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## Human Service Professionals Perceptions About Support from Supervisors During the COVID-19 Pandemic

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# Walden University

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Ericka Booker

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Walden University  
2024

Abstract

Human Service Professional Perceptions About Support from Supervisors During the  
COVID-19 Pandemic

by

Ericka Booker

MS, Springfield College, 2004

BS, Springfield College, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

May 2024

## Abstract

The United States Department of Human Services provided information about how to administer services remotely to human service organizations during the COVID-19 pandemic, but multiple challenges arose including lack of support, ethical concerns, and difficulty in building a rapport with clients remotely. The problem that was addressed in this study was the negative impacts on clients due to the issues with human service professionals providing virtual services during the pandemic. This generic qualitative study aimed to explore perceptions about the support human service professionals received from their supervisors during the pandemic. Bandura's self-efficacy theory was used to explore participant perceptions collected with semi-structured interviews. Data from 11 respondents were analyzed using inductive coding. Three main themes answered the research question: (a) some employees were not provided training for delivering services remotely; (b) the perceptions of supervisor performance during the pandemic did not seem to affect employee relationships with their supervisors; and (c) despite the change in ways that supervisors communicated with employees, some felt supervision did not change. The results highlighted the importance of proper employee training, positive relationships between supervisors and employees, and ongoing quality communication between supervisors and employees, especially during disruptive times such as the pandemic. Implications for positive social change include guidance for human service organizations and professionals to make services equitable and accessible to users to increase efficiency, convenience, and community reach.

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## Chapter 1: Introduction to the Study

### **Introduction**

Researchers have studied the remote supervision of employees working virtually during the height of the COVID-19 pandemic, as well as when workers have transitioned back to the office, but some tasks remain virtual (Ashcroft et al., 2021; Karakose et al., 2021; Tarlow et al., 2020; van Zoonen et al., 2021). In remote service delivery, several difficulties occur, including a lack of assistance, ethical issues, and trouble connecting with clients (Pascoe, 2021). Some organizations needed extra technology support despite service delivery moving solely to virtual delivery. Rules and regulations had to be in place to address employee ethical concerns about client privacy (Ashcroft et al., 2021). Lastly, there was a lack of training for employees who had never provided virtual services.

Professionals rely on managers to provide them with guidance and training. Managers should have provided more support in industries transitioning to virtual service provision during COVID-19, particularly for education and healthcare (Johnson et al., 2020; Pierce et al., 2021). Researchers found a need for more managerial and organizational support due to the stress and increased workload during the transition (Ashcroft et al., 2021; Johnson et al., 2020; Pierce et al., 2021). The shift to virtual service delivery required supervisors to learn new strategies. Virtual coaching and feedback techniques are areas on which managers need to focus to improve the caliber and effectiveness of how employees deliver client services and support (Schultz et al., 2021).

Human service professionals are leaders in providing individualized resources. As professionals providing direct care to service users, they can provide valuable input in designing plans that work best for providers and users (Jose, 2015). Organizations with human service professionals can use the data to inform training and development for changes made regarding delivering services, training employees, and communicating information continuously. Additionally, some service providers reported positive impacts of virtual service delivery. For example, they saved time and money because they were not leaving the house for work (Ashcroft et al., 2022). Making virtual service delivery a permanent option could benefit both employees and service users.

Hopefully, the results of this study may highlight the importance of employees' perceptions of how well they can implement virtual service delivery. Chapter 1 includes the background of the research topic, a discussion of the problem, the purpose of the study, and the research question that this study will answer. I identified the theoretical foundation and the nature of the study. I also defined key concepts and shared assumptions and described the scope and limitations of the study. Finally, I explained the significance of this study.

### **Background**

The Coronavirus pandemic of 2019 (COVID-19) started in December 2019. Countries worldwide closed their borders while nations and states observed lockdowns to slow the spread of COVID-19 (Slotnick, 2020). The first confirmed case of COVID-19 in the United States was in January 2020 (Sahu & Kumar, 2020). The Centers for Disease

Control (2022) advised the nation that there would be school closings, workplace shutdowns, and cancellations of public events.

By mid-2020, the unemployment rate was high due to lockdowns implemented in the United States, and only essential services were being provided (Centers for Disease Control, 2022). Human service organizations had to find alternative methods of service delivery. Virtual service delivery was necessary to continue providing services to those most in need. The government expanded telehealth services for Medicare and Medicaid recipients (Centers for Disease Control, 2022). The Trump administration signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which authorized emergency loans for businesses, grants, and technical assistance (Congress, 2020). Government funding assisted organizations in building a technology infrastructure to continue to serve people in need.

Before COVID-19, human service agencies worked like most organizations with office hours and paper resources, with services occasionally delivered outside the office. Face-to-face interaction was formal and structured to gather and share necessary information while building rapport with a client (Benton et al., 2021). Prepandemic phone and video services were mainly used to reach rural communities with limited in-person resources (Lombardi et al., 2022). For that reason, paper forms and information printed on paper were more efficient in delivering services and keeping records. Clients could also sit down and get help completing forms while in the office.

The COVID-19 pandemic resulted in the government mandating lockdowns, social distancing, and business closures (Pascoe, 2021). Human service organizations had

to adapt how they delivered services, as they served those most likely to be negatively affected by the pandemic (Clearinghouse for Labor Evaluation and Research, 2020).

Despite the reality that low-income households, which the main clients of human service organizations, are affected by digital inequality, these organizations looked at how they could deliver their services using technology (Waters et al., 2021). Strategies included online workshops and orientations, job fairs, and youth engagement via social media (Clearinghouse for Labor Evaluation and Research, 2020).

Before moving to a virtual work environment, organizations understood that effective face-to-face supervision can create a productive and enjoyable work atmosphere. Prepandemic workplace interactions took place face-to-face. Employees and supervisors could interact socially in the workplace (lunchroom or common areas) and in more formal workplace settings like meetings, training, and conferences. (Hellebuyck, 2019; Houston, 2019). Feedback and verbal interaction could be given during team meetings, at a person's desk, or passing in the hall. Working in a face-to-face environment provided an environment where an open-door policy was easier to manage, and informal interactions took place (Hellebuyck, 2019).

Managers who participate in the daily activities of their on-site staff can get to know them on a business and personal level (Jeanne M. Holm Center, n.d.). The supervisor's visible involvement in the functioning of the office can raise employee morale and a feeling of community (Jeanne M. Holm Center, n.d.). Effective communication also bolsters face-to-face supervisory relationships (Nancherla, 2010). Employees are more productive, function well as a team, and show job satisfaction in the

presence of approachable supervisors with an open-door policy (Miller, 2022). Adequate supervision relies on giving workers timely, specific feedback that can help them improve poor performance when it arises and recognize strong performance as well (Jeanne M. Holm Center, n.d.; US Office of Personnel Management, n.d.).

The transition from in-person to virtual service was challenging for leadership, which had to find different ways to communicate with its employees (Zeike et al., 2019). Communicating with staff is a priority, not only when something is wrong but to offer support and encouragement (Mendoza, n.d.). One of the most significant changes was that the primary form of communication was writing, and the most effective supervisors were clear in their writing to their employees and communicated at least daily (Lew, n.d.). Informal interactions were essential to prevent feelings of isolation among employees (Larson et al., 2020). Setting aside time for nonwork conversations (Larson et al., 2020), and frequent contact also reduced feelings of isolation (Nawaz, 2020).

There were additional things that needed to be adjusted specifically to supervise remotely. These factors included job formalization and monitoring productivity (Mikkelsen et al., 2021). Job formalization refers to reviewing employee responsibilities and establishing remote work expectations (Mendoza, n.d.). Following up with check-ins to ensure that employees understood helped remote work be efficient (Larson et al., 2020). Remote workers need to know how productivity will be measured. Employee monitoring using technology can include screen captures, keystroke tracking, or time tracking (Trivedi & Patel, 2021). Supervisors in virtual working environments must



proactively engage virtual staff members to ensure that employees feel connected to the organization, their purpose, and other team members (Larson et al., 2020; Nawaz, 2020).

As it is more challenging to communicate with people virtually than in a face-to-face setting where workers converse not only in meetings but also in locations like the hallway, break room, and at their desks, lines of communication can break easily in a remote setting. Supervisors must create less structured environments in virtual workplaces in addition to structured communication periods like daily check-ins with workers and department meetings (Larson et al., 2020).

For employees to feel a sense of belonging, supervisors using daily check-ins and less formal meetings for queries, comments, support, or social interaction is crucial (Larson et al., 2020; Morrison-Smith & Ruiz, 2020). These less formal interactions can lessen virtual workers' loneliness and isolation (Morrison-Smith & Ruiz, 2020). Supervisors must ensure that employees have access to sufficient technology and technological support to prevent them from becoming frustrated with these fundamental requirements of working virtually (Goscha & Mabry, 2020; Graves & Karabayeva, 2020). Employees must learn technology, deal with the challenges of absorbing and responding to a flood of information and communication across many platforms and learn how to effectively communicate with others both inside and outside of the organization, just like in a face-to-face work environment (Graves & Karabayeva, 2020).

### **Problem Statement**

The COVID-19 pandemic resulted in many disrupted services (Holliday et al., 2020). Human service organizations needed to pivot to provide services virtually instead

of in person (Ashcroft et al., 2021). Using smartphones, tablets, and computers became an accepted alternative to service users and providers because of the fear of COVID-19 infection (John & Thakur, 2021). Government and private human service organizations were responsible for addressing the issues exacerbated by the pandemic, such as loss of employment, housing instability, and food instability (Center on Budget and Policy Priorities, 2022).

Although the US Department of Human Services provided information and resources about how to provide services remotely (Weber et al., 2020), multiple challenges arose during the shift to providing services remotely such as lack of support, ethical concerns, and difficulty in building a rapport with clients (Pascoe, 2021). In addition, due to changing rules, regulations, and technology, professionals who had to change their main venue of providing support from face-to-face to virtual needed help knowing exactly what they should be doing (Ashcroft et al., 2021). The move to technology due to the COVID-19 pandemic has yet to be studied with human service professionals in mind. However, researchers have looked at it in other professions (such as education and health care). In the field of education, just like human services, professionals depend on supervisors to give them instruction and training through effective communication, but this did not always happen when education (Johnson et al., 2020) and healthcare (Pierce et al., 2021) needed to pivot to online delivery due to COVID.

Researchers found that transitioning to virtual delivery in education led to increased stress and workload (Johnson et al., 2020). In virtual healthcare delivery, there

was a highlighted need for training and organizational support (Pierce et al., 2021). Likewise, human service professionals experienced increased workloads and stress associated with learning new methods of service delivery, and they may have experienced similar issues experienced by other professionals in other fields (Ashcroft et al., 2021). The transition to virtual work required supervisors to develop new skills in guidance and feedback to stimulate the quality and success of client care (Schultz et al., 2021). Human service professionals not being able to provide support and services effectively and efficiently to clients can result in the clients being negatively impacted further in the area(s) in which they are attempting to receive services/support (Ashcroft et al., 2021). Therefore, the problem addressed in this study is negative impacts on clients due to issues related to human service professionals providing services virtually.

Although the aforementioned research regarding the negative impacts to clients due to issues related to human service professionals (Ashcroft et al., 2021; Pascoe, 2021; Waters et al., 2020) and other professionals (Johnson et al., 2020; Pierce et al., 2021) being able to provide virtual services during the COVID-19 pandemic illuminated important findings, I found that only a limited number of researchers have examined the perceptions of human service professionals about the support they received from supervisors during the COVID-19 pandemic. Given this, further research was warranted to examine this lack of research to address the problem of negative impacts on clients due to the issues related to human service professionals being able to provide effective and efficient services virtually.

### **Purpose of the Study**

This generic qualitative study aimed to explore human service professionals' perceptions of the support they received from their supervisors during the COVID-19 pandemic. I explored support from supervisors related to communications, training, changes to procedures/processes, and technology to answer the research question. In addition, I asked about the supervisor's support, which the participants believed would have helped them better provide services to clients and complete other aspects of their jobs. By providing this information, human service organizations can better understand best practices in supporting essential workers during crises that require virtual service delivery.

### **Research Question**

What are the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic?

### **Theoretical Framework**

The theory that grounded this study was the self-efficacy theory (Bandura, 1988). Self-efficacy is an individual's perception of their ability to accomplish tasks, and it determines how changes in behavior are achieved and maintained (Bandura, 1988). When people have negative perceptions about their abilities and feel that they would be ineffective or cannot perform well, they become preoccupied with those thoughts and do not perform effectively (Bandura, 1977). Increasing an individual's self-efficacy can come from their history of achievement in a particular area, from observing others

completing the task, persuasion from others, and considering personal capabilities and limitations (Bandura, 1977).

People's beliefs about their capabilities can affect the kinds of choices they make, how much effort they put forth, how long they will persevere under stress, their ability to bounce back after experiencing a failure, and whether their thoughts are hurting or helping their situation (Bandura, 1988). The level of self-efficacy someone has determines how well an employee can do their job. Modeling and communication, two components of self-efficacy, are essential in successfully developing employee skills and completing tasks (Bandura, 1988).

Guided practice and supervisor feedback can build self-assurance in employees (Bandura, 1988). After the employee has the skills and knowledge to complete a task, they need to believe in their ability to engage in the task successfully on their own (Bandura, 1988). This self-belief (self-efficacy) can keep an employee from becoming frustrated and assist in positive decision-making (Bandura, 1988).

Organizations may be able to increase their employees' self-efficacy related to their abilities to be successful in working virtually by having supervisors provide the appropriate feedback and support. Employees who have received more communication, support, and training have higher levels of self-efficacy related to the tasks specific to remote work (Staples et al., 1998). However, because of the pivots that were required quickly due to the emergence of COVID-19, human service professionals who typically provided services in person did not have time to transition gradually to a remote/virtual service delivery model; thus, perceived support from their supervisors may have been

even more critical during this time in order to ensure that they feel that they were and can effectively do their jobs (Schultz et al., 2021). Per the literature, supervisors should train, model, and strengthen the self-efficacy of their employees (Bandura, 1988). I want to provide a better understanding of the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic to provide supervisors with information to help improve their supervision skills and provide information to employees so that they can be self-advocates with their supervisors for the support that they need.

### **Nature of the Study**

I was interested in understanding human service professionals' perceptions of the support they received from their supervisors during the COVID-19 pandemic. Therefore, I utilized a generic qualitative approach. A general qualitative research approach can investigate people's perceptions, attitudes toward, or beliefs (Percy et al., 2015). General qualitative inquiry is appropriate when the research focuses on the participants' views and requires a more flexible qualitative approach (Kennedy, 2016). The generic qualitative technique allowed me more flexibility in my research methodology process because it does not follow the tight guidelines that other qualitative research methodologies follow (Kennedy, 2016).

I utilized purposeful snowball sampling to achieve a sample size of 10 to 15 human service professionals who have worked as such for 2 years before and 1 year during the pandemic. During the pandemic, the professional would have worked virtually for 1 month or more. They needed to have at least an undergraduate degree. I interviewed

participants either online or via phone. A web-based service completed the transcription of the audio recordings of the interviews. I used the inductive process of analysis. First, each individual's data were analyzed (Percy et al., 2015). Then, repeating patterns and themes were integrated to identify the meanings or implications of the data (Percy et al., 2015). I used a 12-step process provided by Percy et al. (2015). Details of the methodology used for this study are discussed in Chapter 3.

### **Definitions**

*Face-to-face service delivery:* Refers to interactions in which individuals are physically present in the same space (Cason, 2017).

*Human services organizations:* Any organization that facilitates fulfilling human needs relating to the quality of life (Barnetz & Vardi, 2015).

*Human services professional:* A generic term for people who are involved in the process of helping individuals get their basic needs met in a wide variety of systems, including correctional, educational, community, and aging populations (Moffatt, 2011).

*Virtual service delivery:* Services delivered both through interactive video conferencing technology and phone calls (Pascoe, 2021).

### **Assumptions**

The choice to use a qualitative approach is full of assumptions about the nature of knowledge and reality, how an individual interprets knowledge and reality, and how an individual goes about learning about knowledge and reality (Hathaway, 1995). These assumptions influence every aspect of the research project, including the methodology used and the kinds of questions posed (Hathaway, 1995). There are philosophical

assumptions made by qualitative researchers in four areas: ontology (the nature of reality), epistemology (what counts as knowledge and how knowledge claims are justified), axiology (the role of values in research), and methodology (the process of research; Creswell & Poth, 2016).

The ontological assumption is that different realities exist, and various individuals will interpret situations differently (Creswell & Poth, 2016). In this study, I needed to understand that my view of reality may differ from an interviewee's. I did not decide what was real for each participant. I recorded what the participants said and reported it in the study results. With the epistemological assumption, the researcher gains knowledge from the participants, and the researcher assumes that they are answering honestly and can articulate their experiences (Simon & Goes, 2012). I gathered subjective information from the participants; therefore, they provided evidence for the research. I gained knowledge from the participants to corroborate my research. Qualitative researchers include some of their values in research; the axiological assumption refers to acknowledging that some of the researcher's values will be present (Creswell & Poth, 2016). I was cognizant of my values during the interviews and stuck to the prewritten questions to keep my values out of it. During the analysis phase, I allowed the participants to review my interpretation of the data to keep my values to a minimum. Lastly, the methodological assumption is that the research is inductive (Creswell & Poth, 2016). After collecting enough data and assuming they were good quality, I condensed them via coding. Coding is a strategy that allowed me to identify and label related content within the data. The process of coding allowed me to recognize the themes in the data.



Finally, there is an assumption that researchers have the skills to interpret and present the findings (Pini, n.d.). I sought guidance to ensure the data were correctly interpreted and presented.

### **Scope and Delimitations**

This study documents the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic. The scope of the study is limited to the characteristics of the participants who met the inclusion criteria of the study of being over the age of 18, having worked and supervised in a face-to-face environment for 2 or more years before the COVID-19 pandemic began, and having worked and was supervised virtually for 6 months or more after the COVID-19 pandemic started. The criteria limit the generalizability of my results to only those who meet those inclusion criteria and share the demographic characteristics of those who participate in my study.

Delimitations arise from the boundaries set by the scope of the study and the choices made by the researcher (Simon & Goes, 2013). The delimitations for this study included the research question, participant exclusion, and remote interviews. The research question was to explore the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic. I excluded some volunteers because they may not have had enough experience in the profession to have sufficient knowledge to provide information that can answer my research question. To make adequate judgments about supervision pre- and post-pandemic, they would have needed to work at least 2 years prepandemic in a face-to-face environment. Another

requirement of participants was that they read, speak, and understand English. I excluded participants who needed to be more fluent in English due to the time and financial requirements necessary to create flyers in another language or hire a translator. A further delimitation was that interviews were conducted remotely via phone or a video communication program. First, people continue to be concerned about COVID-19. I offered remote communication to reduce anxiety, encouraging more volunteers to participate. Also, remote interviews took less time and allowed participants to be in an environment of their choosing, providing them with a safe space to speak freely.

### **Limitations**

The limitations of this study included the inability to generalize the research findings beyond the specific sample characteristics of those who participated in my qualitative research study. A small sample size may be more helpful in examining experiences in depth from different perspectives (Myers, 2000). However, a small sample means my results are generalizable to similar populations. Conducting interviews comes with certain limitations like selective memory, recalling memories that are not chronologically accurate, issues with attribution, and exaggeration (Sacred Heart University Library, 2020). These limitations can affect the credibility of the data collected. Two strategies to address credibility were seeking similarities and differences across accounts to ensure different perspectives are represented and inviting participants to comment on the interview transcript and whether the final themes and concepts created adequately reflect the investigated phenomena (Noble & Smith, 2015). I asked open-

ended questions and developed prompts to get more detailed information from participants and provide in-depth and rich data for my study.

### **Significance**

Human service professionals are leaders in providing individualized resources. As professionals providing direct care to service users, they can provide valuable input in designing plans that work best for providers and users. Organizations with human service professionals can use the data to inform training and development for changes made regarding delivering services, training employees, and communicating information continuously. Management could use the results to consider adapting new approaches for employees with different experience levels.

Additionally, the study's results may highlight the importance of employees' perceptions of how well they can implement virtual service delivery. Supervisors should make attempts to promote positive virtual work environments and increase the self-efficacy of employees working virtually (Adamovic et al., 2021). Virtual work improves employee attitudes and performance; therefore, continuing a virtual work option could benefit organizations and the populations they serve (Adamovic et al., 2021).

### **Summary**

In this chapter, I provided an overview of the background of the study. I described the attributes of the study, including the problem, purpose, research question, framework, nature, assumptions, scope, delimitations, limitations, and significance of the study. In Chapter 2, I provide a detailed explanation of the theoretical framework. Chapter 2 also contains a literature review of critical variables and concepts.

## Chapter 2: Literature Review

### **Introduction**

The COVID-19 pandemic disrupted many services provided by many different organizations (Holliday et al., 2020). Human service organizations needed to pivot to provide services virtually instead of in person (Ashcroft et al., 2021). Using smartphones, tablets, and computers became an accepted alternative to service users and providers because of the fear of COVID-19 infection (John & Thakur, 2021). Government and private human service organizations were responsible for addressing the issues exacerbated by the pandemic, such as loss of employment, housing instability, and food instability (Center on Budget and Policy Priorities, 2022).

Although the US Department of Human Services provided information and resources about how to provide services remotely (Weber et al., 2020), multiple challenges arose during the shift to providing services remotely like lack of support, ethical concerns, and difficulty in building a rapport with clients (Pascoe, 2021). In addition, due to changing rules, regulations, and technology, professionals who had to change their main venue of providing support from face-to-face to virtual had issues knowing how to provide services virtually as they had not had to do this in the past (Ashcroft et al., 2021). The move to delivering services virtually due to the COVID-19 pandemic has not been studied with human service professionals but has been looked at in other professions by researchers, such as in education (Aperribai et al., 2020; Johnson et al., 2020; Lambert et al., 2020) and health care (Cutler, 2022; Hennein et al., 2021; Pearman et al., 2020).

Professionals depend on supervisors to give them instruction and training through effective communication. However, this only sometimes happened when education (Johnson et al., 2020) and healthcare (Pierce et al., 2021) needed to pivot to online delivery due to the COVID-19 pandemic. Researchers found that the transition to virtual delivery in education led to increased stress and an increased workload (Johnson et al., 2020); in virtual healthcare delivery, there was a highlighted need for training and organizational support (Pierce et al., 2021). These issues were also present in human service organizations as human service professionals experienced increased workloads and stress associated with learning new methods of service delivery (Ashcroft et al., 2021). The transition to virtual work required supervisors to develop new skills in guidance and feedback that would stimulate the quality and success of client care (Schultz et al., 2021). Human service professionals must be able to provide support and services effectively and efficiently to clients to ensure they are positively impacted further in the area(s) in which they are attempting to receive services/support (Ashcroft et al., 2021). Therefore, the problem addressed in this study was the negative impacts on clients due to the issues related to human service professionals being able to provide services virtually.

Although the aforementioned research regarding the negative impacts on clients due to issues related to human service professionals (Ashcroft et al., 2021; Pascoe, 2021; Waters et al., 2020) and other professionals (Johnson et al., 2020; Pierce et al., 2021) being able to provide services virtually during the COVID-19 pandemic illuminated important findings, I found no research that examined the perceptions of human service

professionals about the support they received from supervisors during the COVID-19 pandemic. Given this, further research was warranted to examine this lack of research and address the problem of negative impacts on clients due to the issues related to human service professionals being able to provide effective and efficient services virtually.

The purpose of this generic qualitative study was to explore the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic. I explored support from supervisors related to communications, training, changes to procedures/processes, and technology to answer the research question. In addition, I asked about the supervisor's support, which the participants believed would have helped them provide services to clients better and complete other aspects of their jobs. By providing this information, human service organizations will understand best practices in supporting essential workers during crises requiring virtual service delivery. Chapter 2 includes the literature search strategy used as a foundation for the discussion of the theoretical framework and literature review of the study. I discuss the study's theoretical framework, self-efficacy theory, and the literature related to the topic.

### **Literature Search Strategy**

The primary databases used to search for literature related to this study included APA PsychINFO, ERIC, Science Direct, ProQuest Central, EBSCO Open Access Journals, PubMed, SAGE, Dissertations and Theses at Walden University, Google Scholar, SOC Index, Ovid, Directory of Open Access Journals (DOAJ), Thoreau, Research Starters, and JSTOR. A date range did not limit the literature search related to

the theoretical framework to ensure that seminal and historical information was reviewed. Keywords utilized included *Albert Bandura, self-efficacy, sources of self-efficacy, social cognitive theory, social learning theory, modeling, vicarious motivation, social motivation, history of self-efficacy, and self-efficacy at work*. The literature review keywords included *COVID-19, coronavirus, pandemic 2019, United States, America, social services, human services, case managers, case management, supervising virtual employees, training during COVID-19, virtual service delivery, social workers, and self-efficacy*. The dates for searches related to self-efficacy theory were not limited to a specific period. The dates utilized for the literature review searches were between 2018 and 2022.

### **Theoretical Framework**

The theory that grounded this study was self-efficacy theory (Bandura, 1988). Self-efficacy is individuals' perceptions of their ability to accomplish tasks; self-efficacy determines how changes in behavior are achieved and maintained (Bandura, 1988; Grusec, 1994; Kretchmar, 2021). When people have negative perceptions about their abilities and feel that they would be ineffective or cannot perform well, they become preoccupied with those thoughts and do not perform effectively (Bandura, 1977). Increasing a person's self-efficacy can come from their history of achievement in a particular area, from observing others completing the task, persuasion from others, and considering personal capabilities and limitations (Bandura, 1977).

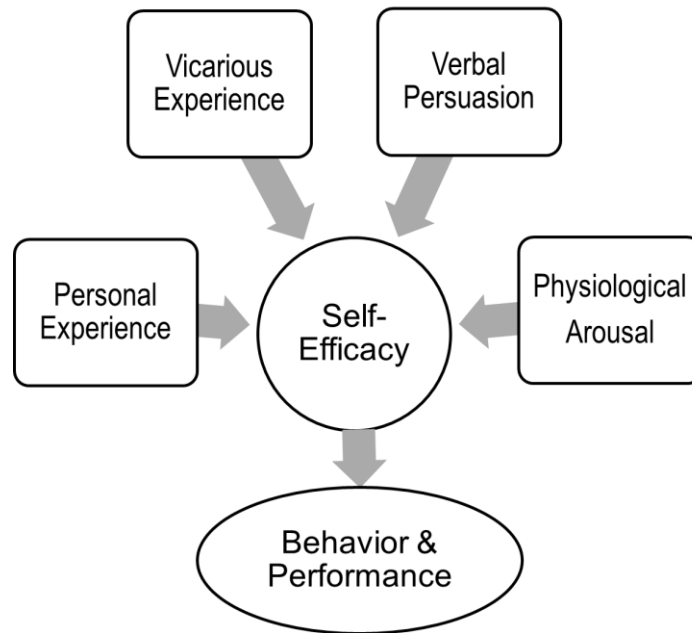
### **Development of Self-Efficacy Theory**

Bandura saw limitations in his predecessors' explanation of social learning. They explained past events but could not foresee how individuals would act in specific circumstances (Bandura, 1971). Bandura focused on the importance of self-processes and beliefs (Bandura, 1997). The social learning theory put forth by Bandura emphasized the cognitive abilities of humans to make decisions, self-regulating capabilities, and the idea that behavior can be learned through experience or by observing others (Bandura, 1971). Bandura asserted that the belief in what an individual can do regulates cognitive functioning, motivation, and mood; this is what he termed self-efficacy (Bandura, 1997). Self-efficacy influences human cognitive, motivational, emotional, and decision-making processes (Bandura, 2012).

### **Components of Self-Efficacy Theory**

The components that develop self-efficacy within an individual include personal experience, vicarious experience, verbal persuasion, and physiological arousal (Staples et al., 1999; see Figure 1). The interaction of these components builds self-efficacy (Staples et al., 1999). Each of these components and their interactions are described in more detail below.



**Figure 1***Components of Self-Efficacy Theory*

*Note.* Adapted from “A self-efficacy theory explanation for the management of remote workers in virtual organizations” by Staples et al., 1999, *Organization Science*, 10(6), 758–776.

***Personal Experience***

Personal experience is the positive or negative experience someone has had performing a task. Self-efficacy is when an individual has a sense of success in performing a task and believes their success contributes to reaching an immediate or future goal (Jensen, 2012). People have negative experiences when they struggle to complete a task or do not complete it successfully. Positive experiences are related to

better self-efficacy around a task, whereas negative experiences can decrease self-efficacy (Gist, 1987).

Personal positive experiences can lead to mastery of a skill when their efficiency and effectiveness in performing that task continue to improve (Gist, 1987). Repeated successful experiences are more influential on individuals' belief about their ability than other sources of feedback (Bandura, 1977; Gist, 1987). Individuals often develop low self-efficacy and avoid a task if they have multiple negative experiences.

### ***Vicarious Experience***

When people acquire skills through observance, it is a vicarious experience (Bandura, 1977; Schunk, 1986). Observing others successfully perform a task can increase confidence in an individual's ability to perform the task or similar tasks, even without experiencing the task oneself (Hendricks, 2015; Schunk, 1986). Observing someone else having a negative personal experience with a task can result in the observer doubting their ability to complete it. However, the observer can learn how to perform the task successfully if they observe others succeeding (Bandura, 1971; Margolis & McCabe, 2006). For example, a new teacher may observe a veteran teacher with similar attributes teach a math lesson while successfully dealing with challenging classroom behavior (Haverback, 2020). The new teacher may then take those observed interactions that were successful in dealing with challenging classroom behavior and implement them in their classroom. However, if the veteran teacher has difficulty maintaining classroom control, the new teacher may doubt their abilities.

### ***Verbal Persuasion***

Verbal persuasion is feedback given to an individual by others about their ability to perform a task (Bandura, 1997). Positive, affirming feedback can enhance a person's belief that they can be successful, while negative feedback can result in one doubting themselves (Haverback, 2020; Vargas-Tonsing, 2009; Wilson, 2006). An example is sports, where positive feedback on player performance from a respected coach can increase ability, effort, and future success (Amorose & Weiss, 1998). An example of negative verbal persuasion would be a new teacher overhearing veteran teachers discuss their negative experiences when they were new teachers. Hearing this could decrease the new teacher's confidence in their teaching ability (de Vries, 2017).

### ***Physiological Arousal***

Physiological arousal is a physical or emotional reaction to a situation (Bandura, 1997). Positive reactions like strength, relaxation, and energy when completing a task can give people a higher perception of their abilities (Hendricks, 2015). Adverse reactions such as physical strain, stress, or fatigue can leave individuals with a low perception of their ability to be successful (Hendricks, 2015; Moran & McMaster, 2009).

Physiological arousal can evoke positive or negative emotions connected to a task depending on the individual's original feelings about performing that task in the past (Ciani et al., 2009). For example, a student who has nervous energy before their first college exam and does not do well may experience more nervousness before exams (Ciani et al., 2009). However, if they experience the same nervous energy but use that to increase their preparation for the exam and do well, they may associate that nervous

feeling with a positive. Improving physical status, reducing stress, eliminating negative emotional tendencies, and understanding physical reactions can improve their beliefs in their abilities (Bandura, 1997; Ciani et al., 2009; Moran & McMaster, 2009).

### ***Interaction of Components***

Personal experience, vicarious experience, verbal persuasion, and physiological arousal interact with one another and develop positive or negative self-efficacy (Chen & Usher, 2013). Judgments about their personal beliefs about completing a task or not form by weighing and integrating the information gathered from the different component inputs (Bandura, 1997; Chen & Usher, 2013). Based on the individual's experiences with the four components, they will develop a higher or lower level of self-efficacy. Self-efficacy levels can change over time depending on the ongoing interactions within the four components of self-efficacy theory (Bandura, 1997).

### **Factors Affecting Developed Levels of Self-Efficacy**

Several factors influence how individuals weigh, understand, and combine information from sources that lead to judgments about their capabilities (Usher & Pajares, 2008). How these are combined determines if self-efficacy increases or decreases in relation to performing a task. There are integration rules that people employ when combining self-efficacy relevant factors which are (1) additive, (2) relative weighting, (3) multiplicative, and (4) configurative (Bandura, 1997).

#### ***Additive***

The first rule of integration of self-efficacy is additive. The more opportunities to be successful in a task, the more self-efficacy beliefs are enhanced (Usher & Pajares,

2008). For example, students who repeatedly solve similar problems will have greater self-efficacy each time. Additive experiences can also be harmful. If an individual has multiple opportunities but results in adverse outcomes, then the individual is more likely to have negative self-efficacy around that task (Schunk, 1991).

### ***Relative Weighting***

The process of relative weighting includes considering a source of self-efficacy about other sources (Usher & Pajares, 2008). The individual chooses to assign a greater weight to certain information over others when forming efficacy beliefs (Steyn & Mynhardt, 2008). The weighting means that factors such as the importance of a task concerning a goal or who is providing feedback on the task will change the weighting of that task and the potential self-efficacy related to that task (Steyn & Mynhardt, 2008).

### ***Multiplicative***

The multiplicative rule states that two or more sources of self-efficacy information can multiply (magnify) each other to have a more powerful effect on self-efficacy beliefs than one source alone (Bandura, 1997). Researchers have demonstrated that the interaction of a solid personal experience and physiological arousal results in higher general self-efficacy (Muretta, 2005). In comparison, negative experiences and physiological arousal lead to lower general self-efficacy (Muretta, 2005). In assessing academic self-efficacy, multiplicative weighting is often used (Butz & Usher, 2015). Personal experience and social persuasion are two important multiplicative factors of self-efficacy beliefs more than any other sources (Byars-Winston et al., 2017).

### ***Configurative***

An individual can also combine efficacy-relevant information configuratively, organizing information in a particular order by the individual (Bandura, 1997). For this type of self-efficacy source integration, a specific source may be given more weight (importance) depending on the other sources of self-efficacy information (Usher & Pajares, 2008). The value of self-efficacy information depends on the type of other information available to support it (Steyn & Mynhardt, 2008). For example, repeated failure by a model seen as less capable does not have the same effect on self-efficacy as seeing someone with the same abilities fail.

### **Self-Efficacy Related to Psychological Development & Functioning**

Self-efficacy contributes to psychological development and functioning through cognitive, motivational, affective, and selection processes (Bandura, 1993, 1997). These processes affect how people feel, think, motivate themselves, and act (Bandura, 1997; Tsang et al., 2012). A discussion of the processes is below.

### ***Cognitive Processes***

The effects of self-efficacy beliefs on cognitive processes can enhance or undermine performance (Bandura, 1997). Researchers have suggested that self-efficacy plays an intervening role in cognitive engagement, enhanced cognitive strategies, and improved performance (Fincham & Cain, 1986; Paris & Oka, 1986; Pintrich & DeGroot, 1990; Schunk, 1985). Individuals exercise some control over their thoughts and actions, influencing their cognitive processes (Bandura, 1986).

Initially, people consider most behaviors and often guide their actions by visualizing possible outcomes (Bandura, 1997). Self-efficacy shapes how they visualize outcomes. The visualization could be positive and supportive of their performance, or they could picture failure and dwell on what could go wrong (Bandura, 1994; Bandura & Adams, 1977). Research has shown that people who believe in their capabilities and visualize a successful outcome use more cognitive strategies and persist longer than those with low self-efficacy beliefs (Pintrich & Garcia, 1991). There is a correlation between academic self-efficacy and cognitive capabilities (Schunk, 1989). Self-efficacy acts as a facilitator in the process of cognitive engagement; therefore, boosting self-efficacy could lead to higher performance in various situations (Pintrich & DeGroot, 1990; Schunk, 1989).

### ***Motivational Processes***

Self-efficacy plays a role in the development of motivation (Bandura, 1991). Level of self-efficacy predicts outcomes like cognitive skill learning, behavior change, athletic performance, and career choice, and this is because areas that the individual have high self-efficacy in are those that they are interested in and are motivated to do well (Bandura, 1986; Maddux, 1993; Schunk, 1989, 1995). The level of self-efficacy an individual has about their ability to complete a task is correlated to motivation to complete the task (Bandura, 1997). Motivation is stronger if an individual believes they can achieve their goals, and self-efficacy determines the goals they set (Bandura, 1997). Three types of motivational processes support successful behaviors and performance: causal attribution, outcome expectancies, and goal setting (Bandura, 1992).

**Causal Attribution.** Causal attribution is an individual's perception of the cause of a successful or failed outcome (Wang & Hall, 2018). How an individual approaches a task, analyzes it, and assesses their abilities helps to motivate them to perform the task (Weiner, 1986). People who believe their success is due to personal capabilities and failures are due to insufficient effort are motivated to face complex tasks and to persist despite previous failures (Bandura, 1997). In contrast, people who believe their failures are due to factors outside their control will have low motivation and readily give up on the task (Bandura, 1997).

Two motivational states can arise from causal attributions: undesirable states that reduce motivation and desirable states that build empowerment and resilience (Harvey & Martinko, 2009). People become unmotivated and indifferent after repeated punishments and failures at a task, leading to learned helplessness (Martinko & Gardner, 1982). Learned helplessness is an unwillingness to engage in tasks because individuals believe effort is futile. Failure is imminent, and they believe the outcomes are beyond their control (Seifert, 2004). Individuals who attribute success to internal factors like intelligence, skill, and effort are more likely to experience empowerment related to the future completion of a task (Martinko & Gardner, 1987). Empowerment refers to increased motivation caused by optimistic expectations (Conger & Kanungo, 1994). Empowered individuals expect their efforts to lead to success and are, therefore, motivated to put forth much effort (Harvey & Martinko, 2009). Researchers have shown that resilient people are good at identifying accurate attributions, which can prevent



misperceptions that can hurt motivation (Harvey & Martinko, 2009; Huey & Weisz, 1997).

**Outcome Expectancies.** People motivate themselves and guide their actions based on the outcomes they expect to achieve (Bandura, 1986). The higher the expectancy of a specific positive result, the greater the motivation to perform the activity (Bandura, 1997). Beliefs about personal capabilities control the motivating potential of outcome expectancies (Bandura, 1997). The cognitive process involved in deciding a course of action includes examining the likely results of actions and predicted outcomes of those actions (Feather, 1982).

People are generally not motivated to pursue outcomes they perceive as unattainable or do not value. A positive predicted outcome expectation does not cause action if the outcome is not valued or desired (Schunk, 1991). The outcome's value and outcome expectations influence motivation, but action is only certain if an individual believes in their capabilities (Schunk, 1991).

**Goal Setting.** Goal setting is the recognition of a specific accomplishment to be made in a distinct area with measurable outcomes closely related to motivation level (Rowe et al., 2017). Goals can be intrinsic (based on personal values) or extrinsic (based on external factors) (Wilson & Brookfield, 2009). Although intrinsic goals produce more motivation than extrinsic ones, researchers have shown that having extrinsic goals is better than not setting any goals (Eccles & Wigfield, 2002; Feather, 1992).

Goals with value and a sense of ownership provide meaning, purpose, and motivation (Sides & Cuevas, 2020). Goals affect motivation and behavior (Locke &

Latham, 1990). They must be specific and challenging but attainable (Bandura, 1997). Challenging goals activate energy and increase persistent effort (Lunenburg, 2011). Finally, accomplishing a goal can lead to satisfaction, further motivation, frustration, and lower motivation if the goal is not accomplished (Lunenburg, 2011). Goal setting is a common tool used within organizational, health, and educational settings to enhance motivation (Locke & Latham, 1985).

### *Affective Processes*

Affective processes regulate emotional states and the arousal of emotional reactions (Bandura, 1994). There are three ways self-efficacy influences emotional experiences: by exercising personal control over thought, action, and affect (Bandura, 1997). Perceived self-efficacy to control stressors is central to emotional arousal (Zulkosky, 2009). People's belief in their capabilities determines how much stress they experience in challenging situations (Bandura, 1989).

People who think they can control threats can lower their stress and anxiety (Zulkosky, 2009). People who believe they have no control may experience high emotional arousal (Bandura, 1993). Low self-efficacy can lead to emotional distress, impaired functioning, and increased avoidance behavior (Zulkosky, 2009). The stronger the level of self-efficacy, the more challenging activities people will attempt, even if attempting results in stress (Bandura, 1988).

Self-efficacy to control thought processes is a factor in managing stress (Bandura, 1994). Personal experience can be used to build coping skills and building self-efficacy in controlling potential problems (Bandura, 1994). Affective processes influence how

events are interpreted, organized, and remembered (Bower, 1983; Isen, 1987). Affect and self-efficacy influence each other; low self-inefficacy can lead to a depressed mood, decreasing self-efficacy beliefs, while a positive mood enhances higher self-efficacy levels (Kavanagh & Bower, 1985). Negative and positive affect and low and high self-efficacy connect in a never-ending cycle (Bandura, 1992).

### ***Selection Processes***

Selection processes determine an individual's tasks (Bandura, 1997). The level of self-efficacy an individual possesses about a task strongly predicts their selection of tasks (Hepler & Chase, 2008). People avoid tasks that exceed their capabilities and welcome activities they can handle (Bandura, 1994).

A person with high efficacy tends to choose more challenging tasks, exert more effort, and persevere longer than someone with low efficacy (Bandura, 1986). Career choice and development is an example of how self-efficacy beliefs are part of a person's selection process (Bandura, 1994; Bandura & Wood, 1989). People with positive experiences in skills related to a particular profession are likelier to enter that profession (Betz & Hackett, 1986). For example, people comfortable with math and financial management may choose to become accountants.

### **Relationship Between Self-Efficacy Level & Performance**

#### ***High Self-Efficacy***

Self-efficacy is task-specific, and people can have high self-efficacy for some tasks and low self-efficacy for others (Heslin & Klehe, 2006; Tzur et al., 2016). People with high overall self-efficacy tend to try new and challenging tasks (Pajares, 1997;

Wilde & Hsu, 2019). They attribute failure at a task to a lack of effort and insufficient knowledge and skills rather than their ability to complete a task (Bandura, 1994). They may learn more about completing the task (education/training) and then attempt it again.

However, high self-efficacy can have adverse effects (Vancouver et al., 2002). People may become overconfident and set themselves up for failure (Ormrod, 2008). Being overconfident can reduce motivation, decrease effort, and result in poor performance (Moore & Chang, 2009; Vancouver et al., 2002). Finally, high self-efficacy can lead to risk-taking, arrogance, and abnormal persistence; the resulting performance failures will help individuals adjust to realistic levels of self-efficacy (Heslin & Klehe, 2006).

### ***Low Self-Efficacy***

Low self-efficacy can result in low motivation (Margolis & McCabe, 2006). People with low self-efficacy may believe that things are more complicated than they are, a belief that fosters a depressed mood and impedes their ability to problem-solve, and these beliefs influence the level of success they attain (Pajares, 1997). The self-fulfilling prophecies of failure can lead to a decline in psychological well-being (Margolis & McCabe, 2006).

Negative beliefs about abilities can set up a cycle where poor performance is proof of low capability, lowering an individual's self-efficacy and affecting future efforts and performance (Heslin & Klehe, 2006). People with low self-efficacy often avoid tasks they perceive as challenging, and they have little hope and low commitment to their goals (Bandura, 1994). People with low self-efficacy beliefs can develop learned helplessness,

a perception that they lack any control over behavior and performance (Seifert & Sutton, 2009). Learned helplessness results from repeated negative outcomes, leading the individual to believe they have no control over outcomes, thus reducing motivation and creating emotional disruption (Lemoine, 2016; Seifert & Sutton, 2009).

## **Demographics and Self-Efficacy**

### ***Gender & Self-Efficacy***

Gender is one of the most critical factors that can influence the development of self-efficacy because of social expectations and social roles (Bandura, 1997). Parents, peers, and institutions influence the development of gender roles (Bussey & Bandura, 1999). Researchers have shown that parents and teachers tend to encourage specific skills in girls compared to boys (Ceci et al., 2009; Chan, 2022; Correll, 2001; Lubienski et al., 2013). Parental gender beliefs affect children's beliefs about their abilities (Correll, 2001). Parents may encourage assertiveness in boys while encouraging girls to develop emotionality (Hackett & Betz, 1981). Parents often misjudge their daughters' abilities and have lower expectations of them (Phillips & Zimmerman, 1990). They also present the idea of mathematics and science as male domains (Meece & Courtney, 1992). Teachers may be unaware they hold different expectations for boys and girls (Christie & Segrin, 1998). Stereotypes can be found in children's literature, textbooks, and other educational materials, thus contributing to a limited scope of role models for girls (Christie & Segrin, 1998). Additionally, research suggests that female students receive more discouragement in mathematics than male students (Christie & Segrin, 1998).

There has been much research focusing on self-efficacy beliefs and gender differences in academic (Huang, 2013; Pajares, 2003; Shoval et al., 2021) as well as occupational self-efficacy (Dugan & Komives, 2007; Huszco & Endres, 2017; Yan et al., 2021). Gender differences in academic self-efficacy were studied extensively, but findings have conflicted (Huang, 2013). One explanation for the academic gender differences was the unequal treatment or support of girls compared to boys (Shoval et al., 2021). Additionally, gender stereotypes that credit boys with specific talents establish their function in the family and society (Shoval et al., 2021).

Academic self-efficacy differs for males and females depending on the academic subject. For example, males report higher self-efficacy in math, computer science, and social science, while females report higher self-efficacy in language arts (Hamann et al., 2021). Despite males having higher self-reported math self-efficacy, females have comparable achievement and even outperform males in math (Pajares, 2005). Research on writing self-efficacy concluded that females have higher self-efficacy during middle school (Huang, 2013). For self-regulated learning, females were more confident than males (Pajares, 2003).

Gender predicts leadership self-efficacy, which becomes important in occupations (Huszco & Endres, 2017). Women in college hold more leadership roles and have higher leadership capacity than college-aged men, but their self-perceptions about their leadership skills are lower than those of men (Dugan & Komives, 2007). The inclination of men to believe they are better leaders than women may be due to gender stereotypes of

men being better leaders than women (Huszczco & Endres, 2017). Gender stereotypes in traditionally male-dominated fields are also present.

Researchers have found that men report higher self-efficacy than women in problem-solving, reaching goals, finding solutions, and eliminating interpersonal situations (Abele & Spurk, 2009; Loeb et al., 2016; Williams & Betz, 1994). Women report lower self-efficacy in their confidence to share work-related viewpoints than men except when they had a female leader who articulated her viewpoints (Yan et al., 2022). Women in the science, technology, engineering, and math (STEM) disciplines have lower leadership self-efficacy among men and women (Dugan et al., 2013).

### ***Age & Self-Efficacy***

Self-efficacy beliefs will change throughout an individual's life (Bandura, 1997). Many factors contribute to the change in self-efficacy as individuals age (Artistico et al., 2003). They include increasing knowledge and expertise over time, which can lead to increased self-efficacy, followed by decreasing cognitive processing speed and memory during the later years, which can decrease self-efficacy (Artistico et al., 2003). Self-efficacy beliefs are context-specific; an older adult may have high self-efficacy beliefs at a task where they previously held low self-efficacy (Bandura, 1989).

**Children & Self-Efficacy.** Agency refers to the belief that an individual influences an outcome (Gurdal & Sorbring, 2018), and the progression of a sense of personal agency begins in infancy (Bandura, 1997). Children begin to become aware of causal relationships. As behavioral capabilities develop, their awareness of causation is supported by observing and experiencing the results of their actions as well as the actions

of others (Bandura, 1997; Mandler, 1992). By the time they are toddlers, children often understand that they are the agents of action and can express their desire to participate in certain activities (Kagan, 1998). Children gain self-knowledge of their capabilities as their environments expand, which results in self-efficacy (Bandura, 1997; Pastorelli et al., 2001).

The relationship between parent and child is strongly related to child self-efficacy development (Conger et al., 1992; Whitbeck et al., 1997). Parents help children build a sense of competency by providing an environment that challenges, encourages, has positive role models, and teaches how to cope with difficulties (Schunk & Meece, 2006). Promoting competence beliefs is most successful when caregivers change their expectations and demands as the child's needs, abilities, and dispositions develop (Eccles et al., 1998). Parents form their perceptions about a child's abilities, which, in turn, can influence the child's beliefs about their abilities (Fredericks & Eccles, 2002). Stress experienced by the parent can lead to decreased emotional warmth, increased irritability, and a greater chance of anger towards the child (Elder & Caspi, 1988). Negative parenting behaviors are related to adverse outcomes for children, like poor socialization skills and low self-efficacy (Whitbeck et al., 1997).

Peer relationships broaden and support children's knowledge and capabilities (Bandura, 1997). They expose children to age-related thinking and behavior (Bandura, 1986). Peers provide reference points for comparative ability appraisal and confirmation on which children judge their capabilities and self-concept (Bandura, 1997; Pastorelli et al., 2001; Witt, 2000). Children also develop expectations for their peers, which can



explain to some degree why children choose peer groups within their age range and those who are similar to them (Musser & Graziano, 1991).

School is children's third source of self-efficacy information (Pastorelli et al., 2001). Children develop problem-solving skills in school, and their cognitive and intellectual skills are repeatedly evaluated and compared socially (Bandura, 1997). Besides class instruction, peer modeling, teacher modeling, and teacher feedback on their performances affect self-judgment (Schunk, 1984). Social models play an integral role during transition for children (Eccles et al., 1984) because they doubt their abilities or have limited experience in a new context (Usher & Pajares, 2008). Peer modeling significantly influences children's self-efficacy beliefs more than teacher modeling, and both take place in a school environment (Schunk & Hanson, 1985). Modeling plays a role in children's experiences at school and is also strongly related to self-efficacy (Usher & Pajares, 2008). Although self-efficacy continues to develop throughout life, it is important to nurture it during the early stages of a child's cognitive and academic development (Kolb, 2011).

**Adolescents & Self-Efficacy.** Self-efficacy in adolescence is related to psychological well-being and development (Bandura, 1997; Sagone et al., 2020; Usher & Pajares, 2008). This time involves many changes in family, social, and school environments that influence adolescents' beliefs about their abilities to succeed (Schunk & Meece, 2006). Adolescents' beliefs about their capabilities are essential forces behind future successes or failures (Pajares, 2006).

Self-efficacy in adolescence is related to self-image, social acceptance, and self-value (Connolly, 1989). Friends and peer groups influence adolescent self-efficacy (Schunk & Miller, 2002). Adolescents choose their groups based on similarity, enhancing the possibility of modeling and influence (Ryan, 2000). However, peer groups in adolescence are more complex than children's peer groups, which increases the likelihood of unfavorable comparisons among group members (Schunk & Meece, 2006).

The school includes many sources of influence on adolescent self-efficacy, including the structure of instruction, feedback about performance and grades, competition, teacher attention, and grade-level transitions (Schunk & Meece, 2006). Any of the influences can increase or decrease self-efficacy (Schunk & Meece, 2006). Despite teachers and peers being a central component of school life, parents still play a role in encouraging the relationships adolescents build outside of family (Vieno et al., 2005).

**Young Adults & Self-Efficacy.** Transitioning from adolescence to young adulthood includes changing roles and new social expectations (Cakar, 2012). A firm sense of self-efficacy is vital for those entering this phase as, without it, challenges in life could lead to depression (Bandura, 1997). Self-efficacy beliefs are important in young adulthood because they affect the decisions made and the experiences participated in (Artistico et al., 2011). Young adults who seek careers through college attendance follow a structured pathway (Bandura, 1997). They benefit from being academically prepared and receiving financial support and social networks (Bandura, 1997). The route of non-college-bound youth requires individual initiative (Bandura, 1997).

Many first-year college students must adjust to new stressors and variables while establishing new support systems (Coffman & Gilligan, 2002). General life stress is related to academic stress (Sloboda, 1990). People with high self-efficacy may see a stressful situation as a challenge rather than a threat (Jerusalem & Mittag, 1995), and those with social support may not judge a situation as stressful as someone who feels that they do not have support (Jerusalem & Mittag, 1995). High self-efficacy and low-stress levels are positively related to college persistence (Lent et al., 1984) and life satisfaction among college students (Coffman & Gilligan, 2002).

When young adults leave high school, they can be unemployed, working part-time, or working jobs that offer no opportunities for advancement if they have chosen not to go into post-secondary education (Bandura, 1997). The transition to a vocational career poses more significant problems for young adults who do not choose a path of post-secondary education (Bandura, 1997). Self-efficacy influences young adults' vocational paths (Betz & Hackett, 1986).

Individuals may decide to refrain from engaging in a career path that provides significant benefits because they doubt their ability to meet entry requirements, or the work demands (Wheeler, 1983). However, stable work provides the foundation for self-efficacy for other expectations of adulthood, such as independent living, marriage, and "being a productive member of society" (Mortimer et al., 2016). The lack of stable employment could lead to a decrease in self-efficacy and an increase in doubt in the ability to live independently and to meet other adulthood milestones (Mortimer et al., 2016).

**Middle-Aged Adults & Self-Efficacy.** Various changes characterize the middle-age years, changes that lead to increased stress (Lachman & Bertrand, 2001). The term “midlife crisis” is commonly used to refer to physical, social, and emotional challenges faced during these years (Levinson et al., 1978). Job demands and familial challenges like aging parents or children leaving home can cause stress (Darling et al., 2012; Freund & Ritter, 2009). Self-efficacy levels contribute to how individuals adjust to transitions during middle age (Kwon & Oh, 2021). High self-efficacy is essential for psychological well-being (Magaletta & Oliver, 1999). Psychological well-being correlates with life satisfaction, and life satisfaction has been found to buffer the effects of stressful life events (McKnight et al., 2002). People with higher self-efficacy are more likely to be proactive in overcoming difficulties (Artistico et al., 2003). They would also be more productive at work (Cakar, 2012). People with low self-efficacy are more vulnerable to stress, causing negative familial relationships (Lincoln et al., 2005). Those with low self-efficacy can perceive difficulties at work to be more complex than the reality of the situation, presenting a barrier to problem-solving (Pajares, 2002).

Many middle-aged adults, known as the “sandwich generation,” balance dual caregiving responsibilities for children and aging family members (DeRigne & Ferrante, 2012; Miller, 1981). Members of the sandwich generation are exposed to stressors involving family members of different generations simultaneously, making difficult decisions for elderly parents, having no time for self-care, and financial strain (DeRigne & Ferrante, 2012). Family-related stress can lead to changes in self-efficacy (Thoits, 1995). One study found that feeling trapped was related to having no control, resulting in

decreased self-efficacy (Steffen et al., 2002). However, as a person gets through the difficulties in this phase of their life, a sense of control builds, and self-efficacy can increase (Aneshensel et al., 1995).

**Older Adults & Self-Efficacy.** Self-efficacy is associated with increased self-care among older adults and with improvements in perceptions of their healthy aging (Sculd et al., 2015). It is an essential determinant of self-care activities and favorable health practices (Easom, 2003). Self-efficacy also correlates to resilience and well-being in older adulthood (Sharma, 2013).

Individuals with higher self-efficacy are more likely to seek preventive care, exercise, and be aware of the status of their health in comparison to those with lower self-efficacy (Gecas, 1989). Positive self-efficacy has also been found to provide a buffering effect against functional decline (de Leon et al., 1996). Increased self-efficacy in older adults is also related to decreased discomfort around pain, increased resilience against depressed moods, and better overall health (Sculd et al., 2015).

Many physical capabilities decline as people age, thus requiring reappraisals of self-efficacy (Bandura, 1997). In reappraising their self-efficacy, older adults may compare their functioning to earlier periods (Suls & Mullen, 1982). It would be more beneficial for older adults to compare their capabilities against those of similar ages rather than their younger selves to understand their ability levels more accurately (Bandura & Jourden, 1991). Misappraisals of capabilities in physical, health functioning, and cognitive functioning occur during aging, and this can result in lower or higher levels of self-efficacy based on whether a misappraisal is over or underestimating one's abilities

(Bandura, 1997; Seeman et al., 1996). Self-efficacy beliefs that support an active lifestyle sustain cognitive capabilities.

### ***Race & Self-Efficacy***

The relationship between race and self-efficacy is complex (Graham, 1994). Researchers have shown that racial discrimination can lower self-efficacy, which can result in victims feeling less capable of academic and career success (Di Giunta et al., 2013; Scott & Dearing, 2012). Career and vocational researchers have identified self-efficacy as essential in career choice, persistence, and career performance (Betz & Hackett, 1997). The experiences of a marginalized population may cause the development of self-efficacy to be different from that of their White counterparts (Rollins & Valdez, 2006).

Researchers have found that Native Americans as a group have the highest level of resilience, followed by Asian Americans and Latino Americans, with Caucasians and African Americans having the lowest (Perrone et al., 2001). Researchers who have studied racial differences in self-efficacy have found that Blacks tend to have lower general self-efficacy than Whites (Assari, 2017). Self-efficacy's meaning and exhibition may differ in different racial groups (Assari, 2017). Blacks may report lower self-efficacy based on their understanding of social and economic inequality and their experience attempting to overcome these inequalities (Hughes & Demo, 1989). Personal experience is the most critical factor in the development of self-efficacy; therefore, an individual's social class, education, and occupation are important in the development and final levels of self-efficacy (Gecas, 1982).

There are racial differences in academic self-efficacy and resilience (Booth et al., 2017). Resilience, academic, and future career self-efficacy correlate positively (Finn & Rock, 1997). Longitudinally, Caucasians report higher self-efficacy during elementary, middle school, and college, but during high school, there are no statistically significant differences in self-efficacy between races (Rollins & Valdez, 2006). Racial and ethnic identity is essential in understanding the academic experiences and outcomes of minority students (Rivas-Drake & Umana-Taylor, 2019). For minority students, the racial subordinating environment hinders beliefs about their abilities, aspirations, self-esteem, and self-efficacy (Kyere et al., 2021).

Career self-efficacy is essential for career choice, development, and persistence (Hackett & Betz, 1981; Lent & Hackett, 1987). Researchers found differences in career self-efficacy by race, with higher career self-efficacy among Caucasians (Gloria & Hird, 1999; Hackett & Betz, 1995; Luzzo, 1993). The development of career self-efficacy among minorities may follow a different path because of their experiences (Lent & Hackett, 1987). When minorities, particularly African Americans, make career choices, they may have had little career planning support and may avoid careers where they have not seen successful minorities (Dunn & Veltman, 1989; Lent & Hackett, 1987; Rollins & Valdez, 2006). Minorities may believe that job barriers exist that work against them, regardless of their effort (Ogbu, 1989). They may perceive career advancement as unattainable, causing them to put in less effort and focus on certain types of careers, affecting their self-efficacy towards their career and overall (Schmidt & Pichler, 2021).

### ***Culture & Self-Efficacy***

Culture plays a role in self-appraisal, which helps build self-efficacy (Oettingen, 1995). Personal autonomy is viewed differently based on cultural levels of individualism and collectivism (Kitayama et al., 1997). Individualist cultures (American, Canadian, Western European, and Australian) emphasize independence and individual initiative (Hofstede, 1989). However, collectivist cultures (Asian, Eastern, and Southern European) focus on collective identity, group solidarity, and duty to others (Kim et al., 1994). Self-efficacy is equally vital to both cultural groups but built and exhibited differently (Bandura, 1997). Individualist cultures focus on personal experiences to inform their self-efficacy beliefs (Oettingen, 1995). Individuals in individualist cultures may be more aware of their emotional states than others, paying more attention to their emotions as a source of self-efficacy (Oettingen, 1995). Members of collective cultures actively seek and pay more attention to and are influenced by others' opinions, expectations, and behaviors (Markus & Kitayama, 1991). The most important sources of self-efficacy information in collectivist cultures are vicarious experience and verbal persuasion (Ahn et al., 2016). Personal self-efficacy is essential in any culture, as societal behavior is just as demanding as individual behavior (Bandura, 2012).

### ***Education Level & Self-Efficacy***

Self-beliefs formed in elementary school serve as the basis on which future efficacy beliefs are structured in and outside academics (Bandura, 1997). Peer modeling, social comparison, and teacher feedback affect children's judgments about their self-efficacy (Schunk, 1989). Peer modeling can raise self-efficacy by showing the observer



that someone with similar attributes can complete a task (Bandura, 1981). Additionally, modeling is a form of social comparison that informs children about their capabilities and ability to emulate others (Schunk & Hanson, 1985).

Social comparison can be motivational for students; however, if students compare themselves to someone with inferior or superior abilities, they could misjudge their abilities, negatively affecting their self-efficacy (Schunk, 1984). During a child's formative years, teachers are essential contributors to developing a student's self-efficacy (Pastorelli et al., 2001). Research on the effects of feedback on students found that teacher feedback linking past achievement with effort promotes engagement, skill development, and self-efficacy (Schunk, 1982). Elementary students have reported that their self-efficacy beliefs are developed mainly through verbal persuasion and successful performance; physiological states and vicarious experiences affect their self-efficacy at significantly lower levels (Arslan, 2012).

The shift from the personalized environment of elementary school to the impersonal, institutional feel of middle school leaves adolescents struggling to reestablish their social and academic self-efficacy (Bandura, 1997; Midgley et al., 1989). Social self-efficacy enhances healthy development and influences adolescent psychological adjustment and well-being (Armum & Chellappan, 2016). Early adolescence is when self-efficacy is a fundamental part of well-being (Bandura, 1997).

Influences on students' academic self-efficacy are important during middle school; during this time, students enter a larger social comparison environment with more emphasis on grades and competition (Eccles et al., 1989). Although perceived mastery

experience proved a consistent predictor of academic self-efficacy, verbal persuasion is most strongly related to self-efficacy in middle school students (Butz & Usher, 2015; Usher, 2009). Students who have succeeded with academic tasks have a great chance of higher self-efficacy for future tasks (Usher & Pajares, 2006). There is a strong relationship, specifically for adolescents, between performance feedback and competency beliefs (Schunk & Meece, 2005). Social persuasions also predict academic self-efficacy, highlighting the role others play in sending supportive messages to students about their capabilities (Usher & Pajares, 2006).

The development of self-efficacy in high school is essential to the development of cognitive and behavioral skills (Bandura, 1986). Teacher support at the high school level is essential for developing positive self-efficacy (Chang & Bangsri, 2020). Support and encouragement from teachers at this stage can help boost students' self-confidence, self-efficacy, effort, and ability (Hallinan, 2008; Usher, 2009). Encouragement from parents, teachers, and peers whom students trust can enhance students' confidence in their academic capabilities (Usher & Pajares, 2012). Peer feedback is also crucial in determining an individual's tasks and those they will avoid (Pajares et al., 2007). When young people still need to become skilled at making self-appraisals, they depend on others to provide feedback about their performance (Schunk, 1984).

Students entering college are entering a new phase of their lives where they will question their abilities to successfully meet the challenges they will face (Bandura, 1977). The challenges include demanding coursework, time management, and establishing new social support systems (Coffman & Gilligan, 2002). Social support and self-efficacy

enhance Coping with college stressors (Coffman & Gilligan, 2002). Self-efficacy affects students' choice of majors in college, success in coursework, and persistence in the field of study (Hackett & Betz, 1989). College students identified experiences with peers and others as influences on their confidence, noting that the most positive influences were from family and faculty (Usher & Pajares, 2008).

### **Literature Review Related to Key Variables and/or Concepts**

#### **History of Human Services & Human Service Professionals**

The human service profession is relatively new, although people have been engaging in human services for many years (Gladden, 2018). During the 1800s, individuals were working on educational policy and prison reform as individuals with mental illness were disproportionately ending up in prison due to a lack of opportunities (Jansson, 2012). The first human services organization in the United States, founded in New York in the 1870s, was based on the philosophies historically used by charitable groups in London (Gladden, 2018; Wenocur & Reisch, 2001). In 1889, settlement houses began in impoverished neighborhoods to help serve the families (Gladden, 2018; Wade, 1967). Not only did the houses provide material needs, but they also advocated for labor unions and women's rights (Specht & Courtney, 1994). By the 1900s, more than 400 settlement houses in the United States supported impoverished people's cultural and social problems (Specht & Courtney, 1994).

In the 1920s, the creation of human service organizations began when settlement houses started working with churches, hospitals, and other agencies, which began providing many of the same services (Wenocur & Reisch, 2001). Previous reforms and

industrialization highlighted the need for a more organized way to meet the needs of society as people were in need, and resources helped (Wenocur & Reisch, 2001). While these services still involved volunteers, the organizations began to employ professionals and expanded services to areas such as public recreation, juvenile and adult probation, public health, immigrant advocacy, and social legislation (Gladden, 2018; Wenocur & Reisch, 2001).

In the 1930s, President Roosevelt implemented the New Deal in response to the Great Depression, and it was the first time that the United States Government participated in social welfare for its citizens (Jansson, 2012). This program required thousands of job service providers to implement the provided services (Jansson, 2012). After World War II, social services shifted to many areas, including new public agencies and more regulated services (Gladden, 2018). Government spending on social welfare decreased between the 1950s and 1980s, specifically during the President Reagan era (Jansson, 2012). Despite the decreased funding, the need for services increased with a focus on minority populations and outreach and advocacy for the disadvantaged (Kendall, 1982). In the last 20 years, there has been a decline in the funding provided for government human services, a decline in the number of nonprofit human service organizations, and an increase in the emergence of for-profit businesses providing human services (Smith, 2015). The primary reason for this shift is that nonprofit organizations must provide transparency in their use of funds and show greater performance than other service organizations (Gladden, 2018; Smith, 2015). New requirements and decreases in the available grants led to nonprofit human service organizations sharing services with other

organizations. Collaboration has allowed organizations to get funding and expand into new areas (Gladden, 2018; Smith, 2015). Human service agencies are more central to social safeguards than ever; therefore, staying true to the original movements is important (Specht & Courtney, 1994).

### **Organizations that Human Service Professionals Work for & With**

There are many different funding sources for human service agencies, including those run by the government and nonprofit and for-profit organizations (Moffat, 2011). There are several kinds of organizations found in communities operated by religious, private, or government organizations that help families in many ways (Lareau, 2011). Human service organizations and professionals generally ensure that clients meet specific needs, like childcare, health, employment, housing, or access to mental health services (Hasenfeld, 2009).

#### ***Religious Organizations***

Churches often have information about who needs help within the community. A central tenet of churches and religious organizations is providing “charity” within their community (Smith & Sosin, 2001). Religious human service agencies are often a branch of a church or are associated with a church and often have the space to provide services (such as overnight housing for individuals experiencing homelessness) (Cnaan et al., 2004). Community members trust churches and typically have access to volunteers through their congregation and the wider community (Cnaan et al., 2004). President Bush signed an executive order preventing all federal agencies from discriminating against religious organizations when awarding social service money in 2002 to help religious

organizations fulfill this duty to the community (Cnaan et al., 2004). Religious organizations often offer afterschool programs, health clinics, places for food, and shelter (Lareau, 2011).

### ***Private Organizations***

Privatizing human services has increased throughout history, especially during the reduction of government funding to agencies associated with the government (Kamerman & Kahn, 1989). Federal initiatives have encouraged increased privatization (Nightingale & Pindus, 1997). Services most commonly privatized include drug and alcohol treatment, child welfare and adoption, programs for the elderly, and employment training (Eggers & Ng, 1993).

The reasoning behind the privatization of drug and alcohol addiction treatment has been to provide an integrated approach to treatment that the government may not be able to offer (Knudsen et al., 2004). Physicians are usually on staff, and someone functions as a case manager to coordinate services; these two things are often more effective when offered by a private organization (Roman et al., 2006). They are typically larger and have more employees than public sector programs (Roman et al., 2006).

Child welfare agencies have a history of being privatized to oversee better foster care, adoptions, and mental health services for children than governmental agencies (Winston et al., 2002). Private programs can have more employees to assist in moving children through the foster care system, more safety advocates, and more caseworkers, which results in a more manageable caseload level (Snell, 2000). More resources resulted in these private organizations having better results than government ones.

Privatizing elder care services has shown increased quality of care in elder services (Bergman et al., 2016). Privatization has increased efficiency, equality, medical outcomes, and clients' service decision-making (Wensing et al., 1998), increasing the quality of life for these individuals.

### ***Government***

The United States Department of Health and Human Services (DHHS) mission is to enhance the health and well-being of all Americans by providing services and supporting advances in medicine, public health, and social services (US Department of Health & Human Services, n.d.). Despite the outsourcing of many of the services offered by the DHHS (Zelnick & Abramovitz, 2020), the DHHS still employs more than 80,000 employees across the United States, with a central office based in Washington, DC (US Department of Health & Human Services, n.d.). 10 regional offices serve state, local, and tribal organizations. The agencies in these offices provide services for children and families, Medicare and Medicaid, health resources, and substance abuse treatment (US Department of Health & Human Services, n.d.).

### **Individuals that Human Services Professionals Work With**

Human service organizations serve marginalized and vulnerable populations (Shi et al., 2020). Populations that are considered marginalized have disparities in full participation in social, economic, and political activities (Tangcharoensathien et al., 2018). Examples of marginalized groups include individuals who are often in one or more of the minority groups within race, gender, sexuality, age, disability status, language, and immigration status (Baah et al., 2019). Human service professionals often

assist clients with understanding systems, paperwork, and acceptance criteria for many different support programs. Human service professionals work with various types of individuals and help them navigate programs.

### ***Children and Families***

Human service professionals assist families with children and children in the foster system to meet their basic needs (Columbia College, 2018). Basic needs include food, shelter, medical, and childcare (Miller, 2022). Human service professionals guide parents in getting the necessary resources, such as assisting families with food insecurity by referring them to local food pantries or by helping them apply for benefits (Bureau of Labor and Statistics, n.d.; Miller, 2022). The Supplemental Nutrition Assistance Program (SNAP) is a government program that provides food stamps to families that meet specific criteria to supplement a family's food budget and human service professionals can help families apply for and get access to this program (US Department of Health and Human Services, n.d.). They also help families navigate the services and programs that provide services to those with insecure housing situations or experiencing homelessness. The US Interagency Council on Homelessness (USICH) coordinates services through its partnership with 19 federal agencies, state and local governments, advocates, and service providers, with human service professionals employed in their ranks (US Department of Human and Social Services, n.d.).

There are government resources that can prepare children under five years old for school and other childcare programs that a human service professional can help parents navigate (US Department of Human and Social Services, n.d.). Lastly, human service



professionals may be involved in child welfare situations (Moffat, 2011). A human service worker would be one professional involved in the legal, foster, and reunification process after identifying abuse or neglect. (Bureau of Labor Statistics, n.d.).

### ***People with Addictions***

Human service professionals work with people with addictions such as to drugs or alcohol (Moffatt, 2011). Human service professionals evaluate client needs, make appropriate referrals, help the individual go through the steps to secure services, and serve as counselors (Moffat, 2011). Additionally, they can serve as advocates, community health workers, or case managers with individuals with addictions (Careers of Substance, n.d.).

In the role of advocate, the human service professional works on behalf of the individual with an addiction to ensure they have insurance (or other payment) to cover treatment, remove barriers to treatment, and increase access to services (Partnership to End Addiction, n.d.). Community health workers provide information and outreach in community-based contexts like homeless shelters or other local centers providing health services (Careers of Substance, n.d.). They ensure access to services and social support and may coordinate services with other community organizations for the client (Careers of Substance, n.d.). Case managers help develop and communicate the treatment plan with other professionals (Advanced Recovery Systems, 2018). Case managers arrange outpatient or inpatient care, connect the participant with mental health services, set up family counseling, coordinate housing services, and provide follow-up after treatment

(Advanced Recovery Systems, 2018). Human service professionals may function in more than one of these roles, even with a different job title.

### ***People with a History of Incarceration***

At the end of 2020, an estimated 1 in 66 adults in the United States was under community supervision, probation, or parole after incarceration (Kaeble, 2021). Human service professionals may work with people with a history of incarceration who may have community supervision and those who are released without supervision to support them as they reintegrate into the community to reduce the chance of recidivism potentially (Bureau of Labor Statistics, n.d.). Human service professionals may work as probation officers for those given probation instead of a prison sentence (Bureau of Labor Statistics, n.d.). Parole officers are also human service professionals supervising individuals released from prison (Bureau of Labor Statistics, n.d.). They help clients with resources such as finding affordable housing, employment, healthcare, and mental health services that could decrease their chances of reoffending (Moffat, 2011).

Housing and employment are vital to prevent recidivism, although the population often lacks the education and soft skills needed to obtain and retain employment (National Institute of Justice, 2021). This lack of appropriate employment then reduces the ability of the individual to find appropriate housing and employment, which may result in them having to engage in criminal activity to survive. The Biden-Harris administration announced a comprehensive strategy to assist formerly incarcerated individuals in expanding job training, federal employment opportunities, and federal benefits in 2022 (The White House, 2022). A human service professional would need to

be aware of all the resources and be able to relay the information to clients with a history of incarceration, as well as help them navigate these programs.

Finding housing can be more difficult for individuals with a history of incarceration due to under- or unemployment and if background checks are required to secure particular housing (Bureau of Justice Assistance, 2022). Some individuals, after release, can live in a “halfway house” to support them while they transition to the community. These can be a residential facility where a person has to live (per court order) when released, a sober living home, or transitional housing (Daniel & Sawyer, 2020). While in a halfway house, the human services professional communicates consistently with the house manager and the client and helps ensure that the client is following the rules of the facility, looking for employment, maintaining employment, and helping them access other needed supports (National Institute of Justice, 2021). Some human service workers see themselves as community advocates, some see their role as brokers to connect individuals to needed programs, and others act as rule enforcers (National Institute of Justice, 2021).

### ***People with Disabilities***

People with physical or intellectual/developmental disabilities need human service professionals to help them, as well as their families in many cases, navigate resources. Human service professionals can help them find appropriate educational and employment opportunities, support, and affordable and accessible housing (The Arc of the United States, n.d.). Human service professionals also advocate for individuals with disabilities to have the same experiences and opportunities as those who do not have a

disability and also may act as a conservator or guardian for the individual (The Arc of the United States, n.d.).

Individuals with disabilities and their families often need assistance from human service professionals to navigate the myriad of programs and services that are available through the government and other organizations for individuals with disabilities. Medicaid is the primary health insurance for people with disabilities, and applying for Medicaid can be challenging (US Department of Health and Human Services, n.d.). The worker will need to assist in gathering and entering the correct data for the client (US Department of Health and Human Services, n.d.). Human service professionals who work with individuals with disabilities often work as case managers, helping coordinate services by working with other professionals in creating a plan to help the client live as independently as possible, such as by finding and securing housing settings with appropriate support, ensuring that they have employment opportunities that are in the least restrictive environment possible and that they have opportunities to be active in the community and socialize with others (Bureau of Labor Statistics, n.d.).

### ***Veterans***

The Department of Veterans Affairs provides support services to veterans' families through the Supportive Services for Veteran Families (SSVF) (US Department of Veterans Affairs, n.d.). Within the SSVF program, veterans can access case management, crisis services and support, and decision-making assistance (US Department of Veterans Affairs, n.d.). Other needs of veterans may include counseling referrals, employment assistance, and advocacy.

Human service professionals work with veterans in various contexts, including gathering information about the veteran's health, living situation, family, and other needs (US Department of Veterans Affairs, n.d.). This information can then help the human service professional help the veteran apply for insurance and other benefits. They can help the veteran navigate the Veteran Administration (VA) medical system, which can be complex, and help communicate with the healthcare team (US Department of Veterans Affairs, n.d.). There are many programs that veterans can qualify for, but the application and access process for the programs can often be confusing. Educating and connecting them to resources is one of the responsibilities of the human service professional (US Department of Veteran Affairs, n.d.). Veterans can access home loans, grants, and vouchers through the US Department of Housing and Urban Development for rental assistance (US Department of Veteran Affairs, n.d.).

## **Current Roles & Responsibilities of Human Service Professionals**

### ***Case Management***

There are a wide variety of contexts where a human services professional could work as a case manager (Bureau of Labor Statistics, n.d.). They could serve as a case manager in child welfare, healthcare, substance abuse, rehabilitation, or career service organizations (Eiland, 2022). Case managers assess clients' needs and then organize, observe, evaluate, and advocate to meet client needs (Buccieri et al., 2022). Case management is helpful for clients with multiple or complex issues and who need assistance coordinating the services they receive or finding new services (Fleury et al., 2021). After the client has resolved their issues, case managers often continue follow-up

to help reduce the risk of problems reoccurring or new ones developing (Kaltsidis et al., 2020).

### ***Corrections***

In corrections, human service professionals are often employed as probation or parole officers, youth counselors, or victim advocates (Weinberg, 2020). Probation officers supervise people on probation instead of being imprisoned (Bureau of Labor Statistics, n.d.). Parole officers help people after they have been released from prison (Bureau of Labor Statistics, n.d.). Youth correctional counselors do the same work as probation and parole officers, except with a younger population (Weinberg, 2020). The daily tasks of these professionals include helping clients find jobs or enroll in school, regular meetings to assess status, performing drug tests, completing detailed progress reports, and making recommendations (Weinberg, 2020). Additionally, they meet with the families and employers of clients to assess safety and appropriate progress (Bureau of Labor Statistics, n.d.).

### ***Advocacy***

Although all human service professionals expect to advocate for their clients, some professionals focus specifically on advocacy (Human Rights Careers, n.d.). Victim advocates support victims of crime by providing emotional support, resources, referrals, and help with understanding and navigating the criminal justice process (Victim Support Services, 2022). Housing advocates provide support in opposing efforts to cut housing benefits, prevent evictions, promote safe and healthy housing, and protect victims of domestic abuse (National Low Income Housing Coalition, 2022). Mental health

advocates work in different settings like schools, hospitals, or addiction treatment centers to coordinate and advocate for appropriate mental health services (Human Rights Careers, n.d.). Mental health advocates also help individuals navigate systems like education, healthcare, or the legal system about their mental health and ensure that accommodations and service needs are met (Cuncic, 2021).

### ***Intake***

Intake often involves human service professionals. Intake is a process that takes place in healthcare facilities, mental health facilities, and human service agencies. The intake worker, sometimes called an intake specialist or counselor, gathers essential information from a client who may be anxious and unfamiliar with the process (Ray, 2022). The intake goal is to gather as much information as possible within specifics determined by the organizational context (Gardner, 2021). During intake, the worker interviews the client to discern the underlying issues, determine necessary services, and build a rapport with the client (Ray, 2022).

### ***Community Outreach***

Human service professionals who work with community outreach work on behalf of an organization to educate the community about its goals and engage them with the organization (Human Services Edu, 2022). They liaise with community partners to recruit and organize volunteers and create and implement community events (Human Services Edu, 2022). Since community outreach is part of seeking funding, the outreach coordinator details activities, funds used, and outcomes (Alcantara, n.d.).

## **COVID-19 Pandemic**

The Coronavirus pandemic of 2019 (COVID-19) started in December 2019. By March 11, 2020, the number of cases of COVID-19 had drastically increased, which resulted in the World Health Organization (WHO, 2020) characterizing it as a pandemic. Countries worldwide closed their borders while nations and states observed lockdowns to slow the spread of COVID-19 (Slotnick, 2020).

### ***Emergence of COVID-19 Pandemic in the United States***

The first confirmed case of COVID-19 in the United States was in January 2020 (Sahu & Kumar, 2020). On January 30, 2020, the Centers for Disease Control confirmed the first non-travel-related case of COVID-19 in the United States (Centers for Disease Control, 2022). One day later, the Department of Health and Human Services Secretary declared the COVID-19 outbreak a public health emergency (Administration for Strategic Preparedness and Response, n.d.). Under the declaration of a health emergency, the Secretary can access public health emergency funds, enable the CDC to access emergency funds, waive or modify specific health insurance requirements, adjust reimbursement for certain Medicare drugs, make temporary appointments of personnel, modify the practice of telemedicine, and enable the Department of Labor to issue grants for employment disaster relief (Administration for Strategic Preparedness and Response, n.d.). The first United States COVID-19-related death occurred at the end of February 2020, with 60 confirmed cases across 12 states (Centers for Disease Control, 2022).



### ***United States Response to the COVID-19 Pandemic***

The incident manager for COVID-19 response at the Centers for Disease Control advised the nation of pending disruptions, including school closings, workplace shutdowns, and the cancellations of public events (Centers for Disease Control, 2022). By mid-2020, the unemployment rate was the highest since the Great Depression, with 20.5 million people out of work due to the implemented lockdowns in the United States and only essential services being provided (Centers for Disease Control, 2022). Due to the recommendations made by the WHO and the Centers for Disease Control, many services offered by human service organizations and other organizations needed to pivot how they were delivering their services.

Organizations put virtual delivery models in place to continue to provide services to those most in need. Medical facilities expanded telehealth for Medicare and Medicaid recipients (Centers for Disease Control, 2022). The Trump administration signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which authorized emergency loans for businesses, grants, and technical assistance (Congress, 2020). Human service organizations received funding to build technology infrastructure to continue services with as little disruption as possible.

### **Changes in Human Services Delivery Due to the COVID-19 Pandemic**

The pandemic forced human services to move from face-to-face to virtual service delivery. It has been essential to learn lessons from the changes made. Organizations should know what remote services were successful, with whom, and under what

circumstances (Office of the Assistant Secretary for Planning and Evaluation, n.d.). As people research and evaluate programs, best practices will appear.

### ***Pre-pandemic Human Services Delivery***

Before COVID-19, human service agencies worked like most organizations that provided services. They had office hours, in-person appointments, and paper resources, with services occasionally delivered outside the office. Onsite interaction was formal and structured to gather and share necessary information while building rapport with a client (Benton et al., 2021). Good rapport between the human service professional and their client can make the difference between the client having a positive or negative outcome (Hood et al., 2019).

Prepandemic phone and video services provided access to rural communities with limited in-person resources (Lombardi et al., 2022). However, this was not a preferred method of service delivery (Lombardi et al., 2022). For that reason, paper forms and information printed on paper were more efficient in delivering services and keeping records. Clients could also sit down and get help completing forms while in the office.

### ***Changes in Human Services Delivery Due to Pandemic & Continuing***

The COVID-19 pandemic resulted in the government mandating lockdowns, social distancing, and business closures (Pascoe, 2021). Human service organizations needed to adapt and change how they delivered services as they served those most likely to be negatively affected by the pandemic (Clearinghouse for Labor Evaluation and Research, 2020). These organizations looked to how they could deliver their services

utilizing technology even though digital inequality affects low-income households, which are the primary service users of human service organizations (Waters et al., 2021).

Human service organizations and professionals moved to remote service delivery using technology to continue to engage clients (Pascoe, 2021). Additional strategies included online workshops and orientations, virtual job fairs, and appealing to youth through social media (Clearinghouse for Labor Evaluation and Research, 2020). Changes in human service delivery raised ethical concerns about privacy and confidentiality because of the information shared between human service professionals and clients. Necessary safeguards, like encryption, were used when communicating electronically, and it became more critical for human service professionals to communicate possible issues related to privacy with clients so that both parties could take steps to keep information private (Camper & Felton, 2020).

**Positive Outcomes of Virtual Service Delivery.** Virtual service delivery by human service organizations and professionals allowed work to continue and services to be as uninterrupted as possible (Centre for Social Purpose, 2022). The need to adapt services highlighted persistent service delivery issues and presented an opportunity to improve (Schmid & Bradley, 2022). Human service professionals kept adapting how they delivered services and ways to keep users engaged (Schmid & Bradley, 2022).

Client and worker interactions were shorter, less formal, and more frequent, and human service workers found the interactions to be still productive (Centre for Social Purpose, 2022; Schmid & Bradley, 2022). Online services worked well with younger people savvier with technology (Kingstone & Dikomitis, 2021). Remote service was

accessible and convenient for those who faced challenges accessing in-person services (Centre for Social Purpose, 2022). Additional funding from the government could be used for necessary equipment to meet clients' needs virtually (Schmid & Bradley, 2022). Pivoting to virtual service delivery often forced human service organizations and professionals to become more creative and flexible in providing services than in the past (Schmid & Bradley, 2022). Communication was often better among internal staff and external partners, and video calls made collaboration and communication more efficient (Centre for Social Purpose, 2022).

**Negative Outcomes of Virtual Service Delivery.** Human service organizations and professionals initially hesitated to adapt to new ways of service provision virtually (Centre for Social Purpose, 2022). Organizations and professionals often need help to completely change how they deliver services (Schmid & Bradley, 2022). They may not be sure if the new method will be as effective or more effective than they previously did (Schmid & Bradley, 2022). For some professionals, the quality of the services they delivered decreased, and they needed time to learn how to deliver services better virtually (Kingstone & Dikomitis, 2021).

Human service workers dealt with video call fatigue, isolation, and feeling inefficient in their jobs (Schmid & Bradley, 2022). Some clients needed access to technology or were not comfortable using technology, which caused some existing disparities to widen (Lombardi et al., 2022). Because human service professionals were not able to go into homes or clients were not able to leave their homes, concerns about family violence and negative coping like addiction increased (Schmid & Bradley, 2022).

Some funding sources that had monies available for the pandemic were not accessible by human service organizations due to criteria that they could not meet (Schmid & Bradley, 2022).

**Moving Forward.** Many human service professionals prefer in-person service delivery but want to continue integrating virtual services for efficiency, convenience, and broader reach (Schmid & Bradley, 2022). Service users will likely feel the effects of COVID-19 in the long term while trying to get back to a new normal (Schmid & Bradley, 2022). Human service organizations and professionals must continue to be flexible, responsive, and inventive in their approaches to service delivery (Schmid & Bradley, 2022).

### **Employee Supervision**

Effective supervision of employees has been studied extensively both before (Long, 2018; Pyc et al., 2016; Quade et al., 2020; Social Care Institute for Excellence, 2013) and during (Graves & Karabayeva, 2020; Phillips, 2020; Trivedi & Patel, 2021; Zeike, 2019) the COVID-19 pandemic. Supervisors often need formal training to supervise employees. Their ability to supervise and support others often comes from trial and error while supervising and on-the-job training (Patton & Pratt, 2002). The quality of the supervisor's ability to manage and support their employees is related to resulting employee performance (Kim et al., 2018) as well as employee job-related stress (Wieneke et al., 2019), satisfaction (Wieneke et al., 2019), burnout (Fastje et al., 2022), and employee turnover (Grotto et al., 2017).

### *Effective Supervision*

**Face to Face.** Effective face-to-face supervision can produce a productive and enjoyable work environment. Supervisors who get involved in the day-to-day operations with their on-site employees can get to know their employees professionally and personally (Jeanne M. Holm Center, n.d.). The supervisor's visible positive involvement boosts employees' morale and unity (Jeanne M. Holm Center, n.d.).

Effective communication is also crucial in face-to-face supervisory relationships (Nancherla, 2010). Supervisors with an open-door policy and who are approachable have more productive employees, work well as a team, and express job satisfaction (Miller, 2022). Supervisors empower their employees by recognizing the work of the employees and allowing them to enhance their skills in areas they are interested in (Raeburn, 2022). Giving specific and timely feedback is critical in effective supervision (US Office of Personnel Management, n.d.). This type of feedback can help employees improve weak performance at the time of the issue and celebrate a strong performance at the moment (Jeanne M. Holm Center, n.d.).

**Virtual.** Even more so than in face-to-face environments, supervisors in virtual working environments must proactively oversee virtual staff members to ensure that employees feel connected to the organization, their purpose, and other team members (Larson et al., 2020; Nawaz, 2020). Lines of communication can break as it is more challenging to communicate with others virtually compared to in a face-to-face environment where employees talk not only in meetings but also in places like the hallway, break rooms, and at their desks. In virtual work environments, supervisors need

to provide times for structured communication, such as in daily check-ins with their employees and department meetings, and in less structured environments (Larson et al., 2020). Daily check-ins and less structured “meetings” that do not have an agenda but can serve as a time for questions, encouragement, support, or social interaction to give employees a sense of belonging are important (Larson et al., 2020; Morrison-Smith & Ruiz, 2020). These less formal communications can decrease virtual employees’ feelings of isolation and loneliness (Morrison-Smith & Ruiz, 2020).

Supervisors must ensure adequate technology and technical support availability, so employees are not frustrated with these basic virtual needs (Goscha & Mabry, 2020; Graves & Karabayeva, 2020). Like in the face-to-face work environment, there is a need for employees to learn technology, learn how to deal with the difficulties of absorbing and responding to a deluge of information and communication across many platforms, and how to best communicate with others within the organization as well as outside the organization (Graves & Karabayeva, 2020).

### **Ineffective Supervision**

**Face to Face.** Poor supervision influences employee work quality, quantity, and satisfaction (PD Training, n.d.). Poor supervision practices can negatively affect employee morale, do not provide an opportunity to develop experience, and decrease employee dedication to other employees and the organization (Kamran et al., 2022). Ineffective leadership is mainly caused by the improper use of power, poor communication, and lack of expertise (Toor & Ogunlana, 2009). Supervisors can misuse their power at work in various ways, including by making hiring decisions (or not making

them) based on bias or prejudice, fostering a hostile work environment, and abusing it when it comes to disciplinary actions (Coventry, 2023).

Supervisor abuse of power has been found to lead to reduced productivity, higher employee turnover, and lower employee morale (Pyc et al., 2016). Supervisors are an essential source of knowledge regarding the organization's tasks, objectives, and responsibilities and the employee's place within it (Mikkelsen et al., 2021). Employee morale, satisfaction, and engagement are all influenced by supervisor-employee communication in the workplace (Mikkelsen et al., 2021). A manager's decision not to ask their superiors for help exacerbates a lack of experience, leading to the inability to support their employees (Walker, 2002). Employee trust decreases, they feel alienated by the supervisor, and productivity and quality of employee work decrease (Walker, 2002). Finally, micromanagement of employees occurs in face-to-face environments more often than virtually (Team Building, 2022). In-person micromanagement is likely due to the employees being easily accessible by supervisors, and those who micromanage their employees may not be open to a virtual work environment due to their inability to micromanage.

**Virtual.** Two factors related to inadequate supervision of virtual employees include the erosion of work-life balance and poor communication (Robert Half Talent Solutions, 2021). Employees who work from home experienced increased work-to-life conflicts and more significant work-related fatigue (Palumbo, 2020). Work-from-home conflicts often happen because it is easier for employees to continue to work outside of work hours when they are already at home. They may continue to work on projects but



not adjust their work hours on other days. Supervisors must acknowledge that work-life balance is essential for their employees and ensure they do not work so many hours that they experience burnout (Graves & Karabayeva, 2020). Therefore, communication between the supervisor and employee regarding workday and workweek hour expectations is important.

Some employees' home environments could be more optimal for virtual work, such as a dedicated work area and working without interruptions from children or others (Phillips, 2020). Home environments frustrate supervisors with employees who work virtually (Phillips, 2020). Supervisors must coach their staff about the importance of ensuring that they can focus on work when working virtually (Phillips, 2020). Coaching is also crucial as poor communication overall between supervisors and employees remotely working is related to low productivity in virtual employees (Wang et al., 2021). Lowered productivity, either actual or perceived, of virtual employees, can result in supervisors requiring employees to return to a face-to-face working environment, which the employees may not find satisfactory.

### **Human Service Supervisors & Their Role in Supporting Their Employees**

Human service supervisors provide guidance, encouragement, and training to support human service professionals' job skills and professional growth (Tarlow et al., 2020). Immediate supervisors are the key to employee engagement, success, and successful operations (Mikkelsen et al., 2021). They must possess knowledge and skills about the responsibilities and tasks the human service professional needs to complete to be effective in their supervisory role (Fisler et al., 2022). Researchers have found that the

attitudes and behaviors of supervisors play an essential role in influencing employee attitudes, perceptions, and behaviors, as well as their ability to trust the supervisor (Mendoza, n.d.; Quade et al., 2019).

### ***Characteristics of Effective Human Service Supervisors Prepandemic***

Communication is a primary theme in the literature describing effective supervisors pre- and post-pandemic and in face-to-face and virtual work environments (Larson et al., 2020; Lew, n.d.; Mendoza, n.d.; Mikkelson et al., 2021; Nawaz, 2020). A supervisor's interpersonal communication level with an employee is generally ranked higher than possessing technical skills (Mikkelson et al., 2021). The relationship and communication between a supervisor and their employee are related to the employee's morale, satisfaction, and engagement (Mikkelson et al., 2021).

Trust that the employee has in their supervisor is also vital in establishing the relationship and lines of communication between the supervisor and employee (Simon, 2018). Avoiding micromanagement is one way a supervisor can demonstrate trust in employees, and they will, in turn, trust the supervisor who demonstrates trust in them (Meinert, 2018). Supervisors being honest and transparent about goals and results, even if perceived as negative information, builds trust (Browning, 2020). Supervisor consistency in employee interactions and not showing favoritism are crucial in strengthening trust, relationships, and communication between supervisors and employees (Simon, 2018).

During the prepandemic, most of these supervisor/employee interactions took place face to face. Employees and supervisors had the opportunity to interact with each other socially in the workplace (lunchroom, common areas of workplace) as well as in

more formal settings in the workplace (meetings, training, conferences) (Hellebuyck, 2019; Houston, 2019). Supervisors could give feedback and answer questions anytime during team meetings, at a person's desk, or just when passing in the hall. Working in a face-to-face environment provided an environment where an open-door policy was easier to manage, and informal interactions took place (Hellebuyck, 2019).

### *Changes in Elements of Effective Supervision Due to the Pandemic*

The COVID-19 pandemic led to the transition from in-person services to virtual service delivery. The transition was a challenge for leadership and management, which had to pivot to find different ways to communicate with their employees once they lost the ability to communicate informally (Zeike et al., 2019). Communicating with staff is a priority, not only when something is wrong but to offer support and encouragement (Mendoza, n.d.). One of the most significant changes was that the primary form of communication was writing, and the most effective supervisors when pivoting to virtual work, were clear in their writing to their employees and communicated at least daily with them (Lew, n.d.).

Virtual social interactions could prevent feelings of social isolation for remote workers, so it was important for supervisors to create ways for employees to have informal interactions with each other (Larson et al., 2020). The supervisor could reserve time at the beginning of virtual meetings for non-work-related conversations (Larson et al., 2020). More frequent contact with employees was also essential to reduce feelings of isolation (Nawaz, 2020). Contact could include instant messaging and virtual conference

tools that employees could use at any time to communicate with their supervisor and other employees.

There were additional factors specific to supervising remotely. These factors include job formalization and monitoring productivity (Mikkelsen et al., 2021). Job formalization refers to reviewing employee responsibilities and establishing remote work expectations, then following up with check-ins to ensure that employees understand helps remote work be efficient (Larson et al., 2020; Mendoza, n.d.). Remote workers need to know how productivity will be measured. Employee monitoring using technology can include screen captures, keystroke tracking, or time tracking (Trivedi & Patel, 2021).

### ***Issues/Negative Outcomes of Pivoting to Virtual Supervision***

Two adverse outcomes highlighted in the literature due to virtual supervision: being too focused on productivity (Colletta, 2021; Quade et al., 2020) and overcommunication (Colletta, 2021; DeFilippis et al., 2022; Stich et al., 2019). When the pandemic closures forced employees to work virtually, supervisors' main focus was productivity (Colletta, 2021). Some organizations implemented tools to help supervisors ensure the same productivity as working on location (Trivedi & Patel, 2021). Supervisors focusing solely on productivity neglect priorities like employee well-being and ethical practices (Quade et al., 2020). Employees feel pressure to meet productivity standards, which increases the likelihood of unethical work behavior (Kamran et al., 2022). Virtual supervision can precipitate overcommunication, which may feel like micromanagement to the employee (Colletta, 2021). Communications increased during remote work (DeFilippis et al., 2022). An increase in emails led to feelings of job control and stress in

work relationships (Stich et al., 2019). Supervisors also increased the frequency and length of meetings and communications outside work hours (DeFilippis et al., 2022).

### **Summary & Conclusions**

The purpose of this generic qualitative study was to determine the perceptions of human service professionals about the support they received during the COVID-19 pandemic from their supervisors in order to address the problem of the negative impacts on clients due to the issues related to human service professionals being able to provide services virtually. The theoretical framework for this study was self-efficacy theory (Bandura, 1988). Self-efficacy is a person's sense of capacity to do tasks, and it affects how behavioral changes are attained and maintained (Bandura, 1988; Grusec, 1994; Kretchmar, 2021). Self-efficacy theory is an extension of social learning theory that explains people's decision-making capacity, capacity for self-regulation, and the idea that behavior may be learned through experience or by observing others (Bandura, 1971).

Personal experience, vicarious experience, verbal persuasion, and physiological arousal help people develop their sense of self-efficacy (Staples et al., 1999). Self-efficacy supports psychological growth and functioning through cognitive, motivational, emotional, and selection processes (Bandura, 1993; Bandura, 1997). Demographics, including gender, race, and age, are related to levels of self-efficacy (Heslin & Klehe, 2006; Stirin Tzur et al., 2016).

The overarching goal of a human service professional is to support diverse individuals and communities in functioning as productively as possible (National Organization for Human Services, n.d.). The service users are members of marginalized

and vulnerable populations (Shi et al., 2020). During the COVID-19 pandemic, shutdowns and orders to social distance resulted in human service organizations pivoting to virtual service delivery. Being effective when supervising remote workers was a challenge for leadership in human service organizations (Zeike et al., 2019). Supervisors were required to set new employee expectations, frequently check in, and find creative ways to monitor productivity (Larson et al., 2020; Mikkelsen et al., 2021). Chapter 3 provides details of the study's research design.

## Chapter 3: Research Method

### **Introduction**

This generic qualitative study aimed to explore human service professionals' perceptions of the support they received from their supervisors during the COVID-19 pandemic. I explored support from supervisors related to communications, training, changes to procedures/processes, and technology to answer the research question. In addition, I asked the participants what specific supervisor support they believe would have helped them better provide services to clients and complete other aspects of their job. By providing this information, human service organizations will understand best practices in supporting essential workers during crises requiring virtual service delivery. In this chapter, I discuss the research design and rationale, the role of the researcher, the methodology, issues of trustworthiness, and ethical procedures.

### **Research Design & Rationale**

The research question that steered the study was as follows: What are the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic? I utilized a generic qualitative approach for this study. Researchers use a generic qualitative research design to examine people's perceptions, attitudes toward, or beliefs (Percy et al., 2015). Generic qualitative inquiry is appropriate when the research focuses on the participants' perceptions and needs more flexibility in their qualitative approach (Kennedy, 2016). The generic qualitative approach does not adhere to the strict rules that the other qualitative research

methodologies (such as a case study or grounded theory research) have, giving me more flexibility in my research methodology process (Kennedy, 2016).

The strengths of a generic qualitative research design are that it allows researchers to apply new qualitative data collection approaches or take practical approaches from established research methodologies (Kahlke, 2014). The shortcomings of general qualitative research designs include the fact that some researchers believe that other, more stringent, qualitative research methodologies are the only acceptable methodologies and may discount the research (Atkinson & Delamont, 2006). However, this was primarily an issue in the past when there was insufficient critical literature about the methodology and few researchers utilizing the methodology (Thorne et al., 2004). There is now critical literature that supports the use of generic qualitative (Caelli et al., 2003; Creswell, 2013; Kennedy, 2016; Percy et al., 2015), and it was used in many more studies, which have legitimized its use (Kahlke, 2018; Percy et al., 2015).

I utilized a descriptive generic qualitative research design (Kahlke, 2014). Descriptive generic qualitative research limits inferences to keep as near to the source facts as possible (Sandelowski, 2000). Descriptive validity, or an accurate account of events that most persons who witnessed the same event would concur with, is correct, and this is what researchers aim for in descriptive generic qualitative research (Kahlke, 2014). I focused my data collection and interpretation to provide a clear description of the experiences of a limited sample of human service professionals to give a thorough accounting of the experiences that human service professionals had with their supervisors



during the COVID-19 pandemic and what perceptions grew about the support they were given based on those experiences.

Other approaches were considered prior to choosing the generic qualitative approach. Heuristic inquiry is a self-inquiry method intended to determine the underlying meanings of significant human experiences (Moustakas, 1990). It is a manner of conducting scientific research using methods and procedures aimed at discovery (Moustakas, 1990). I considered heuristic inquiry but decided I would instead not focus on my personal experiences but on the experiences of others in similar situations. I chose to research while bracketing my knowledge and beliefs, which I discuss further in the role of a researcher section (Tufford & Newman, 2012).

An alternate consideration was the narrative inquiry approach. Narrative inquiry begins with a narrative view of experience and evolves by detailing place, temporality, and sociality (Clandinin & Caine, 2008). Although telling the participants' stories interested me, this approach would have been time-consuming and would not have focused on only the experiences but the perceptions that grew from those experiences. Stories can be challenging to interpret, leading to problems in deciding the relationship between the narrative account, the interpretation, and the retold story (Savin-Baden & Niekerk, 2007), whereas I focused on perceptions that human service providers have about the support that was given to them by their supervisors during the COVID-19 pandemic. Therefore, the generic qualitative approach was the most appropriate for my study.

### **Role of the Researcher**

In this study, I acted as the data collection instrument (semi-structured interviews) and the instrument to analyze and interpret the data. The concept of the researcher as an instrument is complex because it considers how the researchers' identities and previously conceived notions can influence the research (Roger et al., 2018). I considered the different biases that I brought into my study and made plans to minimize those biases as much as possible.

I work as a human service professional, and this could affect my biases in this study. One strategy to manage insider bias was recruiting participants outside my work organization. I also guaranteed that I did not have professional or personal connections to the individuals I interviewed. I recruited through social media rather than from the pool of people I know or am acquainted with to ensure appropriate distance from my participants. Another strategy was having my dissertation chairperson check the interview questions and data analysis for researcher bias. I also used different techniques to manage researcher biases throughout the data collection, analysis, and interpretation. I used reflexivity to help me mitigate researcher bias. Also, I ensured that I was conscious of my prior biases, views, and expertise about the research issue. I reflected on these during data analysis to avoid categorizing data based on my views instead of what the data showed.

When I interviewed participants, I assumed I already understood what they were attempting to say in response to my questions. According to Taylor (2011), this could result in the participants being cut off in their answers and not asking for further

information or clarification where needed. The prewritten questions and follow-up prompts helped to prevent that from happening. I needed to be conscious of my thoughts and actions to ensure that I was not engaging in these actions. As a reminder, I noted in my journal the importance of allowing enough time for the participants to respond before I began speaking. After each interview, I reflected on the data collection process, which allowed me to evaluate my effectiveness as the interviewer.

Because I work as a human service professional, confirmation bias could become an issue, so I needed to be attentive to this possibility. Confirmation bias is a researcher's tendency to focus on data that supports their beliefs while ignoring contradictory data (Peters, 2020). I analyzed all the data collected and continually reevaluated my impressions and the participants' responses. I needed to set aside any experiences or stories I have heard from other human service professionals to ensure that I did not discount information just because it does not align with these things. For all these potential bias issues, Alvarez-Hernandez (2021) suggested engaging in reflexivity by keeping a journal with field notes about the participants' comments and records of thoughts as they occur during the interview and as soon as possible after the interview. I revisited my journal throughout the entire research process, including during the coding and theming of the results, to ensure I mitigated any researcher biases.

## **Methodology**

### **Participant Selection Logic**

#### ***Population***

The population for this study was human service professionals. A wide range of individuals who work professionally to help people function successfully in different areas of their lives are considered human service professionals (National Organization for Human Services, n.d.). They work in various contexts, including correctional facilities, community mental health centers, family, child, and youth service organizations, and programs addressing aging, drug use, alcoholism, and family violence (National Organization for Human Services, n.d.). In the United States, there are over 313,000 human service organizations (X4 Impact, 2022). In 2020, approximately 70,000 human service professionals worked for state agencies, local municipal government agencies employed 62,000, and 46,000 worked in education systems (Human Services Edu, n.d.). Of the professionals in the human services field, 67.5% are women (Zippia, 2022). Whites are the most prevalent ethnicity at 55.7%, followed by Latino (16.6%), Black (13.7%), and Asian (6.9%; Zippia, 2022). Additionally, 11% of human service professionals identify as lesbian, gay, bisexual, or transgender (LGBT; Zippia, 2002).

#### ***Sampling Strategy & Sample Size***

**Sampling Strategies.** I utilized purposeful convenience and snowball sampling for this study. Purposeful sampling selects participants based on desired characteristics or knowledge (DeCarlo, 2018). The strengths of purposeful sampling include effectively using limited resources and having a group of people who understand the study topic and

know the situation (Palinkas et al., 2015). The weaknesses include difficulty generalizing, participants' responses may be biased because they know they met specific criteria, and the inability to apply this method to a large group (Regoli, 2019).

Convenience sampling is identifying participants who are accessible and willing to participate by recruiting in specific places where participants who may qualify may see the materials and then contact the researcher to participate (Robinson, 2014). The strengths of convenience sampling include being the least time-consuming, inexpensive, and not requiring population criteria (Acharya et al., 2013). Weaknesses include results that have generalizability only to the sample studied and typically include small numbers of underrepresented sociodemographic subgroups, resulting in insufficient ability to detect differences within sociodemographic factors (Bornstein et al., 2013).

Snowball sampling is when the researcher depends on participants to identify more participants by letting others know about the study (DeCarlo, 2018). The strengths of snowball sampling include gaining access to participants that the researcher might not otherwise have, and the results may uncover characteristics of a population that the researcher did not know existed (Glen, n.d.). Weaknesses include not being able to determine the possible sampling error and not being able to generalize from the sample to the population (Sharma, 2017). Since I had limitations related to time and cost, and I had to find individuals with knowledge related to my study, these sampling strategies were appropriate. However, I kept the weaknesses of these sampling strategies in mind and addressed them in my discussion of study limitations in Chapter 5.

The sampling strategies that I also considered for this study were simple random sampling and stratified sampling. Simple random sampling selects a small group from a larger group of participants (Qualtrics, n.d.). The strategy uses a selection process that gives each candidate an equal chance of being chosen, giving each candidate the same likelihood of being selected (Acharya et al., 2013). The final sample is more likely to be impartial and representative of the entire population because the selection procedure utilized chance and random selection (Qualtrics, n.d.). The strength of this sampling strategy is that the sample would be representative of the larger population and would have fewer limitations around the generalizability of the study results (Sharma, 2017). The weaknesses of random sampling include the researcher needing to have a list of the larger population to sample from and a higher chance of sampling errors (Acharya et al., 2013). This sampling strategy was not the most appropriate for my study because I needed a list of all human service professionals from which to choose a sample.

Stratified sampling involves dividing a more extensive population into subgroups based on a particular characteristic and selecting samples from each subgroup (strata) (Etikan & Bala, 2017). The goal of stratified sampling is to lessen the possibility of biases when choosing which cases to include in the sample (Sharma, 2017). As a result, the sample can represent the population with the characteristics being investigated (Arnab, 2017). Breaking a more extensive population into stratas could make gathering data more efficient (Arnab, 2017) and allows researchers to make generalizations that apply to the population (Sharma, 2017). Disadvantages of this sampling strategy include the requirement of accurate information on the proportions of each stratum, and the

stratified list is costly to prepare (Acharya et al., 2013). Based on the information gathered regarding simple random and stratified sampling, purposeful convenience and snowball sampling are most appropriate for my study.

**Sample Size.** When the researcher believes they have reached saturation in qualitative research, it is an appropriate sample size (Mason, 2010; Sim et al., 2018). Saturation is when further data collection (interviews) does not provide additional understanding of the topic, and the same information is being heard (Mason, 2010). Previous researchers suggested a range of 10 to 15 is needed for saturation to occur depending on whether the sample is homogeneous or heterogeneous (Ando et al., 2014; Francis et al., 2010; Guest et al., 2017; Sim et al., 2018).

Homogeneous samples are people with similar characteristics, and researchers generally reach saturation with homogeneous samples within 9-17 participants (Hennink & Kaiser, 2022). Heterogeneous samples are people who do not have similar characteristics, and researchers generally reach saturation with heterogeneous samples within 20 to 40 participants (Vasileiou et al., 2018). I sought a sample size of 10 to 15 participants as I anticipated a homogeneous sample. However, if the sample was heterogeneous, I prepared to adjust this number and request additional IRB permissions to recruit and interview additional participants if needed. I consistently communicated with my committee chair during data collection to inform them when I reached saturation. My committee advised me on when data collection could end.

### ***Inclusion & Exclusion Criteria***

All the following inclusion criteria needed to be met in order for someone to participate in this study. Any individuals who did not meet all inclusion criteria were excluded from participating in the study.

- Human service professional in the United States who serve as case managers within a human service organization.
- The human service professional worked and was supervised in a face-to-face environment for 2+ or more years before the COVID-19 pandemic began.
- The human service professional worked and was supervised virtually for 6 months or more after the COVID-19 pandemic started.
- 18 years of age or older
- Read, speak, and understand English.

### **Instrumentation**

#### ***Demographics***

Demographic information was collected in order to describe the sample and to determine generalizability of results. The demographic questions were asked at the beginning of the recorded interview (see Appendix B). The demographic questions and choices of answers are listed below in Table 1.

**Table 1**

#### ***Demographic Questions***

#	Question	Choices
1	What is your gender?	Male, Female, Other, Prefer not to answer
2	What is your age in years?	Actual age in years



3	What is your race?	American Indian and Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian and Other Pacific Islander, White, Two or more races, Prefer not to answer
4	What is your highest level of education?	Associates, Bachelors, Masters, Doctorate, Prefer not to answer
5	How many years have you been a human service professional?	Actual number of years
6	Have you returned to only working face-to-face at your organization?	Yes, No (all virtual), No (mix of face-to-face and virtual)
7	What population do you primarily provide case management services to?	<ul style="list-style-type: none"> <li>0 Veterans</li> <li>1 Children</li> <li>2 Families</li> <li>3 People involved in the justice system</li> <li>4 People with disabilities</li> <li>5 People experiencing homelessness</li> <li>6 People with substance use disorders</li> <li>7 Older people</li> <li>8 Employment/ Job Training</li> </ul>

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### ***Semi-structured Interview***

Semi-structured interviews were used for this study. Questions were developed through a review of the literature and were reviewed by my committee members to ensure that data generated would be able to answer the research question for the study. Interview questions and prompts that were used if more detail was necessary are in Table 2 below and also in the interview protocol in Appendix C.

**Table 2***Interview Questions & Prompts*

#	Question	Prompts
1	What is your role at your organization?	What are the specific duties related to your role in your organization? What types of clients do you work with?
2	What are your responsibilities in that role?	Tell me more about what XX responsibility entails.
3	How did how you deliver services and support to others change from before the pandemic to during the pandemic to now?	How did you deliver XX services and support before the pandemic? What do you do differently now?
4	How did how you are supervised change from before the pandemic to during the pandemic to now?	Besides not being in person, what else is different in the way that you are supervised?
5	How did the quality of the supervision you receive change from before the pandemic to during the pandemic to now?	Why did you think that about the quality of your supervision before versus now?
6	How did the delivery methods of communications you receive from your supervisor change from before the pandemic to during the pandemic to now?	How did XX change specifically?
7	During the start of the pandemic, how was the quality of communications from your supervisor that you received about changes to how you would be continuing services?	What did your supervisor change in the way that they communicate to you? How did written and verbal communications change from before to after the pandemic in terms of frequency and detail?
8	As the pandemic continued, how was the quality of the communications from your supervisor that you received about continuing services?	Why would you describe it that way?
9	As the pandemic ended, how was the quality of the communications from your supervisor that you received about continuing services?	What parts of those changes in communications were helpful? What parts of those changes in communications were not helpful?
10	What type of training did you receive at the beginning of and through the pandemic related to technology and service delivery from your supervisor and organization?	Explain more about how those communications were supportive/unsupportive.
11	How did that training meet or not meet your needs during that time?	Describe the types of training you received and what you received that training for.
12	How do you feel overall about the support, training, and supervision you received from your supervisor during the overall pandemic?	How was the training helpful? How was the training not helpful?
13	What do you believe that your supervisor did well in terms of supporting you in doing your job during the pandemic?	Tell me more about XX.
14	What do you believe that your supervisor should have done differently during the pandemic to support you in your job?	Tell me why you felt that they did well in _____.
15	What else, if anything, would you like to share about your relationship with your supervisor and how that changed from before, during, and after the pandemic?	If your supervisor asked you for feedback about what they should have done, what would you say?

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

### ***Recruitment***

When I received approval from the IRB, I recruited participants via my recruitment flyer (Appendix A) via social media (Facebook, LinkedIn, Twitter, and Instagram). The specific social media sites/groups where I recruited will be those that did not need permission to join or post. The recruitment flyer stated that anyone who sees the flyer can share the study information with others who may meet the participation criteria (snowball sampling).

### ***Participation***

Per the recruitment flyer, a potential participant could email me or call me to ask questions and volunteer to participate. If they emailed me, I emailed them the inclusion criteria and the informed consent form. I asked them to reply to that email with the statement “I consent” if they met all of the inclusion criteria and wanted to participate in my study. After their consent, I emailed them a list of possible dates and times for the interview and asked them to let me know what worked best for them. Based on the date(s)/time(s) that they provided, I scheduled the interview and sent a confirmation email that also included the Zoom link for the interview.

### ***Data Collection***

For each interview, I followed the interview protocol (Appendix B). At the beginning of the interview, I asked the participants if they had any questions about the study or the information within the informed consent. I answered any questions. I advised the participant that I would be recording the audio portion of the interview but not

recording any video. If they asked not to be recorded, I let them know that I did not need to continue the interview, thanked them for their time, and ended the interview. If the interviewee agreed to the recording, I started the recording and asked the demographic questions. I then asked the interview questions and utilized the prompts as needed. I journaled during the interview to note first impressions and other thoughts. Journaling can strengthen first impressions, promote reflection among researchers, expose prejudice, make preliminary coding more straightforward, and boost objectivity and reliability (Phillippi & Lauderdale, 2018).

At the end of the interview, I stopped recording and then explained to the participants that I would have a written transcript created and emailed to them for review. I let them know that if they had any additions or edits to the information within the transcript, they should email me that information within seven days of the email I sent with the transcript. If they did not have any additions or changes, they could let me know, but I would assume there were none if they did not reply to the email, and I would move forward with data analyses. Member checking helps ensure the accuracy of the data to be reported (Candela, 2019). I forwarded the participant recordings to Rev.com for transcription. Rev.com is a web-based service that provides transcription for speech-to-text and has a confidentiality agreement (Appendix C).

After gathering the data, I thanked the participants for their time and willingness to participate. I informed them that I would be emailing them a copy of the transcript of their interview to ensure the accuracy of my interpretation. Lastly, I assured them they would receive a summary of the findings once the study was complete.

## **Data Analysis Plan**

Once I received the transcripts from Rev.com, I sent the transcripts to the participant for their review, and after the seven days for review ended, I began the process of coding and analyzing my data. In an Excel spreadsheet, I organized the data provided by participants by which question the answer was in response to, and then I moved into coding the data. Coding of the data gathered in the interviews is a process that helped me organize data and group it into categories based on similarities (Saldana, 2013).

I used the inductive process of analysis. The main goal of the inductive technique is to free research findings from the constraints imposed by organized methodologies and allow them to arise from the frequent, dominant, or noteworthy themes inherent in raw data (Thomas, 2003). Once I identified patterns in the phrases or words, I organized them into categories. I did not have any predefined categories. The recurring themes from the data became categories. I color-coded phrases by highlighting the cells in Excel to match specific categories. Each category had a descriptive label. I identified subcategories, which I also color-coded and labeled. I did this coding of the data using the following process provided by Percy et al. (2015):

- Step 1: I reviewed and became acquainted with the information gathered from each participant (interviews, journals, and field notes). I studied the transcripts and highlighted any phrases or sentences that seemed important.
- Step 2: Then, I reviewed the highlighted information and decided if it was relevant to my research question.

- Step 3: All data that was highlighted but not related to my research question were kept in a separate file in case I needed to reevaluate the data.
- Step 4: Now, the data were coded using a simple system to keep track of the data. Using an Excel spreadsheet, I entered each question. Then, grouped all the responses for each question. I highlighted the similarities and differences; this helped me see the connections between the data.
- Step 5: The pieces of data that were connected in some way were clustered, leading to the recognition of patterns. The patterns were identified with phrases or statements defined by me.
- Step 6: Next, the clusters directed specific patterns. I identified items that corresponded with particular patterns and rearranged the clusters accordingly. I assigned abstract descriptors to the patterns.
- Step 7: I identified overarching themes. This involved combining related patterns and assigning a descriptor to the themes. The themes were related to the questions asked during the interview that were meant to elicit the answer to the research question.
- Step 8: After analyzing all the data, I created a matrix to organize the themes with their corresponding patterns. The matrix included codes and descriptors.
- Step 9: A description of each theme was written, and I compared these descriptions to determine if the themes were truly separate from each other or if additional grouping needed to occur.

- Step 10: I took the description of each theme and compared it to each of the participants' responses. This was a final check to ensure the accuracy of the themes I assigned. During this step, I identified if I needed to go back to reorganize any data.
- Step 11: I combined the analysis of the data for all the participants including patterns and themes that were consistent across the data.
- Step 12: Finally, the themes were synthesized in alignment with the research question.

### **Issues of Trustworthiness**

#### **Credibility**

Credibility concerns the truthfulness of the research findings (Nassaji, 2020). Credibility establishes whether or not the research findings are a valid interpretation of the participants' initial perspectives and represent plausible information derived from their original data (Graneheim & Lundman, 2004). One way I addressed credibility was through data triangulation. Data triangulation involves using different research instruments or informants (Anney, 2014). I triangulated the data by noting my observations during the interview and reviewing data, comparing, and contrasting the information from different participants, and examining the data from individual interviews in context with these observations and comparisons.

Member checking is another strategy I used to increase credibility. Member checking entails sharing the data in the interview transcript with the participants for their validation (Nassaji, 2020). I asked the participants to let me know via email if anything in

their interview transcript needed to be corrected or if they had any additional information that they did not think of in the interview. I gave the participant seven days from that email to respond with any inaccuracies or additional information.

### **Transferability**

The degree to which qualitative research findings apply to different contexts or settings with different respondents is referred to as transferability (Nassaji, 2020). The strategies that support transferability include a detailed description of research activities and purposeful sampling (Anney, 2014). Purposeful sampling helped to maximize the information uncovered from a small sample (Anney, 2014). I provided an interpretive description with relevant details to make the transfer possible (Bitsch, 2005). I used purposeful sampling to identify individuals who were explicitly knowledgeable about the area of research. Additionally, I sought participants who were available and willing to participate and could communicate their experiences. In addition, I provided the demographics of my sample in Chapter 4 to describe the generalizability of the results.

### **Dependability**

Dependability is the assurance that another researcher studying the same issue or working with the same data would attain the same results (Ali & Yusof, 2011).

Dependability is supported by a thorough and extensive documentation of the research procedure and every methodological choice (Bitsch, 2005). I provided a detailed description of inclusion/exclusion criteria, recruitment processes, interview procedures, and questions, and how I completed the data analyses in Chapter 3.



I also established dependability by maintaining an audit trail. An audit trail is a strategy that involves auditing all theoretical, methodological, and analytical decisions (Carcary, 2020). I also documented how my thinking evolved throughout the research process by journaling throughout the interviews and analyses of data. Lastly, I set a goal to understand the data patterns truly. I revisited my interpretations of the participant data to code and recode. Coding and recoding involved analyzing the same data twice while taking time between each coding to approach the data with “fresh eyes” (Chilisa & Preece, 2005).

### **Confirmability**

Confirmability refers to the degree to which the study results could be confirmed by other researchers (Korstjens & Moser, 2018). Confirmability is concerned with demonstrating that the data and interpretations of the findings are derived from the data and are not the product of the researchers’ thoughts (Tobin & Begley, 2004). I used the confirmability strategies that I planned to use to ensure credibility, transferability, and dependability. Triangulation, an audit trail, and journaling of the steps taken, and decisions made regarding data coding offer evidence of the process (Anney, 2014). I wrote about how I handled data management, the emergence of the findings, and my reflective thoughts. I also detailed the steps outlined in Chapter 3; another researcher could follow those steps to replicate the study.

### **Ethical Procedures**

I obtained IRB approval before recruiting participants or collecting data. I began recruitment by posting the recruitment flyer (Appendix A) to various human and social

service social media groups that did not need permission to join or post within. If an individual reached out to me per the instructions on the recruitment flyer, I sent them the inclusion criteria and a copy of the informed consent. I asked them to reply with the words “I consent” if they met all of the inclusion criteria and wished to participate based on the information shared in the informed consent.

The verbal part of the interviews was recorded (no video) and sent to Rev.com for transcription (Confidentiality Agreement, see Appendix C). The stored data is on my desktop, which is password protected, and I only have the passwords. I assigned each participant a pseudonym, such as Participant 1M and Participant 2F. Any words identifying a participant were redacted (such as the organization’s name). The disseminated study results are an audience-appropriate two-page summary emailed to the participants and posted to the social media sites where I recruited. After the CAO signs off on my dissertation, I will store the data for five years. After the CAO sign-off, I transferred all files to an external drive stored in a locked safe for the required five years, destroying the drive after that period.

### **Summary**

The purpose of this generic qualitative study was to explore the perceptions of human service professionals about the support they received from their supervisors while working virtually during the COVID-19 pandemic. In Chapter 3, I discussed the research design and the rationale for why I chose the generic qualitative approach for this study. I wanted to examine people’s perceptions while keeping my interpretation as close to the participants’ responses as possible. I acknowledged my role as a data collection

instrument and the instrument used to analyze the data. I shared how I planned to minimize the biases that result from using the researcher as an instrument. I provided an overview of the methodology, including participant selection, instruments, recruitment procedures, participation, and data collection. I included the twelve detailed steps for how I plan to analyze the data and identify overarching themes. I addressed the trustworthiness issues by discussing strategies to increase credibility, transferability, dependability, and confirmability. Lastly, I shared any ethical concerns and procedures, including obtaining consent to participate and keeping data private. In Chapter 4, I will discuss the results of the study.

## Chapter 4: Results

### **Introduction**

This generic qualitative study aimed to explore human service professionals' perceptions of the support they received from their supervisors during the COVID-19 pandemic. The research question for this study was as follows: What are the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic? In this chapter, I discuss the setting, demographics, data collection, data analyses, evidence of trustworthiness, and the study results.

### **Setting**

IRB approval (#06-28-23-1051963) was granted on July 28, 2023. Participant recruitment and data collection were completed as described in Chapter 3. I needed to repost the recruitment materials multiple times to recruit enough participants to reach data saturation. A few participants came from LinkedIn, and they referred potential participants to me. Those individuals, in turn, helped me secure the last of my sample via snowball sampling. The emails were inconsistent, and I found that participants did not check their email regularly; therefore, contacting them via text or phone call was more effective when scheduling a time to interview. Data collection concluded on August 23, 2023. No unusual issues occurred during recruitment or data collection.

### **Demographics**

Demographic information was collected from each of the 11 participants and is shown in Table 3. The majority of the participants were female (81.8%), within the 40-49 age range (54.5%), and African American (90.9%). All the participants had

postsecondary education; the degree with the highest representation was bachelor's (36.4%). The largest percentage of participants worked in the field of human services for 6-10 years (54.5%). All of the participants have returned to work in-person. Children were the main population served (45.5%).

**Table 3**

*Demographic Information (N=11)*

Variable	Categories	N	%
Gender	Male	2	18.1
	Female	9	81.8
Age (in years)	18-19	0	--
	20-29	1	9.0
	30-39	3	27.3
	40-49	6	54.5
	50-59	1	9.0
	60+	0	--
	American Indian and Alaska Native	0	--
Race	Asian	0	--
	African American or Black	10	91
	Hispanic or Latino	1	9.0
	Native Hawaiian and Other Pacific Islander	0	--
	White	0	--
	Two or more races	0	--
	Prefer not to answer	0	--
	Associate Degree	3	27.3
Level of education	Bachelor's Degree	4	36.4
	Master's Degree	3	27.3
	Doctorate Degree	1	9.0
	Prefer not to answer	0	--
Years of human service experience	0-5	1	9.0
	6-10	6	54.5
	11-20	3	27.3
	21-30	0	--
Returned to working only face to face	30+	1	9.0
	Yes	11	100
Primary population served	No	0	--
	Veterans	0	--
	Children	5	45.5
	Families	1	9.0
	People involved in the justice system	1	9.0
	People with disabilities	0	--
	People experiencing homelessness	0	--
People with substance use disorders	0	--	
Older people	0	--	
Employment/Job training	4	36.4	

### **Data Collection**

The data from 11 human service professionals were collected using semi-structured interviews via Zoom. Over a month, interviews were held during the day and in the evenings, and each interview lasted less than 30 minutes. After participants consented, I recorded the interviews using the Rev.com phone app. The app made it easy to save and have the recordings transcribed. I had only one participant who left the camera on via Zoom. Because I could not see the body language of the 10 other participants, I made notes about tone, sounds made, or hesitation when answering.

After conducting the interviews, I transcribed them using Rev.com. The Rev.com phone app allows the user to submit the recording for transcription immediately. After getting notified that the transcript was ready to be downloaded, I would download the transcript. Then, I immediately emailed the PDF to the participant to be checked for accuracy. None of the participants changed or added any information to their transcripts. They did acknowledge receipt and gave their approval of the transcriptions.

### **Data Analyses**

The coding process inductively began with reading each transcript and highlighting information relevant to the research question. The highlighted phrases were entered into the Excel spreadsheet based on the questions in which they were given as a response. After the responses of all participants were entered into individual spreadsheets, I coded the responses with descriptive codes. I completed a second round of coding using pattern codes. Clusters were created based on similarities among codes (see Table 4).

**Table 4***Clusters*

Participant	Response	Cluster
M1	“supervision was pretty lax”	Supervision of employees did not change for everyone due to the pandemic.
M2	“wasn’t as in depth as it was before”	
F2	“they kept up the same quality via Zoom”	
M1	“It was email mostly”	The way supervisors communicated with employees changed.
F6	“my supervision shifted to virtual supports”	
F7	“We switched our supervision to video calls and, or other teleconferencing needs”	
F1	“assume we doing the same thing”	Communication was inconsistent.
F3	“not clear communication”	
F8	“then you still had to sometimes call for clarity”	
M2	“we had constant updates”	Communication was consistent.
M1	“supportive and thorough”	
F6	“it stayed consistent”	
F3	“my supervisor was more flexible”	Positive characteristics of supervisors.
F6	“he was supportive”	
M2	“asking questions about family members”	
M1	“there was an opportunity for additional staff members here within our building to still maintain social distancing”	There were things the supervisors could have done differently.
F4	“less micromanage”	
F5	“her communication style shifted...it was like unauthentic”	
F3	“So during the quarantine, it felt like we were all at the same level. Like nobody was upper management.”	Remote supervision during the pandemic affected some relationships.
F8	“I felt like it changed in the fact that she more micromanaged this because there was less staff”	
M2	“There was a lot more disconnect”	
F9	“We were online”	Service delivery had to be changed to remote.
F1	“Everything was pretty much, um, via, via Zoom, uh, telephones”	
F2	“we had to move everything to Zoom”	
F6	“just that exposure to more training”	Some employees needed training to be able to transition to remote work.
F7	“there wasn’t any specific training”	
F8	“she’s not familiar with a lot of these things. We wind up teaching her”	

I then used a Word document to analyze the clusters and decide whether additional similarities existed. I realized that there were clusters that could be combined. The clusters about supervision and communication were combined because communication affected perceptions regarding the quality of supervision. Training needs and the change in service delivery were combined because the change in service delivery required a transition to using some new methods of contact. Lastly, supervisor characteristics are things supervisors could have done differently, and employee/supervisor relationships were combined as the first two things could have affected relationships post-pandemic.

Identifying themes involved combining related clusters and assigning a descriptive statement. The themes aligned to the interview questions meant to elicit the answer to the research question. After all the data were analyzed and cross-checked, I created a spreadsheet to organize the themes, clusters, and codes. I compared the descriptions of each theme to determine if additional grouping needed to occur. There was no need for any regrouping. The final check to ensure accuracy was to compare the themes to the participants' responses. Lastly, the themes aligned with the research question (see Table 5).



**Table 5***Themes*

Participant	Response	Clusters	Themes
F1	“Everything was pretty much, um, via, via Zoom, uh, telephones”	Service delivery had to be changed to remote.	All services had to be provided remotely during the pandemic, however, some employees were not provided training.
F2	“we had to move everything to Zoom”	Some employees needed training to be able to transition to remote work.	
F6	“just that exposure to more training”		
F8	“she’s not familiar with a lot of these things. We wind up teaching her”		
F6	“he was supportive”	Positive characteristics of supervisors.	The perceptions of supervisor performance during the pandemic did not seem to affect employee relationships with their supervisors.
F3	“my supervisor was more flexible”	There were things the supervisors could have done differently.	
F4	“less micromanage”		
F5	“her communication style shifted...it was like unauthentic”	Remote supervision during the pandemic affected some relationships.	
M1	“there was an opportunity for additional staff members here within our building to still maintain social distancing”		
F3	“So during the quarantine, it felt like we were all at the same level. Like nobody was upper management.”	Supervision of employees did not change for everyone due to the pandemic. The way supervisors communicated with employees changed.	
F2	“they kept up the same quality via Zoom”		
M2	“wasn’t as in depth as it was before”		
F7	“We switched our supervision to video calls and, or other teleconferencing needs”		
M1	“It was email mostly”	Communication was inconsistent. Communication was consistent.	
F3	“not clear communication”		
F8	“then you still had to sometimes call for clarity”		
M2	“we had constant updates”		
M1	“supportive and thorough”		

**Evidence of Trustworthiness****Credibility**

I chose two strategies to address credibility in my study: data triangulation and member checking. Combining at least two or more data sources or data analysis techniques is known as triangulation (Thurmond, 2004). It can improve the ability to interpret results. During each interview, I took notes, writing down situations like long pauses, starting to answer, and then changing what was said or when clarification was needed. Making notes of critical thoughts, lines of questioning, and impressions can serve

as an audit trail (Cutcliffe & McKenna, 1999). I compared my notes, along with the transcripts, to ensure accurate interpretation. I also conducted member checking and sent transcripts to participants to ensure accuracy. Member checking, or participant validation, refers to sending data to the participants for review and validation to reduce researcher bias (Birt et al., 2016). Each participant responded to the email with their approval of the transcripts. There was no feedback.

### **Transferability**

The strategies I used to support transferability were using a purposeful sample and describing my sample. I ensured that all participants were human service professionals who had experienced the COVID-19 pandemic and had engaged in remote work during the pandemic. Generalization is for those who share the inclusion criteria and who share the characteristics of the study sample.

### **Dependability**

I adhered to the methodology documented in Chapter 3 and had no situations that caused me to deviate from that plan. I maintained an audit trail to establish dependability by keeping track of all conceptual, procedural, and analytical choices, as Carcary (2020) recommended. I documented my thought process during data collection and analyses and referred to these field notes during data analysis and when interpreting my results. I revisited my interpretations of the data by reviewing the transcripts, then coding and recoding if I saw areas that could have been coded more clearly or regrouped into a code/theme that made more sense. I have also provided a step-by-step explanation of how I reached each data grouping as I coded the data into my final themes.

## **Confirmability**

In Chapters 3 and 4, I provided details about my recruitment, participation, data collection, and data analysis steps that another researcher could replicate. I also provided the questions asked in the interview and an example of how I took the quotes from the answers to those questions through each level of coding through the final themes. This level of detail can assist another researcher in replicating what I did and arriving at similar results.

## **Results**

### **Some Employees Were Not Provided Training on Remote Services During Pandemic**

The pandemic called for a swift transition from in-person services to providing services remotely. Few human service organizations were prepared to conduct service delivery via computers and telephone adequately. Most of the participants used an online video platform to meet with and service clients, with two using the phone as their primary method. Five participants were not provided with training, including three who were required to use Zoom to provide services. M2 mentioned that one of the things that should have been done differently was offering training to help understand how to best use the technology tools to serve clients:

Um, I would say probably I trying to seek out a more, uh, really, I guess the training in regards to the, to the internet and how we utilize the internet with the, uh, individuals we worked with, because it was, it was difficult, and no one really had answers.

Not only did service delivery move online via videoconferencing and email, so did supervision. Expecting employees to assist service users without any training sets the employees up to be confused and stressed. They could not help service users navigate systems online because they did not know. M2 mentioned, “there was papers we needed to sign, we had to fax ‘em to each other, email ‘em to each other, then email ‘em back. So, it was a little bit more hectic.” Training the staff on the process of emailing papers for signatures could have prevented the “hectic” feelings. The supervisor should have anticipated new processes for remote workers and trained them accordingly.

Six participants did receive training on using online platforms to deliver services to users; however, only three found the training helpful. F2 stated, “I wouldn’t say we necessarily, um, had any training on it. It was just more of Okay, like maybe if you were not familiar with Zoom, this is how to use Zoom. So more how to versus actual training.” This indicated that they were provided with some technological help but not in-depth, organized training on how to best use a tool to work with clients. F6 had training on Zoom but needed further training on other skills needed during the pandemic. She stated, “We did have Zoom training at the beginning of the pandemic. That was entirely brand new to us. We hadn’t really used that service before.” She also shared that there should have been options for additional training in her statement: “Perhaps just exposure to additional training, training options. I’m not sure what could have been available at that time, but just that exposure to more training.” There was a consensus among the participants that any additional training would have been helpful because all staff were not at the same level regarding technology. A good example of this came from F8, whose

supervisor needed training on using technology, “She’s not familiar with a lot of these things. We wind up teaching her.” Supervision and being able to support staff in serving clients with technology can be lacking if a supervisor is lacking in these skills.

### **Supervisor/Employee Relationships did not Change During the Pandemic**

The participants shared positive and negative characteristics of their supervisors; however, it was noted that their supervisors’ ability to supervise during the pandemic did not affect their relationships with their staff. For example, F1 had a negative experience working remotely during the pandemic. She reported poor communication, “less” supervision, and everyone doing the minimum during the pandemic. However, when asked about her relationship with her supervisor and if it changed due to the experiences during the pandemic, she responded, “I feel nothing changed because even though I’m back working, nothing changes in the aspect of, as an adult, you only could be, you have to hold yourself accountable.” In contrast, F2 had a positive experience working remotely, indicating that good communication, the same quality of supervision, and training was provided. Her relationship with her supervisor remained the same, “Um, I don’t think anything changed between me and my supervisor. Um, because my supervisor and I actually worked closely together, um, before the pandemic, so the relationship was still there.” This illustrates that, despite the behaviors of the supervisor during the pandemic, the relationship between participants and their supervisors did not really change over time.

The three participants who experienced changes in their relationships with supervisors indicated that these changes happened due to the change in logistics brought

about by the pandemic. M2 said the relationship changed with his supervisor: “There was a lot more disconnect, uh, there because, you know, you don’t see them as often.” The relationship became more distant because the social aspect was not there, like when they saw each other in passing face to face.

F3 shared her belief that she thinks everyone worked as a team because everyone was concerned about losing their jobs, and if everyone worked together to keep the organization going, then there was job security for management and staff and supervisors and employees were part of the same team. She stated, “During the quarantine, it felt like we were all at the same level. Like nobody was upper management.” She then contrasted that to post-pandemic supervision, where staff went back to their pre-pandemic status, stating, “It was like, I need you to do X, Y, and Z today.” Additionally, F8 experienced a change in her relationship with her supervisor, and the cause of the change was the decline in the number of staff during the pandemic. She shared that because so many people were leaving the organization during that time, she found herself doing special projects and work passed on from other people, which caused the supervisor to focus on those employees remaining. She stated, “I felt like it changed in the fact that she more micromanaged this because there was less staff.” These relationship changes were not due to supervisor characteristics but more the change in staffing that occurred during and after the pandemic.

### **Supervisors Communication and Supervision with Employees Did Not Change**

The pandemic required a transition to working remotely, which meant supervisors had to find the best ways to communicate with employees. Computer conferencing

software like Zoom and Microsoft Teams were the most common, but methods also included email, text messaging, and computer chat software. The supervisor for F1 used Zoom as their primary method to maintain supervision, “and then when Zoom, I mean, when the pandemic hit, everything became a Zoom call.” Emailing and texting were time-consuming and left a larger margin for error in interpretation. Video conferencing seemed the most beneficial as emailing and texting were sometimes unclear, as noted by F8, “then you still had to sometimes call for clarity.”

Despite the ways in which supervisors had to communicate, some participants reported no change in the quality of supervision. F2 stated, “Um, I think they kept up the same quality via Zoom;” this was reported as a positive of her experience. In contrast, F4 had the same experience, but the connotation was negative. F4 shared, “My supervision really didn’t change. So, she kinda still managed to be able to manage the same as she did in office.” Her supervisor was a “micromanager,” and the fact that her supervision did not change proved stressful for her.

### ***Participants Reported Consistent Communication***

Having consistent communication points with their supervisor(s) was the main factor in whether participants indicated the communication was considered “quality communication.” Communication was helpful in ensuring that everyone was doing the same thing, which is important in helping boost employee self-efficacy as a group. F5 experienced thorough communication from the beginning to the end of the pandemic as she reported she received frequent updates from her supervisor with clear information about any changes, “it just remained thorough throughout.” F6 also experienced

consistent communication, “And then as plans and structures felt secure and we felt like we were moving in that right direction, it still stayed consistent.” Several participants discussed having their previous meeting schedules remain in place while working remotely, which they found to be important in keeping lines of communication open and being consistent despite changes in how they were working. F2 was able to keep her same meeting day and time with her supervisor but met via Zoom instead of in-person, “they kept the same quality in communication via Zoom.” This continuity helped maintain the quality of communication with staff.

Several participants reported that schedules to meet with their supervisors were created after the pandemic's start. For most participants, the beginning of the pandemic was confusing because there were no processes and procedures in place for working remotely. Once decisions were made regarding what methods of communication would be used, supervisors put schedules in place to meet with staff. F6 stated that they “met with my direct supervisor weekly.” Having these set connection times was important to staff.

Another factor that played a role in the perception of quality communication was if the messages that were conveyed were thorough no matter their method of communication. During the pandemic, it was important to keep employees abreast of any changes that were happening. The research participants shared that they were worried about many things while working remotely; would they lose their jobs, were they making the right decisions, and was everyone doing the same things? Supervisors who relayed details of organizational plans to their staff, for example, were perceived as “supportive.”



M2 perceived the communication to be “absolutely supportive and thorough.” Thorough and detailed communication could have reduced worry and helped remote workers feel confident in providing services.

***Some Participants Reported Negative Experiences with Communication***

Inconsistent communication was confusing and stressful for some of the participants. Employees continued to do what they believed was the best way, which could have been detrimental to employees and service users. During the pandemic, F1 shared that there was no communication, therefore, “Assume we gonna do the same thing until they told you different.” Of the 11 participants, five indicated that communication from supervisors was confusing. F7 experienced confusion from the beginning to the end of the pandemic: “it was a confusing time,” and “it never really got less confusing.” She shared that she believed the confusion stemmed from upper management not communicating with lower management, therefore creating tension among supervisors and their staff. F8 had the same experience, being told by her supervisor that “she did not know what was going on.”

Another factor that presented negatively was communication that lacked details. F3 shared that they received communication but not clear communication, “so I would say not clear communication.” Communication that was not thorough caused as much confusion as not having communication. Due to the lack of detailed information, the end of the pandemic was chaotic and stressful for the participant and her coworkers.

## Summary

In Chapter 4, I reviewed the setting, demographics, data collection, data analyses, and the evidence of trustworthiness. Based on the responses of the interviewed human services professionals, three themes answered the research question. The themes were directly related to the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic. The first theme was that training was not provided, although all services were remote. Due to the mandated social distancing during the pandemic, organizations suspended in-person services. Many of the services moved online while some only required telephone. Despite the need to transition to alternate service delivery, most of the employees needed training. Some participants were provided with training but felt the training could have been more helpful. Participants believed supervisors should have offered more training due to employees' varying comfort levels with working remotely. Some suggestions for additional training included general internet use, Google, and Microsoft applications, and emailing documents.

The second theme was that the perceptions of supervisor performance during the pandemic did not affect employee relationships with their supervisors. Whether supervisors received positive or negative assessments from the participants appeared to have no bearing on their relationships with their supervisors. Some of the positive characteristics of supervisors during the pandemic included being flexible, working with employees as part of a team, and showing support for their families. There were things that participants felt supervisors could have done to improve their performance, such as

training and better communication. The relationships that did change were not due to supervisor performance but because of changes caused by the pandemic.

The final theme was that despite the change in how supervisors communicated with employees, some felt supervision stayed the same. Communication between supervisors and their staff also changed due to the pandemic. They were no longer face-to-face, leading to video conferencing, phone, and email supervision. Some participants experienced consistent communication, including weekly video meetings and emails, to keep employees abreast of any changes. The participants who reported poor communication during the pandemic included no communication or communication that was confusing and unclear. Some supervisors kept the same quality of supervision regardless of supervising remotely. In Chapter 5, I discuss the interpretation of the findings, limitations of the study, as well as recommendations and implications of the study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

This qualitative study aimed to explore human service professionals' perceptions of the support they received from their supervisors during the COVID-19 pandemic. To address the research issue, I looked into supervisor support for technology, training, communications, and process/procedure modifications. I inquired about the supervisory support the participants felt would have improved their ability to serve clients and accomplish other job-related tasks. By sharing this knowledge, human service organizations will gain insight into the best ways to assist critical employees in emergencies requiring virtual services.

Research on people's attitudes, beliefs, or impressions of phenomena works with a qualitative approach; therefore, I utilized a generic qualitative approach. Because the generic qualitative approach does not adhere to the strict criteria that other qualitative research methodologies do, it gave me more flexibility regarding my research methodological process. Purposeful snowball sampling helped achieve a sample size of 11 human service professionals.

Three themes emerged from the study. First, some employees were not provided training on remote services during the pandemic. Second, supervisor/employee relationships did not change during the pandemic. Finally, supervisors' communication and supervision with employees stayed the same. In this chapter, I will present my interpretation of the findings, the study's limitations, recommendations, and implications for social change and practice.

## **Interpretation of Findings**

### **Interpretation of Findings in Relation to the Theoretical Foundation**

Self-efficacy theory was the framework used to analyze the study findings. People's beliefs about their capacity to complete tasks are known as self-efficacy (Bandura, 1988). Self-efficacy affects persistence in new and challenging tasks (Bandura, 1997). Providing services remotely during a pandemic was a new experience that challenged human service professionals. Bandura (1997) identified four sources of self-efficacy including past performance, vicarious experience, verbal persuasion, and emotional cues.

### ***Some Employees Were Not Provided Training on Remote Services During the Pandemic***

The first theme aligns with Bandura's theory of training as related to increased self-efficacy (Bandura, 1988). F4 was trained in scheduling Zoom meetings and creating spreadsheets via Zoom. She found learning about Zoom helpful, and while on Zoom, the supervisor provided her with modeling. Additionally, the respondents proved that people learn and achieve at levels that match their assumptions about their abilities (Bandura, 1993). For example, F2 felt the Zoom training was "more how to versus actual training;" however, she was still satisfied with the training because she believed her abilities to deliver services via Zoom were already sufficient. F2 said, "I was pretty much familiar, um, with the different, um, like platforms out there. Okay. For doing virtual work". There are differences in self-efficacy (beliefs of their abilities) among employees based on several factors. Individuals with high self-efficacy in tasks have experience with or

similar tasks and feel confident that they can do the task (Bandura, 1993). Two research participants described high self-efficacy in remote service delivery, indicating that they did not need any training despite not providing remote service in the past. For example, M1 stated, “I don’t feel like I needed training, I knew how to do it.” This may have been because they were comfortable with the tools that were being used to deliver services remotely or have worked in other environments where they have had to deliver remote services. However, I did not gather information from the participants about why they felt the confidence level they did.

Workers with low self-efficacy need more confidence in performing tasks, especially without experience or training (Bandura, 1988). When faced with a shift in how employment tasks are done, it can lower self-efficacy for those who generally have higher self-efficacy and even lower self-efficacy for those who already have low levels of self-efficacy (Bandura, 1988). F1 shared, “I got a little lazy myself after a while. I think everybody in that moment was doing the best they could.” The F1 experience is an example of supervisors needing to train and assess how employees carry out their tasks and encourage employees to do their best by increasing self-efficacy. Training could have helped change the perception that the minimum was the best they could do by giving them examples of how they could do better and providing information to address their concerns and questions.

Personal experience, vicarious experience, verbal persuasion, and physiological arousal all interact with one another and result in the development of self-efficacy (Bandura, 1997). Judgments about their beliefs about completing a task form by

integrating the information gathered from the different inputs (Bandura, 1997). However, to best improve employee self-efficacy, all four sources must be provided in training. Only one participant had training that included at least three sources to increase self-efficacy. F4 shared that their training included the following:

How to use Zoom, how to create meetings because, you know, Zoom times out after so long, I think only get a certain amount of time...how to do spreadsheets too because they, they had regulars. I think the way the spreadsheet system changed once I got there, so I was learning it as it was, but if they were, they had, were learning something different.

F4 was trained on how to use the Zoom platform; therefore, she was able to see how to complete a spreadsheet correctly, to create a spreadsheet while learning, and get feedback directly from the supervisor. Offering a variety of training to address the varying degrees of self-efficacy held by each employee could have benefited the employees, clients, and the organization (Bandura, 1977).

#### ***Supervisor/Employee Relationships Did Not Change During the Pandemic***

I found that supervisor/employee relationships did not change during the pandemic, which was expected based on the theory. In alignment with the theory, when trust is high between supervisors and staff, there is a stronger correlation between employee self-efficacy, job performance, and job satisfaction (Bandura, 1982). The theory was proven true even when the participant felt there were responsibilities and duties that the supervisor should have performed better during the pandemic. For example, F7 stated that they had several negative situations while working remotely,

including poor communication with their supervisor, “it was a confusing time at first and actually it never really got less confusing” and no training, “So no, there wasn’t any specific training regarding transitioning our services to electronic means.” Nevertheless, F7 shared that “my supervisor’s pretty dope.” Nothing changed with their relationship because she continued to believe that her supervisor was a good person and had a positive relationship with them despite new policies for remote work and upper management not agreeing about how employees would carry out tasks. The scenario demonstrates the importance of having a good relationship with a supervisor so that employees may be more understanding when the supervisor’s performance is low, especially if the employee sees that the situation causing the issue is out of the supervisor’s control.

The negative factors of the remote work experience could not negate the support that F7 felt from her supervisor, and this probably was due to her feeling a higher level of self-efficacy because she had experienced trust, willingness to help, fairness in dealing with employees, and communication with her supervisor before the pandemic. F7 shared that the relationship she and her supervisor had established before the pandemic helped her be more productive during the pandemic as the supervisor “understood me as an individual employee and what I was going through at the time and what I needed to be to remain a productive employee.”

Bandura (1982) found that trust in supervisors helps with job satisfaction and performance. Two participants shared that the supervisor could have done nothing differently to support them under the circumstances; the idea that the supervisors could have done nothing more may result from the fact that the employees had relationships



with their supervisors. They exhibited trust in their supervisors when they described that they felt their supervisors were doing their best during the brutal pandemic. For example, F1, despite inconsistent communication and no training, stated, “I think everybody in that moment was doing the best they could.” F1 added that their relationship did not change, and she explained, “I feel nothing changed...as an adult, you only could be... you have to hold yourself accountable.” F1 did not fault the supervisor for any shortcomings during the pandemic and believed that her supervisor should not be held accountable for employees’ lower performance during portions of the pandemic. F2 indicated that she received consistent communication and training, unlike F1; however, they had the same perception of their supervisor. F2 shared the relationship with her supervisor, “Um, I don’t think anything changed between me and my supervisor. Um, because my supervisor and I actually worked closely together, um, before the pandemic, so the relationship was still there.” Likewise, F2 shared that she believed nothing different could have been done and when asked what her supervisor could have done better to support her, she responded, “nothing that I can really think about.” The ability to still have access to the supervisor despite being remote kept the relationship intact.

Micromanagement shows a lack of trust in the supervisor. Trust is essential to the supervisor/employee relationship (Bandura, 1982). The absence of a good relationship with a supervisor can decrease job performance and job satisfaction and lower employee self-efficacy. F4 stated, “My supervisor was a, a micromanager, so she still always reached out weekly to see if we needed anything to see if to make sure we turned in what we needed to turn in for the week.” F4 did have consistent communication, training, and

organizational support but still felt the micromanagement overshadowed her remote work experience. F4 stated her supervisor could have done “less micromanage. I, you know, understood what my role was, and I was pretty good at my job.” Micromanaging at a time of transition for employees added to the stress. Instead of learning to supervise remotely, this supervisor chose to keep the same management style, leading to the same relationship with the employee.

### ***Supervisors’ Communication and Supervision With Employees Did Not Change***

This theme correlates with the theory of self-efficacy because it highlights the importance of any form of communication and how communication from supervisors can reduce stress in employees (Bandura, 1997). Bandura also found communication crucial in developing and sustaining employee self-efficacy (Bandura, 2001). Employees found communication to be related to good supervision and support. Despite the change in the mode of communication that supervisors had with their employees during the pandemic, some supervisors were able to maintain the same quality of supervision that they had with their employees pre-pandemic.

There are six factors necessary for effective remote supervision including communication, social, team, change, trust, and technology (Alkhayyal & Bajaba, 2023; Roman et al., 2019). If supervisors had established these things with their employees before the pandemic and continued these behaviors when going to remote supervision, it would have resulted in continued effective supervision and employee self-efficacy remaining at least at the level they had before the pandemic as a result (Alkhayyal & Bajaba, 2023; Roman et al., 2019).

Verbal persuasion like feedback, encouragement, and verbal support is a source of self-efficacy that comes from communication (Bandura, 1997). Another source discussed by Bandura is physiological arousal which can be affected by communication from a supervisor (Bandura, 1988). Knowing that a supervisor is available for feedback, encouragement, and stress reduction can help build self-efficacy of employees (Bandura, 1988). Participants indicated that having supervisors implement a communication structure helped to communicate, show social support while eliciting team support, model how to deal with the change that was occurring due to the pandemic, keep trust from the employees by sticking to the meeting schedule, and using technology to supervise. Some participants reported that their supervisors had weekly meeting schedules in place using the Zoom platform which helped them to feel that they were being supervised appropriately remotely. For example, F2 communicated with her supervisor in two ways, “we met with our supervisor via um, Zoom” or “if it was like a one-on-one with myself or my supervisor, we talked on the phone.” Several of the participants explained that the prepandemic meeting schedules remained in place during the pandemic.

On the other hand, some supervisors were not effective people managers before the pandemic which may be related to lowered self-efficacy of their employees (Abdullah & Wider, 2022), and this may have been more apparent during the pandemic after going remote although it may not have negatively affected the employee. F4 shared that her supervisor was a micromanager before the pandemic, and this continued during the pandemic:

Well, my supervision really didn't change. So, she kinda still managed to be able to manage the same as she did in office. My supervisor was a, a micromanager, so she still always reached out weekly to see if we needed anything to see if to make sure we turned in what we needed to turn in for the week. If we did monthly or weekly reports already did, we send out our text.

Despite the negative perception F4 had of her supervisor's management style, the participant indicated that the supervisor was dependable in relation to how they managed the employee from pre- to post-pandemic. This indicated that the employee was able to depend on their interactions with their supervisor, despite being micromanaged, during the unsure time of the pandemic.

The self-efficacy of remote workers is directly related to the skills of their remote supervisors and employee job performance (Bandura, 2009). When confident in their supervisor's abilities and dependability, it is possible for employees to also feel confident in their own abilities as they know they have a supervisor that will support them (Bandura, 2009). For example, F7 was confident in her supervisor and the supervisor's ability to be effective remotely:

So again, my supervisor is, is one has, she's the best supervisor for me. I won't say she is for everybody. So, she was very supportive. She was very supportive about the changes. And so, the blessing, one of the blessings of the pandemic was that we could show them that we could still be productive and make and make contact with our clients and still get to court when it was possible and do everything that we were doing without being a hundred percent in the office.

Her supervisor was able to maintain the leadership competencies that helped F7 to increase her self-efficacy about working remotely. Effective remote supervision functions as a driving force behind employees' self-efficacy and willingness to complete tasks successfully (Bandura, 2009).

### **Interpretation of Findings in Relation to the Literature Review**

#### ***Some Employees Were Not Provided Training on Remote Services During the Pandemic***

My research results align with previous research that highlighted the importance of training employees to perform tasks specifically in situations like a pandemic effectively (Bakar et al., 2016; Bandura, 1988; Chiaburu & Lindsay, 2008). In this study, several participants needed training on essential topics to maintain service delivery during the pandemic. Providing employees with training that supports and develops them is the most sensible way to maximize their potential (Bakar et al., 2012). Organizations and supervisors should have asked employees what areas they felt underprepared to work remotely, such as delivering services remotely, using computer software or internet use, or addressing employee concerns. Pertinent training will impart information about performance attainment to boost individuals' self-efficacy (Bandura, 1988). It would have also been beneficial for training topics to change based on employee feedback throughout the pandemic as needs changed. F6 received training for the Zoom platform but stated, "perhaps just exposure to additional training, training options. I'm not sure like what could have been available at that time, but just that exposure to more training." During the pandemic, supervisors may have failed to recognize employees' individual

needs for training. In addition, if a supervisor needed to learn all of the elements involved in the employee being able to do their job effectively, they may not have known that the training provided did not meet the needs of their employees. One of the ways that training could have ensured improvement in employees' remote working skills was open communication between the supervisor and employee and from the employee to their supervisors (Staples et al., 1999). Organizations should have asked employees what support and training they needed.

Some participants indicated that they did not receive adequate training to address skill deficits in relation to delivery services remotely. For example, M2 stated,

Um, I would say probably I trying to seek out a more, uh, really, I guess the training in regards to the, to the internet and how we utilize the internet with the, uh, individuals we worked with, because it was, it was difficult, and no one really had answers.

Although M2 was offered no training, some participants did receive training, but it was inadequate. F3 did not receive training but gave an explanation about why it is necessary when transitioning to remote work. She said:

Like everybody's not tech savvy. Even though this is, it was a human service job. I don't think that it was fair to expect everybody to be tech savvy 'cause a lot of people I worked with, a lot of human service have a lot of older people that's been doing it for 20, 30 years. So, a lot of them was very traditional. They meet in person with their people. They do in-person, um, assistance. So, expecting my coworker that's been doing it for 30 years to just go home, be able to do

everything on a laptop, I don't think. And then we had no training for that. So no, nobody had training. I was able to adapt to it because that's just, I just came straight from school.

Supervisors should only expect employees to perform job tasks using technology with training. The quality of services when transitioning from in-person to remote/virtual delivery initially suffers due to the lack of time for employees to effectively learn how to deliver services remotely (Kingstone & Dikomitis, 2021). M2 reported that they saw a significant decrease in service users due to their lack of technology skills and the lack of skills that employees had in helping them navigate the technology. He stated, "Um, once COVID came, it dropped dramatically. It was a lot of, um Zoom, uh Zoom meetings, which was extremely difficult. Not only for, uh staff, but also for families. Um, the engagement piece became really hard." It was more natural for employees to interact with clients in person as this is how they were trained to work with clients. The use of virtual technology negatively affects personal connections due to the lack of things like eye contact and body language that employees use to help them interpret a situation, as well as the negative impacts of technical interruptions.

Consistency of services and support from human service organizations is important for clients and moving to remote service delivery would disrupt that consistency (Centre for Social Purpose, 2022; Schmid & Bradley, 2022). When technology tools did not work as expected, then organizations needed to continue to try different tools until they found tools that worked for both employees and clients. An

example is from F8 who reported going through several iterations of remote service delivery tools due to the struggles experienced by their users. She stated,

We tried doing the texting. But a lot of times when we text people would get offended because we're trying to be as brief as possible. And so, it winds up feeling sort of harsh and people thought we were being disrespectful because it doesn't have that human element of saying, Hey, you know, you didn't do this. We try to do the video thing. The problem is, is that because there was so many users the video would not work. Oh. So, so we were like, no, we're just gonna do phone.

In order to maintain continuous care for clients, training staff on how to use the tools should have been a priority for human service organizations. The training inconsistencies on virtual service delivery could be related to organizations believing that the COVID-19 pandemic lockdowns would only be temporary and that they would return to face-to-face delivery quickly (Bartik et al., 2020). In the future, it would be interesting to conduct a study to find out why leadership in human service organizations did not decide to put resources behind training staff to provide services virtually at the beginning of the pandemic, what resulted in their change of position, and how training and support related to virtual services continues to change.

### ***Supervisor/Employee Relationships Did Not Change During the Pandemic***

Like previous research, my research shows that the relationship between a supervisor and an employee plays a role in the employee's morale, satisfaction, and engagement (Mikkelsen et al., 2021). This was evident in my study as participants who



had good relationships with their supervisors before the pandemic shared that they were more forgiving of problems that arose during remote supervision. Several participants had low expectations and felt things could not have gone better. M1 stated, “Uh, I think I reflect on me and my supervising staff at that time, we just are, we really didn’t know. And we were, we did the best that we could.” Likewise, F1 said, “Um, I would say they did the best they could under the circumstances.” That was one of the results of the pandemic forcing everyone to work remotely; people at all levels were dealing with the same situation, including new technology, new ways to communicate, and the same access to supervision. The participants considered it a swift transition for everyone, with no time to prepare. However, their statements indicated that they were “more forgiving” to supervisors with whom they had a good relationship before the pivot to remote working due to the pandemic.

Researchers have highlighted social interaction as a part of adequate supervision (virtual and face-to-face) before, during, and after the pandemic (Larson et al., 2020; Morrison-Smith & Ruiz, 2020). Unlike before the pandemic, where employees had the opportunity to interact with their supervisor(s) in ways that were more socially focused (lunches, breaks, after work), due to lockdowns, these social opportunities did not take place (Larson et al., 2020). The information shared by participants about their supervisors’ performance during the pandemic included positive and negative elements; however, the relationship employees had with their supervisors did not seem to change even though they did not have the opportunity to engage with their supervisor(s) socially.

Many participants indicated that supervisors appeared to be more flexible than they were when working face-to-face, and this may have resulted in the employee believing that the relationship was strong, or better, than before the pandemic. Supervisor flexibility increases job satisfaction and engagement, helps to manage employees' talents effectively, and reduces costs by retaining staff and reducing absenteeism (Wells-Lepley et al., 2015). For example, F3 was able to use her work time differently than she would have in the office. She shared:

I would say during the actual time we were at home; the supervisor was very flexible. So, since we already working from home, the hours were okay, you have to take them to the doctor's, appointment, well, you can clock out at eight, eight o'clock at night instead of five. So, it was okay being at home allowed more flexibility for scheduling. We still couldn't do overtime, but we say we make up our hours or whatever hours of the night.

F3 liked the decreased structure of the workday. In her opinion, that was the best part of her supervisor's performance during the pandemic. This supports the findings of previous researchers who found that schedule flexibility is a stronger influencer than location flexibility and financial incentives (Bolino et al., 2021; Chafi et al., 2021; Ray & Panacryan, 2021). Schedule flexibility is perceived as emotional support, and it increases the perception of an overall supportive work environment' the feelings of support have been shown to lead to better outcomes for employees at work and in their personal lives (Kelly et al., 2020).

Some participants also talked about the latitude that they were given by their supervisor to problem solving and to determine the best way to get their work done and support clients. F6 appreciated the flexibility they were given by the supervisor in trying to find the best way to provide services remotely:

He was supportive and like trying different options that I never felt like there was a no that like, that's not a, a good place to be or that's not what we want to do. I feel like there was a lot of flexibility in let's try, let's try this option and see if it works and take what we can from it and continue to learn from it. So, I think the flexibility and being creative with what we were doing was what was really helpful from my supervisor.

The participant indicated that the supervisor was showing transparency and honesty, being clear that he did not have the exact solution and giving the participant "permission" to try different things without being concerned about things potentially not working. Previous researchers have found that when employees perceive that they have an honest supervisor, there is better communication and a better understanding of expectations, and they are more likely to perform better in their roles (Browning, 2020; Choi et al., 2020). Supervisors who show trust in employees receive trust in return; trust in their supervisor also enhances the employees' desire to put more effort into their work (Ji & Jan, 2020). These are examples of how having a positive relationship based on trust between a supervisor and employee did not change during remote service delivery.

### ***Supervisors' Communication and Supervision With Employees Did Not Change***

The importance of communication in describing effective supervisors for in-person and remote environments was found frequently in the literature reviewed (Larson et al., 2020; Lew, n.d.; Mendoza, n.d.; Mikkelsen et al., 2021; Nawaz, 2020). Previous researchers described effective supervisors as those supervisors who are open to communication, offer social support, and communicate at least daily with their employees (Larson et al., 2020; Lew, n.d.; Miller, 2022). Researchers who studied remote communication found that video conferencing made collaboration and communication with staff more efficient (Centre for Social Purpose, 2022). Video conferencing was the primary method supervisors used to communicate with the participants in my study, especially when meeting multiple members of the team/organization. M1 stated, “when we did talk, it was via Zoom, um, traditionally in group setting.” Video conferencing is recommended as a best practice when supervising employees remotely because it is a way to help ensure that all the employees are getting the same information to verify that they are delivering services using the same processes and to clarify remote expectations (Karl et al., 2022). Using the recording and transcription tools usually available in videoconferencing software to keep records is helpful (Foscarini et al., 2022). Although participants reported that the method of communication used by supervisors had changed, most indicated that the quality of that communication remained consistent before and during the pandemic.

The availability of supervisors to their employees when employees need to reach out to the supervisor has also been found by researchers to be a component of being an

effective supervisor (Larson et al., 2020). Being available when an employee has a question or concern can establish trust between the supervisor and the employee, resulting in the employee feeling supported (Simon, 2018). My participants shared the importance of this availability concerning communication. For example, F1 shared, “If I needed help, I could have reached out and asked for help... I’m sure she would’ve been there if I needed to talk. I’m sure she would’ve been there to talk.” F1 did not need to reach out to her supervisor during this time, but her supervisor made them feel confident that she was available to them. F2 also had this opinion of the availability of their supervisor: “And whenever I needed my supervisor, a phone call away or we would send a message like, Hey, are you free and you’re free, call me.” The employee appreciated the supervisor’s availability and willingness to talk, which indicated that the supervisor supported them even if they were not physically in the same environment.

The quality of the supervisor’s ability to manage employees is related to employee performance, job stress, job satisfaction, and burnout (Fastje et al., 2022; Grotto et al., 2017; Kim et al., 2018; Wieneke et al., 2019). Participants in my study shared that they perceived the same quality of supervision they received before the pandemic continued while working remotely. Despite the unprecedented situation of closing buildings and providing human services remotely, consistency in the quality of supervision was a positive experience. Two participants who indicated the same quality of supervision during the pandemic were F2, who said, “Um, I think they kept up the same quality via Zoom. It was, um, it was less personal though,” and F7 said, “It didn’t my supervisor’s pretty dope. So, Okay. It did not, it did not at all, other than I’m sitting in

her office.” Even though the content and delivery of the communication and supervision may have changed, the level of communication and supervision did not.

Researchers have found that supervisors’ attitudes and behaviors influence employee attitudes, perceptions, and behaviors (Mendoza, n.d.; Quade et al., 2019). F7 shared statements that indicated that she felt strongly about her supervisor being an effective supervisor. Additionally, F7 perceived her supervisor as “the best” and said, “She’s the best supervisor for me... understood me as an individual employee and what I was going through at the time and what I needed to be to remain a productive employee.” Her supervisor trusted and supported her, and as a result, F7 had high praise for the job her supervisor had done.

The participant’s supervisor, who micromanaged employees in person, was consistent during the pandemic. F4 stated, “Well, my supervision really didn’t change. So, she kinda still managed to be able to manage the same as she did in office. Just the communication was a bit different, the style in which we communicated.” The supervisor used technology to communicate with the employees regarding the tasks that they were doing prior to the pandemic. F4 added, “so she still always reached out weekly to see if, to make sure we turned in what we needed to turn in for the week.” While micromanagement is a negative behavior of supervisors, it can negatively affect the employee (Ndidi et al., 2022). Within the scope of this study, the participant supported the theme that they did not believe there was a change in their supervision during the pandemic.

### **Limitations of the Study**

This study had limitations that could limit the ability to generalize the results. First, there was a small sample size of only 11 participants. Although a small sample size can limit the generalizability of the results (Myers, 2000), it helps to get in-depth information from human service professionals from different organizations. However, a small sample size is standard in qualitative research studies (Hennink & Kaiser, 2022), and I ensured that I reached saturation before ending my data collection. Because I reached saturation, the generalizability of the results increased.

Another limitation of the study is that the sample (participants) was homogeneous. For example, out of 11 participants, nine were female, and 10 were African American/Black. Only two of my participants were male, and one was from a different racial group. This could limit the generalizability of the study results as the participants may have been more like each other than different. Therefore, the themes could be related to the characteristics of participants who share similar demographics and experiences rather than the knowledge, experiences, and perceptions of the broader, heterogeneous population of human resource professionals (Vasileiou et al., 2018).

The third limitation comes from the data-gathering process. Interviewing comes with certain limitations related to the participant's responses, such as not recalling memories accurately and social desirability bias (Alamri, 2019). Incorrect recalling experiences could be an unconscious or conscious occurrence; either way, it affects the reliability of the data as what they include in their responses to the questions may not be accurate. Social desirability bias can decrease reliability because participants respond in

ways they believe are socially acceptable (Alamri, 2019). The strategies I used to address potential participant response issues included comparing what was said by each participant in response to specific questions and highlighting similarities and differences. In addition, I allowed the participants to read over the interview transcripts and agree or clarify the content. Participants did confirm that the transcripts were accurate, and no one indicated any changes. As a potential limitation in this area, participants may not have taken the time to review the transcript or may not have remembered what they said. Therefore, this limitation cannot be eliminated.

Lastly, there were instances when I did not appear to be neutral in response to participant answers during the interviews. The wording that an interviewer uses in response to an answer given or body language can affect the responses of the interviewee to question prompts or future questions (Cairns-Lee et al., 2022). For example, saying, “Wow, so you did not communicate with your supervisor?” may have influenced a participant to respond in a more acceptable way to the interviewer or to give the interviewer information they appear to desire. There will naturally be some level of interviewer bias involved in interviewing, and I indicated that I would work to control these biases through reflexivity. I completed journaling throughout the process, both during interviews and through the data analysis process, which I believe helped me control my biases. However, as a new qualitative researcher and interviewer, I was unaware that my statements could lead the participant. I was leading unconsciously, but I now understand what it is and how to prevent it in the future. For this study, however,



this needs to be considered a limitation concerning credibility, dependability, and confirmability.

### **Recommendations**

A recommendation for future research that may increase generalizability would be to recruit a large sample of heterogeneous participants. Heterogeneous samples are people who do not have similar characteristics (Vasileiou et al., 2018). Data collection with a heterogeneous sample of human service professionals could present an opportunity to record experiences and understand perceptions that apply to a larger population of human service professionals. Additionally, by having a greater insight into the remote supervision of human service professionals, organizations can be more prepared if the need for a sudden transition happens again.

Another recommendation to increase reliability and decrease interviewer bias is to conduct quantitative research. Quantitative research can eliminate the direct interaction between the researcher and the participants and provide data that can be analyzed statistically (Daniel, 2016). The strengths of using a quantitative approach versus qualitative are that generalizability applies to a broader group, measures cause, and effect relationships removes unwanted variables, lessens research bias, and is more efficient (Feyisa, 2022). The quantitative approach could also statistically determine differences, relationships, and probability related to demographic variables and perceptions measured. Variables recommended for inclusion in a future quantitative study include variables like preferred communication styles for employees and job satisfaction and leadership and communication styles for supervisors.

## **Implications**

### **Implications for Practice**

The results of this study have highlighted the importance of proper employee training, positive relationships between supervisors and employees, and ongoing quality communication between supervisors and employees, especially during disruptive times such as the pandemic. Researchers have found that trust, communication, and relationship quality between supervisors and employees are essential to ensure they can do their jobs effectively and efficiently (Nancherla, 2010; Simon, 2008). These factors signify an exemplary supervisor/employee working relationship for human service providers, especially during uncertainty (Nawaz, 2020).

Looking at the pandemic and the required shift to providing services remotely, in hindsight, and evaluating those transitions is vital for the human service profession and organizations. Human service professionals and organizations must learn from their successes and failures. Now is the time to improve working relationships and service delivery. Because new processes and procedures needed to be tried and learned during the pandemic, it is crucial not to go back to prepandemic systems but to embrace those strategies that worked and discard or revise the ones that did not. Pandemic processes can strengthen relationships and processes daily, and if there is another situation where remote work is mandatory, human service professionals have the potential to be better prepared.

### **Implications for Positive Social Change**

The results of this study could bring about positive social change for human service professionals, organizations that provide services, and society. My study highlighted the need for more technology training for employees, a plan for consistent communication when in-person communication is not possible, and a plan for alternate modes of service delivery. Now that people are back to providing services in person, it is an excellent time to explore training or retraining in technology, customer service, and procedures. Training can increase employees' confidence and help them do their jobs better (Bakar et al., 2016). In addition, the pandemic forced organizations and workers to pivot from face-to-face services to providing services virtually in many sectors (Centers for Disease Control, 2022). For some, it was a chance to prove they could do it. For others, it proved how unprepared they were. Either way, it should be seen as an opportunity to reevaluate how services are delivered and how service delivery can be better in the future, not only in human service organizations but in other types of organizations that provide services to vulnerable populations who may suffer if those services are interrupted (Waters et al., 2021).

The problem that I attempted to address through this study was the negative impacts on clients due to the issues related to human service professionals not being able to provide services virtually effectively and efficiently. I hope my results can better inform organizations and professionals in identifying how to make services equitable and accessible to service users. Despite some users needing access to technology or being comfortable with using technology, integrating virtual services with in-person services

can increase efficiency, convenience, and community reach (Schmid & Bradley, 2022).

The main objective of human service professionals is to support diverse individuals and communities in functioning as productively as possible (National Organization for Human Services, n.d.).

### **Conclusion**

I set out to investigate how human service workers perceived the assistance they received from their superiors during the COVID-19 pandemic to address the problem of the negative impacts on clients due to issues related to human service professionals being able to provide services virtually. The pandemic caused issues like loss of employment and food and housing instability to be magnified for clients of human service organizations (Ashcroft et al., 2021; Center on Budget and Policy Priorities, 2022).

Human services organizations had to find alternate ways to deliver services since in-person was not an option during the COVID-19 pandemic. Several difficulties occur when conducting remote service delivery, including a lack of assistance, ethical issues, and trouble connecting with clients (Pascoe, 2021). Some organizations needed extra technology support despite service delivery moving solely to virtual delivery.

Professionals rely on managers to provide them with guidance and training. Managers should have provided more support in industries transitioning to virtual service provision during COVID-19, like education and healthcare (Johnson et al., 2020; Pierce et al., 2021). Researchers found a need for more managerial and organizational support due to the stress and increased workload during the transition (Ashcroft et al., 2021; Johnson et al., 2020; Pierce et al., 2021). Unprepared human service professionals struggled to

provide support virtually, and services could have resulted in clients being further negatively affected in areas for which they were already seeking support (Ashcroft et al., 2021).

I arrived at three themes from my data analyses. The themes are directly related to the perceptions of human service professionals about the support they received from their supervisors during the COVID-19 pandemic. The first theme was that all services had to be provided remotely during the pandemic; however, some employees needed training. The second theme was that the perceptions of supervisor performance during the pandemic did not affect employee relationships with their supervisors. The last was that despite the change in how supervisors communicated with employees, some felt supervision stayed the same. The results aligned with previous research, highlighting the need for training and supervisor support to effectively provide remote services (Goscha & Mabry, 2020; Graves & Karabayeva, 2020; Larson et al., 2020). Like previous research, my results support the findings of previous researchers who highlighted the importance of a positive employee/supervisor relationship because it increases job satisfaction, staff engagement, and morale (Mendoza, n.d.; Nawaz, 2020; Quade et al., 2019).

Human service professionals and organizations should focus on what they can learn from the successes and failures of service delivery during the pandemic to apply to ongoing service delivery. The results of this study could start a conversation about how to strengthen planning for adverse situations that disrupt regular service delivery, like those that occurred during the pandemic. Communication and relationships between supervisors and their employees are necessary daily, not just when significant disruptions

occur. Supervisors' support is vital for staff to feel confident performing their job duties. Self-efficacy concerning their ability to do their job is related to the support an employee feels from their supervisor(s) (Fisler et al., 2022). When employees have high self-efficacy about performing their jobs, clients are better served (Centre for Social Purpose, 2022; Schmid & Bradley, 2022). Professionals should feel confident in providing services, whether in-person or virtually. They can pass that confidence to clients struggling to navigate the needed services.

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## Appendix A: Recruitment Flyer

**Research participants needed!**

The purpose of this study is to explore the perceptions of human service professionals about the support they received during the COVID-19 pandemic from their supervisors.

**Are you a human service professional in the United States...**

- who serves as a case manager within a human service organization?
- who worked and was supervised in a face-to-face environment for two (2+) or more years before the COVID-19 pandemic began?
- who worked and was supervised virtually for six (6) months or more after the COVID-19 pandemic started?
- 18 years of age or older?
- who reads, speaks, and understands English?

**If you answered yes to all of these questions, you qualify to participate!!!**

- ✓ The virtual interview will take approximately 60-90 minutes of your time and will be recorded.
- ✓ The information you provide in this study will be strictly confidential and only used for the purpose of the study.
- ✓ This research is part of a dissertation study conducted by a Walden University doctoral candidate.

To volunteer, please contact [xxxx@waldenu.edu](mailto:xxxx@waldenu.edu)

***If you know others who may qualify for this study, please feel free to share the study information with them!***

## Appendix B: Interview Protocol

### Opening

- “Hello. I want to start by thanking you for participating in this study.”
- “You have given your consent to participate in this study, correct?” “You may end your participation at any time.” “If you have any questions about the study, please feel free to ask.”
- “The data gathered will be kept confidential. There will be no information included that will identify you.”
- “I respect you volunteering your time to do this, so I will keep this interview within a 60-90-minute time frame.”

### Permission to audio record

“I will audio record and take notes during this interview. The recording is to accurately record the information you provide and will be used for transcription purposes. If you don’t agree to being recorded, we can end here. If you agree to being recorded, we will proceed with the interview.”

### Demographic Questions

#	Question	Choices
1	What is your gender?	Male, Female, Other, Prefer not to answer
2	What is your age in years?	Actual age in years
3	What is your race?	American Indian and Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian and Other Pacific Islander, White, Two or more races, Prefer not to answer
4	What is your highest level of education?	Associates, Bachelors, Masters, Doctorate, Prefer not to answer
5	How many years have you been a human service professional?	Actual number of years
6	Have you returned to only working face-to-face at your organization?	Yes, No (all virtual), No (mix of face-to-face and virtual)
	What population do you primarily provide case management services to?	0 Veterans 1 Children 2 Families 3 People involved in the justice system 4 People with disabilities 5 People experiencing homelessness 6 People with substance use disorders 7 Older people 8 Employment/ Job Training
7		

## Interview Questions

#	Question	Prompts
1	What is your role at your organization?	What are the specific duties related to your role in your organization? What types of clients do you work with?
2	What are your responsibilities in that role?	Tell me more about what XX responsibility entails.
3	How did how you deliver services and support to others change from before the pandemic to during the pandemic to now?	How did you deliver XX services and support before the pandemic? What do you do differently now?
4	How did how you are supervised change from before the pandemic to during the pandemic to now?	Besides not being in person, what else is different in the way that you are supervised?
5	How did the quality of the supervision you receive change from before the pandemic to during the pandemic to now?	Why did you think that about the quality of your supervision before versus now? How did XX change specifically? What did your supervisor change in the way that they communicate to you?
6	How did the delivery methods of communications you receive from your supervisor change from before the pandemic to during the pandemic to now?	How did written and verbal communications change from before to after the pandemic in terms of frequency and detail?
7	During the start of the pandemic, how was the quality of communications from your supervisor that you received about changes to how you would be continuing services?	Why would you describe it that way?
8	As the pandemic continued, how was the quality of the communications from your supervisor that you received about continuing services?	What parts of those changes in communications were helpful? What parts of those changes in communications were not helpful?
9	As the pandemic ended, how was the quality of the communications from your supervisor that you received about continuing services?	Explain more about how those communications were supportive/unsupportive.
10	What type of training did you receive at the beginning of and through the pandemic related to technology and service delivery from your supervisor and organization?	Describe the types of training you received and what you received that training for.
11	How did that training meet or not meet your needs during that time?	How was the training helpful? How was the training not helpful?
12	How do you feel overall about the support, training, and supervision you received from your supervisor during the overall pandemic?	Tell me more about XX.
13	What do you believe that your supervisor did well in terms of supporting you in doing your job during the pandemic?	Tell me why you felt that they did well in _____.
14	What do you believe that your supervisor should have done differently during the pandemic to support you in your job?	If your supervisor asked you for feedback about what they should have done, what would you say?
15	What else, if anything, would you like to share about your relationship with your supervisor and how that changed from before, during, and after the pandemic?	If you feel that nothing changed, explain why.

**Closing**

- “Thanks again for allowing me to interview you. It has been very insightful.”
- “I may need to follow-up with you for clarification of what was said. Do you agree to that?”
- “What is your preferred contact?”
- “Is there anything you would like to ask me about the study? Are there any final comments you would like to add?”

## Appendix C: Transcription Agreement

### **Information Security**

Rev.com uses appropriate technical, organizational and administrative security measures to protect any information in its records from loss, misuse, unauthorized access, disclosure, alteration and destruction. Rev.com uses National Institute of Standards and Technology (NIST) guidelines as a foundation for its security program including information security policies and incident response.

### **Privacy**

Please see the Rev Privacy Policy (<https://www.rev.com/about/privacy>) for details on how Rev.com treats personal information and complies with privacy regulations.

### **Employees**

Employees are restricted to handle data required to perform their job. Our staff is trained on proper use of our systems and best practices for security & privacy. All employees have completed background checks and have signed confidentiality agreements.

### **Transcriptionists & Captioners**

Revvers (our transcriptionists, captioners, etc.) are vetted through a rigorous screening process and receive training. All Revvers have signed NDAs and strict confidentiality agreements.

While actively working on a file, Revvers are required to use our secure and proprietary tools, only accessible through a web-based portal.

Revvers cannot download audio, video, or transcript files as a general rule (configuration can be modified regarding audio/video download if the customer requests it). They are required to have a valid username and password.

Technical controls exist to block Revvers from accessing Rev.com while using VPN technology. If their account is deactivated, they are locked out of all platform customer resources including forums. All Revver account modifications and customer data access are logged.

## **Rev.com Services Agreement**





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Austin, TX 78703  
finance@rev.com |  
www.rev.com

### **CLIENT NON-DISCLOSURE AGREEMENT**

This CLIENT NON-DISCLOSURE AGREEMENT, effective as of Jan 1, 2021 (this “Agreement”) is entered into by Rev.com, Inc. (“**Rev**”) and Customer identified below (“Customer”, “Client”) is made to set forth Rev’s agreement with respect to certain proprietary information being provided to Rev.com and/or Temi.com by the undersigned Client for the purpose of performing transcription, captioning and other document related services (the “Rev.com Services”). In consideration for the mutual agreements contained herein and the other provisions of this Agreement, the parties hereto agree as follows:

#### **Scope of Confidential Information**

1.1. “Confidential Information” means, subject to the exceptions set forth in Section 1.2 hereof, any documents, text or other files supplied by Client to Rev for the purpose of performing the Rev Services.

1.2. Confidential Information does not include information that: (i) was available to Rev prior to disclosure of such information by Client and free of any confidentiality obligation in favor of Client known to Rev at the time of disclosure; (ii) is made available to Rev from a third party not known by Rev at the time of such availability to be subject to a confidentiality obligation in favor of Client; (iii) is made available to third parties by Client without restriction on the disclosure of such information; (iv) is or becomes available to the public other than as a result of disclosure by Rev prohibited by this Agreement; or (v) is developed independently by Rev or Rev’s directors, officers, members, partners, employees, consultants, contractors, agents, representatives or affiliated entities (collectively, “Associated Persons”).

#### **Use and Disclosure of Confidential Information**

1.3. Rev will keep secret and will not disclose to anyone any of the Confidential

Information, other than furnishing the Confidential Information to Associated Persons; provided that such Associated Persons are bound by agreements respecting confidential information. Rev will use reasonable care and adequate measures to protect the security of the Confidential Information and to attempt to prevent any Confidential Information from being disclosed or otherwise made available to unauthorized persons or used in violation of the foregoing.

1.4. Notwithstanding anything to the contrary herein, Rev is free to make, and this Agreement does not restrict, disclosure of any Confidential Information in a judicial, legislative or administrative investigation or proceeding or to a government or other regulatory agency;

provided that, if permitted by law, Rev provides to Client prior notice of the intended disclosure and permits Client to intervene therein to protect its interests in the Confidential Information and cooperate and assist Client in seeking to obtain such protection.

#### **Certain Rights and Limitations**

1.5. All Confidential Information will remain the property of Client.

1.6. This Agreement imposes no obligations on either party to purchase, sell, license, transfer or otherwise transact in any products, services or technology.

1.7. This Agreement is subject to the limitations of liability agreed to in Rev's Terms of Service, found at <https://www.rev.com/about/terms> ("Terms of Service").

#### **Termination**

1.8. Upon Client's written request, Rev agrees to use good faith efforts to destroy and, if requested, to certify the destruction of all Confidential Information; provided that Rev may retain a summary description of Confidential Information for archival purposes.

1.9. The rights and obligations of the parties hereto contained in Sections 2 (Use and Disclosure of Confidential Information) (subject to Section 2.1), 3 (Certain Rights and Limitations), 4 (Termination), and 5 (Miscellaneous) will survive the return of any tangible embodiments of Confidential Information and any termination of this Agreement.

**Miscellaneous**

1.10. This Agreement will be governed by and construed in accordance with the laws of the State of Texas governing such agreements, without regard to conflicts-of-law principles. The sole and exclusive jurisdiction and venue for any litigation arising out of this Agreement shall be an appropriate federal or state court located in Travis County, Texas and the parties agree not to raise, and waive, any objections or defenses based upon venue or forum non conveniens.

This Agreement (together with the Terms of Use and any other agreement for the Rev Services) contains the complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings with respect thereto, whether written or oral, express or implied. If any provision of this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, such will not affect any other provision of this Agreement, which will remain in full force and effect. No amendment or alteration of the terms of this Agreement will be effective unless made in writing and executed by both parties hereto. A failure or delay in exercising any right in respect to this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right will not be presumed to preclude any subsequent or further exercise of that right or the exercise of any other right. Any modification or waiver of any provision of this Agreement will not be effective

unless made in writing. Any such waiver will be effective only in the specific instance and for the purpose given.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed below by their duly authorized signatories:

CLIENT:

Company Name:

Name:

Title:

Date:

Address for notices to Client:

REV.COM, INC.

*Shannon Catalano*

Shannon Catalano VP, Corporate Controller January 2021