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Cover Page Footnote

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Abstract

Since the onset of the COVID-19 pandemic, the demand for social workers in the U.S. and abroad has increased. There is demand for more social workers in North Carolina due to ongoing and increasing mental health, substance use disorder, and child welfare needs. COVID-19 has taken a toll on the personal and professional lives of social workers, and research is needed to understand the pandemic's effects on burnout and commitment among social workers. The present study sought to understand how the COVID-19 pandemic affected the personal and professional lives of social workers practicing in North Carolina and to determine how the COVID-19 pandemic impacted social worker burnout and organizational and occupational commitment. An online survey was distributed to social workers practicing in North Carolina between February and June of 2022. Social work students recruited 120 eligible participants. Data were analyzed using descriptive statistics, correlations, and multiple regressions. Adjustments to COVID-19 were predictive of work-related burnout and affective commitment when controlling for other factors. Years of practice experience, racial identity, caregiver status, satisfaction with organizational environment, educational attainment, and urbanicity of practice location were also salient predictors across the regression models. North Carolina social workers experienced major adjustments to their personal and professional lives due to the COVID-19 pandemic, which led to negative consequences including increased work-related burnout and less organizational commitment. Additional research – particularly qualitative investigations – is needed to better understand the lived experiences of social workers during the COVID-19 pandemic.

Adjustments to Practice during the COVID-19 Pandemic in North Carolina: Effects on Burnout and Commitment

More than three years into the COVID-19 pandemic, the landscape of social work practice has been irrevocably changed. The demand for social workers in the U.S. and abroad has increased as society grapples with growing needs and disparities related to child welfare (Machlin et al., 2022), mental health (Aknin et al., 2022), and other areas of social work practice (McKnight-Eily et al., 2021; Wilson, 2020). The child welfare system was especially impacted by the pandemic as families and children were subjected to isolation, lack of resources, and barriers to accessing services, technology, and court (Pisani-Jacques, 2020). Meanwhile, the demand for mental health care in the U.S. has continued to outpace growth in the available workforce, and this problem has been exacerbated by the pandemic (Reinert & Nguyen, 2022). Rates of anxiety, depression, and suicidal ideation have increased across all races and ethnicities over the last two years; however, rates have increased most among Black and Indigenous populations (Reinert et al., 2021).

COVID-19 has taken a toll on the personal and professional lives of social workers (Banks et al., 2020; Prasad et al., 2021), many of whom staff the front lines of America's medical care and public health systems (Lerner & Pollack, 2022). Now more than ever, our profession must understand how to not only train social workers who can meet the emerging needs of our society but also how to retain them in human service organizations and the profession. A better understanding of how social work practice has been impacted by the COVID-19 pandemic will enable us to maintain and grow our profession to meet these societal needs within ever-changing practice contexts. Although the acute pandemic phase of COVID-19 has ceded to an endemic phase (Biancolella et al., 2022), literature on how COVID-19 has

affected social work practice is still emerging, and there is still much to learn from the lived experiences of social workers. Thus, the purpose of the present quantitative study was twofold: 1) Understand how the COVID-19 pandemic affected the personal and professional lives of social workers practicing in North Carolina; and 2) Determine how the COVID-19 pandemic impacted social worker burnout and organizational and occupational commitment.

Social Work-Related Needs and the Workforce in North Carolina

Research suggests that by the year 2030, the nation will experience a deficit of 195,000 social workers, with the Southern and Western regions of the country having the most significant shortages (Lin et al., 2016). There is a need for more social workers in North Carolina, in particular. As of 2020, North Carolina had the 14th highest poverty rate in the country, and 20% of children in North Carolina lived below the poverty level (U.S. Census Bureau, 2020). People living in North Carolina also face challenges with mental illness and substance misuse; 20% of those aged 12 or older residing in North Carolina reported struggling with mental illness and 13% reported having a substance use disorder (SUD) in 2020 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). Of the 100 counties in North Carolina, 94 are classified as health professional shortage areas for mental health (North Carolina Department of Health and Human Services [NCDHHS], 2022b). These shortages contributed to over 51.6% of adults with mental illness in North Carolina not receiving treatment (Reinert & Nguyen, 2022).

The ongoing COVID-19 pandemic has led to over three million cases and more than 25,000 deaths in North Carolina (NCDHHS, 2022a). As in other regions, the COVID-19 pandemic heightened the need for social workers and highlighted existing disparities for vulnerable populations (Banks, 2020; Kaniuka et al., 2021). North Carolina schools are

experiencing a severe shortage of school social workers with a ratio of one social worker for every 1,289 students contributing to large caseloads (Childress, 2020). Higher caseloads may lead to higher levels of stress influencing levels of burnout and high turnover rates (Brown et al., 2019; Evans et al., 2006). Since the pandemic, North Carolina has seen a 40% increase in reported symptoms of mental illness among adults (Blythe & Thompson, 2022). Efforts to hire enough staff to meet the growing mental health services needs in North Carolina have continued to fall short, contributing to ongoing mental health provider shortages, especially in rural areas of the state (Kummerer, 2020).

Burnout Among Social Workers

Social work is a profession with a high risk of burnout (Lloyd et al., 2002), especially among those social workers who work in child welfare and with survivors of various forms of trauma (McFadden et al., 2015). Burnout is a state of emotional and physical exhaustion associated with work (Maslach & Leiter, 2016) which may result from a chronic imbalance of stress and coping resources (Hakanen et al., 2006). Less experienced social workers are particularly vulnerable to burnout, which can contribute to early-career social workers deciding to leave the profession (Brown et al., 2019; Walters et al., 2020). This is especially problematic given that early-career social workers are often employed in front-line, client-facing roles amidst ongoing public and mental health crises. Recent evidence suggests that work-related adjustments and stressors related to COVID-19 have been associated with an increased risk of experiencing burnout among social workers (Dima et al., 2021).

Commitment Among Social Workers

Along with concerns about increases in burnout among social workers related to the COVID-19 pandemic, there are concerns about social workers' commitment to human service

organizations and the profession in general. Studies continue to show a relationship between the experience of burnout and low commitment among social workers and other types of human service professionals (Brown et al., 2019; Mercado et al., 2022; Mor Barak et al., 2001). The commitment of social workers is typically studied by examining two different domains: the employing organization (i.e., organizational commitment) and the profession (i.e., occupational commitment).

Organizational commitment is a social worker's sense of attachment and cohesion with an employing organization and its values, goals, and mission (Jaskyte & Lee, 2009; Marchiori & Henkin, 2004). Organizational commitment among social workers has been associated with increased performance, organizational effectiveness, and intentions to remain with an organization (Giffords, 2009; Jaskyte & Lee, 2009; Marchiori & Henkin, 2004; McNeeseSmith & Crook, 2003). Social workers may be committed to organizations for various reasons, and Allen and Meyer (1990) contributed an enduring three-component conceptualization of organizational commitment, specifying the encompassed dimensions of affective commitment, continuance commitment, and normative commitment. Affective commitment is indicative of emotional attachment to an organization, such that the social worker identifies with and enjoys working for the organization (Allen & Meyer, 1990). Whereas affective commitment is associated with a social worker's *desire* to continue working for an organization, continuance commitment indicates a *need* to remain with an organization due to costs or penalties associated with leaving the organization (Allen & Meyer, 1990). Normative commitment is associated with the likelihood of remaining with an organization because of one's sense of loyalty and obligation to the organization as well as the perceptions of significant others (i.e., family, friends, and colleagues; Allen & Meyer, 1990).

Given the ongoing need for social workers as well as the education and training invested to develop social workers, occupational commitment is important to the social work profession at large, yet it has received considerably less attention in research than organizational commitment (Meyer & Espinoza, 2016). Occupational commitment is one's attachment to their occupation or profession (Kats et al., 1986). Organizational and occupational commitment share many common factors including income, age, occupational tenure, various forms of work-related satisfaction, work ethic, caretaking responsibilities, and burnout (Lee et al., 2000; Wermeling et al., 2013). Organizational and occupational commitment are related in the sense that one's experiences working at a particular human services organization may affect commitment toward the profession as a whole (Lee et al., 2000). However, most social workers, as professionals, have agency to choose where they work and in what type of role. In other words, the bounds of a social worker's attachment to the profession reach beyond the bounds of their commitment to the organization where they work at any given time. Social workers who, for personal reasons, are bound to a particular region may have fewer organizations to choose from, and thus, in certain geographical contexts, it is likely that organizational and occupational commitment are more closely related (Brown et al., 2017; Walters et al., 2020).

The Present Study

To the authors' knowledge, no studies have examined how COVID-19-related practice adjustments are related to organizational and occupational commitment. Given the ongoing importance of retaining social workers in human services organizations and in the profession at large as well as the specific social work workforce needs of North Carolina, the present study aimed to examine the associations between COVID-19 pandemic-related practice adjustments and levels of burnout and commitment among social workers practicing in North Carolina

approximately two years after the pandemic began. Along with the stated aim of this study, the following research questions were addressed:

1. To what extent has the COVID-19 pandemic affected the personal and professional lives of social workers practicing in North Carolina?
2. Are COVID-19 related adjustments and adverse effects associated with work-related burnout among social workers practicing in North Carolina?
3. Are COVID-19 related adjustments and adverse effects associated with commitment among social workers practicing in North Carolina?

Methods

An online Qualtrics survey was distributed to social workers practicing in North Carolina between February and June of 2022 to collect information regarding their personal and professional characteristics as well as their work experiences since the COVID-19 pandemic began. The institutional review board at Western Carolina University (WCU) provided human subjects review and approval for this study on February 1, 2022 (IRB #2022-01-07-02). Participants followed a link to the online survey where they were provided with a consent cover page that included information about the survey and study. After participants provided informed consent, several screening questions determined eligibility for participation in the study. Eligibility criteria for the study included having obtained an undergraduate or graduate degree in social work; being at least 18 years old; and currently practicing social work in North Carolina at the time of the survey. The survey was only available in English. No incentive was provided in exchange for participating in the study. Aside from screening questions, all survey items included an option to choose not to respond. Among eligible respondents who completed the

survey, the median time to provide consent, answer screening questions, and complete the survey was just over 14 minutes.

Sampling Procedures

Purposive sampling was conducted, and participants were recruited by social work students at WCU. This survey was conducted as a part of a student-engaged research project that spanned three social work research classes: two masters-level courses and one bachelors-level course. Students used a variety of methods to identify and recruit participants, and they were given verbiage to assist in recruiting participants in-person, via telephone or video conferencing, via email, or using social media. Many of the students involved in this project were simultaneously working in social work settings throughout the Western North Carolina region as a part of field placements affiliated with WCU's social work programs. As such, students often recruited colleagues from these settings to participate in the study.

Measures

Demographic and Practice Characteristics

Participants provided personal demographic information including age (in years), gender, racial identity, educational attainment, and caregiver status. Other questions probed information related to participants' practice characteristics including years of social work practice experience and the classification of their employing organization: *governmental*, *non-governmental*, *for-profit*, or *private practice*. Participants were asked to self-describe the county where they practiced using the following key: *rural (less than 10,000 people)*, *suburban (10,000-50,000 people)*, or *urban (more than 50,000 people)*. Participants were also asked to provide a zip code for their primary practice location.

Personal and Professional Experiences During the COVID-19 Pandemic

Seven survey items were written by the authors to gather information regarding the effects of the COVID-19 pandemic on social workers' personal and professional lives. Participants indicated to what degree their typical workload had changed compared to before the pandemic: *a lot less workload*, *somewhat less workload*, *no change*, *somewhat more workload*, or *a lot more workload*. Two other items probed the extent to which COVID-19 had required participants to make adjustments to their work as a social worker and had adversely affected their practice, with response options ranging from *not at all* to *a very large extent*. Using the same response options, two other items probed the effects of the pandemic on their personal lives, asking to what extent COVID-19 had adversely affected their personal lives and their ability to manage both caregiver and work-related responsibilities. Only those social workers who had indicated being a caregiver previously in the survey were asked about balancing caregiver responsibilities. Participants were also asked whether they had received at least one COVID-19 vaccination and whether they themselves, an immediate family member, or someone they live with had tested positive for COVID-19. The three items indicating adjustments to practice, adverse effects on personal life, and adverse effects on practice were used to form a mean score with a potential range of 0 to 4 and higher scores indicating more adjustments and adverse effects due to COVID-19 ($\alpha = .714$).

Satisfaction with Compensation

Instead of asking participants to provide specific salary information that is highly relative to other factors such as location, type of practice, and tenure, three items were written by the authors to probe satisfaction with overall compensation:

1. My compensation meets or exceeds my expectations.
2. I am satisfied with my overall compensation.

3. I feel I am compensated fairly for the work I do.

Response options ranged from *strongly disagree* to *strongly agree*. The mean of the three items was calculated to form a score with a potential range of 0 to 4 with higher values indicating more satisfaction with compensation ($\alpha = .953$).

Organizational Environment

Satisfaction with organizational environment was measured using a subscale of the Social Work Satisfaction Scale (SWSS). The SWSS is a 22-item scale developed by Kline and Graham (2009) to measure subjective well-being related to social work practice and has shown good validity and reliability in prior studies (Brown et al., 2019; Shier et al., 2012). Satisfaction with organizational environment is an indicator of workplace culture and climate as well as the degree to which one feels support and recognition from colleagues (Graham et al., 2007). Satisfaction with organizational environment has previously been shown to be strongly related to burnout and commitment among social workers (Brown et al., 2019). SWSS items include Likert-type response options ranging from *strongly disagree* to *strongly agree*. The satisfaction with organizational environment subscale consists of 10 items that were used to form a mean score with a potential range of 0 to 4 and higher scores indicating more satisfaction ($\alpha = .903$).

Burnout

The work-related burnout subscale from the Copenhagen Burnout Inventory (CBI) was used to measure burnout related to social work practice. The CBI was developed by Kristensen et al. (2005) to measure burnout related to work, client interactions, and personal life. The work-related burnout subscale of the CBI is comprised of seven items, each with five response options indicating either frequency or level of agreement. Items were used to form a mean score with a

potential range of 0 to 100 with higher scores indicating more burnout. The CBI has previously shown good reliability and validity with social workers (Brown et al., 2019; Walters et al., 2018) and the work-related burnout subscale had acceptable reliability with the present sample (α = .913).

Organizational Commitment

Organizational commitment was measured using the 18-item version (Meyer et al., 1993) of the scale originally developed by Alan and Meyer (1990). Allen and Meyer's scale draws from their multi-dimensional conceptualization of organizational commitment operationalized as three subscales, each with six items and response options ranging from *strongly disagree* to *strongly agree*. The measure has previously been used with samples of social workers and has shown evidence of good reliability (Criss, 2010; Graham et al., 2014). All three subscales were used in the present study and showed acceptable reliability: affective commitment (α = .794), continuance commitment (α = .787), and normative commitment (α = .850). Each of the subscales was scored by calculating a mean from the corresponding items. Each score had a potential range of 0 to 4 with higher scores indicating more organizational commitment.

Occupational Commitment

Three items developed by Blau (1985) were used to measure occupational commitment: (1) "I intend to leave my occupation as soon as possible"; (2) "If I could do it all over again, I would choose to work in the same occupation"; and (3) "I think a lot about leaving my occupation." Each item included five response options ranging from *strongly agree* to *strongly disagree*, with the second item being reverse coded. The three items were averaged to form a score with potential values ranging from 0 to 4 with higher values indicating more occupational

commitment. These items have previously been used to measure occupational commitment among social workers with acceptable reliability (Graham et al., 2014; Shier et al., 2012), as they did with the present sample ($\alpha = .607$).

Analytic Procedures

IBM SPSS (28.0) was used to screen and prepare data as well as to conduct all analyses. Data was examined for missing data patterns before choosing a method to handle missing data. Descriptive statistics were generated for all of the included measures to provide context for other results and to address our first research question. To test for convergent and divergent validity, bivariate correlations were examined for the five outcomes: work-related burnout, affective commitment, continuance commitment, normative commitment, and occupational commitment. To answer our second and third research questions, linear regressions for each of the outcomes were conducted to test significance and compare standardized effects between scores indicating adjustments and adverse effects of COVID-19 on social workers and the following covariates: race (0 = *white only*; 1 = *BIPOC*), caregiver status, educational attainment, years of practice experience, urbanicity of practice location (0 = *rural*; 1 = *suburban/urban*), satisfaction with compensation, and satisfaction with organizational environment.

Results

A total of 121 individuals consented to participate in the study, and 120 were determined to be eligible to participate after answering screening questions. Of the 120 eligible participants, 119 completed the survey, and one respondent completed 84.0%. Other missing data resulted from participants choosing not to answer questions. Of the 49 variables used for multivariate analyses (including all items prior to scoring), 20 (40.8%) had some amount of missing data, and 8.3% (10 of 120) cases contained missing data. Among all potential values in the data, only 0.4%

of them were missing. Of the 20 variables with missing data, 18 of them contained one missing value. Little's (1988) missing completely at random (MCAR) test provided evidence that data used in analyses were MCAR ($\chi^2[421] = 441.88$, $p = .232$). Missing data was handled with pairwise deletion for descriptive statistics and multiple imputation with 20 imputations for bivariate and multivariate analyses.

Sample Characteristics

The average age of participants was 38.02 (*SD* = 12.96), and most self-identified as female (87.5%) and non-Hispanic white (85.0%). Most participants (70.8%) reported not having caregiver responsibilities outside of their work (see Table 1). The majority of social workers who participated in the survey reported having attained a master's degree in social work (80.0%) with the rest reporting a bachelor's in social work as their highest degree. Years of practice experience ranged from 0 to 46 years with an average of 9.70 years (*SD* = 9.65). Many of the participants reported working in urban locations (45.0%); however, rural and suburban practice locations were also well-represented in the sample. About a third of participants indicated working in non-governmental non-profit organizations (38.3%), with a similar proportion working in governmental agencies (29.2%), and the rest split between for-profit agencies (17.5%) or for-profit private practices (14.2%). See Figure 1 for a map showing the practice locations of the social workers survey.

<Insert Table 1 Here>

Personal and Professional Experiences During the COVID-19 Pandemic

Compared to before the COVID-19 pandemic, most participants indicated that they were experiencing somewhat more (41.7%) or a lot more workload (28.3%). Only 13.3% reported less workload compared to before the pandemic (see Table 2). Nearly all social workers reported

having to make adjustments to their practice as a result of the pandemic. Most indicated having to adjust to a moderate (36.7%) or a large extent (32.5%). Similarly, most respondents indicated that the COVID-19 pandemic had adversely affected their social work practice to a moderate (44.2%) or a large extent (27.5%).

Many participants also indicated that the COVID-19 pandemic had adversely affected their personal lives to a moderate (38.3%) or a large extent (23.3%). Among the 34 social workers who reported having caregiving responsibilities outside of work, many indicated that the pandemic had affected their ability to manage caregiver and work-related responsibilities to a moderate (35.3%) or large extent (20.6%). About a third (32.5%) had tested positive for COVID-19 at least once, and nearly two-thirds (60.8%) reported that an immediate family member or someone they lived with had tested positive. Nearly all (95.0%) had received at least one COVID-19 vaccination. The average score computed by taking a mean of the three items indicating adjustments and adverse effects due to COVID-19 was 2.53 (range of 0 to 4; *SD* = 0.78; Skewness = -0.03; Kurtosis = -0.17)

<Insert Table 2 Here>

Satisfaction with Compensation and Organizational Environment

The social workers sampled were generally split with regard to their satisfaction with compensation, with few indicating neutrality. About half somewhat (35.8%) or strongly agreed (19.2%) that they were satisfied with their overall compensation, whereas 23.3% somewhat disagreed and 16.7% strongly disagreed. Agreement with statements about whether compensation met or exceeded expectations and whether they felt that they were fairly compensated for their work showed similar response patterns with 55% of respondents somewhat or strongly agreeing with the former statement and 49.2% agreeing with the latter

statement. The mean of scores generated from these items was 2.13 (range of 0 to 4; *SD* = 1.35; Skewness = -0.24; Kurtosis = -1.31). Overall satisfaction with organizational environment was slightly higher, with an average score of 2.93 (range of 0 to 4; *SD* = 0.88; Skewness = -0.94; Kurtosis = 0.52).

Work-Related Burnout

The average work-related burnout (WRB) score was 49.19 (*SD* = 21.51) on a scale from 0 to 100, indicating a moderate level of burnout among the sample. WRB was significantly related to other outcomes except normative commitment (see Table 3). A multiple regression model accounted for 40.3% of the variance in WRB ($F[8,111] = 9.38$, $p < .001$). Within this model, years of practice experience ($\beta = -.19$, $p = .016$), satisfaction with organizational environment ($\beta = -.51$, $p < .001$), and adverse effects of COVID-19 ($\beta = .19$, $p = .015$) were significantly associated with WRB (see Table 4).

<Insert Table 3 Here>

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Occupational Commitment

The average occupational commitment score was 3.31 (*SD* = 0.81) on a scale from 0 to 4, indicating a high level of occupational commitment among the sample. Occupational commitment was significantly correlated to other outcomes except normative commitment. A multiple regression model predicting occupational commitment was not significant ($R^2 = .10$, $F[8,111] = 1.52$, $p = .158$). Occupational commitment scores were negatively skewed and leptokurtic (see Table 3), and a histogram of standardized residuals resulting from this model appeared to violate the assumption of normality of residuals. To address this, we transformed occupational commitment scores in three ways: log, square root, and Box-Cox. While these

transformations did yield more normally distributed residuals, none of the regression models for transformed versions of occupational commitment scores were significant.

Organizational Commitment

Scores from the organizational commitment subscales indicated a moderate amount of commitment, ranging from 2.06 (*SD* = 0.95) for continuance commitment to 2.49 (*SD* = 0.94) for affective commitment on a scale from 0 to 4. Affective and continuance commitment were significantly correlated with both work-related burnout and occupational commitment. Correlations between organizational commitment subscales were similar to those published by Meyer et al. (1993) when they validated the 18-item version of the scale, with no differences for which relationships were significant.

A multiple regression model accounted for 43.8% of the variance in affective commitment ($F[8,111] = 10.83$, $p < .001$). Within this model, race ($\beta = -.23$, $p = .002$), years of practice experience ($\beta = .20$, $p = .016$), satisfaction with organizational environment ($\beta = .44$, $p < .001$), and adverse effects of COVID-19 ($\beta = -.15$, $p = .044$) were significantly associated with affective commitment.

A multiple regression model accounted for 16.1% of the variance in continuance commitment ($F[8,111] = 2.67$, $p = .011$). Within this model, caregiver status ($\beta = .22$, $p = .019$) and educational attainment ($\beta = -.23$, $p = .007$) were significantly associated with continuance commitment.

A multiple regression model accounted for 31.2% of the variance in normative commitment ($F[8,111] = 6.31$, $p < .001$). Within this model, urbanicity of practice location ($\beta = -.26$, $p = .001$) and satisfaction with organizational environment ($\beta = .44$, $p < .001$) were significantly associated with normative commitment.

Discussion

Among a sample of social workers practicing in North Carolina who were surveyed two years after the COVID-19 pandemic began in the U.S., most reported additional workload, considerable adjustments to their practice, and overall adverse effects on their practice and personal lives. Over two-thirds reported having to make adjustments to their practice to a moderate or large extent. Results indicate that these adjustments contributed to adverse effects on their practice and personal lives, with nearly three-quarters reporting adverse effects on practice to a moderate or large extent and about two-thirds reporting adverse effects on their personal lives.

The present study's findings indicate that experiences related to COVID-19 during the first two years of the pandemic are associated with work-related burnout among social workers when controlling for other factors. Scores indicating adjustments to practice and adverse effects of COVID-19 on practice as well as personal lives had a medium effect on work-related burnout scores, such that those who experienced more adjustments and distress from COVID-19 were more likely to score highly for work-related burnout. Work-related burnout is indicative of physical and emotional exhaustion related to work, and this finding confirms anecdotal evidence and prior research indicating that COVID-19 has taken a toll on the professional and personal lives of social workers (Banks et al., 2020; Prasad et al., 2021).

Social workers who reported more adjustments and adverse experiences related to COVID-19 scored lower for affective commitment on average when controlling for other factors. The model predicting affective commitment was the best fitting, accounting for 43.8% of the variance in the outcome. While scores indicating the effects of COVID-19 were not predictive of other types of commitment, affective commitment is perhaps the most salient type of

commitment for administrators of human service organizations given that it indicates overall cohesion and emotional attachment with an organization. Low affective commitment may contribute to turnover, especially when viable work alternatives are available. Social workers who possess high levels of affective commitment (i.e., desire to work for an organization) are likely to stay with an organization regardless of their levels of continuance commitment (i.e., need to continue working for an organization) or normative commitment (i.e., obligation to continue working for an organization). The negative relationship between the effects of COVID-19 and affective commitment may foretell shifts in the social work workforce in North Carolina and elsewhere, perhaps to organizations that provide a healthy work climate and flexible work arrangements.

Race was found to be predictive of affective commitment, such that social workers who identified as BIPOC indicated less affective commitment to their organizations than social workers who identified as white. This finding parallels other accounts examining experiences of BIPOC practitioners in human-serving occupations (i.e., nursing, psychology) during the COVID-19 pandemic that have noted increased negative impacts on their professional and personal well-being (e.g., Ansari, 2022; Miu & Moore, 2021; Hennein et al., 2022). Miu & Moore (2021) note that challenges for BIPOC professionals in health-related fields that have been elevated include "(1) vulnerability to racism and racial trauma, (2) increased vicarious trauma and burnout, and (3) disproportionate burden and responsibilities" (p. 540). Moreover, structural racism may prevent organizations from addressing these issues and creating a supportive, healthy environment for a diverse workforce (Kyere & Fukui, 2022). Further compounding challenges, BIPOC continue to face higher incidences of illness and death related to COVID-19 (e.g., Hill & Artiga, 2022) as well as increasing rates of anxiety, depression, and

suicidal thoughts (Reinert et al., 2021). Moving into an endemic and reflecting on the pandemic, further research is imperative to inform organizational change efforts to improve working conditions for BIPOC populations to increase and maintain essential human-serving professionals, including social workers.

Years of practice experience and satisfaction with organizational environment were significantly related to burnout and affective commitment which confirms previous research demonstrating the importance of supporting social workers with a healthy work climate (Brown et al., 2019) and the increased vulnerability of beginning social workers to experiencing burnout (Kagen & Itzick, 2019; Walters et al., 2020). Satisfaction with organizational environment was also related to normative commitment, indicating that organizations that provide a healthier and more engaged work climate may engender a greater sense of loyalty to the organization among the social workers that they employ. Other replicated findings include the associations of caregiver status and educational attainment with continuance commitment. Social workers who are caregivers may feel a greater need to continue working for an organization despite their desire to do so or sense of loyalty to the organization. Compared to bachelor's-level social workers, those with an MSW exhibited less continuance commitment on average, which is likely indicative of the greater array and variety of work opportunities for graduate-level social workers.

Social workers who reported practicing in predominantly rural locations scored higher for normative commitment than those who worked in suburban or urban areas. This was a relatively large effect, and it was one of only two significant predictors for normative commitment – a sense of loyalty and obligation to the organization. This was an interesting finding because North Carolina has found it difficult to meet the growing need for mental health services in rural

communities due to the pandemic (Kummerer, 2020). Considering past studies of rural social workers and their work experiences, social workers and other human service workers who practice in rural settings tend to hail from rural areas, have experience with rural areas, and have had training and education related to rural practice (Mackie, 2012; Mackie & Simpson, 2007; Walters, 2021). Similarly, rural social workers feel that living and practicing in a rural community is part of their identity (Allan et al., 2007). Moreover, if one or more of these factors exist in rural practitioners, they report reduced burnout and longer tenures (e.g., Barth et al., 2008; Manahan et al., 2009). Past and present findings considered, along with the urgency for more practitioners, social work programs in North Carolina must actively recruit potential students from rural communities and work to identify and secure financial incentives for students from state and federal agencies to return to their communities (or other rural areas) to practice (Brown et al., 2017).

Limitations

The results presented in this paper were derived from a relatively small sample of North Carolinian social workers who were recruited with the use of non-probability sampling methods. While the sample was relatively diverse in terms of the urbanicity of practice locations represented and the types of organizations where they practiced, many of those sampled practiced in locations in the western portion of the state, near where the students who were involved in recruitment went to school and had field placements. Given the constraints of the sample and data, these results are not generalizable to all social workers practicing in North Carolina or the U.S. Even with these limitations, these results provide new insights into the effects of COVID-19 on practicing social workers, and the relationships between variables observed here may be reproducible with other samples.

Although a null finding is not necessarily a limitation, the non-significant regression model predicting occupational commitment may be more indicative of measurement issues than the salience of factors included in the model. The scores from the measure of occupational commitment indicated acceptable internal consistency ($\alpha = .607$). However, the measure appeared to be less reliable than the other scales used for this study. Treating occupational commitment as a multi-dimensional construct similar to how organizational commitment is often measured may be warranted for future studies with social workers (Meyer & Allen, 1993).

Conclusions

Over the past few years, the COVID-19 pandemic has brought forth many challenges for helping professionals, including social workers, across all types of practice settings (e.g., child welfare, substance use treatment, mental health), increasing burnout in an already burnout-prone profession. North Carolina is a state that, even before the pandemic, could not meet the increasing needs for mental health professionals, and COVID-19 only exacerbated the demand. The present study sought to examine the personal and professional impact of the COVID-19 pandemic on social workers in North Carolina and the relationships between pandemic-related adjustments and levels of burnout and organizational and occupational commitment.

Findings from this investigation indicated that North Carolina social workers experienced major adjustments to their personal and professional lives due to the COVID-19 pandemic, which led to negative consequences including increased work-related burnout. Consequently, affective commitment – the desire to work for one's current employer – was reduced. Of particular concern were individuals who had less practice experience as well as those who were BIPOC.

Additional research – particularly qualitative investigations – is needed to better understand the lived experiences of social workers during the COVID-19 pandemic, the adjustments that were made, and how these adjustments and experiences affected their work and professional lives. The current research and future investigations are beneficial as they provide more context and guidance on how to move forward with creating healthy, employee- and client-centered organizations where social workers experience less burnout and are committed to their workplaces.

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Table 1

Demographic and Practice Characteristics of Sample (*N* = 120)

Characteristic	%
Age	*M* = 38.02, *SD* = 12.96
Gender	
Female	87.5
Male	11.7
Transgender	0.8
Race and Hispanic origin[a]	
White alone, not Hispanic or Latino	85.0
Black alone	6.7
Hispanic or Latino	4.2
Native American alone	2.5
Asian alone	0.8
Caregiver[a]	
Yes	28.3
No	70.8
Educational attainment	
BSW	20.0
MSW	80.0
Years of experience	*M* = 9.70, *SD* = 9.65
Geographic classification[a]	
Rural	22.5
Suburban	31.7
Urban	45.0
Agency classification[a]	
Governmental	29.2
Non-profit	38.3
For-profit	17.5
Private practice	14.2

[a] 0.8% chose not to answer.

Table 2

Effects of COVID-19 on Practice and Personal Lives (*N* = 120)

Questions	Response Options (%)				
Since the COVID-19 pandemic began, has your typical workload changed compared to before the pandemic?[a]	A lot less workload (5.0)	Somewhat less workload (8.3)	No change (11.7)	Somewhat more workload (41.7)	A lot more workload (28.3)
To what extent have you had to make adjustments to your work as a social worker due to the COVID-19 pandemic?[b]	Not at all (0.8)	To a small extent (5.8)	To a moderate extent (36.7)	To a large extent (32.5)	To a very large extent (22.5)
To what extent has the COVID-19 pandemic adversely affected your practice as a social worker?[b]	Not at all (2.5)	To a small extent (7.5)	To a moderate extent (44.2)	To a large extent (27.5)	To a very large extent (16.7)
To what extent has the COVID-19 pandemic adversely affected your personal life?	Not at all (3.3)	To a small extent (15.8)	To a moderate extent (38.3)	To a large extent (23.3)	To a very large extent (19.2)
To what extent has the COVID-19 pandemic affected your ability to manage both caregiver and work-related responsibilities?[c]	Not at all (5.9)	To a small extent (17.6)	To a moderate extent (35.3)	To a large extent (20.6)	To a very large extent (17.6)

[a] 5.0% chose not to answer; [b] 1.7% chose not to answer; [c] *n* = 34 and 2.9% chose not to answer

Table 3

Correlations Between Outcomes (*N* = 120)

Outcome	Min-Max	*M* (*SD*)	Skewness	Kurtosis	1	2	3	4	5
1. Work-related burnout	0-100	49.19 (21.51)	-0.03	-0.31	1				
2. Occupational commitment	0-4	3.31 (0.81)	-1.41	1.89	-0.42**	1			
3. Affective commitment	0-4	2.49 (0.94)	-0.43	-0.34	-0.40**	0.22*	1		
4. Continuance commitment	0-4	2.06 (0.95)	0.03	-0.62	0.28**	-0.21*	0.04	1	
5. Normative commitment	0-4	2.13 (0.98)	-0.29	-0.05	-0.17	0.12	0.49**	0.22*	1

* p <.05; ** p < .01;

Table 4

Results of Multiple Linear Regressions Predicting Burnout and Commitment Among NC Social Workers (*N* = 120)

	Work-Related Burnout		Affective Commitment		Continuance Commitment		Normative Commitment	
Predictor	*B* (95% CI)	β	*B* (95% CI)	β	*B* (95% CI)	β	*B* (95% CI)	β
Race[a]	-1.04 (-10.38, 8.29)	-0.02	-0.62** (-1.00, -0.23)	-0.23**	-0.21 (-0.69, 0.27)	-0.09	-0.26 (-0.71, 0.19)	-0.10
Caregiver status	6.70 (-0.66, 14.06)	0.14	0.06 (-0.26, 0.37)	0.03	0.48* (0.08, 0.87)	0.22*	0.34 (-0.03, 0.70)	0.15
Educational attainment	-2.05 (-9.83, 5.73)	-0.04	-0.33 (-0.66, 0.00)	-0.14	-0.56** (-0.97, -0.16)	-0.23**	-0.23 (-0.61, 0.15)	-0.10
Years of practice experience	-0.43* (-0.78, -0.08)	-0.19*	0.02* (0.00, 0.03)	0.19*	0.01 (-0.01, 0.03)	0.09	0.00 (-0.02, 0.02)	0.03
Urbanicity of practice location	-1.01 (-8.63, 6.61)	-0.02	-0.23 (-0.55, 0.09)	-0.10	-0.36 (-0.75, 0.04)	-0.16	-0.61** (-0.98, -0.24)	-0.26**
Compensation[b]	-0.80 (-3.41, 1.82)	-0.05	0.08 (-0.04, 0.19)	0.11	0.06 (-0.08, 0.19)	0.08	0.01 (-0.12, 0.14)	0.02
Organizational environment[c]	-12.52** (-16.32, -8.72)	-0.51**	0.47** (0.31, 0.63)	0.44**	0.01 (-0.18, 0.21)	0.03	0.49** (0.31, 0.67)	0.44**
Adverse effects of COVID-19	5.13* (1.01, 9.24)	0.19*	-0.19* (-0.37, -0.01)	-0.15*	0.14 (-0.07, 0.36)	0.10	0.03 (-0.17, 0.23)	0.02
	R^2 = .40 $F(8, 111) = 9.38$; $p < .001$		R^2 = .44 $F(8, 111) = 10.83$; $p < .001$		R^2 = .16 $F(8, 111) = 2.67$; $p = .011$		R^2 = .31 $F(8, 111) = 6.31$; $p < .001$	

[a]Reference category is White; [b]Satisfaction with compensation; [c]Satisfaction with organizational environment

*$p < .05$; **$p < .01$

Figure 1

Practice Locations of Participants Based on Zip Codes