

# **The Relationship Between Coping, Trauma, Job Demand, Job Resources, and Burnout for Social Workers During the Covid-19 Pandemic**

**Amanda Savage**

Touro University Worldwide Graduate

**Audrey Rabas**

Touro University Worldwide

**Ann-Marie Buchanan**

Department of Social Work at Lincoln Memorial University

**Aldwin Domingo**

Touro University Worldwide

## **ABSTRACT**

One of the primary concerns of not-for-profit organizations is the exceptionally high turnover rates due to employee burnout. During widespread health crises such as the novel coronavirus 2019 (covid-19), the demand for the general public to access not-for-profit services usually surges. In such cases, social workers must work around the clock under strict guidelines with no breaks to assist those who are experiencing various crises in their lives. The purpose of this quantitative multiple linear regression study was to investigate how social workers' job demand and job resources during a pandemic, specifically during the covid-19 pandemic, impacted their burnout experience working in not-for-profit organizations. The resulting data indicated a significant, negative linear relationship between covid-19 coping ratings and burnout. As individuals increased their coping strategies, the average level of burnout decreased. Likewise, as individuals reported higher levels of self-efficacy and job autonomy, the average level of burnout dropped. There was also a positive linear relationship between covid-19 trauma ratings and burnout. As individuals reported higher trauma, the average level of burnout also increased. Similarly, as individuals reported negative workload and negative client contact, the average level of burnout also increased.

## **INTRODUCTION**

One of the primary concerns of not-for-profit organizations is the exceptionally high turnover rates due to employee burnout (Bright, 2020). During widespread health crises, such as the novel Coronavirus 2019 (COVID-19) or the Middle Eastern Respiratory Syndrome (MERS) virus outbreak, and natural disasters, such as tsunamis, floods, and earthquakes, the demand for the general public to access not-for-profit services usually surges (Abbas et al., 2020). In such cases, social workers must work around the clock under strict guidelines with no breaks to assist those who are experiencing various crises in their lives (Abbas et al., 2020). According to Abbas et al. (2020), inflexible work schedules, increased demands for not-for-profit services, and constrained resources are some of the factors that are likely to reduce job satisfaction while

increasing emotional exhaustion among workers leading to job stress. Aruru et al. (2020) also maintained that prolonged exposure to job stress resulting from a widespread health crisis results in burnout, characterized as a negative emotional response to an individual's career due to prolonged exposure to stressful work environments. For instance, recent studies such as Sasangohar et al. (2020) have reported that most employees responding to the COVID-19 pandemic have high burnout rates.

According to Bright (2020), the increase in burnout among social workers during the pandemic resulted from the fact that social workers must provide the necessary care to clients experiencing very challenging conditions in their lives in the midst of a pandemic. In such instances, these frontline social workers may also increase their risk of contracting diseases while ensuring that their clients are protected or supported (Cetrano et al., 2017). Widespread health crises may affect social workers' job burnout, job demand, and job resources during a pandemic. This may be due to the challenges of balancing personal safety and family safety, resulting in an intensified burnout experience among social workers (Cho & Song, 2017).

During the COVID-19 outbreak, statistics estimate that the demand for not-for-profit services for humanitarian aid increased by 50%, with the unlikely event of recruiting over 230,000 healthcare workers to fill the current gap (Ferry et al., 2020). The increased demand for not-for-profit service delivery during the pandemic presents a key challenge for employees to balance work and social life (Costakis et al., 2020). According to Berg-Weger and Morley (2020), the long-term impacts of such exposure to traumatizing events are job dissatisfaction, low performance, high turnover intentions, and burnout. Ferry et al. (2020) also reported that an increase in burnout among social workers during a pandemic is likely to affect service delivery in not-for-profit organizations, making it difficult for organizations to achieve their primary goal of providing essential services to the public.

Employee burnout has, in recent years, received overwhelming attention from researchers. Moreover, researchers have also recently reported that burnout rates among employees in not-for-profit organizations were higher during the COVID-19 pandemic than the time before the COVID-19 pandemic (Hamler et al., 2020; Kaslow et al., 2020). Other related studies have examined the negative implications of social worker burnout on victim care, organizational performance, and individual safety (Fukui et al., 2019; Gavin et al., 2020; Hagemann et al., 2020). Therefore, Hamler et al. (2020) recommended additional research to be conducted on how people experience the various challenges (ex. Job demands, job resources, Trauma) during widespread health crises, such as pandemic outbreaks or natural disasters, and how it can affect the experience of burnout among employees in not-for-profit organizations where humanitarian aid demand is usually invaluable.

The present study investigated the relationship of how social worker job demands, job resources, along with their coping and traumatic experiences due to the COVID-19 pandemic, affected the experience of burnout among the aforementioned social workers in not-for-profit organizations in the United States to address the current gap in the research literature. The study's findings may inform stakeholders in not-for-profit organizations on how various factors (job demands, job resources, coping, and traumatic experiences due to the COVID-19 pandemic) may have a differential impact on the experience of burnout among social workers

during a widespread health crisis and provide guidance shaping the needed support for the heavily impacted social workers.

The outbreak of a worldwide health crisis has been documented to cause negative impacts on employee burnout levels in not-for-profit organizations (Kaslow et al., 2020). Researchers have suggested the need to explore how burnout affects job demand and job resources during a pandemic, specifically during COVID-19 (Hamler et al., 2020; Kaslow et al., 2020). As argued by Hennekam et al. (2020), the outbreak of the COVID-19 pandemic has increased the burden of social workers in helping individuals who require support to deal with the pandemic. According to Ingram (2020), the most conspicuous duties are caring for patients diagnosed with COVID-19 in the isolation rooms, feeding them, and arranging burial plans for patients who succumb to COVID-19. Kelly et al. (2020) also noted that during the COVID-19 pandemic, social workers had various increases in job demands, which resulted in emotional exhaustion. According to Kaslow et al. (2020), emotional exhaustion is caused by prolonged exposure to clients' sufferings in their presence. The recollection of such traumatizing events is likely to cause job stress that results in burnout (Launer, 2020). While burnout has received considerable research in the past, Kelly and Hearld (2020) recommended additional research to be conducted on how widespread health crises such as COVID-19 may directly impact the various factors (job demands, job resources, along with their coping and traumatic experiences due to the COVID-19 pandemic) that can predict, or shape, the experience of burnout among social workers who work at not-for-profit organizations.

Konieczny (2018) argued that workers responding to health pandemics are usually faced with various challenges such as lack of protective equipment, mistrust from the public, and uncooperative family members who fear for their safety. With such responsibilities, there is a need to investigate how employees' perceptions and psychological coping to widespread health crises, such as COVID-19, can impact the experience of burnout in social workers who work at not-for-profit organizations. The present study addressed Kelly and Hearld's (2020) recommendations for additional research on how people experience the various challenges (ex. Job demands, job resources, Trauma) during widespread health crises, such as the pandemic outbreak, can affect the experience of burnout among employees in not-for-profit organizations.

The purpose of this quantitative linear regression analysis study was to investigate how social workers' job demand and job resources during a pandemic, specifically during the COVID-19 pandemic, impacted their burnout experience. According to recent research, the current burnout rate in social workers at not-for-profit organizations increased by 40% during the COVID-19 pandemic (Adams & Walls, 2020). The surge in burnout rates among workers in not-for-profit organizations might be linked to increased job demands and constrained resources that affect their service delivery (Lemmons et al., 2020). On the other hand, previous research has not yet examined the differential effect of how social workers experience job demands, job resources, coping mechanisms, and trauma experienced that have resulted from the current COVID-19 pandemic upon the experience of burnout among the aforementioned social workers.

### Theoretical Framework

Job demands-resources theory (JD-R) had been selected to guide the current research study. A model was developed by Bakker and Demerouti (2017) to help determine how job demands and job resources as the two main dimensions of working conditions found in business organizations. Additionally, the authors argued that a combination of job demands, and job resources significantly influenced job burnout. Bakker and Demerouti (2017) identified high work pressure, hostile physical environment, and emotionally demanding relations as factors that lead to the experience of job burnout. Examples of job resources that can help social workers respond to job demands and motivate them include independence, support, and feedback. Bakker and Demerouti (2017) argued that job demands, and critical job resources are the two factors of working conditions that directly influence job burnout levels. In this particular study, a series of validated Likert scale questions that measure social workers' Role Ambiguity, Workload, and Negative Client Contact (adapted from the research of Kim & Wang, 2018) was utilized.

Moreover, job resources were measured via a series of validated Likert scale questions which measured social workers' Self-Efficacy and Job Autonomy (adapted from the research of Kim & Wang, 2018). Next, the measurement of the coping mechanisms and Trauma experienced by the social workers that have resulted from the current COVID-19 pandemic was measured from a series of validated Likert questions adopted from the research work of (Rek et al., 2020). Finally, the experience of burnout was measured via the Maslach Burnout Inventory. A summary of the variables to be examined in this current research study is reflected in Figure 1.

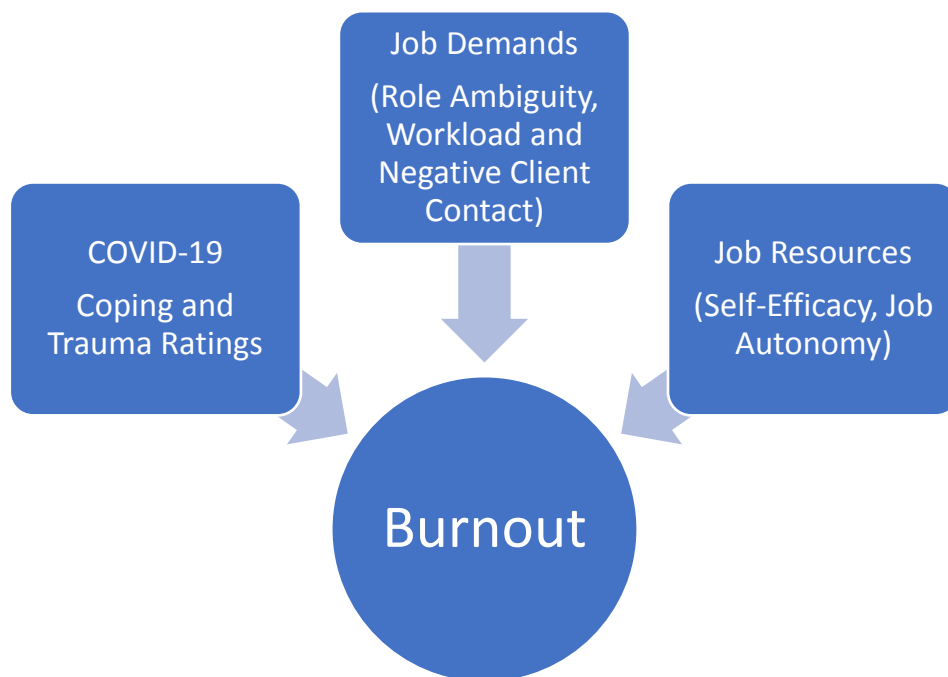


**Figure 1: Conceptual Framework**

### Research Questions

Based on the theoretical framework for this research study, there are four research questions to be examined in this research study.

**RQ1:** To what extent is there a linear relationship between COVID-19 Coping ratings and burnout as reported by social workers during the COVID-19 pandemic?

H1: There is a linear relationship between COVID-19 Coping ratings and burnout as reported by social workers during the COVID-19 pandemic.

H0: There is not a linear relationship between COVID-19 Coping ratings as reported by social workers during the COVID-19 pandemic.

**RQ2:** To what extent is there a linear relationship between COVID-19 Trauma rating and burnout as reported by social workers during the COVID-19 pandemic?

H1: There is a linear relationship between COVID-19 Trauma rating and burnout reported by social workers during the COVID-19 pandemic.

H0: There is not a linear relationship between COVID-19 Trauma rating and burnout as reported by social workers during the COVID-19 pandemic.

**RQ3:** To what extent is there a linear relationship between job demand ratings (Role Ambiguity, Workload, and Negative Client Contact) and burnout as reported by social workers during the COVID-19 pandemic?

H1: There is a linear relationship between job demand ratings (Role Ambiguity, Workload, and Negative Client Contact) and burnout as reported by social workers during the COVID-19 pandemic.

H0: There is not a linear relationship between job demand ratings (Role Ambiguity, Workload, and Negative Client Contact) and burnout as reported by social workers during the COVID-19 pandemic.

**RQ4:** To what extent is there a linear relationship between job resources ratings (Self-Efficacy and Job Autonomy) and burnout as reported by social workers during the COVID-19 pandemic?

H1: There is a linear relationship between job resources ratings (Self-Efficacy and Job Autonomy) and burnout as reported by social workers during the COVID-19 pandemic

H0: There is not a linear relationship between job resources ratings (Self-Efficacy and Job Autonomy) and burnout as reported by social workers during the COVID-19 pandemic.

## **METHODOLOGY**

### **Participants and Sampling**

The general population of the study included social workers in not-for-profit organizations. The target sample of participants included social workers in not-for-profit organizations within the United States and particularly during the height of the COVID-19 pandemic outbreak in the United States. Participants in this study met the inclusion criterion in data collection. In particular, to be included in the study, participants must:

1. Be a social worker in a not-for-profit organization that responds to the pandemic outbreak.
2. Must have experience working with families, children, and/or adult populations.
3. Must be within the United States at the time of the study.
4. Should be working with the selected not-for-profit organizations during this study.

Participants were recruited through the purposive sampling technique. According to Karina et al. (2017), the purposive sampling technique is a non-parametric technique that researchers use to recruit participants in a study. There were 133 participants in the study which included 71 (53.4%) females and 58 (43.6%) males. One (0.7%) individual reported some gender variant, and three (2.3%) individuals preferred not to say. Most of the participants were between 20-30 years of age, (n =77, 57.9%). This was followed by 31-40 years of age (n=32, 24.0%), then 41-50 years of age (n=9, 6.8%), 51-60 (n=8, 6.0%), and finally older than 61(n=5, 3.8%). A couple of participants (n=2, 1.5%) preferred not to say. Regarding race, most participants were Caucasian, (n=105, 78.9%). This was followed by Asian, (n=8, 6.0%); Black, (n=5, 3.8%); Hispanic, (n=4, 3.0%); and American Indian/Alaskan native, (n=2, 1.5%). There were nine participants (6.8%) who did not respond. Most individuals worked in the field from 3 -5 years, (n=35, 26.3%). This was followed by 1-2 years, (n=25, 18.8%), 0-6 months, (n=19, 14.3%), 6 - 10 years, (n=19, 14.3%), 7 - 11 months, (n=16, 12.0%), and 11 - 15 years, (n=9, 6.8%). Most were front-line staff (n=57, 42.9%). There were 48 (36.0%) people who were in a management position (first level, intermediate, or senior level); and 14 (10.5%) were supervisors. There was n=14 (10.5%) individuals who reported some other position. Regarding annual income, most made less than \$35,000, (n=41, 30.8%). This was followed by more than \$66, 000, (n=29, 21.8%); \$35,000 - \$45,000, (n=25, 18.8%); and \$46,000 - \$55,000, (n=13, 9.8%). There were 13 (9.8%) individuals that preferred not to say. Lastly, regarding engaging with clients, most participated in a hybrid method (both in-person and remote), (n=42, 31.6%). This was followed by remote, (n=41, 30.8%); and in-person, (n=34, 25.6%). There was n=16 (12.0%) participants who stated that their role did not require clients.

### **Data Collection Instruments and Measures**

A demographic information questionnaire was included in the online survey to obtain demographic data on age, gender, type of engagement with clients, level of experience, work status, and household income. Other demographic information for the survey included the length of employment before COVID-19 and the type of work environment they are currently employed. Participants were classified using the demographic questionnaire using years of profession, age, gender, and professional levels.

In this study, the experience of coping and Trauma due to the COVID-19 pandemic was measured via a subset of questions from the newly developed COVID-19 Pandemic Mental Health Questionnaire (CoPaQ) by Rek et al. (2020). The COVID-19 Pandemic Mental Health Questionnaire (CoPaQ) is a highly comprehensive self-report measure of personal experiences due to COVID-19-pandemic. The questionnaire covered a wide range of facets affected by the COVID-19 pandemic, including COVID-19 infection status, socio-demographic background, risk perception, affect, thoughts, behaviors, mental health, media usage, institutional trust, and social cohesion. There was a focus on 17 Likert questions (0=Not at all, 4=Very Much). Twelve Likert questions were focused on how the people endorse positive coping mechanisms concerning the COVID-19 pandemic (ex. have maintained a regular daily routine and have

planned the day as detailed as possible). On the other hand, 5 Likert questions focused on how the people endorsed Trauma's experience during the COVID-19 pandemic (ex. have experienced becoming a victim of verbal abuse with people close to me, have had more physical arguments with people close to me).

In this study, job demands, and job resources were measured via a total of 12 Likert-scale questions (1-Strongly Disagree, 7-Strongly Agree) adapted from the previously published work by Kim and Wang (2018). Job demands were measured via two questions focused on Role Ambiguity (Cronbach's Alpha=0.715), two questions focused on Workload (Cronbach's Alpha=0.683), and four questions focused on Negative Client Contact (Cronbach's Alpha=0.858). On the other hand, Job resources were measured via two questions focused on Self-Efficacy (Cronbach's Alpha=0.773) and focused on Job Autonomy (Cronbach's Alpha=0.783).

This study measured burnout using Maslach's (1996) Burnout Inventory: Human Services Survey (MBI-HSS). The MBI is considered a renowned instrument to measure burnout. The instrument had 22 items with additional subscales for emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items). Sample statements on the scale include, "I feel burned out of my work." Participants were required to score on a five-point Likert scale that ranges from never (1) to always (5). A high score indicated a high level of burnout. Previous researchers using MBI to assess nurses' burnout have suggested reliability for other researchers. For instance, Adams and Walls (2020) reported a Cronbach alpha level of 0.91 for emotional exhaustion, personal achievement, 0.82, and 0.8 for depersonalization.

### **Data Collection Procedures**

In this study, different procedures were followed to collect and analyze data. The first step in data collection included the researcher's submission of the proposal for Institutional Review Board (IRB) approval. Upon approval, the researcher created an online survey on Survey Monkey. The online survey included the measures of the Maslach's Burnout Inventory- Human Services Survey, 17 Likert questions from the COVID-19 Pandemic Mental Health Questionnaire (CoPaQ) (Rek et al., 2020), the 12 Likert-scale questions measuring job demands and job resources (adapted from the previously published work by Kim & Wang, 2018) and various demographic questions. Permission to use the instruments was obtained for this current research study.

The third step included contacting and recruiting participants for the study. The process included posting on social media outlets such as LinkedIn and Facebook. Word of mouth was also utilized by the researcher through snowball sampling. Furthermore, participants were also recruited via the online recruitment platform Prolific to recruit research participants for the current research study. Upon contacting or recruiting participants, the fourth step included the participants reviewing the online informed consent document on the survey's first page before starting the research study. Before clicking on the online consent forms, participants were briefed about the study's purpose, the objectives, and how the study results will be used.

The next step included the actual data collection. Participants were given a unique link to the Survey Monkey online survey questionnaire during data collection. It was expected that the survey would take 30-40 minutes, on average, to complete. The data collection process

remained open for two weeks before the online survey was closed. The collected data was securely protected using a unique password on the online survey platform.

## RESULTS

A linear regression was conducted to address this first research question if there is a linear relationship between COVID-19 Coping ratings and burnout as reported by social workers during the COVID-19 pandemic. The overall regression model was significant,  $F(1, 132) = 22.221$ ,  $p < 0.001$ . The model explained 14.5% of the variance predicting burnout from coping ( $R^2 = 0.145$ ). Coping was a significant predictor of burnout ( $b = -0.746$ ,  $t = -4.714$ ,  $p < 0.001$ ). A one-unit increase in coping was associated with a decrease in burnout on average by 0.746. Thus, this first null hypothesis is rejected, and the research results concludes that there is a linear relationship between COVID-19 Coping ratings and burnout reported by social workers during the COVID-19 pandemic.

Next, a linear regression was conducted to address the second research question if there is a linear relationship between COVID-19 Trauma rating and burnout as reported by social workers during the COVID-19 pandemic. The overall regression model was significant,  $F(1, 132) = 15.424$ ,  $p < 0.001$ . The model explained 9.9% of the variance predicting burnout from coping ( $R^2 = 0.099$ ). Trauma was a significant predictor of burnout ( $b = 0.462$ ,  $t = 3.798$ ,  $p < 0.001$ ). A one-unit increase in trauma was associated with an increase in burnout on average by 0.462. Thus, this second null hypothesis is rejected, and the research results concludes that there is a linear relationship between COVID-19 Trauma rating and burnout reported by social workers during the COVID-19 pandemic.

Moreover, a linear regression was conducted to address the third research question if there is a linear relationship between job demand ratings (Role Ambiguity, Workload, and Negative Client Contact) and burnout as reported by social workers during the COVID-19 pandemic. The overall regression model was significant,  $F(3, 132) = 11.789$ ,  $p < 0.001$ . The model explained 21.5% of the variance in predicting burnout from Role Ambiguity, Workload, and Negative Client Contact ( $R^2 = 0.215$ ). Workload ( $b = 0.142$ ,  $t = 2.109$ ,  $p = 0.037$ ) and Negative Client Contact ( $b = 0.257$ ,  $t = 4.139$ ,  $p < 0.001$ ) were both significant predictors of burnout. Increasing workload and negative client contact results in an average increase in burnout by 0.142 and 0.257, respectively. In contrast, Role ambiguity ( $b = 0.107$ ,  $t = 1.71$ ,  $p = 0.088$ ) was not a significant predictor of burnout. Overall, the third null hypothesis is rejected, and the research results concludes that there is a linear relationship between job demand ratings (Workload, and Negative Client Contact) and burnout reported by social workers during the COVID-19 pandemic.

Finally, a linear regression was conducted to address the fourth research question if there is a linear relationship between job resources ratings (Self-Efficacy and Job Autonomy) and burnout as reported by social workers during the COVID-19 pandemic. The overall regression model was significant,  $F(2, 132) = 28.189$ ,  $p < 0.001$ . The model explained 30.2% of the variance in predicting burnout from Self-Efficacy and Job Autonomy ( $R^2 = 0.302$ ). In other words, Self-Efficacy ( $b = -0.339$ ,  $t = -5.328$ ,  $p < 0.001$ ) and Job Autonomy ( $b = -0.189$ ,  $t = -3.281$ ,  $p = 0.001$ ) were both significant predictors of burnout. Increasing Self-Efficacy and Job Autonomy values results in an average decrease in burnout by 0.339 and 0.189, respectively. This fourth null hypothesis was rejected, and the research results concluded that there is a linear relationship

between job resources ratings (Self-Efficacy and Job Autonomy) and burnout reported by social workers during the COVID-19 pandemic.

## DISCUSSION

The purpose of this quantitative linear regression study was to examine how job demands, job resources, and coping and traumatic experiences due to the COVID-19 pandemic affected the experience of burnout among social workers in not-for-profit organizations in the United States. The results demonstrated burnout decreases for social workers during pandemics (RQ1). The study results also show a significant linear relationship between COVID-19 Trauma rating and burnout reported by social workers during the COVID-19 pandemic (RQ2). There was also a significant positive linear relationship between COVID-19 Trauma rating and burnout as reported by social workers during the COVID-19 pandemic—increasing values of workload and negative client contact results in an average increase in burnout (RQ3). Lastly, increasing self-efficacy and Job Autonomy resulted in an average decrease in burnout (RQ4).

These findings support the theory of cognitive evaluation and coping (Wilkinson et al., 2017). Periods of large-scale and rapid social change, such as those surrounding the COVID-19 pandemic, impact people's ways of life and challenge their connections to one another. Massive change alters typical patterns of relations among people and creates uncertainty. Folkman (2000) proposed that individuals' personalities and characteristics determine how they respond to the stressful situations that they encounter. As individuals are evaluated, they tend to consider what is going on in their lives and its effects on their well-being. People have objectives, goals, and commitments they want to fulfill in life, although some make individuals vulnerable to stressors or threats (Wilkinson et al., 2017). Although it varies from one individual to another, these differences affect their characters, personality, and coping strategies (Folkman, 2000). An example of personality traits is maladaptive personality traits (neuroticism) that involve avoiding coping mechanisms and a higher probability of psychological distress. According to Afshar et al. (2015), extraversion and conscientiousness are the personality traits important in determining individuals' reactions to stressful situations. This study was founded on the personality traits ascribed to extraversion (sociability, assertiveness, and emotional expression) and conscientiousness (goal-directed, organized, and aware of details).

These results also support Luceño-Moreno et al.'s (2020) finding that social workers and other health workers are exposed to conditions of extreme suffering that may affect their mental well-being. Hofmeyer et al. (2020) expressed similar thoughts, emphasizing that social workers and other professionals have a high professional contact rate with traumatized people during pandemics, including rescue plans for people who have undergone severe medical problems. The consequence of such prolonged traumatic exposure could result in long-term psychological and emotional effects. For instance, Chen and Bonanno (2020) highlighted that those medical practitioners who respond to pandemics are exposed to traumatizing events, such as dying victims or disabled individuals, which negatively impair their psychological well-being both in the short-term and long term. The long-term impact of extended exposure to epidemics and helping the survivors, according to Mazza et al. (2020), is Post Traumatic Stress Disorder (PTSD). Wang et al. (2020) agreed that PTSD results in burnout, a crucial characteristic of low job satisfaction and high turnover intentions because workers' psychological needs are constrained during an outbreak of a pandemic.

The study was also interested in whether role ambiguity, workload, and negative client contact during the COVID-19 pandemic had any impact on the experience of burnout among the social workers. During the COVID-19 outbreak, the demand for not-for-profit services for humanitarian aid increased by 50%, with the unlikely event of recruiting over 230,000 healthcare workers to fill the current gap (Ferry et al., 2020). The increased demand for not-for-profit service delivery during the pandemic presents a key challenge for employees to balance their work and social lives (Costakis et al., 2020). The JD-R model describes job demands as physical stressors that are likely to manifest in different forms, including job roles, duties, personal and employee conflicts. Other sources of job demand include time pressure, bullying in the workplace, and work conflicts. Job demands present factors within the workplace that are likely to affect the employees' well-being as they respond to areas of need. On the other hand, job resources relate to physical, organizational, and positive social factors that affect employees' performance. In the context of social workers, role ambiguity, workload, and negative client contact were considered the primary source of job demands (Bakker & Demerouti, 2017).

Finally, the outcome of this study is in line with the Job-Demand Resources model and previous studies during the Middle Eastern Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) virus outbreaks. A negative linear relationship between job resources ratings (self-efficacy and job autonomy) and burnout was reported during the SARS outbreak (Waldman et al., 2004). The current research findings are also in line with conclusions under a normal working condition in healthcare (Laschinger et al., 2012). Job stressors have been reported among medical personnel but not in a pandemic. The current research contributes to the knowledge development associated with burnout among the social workers during the pandemic by outlining the number of predictors. Psychological interventions during the pandemic for social workers should mainly focus on self-efficacy and job autonomy.

The study results have multiple implications for relevant stakeholders. This study should inform policy-level discussions about the crisis and job burnout. Social workers rated COVID-19 coping, trauma, job demands, and job resources associated with job burnout. The study findings indicate a positive association between the degree of coping, trauma, job demands, and burnout. In a financial climate where organizations' budgets have become tighter due to having to scale back elective procedures that produce bottom-line sustaining revenue (Southwick & Southwick, 2020), there is an increased incentive to retain social workers. By decreasing social worker burnout and increasing job satisfaction, cost savings may be achieved by boosting staff retention (Waldman et al., 2004). Beyond presenting an economic problem, burnout among social workers is also a human problem. As previously noted, work weakness-caused burnout is the physical and emotional symptoms continuously experienced by individuals due to the nature of their job, including the individual's job type and the person's workload.

### **Limitations and Future Directions**

The current research had some significant limitations. This study was cross-sectional with a convenience snowball sample, and all respondents were volunteers. The current study certainly did not reach every member of the target population, and it isn't easy to know with certainty what proportion of the target population the researchers were able to reach. After all, as per the researcher's understanding, a public list or email directory for all social workers in the United States does not exist. Future work in this area could build on our findings and employ

a more targeted recruitment strategy supporting more definitive statements regarding representativeness.

Moreover, the researchers did not track the experience of burnout among the participants across time, which is a limitation because the COVID- 19 pandemic affected organizations during the data collection period and has influenced the target population for an extended period of time. Those genuinely burnt out from work may have also chosen not to complete the survey about burnout resulting in a selection bias of participants. Collecting data during the COVID-19 pandemic may have skewed results towards more significant burnout. This possibility would be consistent with the reality that social workers are more stressed, as found in our study and recent research (Hagemann et al., 2020).

## Conclusions

In summary, this study utilized the JD-R framework to examine how job demands, job resources, and coping and traumatic experiences due to the COVID-19 pandemic affect the experience of burnout among social workers in not-for-profit organizations in the United States. Additionally, this study combined unique representations of diverse variables (i.e., role ambiguity, workload, negative client contact, self-efficacy, and job autonomy), extending the use of the JD-R framework with the social worker industry.

## References

- Abbas, K., Ul Haq, M. I., Zaidi, W. A., Kaleem, A., Sohail, H., & Ahmed, M. (2020). The Response of Pakistani Social Workers amid the COVID-19 Pandemic: A Qualitative Analysis of the Main Challenges. *medRxiv* <https://doi.org/10.1101/2020.10.18.20214601>
- Adams, J. G., & Walls, R. M. (2020). Supporting the Health Care Workforce During the COVID-19 Global Epidemic. *Journal of the American Medical Association*, 323(15), 1439. <https://doi.org/10.1001/jama.2020.3972>
- Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273-285. <https://doi.org/10.1037/ocp0000056>
- Berg-Weger, M., & Morley, J. E. (2020). Loneliness and social isolation in older adults during the Covid-19 pandemic: Implications for gerontological social work. *The Journal of Nutrition, Health & Aging*, 24(5), 456-458. <https://link.springer.com/content/pdf/10.1007/s12603-020-1366-8.pdf>
- Bright, C. L. (2020). Social Work in the Age of a Global Pandemic. *Social Work Research*, 44, (2), 83–86. <https://doi.org/10.1093/swr/svaa006>
- Cetrano, G., Tedeschi, F., Rabbi, L., Gosetti, G., Lora, A., Lamonaca, D., Manthorpe, J., & Amaddeo, F. (2017). How are compassion fatigue, burnout, and compassion satisfaction affected by the quality of working life? Findings from a survey of mental health staff in Italy. *BMC health services research*, 17(1), 755. <https://doi.org/10.1186/s12913-017-2726-x>
- Chen, S., & Bonanno, G. A. (2020). Psychological adjustment during the global outbreak of COVID-19: A resilience perspective. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S51. <http://dx.doi.org/10.1037/tra0000685>
- Cho, Y. J., & Song, H. J. (2017). Determinants of turnover intention of social workers: Effects of emotional labor and organizational trust. *Public Personnel Management*, 46(1), 41-65. <https://doi.org/10.1177%2F0091026017696395>

- Costakis, H. R., Gruhlke, H., & Su, Y. (2020). Implications of Emotional Labor on Work Outcomes of Service Workers in Not-for-Profit Human Service Organizations. *Human Service Organizations: Management, Leadership & Governance*, 1-20. <https://doi.org/10.1080/23303131.2020.1818157>
- Ferry, A. V., Wereski, R., Strachan, F. E., & Mills, N. L. (2020). Predictors of healthcare worker burnout during the COVID-19 pandemic. *medRxiv*. <https://doi.org/10.1101/2020.08.26.20182378>
- Folkman, S. (2000). Privacy and confidentiality. In B. D. Sales & S. Folkman (Eds.), *Ethics in research with human participants* (p. 49–57). American Psychological Association.
- Fukui, S., Wu, W., & Salyers, M. P. (2019). Impact of supervisory support on turnover intention: The mediating role of burnout and job satisfaction in a longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research*, 46(4), 488-497. <https://doi.org/10.1007/s10488-019-00927-0>
- Gavin, B., Hayden, J., Adamis, D., & McNicholas, F. (2020). Caring for the psychological well-being of healthcare professionals in the Covid-19 pandemic crisis. *Irish Medical Journal*, 113(4), 51-51. <http://www.imj.ie/wp-content/uploads/2020/04/Caring-for-the-Psychological-Well-Being-of-Healthcare-Professionals-in-the-Covid-19-Pandemic-Crisis.pdf>
- Hagemann, T. M., Reed, B. N., Bradley, B. A., Clements, J. N., Cohen, L. J., Coon, S. A., Derington, C. G., DiScala, S. L., El-Ibiary, S., Lee, K. C., May, A., Oh, S., Phillips, J. A., & Rogers, K. M. (2020). Burnout among clinical pharmacists: causes, interventions, and a call to action. *Journal of the American College of Clinical Pharmacy*. 3, 832-842.
- Hamler, T. C., English, S. J., Beltran, S. J., & Miller, V. J. (2020). A Reflection of and Charge to Gerontological Social Work: Past Pandemics and the Current COVID-19 Crisis. *Journal of Gerontological Social Work*, 1-3. <https://doi.org/10.1080/01634372.2020.1766629>
- Hennekam, S., Ladge, J., & Shymko, Y. (2020). From zero to hero: An exploratory study examining sudden hero status among nonphysician health care workers during the COVID-19 pandemic. *Journal of Applied Psychology*, 105(10), 1088. <http://dx.doi.org/10.1037/apl0000832>
- Hofmeyer, A., Taylor, R., & Kennedy, K. (2020). Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond? *Nurseeducation today*, 94, 104502. <https://doi.org/10.1016/j.nedt.2020.104502>, <https://doi.org/10.2147/jhl.s270440>
- Karina, N., Morten, B., Nielsen, O., & Kerstin, I. (2017). Workplace resources to improve both employee well-being and performance: A systematic review and meta-analysis, *Work & Stress*, 31:2, 101-120, DOI: 10.1080/02678373.2017.1304463
- Kaslow, N. J., Friis-Healy, E. A., Cattie, J. E., Cook, S. C., Crowell, A. L., Cullum, K. A., del Rio, C., Marshall-Lee, E. D., LoPilato, A. M., VanderBroek-Stice, L., Ward, M. C., White, D. T., & Farber, E. W. (2020). Flattening the emotional distress curve: A behavioral health pandemic response strategy for COVID-19. *American Psychologist*. 75(7), 875–886. <http://dx.doi.org/10.1037/amp0000694>
- Kelly, R. J., & Hearld, L. R. (2020). Burnout and Leadership Style in Behavioral Health Care: A Literature Review. *The Journal of Behavioral Health Services & Research*, 20. 581-600. <https://link.springer.com/content/pdf/10.1007/s11414-019-09679-z.pdf>
- Kim, S., & Wang, J. (2018). The role of job demands-resources (JDR) between service workers' emotional labor and burnout: new directions for labor policy at local government. *International Journal of Environmental Research and Public Health*, 15(12), 1-31 Retrieved from Proquest One Academic from the Touro Library
- Launer, J. (2020). Burnout in the age of COVID-19. *Postgraduate Medical Journal*, 96(1136), 367-368. <http://dx.doi.org/10.1136/postgradmedj-2020-137980>

Luceño-Moreno, L., Talavera-Velasco, B., García-Albuérne, Y., & Martín-García, J. (2020). Symptoms of posttraumatic stress, anxiety, depression, levels of resilience and burnout in spanish health personnel during the COVID-19 Pandemic. *International journal of environmental research and public health*, 17(15), 5514. <https://www.mdpi.com/1660-4601/17/15/5514#>

Maslach, C. (1996). *Burnout Inventory (MBI): Manual*. Palo Alto: Consulting Psychologists press.

Mazza, C., Ricci, E., Biondi, S., Colasanti, M., Ferracuti, S., Napoli, C., & Roma, P. (2020). A nationwide survey of psychological distress among italian people during the COVID-19 pandemic: Immediate psychological responses and associated factors. *International Journal of Environmental Research and Public Health*, 17(9), 3165. <https://doi.org/10.3390/ijerph17093165>

Rek, S., Freeman, D., Reinhard, M., Keeser, D., & Padberg, F. (2020, December 4). The COVID-19 Pandemic Mental Health Questionnaire (CoPaQ): Introducing a comprehensive measure of the psychosocial impact of the current coronavirus crisis. <https://doi.org/10.17605/OSF.IO/3EVN9>

Sasangohar, F., Jones, S. L., Masud, F. N., Vahidy, F. S., & Kash, B. A. (2020). Provider burnout and fatigue during the COVID-19 pandemic: lessons learned from a high-volume intensive care unit. *Anesthesia and analgesia*. <https://dx.doi.org/10.1213%2FANE.0000000000004866>

Southwick, S. M., & Southwick, F. S. (2020). The Loss of Social Connectedness as a Major Contributor to Physician Burnout: Applying Organizational and Teamwork Principles for Prevention and Recovery. *Journal of the American Medical Association Psychiatry*, 77(5), 449. <https://doi.org/10.1001/jamapsychiatry.2019.4800>

Waldman, J. D., Kelly, F., Aurora, S., & Smith, H. L. (2004). The shocking cost of turnover in health care. *Health care management review*, 29(1), 2-7.

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International journal of environmental research and public health*, 17(5), 1729. <https://doi.org/10.3390/ijerph17051729>

Wilkinson, H., Whittington, R., Perry, L., & Eames, C. (2017). Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. *Burnout Research*, 6, 18-29. <https://doi.org/10.1016/j.burn.2017.06.003>