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The Lived Experiences of Burnout Among Human Service Professionals Working With Domestic Violence Victims During COVID-19.

Michelle J. Clark
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Walden University

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Michelle J. Clark

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Walden University
2023

Abstract

The Lived Experiences of Burnout Among Human Service Professionals Working With
Domestic Violence Victims During COVID-19

by

Michelle J. Clark

MPhil, Walden University, 2022

MS, Walden University, 2020

BS, Georgia State University, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

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August 2023

Abstract

Job-related aspects of working in the mental health and human service field, such as job demands, workload, excessively long hours, and leadership roles, are known to cause burnout. Feelings of burnout and job-related stress may have been exacerbated during the COVID-19 pandemic, especially for professionals working with those experiencing domestic violence. The purpose of this hermeneutic phenomenological study was to explore the lived experiences of burnout among human service professionals (HSPs) working with domestic violence victims during COVID-19. Relational cultural and burnout theories provided the conceptual framework for this study. The data collected from the nine participants were obtained through semi structured interviews. Participants were selected using purposive and snowball sampling. Thematic coding of interview data yielded seven emergent themes: added stress, difficulty reaching victims, the need to pivot and use different strategies, lack of resources, boundaries with clients not established, self-care needs not met, and not enough time. The study may contribute to positive social change by presenting valuable insights regarding HSPs' work and coping experiences during COVID-19. This research may serve as a platform for developing future training programs and addressing self-regulation of practices for HSPs. Leaders in the field may be able to use the study findings to cultivate resources on the effects of burnout and occupational stress from working with DV victims during the pandemic, as well as techniques for addressing burnout and stress.

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Dedication

This dissertation is dedicated to my Lord and Savior: I thank him daily for the wisdom, ambition, and strength he instilled in me!! I want also to dedicate this dissertation to my father. I miss him so much; he would be proud of his baby girl. Also, special thanks to my mom. To my children, Paris and Riccardo, for inspiring me to continue this journey because they both know how goal oriented I am, thank you. I also would like to thank my classmate Maureen for inspiring me with her words of encouragement.

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Chapter 1: Introduction to the Study

Before COVID-19, nearly 20 people were victims of intimate partner abuse every minute in the United States (Black et al., 2011). As a result, experts voiced concerns that the COVID-19 pandemic and the individual isolation that coincided with it would lead to increases in intimate partner violence (IPV). These concerns have prompted mental health organizations to look further into the potential impacts of the pandemic (Substance Abuse and Mental Health Services Administration, 2020). With the COVID-19 pandemic, there has been an increase in the risk for domestic violence (DV) and other safety concerns, particularly for women and children (Peterman et al., 2020; Pfitzner et al., 2020). For example, in the state of Georgia, Burns (2020) noted a 79% increase in DV cases in 2020 compared to the previous year, before the pandemic.

Many individuals seeking help for social services; medical and mental health services; and, especially, counseling related to IPV found themselves unable to seek treatment or support during the pandemic due to social distancing and stay-at-home orders (Substance Abuse and Mental Health Services Administration, 2020). Scholars and practitioners therefore need to understand the effects of the COVID-19 pandemic and the implications of the gap in health services during this time. In addition, more research is needed to understand the experiences of victims who could not seek help and practitioners who could not continue providing services. Understanding the experiences of individuals seeking treatment is essential, but it is also important to understand the experiences of care providers and professionals who had to adapt their services. There was an increase in the number of professionals who dealt with job stressors and burnout

challenges during the pandemic (Substance Abuse and Mental Health Services Administration, 2020).

In this study, I focused on human service professionals (HSPs) who supported women experiencing DV during COVID-19. This study may contribute to positive social change by providing knowledge on adaptations in service and coping during COVID-19 and highlighting ways to ensure that residents, community organizations, and local businesses know the real-world associations from the pandemic. Social change can also help inform on specific ways to discuss more effective ways to incorporate and collaborate for positive change in the community by highlighting the need for leaders to develop strategies to help HSPs manage stress and job-related burnout during exceptional times.

In Chapter 1, I will discuss the background of burnout within the human service profession and the problem regarding HSPs' experiences with burnout and stress during the pandemic. This chapter will include discussion of the problem and purpose of the study, the theoretical framework, and the nature of the study. As I discuss, the primary focus of the research question was on the lived experiences of burnout among HSPs working with DV victims during COVID-19. I provide an overview of the study and the key components of the research, as well as explain the definitions, assumptions, scope and delimitations, and limitations. This chapter will conclude with discussion of the significance of the study and a summary and transition to Chapter 2.

Background

Despite documented issues, there has been little research to help prevent burnout among HSPs during Covid-19, according to my review of the literature. The need for human services professionals within the mental health population has grown since the COVID-19 pandemic, which has exacerbated the impact of HSPs needing immediate service delivery (Grobman, 2020; Walter-McCabe, 2020). In addition, the pandemic has engendered an increased number of social problems, including DV (Gerin & Knight, 2020), mental health issues (Australian Association of Social Workers, 2020), and complications related to stress-related concerns and burnout in the health and welfare sectors. Burnout was first described in 1975 by Freudenberg. The Maslach Burnout Inventory (MBI), which measures burnout in HSPs (Kaur, 2021), was subsequently developed in the early 1980s. Burnout has been a critical factor during the pandemic.

Maslach and Jackson (1986) and Maslach et al. (1996) noted that burnout is looked upon as an occupational stressor for HSPs, who contend mental health crises and other taxing situations and emotional stressors on a daily basis as part of their work. According to the MBI, there are three different aspects of burnout—emotional exhaustion (EE), depersonalization (DP), and the sense of a personal accomplishment (PA)—which can be inherent or external to the self. For example, Martínez-López et al. (2021) found that, during the pandemic, there were excessive levels of EE (70.1%), DP (48.5%), and PA (36.6%) among HSPs in their research. In other words, the three different aspects are related to similar examples of becoming drained and emotionally overextended, which

can scale meaningful ways to understand better the process of MBI (see Maslach et al., 1996). There are also predictive relationships and determinants when it comes to burnout.

Martínez-López et al.'s (2021) findings also showed predictive variables of the different determinants. DP was present in participants ages 41–50 years, who needed psychological or psychiatric evaluations, which could be considered predictive results stemming from the pandemic. As previous research shows, HSPs face different challenges associated with time constraints, pending demands, scheduling, conflicting roles, and relationships with higher levels of leadership (Bridgeman et al., 2018). The Agency for Healthcare Research and Quality (Bridgeman et al., 2018) noted that 30–50% of physicians, nurse practitioners, and case managers had been affected by the experiences of lower job gratification during 2020. Burnout, stress, and DV within households since the pandemic have continued to be topics of research (see Martínez-López et al., 2021).

Burnout contributes to occupational job stress behavioral manifestation (Martínez-López et al., 2021). In addition, burnout can be exacerbated by previous trauma. Lázaro-Pérez and José Gómez-Galán (2021) also noted that burnout is associated with trauma from personal behavioral issues, significant emotional effects, and work-related stress factors of the experiences within the human services profession. Research was needed to explore how those influences affected different dimensions of HSPs' lived experiences of burnout during the pandemic.

Although researchers have investigated this issue, Lázaro-Pérez and José Gómez-Galán (2021) continues to note that there is very little literature on the lived experiences

and mental models of HSPs experiencing stress and burnout. These individuals worked with victims of DV during COVID-19 and are coping with job stress and burnout.

Although researchers have investigated the impact on some types of HSPs' daily lives, there is very little literature on HSPs' lived experiences and coping with job stress and burnout as they worked with victims affected by DV during the pandemic. This research may provide helpful information regarding job stress and burnout experienced by HSPs who worked with victims of DV during COVID-19. The research may also clarify strategies for addressing these issues.

Problem Statement

It is well known, going back to Maslach (2003), that HSPs and mental health professionals experience burnout from job stress that they take home. Burnout experiences may have been exacerbated while HSPs worked to support clients during the COVID-19 pandemic (Muldoon et al., 2021). HSPs provide care for individuals experiencing psychological, social, and physical problems (Muldoon et al., 2021). Mental health professionals' interactions with clients can be emotionally draining (Maslach, 1978). Stress is linked to the appraisal and coping components of the problematic situations HSPs encounter on the job (Maslach, 2003). This finding has been exemplified in recent research on stress and HSPs (see Muldoon et al., 2021).

The main goal of professionals and other individuals who want to address job-related burnout is to reduce work-related stressors. The broader impetus is to reduce emotional and physical exhaustion related to work-related dissatisfaction and loss of personal happiness within the workplace (see Muldoon et al., 2021). Burnout often

develops because of the internalization of negative experiences of clients (Maslach, 2003). As mentioned, coping with job stress and burnout has long been an issue for HSPs. Still, additional stressors related to the pandemic and having to support clients in difficult situations (here, victims of DV) may have added to their experiences of burnout and the need for coping (Muldoon et al., 2021). For example, women victims of DV faced increased risks due to the restricted access to support services and shelter-in-place orders that may have hindered their ability to spend time away from their abusers during the pandemic (Muldoon et al., 2021). This additional risk to individuals seeking help also compounded burnout for the HSPs trying to adapt and support them.

HSPs needed to provide additional support and adapt services for women who might be sheltering in place with their abusers or otherwise unable to create space. HSPs supporting DV victims during the pandemic may have faced increased job stress and burnout (Muldoon et al., 2021). HSPs were the essential, first-line responders who helped victims during the pandemic (Muldoon et al., 2021). Although some researchers (e.g., Muldoon et al., 2021) have investigated this issue, there is limited literature on the lived experiences and mental frameworks of HSPs for coping with burnout and job-related stress.

Although researchers have investigated the impact on some types of HSPs' daily lives, there is no literature on HSPs' lived experiences and coping with job stress and burnout as they worked with victims affected by DV during the pandemic. The World Health Organization (2020) noted that the pandemic took a toll on the world without warning, and DV cases escalated tremendously, as discussed in Chapter 1. Hence, HSPs

and specifically those who supported victims of DV, during the pandemic faced additional job stress and burnout. It is important to understand their experiences and coping methods.

Purpose of the Study

The purpose of this hermeneutic, phenomenological study was to explore the daily lived experiences and mental processes of coping with job stress and burnout among HSPs who supported women experiencing DV during COVID-19. This study was needed to address the scarcity of information related to the pandemic and HSPs' experiences of burnout and job stress while working with DV victims during this time frame. In addition, I wanted to understand how those experiences affected HSPs' daily lives and mental processes in coping with burnout and job stress.

Research Question

What are the daily experiences and mental processes of coping with job stress and burnout of HSPs who supported women experiencing DV during COVID-19?

Conceptual Framework

Burnout theory and relational cultural theory (RCT) grounded this study. First, I used burnout theory to explore participants' experiences of burnout. Burnout theory has as its focus how employees cope with the problematic situations they encounter on the job (Maslach, 2003; Maslach & Lieter, 2016; Meier, 1983). Workers often develop burnout because of the negative experiences of their career (Maslach, 2003; Maslach & Lieter, 2016; Meier, 1983). Burnout is exhaustion workers experience as they cope with job stress. I incorporated elements of the MBI Maslach, (2003) in my interview

questions. The concept of burnout was crucial to understanding participating HSPs' experiences.

Second, I used the RCT as another part of the framework to explore participants' relationships with, and commitment to, clients. RCT concerns the study of relationships, which includes the external connections and internalized patterns of relationships within the sociocultural environment (see Jordan et al., 2009). In developing this theoretical approach, Baker-Miller (1976) intended to explore the mental processes of women; the theory operates from the premise that all people have specific desires to connect with others and, through growth, to establish healthy relationships and psychological wellness for a sense of safety (see also Jordan et al., 2009). According to Jordan (2018), Jordan et al. (1991), and Walker, (2004), the RCT, with a specific concern for women, addresses the commonalities of different people and impact the societal values on how people function daily. Birrell and Bruns (2016), Jordan (2018), and Jordan et al. (1991) noted that, epistemologically, RCT emphasizes the individual, unique experiences of the social context in which the client has been exposed. I used the relational-cultural approach to explain the relationships between HSPs and their clients and understand the commitment HSPs feel toward those they support.

The logical connections between the framework presented and the nature of my study include a description of lived experiences and the desire for a deeper understanding of those experiences and perspectives. I used a phenomenological approach to gain in-depth understanding and meaningful perspectives from HSPs in the study. According to Husserl (1975), phenomenology is the philosophy of experiencing the scientific pursuit of

perspectives and thoughts to elucidate the precise meaning available to the individual's consciousness. Balls (2009) also noted that phenomenology's focal point is consciousness and experiences such as viewpoints, reactions, and discernments. The phenomenological method was the best fit for the study because the focus was on the commonalities of the lived experiences of HSPs that helped DV victims living behind closed doors in the company of an abuser. The goal was to focus on the affairs of the events from those traumatic experiences during the pandemic. The research consisted of one-on-one, semi structured interviews.

Nature of the Study

The research method I chose for this study was qualitative, including a hermeneutic and phenomenological approach (see Laverly, 2003). I used this approach to explore the lived experiences of HSPs. The use of a phenomenological approach required a design that allowed participants to describe their lived experience in depth. This research approach offers a means of interpreting legends, stories, moments, anecdotes and other sources, and legal texts to constitute an interpretive theory (Moustakas, 1994; Porter & Robinson, 2011). This research also included a hermeneutic and phenomenological approach focused on social phenomena. Hence, in examining the participating HSPs' perspectives, I sought deeper understanding and meaning regarding the participants' everyday lived experiences and mental process as they developed coping strategies to support their clients (see Laverly, 2003; Moustakas, 1994; Porter & Robinson, 2011).

The qualitative method was most appropriate to this research. This method was appropriate due to the nature of the research question, which was focused on analysis of participants' experiences instead of relationships among variables (see Patton, 2014). I focused on understanding the daily activities, experiences, and coping of individuals experiencing a phenomenon. The quantitative or mixed-method approaches would not have been appropriate for answering the research question, due to the information measured given a numerical value. The phenomenological approach was the most suitable for answering the question within the qualitative method. Phenomenology is focused on the daily lived experiences of individuals experiencing a phenomenon, so this was a good fit for my research question. I concluded that phenomenology was better than other qualitative designs like ethnography, which is focused on culture, or a case study, which is focused on a bounded set of circumstances (see Patton, 2014).

The research question focused on the HSP participants' daily lived perspectives and experience of burnout and job-related stressors. Coding and thematic analysis were used to analyze data from the interviews and researcher notes. I conducted telephone interviews consisting of semi structured, open-ended questions. This data collection method was applicable because it allowed individual and contextual responses unique to the participant and elicited in-depth and rich information. I will discuss this further in Chapter 3.

Definitions

Burnout: A syndrome consisting of physical and emotional exhaustion resulting from the evolution of negative self-concepts, negative job dispositions, and loss of

concern for clients (Maslach, 1976; Piercy & Wetchler, 1987; Pines & Maslach, 1978; Raquepaw & Miller, 1989; Truchot et al., 2000).

COVID-19: An infectious disease, also referred to as *coronavirus disease 2019*, that is caused by the SARS-CoV-2 virus. This disease can cause severe sickness and has caused millions of deaths around the world (Jarnecke & Flanagan, 2020). It spreads when a person who has the infection breathes out droplets of tiny particles that contain the virus (Jarnecke & Flanagan, 2020).

Domestic violence (DV): A violent act or aggressive behavior typically within the home that involves abuse of another or a spouse or partner, affecting women and their children (Laing et al., 2018). DV is also referred to as *intimate partner violence (IPV)*.

Intimate partner violence (IPV): Physical, sexual, and/or psychological abuse by a current or former partner that involves a great deal of aggression and occurs in a romantic relationship (Dabney et al., 2020).

Pandemic: A phenomenon that occurs when a disease has spread out of control and has affected many people in several countries and populations worldwide (Boserup et al., 2020).

Relational cultural theory (RCT): A theory that holds that, throughout the lifespan, human beings grow through their experiences of connections (Comstock et al., 2008).

Assumptions

In this study, I made several assumptions. First, I assumed that participants would be honest about their experiences and how they were able to help victims of DV daily

during the COVID-19 lockdowns. In addition, I assumed that the HSPs in the study experienced less burnout before the pandemic than during because of the lockdown that was in place (Miller et al., 2021). By extension, I also assumed that the HSP participants had experiences with burnout, job stress, and coping and could adequately speak to my research question.

I assumed that my interview questions were comprehensive but not too specific to be too prescriptive. I assumed that phenomenology was an appropriate design to answer my research question (see Moustakas, 1994; Porter & Robinson, 2011). I used this design to understand the daily, lived experiences and mental models used by HSPs to cope and adjust to daily life during the pandemic. These assumptions were necessary to executing this study and furthering research in this area.

Scope and Delimitations

The research problem emanated from my desire to know and understand how HSPs coped with burnout and the stressors of the pandemic. Lent and Schwartz (2012) noted that burnout challenges among mental health professionals and job-related coping are essential yet disregarded subjects in the literature; the absence of this knowledge is particularly detrimental, they noted, to that mental health professionals who visualize long-lasting careers in the human service profession. Hence, with the constant changes within the mental health profession, it was critical to understand the daily burnout experiences among HSPs working with DV victims during COVID-19. Therefore, the main focus of this study was those HSPs working one-on-one with abuse victims. My focus was on HSPs who were licensed and had a master's degree. I did not gather data on or

explore the ages of the participating HSPs because I deemed this information not pertinent. The selection criteria encompassed important delimitations of this study. To be eligible, participants needed to meet the following criteria:

- be 18 years of age or older
- hold a master's degree in counseling from a (CACREP) Council for the Accreditation of Counseling and Related Educational Programs- (CACREP-) accredited program
- be licensed as a clinical mental health counselor or professional in the mental health field in Georgia
- be employed in mental health for no less than 6 months

The other delimitation of the study was participants' level of expertise in the field. This ensured that the participants had enough experience to speak to my topic and that they were verified, licensed practitioners. Transferability may be possible with the focus on specific HSPs. The sole purpose of transferability is to gather information from participants who might struggle with transferring to one place or another (DuFresne, & Arnekrans, 2020) and, for example, being able to reach a participant in an office versus another unfamiliar setting. Their experiences and the results may not be transferrable to other HSPs' experiences, but that is to be determined by future researchers. Again, I did not focus on, or select on age or sex identity as criteria, and this may also affect the transferability.

Limitations

A study's limitations are the characteristics of design or methodology that can affect or influence the interpretation of the research findings (Huberman et al., 1994). The limitations of phenomenology include a small sample size, participants' clarity in recall of information, participants' ability to communicate that information accurately to the researcher or interviewer, and researcher bias (Patton, 2014). First, the sample size may also be a limitation. I assumed that I had reached data saturation, which can be a limitation, if I did not reach data saturation with the sample size. In addition, I focused on the lived experiences of job stress and burnout that occurred over the last year during COVID-19 and that continue to occur. Another limitation is that participants may not have had a clear memory of everything they experienced and how they felt or adapted to their daily lives. In addition, they may not have been able to clearly discuss their experiences and adequately explain many of their feelings or mental processes in a way that those who did not experience the phenomenon could relate to or understand.

Next, researcher bias was a potential limitation. During the interviews, I sought to remain neutral in providing feedback and asking questions. I followed the same language and probes from interview to interview, to help guarantee that my statements and explanations were verbatim. I also used journaling and member checking to help mitigate bias in my analysis and results.

Significance

This study is potentially significant in that the research may further understanding of the lived experiences of HSPs in managing job stress and burnout while working with

victims of DV during COVID-19 (see Muldoon et al., 2021). In addition, this study contributes much-needed insight into the experiences of HSPs who support victims of DV and how HSPs cope with additional job stress and burnout (Dabney & Evans et al., 2020). Finally, these study results have the potential to lead to positive social change, due to the information surrounding effective measures of insights from the HSPs experiences.

There are also implications for practice and research. The results of this study may inform the practice of HSPs who work with victims of DV and highlight ways to address their job stress and burnout. In addition, these results may shed light on how HSPs cope with burnout in this changing era of COVID-19. In this way, the study has implications for HSPs experiencing burnout and HSPs who support these HSPs. There are implications for research in that there is a gap in understanding the lived experiences of HSPs while working in COVID-19, especially concerning job stress and burnout associated with newly increased risks to their clients and overall adaptability (Dabney & Evans et al., 2020). This research contributes to the scholarship on adaptations in service and coping during COVID-19.

Regarding positive social change, these results may provide insight into the daily lives of HSP practitioners and the many ways they cope with burnout in their work. In addition, new and innovative research continues to be published regarding the COVID-19 pandemic, and this study contributes to that knowledge. Understanding COVID-19 and the outcomes, implications, and impact on many facets of society is important because there may be another global epidemic or pandemic (see Muldoon et al., 2021). Learning from what has already occurred—especially regarding the provision of support and

coping—can help practitioners, decision makers, and leaders in the health care industry be more prepared and act faster should something like this happen again.

Summary

In this qualitative research study, I addressed the burnout and coping strategies that HSPs implemented while working with DV victims during COVID-19. Studying the different perspectives and daily experiences of HSPs while working with victims during the pandemic was very engaging. Knowing and understanding the various forms of distress within the workplace and exploring the literature regarding the daily lives of HSPs coping from being burnout. In other words, capturing the data of information concerning the pandemic and those experiences were also very engaging. The goal of this qualitative study was to investigate the lived experiences of burnout of HSPs while working with victims of DV. I also wanted to understand the different strategies used by HSPs to manage burnout during the lockdown. The relationships between coping, stress, depression, and burnout within the mental health profession were another topic of interest.

In Chapter 1, I presented the topic, problem, purpose, research question, nature, and significance of the study. This included the definitions of terms, assumptions made, and scope and limitations. In the remaining chapters, I expand on these ideas and further present the details of the study. In Chapter 2, I discuss the literature regarding burnout among HSPs and strategies for helping victims of DV during the pandemic. In Chapter 3, I provide information regarding the research design, rationale, role of the researcher, and methodology. In Chapter 4, I discuss the study's setting, demographics, data collection,

analysis, and evidence of trustworthiness. I also present the study results. Finally, in Chapter 5, I interpret the findings, discuss the study limitations, offer recommendations, discuss the implications of the research, and provide a conclusion to the study.

Chapter 2: Literature Review

Introduction

Professionals experience burnout from job stress that they take home (Maslach, 2003). That experience of burnout may have been exacerbated for HSPs who worked to support clients during the COVID-19 pandemic. Stress is linked to the appraisal and coping components of HSPs' problematic situations on the job (see Tewksbury, 1993). Burnout often develops because of the HSPs' negative experiences of clients (see Maslach, 2003). HSPs with job stress and cope with burnout on a daily basis (Dabney & Evans et al., 2020). Still, additional stressors related to the pandemic and having to support clients in difficult situations (i.e., victims of DV) may add other weight (Muldoon et al., 2021).

It is also essential to consider the demographics and experiences of their clients when attempting to understand the impact of burnout on HSPs (see Lent & Schwarta, 2012; Thompson et al., 2014). During COVID-19, women victims of DV faced increased risks due to the restricted access to support services and shelter-in-place orders that may have hindered their ability to spend time away from their abusers (Muldoon et al., 2021). HSPs needed to provide additional support and adapt services for women who might be sheltering in place with their abusers. Hence, HSPs who supported victims of DV during the pandemic may have faced increased job stress and burnout. In this chapter, I review the literature pertaining to the theoretical frameworks of RCT and burnout as related to the research question. This chapter consists of the following key elements: (a) literature

search strategy, (b) theoretical framework, (c) literature review related to critical variables and/or concepts, and (d) a summary and conclusions of the relevant research.

Literature Search Strategy

I searched for literature published between 2018 and 2022 using the following multidisciplinary databases (keywords in parentheses): Psych INFO (*burnout, job stress, occupational stress*), Psych ARTICLES (*burnout, human service professionals, coping*) Psych BOOKS (*burnout, job stress*), ProQuest Central (*burnout, mental health, job stress, occupational job stress*), Academic Search Premier (*burnout, job stress, mental health, human service professionals*), dissertations and theses, dissertations, and theses at Walden University (*burnout, mental health, human service professionals, occupational job stressors, burnout in mental health professions*). I also performed searches in the ERIC, Soc Index with Full Text, and Sage Publication's full-text collection databases, and the Google Scholar search engine. The keywords used for the literature review included *burnout, coping, COVID-19, domestic violence, job stress, Human Service Professional HSPs, Intimate Partner Violence (IPV), Maslach Burnout Inventory (MBI), occupational job stress, and pandemic*. I developed a search strategy using potential keyword searches for those key terms. After formulating a list of words, the key terms were used to search for newer sources and articles related to the crisis of the pandemic. For example, the search for *burnout* yielded 172,845 articles, and 366 were found using the keywords *human service professionals* and *burnout*.

In this review, I found 6,992 articles that featured the critical terms *burnout, intimate partner violence, and pandemic*. However, 446 additional articles featured

burnout and coping in the human service profession. Hence, the sources mainly emphasized the connections of occupational stress, HSPs, domestic violence, and burnout. There are about 120 references that are included in this literature review. The sources are mainly peer-reviewed journal articles and general articles. The literature selection includes over 56 articles about HSPs' burnout and pandemic-related challenges.

Given that some reports include full text related to the pandemic, the information gathered was current as of 2022; however, the pandemic is still present, so the strategy for the literature review will consist of various keywords related to the pandemic. In other words, relevant information associated with COVID-19. The research used in this discussion addresses a gap needed for post-COVID-19 and those experiences of burnout among HSPs working with DV victims post-COVID-19.

Conceptual Framework

The foundation for this qualitative study was Maslach's (1976) burnout theory of psychological syndrome and Miller's (1976) RCT. I used these theories based on the premise that lifespan and human beings grow through and towards interrelations. Freudenberger (1974) first introduced the clinical term for burnout in the early 1970s.

Burnout

The first element of my framework was the concept of burnout. The emotional, physical, and mental aspects of exhaustion are frequently associated with the aftermath of pressures, expectations, and continual stress concerns (Freudenberger, 1974). The MBI has three dimensions related to the theory of EE, DP, and PA. According to Maslach (1999), EE is having a sense of energy loss or a dwindling feeling, DP is negative

feelings, and Pas is increased personal efficacy. Even though these three dimensions of burnout are looked upon differently, the concepts of the dimension describe sequential stages of MBI (Freudenberger, 1974).

Burnout may begin with EE, which can lead to skepticism toward the inclination toward professional efficacy. Researchers have noted that burnout is not a new topic. Still, the COVID-19 pandemic highlighted work overloads within the human service profession (Miller et al., 2021). COVID-19 led to new strain on communities and governments; the stressors affected individuals differently, with mortality being one severe effect (Centers for Disease Control and Prevention, 2020; Worldometer, 2020). Interest in the concept of burnout increased for these reasons.

Burnout is a topic that has become more and more important since the pandemic was declared in 2020. Since the pandemic, many organizations have become more familiar with burnout and what to do about it. Burnout was first conceptualized in 1975 by Freudenberger. The MBI, which measures burnout, was published the following year (Maslach, 1976). The phenomenon of burnout has been around for 60 years. It has recently become more relevant since the pandemic because it describes a phenomenon that people are still experiencing (Sasangohar et al., 2020).

Maslach (1976) created the MBI to measure the different characteristics of human service professions and determine the best way to approach how and why people experience those sentiments. The MBI consists of three domains defining HSP stressors of HSPs: EE, cynicism or DP, and PA or achievement. Maslach's research suggests that an increase in workload is why HSPs become overwhelmed with the stressors of EE. An

extensive review found that 21–67% of HSPs experienced a higher level of burnout in 2021; the researchers predicted that burnout would continue to be an issue for HSPs in coming years (Morse et al., 2012).

Burnout among HSPs is a topic that is worthy of attention. One reason is that burnout can impede the ability of HSPs to provide the caliber of services needed for the client's best interest and could alter the client's gratification (Green et al., 2014). The association for the higher levels of occupational stress and burnout that HSPs experience is due to the high levels of job turnover, productivity, and low morale, among other aspects associated with the job (e.g., Ray et al., 2013). The pandemic and shelter-in-place orders have shed additional light on the behaviors and the economy. During Summer 2021, 50% of HSPs stated that working in the professional field of mental health had become very strenuous (Anwar, 2021). Rosenberg and Pace (2006, p. 87) described burnout as a syndrome of physical and emotional exhaustion resulting from the loss of energy and motivation, multiple jobs at once, the negative energy of self-concept, and the deprivation of concern for the client's well-being. Lent and Schwartz (2012) stated that HSP's work environment and setting contributed to clinicians' burnout.

Hence, DP and cynicism occur within the workplace, which brings the HSP's attitude towards the work environment and withdrawal of detachment. Due to the occupational stressors of becoming busier at the office, the pressures of working with clients dealing with COVID-19 have led to workloads described as repetitious, emotionally draining, and tedious (Anwar, 2021). Burnout remains a relevant topic in the human service profession due to the pandemic crisis and what remains a factor post-

COVID-19. HSPs faced a vicarious situation with the impromptu situation of COVID-19. Dealing with the job stressors and burnout emotions of the lockdown leads to tremendous relationship challenges (Anwar, 2021).

According to research published in 2021, 2 in 3 individuals planned to walk away from their work environment due to stressors associated with the pandemic (Anwar, 2021). Therefore, HSPs need support in their self-care circumstances, which declines from 10% to 71% from December 2020 to July 2021 (Lue, 2021). Over 84% of the HSPs were likely to encourage self-care during the pandemic. Therefore, this effort was to empower the need to help increased demand for HSPs was needed to handle more caseloads. In addition, HSPs were becoming overwhelmed by the high number of cases of COVID-19, which drove emotions higher due to not feeling supported by those large caseloads (Butler et al., 2019). Overall, the current research shows the different challenges of the pandemic related to HSPs being overloaded with mental health clients' issues and trying to maintain their own professional careers.

Relational Cultural Theory

The second component of the conceptual framework was RTC. DePrice et al. (2011) mentioned how the RCT theory is vital in addressing the self-blame in different people. Miller (1976) noted that RCT and the experiences of women of other ethnicities and disenfranchised men led several HSPs to misinterpret and denigrate how critical the facts are to the psychological well-being of all human beings (see also Robb, 2006). According to Miller, multicultural, feminist, and social justice actions have provided another perspectives for HSPs to witness how different challenges related to abuse,

dominance, marginalization, and authority affect mental health and affiliate expansion of all human beings. The goal is to help individuals and foster the knowledge of relationships and understanding of the challenges of the various relational matrix (Comstock et al., 2008).

RTC came about from the effort to understand better the concept of positive growth, anti-relational aspects of fostering authenticity, mutual empathy, empowerment, and connections and disconnections that explain the rationale for the resilience of social justice (Walker, 2002b). RCT developed on the premise that the lifespan of a human's growth to connections and seeking therapy expresses the movement toward independence (Banks, 2016; Jordan, 2017; Walker, 2008b). The preliminary plan is to make connections to prosper to withstand the pressures to detach from suffering on a personal and cultural platform (Banks, 2016; Jordan, 2017; Walker, 2008b). RTC, created by Miller (1976), is to understand the dynamics of dominance and subordination in human relationships and understand the psychology of what women go through in those different relationships. Founder Miller (1976) suggested that "good conflict" is vital for change and growth, and she offers that sometimes interaction or an issue can affect the differences in those connections.

In 1978, Miller formed a group with three psychologists, Stiver, Jordan, and Surrey, to analyze how orthodox measures of psychodynamic theories misinterpret women's experiences (Miller, 1976). The expertise of the three developed at the Stone Center for Development Studies and Services at Wellesley College theory to understand the different cases of female clients and explore the barriers to the psychology of all

humans (Jordan, 2010). RCT created to strive for independence and succeed in achievements to disconnect self and help those effects for women of regular therapy (Jordan, 2008). Forming the importance of positive connections fosters meaningful mutual relationships within the communities (Miller, 1976). RCT was created to understand women's psychology (Jordan, 2008; Lenz, 2014).

And the acknowledgment to better understand men. In other words, it suggests having people join in human growth and development that express positive human autonomy (Robb, 2006). The historical plan was to make connections that would give gratitude and independence to others—clinical theories designed to incorporate the belief growth of the separate self (Jordan, 2001). RCT is used today as a new model of human development with a strong interest in bringing RCT into practice. Today there are workshops to help the attraction, such as neurobiology or relationships, relational mindfulness, mother and sons, mothers and daughters, and new models of leadership and practice relation cultural theory to express social change (Robb, 2006).

RCT is centered around the origin that most human anguish is disconnection, as we relate to others or what others do to justify general well-being (Jordan, 2018). Jordan (2018) also mentions that disconnection is negative emotions and feelings which can trigger depression. We as humans continue to become disconnected, which later becomes self-absorb, self-aware, and selfish with other actions, which pushes the connections further from being able to focus on the lens needed to understand how to be or behave (Comstock et al., 2008; Jordan, 2018). Women have always been looked upon as underrepresented, over-emotional, and dependent. Men's figures have clouded the views

and dominate over women, hence why men wanted women to stay home with the kids to keep limitations of growth and lose the sense of connection women needed (Jordan, 2018).

RCT connects the missing pieces today to allow growth, empathy, and mutuality for all the connected components (Comstock et al., 2008; Jordan, 2018). RCT is structured to identify the types of relationships women deal with and how relationships foster various contexts (Comstock et al., 2008; Jordan, 2018). Further, RCT focuses on clients' different impacts (i.e., DV, IPV) to conserve hardship and create disconnection (Jordan, 2018). RCT score concepts include the following quality of human relationships: a sense of healthy emotional growth. Jordan (2018) noted that RCT is known for the following premises and continues to be studied:

- People grow through and towards relations throughout their lifespan.
- Growth moving towards mutuality rather than disconnection characterizes nubile functioning.
- Mutual empathy and mutual encouragement are the valued premises of growth-fostering positive relationships.
- Authenticity is vital for actual engagements and healthy growth, fostering relationships.
- All human beings need to contribute and grow or benefit; development is required for all beings.
- Mutual empathy is a core concept through evolution, which is the key to human development for individuals and effective for all society.

Social justice is why RCT is meaningful and appropriate for the mutuality of the needs of society to experience that necessary interaction to be respected and honored (Jordan, 2000). RCT concepts will help provide important information related to lived experiences of burnout among HSPs working with DV victims during COVID-19. RCT is intended to illustrate an outline of one's relational experiences.

HSPs working with victims of DV focus on how those experiences during the lockdown period of COVID-19 have affected the lives of those victims residing with an intimate partner or an abusive husband. This study aims to analyze how HSPs provided services to victims facing DV daily and RCT methods used to extend forms of social support. Neuroscience researchers have also contributed to RTC. Recent findings have determined that humans are born into this world hardwired to connect or be geared to the generalizations of responsiveness (Banks, 2011, 2016). People are assumed to be responsive to engaging with other human beings.

A baby born cannot survive on its own, so that child responds to the parents not only for physical nourishment, but the nourishment of neuroscience and emotional aspect of that neurological growth needed to respond (Banks, 2011, 2016). Eisenberger and Lieberman (2004) proposed that RCT is critical for all human life, just as it is for having oxygen in the lungs or needing food to survive. Hence, the results are drawn from the research that neurologically, humans are *wired* to respond to rejection and separation as we would reply to a shortage of water, oxygen, pain, or any other lethal circumstances Eisenberger and Lieberman (2004). This neurological perspective emphasizes connections within and across the brain. Without those connections, something within the

central amygdala responds to the rejection and separation or being without ties (Chugani et al., 2001).

Chugani et al. (2001) noted that the brain needs stimulation to grow; if not, the neurons will decay without connection. Relationships are more than an emotion of a feeling-good experience; it is the essence of human survival (Banks, 2016; Lieberman, 2013). Humans need positive interactions with a parent or friend or between the client and the HSP, or the brain cells can change (Shore, 1994; Siegel, 1999). Humans suffer when stripped of healthy natural connections (Shore, 1994; Siegel, 1999). Neuroplasticity is also considered.

Recent brain research has determined the strength and weight of the effects of neuroplasticity (Begley, 2008; Cozolino, 2014; Doidge, 2007; Schore, 1994). Eriksson & Wallin (2004) define neuroplasticity as the ability to alter or change newly discovered responses from experiences throughout life or adversity. According to World Health Organization, neuroplasticity is essential in this research to explain the ramifications of burnout and stress-related suppression of psychosocial stress from the workplace. Eriksson & Wallin (2004) also noted that stressful events such as burnout could trigger hippocampal neurogenesis. RCT hypothesizes the importance of positive changes in relationships and personal endeavors in relationships.

In other words, it shows the brain changes with the positives of relationships through growth (Cozolino, 2014; Goleman, 2006; Schore, 1994; Siegel, 1999). The opposites of the research suggest that painful and abusive experiences can structure the brain to shift gears that the orbitofrontal cortex dissolves to work successfully to form an

adjustable social functioning; constructive relationships such as treatment can rework the course (Banks, 2016; Shore, 1994; Siegel, 1999). RCT is known in the clinical and development structures of changing the vision of the human brain development to the viewpoint of the essentiality of connection to human lives (Aron, 1996). We are born to stand tall and be self-sufficient, all while needing the essential tools of association to form the cultural values of socialization practices (Banks, 2016).

Literature Review Related to Key Variables and/or Concepts

The Covid-19 Pandemic

COVID-19 began in the United States in 2019. The COVID-19 pandemic is an uncommon crisis known as an infectious disease associated with the SARS-CoV-2 virus that commonly affects the respiratory system, extending from the common cold to a more severe respiratory system (World Health Organization, 2021). The pandemic affected nearly the whole world and continues to cause mischief, with more than 495 million coronavirus cases and more than 6.1 million deaths worldwide (World Health Organization, 2021). According to World Health Organization (2021), COVID-19 has affected more than 78 million people and caused more than 1.7 million deaths. The big picture of this significant infectious disease is that it infects people, and the cases are rising tremendously (World Health Organization, (2021).

COVID-19 is transmitted from one person to the next person. Those direct particles can affect the respiratory system through the virus-contaminated through touching the surface of a countertop, the touch of a person's hand, or anything else World Health Organization, (2021). Technically, this virus can cause someone to experience

several symptoms, such as fever, dry cough, sore throat, and tiredness, to even death. The best method of not preventing someone from transmitting the virus to another person is to be aware of how and what COVID-19 is and how it spreads. The Centers for Disease Control and Prevention (CDC, 2021) suggests wearing a fitted facial mask covering the nose to protect oneself and others from the virus.

However, washing hands should also be considered, such as rubbing alcohol and hand sanitizer (CDC, 2021). In other words, the passing of the virus can also be passed from those particles, or respiratory droplets can be a way to transmit the virus.

There is no cure for the virus. According to the CDC (2020), the virus is not curable to treat, nor is there a definite means of a vaccine that will shut down the virus as of 2022, which researchers mention they are still learning about the coronavirus. The implications of the virus continue to have a tolling effect worldwide, from the loss of loved ones from all over the world and still today (2022), not sure of social isolation.

The lockdown measurements and isolation were to fight the spread of the virus. Specifically, schools, shops, and travel were the way of the world for a few months, and people were unhappy. The impacts of the pandemic increased children's emotional state and social connections. According to Novotny et al. (2020), has implications of the COVID-19 lockdown were on an emotional level and strenuous for families to feel a sense of loneliness and severe mental health challenges. For example, of 814 parents with children ages 4 to 11, 65% showed changes in an emotional challenge, 55.3% altered their patterns, and 62.6% showed sleep disorders (Novotny et al., 2020).

The COVID-19 stay-at-home measures and social isolation worsened for women experiencing DV and survivors of DV near their abuser (i.e., husband or intimate partner; Gresham et al., 2021). COVID-19 stay-at-home orders allowed the abuser to use the pandemic as a means of total control and power over the victim, intensifying DV rates. The victim could not end the violent relationship (McKenny & Elkbul, 2020). Stay-at-home orders and social distancing were some government-mandated ways of protecting the public. Mazza et al. (2020) suggested that the stay-at-home pandemic order and social distancing could put those victims in a more dangerous situation.

The higher level of stress and anxiety from the quarantine and day-to-day measures. The intimate partner and restricted access to someone who could provide help or assistance. The pandemic and lockdown measures guided the mental health community and the general population to increased levels of depression and stressors in households. Stay-at-home orders and business closures meant more people were at home for longer. During the pandemic, businesses were closing their organizations, laying people off work, hence, losing employment.

According to World Health Organization (2020), the social and economic climate changed the mindset of the partners to increase conflicts and DV, from the lockdowns, stay-at-home orders, and social distancing measures meant that the relationship is spending more time with each other at home together. One concern was what was happening in the home now that people were always home. For those in abusive situations, there was certainly the potential to exacerbate the problem. The New York Times, written by Taub (2020), suggested the pandemic made restrictions to stop the

coronavirus from spreading, making violence in the homes more recent and dangerous. While the world was trying to keep families safe from the virus, those victims of DV were faced with a higher risk for family violence.

Research suggests that females' mental and physical health factors, risk factors for DV, are related to the repercussion of the pandemic, including isolation, economic instability, and increasing IPV and family disagreements. Due to the significant impacts of the COVID-19 pandemic on the risk factors and the amount of substantial health-related challenges, Galea and Lurie (2020) noted a need for marginalized groups. Specifically, the challenges of isolation focus on the pandemic, which includes the social groups for those families that endured victimization experiences and mental health concerns, and chronic health challenges.

Coping Mechanisms for Burnout and Job Stress During Covid-19

America has endured heightened stress levels during Covid-19 (CDC, 2022). Whiting (2020) and World Bank (2020) noted that the pandemic is not a new infectious problem but a new disease that human beings have repeatedly experienced influenza virus infections. Hence, the pandemic brought more contagious effects than a previous infectious virus (i.e., the Spanish Flu). The Spanish Flu was the world's last deadly disease a century ago. CDC (2019) stated that over 50 million people died during the Spanish Flu, with about ten times as many people.

The pandemic has changed many of the norms for people to a degree of inadequate coping abilities and burnout on the job. According to research on the highly infectious disease of COVID-19, there was a tremendous amount of uncertain stress

causing the anxiety levels of concerns related to the virus to rise due to the health crisis of social distancing and safety measures. The National Center of Biotechnology Information organization Rosales-Mendoza et al. (2020) stated that burnout occurs when HSPs use ineffective coping strategies to shield themselves from actual work-related challenges Rosales-Mendoza et al. (2020). Learning to focus on the best method to strategize is to learn to cope with the stressors of the pandemic by trying to stay healthy and help family, friends, and people you are concerned about by becoming more flexible. World Bank (2020) noted that although handwashing was a way to cope with having fewer stress levels of prevention, physical and social distancing was transmitted to the public to take the necessary precautions to prevent or reduce the spread of the virus.

The pandemic had far-reaching health implications; not all were directly related to burnout, but many contributed. World Bank (2020) also noted that 3 billion people worldwide who did not have the means of entry to clean water and soap would help increase the prevention of infection remains of reach. The World Bank (2020) suggested taking the necessary precautions to limit the spread of the virus by washing your hands and using hand sanitizers to prevent the disease from spreading. Salvagioni et al. (2017) noted that past research studies revealed burnout from hostile work environments. The work situations were emotionally draining and stressful, and job burnout tremendously affected HSPs ' welfare and health. Consequently, burnout and stress will emerge as major physical health problems (e.g., insomnia, depressive symptoms, and hospitalization for mental health challenges; Salvagioni et al. (2017).

Work-related stress can become a nuisance and can get the best of people. Coping with the stressors from the pandemic or burnout from the job with excessive prolonged calls, emails, co-workers, and impromptu business meetings can strain a person and make anyone get into a kaput. Elizabeth Scott (2020) mentioned several ways to manage specific techniques to help cope with occupational stress on the job by taking the approach of two categories: focused and emotion-focused coping. The overall goal is to eliminate the stress of work and the particular stressors themselves. Anwar (2021) mentions that nearly 1 to 4 employees believe their physical health takes a hit from job loss, and at least 25% are underperforming daily due to stress.

The stress levels of experiencing were likely at this time and varied by demographics. For example, mothers under 35 have a greater chance of enduring stress and a better opportunity to change careers or get another job. Not to mention 41% of all U.S. employees are most likely to contemplate a career change to avoid the extra stressors associated with occupational job stress to determine changing careers (Anwar, 2021). Anwar (2021) also suggested that employees want more than the monetary; 6 to 10 reasons employees stay with their jobs are those connections to higher positions such as leadership and management. However, research has found that employees have difficulty finding a healthy way to manage or cope with the mechanism to control the chronic stress situations of careers. A new study suggests that employees are characterized by the experiences they face while working, enduring those various experiences.

Implications of Covid-19 and Shelter-in-Place Orders

The United States has encountered many prodigious happenings since March 16, 2020, and several orders are in place. First, the United States intended to ascertain whether having the structure of social distancing resulted from the effects of the pandemic. Hence, the strenuous levels of humans' daily lives and activities have changed since the world announced the shelter-in-place Elser et al. (2021). From the research and literature on the impacts of the pandemic, there have been over six million confirmed cases worldwide. Nearly one-fourth of the cases were established in the United States, with over 290,000 documented deaths since December 2020 Elser et al. (2021).

The Covid-19 pandemic has created considerable discomfort in the economic crisis in the United States. The pandemic changed the lives of millions and has forced hospitals to shut down people from coming due to those limited capacity levels, which created a global economic slowdown. Hence, the pandemic's lockdown and social distancing took a toll on the economy through quarantine measures, sky-rocked employment rates, and business closures affecting customer services (Bartik et al., 2020). Moreover, the decrease in business revenue has caused impecunious measures for business opportunities to grow. According to Hamilton (2020), approximately by July 2020, nearly 420,000 small businesses had crashed since the beginning of the pandemic.

Wang et al. (2020) found that many companies went under from bankruptcies increasing by 27% from July to August. Chapter 11 bankruptcies decreased in February 2019, when the economy was more robust, and since March, such defaults failed by between 15% and 50%, increased to the same last year of 2020 Church, (2020). Chapter 7

bankruptcies, defined as the debtor's assets liquidated and administered for paying creditors, also decreased tremendously since 2019 from 2020, the last time in April to May, hence has persisted lower in 2019 amounts through August Hamilton (2020). The Federal Reserve Bank of St. Louis (2020) noted that different parts of businesses faced with the conditions of the Great Recession would most likely claim bankruptcies. Especially those smaller businesses struggling from the start of the pandemic would more than possibly work with more challenges or even close when the world reopens (Bartik et al., 2020).

The pandemic's implications also affected the food system's source, which lay empty from insecurity. The World Health Organization (2020) suggests that the border closures, trade limitations, and restraints measures have prevented sharecroppers from having access to markets to buy and sell their products, limiting agricultural employees from gleaning crops and interrupting the domestic and international food supplies. Furthermore, the World Health Organization (2020) noted that millions of hourly or self-employed farming employees had some challenges. For example, increased poverty levels, indigent health issues, and malnutrition disputes led to a shortage of ill-treatment safety and labor sanctuary classifications. Equally important, there has also been a decreased income, a scarcity of support needed to help those in need of work, and unsure conditions, hence disclosing families to more risk (The World Health Organization, (2020).

Several concerns follow the implications of the shelter in place of COVID-19 has also affected the mental health field. The pandemic's implications have also affected

suicide and DV rates. Reger et al., (2020) stated that people who had to endure those challenges due to COVID-19 were affected by the unintentional dilemmas from the mandated social distancing challenges and the risk for suicide rates. Reger, Stanley, & Joiner (2020) also found more details than stated due to the social distancing and mandates from local, state, and federal officials that led to increased measures related to the pandemic's severe challenges. In other words, the physical isolation and social distancing measures proclaimed during the pandemic and the mental health field established the clinical needs of clients at risk for suicide (Reger et al., 2020). In addition, clients are made aware of the new protocols that are in place for the recent change in environments of habits (Reger et al., 2020).

The Covid-19 pandemic has created considerable discomfort in the workforce and citizens returning to work. Bartik, Bertrand, Lin, et al., (2020) discuss how the debasement of total hours in the workplace and average weekly hours, layoffs, and complete shutdown have risen tremendously. The article also shows how the decrement in total work hours was driven by the downsizing and business shutdowns starting in March. Chodorow-Reich and Coglianesi (2020) estimated that by February 2021, 4.5 million people will either have been or will be unemployed for more than 26 weeks, and half of that number of people will be on extended amounts of time on unemployment. The United States Census Bureau (2021) noted that the unemployment rate rose from April 2020 to an inconclusive amount record high since the 1930s and remained at 4.9% in October 2021, compared with that 3.5% in February 2020. The report noted that 4.2 million fewer jobs were available in October 2021 compared to February 2020.

Hence, according to the Labor Department employment database, the number of jobs lost during the pandemic paid lower average wages, including 30% of all jobs total and 59% lost from February 2020 to October 2021. Nevertheless, due to the pandemic, many jobs were lost. Furthermore, due to the pandemic's response, 10.1 million people were unemployed or on short-term disability totaling 4.8 million or were not present at the workplace totaling 2.0 million. Altogether all represented 86.3% of individuals not working. Lastly, the pandemic's implications have exacerbated the number of DV victims.

In their 2018 study, Smith et al. provided information on IPV, which consists of physical, sexual, mental, and psychological abuse from a husband of a current intimate partner. Smith et al. noted that 1 in 3 women and 1 in 9 men have experienced physical abuse within their lifetime. Furthermore, research has shown that since the pandemic, violence has increased during the infectious virus (Peterman et al., 2020). For example, Peterman et al. (2020) research suggests that the quantity of information related to the bestowed increases in IPV included poverty-related challenges and economic instabilities. Therefore, COVID-19 is a determining factor in not contacting police services.

Further, COVID-19 was also a factor in not having the proper resources available for physical and social shelter-in-place protocols and those who lived those experiences (Lebow, 2020). Since the start of the mandated shelter-in-place economic stressors have also contributed to those extreme levels of loss of environment and employment concerns. The U.S. Bureau of Labor Statistics (2020) noted that due to the high numbers

of employment losses in the United States, DV has become a various impactful amount of the stressors related to COVID-19 and the increased amount of IPV since the pandemic. The world changed tremendously due to the closures of schools, childcare, and the challenges related to family distress and economic stressors. Further, research suggests that due to the financial stressors of childcare matters, families had to take off work to address the concerns of child-related concerns Spencer et al. (2019).

Hence, which led to children being at home more, which affected the relationships between intimate partners with more stress related to child disciplines and homeschooling. In 2020, Kirzinger et al. presented the exciting notion of increases in mental health problems which increased psychological issues associated with coping issues, such as substance abuse. Spencer et al. (2019) further expands on the increase in DV; there has also been evidence of increased psychological symptoms (i.e., posttraumatic stress disorder, depression, anxiety, and personality disorders) and higher sales of alcohol usage since the pandemic (Chick, 2020). According to the CDC (2020), more than one in three women and more than one in four men in the United States have experienced physical violence, rape, or stalking by an intimate partner, or husband in their lifetime. In addition, the CDC continues to note that 74% of murder homicides and suicides involve intimate partners (i.e., husband, joint law partners, boyfriends, girlfriends, and ex-spouse). Of this percentage, 96% were women killed by those examples or intimate partners.

Gupta and Stahl (2020) also documented increased telehealth services in family violence prevention programs for victims of DV during COVID-19. Allowing the clients to connect with the victims to learn about mental health concerns and DV abuse and get

those individuals the help they need (Gupta & Stahl (2020)). In addition, Pew Research Center study found that DV victims who experienced a higher level of financial hardship associated with COVID-19 also related to increased psychological stress levels (Keeter, 2020). Hence, increased responsibilities and adjustments, such as coping strategies, and social support, can further change the risks.

With this in mind, alcoholism is among the individuals experiencing DV, and among well-off individuals increases the violence within the homes (Cafferky, Mendez, Anderson, & Stith, 2018; Foran & O'Leary, 2008). Another concern in the present studies regarding the pandemic is how the social and economic opposition to IPV has been a determining factor in lockdowns, social distancing protocols, and stay-at-home-in-place orders. This means couples are spending more time and more time at home together. In other words, it might cause more threats and limited resources to help those needing help (Cafferky et al., 2018; Foran & O'Leary, 2008). COVID-19 is a major pandemic that occurred and posed an unprecedented challenge to HSPs, the mental health field, and the economic system. It affects more than 243 million women and girls at risk of increasing DV as a significant part of COVID-19 (Gates, 2020).

The Need for Counselors During COVID-19

The COVID-19 pandemic has affected everyone in the world. These included taking extra precautions such as washing hands more often, making sure one was at a safe distance of 6 feet from others, and practicing clean hygiene CDC (2020). In addition, along with all factors and situations in the world, there were spikes in DV, IPV, and everyday stressors from the pandemic Peterman et al., (2020). Many victims of DV are in

vicarious situations and have no means of making reports. International studies have discovered that women are more apt to deal with the abuser while in confinement to having no help from police personnel due to the recent lockdown that was in place of COVID-19 (Campbell et al., 2017; UN News, 2020).

According to research, DV is a massive problem worldwide in the United States. In the United States, nearly 20 people per minute are assaulted at the hands of their husbands or intimate partner: more than 10 million women and men per year (Sarah Fader, 2022). The importance of having licensed counselors to assist with the enormous situations of DV is to allow those victims to have someone to speak with professionals and play an invaluable role in helping the victims with a positive outcome. Counselors who support victims of DV have a difficult job and can become burned out due to the challenges of not physically seeing the client and having to virtually speak to the client via zoom call, telephone, or telehealth calls. The American Psychological Association (2021) noted that more than 8 in 10 (84%) psychologists who help clients with anxiety disorders noticed increased requests for those disorders since the pandemic, compared to 74% before the start of the pandemic.

Hence, the researchers affiliated with the American Psychological Association (2020) found that those disorders had a 60% margin increase in 2020. The percentage of psychologists who received referrals increased from 37% in 2020 to 62% in 2021. Furthermore, nearly 7 out of 10 psychologists (68%) with a waitlist disclosed that the increase continued to grow since the start of the pandemic in 2020. Looking at the data suggests that there is a high demand for the need of counselors working in the mental

health field. Four in 10 (41%) disclosed unsuccessful treatment, up to 30% of HSPs experienced treatment in, 2021, and 46% of the HSPs witnessed burnout up to 41% in 2021.

Mental Health counselors, or HSPs, have an increasing prodigious need (Harandi, 2017). Research has identified that HSP's overall support for mental health clients positively affects women Mahapatro and Singh (2019). Furthermore, having DV counselors available can significantly assist women and the outcome of an abusive challenge. For example, DV counselors can allow victims to become comfortable when they know someone is there for them in their time of need. Hence, support can make all the difference when experiencing IPV Mahapatro and Singh (2019).

Counselors also help women experiencing DV by helping those victims work through the situation and educating the women on all principles of knowing and understanding how DV looks. Ultimately, the counselor helps encourage the victims by acknowledging empowerment and advocating what should be in the female's and her family's best interest (Mahapatro & Singh, 2019). The effects of the COVID-19 pandemic have heightened the imploration of DV (Campbell, 2020; John, Casey, Carino, & McGovern, 2020). In other words, the relevance of appropriate training has become more consequential. Bohne et al., 2016, noted that HSPs played a vital role in training in DV dynamics and were a significant asset in achieving better results for the professionals and the victim.

The Nature of Counselors' Work During Covid-19

In addition to all the pandemic challenges, there are implications in the mental health field that affect HSPs. Due to all the changes during the pandemic, HSPs had to endure increasing emergency needs for clients due to COVID-19 (Banks et al., 2020). HSPs encountered critical conditions, including crisis management, group therapy, problem-solving techniques, and immediate resources (Skeketee et al., 2017; Ashcroft et al., 2018; Bern-Klug & Beaulieu, 2020; Walter-McCabe, 2020a). In addition, there was recent information that determinants of mental health-related issues related to the pandemic focus on advocacy ingenuity for adjustments enforced during COVID-19, which brought attention to helping HSPs during the shelter-in-place and lockdown (Truell, 2020). The shifting from being in the office to virtual support was a massive adjustment for HSPs and adapting to schedules to see clients via zoom or skype (Glauser, 2020; Krelle et al., 2020).

HSPs had to adjust their schedules and integrate virtual means daily to continue assisting those clients and effectively and ethically incorporate how to help their clients (Berzin et al., 2015). The evidence suggests that the exacerbation of mental health concerns impacted mental health care professionals and HSPs during COVID-19 (Greenberg, 2020). HSPs became the new front-line employees who could not assist clients as expected. Hence, everyday challenges became more stressful (Greenberg, 2020; Williamson et al., 2020; Donnelly et al., 2021). Specifically, the lockdown measures in place made it difficult to complete their daily jobs due to the limited resources and being afraid of catching the virus themselves and being burnout from long hours of working,

which put HSPs at a liability for possibly contracting the virus (Banks et al., 2020; Williamson et al., 2020; Donnelly et al., 2021).

The pandemic had a tremendous effect on victims of IPV and HSPs. The clinical implications have been a significant challenge in moving from face-to-face meetings to telehealth options, making it difficult to help those victims that experience IPV (Gerber et al., 2020). The barriers of individuals not having the proper access to wireless internet and strong cellular signal services. However, some IPV can have limited access to specific electronic devices such as cellular phones, iPads, and computers. Gerber et al., 2020, stated that those experiencing IPV could be more apprehensive about safety measures and privacy when the abuser is present.

In other words, some measures have been established for HSPs to incorporate consent forms for planning telehealth concerns for IPV. Additionally, with the rise in the cases of DV in the weeks after the pandemic began, there were more financial challenges, job losses, extreme usage of substance abuse and parental burnout, and feelings of loneliness of isolation from the shelter-in-place orders (Brown et al., 2020; Campbell, 2020; Griffith 2020; User et al., 2020).

Summary and Conclusions

In the literature review, I attempted to provide an overview of perspectives on the pandemic and how HSPs were burnt out while working with victims of DV during it. Specifically, the literature reviewed included research on burnout, HSPs, COVID-19, and DV victims. The disclosures of the literature review created the lens for this qualitative methodology incorporating the phenomenological approach to know and understand the

lived experiences of HSPs working with victims of DV. This literature review also takes the phenomenological approach that will focus on the best commonalities of the lived experiences of living behind closed doors in the company of an abuser. This research will also provide helpful information for HSPs who worked with victims of DV during COVID-19 and additional changes of job stress and burnout associated with the clients and overall adaptability.

This research will contribute to scholarship in adaptations in service and coping during COVID-19. Lastly, this literature review attempts to capture the significant gap in understanding the lived experiences of HSPs while working during the COVID-19 pandemic and the additional job stressors and burnout associated with newly increased risks to their clients and overall adaptability. Chapter 3 will consist of the introduction, research design, and rationale. The second session of Chapter 3 will include the role of the researcher, methodology, data collection, data analysis plan, and summary.

Chapter 3: Research Method

Introduction

In this phenomenological study, I explored the daily lived experiences and mental processes of coping with job stress and burnout of HSPs who supported women experiencing DV during COVID-19. This study was needed to address the scarcity of information pertaining to the pandemic and HSPs' experiences of burnout and job stress while working with DV victims during it. In addition, I wanted to understand how those experiences have affected their daily lives and mental models. The phenomenon of interest was understanding burnout and the individual experiences within the workplace, the significance of DV, and how the negative impacts can affect HSPs living in their communities. Iliffe and Steed (2000) noted how impactful HSPs working with perpetrators and victims of DV can be very stressful and traumatic. For example, fears of worry from victims, burnout, safety, and cognitive depictions affected HSPs during the pandemic Iliffe and Steed (2000). In conducting this study, I sought to gain a deeper understanding of the experiences of burnout and DV. In this chapter, I discuss the research design and rationale; role of the researcher; methodology, including instruments used, data collection, and data analysis plan; and issues of trustworthiness.

Research Design and Rationale

The research question for this study was, What are the daily experiences and mental processes of coping with job stress and burnout of HSPs who supported women experiencing DV during COVID-19? I used a qualitative approach to find common themes and opinions about burnout, job stress, and mental processes. The qualitative

approach was the most effective way to find more profound meaning and understanding of how HSPs experience burnout and job stress while working with DV victims during the pandemic. Furthermore, the qualitative approach was satisfactory for knowing and understanding the mental processes, perceptions, and experiences of participants through their words and (see Levitt et al., 2018). Levitt (2018) further explained how using the qualitative approach is essential when obtaining descriptions and experiences; however, using the quantitative method of verifying hypotheses and relationships among variables.

Hence, I concluded that the qualitative approach was appropriate for this study. According to Levitt (2018), detailed descriptions of testimonies and experiences of the daily mental processes of participants are necessary for understanding their everyday lived experiences. Therefore, I used a hermeneutic phenomenological approach. This phenomenological approach centered on expounding on the lived experience of participants (see Laverly, 2003). I used the qualitative phenomenological approach as a theoretical lens for exploring the experiences of participants.

This approach required an emergent design that allowed participants to describe their lived experiences. According to Miller and Mair (2015), phenomenology involves more effort and in-depth understanding of participants than any other approach. This process offers a means of interpreting legends, stories, moments, anecdotal and other sources, and legal texts to constitute an interpretive theory (Moustakas, 1994; Porter & Robinson, 2011). Exploring the participating HSPs' perspective provided a deeper understanding and meaning regarding the research phenomenon (see Laverly, 2003; Moustakas, 1994; Porter & Robinson, 2011). The research question spoke to the need to

find the essence of what their daily lived experience meant to these individuals. This data collection method was applicable because it allowed individual and contextual responses unique to the participant and elicited the most in-depth and rich information. The phenomenological approach was the best fit for the study because of its focus on the lived experiences of HSPs experiencing burnout while helping DV victims living in the company of an abuser (see Husserl, 1977, p. 156).

Role of the Researcher

In this phenomenological study, my role as the researcher included serving as the data collection instrument and then as the instrument of analysis. I asked open-ended questions that were preset in the interview protocol. The role of the researcher included attaining all vital information regarding the research question, problem, and methodology. I was the primary researcher responsible for this research. In this role, I obtained all background information related to this study. The study involved interviewing participants and collecting data through qualitative research to explore and interpret the meaning of those participants' lived experiences with a larger goal of effecting a social change or responding to a human problem (see Creswell, 2018).

I have experienced DV on a couple of occasions. I have also experienced burnout as an educator. As a professional working with individuals undergoing mental health treatment, and being aware of any biases or predispositions throughout this process was critical to not undermining the study. Understanding prior related incidences was necessary to allow authentic connections with the participants. According to research, the relevance of knowledge is understanding the necessity of self-knowledge (Husserl, 1977,

p. 156). The challenge that could become an obstacle is observing the participants and articulating a range of strategic, ethical, and personal difficulties (Locke, Spirduso, & Silverman, 2013).

Creswell (2016) noted that researchers should gather information about participants' personal experiences in a narrow manner to avoid any biases in the content or methods within the research. The researcher's interpretations must not sway their connections with participants. Creswell and Creswell (2018) noted that a study's purpose is validation and evaluation standards. Therefore, it also stated that primary data collection is needed for unique values, speculations, and biases at the beginning of the study. According to Moustakas (1994), phenomenology focuses on interest that examines the zealous interactions of the evidence of experience.

Phenomenology is the investigation of the researcher's interest that is passionate about or has some connection with the phenomena. The phenomenology approach represents prejudice, putting aside hypotheses and exhibiting a transcendental newness and transparency, which are the beliefs, customs of the world, and daily experiences, which would not allow any biases or any personal experiences to hinder the outcome (Moustakas, 1994). Nguyen et al. (2021) noted that establishing rigorous research is critical for data analysis and reduces the bias of the results. My role as a researcher was to recognize personal preferences and ensure that the participants knew and understood the purpose, problem, and intent of the hermeneutic phenomenological study. In addition, I explained how the data collection process would minimize potential encouragement concerning the study's trustworthiness.

I used the exact research questions related to the study for all participants to avoid possible biases. The goal was to implement the bracketing method by stating my comments in a reflexive journal about the findings and how those findings were structured in my history and background. I used the bracketing process to avoid deducing or exhibiting subjectivity. Fischer (2009) suggested that bracketing is a form of engagement and creates a unanimous understanding of the phenomena and procedures involved. Using the reflexive journal, I was able to begin bracketing those perceptions. Next, I provided evidence to acknowledge the themes of the study. Lastly, all information gathered was obtained using Microsoft Word software tools, and all transcriptions were verbatim. I organized, analyzed, coded, and summarized all data. The end goal was to ensure that all relevant material (i.e., recordings, interviews, coded documents, and transcriptions) were accurate and correct, as verified by the participants.

Methodology

Participant Selection Logic

In this qualitative research study, I used a phenomenological method to understand the lived experiences of burnout among HSPs working with DV victims during COVID-19. Next, I would like to focus on HSPs with a master's degree in counseling or a professional who is CACREP accredited and have experience burnout and clients facing DV during and before the pandemic of COVID-19. Husserl (1975) noted that using the approach of phenomenology exploits only the data accessible to consciousness, or the emergence of objects. In other words, using the method adheres to what is determined through the mirroring on the instinctive actions and their unbiased

corresponded according to Husserl. According to Guest et al. (2020), data saturation is frequently implemented for gauging sample sizes in qualitative research.

Hence, this is why, according to Creswell (1998), five to 10 participants is sufficient for this phenomenological qualitative research. Similarly, Morse (1994) indicated that at least six participants should be adequate. The target population in this study consisted of licensed clinical mental health professionals who conducted face-to-face counseling services or online counseling sessions with clients in Georgia. First, I used a flyer to recruited participants through social media platforms (i.e., LinkedIn, Instagram, and Facebook) (see Appendix A). Once potential participants responded to the flyer, I responded via email and followed up via telephone and email to ensure that the criteria for participation had been met. Finally, I used a snowball strategy to obtain more participants and reach the saturation goal.

Snowball sampling is one of the most used methods in qualitative research (Noy, 2008). Specifically, snowball sampling is most effective when used to acquire knowledge of information on hidden figures in the community (Heckathorn, 1997; Sifaneck & Neaigus, 2001). Additionally, reaching a recommended number of HSPs was able to use their experiences from burnout and how DV played a tremendous role during the pandemic from COVID-19. Noy (2008) noted that snowball sampling is a method to produce a pool of participants for a research study through referrals and people who participate in related experiences of research interest with a specifically targeted community. The intended goal of using this snowball sampling is to have each participant

ascertain if the HSPs can forward the request provided to others who met the criteria for the study.

Creswell and Creswell (2018) stated that hermeneutic phenomenological qualitative studies must have 5-10 participants for data saturation. Randolph, Coakley, and Shears (2018) suggested that participants feel more secure when people share more cultural views and gender permitted when speaking to the researcher. After verifying the criteria for participation, I set up the interviews at a convenient time for the participants. The HSPs will read approximately fourteen questions (see Appendix B) that will be open-ended and in-depth dialogue about how they effectively counsel female victims of DV or any mental health issues while being burned out during the lockdown and shelter-in-place orders. An initial form of contact with the participants was sending an email for an invitation to participate in the study.

The participants were asked if they could forward the request for participation to other HSPs who meet the study's criteria. All information will be confidential, and follow-ups of transcripts will be sent via email to participants to see if any appropriate adjustments are needed. Participants had to meet the following predetermined criteria:

- be 18 years of age or older
- hold a master's degree in counseling from a CACREP-accredited program
- be licensed as a clinical mental health counselor or professional in the mental health field in Georgia
- be employed in mental health for no less than 6 months

The goal of this qualitative sample size should be large enough to obtain the data that will be adequate for the phenomenon of interest and will address all needed information for the research question (Creswell & Poth, 2018). The sample size determines the qualitative design administered (Creswell & Poth, 2018). According to Charmaz (2006), saturation occurs when the data no longer sparks new awareness or discloses new information. That indicates that an adequate sample size has been attained.

Instrumentation

As the qualitative researcher for this study, I created an interview guide that was read to all participants. In addition, I audio recorded the interviews for transcription and line-by-line coding. Finally, I developed notes and reflexive journaling to be used as data. The interview data consisted of telephone meetings, where I collected data through interview questions, memos, and coding sheets. Specifically, since this is a qualitative study, open-ended questions were administered.

Data collection is based on experiences, memory, and reasoning from the daily lives of the HSP. The interview consisted of asking those participants the questions below or see (see Appendix B) to gain and interpret a clear understanding of the phenomenon.

Interview Questions

1. How long have you supported individuals experiencing DV or any form of DV?
2. Tell me a little about what that support was like before and during the pandemic.

3. Tell me about how you were able to support victims via zoom or over the phone during the pandemic.
4. Please describe your feelings about shifting to virtual support and how that made you feel as a counselor.
5. Please give me a specific example of how you used different strategies to help the clients during the lockdown and shelter-in-place orders.
6. Tell me about a typical day during the pandemic when you had clients experiencing DV.
7. What did those experiences mean? How did that affect you knowing those victims and how they were affected by the shelter-in-place orders?
8. How do you feel about that as a counselor?
9. How did you feel like that affected you even outside of work?
10. Did you take away anything when you went home? Please explain and provide an example.
11. Were there ways you saw this permeate into other areas of your life?
12. Would you describe this as stressful? Please explain and provide an example.
13. Did you ever want to quit? Please explain and provide an example.
14. Is there anything else you would like to add?

As the researcher, part of my job is to look for adjective responses: anxious, happy, afraid, intimidated, confident, and so on (Patton, 2015). Probing questions should elicit greater detail and fill out the descriptive picture (Patton, 2015). Probing should allow the researcher to ascertain a clear and concise understanding of the phenomenon,

which will include statements such as (a) “I need more detail,” (b) “Could you explain your response more?” (c) “What does ‘not much’ mean?” (d) “Tell me more?” (Creswell, 2016). This focus will be on open-ended questions related to information from the counselor from the experiences of the victims affected by DV. Developing the research questions will connect burnout, DV, and the pandemic. The end goal is to ensure the data collected is processed and aims to reach the goal of saturation and validity.

Procedures for Recruitment, Participation, and Data Collection

I used several procedures for recruitment, participation, and data collection. First, I recruited by posting flyers see (see Appendix A), on social media see websites like LinkedIn, Instagram, Twitter, Facebook, etc. Second, I focused on HSPs with a master’s degree in counseling or mental health professional that is CACREP accredited and have experience burnout and clients facing DV during and before the pandemic of COVID-19. Finally, I provided a consent letter, which included detailed information describing the nature of the study, its purpose, and the requirements needed for participation. I asked them to consent by replying to my email with “I consent.”

The consent form needed for each participant was given at the beginning of each interview, and provide a copy for their records was sent via email. The consent form was emailed to the participant, asking if they could email an “I consent” to acknowledge agreeing to the form. Participants were asked to participate in this study voluntarily. No incentives or coercion was offered for participation in this study. I scheduled 40–45-min interviews with participants whom I reached out to via Twitter, LinkedIn, Instagram or Facebook. I recorded and transcribed using an auto-recorded device that will transcribe

audio of verbatim dialogue from the participants that was generated into the written text for coding. The data collection data was confidential and will not be available by anyone outside the research committee or without specific approval by Walden University Institutional Review Board (IRB).

Data Analysis Plan

The data analysis process in this qualitative study will consist of five steps, (a) organize and prepare the data, (b) read and look at the data, (c) start coding the data, (d) generate the data, I representing the description and themes (Creswell, 2018). The first step involves transcribing interviews, including notes and visual material, and sorting the data. The second step requires the reflection of information on participants' ideas, credibility, and overall depth. The third step consists of coding and bracketing. Fischer (2009) refers to bracketing as a researcher endowed with personal experience, cultural implications, and premises of how they can observe the study's data. Rossman and Rallis (2012) noted that bracketing involves texted or segmented images, and writing words can be put into different categories.

Next, creating codes based on the information received from the bracketing method created the listed codes from the interview questions. The fourth step is specific information about people, places, or events in a particular setting. Lastly, the final stage consists of a description of themes, which constitute the finding of the analysis and chronological events (Creswell, 2018). The goal of thematic analysis is to identify the articles and patterns related to the issues, make sense of the responses, and involve a reflexivity process in which the researcher's subjective encounter plays a vital role in the

meaning of the data (Creswell, 2018). Therefore, I decided not to use Nvivo software. After using Microsoft first before purchasing Nvivo, I decided to try Otter, along with Microsoft.

The software was used for the analysis to permit categories, specifically for themes. Nevertheless, Nvivo is a great type of software for analysis, and teams with Microsoft tools helped transcribe the information. I used Microsoft software to assist with coding and processing the data gathered during the research process. The Nvivo software was considered because it is user-friendly for novice users such as myself, however Otter, and Microsoft was conducive. Using the thematic analysis approach helped correlate the themes from the findings (Elliott-Mainwaring, 2021).

Elliott-Mainwaring (2021) noted that using the Nvivo software is poignant and suggests that doctoral-level researchers explore it. The different software assisted in coding organization and provided the appropriate tools for sorting, classifying, and identifying the themes and patterns more effectively. The interview took approximately 40–45 min, which was transcribed and reviewed. Moustakas (1994) noted that data starts with procedures such as horizontalizing the different data and what is most needed for the research topic and question having similar value. Chapter 4 will discuss research findings and will provide more thorough analysis of the process regarding the setting, participants demographics, data collection, data analysis, and evidence of trustworthiness.

Issues of Trustworthiness

According to Ravitch and Carl (2016), qualitative research ethics notes how the concepts are related to the validation process of ensuring that trustworthiness is a set of

procedures or techniques. Amankwaa (2016) also stated that worthless trust is said to be showing a lack of accuracy. These two further state how Ravitch & Carl (2016) provide that research that shows adequate findings and credibility, which validates the conducting of rigorous knowledge and skills to determine the concepts and processes. Specifically, the study suggests how sets of different standards assess validity or trustworthiness given the differences in values between the paradigms Ravitch & Carl, (2016). The technical strategies can assist in developing that rigorous study Ravitch & Carl, (2016).

Implementing strategies allows for valid studies of research to be relevant for choosing the quality of qualitative analysis of trustworthiness (Shufutinsky, 2020). Shufutinsky (2020) further described the key elements, such as combinations of related methods that can be used to achieve the goals of bracketing and epoch in qualitative research. Shufutinsky (2020) continued to state those different strategies for validity further prove the same attributes of that rigor, the reality of that credibility, and the trustworthiness of influences and the qualitative study. The quality of the research is assessed using the methodology of credibility, transferability, dependability, and confirmability.

Credibility

Credibility is the researcher's ability to set different standards or settings for qualitative researchers to assess validity or trustworthiness, given the value differences between the paradigms (Guba, 1981). According to Patton (2015), credibility is an appropriately represented phenomenon. The credibility will provide the background of the daily lives of the HSP experience within their career in the mental health field. In

addition, HSPs' credibility mentions the client's belief about the HSP's ability to assist the expertise, trustworthiness, and captivation (Strong, 1968).

The way I exhibit this approach, the interviews exemplify a list of open-ended questions. I then follow up with questions for clarification to motivate a rigorous rebuttal. The research's reliability should initially consist of trust to uphold the qualitative studies. Hence, the different data sources were included in the scholar's videos, interviews, audio recordings, field notes, reflexive notes, and follow-up conversations. Establishing any type of credibility of the study is to structure the survey to seek further information recommended (Guba, 1981; Lincoln & Guba, 1981). This research aims to reveal credibility by providing a positive stance to the participants. I gave the participants my truthfulness as a researcher as well as informed those participants of the principles involved.

Transferability

Transferability is the sufficient model of the source provided. Transferability is learning about the perspectives of the HSP through their lens and understanding their lived experiences of burnout while working with DV victims. The sole purpose of transferability is to gather information from participants who might struggle with transferring to one place or another (DuFresne, & Arnekrans, 2020) and, for example, being able to reach a participant in an office versus another unfamiliar setting. Participants provided details and explanations from their burnout experiences and working with those DV victims during the pandemic.

The research aims to gather the connections between burnout and job stress and an effective way to help those HSPs. Therefore, having transferability entails the qualitative study and is applicable or transferable to a broader context while maintaining context-specific richness (Guba, 1981; Lincoln & Guba, 1981).

Dependability

The dependability is the procedures of that detailed study that has been replicated. According to Carnot, Bernardino, Laranjeiro, & Gonçalo Oliveira (2020), dependability covers several components: reliability, maintainability, availability, and safety. In other words, it conveys a clear understanding of the research using multiple data collection methods. I used questionnaires, interviews, and other resources to authenticate the information used in the study. The goal of dependability is to prevent misrepresentation to ensure validity.

The purpose is to guarantee consistency throughout the research and ensure no inconsistencies in this study. In other words, I was excited to hear the research and the authenticity of the participant's responses. The example of how the phenomenological approach provides the lived experiences to correlate with the event. For instance, the incidents occurred during the pandemic and behind closed doors with the victims.

Confirmability

Lauterbach (1993) discussed how the purpose statement in the opening of the article is the "aim of the study," in which those examined experiences, "memories, and "lived experiences are all the essential elements. Confirmability is especially relevant because the interviews with HSPs would be articulated using first-hand knowledge of DV

victims' traumatic events and the burnout stressors from the job. The main objective while seeking confirmability is to ensure the data is being documented. The best method, in my opinion, would be to incorporate a journal to avoid personal bias, personal feelings, and any ethical concerns from the testimonies of the participants. In addition, the opportunity to research and review the materials' information was exciting to explore.

Ethical Procedures

Many different ethical considerations should be addressed throughout the study. For this study to ensure that ethical safety of participants, I divulge each participant with a detailed consent form that disclosed vital information regarding any potential harm that might occur or any experiences as a result of being interviewed. As a novice researcher and student, I ensured all privacy and transparency and collected all the data with the integrity of Walden University in my research. Some important ethical considerations are gaining access to participants, data collection, recruitment, analysis, and interpretation. Walden's IRB works to ensure that all Walden University researchers follow ethical standards and U.S. federal regulations.

The Walden University IRB application process aims to ensure participants' moral protection Walden University, (2023). Hence, this allows the students to complete different forms, enabling IRB to provide a customized structure. According to Walden's IRB will need all critical documents and consoled with any ethical issues. Lastly, ensure the student and IRB close any components after the proposal approval stage. An informed consent form conveyed ethical concerns, protocols, research, and recruitment process.

I recruited master-level HSPs working for organizations within the mental health sector. Participants were considered if they had experienced burnout and worked with females experiencing DV during or post-Covid-19. Participants had to meet the following predetermined criteria:

- be 18 years of age or older
- hold a master's degree in counseling from a CACREP-accredited program
- hold a license as a clinical mental health counselor or professional in the mental health field in Georgia
- be employed in mental health for no less than 6 months.

As mentioned in the discussion of data collection procedures in the Methodology section, there were no incentives. All participants could refuse to participate if necessary or withdraw from the study. I notified all participants that their interviews would be recorded and that the collected data would be kept confidential and anonymous. As I noted, each participant's personal information would be secured using data storage technology and a coding system to protect the participant's information. The participants' confidentiality would be maintained in the capstone document and in the research data. Data would not include any information concerning participants' names, ages, marital status, professional license, or the organization at which they were employed. I stored participant documents electronically (i.e., laptop, desktop), using a USB memory stick. I will maintain the confidential data in my home office for 5 years, after which it will be destroyed.

Summary

The research study is phenomenologically focused on the lived experiences of burnout among HSPs working with DV victims during COVID-19. In this phenomenological study, I explored the daily lived experiences and mental processes of coping with job stress and burnout of HSPs who supported women experiencing DV during COVID-19. This doctoral study was needed to address the scarcity of information regarding the pandemic and HSPs becoming burnt out and stressed while working with DV victims. In addition, I wanted to understand how those experiences affected HSPs daily lives and their mindsets. I employed a qualitative design in which I conducted interviews to understand participants' experiences of burnout, job stressors, and working with people reporting DV.

Creswell and Poth (2018) wrote that general characteristics are defined as particular approaches, such as strategies, designs, and plans of action, emerging in the qualitative field of research. The researcher conducted in-depth interviews that were in a private setting. The interviews were recorded via an apple audio recorder and voice recorder. The time allotted for those interviews will be around 40–45 min. Lastly, Chapter 4 will include an introduction, setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary. Chapter 4 provides an overview of the methodology used within the study and the actual research conducted.

Chapter 4: Results

Introduction

In this qualitative phenomenological study, I explored the daily, lived experiences and mental processes of coping with job stress and burnout among HSPs who supported women experiencing DV during COVID-19. This study was needed to provide information pertaining to the pandemic and HSPs' experiences of burnout and job stress while working with DV victims. In addition, I wanted to understand how those experiences had affected their daily lives and mental models. Therefore, the research question for this study was, What are the daily experiences and mental processes of coping with job stress and burnout of HSPs who supported women experiencing DV during COVID-19?

In Chapter 4, I provide details on the study's setting, demographics of the participants, data collection, and data analysis. Following this discussion, I address the coding process, which yielded nine categories and seven themes that materialized from the data analysis. Evidence of trustworthiness is also provided, followed by a presentation of the study results. Last, I summarize and answer the research question, leading into the introduction to Chapter 5.

Setting

I gathered data from HSPs. The method used to recruit participants was posting flyers on social media platforms, such as Facebook, Instagram, Twitter, and LinkedIn. All interviews were completed over the telephone using a digital Olympus recorder and an Apple recorder device in a secure, safe, and confidential area. The participants were

made aware that their interviews would be audio-recorded. All interviews were scheduled at the convenience of the participant's availability. There were originally 11 participants; however, one participant was not qualified due to their not having clients during the pandemic with DV-related experiences, and another had an emergency due to family-related concerns. The final sample size was nine.

There were no incentives provided. Each participant received a consent form sent via email along with the flyer to ensure they clearly understood the research and the study's criteria. Initially, I had approximately a 45–90-min time frame noted on my flyer; however, the interviews lasted between 40 and 45 min. The interviews were confidential, audio-recorded interviews. Each participant was 18 years of age or older, licensed, holding a master's degree in counseling, and HSP working in the mental health field in Georgia. These were my criteria for participation.

Of the participants, five participants were obtained from the snowballing method, and the other four participants responded to the LinkedIn posting. Guest et al. (2020) suggested that saturation is eventually determined when no new information is obtained. After all the interviews, I determined that I had reached data saturation and decided that additional discussions were unnecessary.

Demographics

I established the demographics for this study through a set of criteria needed for this study and necessary for the recruitment process. The requirements for this study specified that participants be (a) U.S citizens, (b) residents of the state of Georgia, (c) 18 years and older, (d) have a master's degree in counseling from a CACREP-accredited

program, I hold a current license as a clinical mental health counselor or professional, and (f) be employed or be previously employed in the mental health field for no less than 6 months. Additional information about each participant that was gathered through their responses to interview questions that included how long they had worked within the mental health sector. A demographic overview of the participants is in Table 1. All participants were assigned a unique identifier, P1–P9. I will also use the identifier to refer to each throughout this study. This is one way that confidentiality is maintained.

Table 1

Demographic Overview of Participants

Participant	Type of degree	No. of years worked in mental health	Licensure	Gender identity
P1	PhD	13	Yes	Female
P2	LPC	12	Yes	Female
P3	PhD	12	Yes	Female
P4	LCSW	10	Yes	Female
P5	LPC	10	Yes	Male
P6	LPC	10	Yes	Female
P7	LPC	16	Yes	Male
P8	LCSW	8	Yes	Female
P9	LPC	3	Yes	Female

Data Collection

I collected data through semi structured interviews with the nine total participants. The participants were asked 14 interview questions (see Appendix B) during interviews that I conducted via telephone audio conferencing after receiving approval from Walden University’s IRB (no. 02-15-23-1008743) with an expiration date of February 14, 2024. I conducted the interviews in February and March 2023. All interviews were digitally recorded using an Apple audio device and transcribed using the Otter.ai program.

I phrased the interview questions to address the research problem, study purpose, and research question. The research question that underpinned this study was, What are the daily experiences and mental processes of coping with job stress and burnout of HSPs who supported women experiencing DV during COVID-19? I sent the consent form to all participants via email. The consent form contained the study's title, description, and contact information for myself, the IRB, and my chair, if needed.

The participants returned an email of acknowledgement in which they wrote, "I consent." The participants followed up with me via social media and telephone to communicate a date and time that was convenient for them to interview for this study. The interviews were completed within the time frame of 40–45 min. All interviews were confidential, and I provided information to participants to ensure their privacy in their telephone interview space. All participants knew the confidentiality discussed on the consent form and were informed when I would contact the participants and advise where the information would be stored. The participants will be contacted when the research is completed and approved. Lastly, the data would be stored and only used outside the research project.

I informed the participants about their right to discontinue participation or the interviewing process for any reason. During each interview, I was able to take notes related to the feedback of each participant. I used a journal to document my thoughts about the participants. In addition, I used member checking to ensure that I had an accurate summary of each participant's experience and to avoid any potential biases in

interpretation during data analysis. Member checking involves exploring the credibility and validity of results (DuFresne, & Arnekrans, 2020).

Participants opened their schedules for this interviews and time; hence, all participants diligently responded quickly to the LinkedIn posting, and the snowball method was incorporated occurred while interviewing the seven participants. The participants arrange scheduling within a week from when participants responding to the flyer. The participants' responses were stored in a computer's external hard drive, which included a password to gain access. I then transcribed all recorded audio of interviews of each participant and uploaded those into Microsoft Word using the Otter.ai program. I then repeatedly reviewed the transcriptions for accuracy by listening to the recordings. Lastly, I coded each participant's information to secure their names using the identifier P1-P9, as described previously.

Data Analysis

According to Creswell (2016), data analysis aims to make sense of the text and the likeness of data. The data analysis entails different components and dismantling the data Creswell (2016). It involves gathering the data or pictures of data collection, segmenting sentences of the paragraphs, moving into the categories, labeling the types to terms of coding emerging into themes, then analyzing transcripts. Moustakas et al., (1994), noted that using the phenomenological approach is being able to understand the phenomenon from the perspectives of the different experiences of the participants' experiences. I took the hermeneutic phenomenological approach which was most appropriate for this study's phenomena.

According to Gadamer (1976), the hermeneutic process involves an understanding of what happens, putting aside preconceptions and focusing on the narrative. The phenomenological design was the most effective way to find more profound meaning and understanding of how HSPs experience burnout and job stress while working with DV victims during the pandemic. Furthermore, the qualitative approach will be satisfactory for knowing and understanding the mental processes that analyze data in the form of words and experiences of those cognitive perceptions (see Levitt et al., 2018). Levitt (2018) further explained the importance of using a qualitative approach when obtaining descriptions and experiences rather than the quantitative method of verifying hypotheses and relationships among variables. Hence, using the qualitative approach.

According to Levitt (2018), detailed descriptions of testimonies and experiences of the daily mental processes of participants are necessary for understanding their everyday lived experiences. Therefore, in this qualitative study, I used a hermeneutic phenomenological approach. This phenomenological approach centers on expounding on the lived experiences without any bias (see Laverly, 2003). This qualitative phenomenological approach is used as a methodology to guide a theoretical lens and explore the experiences of genuine, authentic encounters. Beginning the analysis process, again, I transcribed all participants interviews by listening to the recorded audio file, while comparing the journaled written notes.

Furthermore, I used the bracketing process to avoid deducing or exhibiting subjectivity. Fischer (2009) suggested that bracketing is a form of engagement and creates a unanimous understanding of the phenomena and procedures involved. Hence,

identifying their perspectives and making sure they are looked upon as a new insight of interpretation was a goal as I reviewed the transcripts. Next, I began the transcribing process centered on the participant's verbatim comments entered into the Otter.ai program. This program captures the voice conversations of the participants into direct phrasing of words used.

Finally, each interview was reviewed again and then put into a Microsoft Word document for coding the patterns of each participant. Moustakas et al. (1994), noted that the coding process breaks down the focus of the study to characterize the related statements used by each participant. I used Microsoft software to assist with coding and processing the data gathered during the research process. The Nvivo software was considered because it is user-friendly for novice users such as myself, however Otter, and Microsoft was conducive. Using the thematic analysis approach helped correlate the themes from the findings (Elliott-Mainwaring, 2021).

After adding the information into Word, I went through each interview at a time, listening line-by-line and reading to create the coding process. I checked the audio recordings and the transcription for each interview, then compared them with the journal notes to develop codes. Codes were developed based on repeating ideas throughout the interviews and across interviews. I went through this process several times until no new codes emerged. I ended up with 16 codes.

Codes emerged after reading and rereading the interviews multiple times. These are referred to as emergent codes (Patten, 2014). Moustakas et al. (1994), noted that the coding process is focused on immersion of the researcher in the data and a deep

understanding of the daily lives of participants. Thus, reviewing each interview in multiple iterations and again after new codes emerged in the process, became important to understanding the experiences explained by each participant.

The codes that appeared served as a compiling of information associated with cognitive and mental health concerns regarding the pandemic. My focus was on understanding their daily lives and coping, specifically regarding the pandemic. Even though this field of a profession can be taxing, many barriers arise from the novice information regarding COVID-19. Hence, this resulted in organizing 16 codes into nine categories and then conclusively into seven themes. Some of the 16 codes that emerged were (a) Infect23, (b) BurnOX, and (c) DVPan. The examples of the categories identified: (a) Overwhelmed, (b) Limited Resources, (c) Shelter in Place Orders. Seven themes emerged from the categories. All of the coded data fit into these general codes and categories, thus there were not any discrepant cases to address. The following themes were identified based on the codes and categories:

1. The pandemic added stress to reaching the clients during the lockdown and shelter-in-place orders,
2. It is difficult for HSPs to reach victims of DV while working during the pandemic,
3. HSPs had to pivot when the pandemic seemed to lead to DV victims to stay with the abuser.
4. HSPs did not have enough resources to provide the tools needed during COVID-19

5. HSPs did not set boundaries during a shelter in place orders.
6. The pandemic lead HSPs to not incorporating self-care needs.
7. Not enough time in the day to support DV in the adequate amount of time of long days.

Table 2 shows each theme and its corresponding subtheme. The codes used to determine those themes and subthemes were based on the recurring phrases, words, and the participants' different experiences.

Table 2

Emergent Themes

Theme	Subtheme
1. Added stress	1a. The pandemic seemed to lead to all professionals to becoming frazzled and over worked due to being the first responders and not having the resources.
2. Difficulty reaching victims	2a. The coping concerns enabled those feelings of efficacious desires to stay complacent with the violence taking place or abusive circumstance.
3. The need to pivot and use different strategies	3a. COVID-19 affected the world, and HSPs were providers with limited resources.
4. Lack of resources	4a. Scarcity of provisions made it hard for novice professionals to assist clients with the necessary tools needed.
5. Boundaries with clients not established	5a. The limited access surrounding the pandemic of tools, information of new resources and shelter in place orders made it limited.
6. Self-care needs not met	6a. Personal care was something to exhibit due to the shelter in place orders, so walking in the park and personal time was needed.
7. Not enough time	7a. Scheduling time needed to seek affords of self-care and time for family.

Evidence of Trustworthiness

Credibility

As deliberated in Chapter 3, *credibility* is the researcher's ability to set different standards or settings for qualitative researchers to assess validity or trustworthiness, given the value differences between the paradigms (Guba, 1981). According to Patton (2015), credibility is an appropriately represented phenomenon. The credibility was established by utilizing the fourteen semi-structured interview questions that provide the background of the daily lives of the HSP experience within their career in the mental health field. In addition, HSPs' credibility mentions the client's belief about the HSP's ability to assist the expertise, trustworthiness, and captivation (Strong, 1968). The way I exhibit this credibility in this study was approaching the semi-structured questions, which exemplified a rebuttal of open-ended questions following their responses.

I then followed up with questions for clarification to motivate a rigorous response. The research's reliability should initially consist of trust to uphold the qualitative studies. Hence, the different data sources were included in the scholar's interviews, audio recordings, field notes, reflexive notes, and follow-up conversations. Establishing any type of credibility of the study is to structure the survey to seek further information recommended (Guba, 1981; Lincoln & Guba, 1981). This qualitative research aimed to reveal credibility by providing a positive stance to the participants. I gave the participants my truthfulness as a researcher as well as informed those participants of the principals involved within the research.

Transferability

Transferability is the sufficient model of the source provided. Transferability is learning about the perspectives of the HSP through their lens and understanding their lived experiences of burnout while working with DV victims. The sole purpose of transferability is to gather information from participants who might struggle with transferring to one place or another (DuFresne, & Arnekrans, 2020). The participants provided descriptive details and explanations from their experiences of burnout, job stressors while working with victims experiencing DV during the pandemic. The research aimed to gather the connections between burnout and job stress and an effective way to help those HSPs.

Therefore, I sought to establish the conditional possible for transferability by obtaining the responses of that were applicable or transferable to a broader context while maintaining context-specific richness, as well as providing rich descriptions of the data and results (Guba, 1981; Lincoln & Guba, 1981). I incorporated transferability by using the data provided by each participant through the record audio-recording of the interviews, examining the commonalities and creating the subthemes and themes from each participant.

Dependability

The *dependability* is the procedures of that detailed study that has been replicated. According to Carnot et al. (2020), dependability covers several components: reliability, maintainability, availability, and safety. In other words, it conveys a clear understanding of the research using multiple data collection methods. I used questionnaires, interviews,

and other resources to authenticate the information used in the study. The goal of dependability is to prevent misrepresentation to ensure validity.

The purpose is to guarantee consistency throughout the research and ensure no inconsistencies in this study. To ensure dependability, I provided every detailed step that it took to exhibit authenticity of the participant's responses. For example, the detailed information of this phenomenological approach provided the lived experiences of the HSP's incidents that occurred during the pandemic and behind closed doors with the victims. Lastly, I revisited my reflexive journal entries and made sure not to create my own biases while recording the results.

Confirmability

Lauterbach (1993) discussed how the purpose statement in the opening of the article is the "aim of the study," in which those examined experiences, "memories, and "lived experiences are all the essential elements. *Confirmability* is especially relevant because the interviews with HSPs would be articulated using first-hand knowledge of DV victims' traumatic events and the burnout stressors from the job. The main objective while seeking confirmability is to ensure the data is being documented. The best method, in my opinion, that I used was incorporating a journal to avoid personal bias, personal feelings, and any ethical concerns from the testimonies of the participants. In addition, the opportunity to research and review the materials' information was exciting to explore. Hence, I made sure to check and then double check the collected data throughout the process to ensure that all audio-recordings were examined correctly. In other words, making sure there were no potential bias or distortions were made.

Results

The research question I asked in this study was the following: What are the daily experiences and mental processes of coping with job stress and burnout of HSPs who supported women experiencing DV during COVID-19? I collected data from nine participants. The participants were all HSPs working in the mental health field that are all licensed in the state of Georgia. The HSPs consisted of counselors, therapist, psychiatrist, social workers, or other HSP. There were 14 questions that I used to complete my interview process for each participant. After going through each audio-recording and reflective journal, I developed and organized 16 codes into nine categories and then conclusively into seven themes. There were seven themes that emerged from the categories.

Theme 1: Added Stress

The participants were asked to describe how working with victims of DV during COVID-19 stressful, and to please explain and provide an example. This question in my opinion was challenging for the participants to go back to a point in their life that was very impactful due to the major crisis of disruptions from the pandemic. The HSP's shared their experiences related to individual needs and concerns regarding their daily lived experiences. The framework RCT suggest that the premise of the experiences of burnout, humiliation, abused, and criticizes are all regarding the different traumas of the centered problems endeared by the abuser (Birrell & Freyed, 2006). Using RCT proposes the complexity of the cognitive development of human relationships; however, it

provides the support needed to address concerns to help develop and encourage lasting positive relationships.

HSPs experienced enough stressors over the pandemic. For example, Participant 8 mentioned,

I think that nature of my job is stressful. And the reason for that is I listen to people problems all day. And some problems are heavier than others. And so it can be stressful and to tell you the truth sometimes it's so stressful that I don't even recognize that I'm stressed.

Participant 9 shared, "Yeah, I have chronic migraines. So, I felt like my migraines gotten worse, they kind of get worse from stress." Participant 3 stated,

Well, it was stressful because I think there wasn't a lot of clarity with insurance companies. It's like nobody really knew. So, it just kind of felt like we were all figuring it out at the same time. So that was a little frustrating.

Participant 3 identified the critical issues of insurance companies not having the proper interruption coverage for the clients, which made it a conundrum matter for policy holders and mental health agencies. Participant 4 said, "Yeah, it was definitely stressful. Yeah, it was definitely stressful, overall. Like you had to learn different techniques and other ways to kind of break those barriers. But, uh, yeah, I would say was definitely stressful."

The data analysis results highlighted a number of challenges for participants. Each participant expressed concerns about the workload challenges and not having the skills or tools needed for such an epidemic crisis. For example, some participants mentioned how

they could not focus on self-care needs and wanted to shut down as an HSP. The tools needed were different strategies during therapy when the client has increased anxiety or depression-related concerns due to the abuser being in the same room while HSP is counseling the individual. In addition, COVID-19 had the world adapting to another set of lenses, with DV victims having to meet via telehealth for conversations related to mental health concerns, making it very stressful for HSPs. Hence, this also burdened outpatient mental health utilization during the pandemic (see Keeter, 2020).

Theme 2: Difficulty Reaching Victims

Even before the pandemic, there were challenges for people experiencing DV to get the proper help needed and use the code words incorporated to express DV (Kottasova & Di Donato, 2020). The participants had encountered the before and after effects of COVID-19; however, articulating those experiences gave an in-depth understanding of how tremendous the results could be for the HSPs. Participant 2 indicated,

Before the pandemic, it was definitely different just in terms of being in person and actually having that one-on-one face-to-face interaction with them. And being able to I think, sit across from them and see their, their expressions, their nonverbal communication, it's easier to do that when you're in a room with them. That would be the main thing I feel like it's different prior to the pandemic versus after the pandemic where everything became virtual and for me it still is virtual.

Participant 3 mentioned that,

I think the big difference is the content. So, you know, we came in office pre-pandemic and so it was, I really think there's a different level of support that you receive in person so people coming in being able to be greeted by an admin and just feel welcomed a lot of times people would come in the office and say they have a sense of peace, and then being able to physically connect with your therapist.

According to Bentley et al. (2007), humans are social creatures, innate to the need of interactions with others, hence, having the sense of safety versus fight or flight. Bentley et al.(2007), also noted that having the social interactions are the building blocks needed for the proper tools and continual experiences. People had to learn how work from home, while being inside all day long. In other words, being able to adapt to the lack of physical contact with family members, and the anxiety of fears of contacting the virus or worrying about family members and just being vulnerable. Additionally, having the lack of social connections, social contacts, and dealing with boredom, and socially isolated from the world.

Participant 7 reflected on a different version of the effects of the pandemic, noting,

Well, all the support before the pandemic, it was always difficult even when you had resources or access to resources. But during the pandemic, it was so rough because people were worried about getting COVID getting sick, you know, some people didn't want to get the vaccination.

In summary, what I heard from the participants was the difficulties of being unable to assist those victims due to many facets of the challenges regarding the pandemic. For instance, some stated that the DV victims had to deal with the stresses of their abuser every day during the lockdown and shelter-in-place orders. HSPs had to struggle, knowing those victims had to wrestle to find food, shelter, and a place of safety.

HSPs were experiencing demanding challenges during the pandemic and knowing that those victims had the barriers of not having the resources to find a place for safety away from the abuser as well as not having transportation and lack of food, and shelter. As a result, the opportunities became slim for the victims, which made it difficult for HSPs to reach victims of DV while working during the pandemic.

Theme 3: The Need to Pivot and Use Different Strategies

Out of the nine participants, most of the participants had strong sentiments regarding their feelings about the pandemic and how they were able to be effective while working during the pandemic. For example, question number was focused on how HSPs used different strategies to help the clients during lockdown and shelter-in-place orders. According to Pew Research Center study, people experienced higher levels of deprivations related to the pandemic, and a higher emotional anxiety (Keeter, 2020).

Describing this method of pivoting and adapting to new strategies, Participant 2 stated,

In their relationships and just trying to build on it. But what I would have them do in terms of communication was to use a notebook because sometimes it was hard for them to talk to their partner, or even their children. So, I would have them

write like a question down and then give it to their partner so that they can communicate in writing, sometimes it was hard to say stuff.

Participant 7 mentioned,

Some of the things I would do is I would get the clients to either call me or text me and they would give me a safe word. And if they were safe, they would say something. And if they want to say like for example, they would say a Coke meaning I might need to do to get some space or leave or if it's a Coke with ice that was crisis. So, I would give those little codes and then I would get routine checkups.

Participant 1 stated,

Once a week twice a week sit down with the family to find out how... how everybody was doing, talk about it. Don't just stay in the house and not talk about go around say how you are doing this talk about how we are feeling. So you can talk about how your feeling talk about your feelings regarding the COVID.

Participant 1, reflected on the main concerns of talking to each other and making sure feelings were communicated effectively. Theme 3 was focused on ways in which the pandemic made it more difficult to be inside the home with the abuser for hours and days at a times, due to the shelter-in-place orders, and how HSPs had to pivot or adjust their approach to changing times and stay-at-home environments for their clients.

Theme 4: Lack of Resources

Participants were asked about their feelings about the shift to virtual support and how that made them feel as a counselor. Most of the participants indicated some similar

examples of why the shift was good and bad. For example, Participant 6 stated “I love the switch a lot easier not having the stress, made it a lot easier.” Participant 5 mentioned how it made it easier to find resources and help with references. Participants 2, 3, and 4 had comments that were very relatable to each other’s statements. Participant 2 said,

Um, initially, it wasn’t that bad because I had a client that was already virtual because she was at school in a different state. So I was able to work with her so it prepared me in that regard, but I can honestly say I wasn’t expected to be virtual this long. And I really felt burnt out I will get tired because I think there was no break.

Participant 2 shared personal experiences of being overwhelmed with the prodigious amount of stress. Participant 2 continued, “I found myself being angry that I had people I had to see for work. I was like; I don’t. I didn’t want to talk to anybody.” The participant stated how they were so consumed in helping clients that they could not turn the work off and tend to their self-care needs daily. Similarly, Participant 3 said, “Initially, it was jarring, it was overwhelming because we weren’t really set up for virtual. So, the blessing is that I had gone to some ethics seminars.” Participant 4 mentioned,

I don’t know if I had any feelings as a counselor, because I too was going through a pandemic, right. So I had gone through a pandemic, a pandemic myself, you know, trying to make sure that I had everything that I needed.

All of the participants know and understood how novice the pandemic was for many, and being in survival mode was something I knew all participants conveyed during this study.

As Participant 4 expressed her sentiments about the experience I could hear through the telephone just how bemused they were and the whole totality of the situations. Participant 4, stated,

I don't know if I took a second to kind of think about it from a counseling perspective. But as I'm thinking about it now, you know, I think I'm thankful that we had that option, you know, because imagining if we didn't have the telehealth option, what that would look like, so I think that overall it was, it was a plus that the telehealth option was available, especially for DV. Individuals because they would have went without those services. And, you know, they can't go with those services it's definitely a necessity so.

Ultimately, the HSPs were trying to help so many individuals with the tools and necessities to manage daily. However, they realized they lacked time to address all concerns or circumstances. The struggles of mental health issues continued to rise, while the world resulted in total lockdown measures. Hence, insurance companies were forced to ban travel measures and dealt with factors of lack of insurance companies effectively distributing the resources to the different companies.

Theme 5: Boundaries With Clients Not Established

In this study, for Theme 5 I noticed how most of the participants shared relatable experiences of the boundaries that needed to be set into place. For example, Interview Question 11 was, "Were there ways that you saw this permeate into other areas of your life?" In responding to this question, Participant 2 stated,

Because you can't help but worry about, I mean, we're humans so it's not gonna be like, Okay, I'm not going to think about you at all. But that was like to not think about work when I did that is a different type of work. And when you're interacting, with humans like that because it's almost like they're I almost got to a point where I was looking at therapy as such a liability where it was like, I don't want to touch this if it was going to make an issues for me later, that and I felt like that was not a good place to be in if that makes any sense.

Participant 2 expressed a form of being bombarded with additional stressors of being consumed before and after work, and asking this question allowed them to dig deeper into another lens to see just how this question understand how it permeated into their daily life. Participant 7, expressed,

You tend to be, anxiety level was higher than something going on with your kids or something going wrong or a relative in the family, or a neighbor and you have a sense of urgency you react to it. It's hard to turn it off. Once you acquire the skills that are so unique. It's hard to turn it off. It's hard to disconnect from it. No matter what we do in life. It's hard, you're dealing with a friend and they're giving you insight about their marriage and it's hard to turn that counseling hat off so you're constantly seeking balance.

Peterman et al. (2020) noted that DV during the pandemic had concerns related to quarantine, economic precariousness, and social isolation, which caused the inability for focusing on the personal concerns. Participant 6 also mentioned "how stressful situations can be due to the unknowing of what was going to happen to her, or even when the

victims start to want to go back to the abuser, and that stress level for the HSP goes up due to all that hard work done for the victims to want to return to the abuser.”

In summary, Theme 5 expresses how taxing it was for HSPs to set healthy boundaries. Learning to encourage the victims facing DV daily was a tremendous challenge while trying to incorporate the limits of life for the HSPs. For example, Participant 6 stated how he had to turn off his work hat and focus on himself. Just having that sense of learning how to turn It off can contribute to becoming burnout. However, telehealth was the option during the pandemic, but it also maximized the number of patients HSPs could reach during the pandemic. The ending results were understanding the boundaries to prioritize the limits, establishing healthy boundaries for effective communication, ensuring that legal measures are exhibited, and setting ethical obligations needed for those DV victims.

Theme 6: Self-Care Needs Not Met

I asked the participants how they felt about knowing victims facing DV and how that affected them outside of work. Most of the participants expressed that this knowledge affected them, however, the two male participants indicated that they were only somewhat worried more about the effects. The female participants were very emotional with their responses about their feelings and thoughts on how to approach the situations and the best strategies to use moving forward. Hence, the participating male counselors seemed to not be as emotionally connected to the situation but seemed more able to disconnect. For example, Participant 7 noted,

I would say maybe a little paranoid because you just you don't take everything serious. And the example would be somebody, let's say I can't make it to the call. Somebody's calling me but I'm going to check that voicemail immediately and determine based on the content on that message, rather I need to respond sooner rather than later. You can't take those things lightly because it could be a crisis level situation.

Participant 3 mentioned,

I think it was, it was harder. To separate work from home and it's just harder, like, I think I didn't realize the importance of social connection and relationships as much until we didn't have it and so I think that it just made me take a deeper look at what I needed to do to take care of myself. Because I couldn't understand how difficult it was, just to what a huge shift it was for everybody. So it just really made me understand what a big deal it was to take time for self-care more than ever because it was such a hard time.

Participant 5, was the second male participant that stated,

Self-care, you know, was important. Travel really couldn't do certain things. So, you know, find ways to be safe here yourself, think that that was probably the biggest. One of the biggest takeaways for me, was trying to find ways to stay healthy. Stay active, decompress, and that was kind of hard to do because everything was kind of blended together. As far as just being home all day. Taking no added responsibilities for caregivers while still trying to provide the space for people that you work with.

Self-care is needed to help the cognitive skills of mentally, physically, and emotionally. Hence, being at home and being confined in one space can be very demanding and, from the participant's responses, can be stressful. However, you can ultimately reduce stress, anxiety, and self-esteem, making sure to improve your physical health and build strong and better relationships. According to the Mental Health First Aid USA (2020), engaging in daily self-care regimens can lead to and has been clinically demonstrated to reduce anxiety, and depression, reduce stress, escalate happiness levels, and much more benefits.

Theme 7: Not Enough Time

Eight out of the nine participants discussed similarities of how a typical day became a huge challenge. Interview Question 5 referred to a typical day during the pandemic when the HSPs had clients experiencing DV. Participant 4 noted,

A typical day for me, I had a case load I had, and so if I had maybe 4-5 clients I did it part time. So but I will say during the pandemic, our caseload definitely increased. A lot. So part time looked like full time. So that was basically being me, you know, completing an assessment. If I have a new client that comes through, you know, maybe doing some other additional assessment to identify something else creating a crisis plan.

Participant 1 stated,

I mean, a typical day for me during the pandemic, I think I was seeing up to like four or five clients in a particular day. I have very good close to three. So, for a lot of the things that I personally would take on, but in terms of working with the one

client that I'm thinking about it during that period of time. Like the things that they need to do to get everything in place. For them to be able to leave that situation.

Participant 2 noted,

For me, because I had the other jobs so I would typically do the other job from probably eight from about 5:30. And because again, everything was at home, I would just go from one area of my place to another because I had it set up separately, so I could kind of break the energy for myself. So I would do, like, maybe a session at 5:30, then do another one at 6:30, but the 5:30 would stop at 6:15. Whatever that 45-min window was anyways, so I was to be seeing them from, I was working all day long. It was a problem.

Not having enough time in a day to support DV victims in the adequate time in the day was a challenge. This theme expresses the importance of setting how many clients to incorporate into the daily schedule. HSPs should set those schedules to best accommodate their needs. The best method for HSPs is to implement a creative agenda to motivate professional engagement for better efforts for the safety and well-being of the client.

Summary of Results

I interviewed nine HSP participants who exhibited burnout and job stressors and supported DV victims during a pandemic. The data analysis yielded seven themes, as follows: added stress, difficulty reaching victims, the need to pivot and use different strategies, lack of resources, boundaries with clients not established, self-care needs not

met, and not enough time. In this study, I analyzed that participants struggled with stressors, difficulties reaching the DV victims, finding resources, self-care needs, implementing boundaries, and having adequate time. Every day it seemed like a merry-go-round for the world during the pandemic. The world needed HSPs to use their expertise and resolve most problems for those individuals experiencing DV while working with those victims.

The research is summarized by the acute stress levels while trying to reach the victims of DV. HSPs had to use different strategies to “save” those relationships while shelter-in-place orders were implemented. The various techniques aimed to have counseling sessions by suggesting that the victims go out for a walk, write a letter, or just read a book. The keys ideas were to continue to use those techniques with the small number of resources that were available during the pandemic. However, being able to set healthy boundaries by practicing self-care needs was an excellent example to prevent an antidote to becoming burnout, which can trigger more mental, emotional, and physical exhaustion.

Even though HSPs were experiencing so much from COVID-19, high levels of the crisis made it even more difficult with the scarcity of resources, which made it challenging to create an environment with a flexible schedule and be able to balance both personal life activities and the obligations of a professional—ultimately, giving that the data shows that those participants experienced those key themes. Overall, looking at the data analysis, the research efforts of incorporating a more effective way to deliver better

how the transparency from the participants supported and validated the documented and described themes.

Summary

In this section, I summarized the findings that answer the research question, What are the lived experiences of burnout amongst HSPs working with DV victims during COVID-19? I utilized the hermeneutic phenomenological inquiry to know and understand the lived experiences of master's level licensed HSPs working with those victims of DV. I also established that the participants agreed that there is a need for understanding the perspectives of mental health patients and the severity of incorporating more programs, resources, and training for those HSPs to serve the community effectively. Exhaustion is a core facet of the MBI and has three dimensions: EE, DP, and PA. These phenomena are what the COVID-19 crisis outrage brought throughout the hundreds and hundreds of families worldwide that experienced one of the three dimensions, and the HSPs experiences daily in their workplace. The relationships related to the framework of RCT are relatable due to the experiences of women and those disenfranchised men who do not understand the psychological well-being of human beings. In other words, this helps those efforts to understand better mutual empathy, empowerment, and those connections and disconnections, which is the rationale of understanding the different dominance in human relationships.

In Chapter 5, I present my interpretations of the findings from the data collected and analyzed. Additionally, I discuss the limitations of this qualitative research and the

recommendations for the current implications and conclusion that discuss future research that express the potential social change implications for my research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this qualitative phenomenological study, I explored the daily lived experiences and mental processes of coping with job stress and burnout among HSPs who supported women experiencing DV during COVID-19. This study was needed to address the insufficiency of information regarding the pandemic and HSPs' experiences of burnout, coping, and job stress while working with DV victims. The study was also needed to understand further how those experiences have influenced and affected daily lives and how these professionals incorporated the need for the framework. In this chapter, I will discuss the findings of this study concerning HSP's experiences. I also include an in-depth discussion of results that provides for the interpretation of findings, limitations of the study, recommendations for future research, the potential impact of implications of the study, and a conclusion.

The participants in this study discussed their daily experiences and mental processes of coping with job stress and burnout while supporting women experiencing DV during COVID-19. After analyzing the data, I identified seven themes that constituted the study's key findings. The seven themes that emerged from the interviews included (a) added stress, (b) difficulty reaching victims, (c) the need to pivot and use different strategies, (d) lack of resources, (e) boundaries with clients not established, (f) self-care needs not met, and (g) not enough time. In this chapter, I will analyze the themes and summarize the research results, assess the study's limitations, discuss the

implications, and offer suggestions for future social change efforts regarding burnout that may coincide with this research.

Interpretation of the Findings

My findings support previous research. The literature discussed in Chapter 2, which focused on burnout from job stress within the human service profession during the pandemic, highlighted the overflow of informal information as a stress factor. In addition, different online references and peer-reviewed documents have articulated the importance of HSPs experiencing tremendous levels of burnout while seeing women experiencing DV during the pandemic (Elder, Norris, & Morgan et al., 2022). The CDC (2020) and Worldometer (2020) both noted that burnout is a topic that has become more and more of a critical issue since the pandemic first was declared in 2020. According to a recent study (Morse et al., 2012), extensive reviews explain that 21-67% of HSPs experience higher levels of burnout, research predicted more levels of burnout might become a worldwide issue concerning HSPs and how it will continue to escalate.

Participants in this study reported experiencing stressors and burnout while working during the lockdown. In other words, shelter-in-place orders have shown the connections between burnout and job stress. Hence, the results from this study address the gap in the literature post-COVID-19 and those experiences of burnout among HSPs working with DV victims during the pandemic. The findings of this study support the current literature by providing insight on how the participants experienced burnout during the pandemic. In addition, this study provided a different approach due to the experiences

of HSPs dealing with the crisis that impacted the world while staying vigorous during those challenges while counseling DV patients.

Theme 1: Added Stress

Each HSP in the study had a different encounter with burnout and occupational job stressors during the pandemic. Most of the HSP participants had significant concerns with transitioning from virtual to lockdown-in-place orders. However, eight out of the nine participants shared that they were overwhelmed and stressed during the interview. One participant shared that they did not experience any changes during the pandemic and thought it was typical during that time. However, all participants expressed how taxing it was to implement new ways to reach the clients going from face-to-face to strict lockdown-in-place orders. For example, some participants identified that the stressful experiences came from not understanding the next steps or approaches while trying to figure out the resources to provide the clients or what platforms to incorporate. In addition, all participants noted that the pandemic had everyone in a vicarious situation and an unfamiliar position that was somewhat frustrating and doubtful.

Theme 2: Difficulty Reaching Victims

Lange et al. (2023) mentioned that working with families needing counseling services during the pandemic was inadequate; however, telehealth therapy and in-person therapy helped families, which was both practical and justifiable. I had some of the participants communicate that some of the issues they faced in not being able to be face-to-face with the clients was not knowing whether the abuser could be nearby or just out of the view of the camera. Lange et al. continues to also note that there were nonverbal

exchanges between the abusers and family members who needed therapy. In this study the participants had some other barriers not being able to have privacy to speak to the victims to help them cope and adjust to the shelter-in-place orders that were mandated. All participants did agree that having the resources and knowledge related to the pandemic would be a good start, so each participant would be more familiar with everything that could happen. Just having the support for clients, abusers, and HSPs could be a tremendously beneficial assist just to identify the needed opportunities for safety and improvements that should be implemented in such a traumatic epidemic.

Theme 3: The Need to Pivot and Use Different Strategies

The theme of need to pivot and use different strategies is underpinned by the significant experiences of the pandemic that led DV victims to stay with their abuser. Most participants believed that many victims could not leave due to the abuser restricting the victims and using the shelter-in-place orders as an excuse. As a result, victims had fewer opportunities to have time while in a therapy session with the HSP. For example, fears of COVID-19 scared victims from leaving due to the possibility of getting sick from the virus or just being reluctant to go to shelters out of fear of getting ill or fearing their abuser, participants stated. The findings support the RCT theory, which emphasizes the importance of relationships to stay and endure painful, cumbersome, exclusive, and feasible abusive relationships (Westkott, 1997). The participants in this study were aware of the victims not wanting to leave the situation or just chose to stay with the abuser. Westkott et al. (1997) noted how RCT motivates people to guard themselves and, if imperative, to escape situations that are unfavorable or destructive.

Theme 4: Lack of Resources

Participant 8 noted difficulties in finding the proper resources needed to help DV victims. Participant 8 noted “that the bread winner of the household could have gotten in trouble, and the mother had to find the resources needed.” Participant 8 continued by suggesting “that the mother and her children wanted to stay within the school district, but trying to find housing was difficult.” The U.S. Bureau of Labor Statistics (2020), in its *Employment Situation Report* for May 2020, noted the tremendous unemployment rate, with 2.5 million jobs lost in education and health services, 1.4 million in the health care sector, and 651,000 in the social assistance sector as of April 2020. These data support that the COVID-19 shutdowns resulted in job losses for HSPs.

Theme 5: Boundaries With Clients Not Established

Each participant communicated that there were many different points during the pandemic that they needed to remind themselves to make time to recharge and ask for help. Setting boundaries with clients was but one challenge that participants faced. Limitations, such as social distancing and pandemic restrictions, constituted another challenge. For example, Participant 2 stated,

Especially in those particular instances, but I think it’s like I said, it made me feel like the boundaries weren’t there. And when I say that, like I don’t have my email on me on weekends, and it’s like, I do work on Saturdays, but not Sundays, and it’s almost like they expected me to stop what I was doing to make sure that they were good to kind of just go ahead and have a session. Like if you email me, I

have one she emailed me at 7:30 am in the morning, and I think she was like, I need a session.

Ross et al. (1989) noted that within the mental health profession, many HSPs support individuals with stress regulations; ironically, several HSPs have plenty of challenges in handling their stressors.

Theme 6: Self-Care Needs Not Met

As Cubias (2023) noted, previous research shows that job-related stress and burnout is the preeminent factor in the workplace for all workers in mental health. The question that led to this stance was Interview Question 9, stating how HSPs felt about not having time for self-care, in terms that affected them even outside of work, experiencing those feelings of knowing victims of DV were affected. Participant 2 mentioned that she had challenges making time for herself and needing space for self-care needs. The World Health Organization (2009) stated that the definition of having self-care is being deliberate in understanding the importance of the focus on implementing health, intercepting disease, and sustaining health concerns. Participant 2 continued, “Like I found myself getting mad and irritable throughout the day. But maybe it did kind of affect me more than what I realized. Like, I mean, I wasn’t getting mad like I didn’t want to talk to anybody.” It was evident that HSPs were not prepared for the effects of COVID-19. The lack of preparation led HSPs to retire, quit, and find other careers, due to the impact of limited resources and challenges pertaining to the pandemic. Sodeke-Gregson et al. (2013) noted that more cases reached a tremendous amount of HSPs dealing with the consequences of higher workloads and a collective amount of vicarious

stress and posttraumatic stress disorders within the mental health profession. Illustrating this point, Participant 2 mentioned,

I have to make sure I'm good in order to function for them, so I'm like I need to take this, I took like maybe six, 6 weeks off, but I kind of broken it up, I took 1 month and then took some other weeks somewhere around because I was just getting irritated.

Theme 7: Not Enough Time

Participants talked about not having enough time in the day to support DV victims in the adequate amount of time of long days. Not being able to make time for themselves or have enough time in a day to take a break was a concern for all participants.

Participant 2 noted,

It wasn't 2020 or even 2021, I didn't take my break until 2022. So it was like working all the way through and it was like, but I think it took that whole time to realize, hey, we've been doing this the whole time because it was kind of like what you said previously, nobody checked on us. Nobody said Hey, Are you guys, okay? What are you guys' processing this like, you know, because we're not like the first responders we not even the first responders. So it's like, you know, and then I think people make light of it, but because we don't have to leave our houses like it's a treat. Yeah, it's great, but I still need a minute from myself too.

In addition to not having enough time in a day, the participants expressed how they did not feel the genuine connection and the lack of personal connection due to the

shelter-in-place orders, and not being able to speak face-to-face. Looking back at the MBI framework allowed me to understand the concepts related to how the results transpired. The three dimensions of EE, DP, and PA all explain why HSPs were having uphill struggles and can make anyone feel pessimistic. Hence, this framework exhibits why the participants conveyed that stance—for example, feeling overwhelmed by the pandemic (EE), having feelings of detachment from seeing too many clients (DP), and having a lack of attainment when victims return to the abuser (PA). Overall, the HSPs experienced the symptoms of feelings of mentally strained or too much stress while working with those DV victims, which made it very draining or simply frustrating.

Limitations of the Study

A study's limitations are described as the characteristics of design or methodology that have affected or influenced the interpretation of the research findings (Huberman et al., 1994). For example, transferability may be a limitation because I focused on a set of HSPs. Therefore, their experiences and these results may not be transferrable to other counselors' experiences. In addition, I am focusing on the lived experiences of job stress and burnout that have occurred over the last year during COVID-19 and continue to occur. One limitation that participants exhibited was not being able to recall all information or having a clear memory of everything they experienced in 2020 and how they felt or adapted to their daily lives or be in a place to speak to all of my interview questions.

However, in this study, I interviewed nine participants; seven females, and two male participants. The sample size for this qualitative research study was determined that

nine participants were needed, and I determined that I had reached data saturation and decided any additional discussions were unnecessary. Guest et al. (2020) suggested that saturation is eventually determined when no further information is anticipated. Therefore, in this study, I used snowball sampling based on interviewing all facets of HSPs with the criteria of being licensed and with a master's level. However, I did not look into the ages of the HSPs, being that it was not pertinent.

Another possible limitation of the study stems from HSPs' experiences during COVID-19. HSPs also faced a challenge in virtually supporting their clients. For example, some participants stated that they could not gain an accurate perspective of information when the abuser was in the other room or could not gather authentic experiences from their clients with an abuser in the home during a session. However, the results in this study are not meant to be overgeneralized. In other words, the participants could provide in-depth burnout experiences while working with DV victims during COVID-19.

Researcher bias is also a potential limitation. During the interviews, I remained neutral with feedback and continued asking questions. If the participants needed me to elaborate more on the questions being asked, I followed the same language to guarantee each participant's statements and interpretations were verbatim. The participants were excited, in my opinion, to answer the questions provided during the interview. For example, the participants mentioned that they never were asked how they felt or if they needed anything during the pandemic, so being asked about their feelings was something

they wanted to articulate. Hence, four participants also noted needing help or seeing a therapist themselves.

Recommendations

I have several recommendations regarding the results of this research. My recommendations fall into two categories. The first is recommendations to for practice. The second is recommendations to improve this area of study, including addressing the limitations of this study and advancing knowledge in this area. Regarding practice, I recommend more training and support for HSPS. In addition, I would recommend that HSPs attend mandatory training on different ways to develop effective ways to cope with burnout, occupational job stress, employee productivity, and job performance, and improve the directions of telehealth behavioral needs and support with any counseling services for HSPs themselves. Furthermore, this recommendation would hopefully help more HSPs if another pandemic or any other world epidemic happens soon.

Regarding recommendations for future research and advancing knowledge in this area, the results from this study hopefully can inspire future qualitative or quantitative researchers to look at this from a different methodology lens. There may be other qualitative designs or quantitative designs that might better assess different ways in which HSPS were able to cope with burnout or assess which coping mechanisms may have seemed to work better than others. In addition, quantitative study designs that are focused on larger sample sizes and generalizability may bring in addition insights and applicability for other populations as well as reduce some of the potential for researcher bias.

Implications

My results also have several implications for practice, research, and social change. This phenomenological study was intended to understand the daily lived experiences of why HSPs become burnout while working with DV victims during COVID-19. In addition, the study aimed to help contribute to the mental health sectors working with mental illness. The results of this study may inform the practice of HSPs who work with victims of DV and learn ways to address their job stress and burnout. In addition, these results may shed light on how HSPs cope with burnout in this changing era of COVID-19 and have implications for HSP experiencing burnout and HSPs who support these HSPs. These steps may contribute to practice and to positive social change by creating processes and supports to help HSPs cope with burnout in these circumstances. The nine individuals who participated in this study played a vital part by sharing their daily experiences and thoughts about most of the challenges and frustrating cases they endured daily throughout the pandemic.

Seven of the participants, verbalized how they would like more research implemented and supported in the mental health population. HSPs struggled to incorporate the necessary tools to help individuals who had to deal with traumatic adversities firsthand. The results from this study could help further practitioner information and better understand burnout, occupational job stress, and coping among HSPs who encounters of DV victims. As mentioned previously, there are potentials for these results to inform training and support practices for HSPs.

Lastly, this research will hopefully contribute to scholarship in this area of adaptations in service and coping during COVID-19. COVID-19 and the corresponding shutdowns created many changes to the workplace for almost all professions especially, concerning changes in and additional job stress and burnout associated with newly increased risks to their clients and overall adaptability. As more research continues to be conducted and published regarding the health, employment, and support systems during this time, this research will also add to this growing body of literature regarding the impacts of COVID-19. Overall, I hope to bring awareness to counselors, therapists, and HSPs within the mental health field concerning the ways burnout impacts these professionals and the potential areas of training to help this vulnerable population and HSPs with self-awareness on self-care needs during traumatic challenges.

Conclusion

This phenomenological study explored the lived experiences of burnout among HSPs working with DV victims during COVID-19. After collecting my data via interviewing HSPs who were licensed and held a master's degree in counseling or HSPs, I was able to understand the obstacles leading to burnout, job stress, and coping challenges faced during the pandemic, as well as the coping strategies and mental processes associated. I appreciate the adversities related to this research to ensure that some contrivance can be executed to close the implications of the gap in health services during this time.

The results revealed findings that added to the literature about burnout and occupational job stressors while working with DV victims. The participants were able to

provide their experiences during the pandemic, and many revealed that they were aware of being novices to how to move forward with limited resources and a lack of knowledge on shelter-in-place orders and how to utilize strategies. At the same time, the world tried to figure out methods to use to help those victims during mandated lockdown measures.

The participants expressed excitement just because they have never been asked how they dealt with those adversities from the pandemic while needing help themselves on an emotional level. The participants also expressed how their families needed them physically, emotionally, and spiritually. However, those daily regiments changed due to the lack of HSPs and employment during the pandemic. The HSP's reflections on their experiences working with DV victims revealed many stressors, frustrations, and burnout concerns while trying to help individuals and families. However, HSPs had struggles of their own; they had to continue providing services to those victims of DV.

My goal was to expand the information about the pandemic causing HSPs to become burnout and stressed and to find better ways to cope while working with DV victims or any form of mental health concerns. I used a phenomenological approach aimed at seeking a better understanding of how individuals express their experiences and feelings and bringing about a thorough description of interactions and behaviors. Moustakas (2011) stated that often phenomenological interviews start with a social conversation, or a short activity directed to create a moderate and unsuspecting environment. The participants in this study shared their experiences by communicating that during the pandemic, there was a lack of resources and lack of support. In addition,

the participants expressed the values of setting boundaries, learning to incorporate new ways to support HSPs, and finding new services.

My goal is to use the results from this research's data to be implemented to assist HSPs in becoming educated to be better prepared when an epidemic occurs in the near future and provide the tools needed to help all facets of the mental health sector and with the challenges of DV. With these experiences, I formulated seven themes in this study that helped identify the center of how the HSPs became burnout. Understanding these sentiments of daily lived experiences of burnout, overloaded with work, frustration, mentally, spiritually, and emotionally helps me better understand the trajectory of challenges from COVID-19. Understanding the experiences of individuals seeking treatment is essential, but it is also important to understand the experiences of care providers and professionals that had to adapt their services.

Overall, the awareness of this study may contribute to positive social change by scholarship in adaptations in service and coping during COVID-19 and focusing on ways to ensure that residents, community organizations, and local businesses within the community are aware. Social change can also help inform on specific ways to discuss more effective ways to incorporate and collaborate for positive change in the community.

HSP professions play an important role in society. They provide much needed support in many facets of life and many individuals rely on their expertise. It is also important to recognize that HSPs, themselves, often must cope with difficulties associated with their job and need support. I hope this study sheds light on the daily lives of HSPs and how they have coped with burnout during the COVID-19 pandemic.

References

- Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, 23(3), 121–127.
- Antai, D., Oke, A., Braithwaite, P., & Lopez, G. B. (2014). The effect of economic, physical, and psychological abuse on mental health: A population-based study of women in the Philippines. *International Journal of Family Medicine*, 2014, Article 852317. <https://doi.org/10.1155/2014/852317>
- Anwar, B. (2021). The importance of mental health. Blog. <https://www.talkspace.com/blog/why-is-mental-health-important/>
- Arenas-Arroyo, E., Fernández-Kranz, D., & Nollenberger, N. (2020, August). *Can't leave you now! Intimate partner violence under forced coexistence and economic uncertainty* (IZA DP No. 13570). IZA Institute of Labour Economics. <https://www.iza.org/publications/dp/13570/cant-leave-you-now-intimate-partner-violence-under-forced-coexistence-and-economic-uncertainty>
- Ashby, M. P. J. (2020). Initial evidence on the relationship between the coronavirus pandemic and crime in the United States. *Crime Science*, 9, Article 6. <https://doi.org/10.1186/s40163-020-00117-6>
- Ashcroft, R., McMillan, C., Ambrose-Miller, W., McKee, R., & Brown J. B. (2018) The emerging role of social work in primary health care: A survey of social workers in Ontario family health teams. *Health & Social Work*, 43(2), 109–117. <https://academic.oup.com/hsw/article/43/2/109/4911486>
- Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2022). The impact of the COVID-

19 pandemic on social workers at the frontline: A survey of Canadian social workers. *The British Journal of Social Work*, 52(3), 1724–1746.

<https://doi.org/10.1093/bjsw/bcab158>

Australian Association of Social Workers. (2013). ‘Social work connect: newsletter of

the AASW Victorian Branch’ [https://www.google.com/search?cl](https://www.google.com/search?client=safari&rls=en&q=aasw+107ictoria+VOLUME+2,+NO.+2+-+AUTUMN+2013&ie=UTF-8&oe=UTF-8)

[ient=safari&rls=en&q=aasw+107ictoria+VOLUME+2,+NO.+2+-+AUTUMN+2013&ie=UTF-8&oe=UTF-8](https://www.google.com/search?client=safari&rls=en&q=aasw+107ictoria+VOLUME+2,+NO.+2+-+AUTUMN+2013&ie=UTF-8&oe=UTF-8) (accessed 22/09/2020)

Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2002). Validation of the Maslach

Burnout Inventory–A General Survey: An Internet Study. *Anxiety, Stress &*

Coping, 15(3), 245. <https://doi.org/10.1080/1061580021000020716>

Balls, P. (2009). Phenomenology in nursing research: Methodology, interviewing and

transcribing. *Nursing Times*, 105(32), 30–33. [https://cdn.ps.emap.com/wp-](https://cdn.ps.emap.com/wp-content/uploads/sites/3/2009/08/090818ResearchPheno.pdf)

[content/uploads/sites/3/2009/08/090818ResearchPheno.pdf](https://cdn.ps.emap.com/wp-content/uploads/sites/3/2009/08/090818ResearchPheno.pdf)

Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobočan, A. M., Strom K., Truell,

R., Úriz, M. J., & Weinberg, M. (2020). Practising ethically during COVID-19:

Social work challenges and responses. *International Social Work*, 63(5), 569–583.

<https://doi.org/10.1177/0020872820949>

Barkhuizen, G. (2008). Qualitative inquiry and research design: Choosing among five

approaches (2nd Edition). *New Zealand Studies in Applied Linguistics*, 14(2), 98–

99.

Bartik, A W., Bertrand M, Feng L, Rothstein J, and Unrath M. 2020. “Measuring the

Labor Market at the Onset of the COVID-19 Crisis.” *Brookings Papers on*

Economic Activity, Brookings Institution, Washington, DC.

- Bartik, A W., Bertrand M, Zoe C, Glaeser E L., Luca M, and Stanton C. 2020. “The Impact of COVID-19 on Small Business Outcomes and Expectations.” Proceedings of the National Academy of Sciences (PNAS), St. Louis, MO.
- Bener, A., Bhugra, D., & Ventriglio, A. (2021). Mental Health and Quality of Life of Frontline Health Care Workers After One Year of Covid-19 Pandemic. *Acta Medica Transilvanica*, 26(3), 6–11.
- Bentley, M., Fleury, S. C., & Garrison, J. (2007). Critical Constructivism for Teaching and Learning in a Democratic Society. *Journal of Thought*, 34, 9–22.
- Bergold, J & Stefan, T (2010). Partizipative Forschung. In Gunter Mey & Katja Mruck (Eds.), *Handbuch Qualitative Forschung in der Psychologie* (pp.333-344). Wiesbaden: VS Verlag.
- Bern-Klug M., Beaulieu E. (2020) ‘COVID-19 highlights the need for trained social workers in nursing homes’, *Journal of the American Medical Directors Association*, 21(7), pp. 970–2.
- Berzin S. C., Singer J., Chan C. (2015) ‘Practice innovation through technology in the digital age: A grand challenge for social work (Grand Challenges for Social Work Initiative Working Paper No. 12)’, *American Academy of Social Work and Social Welfare*, Cleveland, OH.
- Birrell, P. J., & Freyd, J. J. (2006). Betrayal and trauma: Relational models of harm and healing. *Journal of Trauma Practice*, 5, 49–63.
- Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic

- violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine*, 38(12), 2753–2755. <https://doi.org/10.1016/j.ajem.2020.04.077>
- Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*. Advance online publication. <https://doi.org/10.1111/jocn.15296>
- Bridgeman, P. J., Bridgeman, M. B., & Barone, J. (2018). Burnout syndrome among healthcare professionals. *American Journal of Health-System Pharmacy*, 75(3), 147–152. <https://doi.org/10.2146/ajhp170460>
- Brown, S., McGriff, K., & Speedlin, S. (2018). Using Relational-cultural Theory to Negotiate Relational Rebuilding in Survivors of Intimate Partner Violence. *Journal of Creativity in Mental Health*, 13(2), 136–147. <https://doi.org/10.1080/15401383.2017.1355289>
- Busch, M. D., Jean-Baptiste, E., Person, P. F., & Vaughn, L. M. (2019). Mental Health First Aid USA. (2020). *Mental health first aid for adults assisting adults*. National Council for Mental Wellbeing.
- Burns A. (2020). Stay-at-home order poses new problems for family violence victims, shelters. Retrieved from <https://www.ajc.com/news/breaking-news/stay-home-order-poses-new-problems-for-family-violence-victims-shelters/HKeZoZvHJIoKVzi8fi7okO> (accessed October 23, 2020).
- Butler, L. D., Mercer, K. A., McClain-Meeder, K., Horne, D. M., & Dudley, M. (2019). Six domains of self-care: Attending to the whole person. *Journal of Human Behavior in the Social Environment*, 29(1), 107–124.

<https://doi.org/10.1080/10911359.2018.1482483>

Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence*, 8, 110–131. <https://doi.org/10.1037/vio0000074>

Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 2, <https://doi.org/10.1016/j.fsir.2020.100089>

Carnot, M. L., Bernardino, J., Laranjeiro, N., & Gonçalo Oliveira, H. (2020). Applying Text Analytics for Studying Research Trends in Dependability. *Entropy (Basel, Switzerland)*, 22(11). <https://doi.org/10.3390/e22111303>

Centers for Disease Control and Prevention. (2020). *Coronavirus Disease 2019 (COVID-19)*. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

Ceroni, T. L., Ennis, C. R., & Franklin, C. L. (2021). The COVID-19 pandemic: Implications for intimate partner violence. *Couple and Family Psychology: Research and Practice*. <https://doi.org/10.1037/cfp0000208>

Chen, R., Austin, J. P., Sutton, J. P., Fussell, C., & Twiford, T. (2019). MFTs' Burnout Prevention and Coping: What Can Clinicians, Supervisors, Training Programs, and Agencies Do? *Journal of Family Psychotherapy*, 30(3), 204–220. <https://doi.org/10.1080/08975353.2019.1655698>

Chodorow-Reich, Gabriel, and John Coglianesi. 2020. "Projecting Unemployment Durations: A Factor-Flows Simulation Approach With Application to the COVID-19 Recession." *Journal of Public Economics* 197: 104398.

- Choi, Y. J., & Cramer, E. P. (2016). An exploratory study of female Korean American church leaders' views on domestic violence. *Social Work & Christianity, 43*(4), 3–32.
- Coates, D. and Howe, D. 2015 'Combatting staff burnout in mental health: key managerial and leadership tasks that are fundamental to staff wellbeing and retention', *Asia Pacific Journal of Health Management, 10*, 2: 24-32.
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar, G., II. (2008). Relational-cultural theory: a framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling and Development, 86*(3), 279.
- Connelly, L. M. (2010). What Is Phenomenology? *Medsurg Nursing, 19*(2), 127-8.
<https://www.proquest.com/scholarly-journals/what-is-phenomenology/docview/230522357/se-2>
- Constantino, M. J., Coyne, A. E., Boswell, J. F., Iles, B. R., & Višlā, A. (2018). A meta-analysis of the association between patients' early perception of treatment credibility and their posttreatment outcomes. *Psychotherapy, 55*(4), 486–495.
<https://doi.org/10.1037/pst0000168>
- Dalafave, R. E. (2020). Voluntary Irrevocable Protection Orders: A Commitment Mechanism for Domestic Violence Survivors. *Virginia Journal of Social Policy & the Law, 27*(2), 136–164.
- D'Inverno, A. S., Smith, S. G., Zhang, X., & Chen, J. (2019). The impact of intimate partner violence: A 2015 NISVS Research-in-Brief. Atlanta, GA: National Center

- for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Donnelly C., Ashcroft R., Bobbette N., Gill S., Mills C., Mofina A., Tran T., Vader K., Williams A., Miller J. (2021) 'Interprofessional primary care during COVID-19: The provider perspective', *BMC Family Practice*, 22(1), pp. 31.
- DuFresne, R. M., & Arnekrans, A. K. (2020). Creating successful home visits in community-based counseling. *Counseling Today*, 62(9), 40–45.
- Elder, C. L., Norris, E. K., & Morgan, L. M. (2022). Counselor burnout during COVID-19. *Counseling Today*, 64(9), 42–45.
- Elliott-Mainwaring, H. (2021). Exploring using Nvivo software to facilitate inductive coding for thematic narrative synthesis. *British Journal of Midwifery*, 29(11), 628–632. <https://doi.org/10.12968/bjom.2021.29.11.628>
- Elser H, Kiang MV, John EM, Simard JF, Bondy M, et al. (2021). The Impact of the first COVID-19 shelter-in-place announcement on social distancing, difficulty in daily activities, and levels of concern in the San Francisco Bay Area: A cross-sectional social media survey. *PLOS ONE* 16(1): e0244819. <https://doi.org/10.1371/journal.pone.0244819>
- Eseme Ubom, A., Adebimpe Ijarotimi, O., Nyeche, S., & Ikimalo, J. I. (2021). COVID-19: the implications and consequences of prolonged lockdown and COVID-19 vaccine cost in a low-middle income country. *Pan African Medical Journal*, 39, 1–5. <https://doi.org/10.11604/pamj.2021.39.48.27674>

- Frie sema, A. E. (2022). A Qualitative Inquiry of Domestic Violence Counselors' Clinical Supervision Experiences. *Journal of Creativity in Mental Health*, 17(2), 169–187.
<https://doi.org/10.1080/15401383.2020.1848675>
- Gates, B. (2020). Responding to Covid-19 – A Once-in-a-Century Pandemic? *The New England Journal of Medicine*, 382(18), 1677–1679.
<https://doi.org/10.1056/NEJMp2003762>
- Gerin, M. and Knight, B. 2020 'Family violence perpetrators using COVID-19 as a form of abuse we have not experienced before', ABC News https://www.abc.net.au/news/2020-03-29/coronavirus-family-violence-surge-in-victoria/12098546?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web
- Gilligan, J. (2001). *Preventing violence: Prospects for tomorrow*. New York: Thames & Hudson.
- Glauser W. (2020) 'Virtual care is here to stay, but major challenges remain', Canadian Medical Association Journal, 192(30), pp. E868–9.
- Godin M. (2020). France to house domestic abuse victims in hotels amid lockdown.
<https://time.com/5812990/francedomestic-violence-hotel-coronavirus/> (accessed October 23, 2020)
- Graham-Harrison, E., Giuffrida, A., Smith, H., & Ford, L. (2020). Lock-downs around the world bring rise in domestic violence. The Guardian.
<https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

- Greenberg N. (2020) 'Mental health of health-care workers in the COVID-19 era', *Nature Reviews Nephrology*, 16, pp. 425–6.
- Grobman, L. 2020 'The importance of human relationships in a time of social distancing' [https://www. socialworker.com/extras/social-work-month-2020/ world-social-work-day-2020-human-relationships-social-distancing/](https://www.socialworker.com/extras/social-work-month-2020/world-social-work-day-2020-human-relationships-social-distancing/) (accessed 22/09/2020)
- Guest G, Namey E, Chen M (2020) A simple method to assess and report thematic saturation in qualitative research. *PloS ONE* 15(5): e0232076. <https://doi.org/10.1371/journal.pone.0232076>
- Gupta A, Stahl A. For abused women, a pandemic lockdown holds dangers of its own. *The New York Times*. 2020. <https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence>.
- Habigzang, L. F., Aimée Schneider, J., Petroli Frizzo, R., & Pinto Pizarro de Freitas, C. (2018). Evaluation of the Impact of a Cognitive-Behavioral Intervention for Women in Domestic Violence Situations in Brazil. *Universitas Psychologica*, 17(3), 1–11. <https://doi.org/10.11144/Javeriana.upsy17-3.eicb>
- Halford E, Dixon A, Farrell G, Malleson N & Tilley N 2020. Crime and coronavirus: Social distancing, lockdown, and the mobility elasticity of crime. *Crime Science* 9(11). <https://doi.org/10.1186/s40163-020-00121-w>
- Harker, R., Pidgeon, A. M., Klaassen, F., & King, S. (2016). Exploring resilience and mindfulness as preventative factors for psychological distress burnout and secondary traumatic stress among human service professionals. *Work*, 54(3),

631–637. <https://doi.org/10.3233/WOR-162311>

- Hartling, Rosen, Walker, & Jordan, (2000). *Shame and humiliation: From isolation to relational transformation* (Work in Progress No. 88). Wellesley, MA: Stone Center Working Paper Series.
- Heckathorn, D. D. (1997). Respondent-driven sampling: A new approach to the study of hidden populations. *Social Problems*, 44(2), 174–199.
- Husserl, E. (1977). *Cartesian meditations: An introduction to metaphysics* (D. Cairns, Trans.). The Hague: Martinus Nijhoff.
- Iiffe, G., & Steed, L. G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence*, 15(4), 393–412. <https://doi.org/10.1177/088626000015004004>
- John, N., Casey, S., Carino, G., & McGovern, T. (2020). Lessons never learned: Crisis and gender-based violence. *Developing World Bioethics*, 20(2), 65–68. <https://doi.org/10.1111/dewb.12261>
- Kaur, B. (2021). Burnout recognition and mitigation in the context of a global pandemic. *Paediatric Anaesthesia*, 31(1), 8–9. <https://doi.org/10.1111/pan.14065>
- Keeter, S. (2020). People financially affected by COVID-19 outbreak are experiencing more psychological distress than others. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/03/30/people-financially-affected-by-covid-19-outbreak-are-experiencing-more-psychological-distress-than-others/>
- Kholmogorova, A. B. Anastasiya A. Rakhmanina, A, YU. Suroegina, Olesya YU. Mikita, Sergey S. Petrikov, & Anita P. R. (2021). Mental health and professional burnout

among residents during the Covid-19 pandemic: Situational and Psychological Factors. *Консультативная Психология и Психотерапия*, 29(2), 9–47.

<https://doi.org/10.17759/cpp.2021290202>

Kirzinger, A., Kearney, A., Hamel, L., & Brodie, M. (2020, April 02). KFF health tracking poll—Early April 2020: The impact of Coronavirus on life in America. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-early-april-2020/>

Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S199–S201.

<https://doi.org/10.1037/tra0000866>

Kottasová, I., & Di Donato, V. (2020). Women are using code words at pharmacies to escape domestic violence during lockdown. CNN.

<https://www.cnn.com/2020/04/02/europe/domestic-violence-coronavirus-lockdown-intl/index.html>

Kozłowska, W. (2020). A thematic analysis of practitioners' understanding of domestic abuse in terms of post-traumatic stress disorder (PTSD) and complex-PTSD (C-PTSD). *Counselling & Psychotherapy Research*, 20(2), 357–367.

<https://doi.org/10.1002/capr.12272>

Krelle H., Dodson J. A., Horwitz L. (2020) 'Virtual primary care—Is its expansion due to COVID-19 all upside', JAMA Health Forum, Advance Access published July 29, 2020. Available online at: <https://jamanetwork.com/channels/health->

[forum/fullarticle/2769032](#) (accessed July 19, 2021).

- Kydd-Williams, R. (2019). Ethical Issues of Insider/Outsider Interviewing: Qualitative Research in Grenada, A Caribbean Island. *Ethics & Social Welfare*, 13(4), 424–433. <https://doi.org/10.1080/17496535.2019.1685788>
- Lebow, J. L. (2020). The challenges of COVID-19 for divorcing and post-divorce families. *Family Process*, 59(3), 967–973. <https://doi.org/10.1111/famp.12574>
- Lemus, S., & Stroebe, K. (2015). Achieving Social Change: A Matter of All for One? *Social Issues*, 71(3), 441–452. <https://doi.org/10.1111/josi.12122>
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suarez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *American Psychologist*, 73(1), 26-46. <https://doi.org/10.1037/amp0000151>
- Li, J., Huang, D. Q., Zou, B., Yang, H., Hui, W. Z., Rui, F., ... & Nguyen, M. H. (2021). Epidemiology of COVID-19: A systematic review and meta-analysis of clinical characteristics, risk factors, and outcomes. *Journal of medical virology*, 93(3), 1449-1458.
- Mahapatro, M., Prasad, M. M., & Singh, S. P. (2021). Role of Social Support in Women facing Domestic Violence during Lockdown of Covid-19 while Cohabiting with the Abusers: Analysis of Cases Registered with the Family Counseling Centre, Alwar, India. *Journal of Family Issues*, 42(11), 2609–2624. <https://doi.org/10.1177/0192513X20984496>

- Martínez, J. P., Méndez, I., Ruiz-Esteban, C., Fernández-Sogorb, A., & García-Fernández, J. M. (2020). Profiles of Burnout, Coping Strategies and Depressive Symptomatology. *Frontiers in psychology*, 11, 591.
<https://doi.org/10.3389/fpsyg.2020.00591>
- Martínez-López, J. Á., Lázaro-Pérez, C., & Gómez-Galán, J. (2021). Predictors of Burnout in Social Workers: The COVID-19 pandemic as a Scenario for Analysis. *International Journal of Environmental Research and Public Health*, 18(10). <https://doi.org/10.3390/ijerph18105416>
- Maslach, C. (1976). Burned-out. *Human Behavior*, 5(9), 16–22.
- Maslach, C., Jackson, S. E. and Leiter, M. P. 1996 MBI: The Maslach Burnout Inventory: Manual, Consulting Psychologists Press, Palo Alto, CA.
- Maslach, C., Jackson, S. E., Senter, A., Morgan, R. D., Serna-McDonald, C., & Bewley, M. (2010). Maslach Burnout Inventory. *Psychological Services*, 7(3), 190–201.
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 15(2), 103–111.
<https://doi.org/10.1002/wps.20311>
- Miller, A. G., Roberts, K. J., Smith, B. J., Burr, K. L., Hinkson, C. R., Hoerr, C. A., Rehder, K. J., & Strickland, S. L. (2021). Prevalence of Burnout Among Respiratory Therapists Amid the COVID-19 Pandemic. *Respiratory Care*, 66(1), 1639–1648. <https://doi.org/10.4187/respcare.09283>
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form*

relationships in therapy and in life. Boston: Beacon Press.

- Miller, M. C., & Mair, H. (2015). Volunteer Experiences on Organic Farms: A Phenomenological Exploration. *Tourism Analysis*, 20(1), 69–80.
<https://doi.org/10.3727/108354215X14205687167662>
- Miyazaki, A., & Taylor, K. (2008). Researcher Interaction Biases and Business Ethics Research: Respondent Reactions to Researcher Characteristics. *Journal of Business Ethics*, 81(4), 779.
- Montero-Marin, J., Prado-Abril, J., Piva Demarzo, M. M., Gascon, S., & García-Campayo, J. (2014). Coping with stress and types of burnout: explanatory power of different coping strategies. *PloS one*, 9(2), e89090.
<https://doi.org/10.1371/journal.pone.0089090>
- Montvilo, R. K., PhD. (2022). Substance Abuse and Mental Health Services Administration (SAMHSA). *Salem Press Encyclopedia of Health*.
- Morris J. 3rd, Morris, B., Briars A. (2021). COVID shelter in place orders and mental health outcomes among college undergraduates. *J Am Coll Health*. Sep 29, 1-8.
[doi: 10.1080/07448481.2021.1978459](https://doi.org/10.1080/07448481.2021.1978459). Epub ahead of print.
- Mueller, V., & Morley, C. (2020). Blaming Individuals for Burnout: Developing critical practice responses to workplace stress. *Social Alternatives*, 39(3), 20–28.
- Niederkrötenhaler, T., Gunnell, D., Arensman, E., Pirkis, J., Appleby, L., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, R. C., & Platt, S. (2020). Suicide research, prevention, and COVID-19: Towards a global response and the establishment of an international research collaboration. *Crisis: The Journal of*

Crisis Intervention and Suicide Prevention, 41(5), 321–330.

<https://doi.org/10.1027/0227-5910/a000731>

Nishimura, Y., Miyoshi, T., Sato, A., Hasegawa, K., Hagiya, H., Kosaki, Y., & Otsuka,

F. (2021). Burnout of Healthcare Workers Amid the COVID-19 Pandemic: A Follow-Up Study. *International Journal of Environmental Research and Public Health*, 18(21). <https://doi.org/10.3390/ijerph182111581>

Novotny JS, Gonzalez-Rivas JP, Kunzova S, Skladana M, Pospisilova A, Polcova A, et

al. Risk factors underlying COVID-19 lockdown-induced mental distress. *Front Psychiatry*. (2020) 11:603014. doi: [10.3389/fpsyt.2020.603014](https://doi.org/10.3389/fpsyt.2020.603014)

Noy, C. (2008). Sampling Knowledge: The Hermeneutics of Snowball Sampling in

Qualitative Research. *International Journal of Social Research Methodology*, 11(4), 327–344. <https://doi.org/10.1080/13645570701401305>

Parrott, D. J., Halmos, M. B., Stappenbeck, C. A., & Moino, K. (2021). Intimate partner

aggression during the COVID-19 pandemic: Associations with stress and heavy drinking. *Psychology of Violence*. <https://doi.org/10.1037/vio0000395>

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., &

van Gelder, N. (2020). *Pandemics and violence against women and children* (Working Paper No. 528). Center for Global Development.

<https://www.cgdev.org/publication/pandemics-and-violenceagainst-women-and-children>

Piercy, F. P., & Wetchler, J. L. (1987). Family-work interfaces of psychotherapists.

Journal of Psychotherapy and the Family, 3, 17–32.

- Pines, A. M., & Maslach, C. (1978). Characteristics of staff burnout in mental health settings. *Hospital and Community Psychiatry, 29*, 233–237.
- Popescu, L. (2021). Psychological and Physical Intimate Partner Violence during the COVID-19 Pandemic: Aggressive Attitudes, Abusive Behavior, and Coercive Control. *Journal of Research in Gender Studies, 11*(2), 32–46.
<https://doi.org/10.22381/JRGS11220212>
- Pruitt, L. D., McIntosh, L. S., & Reger, G. (2020). Suicide Safety Planning During a Pandemic: The Implications of COVID-19 on Coping with a Crisis. *Suicide & Life-Threatening Behavior, 50*(3), 741–749. <https://doi.org/10.1111/sltb.12641>
- Randolph, S., T. Coakley, and J. Shears. 2018. “Recruiting and Engaging African-American Men in Health Research.” *International Journal of Research Methodology Nurse Researcher 26* (1): 8–12.
- Raquepaw, J. M., & Miller, R. S. (1989). Psychotherapist burnout: A componential analysis. *Professional Psychology: Research and Practice, 20*(1), 32–36.
- Ravitch, S. M., & Carl, N. M. (2016). *Qualitative Research: Bridging the Conceptual, Theoretical, and Methodological*. Thousand Oaks: Sage Publications.
- Reger, M. A., Stanley, I. H., & Joiner, T. W. (2020). Suicide mortality and coronavirus disease 2019 – a perfect storm? *JAMA Psychiatry*. Advance online publication.
https://doi.org/10.1001/jama_psy psychiatry.2020.1060
- Rodriguez, L., Power, E., & Glynn, E. (2021). Introduction to domestic violence, abuse, and coercive control for counselors: An evaluation of the impact of training. *Gender, Work & Organization, 28*(2), 547–557.

<https://doi.org/10.1111/gwao.12588>

Rosales-Mendoza, S., Comas-García, M., & Korban, S. S. (2020). Challenges and Opportunities for the Biotechnology Research Community during the Coronavirus Pandemic. *Trends in biotechnology*, 38(8), 823–824.

<https://doi.org/10.1016/j.tibtech.2020.04.016>

Rosenberg, T., & Pace, M. (2006). Burnout among Mental Health Professionals: Special Considerations for the Marriage and Family Therapist. *Journal of Marital & Family Therapy*, 32(1), 87–99. <https://doi.org/10.1111/j.1752-0606.2006.tb01590.x>

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage Publications.

Runkle, J. D., Sugg, M. M., Yadav, S., Harden, S., Weiser, J., & Michael, K. (2021). Real-time mental health crisis response in the United States to COVID-19: Insights from a national text-based platform. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. <https://doi.org/10.1027/0227-5910/a000826> (Supplemental)

Salazar, L. F., Emshoff, J. G., Baker, C. K., & Crowley, T. (2007). Examining the behavior of a system: An outcome evaluation of a coordinated community response to domestic violence. *Journal of Family Violence*, 22(7), 631–641. <https://doi-org.ezp.waldenulibrary.org/10.1007/s10896-007-9116-9>

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Sage Publications.

- Scarfe, M. L., Haik, A. K., Rahman, L., Todi, A. A., Kane, C., Walji, A., Dickerman, S. R., Kelly, J. F., & MacKillop, J. (2022). Impact of COVID-19 on alcohol use disorder recovery: A qualitative study. *Experimental and Clinical Psychopharmacology*. <https://doi.org/10.1037/pha0000560.supp> (Supplemental)
- Shufutinsky, A. (2020). Employing Use of Self for Transparency, Rigor, Trustworthiness, and Credibility in Qualitative Organizational Research Methods. *Organization Development Review*, Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic. (2020). *Trends & Issues in Crime and Criminal Justice*, 609, 1.
- Sifaneck, S. J., & Neaigus, A. (2001). The ethnographic accessing, sampling and screening of hidden populations: Heroin sniffers in New York City. *Addiction Research & Theory*, 9(6), 519–543.
- Skeketee, G., Ross, A. M. and Wachman, M. K. (2017) 'Health outcomes and costs of social work services: A systematic review', *American Journal of Public Health*, 107(S3), pp. S256–S266.
- Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M. J., & Chen, J. (2018). The national intimate partner and sexual violence survey: 2015 data brief—Updated release. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
- Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and

victimization: A meta-analysis. *Psychology of Violence*, 9(1), 1–17.

<https://doi.org/10.1037/vio0000156>

Stone, C. “Robust Unemployment Insurance, Other Relief Needed to Mitigate Racial and Ethnic Unemployment Disparities,” CBPP, August 5, 2020,

<https://www.cbpp.org/research/economy/robust-unemployment-insurance-other-relief-needed-to-mitigate-racial-and-ethnic>.

Tewksbury, R. (1993). On the margins of two professions: Job satisfaction and stress among post- secondary correctional educators. *American Journal of Criminal Justice*, 18, 61–77.

Tolan, C. (2020). Some cities see jumps in domestic violence during the pandemic. CNN.

<https://www.cnn.com/2020/04/04/us/domestic-violence-coronavirus-calls-cases-increase-invs/index.html>

Tolan, C. (2020, April 4). Some cities see jumps in domestic violence during the

pandemic. CNN. <https://www.cnn.com/2020/04/04/us/domestic-violence-coronavirus-calls-cases-increase-invs/index.html>

Truchot, D., Keirsebilck, L., & Meyer, S. (2000). Communal orientation may not buffer burnout. *Psychological Reports*, 86, 872–878.

Truell R. (2020) ‘News from our societies—IFSW: COVID-19: The struggle, success and expansion of social work—reflections on the profession’s global response, 5 months on’, *International Social Work*, 63(4), pp. 545–8.

Usher K., Bhullar N., Jackson D. (2020) ‘Life in the pandemic: Social isolation and mental health’, *Journal of Clinical Nursing*, 29(15–16), pp. 2756–7.

- U.S. Bureau of Labor Statistics (BLS). 1980–2020. “Current Population Survey.” Bureau of Labor Statistics, U.S. Department of Labor, Washington, DC. Retrieved From IPUMS.
- U.S. Bureau of Labor Statistics. (2019). “Quarterly Census of Employment and Wages: Supersectors.”, U.S. Department of Labor, Washington, DC.
- U.S. Bureau of Labor Statistics. (2020, June 21). Unemployment rate.
<https://fred.stlouisfed.org/series/UNRATE>
- U.S. Bureau of Labor Statistics. The Employment Situation—March 2020.
<https://www.bls.gov/news.release/pdf/empisit.pdf>. Published 2020. Accessed May 1, 2020.
- U.S. Census Bureau (Census). 2017–20. “Business Formation Statistics.” U.S. Census Bureau, Washington, DC.
- U.S. Census Bureau. Cartographic Boundary Files—Shapefile.
<https://www.census.gov/geographies/mapping-files/time-series/geo/cartographic-boundary-file.html>. Published 2020. Accessed August 20, 2020.
- U.S. Census Bureau (Census). 1980–2020. “Monthly Retail Trade: About the Advance Monthly Retail Trade Survey.” U.S. Census Bureau, Suitland, MD.
- Van Gelder, N., Peterman, A., Potts, A., O’Donnell, M., Thompson, K., Shah, N., . . . the Gender and COVID-19 Working Group. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*, 21, Article 100348. <https://doi.org/10.1016/j.eclinm.2020.100348>
- Van Hoof, E . (2020). Lockdown is the world’s biggest psychological experiment – And

we will pay the price. <https://www.weforum.org/agenda/2020/04/this-is-the-psychological-side-of-the-covid-19-pandemic-that-were-ignoring/>

Walden University. (n.d.). 2017 Report: Walden 2020 a vision for social change.
<https://www.waldenu.edu/-/media/Walden/files/about-walden/walden-university-2017-social-change-report-final-v-2.pdf>

Walter-McCabe, H. 2020 ‘Coronavirus pandemic calls for an immediate social work response’, *Social Work in Public Health*, 35, 3: 69-72.

Williamson V., Murphy D., Greenberg N. (2020) ‘COVID-19 and experiences of moral injury in front-line key workers’, *Occupational Medicine*, 70(5), pp. 317–9.

Winter, S. C., Obara, L. M., McMahon, S., & Zeeb, H. (2020). Intimate partner violence: A key correlate of women’s physical and mental health in informal settlements in Nairobi, Kenya. *PLoS ONE*, 15(4), e0230894. <https://doi-org.ezp.waldenulibrary.org/10.1371/journal.pone.0230894>

World Health Organization. (2019). Burn-out an “occupational phenomenon”:
 International classification of diseases. World Health Organization.
<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-internationalclassification-of-diseases>

World Health Organization.(2020).COVID-19andviolenceagainstwomen: What the health sector/system can do. Retrieved from <https://extranet.who.int/iris/restricted/handle/10665/331699>.

Appendix A: Flyer



Human Service Professionals & Counselors Needed

I will conduct a research study exploring the daily lived experiences and mental processes of coping with job stress and burnout of HSPs who have supported women experiencing domestic violence during COVID-19.

Who is Eligible?

Human Service Professionals and Counselors that hold a master's degree in counseling and have worked with victims of domestic violence and have worked with those clients in the past and that are licensed.

Description of the Study

This study aims to explore the lived experiences and mental processes of coping with job stress and burnout among HSPs who have supported women experiencing domestic violence during COVID-19. This study is needed to contribute further information surrounding the Pandemic and HSPs experiencing burnout and job stress while working with domestic violence victims. In addition, I want to understand how those experiences have affected their daily lives and mindsets.

Interested?

Your assistance in conducting this interview is much needed for research. If willing, I need you to identify your credentials and the agency. Once identified, I would like to meet for approximately 45-90 minutes and discuss the study further. The participants of this study can choose whether to continue or discontinue at any time. Information provided by the participants will be kept confidential. I can be reached at xxx-xxx-xxxx or emailed at mxxxx.xxxx@waldenu.edu and my Committee Chairperson.

**Thanks,
Michelle J. Clark, Doctoral Candidate
Walden University**

Appendix B: Interview Questions

1. How long have you been supporting individuals who are experiencing domestic violence, or any form of domestic violence?
2. Tell me a little about what that support was like before the pandemic and then during.
3. Tell me about how you were able to support victims via Zoom or over the phone during the pandemic.
4. Please describe your feelings about making this shift to virtual support and how that made you feel as a counselor.
5. Please give me a specific example of how you used different strategies to help the clients during lockdown and shelter-in-place orders.
6. Tell me about a typical day during the pandemic when you had clients experiencing DV.
7. What did those experiences mean? How did that affect you knowing those victims and how they were affected by the shelter-in-place orders?
8. How do you feel about that as a counselor?
9. How did you feel like that affected you even outside of work?
10. Did you take away anything when you went home? Please explain and provide an example.
11. Were there ways that you saw this permeate into other areas of your life?
12. Would you describe this as stressful? Please explain and provide an example.
13. Did you ever want to quit? Please explain and provide an example.
14. Is there anything else you would like to add?