”

The changes, uncertainties, and increased workload added a certain amount of stress to the experiences of these individuals.

Finally, the third major Covid-related stressor was the inability to meet with and monitor clients face-to-face. When asked about how Covid affected her job stress, Brenda expressed that it was “probably the changes of individuals because I don’t see them every day, or even once a week”. Likewise, Sally observed: “I mean, you just didn’t have access to the kids. So that was stressful”. Participants continued to reflect on the stress of not being able to meet with clients in-person.

### **Mediators**

While this study was primarily focused within the context of the Covid-19 pandemic, several noteworthy mediators emerged that affected the stress and coping strategies of participants. When asked about the stressors of their job and their preferred methods of coping, many participants also talked about work stressors that were present before the pandemic and stressful situations happening at home. Brenda acknowledged a stressful experience related to her management and work environment:

“Actually there’s somebody that I know within this organization that I will never work for, umm, because of those situations... And I, and some of the things they asked me to do I felt ethically were not right and I was like you know what, in my life I will never work for that person directly, I’ll just choose not to do that.”

Similarly, Lily shared about her issues and concerns with the management at her previous job. She reflected that “just from a leadership perspective um, there were a lot of unrealistic expectations, a lot of communication, manipulation, uh um, a lot of extra outside stressors that didn’t allow me to just work with my clients.” These pre-existing stressors in the workplace

eventually led Lily to leave her position and open a private practice where she could take on that leadership role for herself in hopes of decreasing some of that stress.

Along with unrelated stress in the workplace, stress at home and with family also showed to be a mediator for participants in their need for coping. Sally disclosed some personal details about a stressful situation in her family:

“Truly, truly I have been more stressed about those health things over Covid, and I have said that over and over again to my coworkers. You know, when they’re all stressed about Covid, I’m like Covid is nothing compared to all this crappy stuff going on with [husband] and headaches and seizures and all the MRIs come back fine, and yeah...”

For Sally, the stress from home began seeping into her work life, and she admitted being unable to commit fully to both. She later went on to explain how Covid was actually somewhat a “blessing” in that it allowed her to be home for her family during that time of uncertainty. Like Sally, Brenda also shared about family concerns that affected her stress levels during Covid.

“Umm, probably Covid affected my personal life more than my workplace as far as a stressor. Umm, I had, I have a son and daughter-in-law that had a child that, umm, had cancer... when Covid hit, they went into quarantine, and quarantine meant we did not see them.”

Whether it was conditions in the workplace or events happening at home, several participants shared how these mediators affected their stress both before and during Covid, which then affected their need and effectiveness of coping.

## **Strategies**

### ***Faith***

All of the participants in this study identified faith as a major source of coping in their lives. However, each participant had a different way of using their faith to cope. Stacy identified that she began “taking some time to meditate or um to read... like a daily devotional” when Covid began and felt that this was helpful for her throughout that time. On the other hand, another participant, Meghan, relayed, "I do a lot of praying a lot hahaha umm yeah that and the music I go to first is Life 96.5, the Christian-based.” Other participants identified other faith practices such as attending church, Bible studies, and reading Scripture as important activities for them to cope with the stress of their work and home lives.

Another interesting similarity that was evident across all participants was that they viewed their work through a Christian lens. Sally honestly reported, “Truly the only way I get through day after day after day is because of my faith, and I know that there’s a reason, there’s a purpose, umm it’s not my strength but it’s His that gets me through every day." She pointed out that her strength was not her own, but from God, and that there was a greater purpose for what she was doing. Another viewpoint that participants shared was the idea that once the stress was handed over to God, it was His and they no longer had to worry about it anymore. Jessica described that “once I pray about it, like, I’ve handed it over, I’ve given it to God...then it's like it's not mine. I feel like I don’t have to worry about it anymore.”

### ***Physical Activity***

Another common coping skill that emerged from the interviews was the use of physical activity or exercise. Whether it was running, walking, or being active outside, all participants mentioned how being physically active helped them to unwind from a stressful day. Sally expressed, “Exercise is my thing... exercise has always just been my... my release, you know?" She shared that she had always been a runner, especially throughout college and graduate school,



and even if it wasn't running, she would engage in some sort of physical movement as a stress reliever. Stacy mentioned the implications of exercise during Covid in particular when she stated that "I'm a long distance runner, so I would say my miles increased a lot and um I was running quite a bit the months of March and April last year". Her increase in mileage demonstrated that running was a successful way to cope during a stressful time.

The others also talked about their preferred methods of physical activity. For Jessica, it "was mostly walking or running or outdoor type stuff". Brenda talked about the weather and stated that "if it's really nice, I might go for a walk." Meghan shared that exercise typically was not a strategy she engaged in unless her compassion fatigue levels were high, but "going out and gardening... being outside" was something helpful that she did enjoy. All in all, each participant presented some form of physical activity or movement that was helpful for them in working through their stress.

### *Distractions*

One way that participants coped with job stress was the use of distractions. They did this by engaging in specific enjoyable activities that allowed them to dissociate from their worries. Some coping strategies that were implemented were the use of puzzles, audiobooks, music, radio, food, TV and movies and baking. Jessica and Sally stated that they both liked to listen to audiobooks to get their mind away from their stressor. Sally quipped that "I'll just put on my audiobook and sit there and listen to my book and puzzle." Jessica stated that "a book on tape is easier for me to like to focus my mind on something else that, a different story you know that is not work or client related."

While Brenda and Lily enjoyed watching their favorite movies and TV shows, Brenda noted that she likes to relax and not do anything more than she has to if she has had a stressful

day. She said, “I’ll probably just be curled up underneath a blanket watching my favorite thing on TV, and that changes from time to time what I’m into.” Lily used the time after her kids were in bed to do something she enjoyed. She said, “I will sometimes take a bath, sometimes I’ll go for a walk with a friend. Um, sometimes I’ll sit on the couch and watch my favorite shows and eat some ice cream (laughs).” Meghan on the other hand liked to bake and listen to music as a way to distract herself from stress. She noted, “Music helps a ton and in fact I was just doing it now I was listening to music, had my radio loud and I was baking and those times just...just work.”

### *Social Supports*

Participants also identified the importance of having a strong support system in their life. Meghan revealed, “I do have a support group that I talk to umm and that’s friends, family just stuff like that where I’m just like give me five minutes just to unload.” Meghan further identified later on in the interview that unloading the stress with her social supports made it easier to continue on. Another participant, Sally, described her experience with her support system as such:

“As coworkers last spring during Covid when everything shut down... once a week we would schedule a Zoom meeting and whoever wanted to come could come... and we would laugh, and we would tell stories about our dogs and our kids, I mean it was not very work-related hardly ever... it was just fun to be together virtually.”

Sally illustrated her experience of being able to find happiness with her co-workers during a stressful time in all of their lives. Along with this, many participants shared that they needed a strong support system of co-workers in order to process events of the day. Jessica explained, “I’m a verbal processor and so if I was like having a stressful day it’s helpful for me to be able to

process that with someone and oftentimes with just like social work stuff or therapy stuff a coworker would've been helpful." Jessica expressed a need to process with her co-workers, which was harder during Covid due to her inability to connect as she was working from home.

### ***Boundaries***

Boundaries was another common theme that emerged among all the participants. Participants found that they either needed better boundaries between work, home, and personal life, or they acknowledged that already having boundaries in place contributed to them being able to better manage their stress. Sally recognized that her boundary issues were mostly between her home and family life rather than with her job or Covid. She stated that "balance is not always easy. I have done a better job of not taking work home this year umm, yeah with timelines and Covid, I've...I've been able to say well it doesn't really matter anyways. I mean, I've been able to let some things go". She learned to balance multiple roles and use time management. Brenda highlighted that she was able to maintain her boundaries due to her coworkers. She explained that "it's somebody I can bounce stuff off of. So, a lot of times my stress is gone before I even leave here."

Jessica discovered that her drive time was a valuable time of transition between her work and home life. She did not have this drive time due to Covid and working from home but noted how that time impacted her interactions with clients and her overall health. She said, "I just feel more fulfilled. I'm a better therapist when I'm in person and I have access to my coping strategies and I have access to my gym." Lily demonstrated a lack of boundaries when she worked at a previous agency due to poor management and things that were out of her control. She reflected that "it was very hard to separate work and home then and the coping skills just did not work as well." Stacy and Meghan noted that not having adequate boundaries contributed to

compassion fatigue and burnout. Stacy noticed that when her life is out of balance, she experiences more compassion fatigue. She explained, " I notice there is a lack of balance in my life so I will notice that I am shifting to work focus too much, even when I am not at work". Meghan's lack of boundaries impacted her family when she began carrying her work into her home life. Meghan said that "I have young kids and so when I start to yell at them, I go wow I'm too close".

### **Results**

The results phase showed that when using one or more of the five themes for coping strategies, participants showed improvement in their mental health. Those who did not engage in effective coping strategies or chose not to implement any strategies, which occurred primarily in experiences before Covid, led to no improvement of their mental health. This caused them to cycle back to a state of increased stress, thus further repeating the cycle until health and effective coping mechanisms were implemented.

### **Preliminary Discussion**

#### **Summary of Findings**

The central research question of this study focused on understanding what coping strategies were used by Christian social workers in direct practice to combat job stress, compassion fatigue and burnout, and how it affected their mental health overall. Through the process of interviewing, coding, and analyzing, participants shared their experiences with these work-related phenomena and helped us to understand the general process of developing positive, helpful coping skills. Following is a summary of these findings.

Looking at the four general phases of The Development of Coping Skills for Social Workers framework (see diagram above), Covid implications, the first phase, brought on change

and uncertainty, increased workload, and inability to see clients face-to-face. Phase two included mediators of stress, including stressors from home and pre-existing stressors at work such as issues with management and having a negative work environment. Phases one and two called for a need for participants to cope with these stressors. The need for coping led participants to either choose effective coping strategies or ineffective coping strategies, which is demonstrated in phase three. Those who chose to implement effective coping mechanisms did so within five themes that emerged from the data. The five themes were faith, physical activity, distractions, social supports, and boundaries. The results, phase four, showed that according to the participants, when using one or more of the five general coping strategies, mental health improved and stress was decreased. Unhealthy or lack of coping mechanisms did not improve mental health and cycled back to a prolonged state of stress.

### **Integration of Findings**

Reflecting back on previous research, the findings of this study fit with what researchers initially learned about compassion fatigue and burnout, faith and spirituality, and self-care and coping strategies. Participants shared about the heaviness and compassion fatigue that resulted from exposure to clients problems, which has previously shown to be one of the major antecedents to burnout in helping professions (Decker et al., 2015). Furthermore, increased caseloads, negative work environments and/or problems with management, and lack of healthy boundaries contributed to the participants' personal experiences of burnout and remained consistent with prior research (Decker et al., 2015; Dastagir, 2021; Firmin et al., 2013; Sonnentag, 2014). A few participants also talked about these stressors and how their increased feelings of burnout led them to change jobs, and more specifically to open their own private practice in hopes of eliminating some of the stressors (Firmin et al., 2013).

One surprising result was that many participants expressed frustrations of work-related stressors that came about from poor management, lack of communication and other variables that were out of the participants' control but rather came from their agency or place of employment. It was anticipated that a majority of burnout would result from Covid or from working directly with clients rather than management, but these results still remained consistent with other research.

The study's results also aligned with the little research that has already been explored regarding helping professionals during the Covid era. As demonstrated in phase one of the Development of Coping Skills for Social Workers framework, Covid created several additional stressors for social workers due to the changes, transitions, and uncertainties from the pandemic. As participants experienced these stressors, their clients did as well, leading to the "parallel experience" that was mentioned in previous research (Dastagir, 2021). Covid caused an increase in workload for many helping professionals, including the participants of this study, making them part of the approximated 84% of mental health professionals who developed an increased caseload during the pandemic (Dastagir, 2021).

For all participants, faith played a huge role in their day-to-day life and coping with job stress, which aligned with research (Oxhandler & Ellor, 2017). Despite some participants being raised in different faith backgrounds, whether Catholic or more conservative religious backgrounds, all expressed the major role that their faith played across multiple aspects of their life, including interactions with clients, functioning, mental health, and family. Kuilema (2014) found that faith is inseparable for the Christian social worker and will inevitably impact their practice, even if they are unaware of it. This is most likely due to differences in life experiences,

values, and beliefs. A social worker's religious and/or spiritual beliefs affect how they interact with clients and interpret the world around them (Oxhandler & Ellor, 2017).

Many participants said that they felt called to their role as a social worker and noted that they integrated faith and work by praying for clients. An enormous strength comes to social workers in sharing their faith and love of God in order to connect with clients, through faith, by words or actions (Hohn et al., 2017; Harr, 2013). Additional research found that for Christians, the idea of humility comes from relying on something other than oneself and finding hope and trust in the faith. This brings forth the idea that people cannot do everything on their own, and untimely God is in control and can lessen the stress and burnout experienced by social workers (Kuilema, 2014). Almost all participants expressed that for them, faith was a way to hand over their stress and worries to God to take the weight away from them.

A majority of the participants practiced some type of meditation or mindfulness almost every day. Some processed with other co-workers, while others internally broke down the events of their day during their commute times. One participant even made time for meditation before her day started. Others practiced yoga or read scripture as part of their mindfulness process. This helped them to relieve stress, create boundaries and be at peace in the moment, which is consistent with the results found by Trammel et al. (2015).

While looking at previous research, something that had been evident throughout were the categories of coping strategies: active, passive, and avoidant (Padyab, 2013). Within the research, the same three categories emerged. Through the interviews, participants revealed that one of the ways that they coped with compassion fatigue and job stress was through the use of distractions, which is a way of avoiding the stress they are experiencing. Active coping strategies that participants reported using were setting clear boundaries, talking with social supports, and

using their faith to handle the stress or to assist with coming up with plans to actively deal with the stress. Lastly, participants identified using their faith and physical activity in order to work through compassion fatigue and job stress, demonstrating passive coping skills.

Although all participants experienced some level of negative effects from Covid, it also came as a shock that for most participants, Covid implications did not impact their coping mechanisms as severely as researchers thought. Actually, for some participants, Covid improved or helped their coping mechanisms and levels of job-related stress. This may be due to the notion that Covid increased everyone's awareness of both their need for healthy coping and what strategies were effective.

It was intriguing for researchers to see the role that drive time played in setting boundaries, distractions, and self-care. Some took their commute time to listen to audiobooks or music, and others used it as a time to process their day before picking up their children from daycare or arriving home to be with their family. This may have been beneficial because it forced the participants to take time to decompress or take a break and breathe as the commute was unavoidable prior to Covid. Prior research also looked into the relationship between using boundaries between work and home life. One particular research study identified that within the realm of creating boundaries, people worked with their support systems, time management and several other strategies in order to create a healthier environment for themselves (Kalliath & Kalliath, 2013). This research supported these findings as social workers actively install boundaries in order to better manage their job stress and compassion fatigue.

### **Limitations of the Research**

A major limitation of this study was the time restraint for conducting research. Qualitative research is time consuming, and the grounded theory approach requires a tremendous



amount of data. A grounded study normally requires 20-30 participants, while this study was only able to conduct six interviews within the allotted time frame. All participants identified with some form of Christian denomination, which limited the study as it was not inclusive of other religions or beliefs. The sample size was homogenous as all six participants were female, so the sample lacked diversity. All participants except for one were from the same rural geographical location, and all except one had the same level of education. Differences in educational backgrounds, gender, and location were all variables that may have affected the data.

### **Professional Outcomes**

This study is important in order to better equip social workers working in direct care with dealing with job stress and compassion fatigue before feeling the full effects of burnout. To do so, it is imperative to collaborate with both agencies where social workers are employed and with universities to teach future social workers proper ways to cope. Further, it requires taking initiative to educate professors on the importance of using effective coping skills and how problems such as compassion fatigue or burnout might appear in future practice. When professors understand the weight of using effective coping strategies, the knowledge will be effectively passed down to students. Educating social work students before entering the field gives them a leg up before going into the workforce. When students are aware of the symptoms of compassion fatigue, they can better institute proper coping strategies in order to prevent burnout.

However, educating students is not enough to prevent burnout across the board. Rather, there also exists a concern for social workers already in the field who are dealing with high levels of compassion fatigue and job stress. Throughout Covid, one participant from this study identified the increase in training devoted to self-care and coping strategies, which she reported

increased her usage of those strategies. One way to help social workers who are actively in the field is to encourage or require continuing education or training on coping strategies. This would keep field social workers continually informed about the different coping strategies available to them.

According to the Iowa legislature on professional licensure, social workers are required to uphold a license by completing a minimum of twenty-seven hours of continuing education every two years (Chapter 281 Continuing, 2020). One way by which future policy could support social workers would be to encourage them to get a select number of hours of continuing education specifically geared toward coping strategies and tips on how to implement them effectively. Social workers continue bearing the difficult stories of others while also managing their own narratives, making it essential that they utilize coping skills in order to avoid burnout and exhaustion (Bressi, 2016). Knowing that social workers are juggling all of these aspects makes it imperative that policies are implemented that will give professionals the training and access to resources that will allow them to continue to practice in a healthy manner, while also living their personal lives to the fullest.

### **Social Meaning and Relevance**

This grounded theory study was conducted specifically addressing Christian social workers, but it is relevant to anyone who works directly with clients. Anyone who works in a helping field is susceptible to burnout, compassion fatigue and job stress. This study can provide resources for those who are experiencing compassion fatigue and job stress, as well as those experiencing burnout or are on the verge of burnout. For those who do not identify as Christian, this study shows multiple alternative coping mechanisms that can be effective in combating burnout and compassion fatigue.

The major themes discovered in the data - faith, physical activity, distractions, social supports, and boundaries - can all be easily learned, picked up and integrated into a daily routine. When mental health in the workplace is adequately addressed, it has positive impacts on the overall well-being of a direct helping practitioner and how they function in their work environment. Additionally, they will be more likely to interact with clients in a positive way and become more effective practitioners. This is still relevant to individuals who do not work directly with clients in a helping profession as anyone can struggle with mental health, as particularly seen as a result of the Covid-19 pandemic.

This study supports the notion that major sources of stress come from poor job management, client interaction, and Covid-19, which influenced how social workers interacted with their families, friends, co-workers, clients and loved ones. It also demonstrates the need for preventative action to be taken to combat future stressors. When stressors are acknowledged, they can then be processed and coped with. This research demonstrates the resiliency of humans with a combination of internal and external forces working together in order to properly function throughout the many areas of their lives.

### **Implications for Future Research**

This qualitative, grounded theory pilot study was among the first to look at the specific development of coping strategies for helping professionals during Covid-19. Because the Covid-19 pandemic is a recent phenomenon that will most likely continue to affect mental health professionals in the years to come, much more research needs to be done to provide further evidence and implications for this population. In addition to continuing research about the development of effective coping skills, further research is needed to assess the long-term mental health effects for social work practitioners as a result of Covid-19, comparing pre-Covid stress

and coping with post-Covid stress and coping, the effectiveness of mental health services during Covid-19, and more.

## Appendix A

### Informed Consent

You are being invited to participate in a research study. This research study will be looking at the coping strategies of Christian social workers to manage the effects of job stress and compassion fatigue on mental health. This research project is being conducted by Kallie Bakker ([Kallie.bakker@nwcsiowa.edu](mailto:Kallie.bakker@nwcsiowa.edu)), Lexy Krogman ([lexy.krogman@nwcsiowa.edu](mailto:lexy.krogman@nwcsiowa.edu)), and Rachel De Haan ([Rachel.dehaan@nwcsiowa.edu](mailto:Rachel.dehaan@nwcsiowa.edu)). The researchers of this study are currently students at Northwestern College which is located in Orange City, Iowa. This research study is being conducted under the supervision of Dr. Valerie Stokes ([vstokes@nwcsiowa.edu](mailto:vstokes@nwcsiowa.edu)), who is a social work professor at Northwestern College.

The objective of this research project is to look at how practicing Christian social workers cope and manage the effects of job stress as well as compassion fatigue in relationship to their mental health as well as any implications due to COVID-19.

There are minimal risks in participating in this study. The questions asked during the interview process may bring up past experiences that can cause related stress and/or anxiety to participants. The information provided by you will help us work towards finding better and more effective ways for social workers to manage their mental health as well as their job stress and compassion fatigue. Additionally, we hope to educate the general public as well as social work students on effective coping strategies. The data collected may not benefit you directly but may help further understanding in this field of research for current and future social workers to take care of themselves.

Your participation in this study is voluntary. The information you provide will be used for research purposes only and will be kept confidential. All identifying information will be removed from your responses through a pseudonym name. Interviews will be recorded in order to make transcription possible. Transcription of these recordings will then be used for data analysis and all recordings will be permanently deleted as soon as possible following the research.

If you have any questions or concerns about participating in this study, you may contact any of the researchers or their supervisor listed above.

By signing your name below, you acknowledge that the research procedures have been explained to you. Your signature also acknowledges that the potential benefits and risks of your participation have been fully explained to you. You may withdraw from participation in this study at any time without penalty.

After your participation, a debriefing is available to answer any further questions you may have about your involvement in this study.

Thank you for your participation.

Participant Signature: \_\_\_\_\_

## Appendix B

### Debriefing Form

Thank you for participating in the present study entitled “Coping Strategies used by Christian social workers to manage the effect of job stress and compassion fatigue on mental health amidst COVID-19.” This study examined the different ways in which Christian social workers coped with the impact of job stress as well as compassion fatigue in terms of their mental health.

If you know of any friends or acquaintances that are eligible to participate in this study, we request that you not discuss it with them until after they have had the opportunity to participate. Prior knowledge of questions asked during this study or other aspects of this study can invalidate the results. We greatly appreciate your cooperation.

If you have any questions regarding this study please feel free to ask the researchers at this time, or if you have questions at a later date, please feel free to contact the researchers: Kallie Bakker ([Kallie.bakker@nwcsiowa.edu](mailto:Kallie.bakker@nwcsiowa.edu)), Lexy Krogman ([lexy.krogman@nwcsiowa.edu](mailto:lexy.krogman@nwcsiowa.edu)), and Rachel De Haan ([Rachel.dehaan@nwcsiowa.edu](mailto:Rachel.dehaan@nwcsiowa.edu)). You may also feel free to contact the project director, Dr. Valerie Stokes ([vstokes@nwcsiowa.edu](mailto:vstokes@nwcsiowa.edu)), if you have any concerns.

The information that you have provided will be used for research purposes only and will be kept confidential. All identifying information will be removed from your responses through a pseudonym name. Interviews that have been recorded in order to make transcription possible, will be permanently deleted as soon as possible following the research. If at any point you feel inclined to withdraw your data from the study, please feel free to reach out and contact one of the researchers or the project director using the contact information listed above.

In any event that you feel psychologically or otherwise distressed by participation in this study, we encourage you to contact either one of the researchers and/or the project director. We also encourage you to reach out to Bethesda Christian Counseling or to your employee assistance program which can assist you with getting in contact for professional and confidential counseling.

Thank you again for your participation.

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