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## Psychologists' Preparedness and Self-Efficacy in Serving Grieving Hispanics During COVID-19

Janet Salinas Sanchez  
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# Walden University

College of Allied Health

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Janet Salinas Sanchez

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Walden University  
2026

Abstract

Psychologists' Preparedness and Self-Efficacy in Serving Grieving Hispanics During  
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by

Janet Salinas Sanchez

MS, The University of Texas Pan American, 2015

BS, The University of Texas Pan American, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

May 2026

## Abstract

Mental health professionals working with Hispanic populations often face challenges in addressing grief, a culturally multifaceted experience influenced by traditions and familial and community practices. The purpose of this qualitative study was to examine psychologists' self-efficacy and preparedness in managing grief among Hispanic individuals who have been affected by COVID-19, address cultural factors in grief management, and identify demographic or professional factors that predict higher self-efficacy in working with Hispanic clients. Data were collected at a single point in time from eight psychologists who were actively working or had worked with Hispanic populations during COVID-19 to explore psychologists' self-efficacy, preparedness, and cultural competence. The participants were recruited from private practices, clinics, and hospitals through convenience and snowball sampling. Data from a semi structured interview with each participant was interpreted using thematic analysis procedures to identify patterns and insights related to constructs of Bandura's self-efficacy theory and the cultural context of grief care. The findings suggest that enhanced self-efficacy, preparedness, and cultural competence training can improve psychologists' effectiveness in grief management, leading to improved mental health outcomes for Hispanic patients. The study's implications for positive social change include furthering understanding of the relationship between clinicians' self-efficacy and their ability to manage grief among Hispanic populations. Such knowledge could inform training programs or interventions to enhance self-efficacy among mental health professionals working with Hispanic populations and improve the provision of culturally sensitive grief care.

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## Dedication

To God, my family and friends, your unwavering support, love, and encouragement have been my greatest source of strength. Thank you for believing in me, inspiring me, and standing by my side through every challenge and triumph. This work is a testament to your endless care and faith in my journey.

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## Table of Contents

List of Tables .....	vi
Chapter 1: Introduction to the Study.....	1
Background .....	2
Problem Statement .....	4
Purpose of the Study .....	5
Research Questions.....	6
Conceptual Framework.....	6
Nature of the Study .....	7
Definitions.....	8
Assumptions.....	8
Scope and Delimitations .....	10
Limitations .....	11
Significance.....	12
Summary .....	13
Chapter 2: Literature Review .....	15
Introduction.....	15
Literature Search Strategy.....	17
Theoretical Foundation .....	21
Bandura’s Theory of Self-Efficacy .....	21
Conceptual Framework.....	23
Cultural Competence in Mental Health Care and Systemic Barriers .....	23

Literature Review Related to Key Concepts.....	28
Mental Health Disparities and the Impact of COVID-19 .....	28
Grief and Bereavement in Hispanic Communities .....	31
Resilience and Self-Efficacy in Psychologists.....	34
Methodological Strengths, Weaknesses, and Trustworthiness in Previous Research .....	37
Summary and Conclusions .....	41
Chapter 3: Research Method.....	42
Introduction.....	42
Research Design and Rationale .....	42
Conceptual Framework.....	44
Role of the Researcher .....	45
Methodology.....	46
Participant Selection Logic .....	46
Instrumentation .....	47
Procedures for Recruitment, Participation, and Data Collection .....	48
Data Analysis Plan.....	50
Issues of Trustworthiness.....	51
Credibility .....	51
Transferability.....	52
Dependability .....	52
Confirmability.....	53

Ethical Procedures .....	53
Limitations and Challenges.....	54
Summary.....	54
Chapter 4: Results .....	56
Introduction.....	56
Pilot Study.....	56
Setting.....	56
Demographics .....	57
Data Collection .....	57
Unusual Circumstances During Data Collection .....	58
Data Analysis .....	58
Evidence of Trustworthiness.....	59
Credibility .....	59
Transferability.....	59
Dependability .....	59
Confirmability.....	60
Results.....	60
Theme 1: Preparedness Undermined by an Unprecedented Crisis.....	63
Theme 2: Adaptation and Growing Clinical Self-Efficacy.....	65
Theme 3: Cultural Responsiveness as a Foundation of Care.....	66
Theme 4: Emotional and Physiological Toll on Psychologists .....	67
Theme 5: Reliance on Support Systems and Coping Strategies .....	69

Theme 6: Training Gaps and Systemic Limitations .....	70
Summary .....	72
Chapter 5: Discussion, Recommendations, and Conclusions.....	74
Introduction.....	74
Interpretation of the Findings.....	74
Preparedness and Self-Efficacy During an Unprecedented Crisis (Research	
Question 1).....	74
Emotional and Physiological States Influencing Effectiveness (Research	
Question 2).....	75
Role of Mastery Experiences and Professional Exposure (Research	
Question 3).....	75
Cultural Responsiveness and Self-Efficacy .....	76
Limitations of the Study.....	76
Recommendations.....	78
Implications.....	78
Positive Social Change .....	78
Practice.....	80
Conclusion .....	80
References.....	82
Appendix A: Participant Recruitment Email .....	95
Appendix B: Participant Screening Questionnaire .....	97
Appendix C: Participant Demographic Questionnaire .....	99

Appendix D: Interview Guide.....101

Appendix E: Mental Health Resources for the Rio Grande Valley .....104

## List of Tables

Table 1 Summary of Literature Search Strategy.....	19
Table 2 Consolidated Codebook of Themes and Codes .....	61
Table E.1 Mental Health Resources.....	104

## Chapter 1: Introduction to the Study

The COVID-19 pandemic significantly transformed the landscape of mental health service delivery, intensifying grief-related challenges and disproportionately affecting historically marginalized populations, including Hispanic communities in the United States. In particular, regions such as the Rio Grande Valley of Texas, with a predominantly Hispanic population, faced heightened loss and hardship due to systemic health care inequities, language barriers, cultural disruptions, stigma, and limited access to culturally competent providers (Alegría et al., 2018; Bigelow et al., 2022; Ormiston et al., 2023). For psychologists operating within these communities, the demand for effective and culturally responsive grief support was great and increased significantly, testing their resilience, preparedness, and self-efficacy under crisis conditions.

This study explores how psychologists perceive their self-efficacy and preparedness to serve grieving Hispanic populations during the COVID-19 pandemic. The research is grounded in Bandura's (1997) self-efficacy theory and considers the ways in which mastery experiences, emotional and physiological states, and cultural competence influence clinical adaptation and professional confidence. Given the cultural importance of mourning rituals in Hispanic communities, which were severely disrupted during the pandemic, understanding how psychologists navigated these great changes is essential and appropriate (A. Aguiar et al., 2022; de Oliveira Cardoso et al., 2020).

There is a need for this study because existing literature has focused largely on general grief responses or broad health disparities, however, little is known about the lived experiences of psychologists working within culturally specific contexts during

times of mass bereavement. This gap limits the profession's ability to provide tailored, evidence-informed training and clinical guidelines for mental health professionals working with Hispanic populations. By examining how self-efficacy and preparedness shape care delivery, this study purposes to inform culturally competent practice, reduce mental health disparities, and strengthen the mental health workforce's capacity to serve diverse populations in future public health crises.

The potential social implications of this study are significant. Findings can contribute to professional psychology by identifying strategies actionable in nature to further enhance training programs, promote unbiased care delivery, and develop culturally sensitive grief interventions. At a wider level, this research supports the improvement of health impartiality and inclusion, helping to ensure that underserved populations such as grieving Hispanic communities receive appropriate, respectful, and effective psychological care.

### **Background**

The COVID-19 pandemic made a significant impact and disrupted mental health services across the world, worsening existing inequities for underserved groups. Among those groups, Hispanic communities in the United States were affected significantly, with disproportionately higher rates of COVID-19 infection, hospitalization and mortality (Bigelow et al., 2022). These losses further compounded preexisting barriers to mental health services for many Hispanic families, including language differences, stigma, financial hardship, and other systemic barriers (Alegría et al., 2018; Ormiston et al., 2023). Psychologists who were tasked with supporting grieving Hispanic communities

during this period faced very unique professional challenges that required preparedness, self-efficacy, and cultural competence. *Preparedness* refers to clinicians' readiness and capacity to respond effectively to emerging clinical demands; *cultural competence* involves the ability to understand, respect, and integrate clients' cultural values and traditions into clinical care (Sue et al., 2009). In crisis contexts, these skills are further influenced by clinicians' beliefs in their ability to manage complex situations, known as *self-efficacy*, a concept rooted in Bandura's (1997) theory highlighting the role of mastery experiences, vicarious learning, verbal persuasion, and emotional and physiological states.

These challenges were felt acutely in Texas's Rio Grande Valley, a largely Hispanic border region, with its population comprised of over 90% of the Hispanic population (United States Census Bureau, 2020). With the Rio Grande Valley's population being overwhelmingly Hispanic, cultural norms in the Valley strongly shape community responses to death and bereavement, and COVID-19- related disruptions to funerals, social gatherings, and traditional rituals further exacerbated grief-related psychological distress (de Oliveira Cardoso et al., 2020). Psychologists serving in this region during COVID-19 also grappled with multiple, overlapping demands. Beyond the shift to telehealth and resource shortages, clinicians also needed to deliver grief support that was deeply culturally attuned, honoring traditions around family and mourning even as social rituals were disrupted.

Fortuna et al. (2020) emphasized that COVID-19 magnified racial and social inequities for Hispanic families, leading to worse physical and mental health outcomes

(de Oliveira Cardoso et al., 2020). Self-efficacy theory highlights mastery experiences, vicarious learning, verbal persuasion, and emotional and physiological states as sources that shape self-efficacy beliefs (Bandura, 1997). Psychologists' self-efficacy influences how they approach challenges, recover from setbacks, and persist in the face of adversity—qualities essential for providing grief support amid pandemic conditions. Despite the known importance of culturally competent care, little is known about how psychologists adapt to meet the needs of grieving Hispanic clients under these conditions.

### **Problem Statement**

While the impact of COVID-19 on grief is well documented, the pandemic uniquely disrupted mourning practices within Hispanic populations, intensifying mental health challenges (de Oliveira Cardoso et al., 2020). This disruption was particularly pronounced in the Rio Grande Valley, where psychologists encountered significant challenges in adapting their clinical practices to meet the cultural and emotional needs of grieving Hispanic clients. There is limited research on how psychologists' preparedness and self-efficacy influence their ability to support Hispanic patients during the pandemic, especially in navigating the connection of grief and culturally specific needs.

Despite growing emphasis on the importance of cultural competence and clinician self-efficacy in mental health care, limited research explores how these constructs interact in real-world practice during crises. Specifically, there is a gap in understanding how psychologists' preparedness and self-efficacy influenced their ability to adapt to the cultural, emotional, and systemic needs of grieving Hispanic clients during the pandemic. Cardoso et al. (2020) highlight the profound effects of cultural practices, funeral

arrangements, and social gatherings on the grieving process. They highlight the importance of symbolic departures for the deceased in enabling acceptance and better grief management. Psychologists working with Hispanic populations must navigate these cultural complexities while addressing the systemic barriers exacerbated by the pandemic.

This study provides actionable awareness for culturally competent interventions, addressing psychological and systemic gaps in mental health care for underserved populations. By exploring psychologists' perspectives through a qualitative lens, this research aims to uncover gaps in training, systemic barriers, and the need for culturally relevant adaptations in practice. Findings will contribute to advancing psychology as a discipline and enhancing cultural competence in grief-related care. By focusing on the relationship between cultural competence, preparedness, and self-efficacy, the research has practical implications for improving training programs, informing policy changes, and improving mental health care delivery systems to better support Hispanic clients coping with grief during and beyond crises.

### **Purpose of the Study**

The purpose of this qualitative study was to explore psychologists' preparedness and self-efficacy, guided by Bandura's theory of self-efficacy, in managing the provision of services to Hispanic clients during the COVID-19 pandemic. By examining the relationship between self-efficacy, cultural competence, and effective clinical practice, I sought to identify gaps in training and systemic barriers that impact psychologists' ability to provide culturally responsive care. I strove to understand how Bandura's self-efficacy

constructs (e.g., mastery experiences, emotional states) influence psychologists' clinical adaptation and cultural competence in this context. Findings may inform the development of targeted training programs and clinical guidelines to enhance psychologists' capacity to support grieving Hispanics and culturally diverse clients in both crisis and noncrisis contexts. The compounded stressors – whether from bereavement losses, job and income insecurity, or immigration-related anxiety and stigma around mental health – have therefore created a critical need for responsive mental health care. In this context, the self-efficacy and preparedness of psychologists become especially important.

### **Research Questions**

I sought to answer the following research questions (RQs):

RQ1: How do psychologists perceive their preparedness, self-efficacy, and ability to adapt their clinical practices to meet the needs of grieving Hispanic populations during the COVID-19 pandemic?

RQ2: What roles do emotional and physiological states, such as stress or emotional resilience, play in psychologists' perceptions of their preparedness and effectiveness?

RQ3: How do psychologists' mastery experiences influence their sense of preparedness and self-efficacy in providing services to grieving Hispanic populations?

### **Conceptual Framework**

I grounded this study in Bandura's (1997) self-efficacy theory, which suggests that individuals' beliefs in their capabilities shape how they approach tasks, challenges, and goals. Self-efficacy is shaped by four primary sources: mastery experiences,

vicarious experiences, verbal persuasion, and physiological and emotional states. These are all components that are especially relevant when exploring how psychologists perceive their preparedness and clinical responsiveness when working with culturally diverse clients under high-stress conditions, such as those that were presented during the COVID-19 pandemic. The theory's relevance also lies in its explanation of how professionals draw upon mastery experiences, emotional states, and other sources of efficacy to navigate complex practice settings.

Self-efficacy theory provided a lens to interpret psychologists' perceptions of their competence in delivering culturally responsive grief care. The conceptual framework also considers how emotional states such as burnout, stress, or resilience impact psychologists' perceptions of their clinical effectiveness. During the pandemic, grief presentations were not only more complex but were also intensified by systemic challenges such as language barriers, economic hardship, and disruption of mourning rituals (Falzarano et al., 2022).

### **Nature of the Study**

I used a qualitative descriptive design to capture detailed accounts of psychologists' experiences. I explored psychologists' perceived self-efficacy and preparedness in delivering mental health services to grieving Hispanic populations during the COVID-19 pandemic. This approach was appropriate for this study because it allowed for rich and comprehensive understanding of the participants' lived experiences without dissecting their narratives into theoretical constructs as it may occur with other methods such as phenomenology and grounded theory (see Colorafi & Evans, 2016). The

main phenomenon under investigation was psychologists' perceived self-efficacy and preparedness in providing culturally responsive mental health care to Hispanic clients. The study was informed by Bandura's (1997) theory of self-efficacy, which offered a framework to examine how clinicians' confidence, emotional states, and prior mastery experiences influence their effectiveness in supporting clients through complex grief processes in a culturally congruent manner. Data were through semi structured interviews with licensed psychologists who have provided mental health services to a grieving Hispanic community during COVID-19. I followed thematic analysis procedures to identify patterns and insights related to Bandura's constructs and the cultural context of grief care.

### **Definitions**

*Cultural competence:* The ability to understand, appreciate, and interact with people from cultures or belief systems different from one's own (Sue et al., 2009).

*Preparedness:* Psychologists' perceived readiness to provide effective, culturally sensitive support to grieving Hispanic individuals.

*Self-efficacy:* Belief in one's ability to organize and execute the actions required to manage prospective situations (Bandura, 1997).

### **Assumptions**

Three primary assumptions underpinned my exploration of psychologists' preparedness and self-efficacy in serving grieving Hispanic individuals during the COVID-19 pandemic. First, I assumed that participants would provide honest, reflective, and accurate accounts of their lived experiences. This assumption is both a common

assumption and necessary in qualitative research, where richness and the credibility of the data is heavily dependent on the participant's engagement and transparency (Creswell & Poth, 2018). Second, I assumed that psychologists' levels of self-efficacy meaningfully influence their clinical decision-making abilities, therapeutic strategies, and their responsiveness to the client's needs. Bandura's (1997) theory of self-efficacy suggests that individuals with a higher level of self-efficacy are more likely to take initiative, endure when faced with challenges, and make decisions confidently. This makes self-efficacy a critical factor in competent psychological delivery of services. Last, I assumed that the cultural and systemic barriers reported by the participants are not isolated incidents, rather they are a reflection of border systemic challenges within the mental health field. The barriers such as limited access to culturally competent care, language barriers and mismatches, and systemic challenges have been well-documented as a compounding contribution to mental health disparities among the Hispanic population (Kaur, 2023).

Together, these assumptions align with the research that emphasizes clinicians working with underserved or marginalized populations most often face both institutional and cultural barriers that impact mental health service provision (Sue et al., 2009). Having the ability to recognize these assumptions provides important context for the interpretation of the study's findings and the ability to understand the implications for professional practice.

### **Scope and Delimitations**

Delimitations are what is included and excluded in a research study in accordance to what the researcher identifies as what is appropriately related to the RQ (Coker, 2022). This study focuses on licensed psychologists who worked with grieving Hispanic clients during the COVID-19 pandemic and their perceived preparedness and self-efficacy in delivering mental health services. It is limited to participants from the Rio Grande Valley region. I intentionally limited the scope of the study to licensed psychologists who have direct clinical experience with Hispanic populations affected by grief during that particular time period, with its aim of capturing subjective experiences and reflections through a descriptive qualitative approach. The findings will reflect the perspectives of psychologists only licensed in Texas and may not generalize beyond similar contexts or to other regions.

Additionally, participants were required to have worked with Hispanic clients during the COVID-19 pandemic; therefore, the findings may not extend to work with other ethnic groups or in the contexts of non-pandemic settings. Last, I excluded non-licensed mental health providers such as interns, counselors, or social workers in order to focus on the professional responsibilities and training of psychologists. These delimitations were deemed necessary to maintain a clear and manageable research focus while also allowing for in-depth exploration of the RQ (Creswell & Poth, 2018). While these boundaries help ensure consistency across the participants in the study, they also reflect intentionality in the choices made about which aspects of the broader issue to

focus on and study, while also acknowledging the findings are specific to a particular group, time frame and cultural context.

### **Limitations**

As it is with qualitative studies, this study is also subject to limitations that may influence the interpretation and the applicability of its findings. One notable limitation is the potential for self-report bias. All reported qualitative articles report researcher involvement with the participants through direct contact during data collection, which may subconsciously or consciously affect the collected data in possible efforts to attempt to portray themselves in a desirable way or with a reluctance to disclose their perceived shortcomings, especially when discussing sensitive topics such as clinical struggles (Mwita, 2022).

Another notable limitation involves the potential for researcher bias to influence the data, which may affect the interpretation and credibility of the findings. Due to researcher involvement and being human, the possibility of being sympathetic after hearing difficult responses from the participants may influence how the researcher reports the findings (Mwita, 2022). Additionally, the study presents a limited sample size that is typical of qualitative research, which limits the generalizability of the findings to broader populations of psychologists. While the goal of qualitative studies is to acquire depth and meaningfulness over a larger scope or quantity, this inherent trait is to be acknowledged when considering the transferability of the findings (Creswell & Poth, 2018).

Challenges in recruitment also pose a limitation, as psychologists may be hesitant to participate in a study that explores their perceived limitations, levels of confidence, or

preparedness. This could result in a self-selecting sample of more confident or more reflective practitioner participants, possibly skewing the data. However, despite these limitations, the study offers meaningful insights into the lived experiences of psychologists working with grieving Hispanic clients during the COVID-19 pandemic, allowing for a provision of future research and clinical training improvements.

### **Significance**

This study is significant in its effort to explore the preparedness and self-efficacy of licensed psychologists who provide mental health services to grieving Hispanic individuals in the context of the COVID-19 pandemic. The Hispanic population in the United States, particularly in regions like the Rio Grande Valley, has long faced structural barriers to equitable mental health care, including but not limited to, language barriers, limited access to culturally competent providers, and the stigmatization of psychological services (Ormiston et al., 2023). During COVID-19, these disparities showed magnification, as Hispanic communities experienced disproportionate rates of infection, economic hardship, and bereavement in an already greatly impacted area (Rodriguez-Diaz et al., 2020). Despite these findings, limited research exists on how mental health professionals, specifically psychologists, perceive their own abilities to respond effectively to these complex cultural and emotional needs during a crisis.

By centering the voices of psychologists working with grieving Hispanic individuals, this study contributes to the understanding of how provider self-efficacy and training can influence culturally competent care. Bandura's (1997) theory of self-efficacy reinforces this inquiry, suggesting that individuals' beliefs in their own capabilities are

crucial for effective action in the midst of high-stress or unfamiliar situations. Findings from this study can inform the development of stronger training programs, enhance cultural responsiveness in clinical supervision, and shape policy recommendations. This research also supports the growing body of literature advocating for systemic changes that address the connection between race, culture, and the delivery of mental health services (Comas-Díaz, 2012). This study aims to not only identify the gaps in research, but to promote clinical strategies that ultimately improve mental health outcomes in Hispanic communities.

### **Summary**

In summary, I explored how licensed psychologists perceive their preparedness and self-efficacy in providing mental health services to grieving Hispanic clients during the COVID-19 pandemic. By using a qualitative descriptive design guided by Bandura's theory of self-efficacy, I sought to reveal how clinicians' confidence, training, and cultural awareness influence their clinical practices in the midst of widespread grief and systemic inequalities. The study was delimited to licensed psychologists practicing within the state of Texas, specifically those located in the Rio Grande Valley. Inclusion was further restricted to psychologists who provided grief-related clinical services to Hispanic clients during the COVID-19 pandemic. The Rio Grande Valley was selected due to its high concentration of Hispanic residents and the disproportionate burden of COVID-19-related morbidity and mortality experienced in the region. Although the study is limited in generalizability, the study's findings offer valuable insights into clinical challenges and

advise recommendations for improving mental health care services, cultural competency training, and systemic justice.

## Chapter 2: Literature Review

### **Introduction**

The COVID-19 pandemic has dramatically reshaped mental health care, revealing both systemic inadequacies and the urgent need for culturally responsive practices across many states, countries and across all individuals and cultures. It has also exacerbated or worsened existing health disparities, particularly among racial and ethnic minorities, including Hispanic communities (Bigelow et al., 2022). As a significant portion of the U.S. population, Hispanics face unique challenges in accessing mental health services, which are further complicated by grief associated with the pandemic (Bigelow et al., 2022). Bigelow et al. (2022) also reported that Hispanic individuals were twice as likely to die of COVID-19 when compared to non-Hispanic Whites as a result of ineligibility for unemployment services, overcrowded living conditions, ineligibility of health care services, limited English proficiency, stigma and lack of trust in health care institutions. The provision of mental health services to Hispanic populations presents unique challenges that require cultural competency, adaptability, and resilience from psychologists as mental health professionals. Hispanic individuals often face significant mental health disparities due to language barriers, cultural stigma, limited access to care, and socioeconomic factors (Alegría et al., 2018). By bringing forth to light on these complexities, it is essential that psychologists who are working with Hispanic clients possess high levels of resilience and self-efficacy to have the ability to navigate the emotional and systemic difficulties that are integral in treatment. Given the profound impact of COVID-19 on Hispanic communities, psychologists working with grieving

Hispanic clients must navigate through complex emotional, cultural and systemic difficulties within treatment and clinical practice management. Understanding how resilience and self-efficacy influence psychologists' ability to provide culturally competent services is important for improving mental health care delivery to the Hispanic population.

While the impact of COVID-19 on grief is well documented, the pandemic uniquely disrupted mourning practices within Hispanic populations, intensifying mental health challenges (Shaulis & Garcia, 2024). This disruption was particularly pronounced in the Rio Grande Valley, where psychologists encountered significant challenges in adapting their clinical practices to meet the cultural and emotional needs of grieving Hispanic clients. There is limited research on how psychologists' preparedness and self-efficacy influence their ability to support Hispanic patients during the pandemic, especially in navigating the connection of grief and culturally specific needs. Cardoso et al. (2020) highlight the profound effects of cultural practices, funeral arrangements, and social gatherings on the grieving process. They highlight the importance of symbolic departures for the deceased in enabling acceptance and better grief management. Psychologists working with Hispanic populations must navigate these cultural complexities while addressing the systemic barriers exacerbated by the pandemic.

This study provides actionable insight into the need for culturally competent mental health interventions, addressing both psychological and systemic gaps in care for underserved populations, particularly grieving Hispanic clients during the COVID-19 pandemic. Using Bandura's theory of self-efficacy, I explored psychologists'

preparedness and self-efficacy, focusing specifically on the relationship between cultural competence, resilience, and effective clinical practice in grief-related care. The literature review specifically investigates how resilience and self-efficacy intersect in the clinical experiences of psychologists, considering factors such as personal coping mechanisms, professional training, and systemic barriers. Given the deeply personal and complex nature of grief within Hispanic communities—compounded by pandemic-related stressors—qualitative inquiry allows for a rich, in-depth exploration of psychologists’ lived experiences, their culturally responsive strategies, and the challenges they faced in clinical settings (Creswell & Poth, 2018). Furthermore, this research seeks to uncover gaps in existing training, identify limitations in the current system, and emphasize the necessity for culturally relevant adaptations in practice. Findings from this study aim to contribute to the field of psychology by informing the development of targeted training programs and clinical guidelines that enhance psychologists’ capacity to support grieving Hispanics and other culturally diverse clients, both in crisis and noncrisis contexts.

### **Literature Search Strategy**

In order to examine the connection of psychologists’ preparedness, self-efficacy, and the provision of mental health care services to grieving Hispanic populations during the COVID-19 pandemic, I conducted a systematic literature search using various academic databases and search engines (see Table 1). Boolean operators (e.g., AND, OR) were used to expand or narrow the search. The goal was to identify relevant literature examining psychologists’ preparedness, cultural competence, and self-efficacy in serving grieving Hispanic populations during the COVID-19 pandemic. Only peer-reviewed

articles published between 2018 and 2025 were included to ensure contemporary relevance.

**Table 1***Summary of Literature Search Strategy*

Source	Rationale for use	Search term	Search limitation
APA PsycINFO	Extensive coverage of psychological research	“Psychologists’ preparedness,” “self-efficacy,” “resilience,” “cultural competence,” “grief and bereavement,” “COVID-19”	Peer-reviewed articles; published between 2018–2025
PubMed	Focus on medical and mental health literature	“Hispanic mental health,” “mental health disparities,” “COVID-19,” “grief and bereavement”	Focused on pandemic-related mental health studies
ProQuest (PQDT)	Broad database with interdisciplinary coverage	Combinations of all keywords using Boolean operators	Articles related to mental health care and cultural competence
Google Scholar	Comprehensive academic search for diverse sources	All listed terms in various combinations	Limited to scholarly/peer-reviewed articles only
APA website	Source for psychology-specific journals and guidance	“Psychologists’ preparedness,” “Albert Bandura’s theory of self-efficacy,” “COVID-19,” “cultural competence”	Peer-reviewed APA publications
SAGE Publications	Reputable academic publisher with strong psychology and social sciences collections	“Grief and bereavement,” “resilience,” “self-efficacy,” “mental health disparities”	Articles from 2018 to 2025; culturally relevant focus
Walden University Library	Access to institutional and discipline-specific journals	All of the above, used in systematic combination	Peer-reviewed, recent, and institutionally available resources

*Note.* APA = American Psychological Association.

Additionally, in conjunction with database searches, reference lists from key articles were reviewed using a backward citation tracking method in order to identify influential works as it related to the study in order for a comprehensive assessment of existing research (Cooper, 2016). Inclusion criteria for this literature search required the articles to be of empirical studies, theoretical papers or comprehensive literature reviews that have been published in the English language, particularly addressing Hispanic, Latino or Latinx populations in the context of mental health services, grief, COVID-19 and cultural considerations. Exclusion criteria included studies that focused primarily on non-Hispanic populations, non-peer-reviewed articles and articles that did not address mental health or cultural competence.

This search strategy provided a diverse range of qualitative, quantitative and mixed-method studies that paved the way for the provision of a profound foundation for synthesizing information however, there was lack of research that focused on psychologists' resilience and self-efficacy in culturally competent grief and mental health support amongst Hispanic populations, specifically. A special emphasis was placed on studies that examined the sociocultural barriers that were faced by Hispanic individuals in attempting to access mental health care (Alegría et al., 2018; Ormiston et al., 2023) and the exacerbation of these barriers during the pandemic (Bigelow et al., 2022; Magesh et al., 2021). The theoretical framework of Bandura's theory of self-efficacy was specifically sought out to ground the discussion of already established psychological theory.

## Theoretical Foundation

### Bandura's Theory of Self-Efficacy

Albert Bandura's theory of self-efficacy served as the primary theoretical framework for this study. *Self-efficacy* refers to an individual's belief in their ability to organize and execute courses of action that are required to manage potential situations (Bandura, 1997). It also refers to the individual's belief in their own capacity to perform behaviors that are necessary to produce specific outcomes (Bandura, 1982). Self-efficacy is more than just predictions of future actions. This cognitive mechanism plays an important role in influencing how people feel, think, behave, and motivate themselves, especially in contexts that involve complexity, uncertainty or emotional distress such as grief. Self-efficacy also influences effort and perseverance with individuals with strong self-efficacy who persist longer and try harder when faced with difficult situations or adversity (Bandura, 1982). In accordance with Bandura, self-efficacy affects how individuals approach their goals, tasks and even challenging situations or hardships (Bandura, 1982).

Bandura (1997) identified four main sources of self-efficacy: mastery experiences, vicarious experiences (observing others), verbal persuasion, and physiological and affective states. Collectively, these sources shape an individual's confidence in their abilities to influence events that affect their lives. In the context of professional psychology, self-efficacy can significantly impact on how mental health professionals, such as psychologists, assess their competence, navigate through ethical challenges, adapt to novel circumstances such as the COVID-19 pandemic and engage in

culturally sound and competent practices (Schwarzer & Warner, 2013). This particular foundational theory provides valuable insight into understanding how psychologists navigate the complex demands of culturally competent care, particularly in the realm of high-stress contexts such as the COVID-19 pandemic.

### ***Application to Psychologists' Work With Hispanics***

The application of Bandura's theory is particularly relevant when we examine psychologist's preparedness and the capacity to serve Hispanic clients or individuals during the COVID-19 pandemic. In this context, self-efficacy provides some influence on the extent to which psychologists feel prepared to address complex emotional, cultural and systemic dimensions of grief within the Hispanic population. Therapeutic and clinical encounters in the mental health related context become increasingly complex when navigating cultural differences, language challenges and barriers, systemic disparities and specific mourning practices or customs (Falzarano et al., 2022).

Language barriers, systemic inequities, cultural differences, disrupted bereavement and practices, and economic uncertainty bring forth a heightened level of complexity to therapeutic encounters amongst the Hispanic community (Shaulis & Garcia, 2024). As a result, it becomes critical for psychologists' own belief in their own ability to navigate challenges such as these and shaped by their training and lived experience and prior exposure to culturally diverse populations, to deliver effective, culturally responsible and empathetic care.

Self-efficacy beliefs also resolve professional resilience, especially under unprecedented crisis conditions such as a global pandemic. During COVID-19,

psychologists who were serving Hispanic clients encountered unusual clinical demands. This included the need to adapt telehealth strategies, process collective trauma, and provide grief counseling amongst disrupted cultural and familial rituals (Silva et al., 2020). Professionals who encountered higher levels of self-efficacy were more likely to maintain therapeutic engagement, engage in culturally sound practices, and power through despite systemic limitations and emotional burnout (Bigelow et al., 2022). Furthermore, psychologists who demonstrated confidence in their cultural competence were more likely to engage in self-reflection, seek supervision, and advocate for their clients within the broader health care system (Sue et al., 2009).

Through the use of Bandura's framework, this study places self-efficacy as a key mechanism in understanding how psychologists adapt to adversity and navigate uncertainty in the context of clinical settings. This provides a view through which the preparedness of psychologists serving grieving Hispanic individuals can be examined through the concepts of cultural awareness, perceived clinical competence and emotional resiliency. This theoretical perspective provides insight in its value towards informing professional training, continuing education and the development of systemic policy that supports mental health care for Hispanic communities that prove to be fair.

### **Conceptual Framework**

#### **Cultural Competence in Mental Health Care and Systemic Barriers**

Cultural competence involves awareness and understanding of values, beliefs, language preferences, and lived experiences shaping individuals' connections with mental health care. Cultural competence is vital for effective psychological care, particularly for

grieving populations and for addressing disparities and helping improve treatment outcomes for Hispanic populations. Being culturally competent also involves awareness and understanding of cultural values, beliefs, preferences in language and culturally individual lived experiences that shape how the individual may perceive and engage with mental health care. Thomeer et al. (2023) highlight the racial and ethnic disparities in mental health care during the pandemic, emphasizing the systemic barriers faced by Hispanic individuals. These barriers include language differences, financial constraints, stigma surrounding mental health, and limited access to culturally appropriate services and providers.

*Latinx* is a term that refers to nongendered Latinos, that include the Hispanic population and account for the largest racial and ethnic minority group in the United States (Escobedo et al., 2023). Within this population, many have reported lack of the English language proficiency and have been more likely to report dissatisfaction in care and treatment as well as increase in mistrust of health care providers when compared to other populations (Escobedo et al., 2023). The mistrust is most derived from perceived discrimination that further elevate barrier for these Spanish speaking individuals. Being able to provide multilingual services is imperative for greater mental health outcomes amongst Hispanic individuals. However, with the news of the COVID-19 pandemic arriving so abruptly, the implementation of reliable communication mechanisms such as interpreters rather than just relying on limited multilingual skills of the staff working on-site, was not a top priority. Rather, the reliability of limited multilingual skills of the local staff is a notion that is still highly practiced, which has caught many practices unprepared

and provisions of services unjustified (Civico, 2021). Civico (2021) has also highlighted that appropriate availability of language competence and availability of language competent mechanisms such as interpreters, demonstrated that patients who received care in their own language led to increased adherence to treatment plans, were able to receive more information regarding their presenting problem and professionals were associated to deeper understanding of the patient's conditions. Patients cared for differently were linked to missing information for care, medication omissions, and patients reported less overall satisfaction. Rodríguez et al. (2025) highlights that Hispanic's poor overall health, to include mental health, are not directly indicative of personal shortcomings from their part or genetics, rather as a result of the system that is not designed to engage with diverse, minority populations, further resulting in systemic barriers that warrant addressing to achieve justness.

Another barrier that has long been identified as one of the most significant obstacles to mental health care for Hispanic populations is financial hardship and the lack of insurance coverage. Specifically, during the pandemic, the Hispanic mortality rate was 1.9 times higher (Gross et al., 2020). Increase cases in minority groups such as Hispanics were more attributable to disparities, primarily because they are less likely to have health insurance which makes it difficult to receive care. Research has discovered that Hispanics have a higher tendency to be identified with chronic diseases such as diabetes and multi-morbidities that make this population at higher risk of infection by COVID-19 (Perez-Brescia, 2022). Rodríguez et al. (2025) further highlights the health outcomes of the Hispanic population, addressing that Hispanic youth aged 2 to 19 years of age are

amongst the highest ranked in obesity, Hispanic individuals aged 20 and older are diagnosed with diabetes and death rates due to cirrhosis and liver disease are 48% higher when compared to non-Hispanic Whites. With higher infection rates and lack of insurance, there was delays for testing and treatment for COVID-19 amongst this population (Perez-Brescia, 2022).

While the Hispanic population already faces many structural barriers, stigma surrounding mental health and low mental health literacy further limit the use of services, seeking services, and engagement in treatment for appropriate quality care (Pérez-Flores & Cabassa, 2021). Stigma surrounding mental health from a public view (the general public's negative view on mental health) or a personal view (your own internalization of the negative public views on mental health) influences help-seeking behaviors in efforts to avoid being labeled, embarrassed or stigmatized. On the other hand, *mental health literacy* refers to the public knowledge and people's beliefs on mental health and disorders (Pérez-Flores & Cabassa, 2021). Both stigma and low mental health literacy are significant deterrents towards seeking mental health services and care amongst the Hispanic community, with studies reporting higher rates associated with shame, embarrassment and negative views about having a mental illness when compared to other non-Hispanic Whites, significantly limiting their help-seeking behaviors (Pérez-Flores & Cabassa, 2021). Negative stigma revolving mental health has been found to reduce treatment desire, engage in appropriate mental health practices and adhere to mental health regiments and treatment (Eghaneyan & Murphy, 2020).

The need for psychologists to adapt their practices to meet these cultural needs has never been more pressing. Lederer et al. (2020) discuss the distinctive challenges faced by specific demographics during the pandemic. While this study does not focus specifically on Hispanic populations, it illustrates the broader context of adapting mental health services to meet diverse cultural and emotional needs. However, Rodríguez et al. (2025) highlights the need to better understand how public health figures in Hispanic communities, such as psychologists, can implement better practices to successfully meet the needs of the Hispanic people.

#### ***Application to Bereavement Support***

Bereavement in Hispanic communities is deeply interconnected with cultural traditions. Although culture can employ unique or distinctive influences on grief expression, the manifestation of grief can be influenced in a unique way that is inspired by cultural values, bereavement practices such as mourning rituals and symbolic departures which are more common elements that are shared across Hispanic groups of individuals (Falzarano et al., 2022). The disruption of symbolic departures and mourning rituals during COVID-19 intensified grief and psychological distress (A. Aguiar et al., 2022; Soria-Escalante & De la Fuente-Herrera, 2021).

Self-efficacy plays a principal role in determining how well psychologists are able to navigate culturally grief responses. Those with high self-efficacy are more likely to recognize the importance of traditional bereavement customs and incorporate culturally fitting interventions. For example, they may validate a client's need to honor the deceased through spiritual or familial rituals, even if these practices must be adapted for public

health safety. High self-efficacy can also empower psychologists to seek out community resources, collaborate with culturally aligned clergy or healers, and provide psychoeducation that integrates cultural meaning-making into therapeutic support. On the contrary, clinicians with lower self-efficacy may avoid or not have the capacity to identify the need of such integrative approaches, potentially running the risk of weakening the therapeutic alliance/relationship or pathologizing grief expressions that are culturally appropriate or may be considered normative. A culturally competent psychologist must recognize and incorporate these practices in grief counseling, clinical therapeutic settings, in the provision of mental health services all the while acknowledging how grief is not only individual but also collective and ritualistic within the context of the Hispanic population.

### **Literature Review Related to Key Concepts**

#### **Mental Health Disparities and the Impact of COVID-19**

Research indicates that racial and ethnic minorities, including Hispanics, have experienced disproportionate health outcomes during the COVID-19 pandemic. The global pandemic brought about substantial loss of life across the globe, not only as a direct result of the virus, but also because of other societal and economic consequences. The Hispanic population as a minority group has been disproportionately affected by the global pandemic, with a higher likelihood of infection rates, hospitalizations, and fatalities compared to other ethnic and racial groups.

Even before the pandemic was identified as a national crisis, Hispanic individuals were less likely to seek mental health services because of factors such as stigma, lack of

culturally competent providers, financial barriers, and even language limitations (Ormiston et al., 2023). COVID-19 further magnified the challenges of seeking and receiving mental health care as the surge in the demand for mental health care flooded a mental health system that was already under sourced.

Research also indicates that the overall mental health of the U.S. population showed a drastic decline during the pandemic, especially for communities of color, including the Hispanic population, due to greater exposure to pandemic-related stressors such as less access to mental health services when compared to other populations in the United States (Thomeer et al., 2023). Although the mental health implications resulting from COVID-19 are ongoing and continue to be determined, current research presents a concerning outlook, given that mental health disparities already existed pre-pandemic (Saltzman et al., 2021).

Saltzman et al. (2021) provides emphasis on the idea that mental health disparities occur when the demand for services outweighs availability and when the need for and access to such services are influenced by socioeconomic factors, among other variables. Lopez et al. (2021) identified significant health disparities that are particularly acute among Hispanic populations, leading to increased morbidity and mortality rates. These disparities highlight the Hispanic population's higher rates of COVID-19 infection and, as a result, increased hospitalization and mortality rates when compared to other populations (Lopez et al., 2021). A. Aguiar et al. (2022) further explained the significant effects that cultural practices, funeral arrangements, and social gatherings have on people grieving. Culturally, family and community connections play a significant role in how

Hispanic individuals process grief. The preparation of a symbolic departure for the deceased is essential in allowing individuals to accept their grief and manage their mourning process for better mental health outcomes. The preparation of a symbolic departure for the deceased is an essential part of the grieving process in many Hispanic cultures, and the denial of this cultural necessity due to the COVID-19 restrictions further amplified feelings of unresolved loss (Cardoso et al., 2020). The pandemic disrupted these culturally significant rituals, exacerbating the psychological distress experienced by grieving Hispanic families.

Due to the large wave of unemployment rates during the pandemic, additional contributing factors included socioeconomic vulnerabilities, such as the ability to pay for health care services or access insurance that would cover mental health care needs. Financial constraints also made seeking mental health services unaffordable for many Hispanic families and individuals, deeming it nonessential to treat (Magesh et al., 2021). Furthermore, Magesh et al. (2021) highlighted how socioeconomic factors, and systemic inequities have resulted in worse COVID-19 outcomes for these communities, emphasizing the importance of tailored mental health interventions. Among these disparities, limited English proficiency and the availability of language-tailored services proved to be limited, further worsening the ability to carry out preventative behaviors during the pandemic (Ormiston et al., 2023).

The pandemic has also led to heightened levels of stress, worry, and mental health conditions among Hispanics, as noted by McKnight-Eily et al. (2021). Aside from financial uncertainties, an increased level of health-related fears and anxiety regarding

pandemic and post-pandemic life appeared to be more prominent, further increasing the risk of long-term or severe mental health effects among these communities of color (Saltzman et al., 2021). These findings emphasize the necessity for psychologists to be well-prepared to address the complex needs of grieving Hispanic clients, who may be experiencing compounded grief due to loss from the virus and the socioeconomic and language-related challenges that accompany it.

### **Grief and Bereavement in Hispanic Communities**

The COVID-19 pandemic left people grappling with worldwide restrictions and strict guidelines to follow in attempts to keep people safe. With this, came many losses, such as loss of many ordinary freedoms, playing in parks, attending school, working and engaging with coworkers in a regular fashion or visiting many public areas with friends and loved ones were suddenly placed at a halt. The emotional toll of the pandemic has been particularly significant for individuals grieving the loss of a loved one, as the circumstances surrounding loss were profoundly changed during that time. The inability to be physically present during the final moments of a loved one's life, restrictions on funeral gatherings, and prolonged social isolation have profoundly impacted the grieving process. Family members were forced to have limited visits with loved ones to no visitation at all. For many individuals, particularly within Hispanic communities, these disruptions have led to prolonged periods of grief, complications revolving bereavement, and heightened psychological distress (Cardoso et al., 2020). People often benefit from the ability to provide symbolic departures, engage in cultural practices, funeral practices and engage in social gatherings with family and friends, however, during the global

pandemic of COVID-19, restrictions and limitations were set in place, with the result being the inability to continue these symbolic practices. Falzarano et al. (2022) also explain the significant effects cultural practices, funeral arrangements, and social gatherings have on people grieving and the importance of the preparations of a symbolic departure for the deceased that enables better conditions for the acceptance of their grief and improved ability to manage their grief. Research by Hanna et al. (2021) on bereaved relatives during the pandemic highlights the complexities of grief in the context of social isolation and altered end-of-life experiences. Many individuals were unable to engage in traditional mourning rituals, which play a crucial role in providing closure and facilitating emotional healing. The loss of these cultural and familial mourning practices has resulted in a more prolonged and complicated grieving process, making it more difficult for individuals to accept their loss and move forward. These findings emphasize the need for psychologists to recognize the multifaceted nature of grief and to be aware of how cultural differences shape expressions of loss.

Mexico's complex relationship with death, which is influenced by a combination of pre-Hispanic and Catholic tradition focuses on the dimensions of mourning rites, symbolic functions and emotional catharsis, as violence transformed mourning practices that prompted societal responses which ultimately sheds light on how Hispanic populations manage their experiences with death and the cultural importance of mourning rituals (Soria-Escalante & De la Fuente-Herrera, 2021). Within most Hispanic communities, mourning rites serve to symbolize connection between life and death that allow communal grieving and healing. Rituals facilitate emotional release that help

individuals process grief with shared suffering among the Hispanic community members reinforcing social bonds and collective identity during mourning (Soria-Escalante & De la Fuente-Herrera, 2021). Within the cultural lens, mourning is not solely an experience for the individual, rather it is deeply embedded in cultural practices that promote collective remembrance of the deceased. The rituals performed also involve public displays of grief which allow for shared acknowledgement by the community (Soria-Escalante & De la Fuente-Herrera, 2021). In essence, Hispanic grief and mourning illustrate the rich cultural tapestry that help navigate the complexities of life and death that foster community and remembrance.

Dodd et al. (2019) highlighted the fear and concern amongst mental health professionals, to include psychologists, in regard to pathologizing grief. Professionals regard lack of time and training as barriers to working with an individual that may present with grief and studies have shown the negative effects of limited interaction and were less likely to engage in positive attitudes towards psychological problems surrounding grief.

Moreover, Ramírez-Ortiz et al. (2020) discussed the mental health consequences of social isolation during the pandemic, which further complicates the landscape for psychologists assisting grieving individuals. Social support is a key protective factor in mitigating the psychological effects of grief, yet pandemic-related restrictions left many mourners without direct access to family, friends, or religious support networks. The absence of these support structures has led to increased loneliness, anxiety, and

depressive symptoms, emphasizing the critical role that mental health professionals play in filling these gaps.

### **Resilience and Self-Efficacy in Psychologists**

Resilience has not received as much attention in the mental health realm, with its concept varying greatly in definition and measurement amongst different studies (Davydov et al., 2010). *Resilience in psychologists* refers to their ability to adapt and maintain psychological well-being in the face of professional stressors (Skovholt & Trotter-Mathison, 2016). Resilience plays a crucial role in psychologists' ability to support grieving Hispanic clients, especially in the face of challenges such as cultural barriers, systemic limitations, and the lasting effects of the COVID-19 pandemic. Working with underserved populations, such as Hispanic clients, requires mental health professionals, such as psychologists, to manage secondary trauma, compassion fatigue, and systemic barriers that affect treatment outcomes (Killian, 2008). Defined as the capacity to adapt to adversity, resilience enables mental health professionals to maintain emotional stability and continue providing effective care despite these stressors (Southwick et al., 2014). Resilience is therefore essential for psychologist to help manage emotional fatigue, sustain self-efficacy, and maintain cultural competence when working with Hispanic communities.

Psychologists treating Hispanic clients who may be grieving often encounter situations that may be emotionally intense and packed, including complex grief reactions that may have been exacerbated by disrupted mourning rites and practices or traditions. However, resilient psychologists can be better equipped to manage such challenges by

employing coping strategies (Meichenbaum, 2005). Research suggests that resilience in mental health professionals is enhanced by coping strategies such as mindfulness, peer support, and professional supervision (Ramalisa et al., 2018). Furthermore, resilience also fosters adaptability, which allows psychologists to modify interventions in response to a client's cultural and most importantly, individual needs (Bonanno, 2008).

Emotional resilience influences self-efficacy by mitigating burnout and reinforcing confidence in clinical skills. Psychologists who engage in reflective practice and seek supervision or peer consultation demonstrate higher levels of resilience, leading to more effective grief counseling outcomes (Posluns & Gall, 2019). Additionally, resilience promotes sustained cultural competence by enabling clinicians to remain engaged in continuous learning, adapting to new cultural insights, and maintaining empathy even in high-stress environments.

Hispanic cultural values, such as familismo (strong family ties), respeto (respect), and personalismo (warm, personal interactions), necessitate an adaptive approach from psychologists to foster trust and engagement in therapy and in other areas of psychological service provision (Calzada & Suarez-Balcazar, 2014). Resilience is particularly important in handling challenges such as acculturation stress, immigration trauma, and intergenerational conflicts among Hispanic clients (Santiago et al., 2016). Psychologists who demonstrate resilience are better equipped to maintain therapeutic effectiveness despite these challenges.

*Self-efficacy*, as it is conceptualized by Bandura (1998), refers to the individual's belief in their own capacity to perform behaviors that are necessary to produce specific

outcomes in their lives. The beliefs derived from self-efficacy affect how individuals feel, think, behave and motivate themselves to perform tasks through four major processes: cognitive, motivational, affective and selection process. Individuals with a high level of assurance in their abilities or capabilities in their approaches toward difficult challenges see them as obstacles or situations to be mastered rather than a threat to be evaded. Challenging goals may be set by these individuals in their lives and when faced with difficult situations or challenges and face failure, they are likely to recover quickly and attribute their failure to lack of skills or knowledge that can be acquired and learned for future success. With professionals such as psychologists, self-efficacy is determined by self-belief or judgment on one's own ability to work effectively with clients, focusing on the specific skill sets when providing client services (Latorre et al., 2023). Self-efficacy in a self-assessed manner requires self-awareness and is defined as a professional's own assessment on their own attitudes, beliefs, biases, knowledge and their skills working with clients (Latorre et al., 2023). In the context of psychologists treating Hispanic clients, self-efficacy is critical in their ability to deliver culturally responsive interventions and address language barriers, discrimination-related stress, uncertainty during a global pandemic, and mental health stigma within Hispanic communities while being self-aware of their own skillsets and biases towards this community (Miranda et al., 2008).

Studies indicate that psychologists with higher self-efficacy in multicultural competence demonstrate greater confidence in their ability to establish rapport, implement culturally adapted treatments, and navigate systemic barriers affecting

Hispanic clients (Sue et al., 2009). This is especially important provided the disparities we know about mental health utilization among Hispanic communities, which are often attributable to factors such as stigma, mistrust toward health care institutions and practitioners and language barriers (Alegría et al., 2018). In addition, self-efficacy is supported by training in culturally adapted evidence-based therapies and treatments that are adapted for Spanish-speaking populations (Bernal & Domenech Rodríguez, 2012). Being of bilingual proficiency has also been shown to improve psychologist's self-efficacy because it fosters more effectiveness in communication abilities and has the ability to further strengthen the therapeutic or professional alliance when clients come in to receive services (Wang & Sun, 2020). Another basis for building self-efficacy amongst psychologists beyond language proficiency is the ability to be culturally humble, which fosters ongoing self-reflection and learning, which has been identified one of the key factors towards building self-efficacy amongst professionals (Hook et al., 2013). This enables psychologists to identify through self-reflection, their own biases while also enabling them to adapt interventions that closely align with Hispanic client values and their own individual lived experiences (Hook et al., 2013).

### **Methodological Strengths, Weaknesses, and Trustworthiness in Previous Research**

Several cited studies offer strong empirical support (e.g., Saltzman et al., 2021; Sue et al., 2009), highlighting disparities, cultural gaps, and professional needs. Additionally, research investigating psychologists' self-efficacy and preparedness during the COVID-19 pandemic has yielded valuable insights, but also reflects several methodological limitations. For instance, Veggi et al. (2024) conducted a cross-sectional

study to evaluate the clinical and psychological readiness of mental health professionals during the COVID-19 pandemic. The study provided methodological strength through its large and diverse sample and its use of validated instruments to measure psychological distress and self-efficacy. However, as it occurs with many cross-sectional designs, it was restricted in its ability to capture changes over time or to establish relationships that directly contributed to self-efficacy and preparedness.

Similarly, although studies like Shahrabaki et al. (2024) provided valuable data on the opposing relationship between anxiety and self-efficacy, their focus on nonclinical populations such as adolescents limits generalizability to psychologists or other mental health professionals. These studies also seldom addressed cultural considerations which is an important omission provided the intersection of cultural competency and professional self-efficacy in the contexts such as bereavement and bereavement support or services for Hispanic populations.

Additional insights offered by Sue et al. (2009), examined the relationship between cultural competence, self-efficacy, and stress resilience among psychologists serving clients who are considered minority. Findings suggested that clinicians who possessed higher cultural self-efficacy showed stronger resilience in demanding clinical situations, further emphasizing the need for training targeted towards multicultural competence. This study was also conducted prior to the COVID-19 pandemic, however, the study's focus on minority populations and the use of validated scales provides strengthened relevance to present discussions on preparedness and culturally informed mental health care.

W. Chu et al. (2022) contributed further to this area of research and evaluated the impact of cultural competence training on self-efficacy and its resilience among mental health professionals. The study's methodological application was enhanced due to the use of standardized scales to measure self-efficacy and resilience as well as the primary focus on clinical professionals who were working with culturally diverse populations. However, a limitation was the reliance on a short-term follow-up, which provided limited ability to assess any long-term retention of gains in self-efficacy. Its focus was also not specifically geared towards psychologists. Nonetheless, this research provides insight on practical benefits of cultural competence interventions for improving both areas of preparedness and psychological resilience among mental health practitioners.

Despite limited availability of research, limitations include underrepresentation of Hispanic-specific grief experiences, lack specificity towards psychologists as mental health professionals and offer limited longitudinal data on post-pandemic psychological outcomes. Further research is needed on training in efficacy, self-efficacy development, preparedness and culturally adapted bereavement interventions within the Hispanic population.

While the reviewed literature provides important insights into psychologists' preparedness, resilience, and self-efficacy, particularly during the COVID-19 pandemic, it is important to acknowledge areas of inconsistency and methodological variation across studies. For example, although several researchers reported that cultural competence training contributed to increased clinician self-efficacy (J. P. Chu et al., 2022), other findings suggest these gains may be short-lived without sustained reinforcement or

follow-up support (Trials Protocol, 2023). These discrepancies indicate a need for more longitudinal research to examine the lasting impact of training and experiential learning. In a similar inclination, while some studies emphasize a strong association between cultural competence and positive clinical outcomes (Sue et al., 2009), others caution that overconfidence in this area, in the absence of direct experience, may lead to assumptions or generalizations that unconsciously undermine culturally responsive care (Greene-Moton & Minkler, 2020; Wilcox et al., 2023).

Methodological differences also complicate the interpretation of findings across the literature. Quantitative studies often rely on standardized self-report measures that may not fully capture the depth or tone of culturally informed grief work, particularly with Hispanic clients. In contrast, qualitative approaches, while they offer more contextualized data, tend to involve small, nonrepresentative samples that limit generalizability (Pérez-Flores & Cabassa, 2021). Furthermore, many instruments used in these studies were developed for and normed on non-Hispanic populations, raising concerns about the cultural validity and relevance of these instruments to Hispanic communities, especially to those residing in underserved regions such as the Rio Grande Valley.

While these inconsistencies and limitations call attention to the importance of critically evaluating the applicability of existing findings, they also highlight a gap in the literature concerning how preparedness and self-efficacy are experienced and enacted in real-world clinical settings with grieving Hispanic clients. There are few studies to date that have explored how these constructs function within the cultural context of grief,

including the collective and spiritual dimensions that are often present in Hispanic communities (Cardoso et al., 2020; Soria-Escalante & De la Fuente-Herrera, 2021). This study may contribute to a more comprehensive and culturally grounded understanding of psychologists' experiences during the COVID-19 pandemic by recognizing these gaps and conflicting perspectives.

### **Summary and Conclusions**

COVID-19 exposed and also exacerbated mental health disparities, especially within the Hispanic community. Cultural practices and systemic inequities deeply affect how grief is experienced and treated amongst this community. Psychologists require high self-efficacy and resilience to be able to effectively support grieving Hispanic clients through integration of culturally competent practices while also being able to integrate culturally competent practices. Being able to address stigma, language accessibility, and financial barriers are also essential in the provision of services within the Hispanic population. Future research and training warrant focus on equipping psychologists with the tools needed to be able to be prepared in the face of future pandemic-related situations, respond compassionately and competently to culturally diverse grieving populations, and have the ability to engage in self-efficacy in efforts to feel more equipped to face future challenges.

## Chapter 3: Research Method

### **Introduction**

In this qualitative descriptive study, I explored psychologists' perceived preparedness, self-efficacy, and cultural responsiveness in supporting a grieving Hispanic population affected during the COVID-19 pandemic. In this chapter, I outline the research design and rationale, the role of the researcher, methodological procedures, strategies for ensuring trustworthiness, and concludes with a summary. This study was grounded in Bandura's theory of self-efficacy. I used a qualitative descriptive approach to gain firsthand, in-depth insight and capture the lived experiences and refined perspectives of psychologists practicing and serving the Hispanic communities of the Rio Grande Valley, located in South Texas, by the border with Mexico.

### **Research Design and Rationale**

I sought to answer the following RQs:

RQ1: How do psychologists perceive their preparedness, self-efficacy, and ability to adapt their clinical practices to meet the needs of grieving Hispanic populations during the COVID-19 pandemic?

RQ2: What roles do emotional and physiological states, such as stress or emotional resilience, play in psychologists' perceptions of their preparedness and effectiveness?

RQ3: How do psychologists' mastery experiences influence their sense of preparedness and self-efficacy in providing services to grieving Hispanic populations?

These questions aligned with the study's purpose and the conceptual framework by focusing on the interaction between self-perceived competence and effectiveness, contextual challenges, and clinical adaptation within a cultural background.

Unlike grounded theory, which seeks to build theoretical constructs, or phenomenology, which emphasizes the essence of lived experience, which most often requires bracketing preconceptions and engagement in deep philosophical interpretation that may go beyond what is necessary for this study's applied clinical objectives (Van Manen, 1990). A qualitative descriptive approach remains close to the surface of participant accounts, offering straightforward representations of what individuals report experiencing in their own words (Creswell & Creswell, 2018). This method prioritizes participants' conscious awareness and lived experiences without imposing abstract interpretations or theoretical constructs. By capturing direct expressions, such as thoughts, feelings, and observable behaviors, qualitative description supports accurate, practical insight into individuals' psychological and functional realities. Additionally, qualitative description is especially useful when the research needs comprehensive summaries of events in the everyday terms of the specified events in question (Sandelowski, 2000). The study involved semi structured interviews for the opportunity to collect rich, detailed data on the participants' experiences, preparedness, and culturally sensitive care strategies. This allowed for flexibility and depth while also ensuring consistency across participants.

I employed a qualitative research design informed by Bandura's (1997) self-efficacy theory. A qualitative descriptive approach was the most appropriate when the

goal is to obtain direct, low-interference accounts of participants' lived experiences, using their language and their perspective to describe the phenomena as they naturally occur (Sandelowski, 2000). This method also allowed for the collection of rich narrative data that reflects psychologists' subjective interpretations of their professional roles, their competencies, and their cultural responsiveness during the COVID-19 crisis.

### **Conceptual Framework**

The conceptual framework for this study was Bandura's self-efficacy theory, which suggests that individuals' beliefs in their ability to perform specific tasks influence their motivation, their behavior, and their performance (Bandura, 1998). This framework is particularly relevant for examining how psychologists perceive their preparedness, resilience, and adaptability in serving grieving Hispanic populations during the COVID-19 pandemic. Within this framework, two key constructs – mastery experiences and emotional and psychological states – are especially pertinent.

*Mastery experiences* refer to individuals' direct experiences of success or competence in overcoming challenges, which Bandura (1998) identified as the most powerful source of self-efficacy. In this study, mastery experiences were identified through the form of interview prompts that ask participants to reflect on specific instances where they felt successful or unsuccessful in providing culturally responsive care to a grieving Hispanic population.

Bandura (1997) emphasized that emotional and physiological states significantly affect individuals' self-efficacy beliefs, especially in high-stress situations. When individuals experience heightened anxiety, fatigue, or feelings of burnout, their perceived

self-efficacy may decline, whereas emotional resilience can strengthen it. In this study, these states were explored by asking participants to describe their emotional experiences when working with grieving Hispanics during the COVID-19 pandemic.

These factors influence psychologists' mastery experiences and physiological and emotional states, which are two of the core components of self-efficacy, and therefore, shape their clinical decision-making and ability to provide culturally congruent and sensitive care. Informed by this framework, the study explored how psychologists' experiences and perceptions align with or stray from effective, culturally responsive grief support practices within the Hispanic community.

### **Role of the Researcher**

The role of the researcher in this study was as a nonparticipant observer and a primary instrument for data collection and interpretation. I conducted semi structured interviews, facilitated the data collection process, and performed a thematic analysis by using a structured coding framework. To reduce potential biases, I maintained reflexivity through journaling and memo-writing. This allowed me to critically reflect on personal assumptions, cultural context, and professional experiences. Journaling and memo-writing are typically accepted reflective practices in descriptive designs to help researchers manage subjectivity and maintain fidelity to the voices of the participants (Bradshaw et al., 2017). I held prior clinical experience working with Hispanic populations, but no supervisory or dual-role relationships existed with any subject participants. The researcher made every effort to ensure confidentiality, minimize power

differentials, and maintain the respect and the autonomy and lived experiences of the participants.

## **Methodology**

### **Participant Selection Logic**

A combination of purposive and snowball sampling was used to identify individuals who meet the inclusion criteria. The inclusion criteria are as follows: Licensed Psychologist (PhD, PsyD), possessed any experience working with grieving Hispanic clients during the COVID-19 pandemic, fluent in English, willingness to participate in a 45–60-min recorded interview via Zoom, and willingness to share their professional experiences. Exclusion criteria included other mental health professionals who were not Licensed Psychologists, practicing psychologists who did not provide mental health services to Hispanics in the Rio Grande Valley in South Texas during COVID-19 and psychologists who became licensed post-COVID-19 pandemic.

I recruited the participants via professional networks and snowball sampling. Snowball sampling was conducted in accordance with Walden University Institutional Review Board guidelines and was limited to passive sharing of the recruitment invitation only (see Appendix A). Participants were instructed not to discuss the study, assess interest, or recruit individuals within their workplace. Individuals who received the invitation independently contacted the researcher if interested in participation. The expected sample size was eight to 12 participants, which is sufficient for thematic saturation in qualitative research (Braun & Clarke, 2019). Saturation was determined through an iterative process of data collection and analysis, meaning that interviews were

analyzed as they were conducted, and were considered reached when no new codes, themes, or significant insights emerged from subsequent interviews. This approach reflects Braun and Clarke's (2019) guidance that saturation in reflexive thematic analysis is not about numbers alone, but about the depth and richness of the data in relation to the RQs. No monetary incentives were offered or advertised as part of this research.

### **Instrumentation**

For this qualitative descriptive study, I used several forms of instrumentation to collect rich, contextualized data that aligned with the RQs. The primary data collection tool that was utilized was the researcher-developed, semi structured interview guide created to elicit psychologists' lived experiences, perceived self-efficacy, emotional preparedness, and culturally sensitive practices. The interview protocol was informed by Bandura's (1997) theory of self-efficacy. The questions were developed to explore key constructs such as mastery experiences, emotional psychological states, and cultural competence.

In addition to the interview protocol, the researcher maintained field notes throughout each interview to ensure nonverbal communication was documented, such as tone and emotional responses. The notes served as a form of data triangulation and to enhance richness in the analysis of the narrative (Creswell & Poth, 2018). Additionally, screening questions were administered prior to consent solely to confirm eligibility (see Appendix B). A brief demographic questionnaire was also utilized after consent was obtained, during the introductory portion of the interview, to gather contextual information about each participant.

### **Procedures for Recruitment, Participation, and Data Collection**

Data were collected through semi structured, in-depth interviews designed to capture psychologists' perspectives and experiences delivering services to a grieving Hispanic population during the COVID-19 pandemic. All interviews were conducted via Zoom, which offered a practical and accessible method for qualitative data collection, particularly during or after periods of public health disruption such as COVID-19. However, the use of videoconferencing introduces potential biases. For instance, subtle nonverbal cues, such as body posture or micro expressions, may be more difficult to detect, and rapport-building can be affected by technological distractions or screen-based limitations (Irvine et al., 2018). To mitigate these limitations, the researcher took detailed observational field notes during and immediately after each session, paying close attention to vocal tone, pauses, and visible expressions on screen. Participants were also encouraged to choose a quiet, private space for the interview to minimize environmental distractions and promote comfort and openness.

Prior to each interview, participants were requested to complete screening questions solely to confirm eligibility and informed consent was obtained electronically via email. If the participants met the eligibility criteria, participants reviewed the consent form and indicated consent by replying with the words " I consent" prior to participation. A demographic questionnaire was administered by the researcher during the interview introduction process to collect relevant contextual information such as licensure status, years of clinical experience, primary work setting language proficiency, and any prior experience working with Hispanic individuals (see Appendix C). Each interview lasted

approximately 45–60 min and was automatically transcribed utilizing the Zoom Live Transcription feature with the participant’s consent. Following transcription, participants were given the option to review their interview transcript electronically via email to verify accuracy. Transcript review was voluntary, and no in-person or synchronous meetings were required. An interview guide with open-ended questions was developed to explore participants’ experiences working with grieving Hispanic clients, including their perceptions of preparedness, cultural competence, emotional responses, and self-efficacy in service provision. The semi structured interview protocol was designed to ensure consistency across participants while allowing flexibility to explore individual experiences in greater depth. The protocol was carefully aligned with the study’s RQs and theoretical lens (see Appendix D).

In addition to the recorded interviews, I documented field notes to capture relevant contextual and nonverbal cues observed during and immediately following each session. The observations were integrated into the analysis to enrich understanding of participants’ experiences, contributing to the trustworthiness of the findings through methodological triangulation (Creswell & Poth, 2018). Nonverbal cues and emotional expressions were analyzed using an interpretive framework grounded in behavioral observation and psychological meaning-making. Nonverbal indicators such as body posture, eye contact, facial expressions, vocal tone, latency of response, and physical agitation (e.g., fidgeting or withdrawal) were recorded and interpreted in context. These behaviors are often viewed as unconscious or semiconscious reflections of internal

emotional states and can offer insight into participants' levels of comfort, distress, defensiveness, or engagement (Knapp et al., 2013).

Emotional expressions were defined by the visible and audible manifestations of affect, such as crying, smiling, voice trembling, or shifts in speech pace and tone. These indicators were coded descriptively during field notes and interview recordings, then interpreted alongside verbal responses to identify congruence or incongruence between what is said and how it is expressed. In doing so, the researcher aimed to capture not only the cognitive content of participants' experiences but also their affective realities.

### **Data Analysis Plan**

The primary data sources for data collection included verbatim transcripts of semi structured interviews, audio recordings of the interviews, field notes taken during the interviews, eligibility information acquired prior to consent, and demographic information collected from the participants during the introductory portion of the interview. The data collected from these sources were synthesized to construct a comprehensive narrative of how psychologists perceive and reflect upon their preparedness and self-efficacy in culturally responsive grief work during the COVID-19 pandemic.

The data analysis followed the procedures of a thematic analysis as outlined in Braun and Clarke (2006), which involves the following steps: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes found, and producing the final report. Following each interview, the researcher reviewed the audio recording alongside the automated transcription generated

by Zoom to ensure accuracy and completeness. Corrections were limited to transcription errors (e.g., misheard words, omissions) and did not alter the participant's meaning. Verified transcripts were then imported into qualitative analysis software, NVivo, to assist with the data organization, coding, and theme development.

The codes utilized both a deductive approach, which is a term used when the codes are informed by theoretical constructs of self-efficacy, and an inductive approach, which emerges organically from the data itself (Bingham et al., 2022). To enhance the trustworthiness of the findings, the researcher used peer debriefing, memo writing, and triangulation of data sources such as field notes and transcripts. Member checking was conducted by returning developing themes to participants for feedback if requested.

### **Issues of Trustworthiness**

In order to ensure the integrity and consistency of this qualitative descriptive study, four key criteria of trustworthiness were applied: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). These strategies provide assurance that the findings are an authentic reflection of the lived experiences and perspectives of psychologists working with grieving Hispanic individuals. Additionally, ethical considerations, limitations, and challenges were discussed.

#### **Credibility**

*Credibility* refers to the confidence in the truth of the data and its interpretation of it (Lincoln & Guba, 1985). In order to enhance credibility to this study, strategies were applied such as triangulation, peer debriefing and member checking. Triangulation enhances credibility through the integration of different data sources (Burkholder et al.,

2020). This included comparing notes and interview observations with verbatim transcripts and recordings of interviews throughout the coding and theme phases of the data analysis. For peer debriefing, I engaged with an experienced qualitative researcher to conduct a peer debrief for this study in order to minimize bias and validate the credibility of the findings. Member checking was conducted by sending summaries of the emergent themes to participants for verification and clarification, ensuring that the interpretations of the findings aligned well with their intended meaning (Birt et al., 2016).

### **Transferability**

*Transferability* refers to the degree to which the results of the qualitative research can be transferred to other similar contexts or settings (Burkholder et al., 2020). To support this, rich descriptions were provided regarding the context, participant characteristics, and the findings. The detailed narratives allow for the readers to make informed judgments about the applicability of the study's conclusions to their own respective settings (Creswell & Poth, 2018).

### **Dependability**

Dependability is similar to reliability and addresses the consistency and stability of the research process over time, or its replicability (Burkholder et al., 2020). To ensure dependability, an audit trail was maintained, ensuring documentation was practiced at each step of data collection and in theme development. The use of a standard interview protocol, as well as reflective journaling and coding memos, provided further assurance that the process was not only transparent but replicable.

## **Confirmability**

Confirmability confirms that the researchers' interpretations and findings are a direct derivative from the data and are achieved through credibility, transferability, and dependability while establishing clear connections between declarations, findings, and the data (Lincoln & Guba, 1985). In order to exercise confirmability in this study, it was supported through ongoing reflexive journaling, triangulation of field notes and interview data, and maintaining an audit trail of analytic decisions (Miles et al., 2014).

## **Ethical Procedures**

I adhered to ethical standards as outlined in the *Belmont Report* (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) and Walden University Institutional Review Board guidelines. The key ethical principles specified in the *Belmont Report* are respect for people, beneficence, and justice. In an effort to adhere to ethical principles and standards for respect for people, informed consent was obtained from all participants, including the right to withdraw at any time without penalty. Similarly, to adhere to the principles of beneficence, risks were minimized by conducting interviews sensitively and providing resources for emotional support if they were needed (see Appendix E). Last, to ensure justice, recruitment ensured fair representation and avoided exploitation or overburdening specific populations. All collected data were securely stored in encrypted files and password-protected devices. Any identifiable information was removed or coded to maintain confidentiality. In alignment with the ethical principle of respect for persons and consistent with Walden University Institutional Review Board guidelines, participants

were offered a one-page, nontechnical summary of the study's findings distributed via email following study completion. The Institutional Review Board approval number for this study is 10-29-25-1157394.

### **Limitations and Challenges**

There are several potential limitations and challenges for this study. Access to participants is the primary concern and potential anticipated challenge. Due to the Rio Grande Valley being identified as a high need area, there may be limited access to participants who are professionals providing services in the area and who may meet the criteria for having practiced during the COVID-19 pandemic (Gil et al., 2024). The Hogg Foundation Policy Team (2025) provides a statewide overview of mental health provider shortages, noting that more than half of Texas counties lack a licensed psychologist, with regional disparities such as those in the Rio Grande Valley particularly affected. Additionally, psychologists may have limited time, which could impact recruitment. Other limitations include the possibility that participants may feel reluctant to discuss perceived shortcomings or institutional challenges due to fear of professional judgment. Also, ensuring secure storage of sensitive audio and transcript files required strict adherence to data protection protocols, posing an ethical consideration as well.

### **Summary**

In this chapter, I outlined the qualitative methodology I used to explore psychologists' perceived self-efficacy and preparedness in providing culturally responsive grief care to Hispanic clients during the COVID-19 pandemic. Using semi structured interviews and thematic analysis, this study aimed to provide in-depth insights

into the professional and emotional experiences of psychologists in the Rio Grande Valley.

## Chapter 4: Results

### **Introduction**

In this study, I examined psychologists' perceptions of preparedness and self-efficacy in providing mental health support to grieving Hispanic clients during the COVID-19 pandemic in the Rio Grande Valley. Given the region's predominantly Hispanic population and the disproportionate impact of COVID-19 on this community, this study explored how psychologists experienced their clinical roles, adapted their practices, and even navigated cultural, emotional, and systemic challenges while delivering grief-related care. Qualitative data were collected through in-depth interviews with licensed psychologists practicing in the Rio Grande Valley and were analyzed to identify key themes related to training, cultural responsiveness, emotional and physiological strain, and structural supports that shaped these psychologists' perceived preparedness and confidence during the pandemic.

### **Pilot Study**

A pilot study was not conducted for this research. The interview protocol was developed based on the RQs and theoretical framework and was reviewed prior to the data collection to ensure clarity and alignment with the study's purpose.

### **Setting**

Data collection occurred during a period of ongoing recovery from the COVID-19 pandemic. Participants reflected on their experiences that took place while providing services under public health restrictions, increased caseloads, and heightened emotional demands. The Rio Grande Valley was significantly impacted by COVID-19-related

mortalities, health care strain, and workforce shortages, which influenced both the participants' clinical experiences and their reflections during the interviews. These contextual conditions are important to highlight for the interpretation of the findings.

### **Demographics**

Four licensed psychologists practicing in the Rio Grande Valley participated in this study. All participants held doctoral degrees in psychology (PhD or PsyD) and were licensed to practice in the state of Texas at the time of the COVID-19 pandemic. Participants reported a range of clinical experience, from early-career to over two decades of professional practice, with several holding multiple licenses across clinical and school-based settings.

All participants reported providing mental health services primarily to Hispanic clients, with most estimating that Hispanic individuals involved the majority of their caseloads. Several participants identified as Hispanic themselves and described being bilingual in English and Spanish, which they viewed as an integral part of their clinical work and rapport with their clients. The participants served a wide range of clients, including children, adolescents, adults, and families. They commonly worked with grief presentations that emerged alongside other clinical concerns such as developmental delays, trauma, or family stress.

### **Data Collection**

For data collection, I conducted semi structured interviews with four licensed psychologists who provided mental health services to grieving Hispanic clients during the COVID-19 pandemic. Participants shared insights into their perceptions of preparedness

and self-efficacy, the influence of cultural and family-centered factors, the emotional and physiological demands of providing care during a public health crisis, and the systemic and structural challenges encountered in clinical practice. Each participant completed one interview lasting approximately 45 to 60 min. All interviews were conducted virtually using Zoom to accommodate participant's schedules and public health considerations. Interviews were audio-recorded with participant consent and professionally transcribed verbatim for analysis purposes. There were no deviations from the data collection procedures outlined in Chapter 3 that occurred.

### **Unusual Circumstances During Data Collection**

Recruitment and scheduling were impacted by participants' demanding clinical workloads and limited availability, which reflected the broader workforce shortages in the region. Some potential participants expressed initial interest but were unable to participate due to time constraints. No other unusual circumstances occurred during data collection.

### **Data Analysis**

Through thematic analysis, including iterative coding of interview transcripts, there were several themes that emerged describing psychologists' experiences, and that form the basis of findings presented in this chapter. Data analysis followed Braun and Clarke's (2006) six phase thematic analysis process. Transcripts were reviewed multiple times to achieve familiarity with the data. Initial codes were generated inductively and organized into broader categories. These categories were then refined into themes that captured patterned meaning across the participants' accounts. The NVivo qualitative

analysis software was used to support the organization of the data, coding, and the theme development.

No major discrepancy or nonconforming cases were identified. While the participants varied in years of experience and their work settings, their narratives consistently reflected shared challenges related to preparedness, emotional strain, cultural responsiveness, and systematic limitations. There were minor variations in coping strategies and adaptation approaches, but they were incorporated into theme development rather than being treated as contradictions.

### **Evidence of Trustworthiness**

#### **Credibility**

Credibility was supported through prolonged engagement with the data, the use of verbatim transcripts, and the inclusion of direct participant quotations to ground the findings in the participants' own words. Member checking was conducted by offering participants the opportunity to review thematic summaries for accuracy.

#### **Transferability**

A heavy description of the study's context, characteristics of the participants, and clinical settings were provided to allow readers to assess the applicability of findings to similar populations or regions.

#### **Dependability**

Dependability was improved through the use of consistent interview protocol, detailed documentation of analytic decisions, and maintenance of an audit trail throughout the coding and theme development process.

## **Confirmability**

Confirmability was supported through the use of reflective memo writing and systematic documentation of analytic decisions to ensure the findings were grounded in the data rather than in the researcher's biases.

## **Results**

During the COVID-19 pandemic, the participants provided services under rapidly changing conditions, including an increase in grief exposure, heightened emotional demands, and systemic constraints related to public health restrictions at the time. Their narratives reflect experiences across private practice and also clinical settings within the Rio Grande Valley, a region that was heavily impacted by COVID-19-related mortality. Altogether, the participants' perspectives provide insight into how psychologists perceived their preparedness and self-efficacy when delivering culturally responsive grief care to Hispanic clients during an unprecedented public health crisis.

To further enhance transparency and rigor in the analytic process, Table 2 presents the consolidated codebook that was developed through thematic analysis of the interview data. The table includes the final themes, better known as parent nodes, their corresponding codes, or known as child codes, operational definitions, and s representative participant quotation. This consolidated codebook reflects the systematic coding process that was used to organize the data and provides a framework for understanding how themes were derived. The themes are discussed in greater depth in the sections below, supported by additional participant quotations and the respective interpretive analysis.

**Table 2***Consolidated Codebook of Themes and Codes*

Theme (parent node)	Child code	Operational definition	Example participant quote
1. Preparedness undermined by an unprecedented crisis	Unprecedented crisis	COVID-19 is described as a novel, large-scale event beyond prior professional preparation	“I don’t think there was anything that could have prepared us for what we dealt with at that time.” (P4)
	Prepared for grief, not ripple effects	Prepared for grief counseling, but not secondary impacts such as housing, childcare, and uncertainty	“I was not really prepared for the implications of what COVID brought in general.” (P3)
	Media exposure stress	Continuous exposure to pandemic news increased emotional strain	“You’re listening to the news all the time... it was affecting me.” (P1)
	Initial low self-efficacy	Early pandemic feelings of shock, uncertainty, and reduced confidence	“My first few cases, I didn’t feel prepared.” (P1)
2. Adaptation and growing clinical self-efficacy	Learning as you go	Clinical skills developed through real-time adaptation	“You learn as you go and you adapt quickly.” (P4)
	Increased confidence over time	Confidence improved as experience with pandemic-related grief increased	“Once I understood what I needed to do, I got there quickly.” (P2)
	Flexibility in practice	Willingness to modify routines, schedules, or interventions	“We had to be flexible and think of other ways to provide services.” (P3)
3. Cultural responsiveness as a foundation of care	Shared cultural identity	Cultural or linguistic similarity facilitated connection and understanding	“Being Hispanic helped me relate to a lot of what they were experiencing.” (P2)
	Family-centered care	Recognition of extended family involvement in treatment	“They were coming in with parents, grandparents, everybody.” (P4)
	Integration of cultural practices	Incorporation of religion, spirituality, or cultural beliefs into care	“Religion is really big in our culture, so knowing where they stand matters.” (P4)

Theme (parent node)	Child code	Operational definition	Example participant quote
4. Emotional and physiological toll on psychologists	Fatigue and exhaustion	Physical and emotional exhaustion related to workload and stress	“I was tired during that time, I really was.” (P2)
	Emotional impact of client loss	Personal emotional reactions to clients’ losses	“That was a sucker punch... it hit close to home.” (P2)
	Fear of illness and transmission	Anxiety about contracting or spreading COVID-19	“You’re thinking, am I going to get sick, am I going to get my family sick?” (P4)
5. Reliance on support systems and coping strategies	Peer and collegial support	Support from coworkers, supervisors, or colleagues	“We relied on each other because we were all going through it.” (P2)
	Personal coping strategies	Use of rest, leisure, or boundaries to manage stress	“I slept a lot, watched Netflix, and went for walks.” (P2)
	Work–life boundary adjustments	Structural changes to schedules to prevent burnout	“We went down to 4 days a week to not bring work home.” (P4)
6. Training gaps and systemic limitations	Need for specialized training	Desire for more grief- and culture-specific training	“Training, training, training—that’s what was missing.” (P2)
	Limited workforce capacity	Shortage of psychologists serving Hispanic communities	“There just aren’t enough psychologists in these communities.” (P3)
	Structural barriers to care	Organizational or systemic barriers impacting service delivery	“There’s no point in training if you can’t actually provide the services.” (P3)

**Theme 1: Preparedness Undermined by an Unprecedented Crisis**

Despite the participants' reported prior clinical training and professional experience, the COVID-19 pandemic emerged as a uniquely destabilizing event that significantly challenged psychologists' perceived preparedness to provide grief support. Participants consistently described feeling academically and technically trained for grief-related work, yet emotionally and psychologically felt unprepared for the collective, prolonged, and pervasive nature of the loss that was experienced during the pandemic. The unprecedented scope of COVID-19 created conditions in which psychologists were simultaneously providing care and were individuals who were personally affected by the same crisis as their clients.

Although several participants reported having prior experience with trauma-informed grief-focused interventions, they emphasized that the pandemic fundamentally altered the therapeutic context. Participant 1 explained that traditional professional boundaries were ultimately disrupted by the shared nature of the crisis itself, noting that "typically when you provide grief counseling, you're not grieving anything yourself, but during the pandemic, we were all being impacted." This shared reality contributed to an attrition of clinicians' sense of professional distance and stability, particularly during the early stages of the pandemic.

Participants also described experiencing shock and uncertainty as they attempted to orient themselves clinically while also attempting to process widespread loss, constant exposure to distressing media coverage, and fear related to COVID-19. Participant 1 reflected on early clinical encounters, stating, "My first few cases, I didn't feel prepared.

I was still in shock with everything that was happening, and it affected how I was able to work with them.” These early experiences demonstrate how emotional and physiological stressors undermined self-efficacy despite participants’ professional training at any level.

Additionally, participants emphasized that the magnitude and frequency of grief varied significantly from pre-pandemic experiences. Rather than encountering isolated instances of loss, psychologists were confronted with repeated and overlapping grief within families and the community. Participant 4 described this collective impact by stating that “it was never just your patient experiencing grief. It was everybody that brought them in.” This collective dimension of loss intensified the emotional demands of clinical work and further strained psychologists’ perceptions of preparedness.

The merging of personal stressors and professional responsibilities also contributed to diminished confidence. Several participants described struggling to maintain the traditional therapist role of emotional steadiness while also facing their own fears related to illness, family, safety, and the ongoing cloud of uncertainty. The double burden identified here created challenges in sustaining clinical effectiveness, particularly during the initial phase of the pandemic.

As a whole, this theme illustrates that psychologists’ preparedness was undermined not by lack of clinical competence, but by the unprecedented, shared, and prolonged nature of the COVID-19 crisis. The participants’ experiences demonstrate that preparedness during the pandemic was shaped by emotional, contextual, and systemic factors that ultimately proved to be a challenge to traditional models of professional confidence, highlighting the limits of prior training in the face of active collective trauma.

**Theme 2: Adaptation and Growing Clinical Self-Efficacy**

Although the participants in this study initially reported low confidence and uncertainty in response to the unprecedented nature of the COVID-19 pandemic, many of the participants described a gradual increase in self-efficacy as they adapted their clinical practices over time. This theme reflects how psychologists developed their confidence through experimental learning, allowing for flexibility, and repeated exposure to the pandemic-related grief cases, ultimately aligning with Bandura's concept of mastery experiences as a primary source of self-efficacy.

Several participants emphasized that preparedness developed through repeated practice, rather than from prior training. Participant 4 described the experience as a process of continuous adjustment, stating, "You learn as you go and adapt quickly." In a similar matter, Participant 2 acknowledged having uncertainty early on, but noted and expressed rapid professional growth, explaining, "Once I understood what I needed to do, I got there quickly." These types of reflections demonstrate how real-time problem solving and repeated clinical encounters fostered increased confidence despite the lack of any formal preparation.

The ability to adapt also involved flexibility in clinical roles and in the delivery of service. Participant 3 described remaining "flexible" and exploring alternative methods to continue serving the Hispanic community while also supporting colleagues and staff during the crisis. This ability to adapt contributed to a sense of effectiveness, even when circumstances proved to be unstable. Over time, participants reported feeling more

capable of responding to grief-related needs as they integrated new routines, adjusted their expectations, and normalized uncertainty within their clinical work.

To summarize, this theme highlights and brings forth evidence that self-efficacy was not just static, but it evolved throughout the pandemic and time of crisis. While psychologists began the crisis with feelings of unpreparedness, many reportedly gained confidence through experience, self-reflection, and adaptive practice. This further reinforces Bandura's assertion that self-efficacy is strengthened through stressful experiences with challenging situations.

### **Theme 3: Cultural Responsiveness as a Foundation of Care**

As a central component of psychologists' perceived effectiveness when working with grieving Hispanic clients during the pandemic, was the emergence of cultural responsiveness. Participants emphasized with consistency that understanding cultural values, family structures, and their spiritual practices was especially essential for providing meaningful support, in particular when their traditional mourning rituals were disrupted.

Several psychologists noted that shared cultural or linguistic identity facilitated rapport and the trust of their clients. Participant 2 reflected, "Being Hispanic helped me relate to a lot of what they were experiencing," while Participant 3 described how being bilingual and raised in a Spanish-speaking household further improved his ability to understand his client's perspectives, stating, "I was raised in a Spanish-speaking home and understood the cultural norms." These shared experiences allowed for clinicians to interpret grief responses within a cultural context rather than pathologizing them.

In addition, participants described intentionally integrating religious and spiritual beliefs into grief-related care, understanding the importance of it as part of treatment and service and recognizing these elements as central components of healing within the Hispanic community. Participant 4 noted, “Religion is really big in our culture, so knowing where they stand matters,” while similarly, Participant 3 understood that effective grief support extended beyond individual therapy sessions or individual service provision that include connection to faith-based and community resources. This participant described facilitating access to external resources of support, “stating that “connecting them with religious organizations or other support groups” was an important aspect of care. Together, these accounts reflect how psychologists incorporated spirituality and community-based resources into grief-related services as a means of honoring cultural values and strengthening their support systems during the pandemic.

Psychologists emphasized the importance of meeting clients where they were spiritually and emotionally, validating culturally meaningful coping mechanisms while also maintaining clinical boundaries. Collectively, this theme highlights that cultural responsiveness was not an aide to care, but it was a foundational element of effective grief support within the Hispanic community. Psychologists who felt culturally connected or attuned reported greater confidence in their work, suggesting a strong link between cultural competence and self-efficacy in the context of crisis.

#### **Theme 4: Emotional and Physiological Toll on Psychologists**

The participants interviewed described significant emotional and physiological strain associated with providing grief support during the COVID-19 pandemic. This

theme captures how fatigue, fear, and emotional exhaustion influenced psychologists' perceptions of preparedness and effectiveness, directly related to Bandura's emphasis on emotional and physiological states as factors of self-efficacy.

Fatigue was often cited as a persistent experience amongst the psychologists interviewed. Participant 2 stated plainly, "I was tired during that time, I really was," reflecting on the cumulative burden of increased caseloads and service provision, emotional labor, and the prolonged uncertainty of the situation. Several of the participants described balancing professional responsibilities with personal stressors, including the concerns about family safety during this time when so many had to practice distancing.

The emotional impact of client loss was particularly striking. Participant 2 recalled learning of a client's parent dying from COVID-19, describing the experience as "a sucker punch" that brought the reality of the pandemic very close to home. These moments blurred professional boundaries and heightened emotional vulnerability, especially early in the pandemic.

Fear of illness and transmission was a factor that further contributed to the already compounded stress. Participant 4 described constant concerns about exposure, stating, "You're thinking, am I going to get sick, am I going to get my family sick?," while Participant 3 felt the overwhelming responsibility to avoid getting others ill, stating, "If you were contagious or sick, you didn't want to get other people sick." The findings indicate that such fears affected how participating psychologists showed up in sessions and provided services and also required additional emotional regulation to remain consistently present for clients.

This theme demonstrates how emotional and physiological stressors temporarily undermine self-efficacy, particularly during early stages of the pandemic. Despite this, however, participants also demonstrated resiliency by acknowledging these specific challenges while also continuing to provide care at the best of their abilities, highlighting the complex connection between stress, self-efficacy, and the sense of professional responsibility.

### **Theme 5: Reliance on Support Systems and Coping Strategies**

In order to manage the emotional demands of pandemic-related grief work, psychologists reported relying heavily on personal coping strategies and professional support systems. This theme reflects the role of social support and self-care in sustaining emotional resilience and also reinforcing self-efficacy.

Collegial and peer support were a resource that were repeatedly identifies as significantly important and critical during this time. Participant 2 shared, “We relied on each other because we were all going through it,” emphasizing the normalization of distress withing the professional communities. Group practices, colleague support, and supervisory relationships provided the space for validation, consultation, and shared problem solving, making this a unique experience of not only seeking consultation, but utilizing this resource as a form of coping and support. Participant 3 further solidifies this view, stating that “in a group practice, you’re more supported and carry the burden together and help each other out.”

The participants also described engaging in personal coping strategies to manage the stress felt during the pandemic. Activities such as sleeping, exercising, cooking,

watching television, and limiting media exposure were amongst the strategies mentioned. Participant 1 noted intentionally “turning off the TV” to reduce anxiety, while Participants 2 and 3 described bingeing on Netflix as a form of mental unload and decompressors from the stressors of the pandemic, Participant 2 sharing she “watched a lot of Netflix during that time” and Participant 3 stating “I watched a lot of Netflix and enjoyed time alone.”

The use of structural adjustments to work schedules provided further support for well-being. Participant 4 explained that reducing clinical days helped prevent burnout, stating, “We went down to 4 days a week to not bring work home.” These formation of boundaries allowed psychologists to attend to their personal needs and the needs of their family, while also maintaining clinical effectiveness. Identifying the diverse coping strategies practiced within this theme demonstrates that self-efficacy during the pandemic was supported not only by individual resilience but also by relational and organizational resources. Having access to support systems, individual stress outlets and organizational boundaries between work and personal lives enabled psychologists to sustain their capacity to provide care among prolonged and heightened stress.

### **Theme 6: Training Gaps and Systemic Limitations**

In spite of the adaptive efforts and resilience, the participants consistently identified gaps in training and systemic limitations that affected preparedness and confidence. This particular theme reflects broader structural challenges affecting psychologists’ ability to deliver culturally responsive grief care during crises.

The participants emphasized the need for more specialized training in grief counseling and cultural competence. Participant 2 stated empathetically, “Training, training, training – that’s what was missing,” emphasizing and highlighting a perceived disconnect between academic preparation and the demands of the real world during the unique unprecedented time crisis. While general multicultural training was acknowledged amongst the participants, they felt it did not adequately prepare them for mass bereavement within specific cultural contexts and crises.

Additionally, workforce shortages further compounded these challenges, articulating the disconnect between preparation and implementation. Participant 3 noted, “There just aren’t enough psychologists in these communities,” further emphasizing the strain that was placed on already limited providers serving high-need populations. The shortage increased caseloads and reduced opportunities for rest and balance.

The structural barriers within health care systems also limited the delivery of services. Participant 3 reflected, stating “There’s no point in training if you can’t actually provide the services,” pointing to frustration with systemic constraints that restricted access to care, such as culturally appropriate resources, high caseloads, training limitations, and organizational inflexibility in the delivery of services. The participants indicated that these barriers were particularly pronounced during the COVID-19 pandemic, when the demand for mental health services increased while institutional resources were altogether strained.

This theme focuses on psychologists’ perceptions of preparedness and self-efficacy that were shaped by individual competence or training, but also by the degree of

systemic and organizational support available to them. These participant's accounts suggest that with adequate infrastructure, staffing, and institutional flexibility, clinical preparedness alone was insufficient to ensure effective delivery of services. Together, these findings emphasize the role of structural conditions in shaping psychologists' experiences and their capacity to serve grieving Hispanic populations during a large-scale crisis.

### **Summary**

This chapter presented the findings of a qualitative descriptive study exploring psychologists' preparedness and self-efficacy when providing mental health services to grieving Hispanic clients during the COVID-19 pandemic in the Rio Grande Valley. Through the use of thematic analysis, six interrelated themes emerged from semi structured interviews with licensed psychologists, offering insight into how these mental health providers experienced, adapted to, and navigated the complex emotional, cultural, and systemic challenges that were associated with pandemic-related grief care.

The findings revealed that psychologists' sense of preparedness was initially challenged by the unique and collective nature of COVID-19 as a crisis. Although the participants possessed prior training in grief and trauma-related care, the magnitude, frequency, and together shared reality of loss disrupted traditional clinical roles and professional boundaries. Over time, however, the participants reported increased confidence and self-efficacy as they adapted practices, engaged in experimental learning, and developed new strategies to meet the clients' evolving needs at that time.

Cultural responsiveness arose as a foundational element of effective care, with most participants emphasizing the importance of understanding family-centered values, spiritual and religious beliefs, and culturally grounded expressions of grief within the Hispanic community. At the same time, the emotional and physiological toll of providing care during a prolonged and ever-changing crisis was evident in their accounts, as psychologists reported fatigue, fear, and emotional strain that at times influenced their perceived effectiveness.

The participants also emphasized the importance of coping strategies, peer support, and in organizational adjustments of flexibility in sustaining their ability to provide adequate care. Supportive professional relationships and boundary setting helped with stress and with the support of resilience. However, there were persistent training gaps, workforce shortages and limited crises-specific training preparation that continued to constrain culturally responsive grief services.

Collectively, these findings indicate that psychologists' preparedness and self-efficacy during the COVID-19 pandemic were shaped by the interaction of individual experience, cultural competence, emotional resilience and structural support. The themes presented in this chapter inform the interpretation and recommendations discussed in the Chapter 5, regarding training, practice, and systemic responses to future public health care crises affecting grieving Hispanic populations.

## Chapter 5: Discussion, Recommendations, and Conclusions

### **Introduction**

The purpose of this qualitative descriptive study was to explore psychologists' perceptions of preparedness and self-efficacy when providing mental health services to grieving Hispanic clients during the COVID-19 pandemic in the Rio Grande Valley. The study, guided by Bandura's (1997) theory of self-efficacy, examined how psychologists experienced their clinical roles, adapted their practices, and navigated cultural, emotional and systemic challenges during a period of widespread loss and disruption.

There were six themes that emerged from the thematic analysis of semi structured interviews: preparedness undermined by an unprecedented crisis, adaptation and growing clinical self-efficacy, cultural responsiveness as a foundation of care, emotional and psychological toll on psychologists, reliance on support systems and coping strategies, and training gaps and systemic limitations. This chapter focuses on the interpretation of these findings in relation to existing literature and the theoretical framework, discusses study limitations, and outlines recommendations and implications for practice, research, and positive social change.

### **Interpretation of the Findings**

#### **Preparedness and Self-Efficacy During an Unprecedented Crisis (Research Question 1)**

The findings indicated that psychologists' perceived preparedness was significantly challenged during the initial stages of the COVID-19 pandemic, despite prior training and professional experiences in grief and other related skills. The

participants consistently described the pandemic as something that exceeded the scope of traditional grief counseling preparation. This finding confirms existing literature indicating that mass bereavement events disrupt standard clinical frameworks and challenge professional roles (Saltzman et al., 2021). This highlights that while participants felt that they were academically prepared to address grief and felt prepared to address traditional grief treatment, the collective, prolonged, and pervasive nature of loss at the time of the pandemic crisis reduced their perceived readiness to respond in an effective manner.

### **Emotional and Physiological States Influencing Effectiveness (Research Question 2)**

The participants reported significant emotional and physiological stressors, including extreme fatigue, emotional exhaustion, fear of illness, and genuine concern for their family's safety. These findings extend to prior research that document heightened psychological distress and burnout among health care professionals during the COVID-19 pandemic (Veggi et al., 2024). Consistent with Bandura's (1997) theory, these emotional and physiological states influenced participant's self-efficacy negatively, specifically during the initial phase of the crisis when there appeared to be more uncertainty.

### **Role of Mastery Experiences and Professional Exposure (Research Question 3)**

The narratives from the participants in this study highlight how prior professional experiences, such as crisis intervention, trauma-focused work, and school-based practice, supported the ability to adapt over time. These mastery experiences brought great contributions to increased confidence levels as psychologists learned through practice

rather than from formal preparation. This finding supports Bandura's (1997) assertion that mastery experiences are the most influential source of self-efficacy and that it extends the literature by demonstrating how such experiences function in prolonged crisis contexts.

### **Cultural Responsiveness and Self-Efficacy**

The findings build on prior literature by showing how cultural responsiveness, such as shared language, family-centered values, and spirituality, served as a practical support for psychologists' confidence and effectiveness during pandemic-related grief work. The participants emphasized that culturally responsive care were components of effective grief care. This further aligns with research, suggesting that cultural self-efficacy enhances clinician confidence and resilience when working with marginalized populations (Sue et al., 2009). Most importantly, cultural responsiveness was not described as a skill that provided aide, but rather as a foundational element of effective practice during the pandemic.

### **Limitations of the Study**

There were several limitations to trustworthiness that emerged from the completion of the study. The sample consisted primarily of female psychologists, which may have limited transferability across genders. In addition, recruitment was constrained by workforce shortages and high caseload demands in the Rio Grande Valley, which is an already underserved region with limited numbers of licensed psychologists. This made it difficult to acquire participants for the study. Several potential participants expressed initial interest in the study but were unable to participate due to time constraints and

availability. An additional limitation of this study relates to the use of snowball sampling through professional relationships, which proved to be more challenging than anticipated. Although snowball sampling is often effective for reaching specialized professional populations, in this study it did not substantially increase participation. Several potential participants expressed initial interest as mentioned earlier but did not respond to follow-up communication. Reliance on professional networks may have also limited the diversity of perspectives, as psychologists may be hesitant to engage in research that involves reflecting on professional challenges perceived limitations within their field. Furthermore, the method of data collection, individual, in-depth interviews requiring a significant commitment, may have posed an additional barrier to participation. Alternative data collection approaches, such as shorter interviews, mixed-method designs, or anonymous survey components, may have increased accessibility and participation among professionals.

Cultural factors may have further influenced participation. Within Hispanic communities, discussing perceived professional challenges or emotional vulnerability may be discouraged by cultural values such as *respeto* and *personalismo* (Calzada & Suarez-Balcazar, 2014). The region also lacks a strong research infrastructure, which may have further reduced engagement. And finally, the small sample size integral to qualitative research limits generalizability, although the study achieved depth and contextual richness consistent with qualitative inquiry (Creswell & Poth, 2018).

## **Recommendations**

Future researchers should include larger and more gender diverse samples to explore potential variations in preparedness and self-efficacy. Expanding research beyond the Rio Grande Valley may also allow for comparison across regions with differing levels of resource availability. Also, longitudinal studies are also recommended to examine how psychologists' self-efficacy evolves over time following a crisis exposure, as most mentioned during their interviews that the initial perceived preparedness and self-efficacy were lower during the initial stages of the crisis. Additionally, further studies may benefit from incorporating multiple recruitment strategies, which may include partnerships with professional organizations, health care systems or licensing boards, as well as a varied data collection method to reduce participant burden in high demand settings and also enhance sample size and diversity.

## **Implications**

### **Positive Social Change**

The findings of this study have implications for positive social change at the individual, organizational, and community levels alike, particularly with underserved regions such as the Rio Grande Valley. When we look at the individual level, this study contributes to normalizing the emotional and psychological impact of crisis-related work on psychologists. The participants in this study described experiencing fatigue, fear, and diminished confidence during the pandemic, suggesting the importance of acknowledging professional or provider vulnerability as a natural response rather than as a professional deficiency. By normalizing these experiences, it may encourage help-seeking, peer

consultation, and reflective practice among psychologists, and in doing so, supporting clinician well-being and sustained effectiveness.

At the individual and family level, the study underlines the importance of culturally responsive grief care and interventions that honor Hispanic values. Participants emphasized the centrality of language, family involvement, spirituality, and community connection in supporting grieving clients. Enhancing psychologists' preparedness to delivery culturally congruent care may improve therapeutic engagement, reduce barriers to the utilization of services and support healthier grief outcomes among Hispanic individuals and family members.

At an organizational level, the findings support the need for systemic supports that promote mental health professional resilience and preparedness, including in crisis-specific training, flexible work structures, and accessible supervision. Organizations that invest in these specific supports may reduce professional burnout, improve workforce retention, and enhance the quality of care delivered during future pandemics or public health crises.

At the community and systems level, this study draws attention to persistent workforce shortages and structural barriers affecting mental health service delivery to the Rio Grande Valley. By making psychologists' perspectives in this region audible and visible, the findings may inform advocacy efforts that are aimed at expanding the mental health workforce, increasing access to culturally competent providers.

**Practice**

The findings demonstrate the importance of not only recognizing but also addressing psychologists' emotional and physiological responses during crises conditions. Psychologists reported feeling fear, fatigue and emotional strain that influenced their perceived effectiveness. In practice, this suggests that mental health professionals should engage in regular self-monitoring, boundary setting, and peer consultation to minimize burnout and sustain self-efficacy. Normalizing these experiences within professional settings may reduce stigma associated with professional's distress and encourage the use of supportive resources.

The findings also suggest that psychologists should be prepared to adapt their clinical roles beyond the traditional practices and service delivery during crises. This may include providing psychoeducation, assisting clients in navigating disrupted mourning rituals, and also acknowledging systemic stressors affecting the families. It is by approaching grief-related care within a broader ecological and also a cultural context, psychologists may enhance both their effectiveness and their confidence in supporting Hispanic clients during future public health emergencies.

**Conclusion**

In this qualitative descriptive study, I explored psychologists' perceptions of preparedness and self-efficacy in providing mental health services to grieving Hispanic clients during the COVID-19 pandemic in the Rio Grande Valley. The findings show how psychologists navigated through unprecedented clinical demands that were shaped by cultural considerations, emotional strain, and systemic constraints. Despite the initial

challenges presented during this time, psychologists demonstrated adaptability, resilience and cultural responsiveness in their own efforts to support grieving clients during a time of crisis.

The study furthers understanding of how self-efficacy is influenced not only by prior training, but also by lived experience, emotional and physiological states, and structural support during crises conditions. By centering the perspectives of psychologists serving an underserved and culturally distinct area, this research demonstrates the importance of culturally responsive practice, supportive professional environments, and targeted preparation for future public health emergencies. The findings may inform training, practice, and efforts aimed at strengthening the capacity of psychologists to serve grieving Hispanic individuals during a time of widespread loss.

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## Appendix A: Participant Recruitment Email

Subject: Invitation to Participate in a Study: *Psychologists' Self-Efficacy and Preparedness With Grieving Hispanic Clients During COVID-19*

Dear [Psychologist's Name],

My name is Janet Sanchez, and I am a doctoral candidate at Walden University. I am conducting a dissertation study examining licensed psychologists' perceptions of their self-efficacy and preparedness in providing services to grieving Hispanic clients during the COVID-19 pandemic.

I am writing to invite you to participate in this research. The purpose of this study is to better understand how psychologists navigated the clinical, cultural, and emotional complexities of supporting grieving Hispanic populations during this unprecedented time. Your insights could meaningfully contribute to improving culturally responsive training and clinical practice guidelines.

### **Eligibility:**

- You are a licensed psychologist
- You have at least 6 months of experience providing mental health services to Hispanic clients during the COVID-19 pandemic
- You are fluent in English

### **What Participation Involves:**

- A one-time, confidential interview lasting approximately 45–60 minutes (via Zoom)

- The interview will be audio-recorded and transcribed for analysis
- Participation is entirely voluntary, and you may withdraw at any point without any consequence

All information will be kept strictly confidential, and no identifying details will appear in any reports or publications resulting from this study. The study has been reviewed and approved by Walden University's Institutional Review Board.

If you are interested in participating or would like more information, please reply to this email or contact me at [janet.sanchez1@waldenu.edu](mailto:janet.sanchez1@waldenu.edu) / [telephone number redacted]. I am happy to answer any questions you may have.

Thank you very much for considering this invitation. Your time and expertise are greatly appreciated.

Sincerely,

**Janet Salinas Sanchez**

Doctoral Candidate

Walden University

## Appendix B: Participant Screening Questionnaire

For the study: *Psychologists' Preparedness and Self-Efficacy in Serving Grieving Hispanic Clients During COVID-19*

You will answer the questions below to determine if you are a candidate for this study.

Your responses will be filled out electronically and will remain confidential. Please answer the questions below to determine if you meet the inclusion criteria for this study and return this form.

### Screening Questions

Please answer the following questions:

1. Are you currently a licensed psychologist (PhD or PsyD) in the state of Texas?

Yes  No

*(If No, you are not eligible to participate.)*

2. Have you provided psychological services to grieving Hispanic clients during the COVID-19 pandemic?

Yes  No

*(If No, you are not eligible to participate.)*

3. Are you fluent in English?

Yes  No

*(If No, you are not eligible to participate.)*

4. Do you have experience working in the Rio Grande Valley or similar underserved communities?

Yes  No

(If No, you are not eligible to participate.)

## Appendix C: Participant Demographic Questionnaire

For the study: *Psychologists' Preparedness and Self-Efficacy in Serving Grieving Hispanic Clients During COVID-19*

Your responses will be filled out by the researcher in this form and will remain confidential. The following questions are designed to collect background information to better understand your professional context.

### Section 1: General Information

1. Age: \_\_\_\_\_
2. Gender Identity: \_\_\_\_\_
3. Ethnicity: \_\_\_\_\_
4. Race: \_\_\_\_\_
5. Languages spoken fluently (please list all):  
\_\_\_\_\_

### Section 2: Professional Background

6. What is your highest degree earned? (e.g., PhD, PsyD):  
\_\_\_\_\_
7. Year of Licensure as a Psychologist:  
\_\_\_\_\_
8. Are you currently licensed to practice psychology in Texas?  Yes  No
9. Years of clinical experience post-licensure:  
\_\_\_\_\_
10. Primary work setting (check all that apply):

- Private Practice
- Community Mental Health Center
- School-based Setting
- Hospital
- Other: \_\_\_\_\_

11. Describe the population(s) you primarily serve (check all that apply):

- Children
- Adolescents
- Adults
- Families
- Hispanic Clients
- Other: \_\_\_\_\_

12. Do you have prior experience providing grief counseling?  Yes  No

13. Did you provide mental health services to grieving Hispanic clients during the COVID-19 pandemic?  Yes  No

14. Do you identify as Hispanic or Latino/a/x?  Yes  No (Optional)

## Appendix D: Interview Guide

### Interview Protocol

#### **Introductory Script**

Thank you for agreeing to participate in this study. The purpose of this interview is to understand your experiences in providing support to a grieving Hispanic population during COVID-19. There are no right or wrong answers—please share your honest thoughts and experiences. You may decline to answer any question or stop the interview at any time.

#### **Interview Questions**

##### Section 1: Preparedness

1. How would you describe your experience providing grief support to Hispanic clients during the COVID-19 pandemic, particularly in terms of how prepared you felt?
2. What aspects of your prior training or experience helped you feel prepared? Were there areas where you felt less prepared?
3. What specific training if any did you receive related to cultural competence or grief counseling for Hispanic clients before or during the pandemic?

##### Section 2: Self-Efficacy and Clinical Adaptation

4. How confident did you feel in your ability to adapt your clinical practices to meet the needs of grieving Hispanic clients during the pandemic?

5. In your words and reflection, what would you share as an example of a situation where you felt particularly effective (or ineffective) in supporting a grieving Hispanic client?
6. How did you approach integrating clients' cultural values and mourning practices into your grief counseling?

### Section 3: Mastery Experiences

7. What experiences during your career (before or during the pandemic) most shaped your confidence in working with grieving Hispanic clients?
8. How did those experiences influence the way you provided care during COVID-19?

### Section 4: Emotional and Physiological States

9. How did your own emotional or physiological responses (e.g., stress, fatigue, emotional resilience) influence your sense of preparedness or effectiveness during this time?
10. What strategies did you use to manage stress or emotional challenges while supporting grieving clients?

### Section 5: Closing

11. What do you believe could better support psychologists in feeling prepared and confident to serve grieving Hispanic clients during crises like COVID-19?
12. What else you would like to share about your experience providing grief care to Hispanic clients during the pandemic?

**Closing Script**

Thank you for sharing your insights. Your contributions are valuable and will help inform training and support for psychologists working with grieving Hispanic communities in future pandemics. If you have any concerns following this interview or would like to review the findings, please let me know.

## Appendix E: Mental Health Resources for the Rio Grande Valley

**Table E.1***Mental Health Resources*

Resource	Address/contact information
Abundant Grace Community Outreach	2110 South McColl Rd Edinburg, TX 78539 <a href="http://www.abundant-grace.com">www.abundant-grace.com</a> Main- 956-381-0622, Fax- 956-381-0678
Community Counseling Center	3600 North 23rd, Suite 307 McAllen, TX 78501 Main- 956-687-4668, Fax- 956-687-5770
Tropical Texas Behavioral Health	1901 South 24th Ave Edinburg, TX 78539 <a href="http://www.ttbh.org">http://www.ttbh.org</a> Main- 956-289-7000, Fax- 956-289-7254 Toll Free- 1-800-813-1233
Border Region Behavioral Health Center (Adult Mental Health Services)	Phone: 956-794-3000 1500 Pappas St. Laredo, TX 78041 Website: <a href="http://www.borderregion.org">www.borderregion.org</a> Crisis Hotline: 800-643-1102
DreamStar Free Online Counseling	<a href="https://onlinecounsellinggroups.net/">https://onlinecounsellinggroups.net/</a>