Black women social workers: a qualitative exploration of stress and coping

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Black Women Social Workers: A Qualitative Exploration of Stress and Coping

by
Collina D. Cooke

A Dissertation Submitted to the University at Albany,
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Doctor of Philosophy

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ABSTRACT

Black women social workers (BWSW) represent essential workforce members. They are burdened by overlapping expectations associated with their multiple marginalized and unique identities. Their definitions of stress and creation of strategies to deal with highly stressful situations have been absent from the research literature, leaving intervention strategies to support highly stressed BWSW unknown. This study was developed to explore stress perceptions and holistic manifestations of stress. A primary focus was to highlight the coping responses used by BWSW to decrease stress levels. In addition, the researcher sought to investigate various ways organizations have created stressful situations for BWSW and identify additional strategies organizations can implement to improve health and well-being.

A qualitative study was conducted using hermeneutical phenomenology to shed light on the stress experiences of BWSW. The five research questions that guided this study were: (1) How do BWSW define stress, and what factors contribute to their stress perceptions? (2) How do BWSW describe their physical, mental, spiritual, and emotional manifestations of stress? (3) What coping strategies do BWSW use to decrease the impacts of daily stressors? (4) What workplace stressors contribute to an increase in stress levels within social work institutions? (5) Regarding the stress of Black women working within the social work field, what are workplace supports provided to promote positive health and decrease stress levels?

Atlas. ti. 9 was used to analyze transcripts verbatim from 17 semi-structured qualitative interviews with BWSW across the United States. The convenience sample was drawn from professional organizations where BWSW claimed membership. Participants volunteered to be interviewed virtually for two hours, sharing their experiences with stress in their daily lives and
the workplace. Interviews generated themes associated with stress perceptions, coping strategies, workplace stressors and efficient work productivity.

BWSW reported high-stress work environments in the past year. Some believed that their physical and mental health declined because of the inability to find a work-home life balance. BWSW were exposed to racism and sexism in the workplace to the point of high stress levels and imposter syndrome feelings. Allostatic load representations were also present in descriptions of their work duties. Coping strategies point to increased holistic coping practices and John Henryism or a propensity to working in excess in ways that can lead to physical harm.

Findings suggested BWSW persevere regardless of high levels of stress and feeling unsupported in the workplace. There were also research data to support the crucial role BWSW play in the lives of vulnerable populations. Accordingly, in support of the important contributions of BWSW, organizations should invest in structural and cultural change with an emphasis on physical well-being and psychological health interventions. Still, the social work profession needs to attend to ways to preserve health given the polarization associated with racism, classism, and sexism.
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DEDICATION

I dedicate this body of work to the Black women who have guided, mentored, and motivated me throughout my journey. You are valued and your contributions to my life do not go unnoticed.

Specifically, I want to dedicate my work to my grandmother, Naomi Cooke, who played an influential role in making me the woman I am today. My 85-year-old grandmother was triumphant with her battle with COVID-19 and is the strongest woman I know. I dedicate this to her as her love, prayer and guidance have been instrumental in me accomplishing my goals and understanding the value of my worth. I will forever be grateful and humbled by your contributions to my life. With much love, I dedicate this to you, Grandma!
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Chapter 1: Introduction

Black women have unique stress experiences due to their multiple identities, social situatedness and the overlapping expectations associated with their position in society. In addition to everyday stressors, Black women experience daily discrimination based on their race, gender, and class to name a few. The various characteristics that make Black women unique have negative connotations in society, contributing to the oppression that these women experience. Furthermore, Black women working within the social work field may experience an added layer of stress associated with social work burnout. Lloyd et al. (2002) state that “burnout is a syndrome with dimensions of emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment” (p. 256). Social work literature suggests that difficulty balancing social work values, workload expectations, and personal beliefs can contribute to burnout and vicarious trauma in social workers (Wilson, 2016). According to Maslach and Leiter (2008), burnout has a consistent relationship with increased workload. Findings from a longitudinal study indicate that burnout can be attributed to job demands that exceed the time allotted (Maslach & Leiter, 2008). Pyles (2018) highlights that burnout is directly related to environmental factors and work responsibilities: an organization’s “climate and culture” play a crucial role in impeding burnout (p. 201). Pyles (2018) suggests that to reduce burnout, workplace institutions are responsible for encouraging a supportive work environment for staff. Current institutional practices emphasize a self-care approach. This places the burden of preserving one’s mental health solely on the social worker. However, maintaining social workers’ health and wellness should be a collaborative effort between the institution and social work staff.
Background

Within the history of the United States, African American among other minority groups have experienced severe injustice, discrimination, prejudice, and oppression due to their race. Racism against people of African descent is embedded within the foundation of the United States and can be traced back to the 16th century (Williams & Williams-Morris, 2000). Historically, marginalized groups were believed to be inferior to whites and were subjected to horrific mistreatment. This belief of inferiority has been expressed within policies and laws limiting their access to “education, employment and residential opportunities” (Williams & Williams-Morris, 2000, p. 247). Incidents in United States history such as participation in the Transatlantic Slave Trade dating back to 1526, the development of the Cotton Gin in the 1790s, and Jim Crow laws passed in 1874 and beyond (Kendi, 2016), to name a few, have had major impacts on the discriminatory culture of the United States today. During those times, African men, women, and children were enslaved, brutally beaten, starved, murdered, separated from family, raped, segregated, denied access to adequate education, and unable to participate in developing the laws that governed them.

The mistreatment of African American spanned for decades, causing psychological and emotional damage; this generational abuse can shape how African American perceive situations and view themselves today (Danzer et al., 2016). The shared traumatic experiences of African American in United States history constitute historical trauma that impacts their mental and physical health to this day. Danzer et al. (2016) posit that “populations that have suffered traumas related to racism continue to experience disproportionately high rates of poverty and mental health factors” (p. 353). Historical injustices helped form a culture within the United States that devalues, dehumanizes, and demoralizes African American lives to date. African
American’ historical trauma in United States history contributes to the stress, anxiety, and depression they experience today. These negative experiences can differ by gender.

According to bell hooks (1981), the experiences of African American women differ in critical ways to that of white women. In addition to historical trauma caused by racism, African American women experience trauma due to gender discrimination. Within United States history, women were viewed as property of men and seen as inferior. Women were expected to solely take care of the households, raise children, and had little to no access to job opportunities. Also, women were unable to vote which prompted the Women’s Suffrage Movement in the 1840s. Those involved in this movement fought against the injustices that women faced and ultimately helped women gain the right to vote (DuBois, 1980). Given historical political and social inferiority, women today are still viewed as less than their male counterparts. The misogynistic societal views that exist today and societal definitions of femininity place women at a disadvantage as they are often sexualized and disparaged by their male counterparts (Szymanski et al., 2009). At birth, girls are socialized to be more “ladylike,” which silences their voices and takes away from their power in society. For Black women, race and gender inequality heighten their discrimination experiences and increase their stress levels.

**Gaps in Scientific Knowledge**

Given what is known about Black women’s stress levels and social worker burnout, there appears to be a lack of comprehensive research on the stress responses of Black women social workers. Also, there is little knowledge detailing how social work organizations can collaborate with Black women social workers to support them in maintaining positive mental health and decrease social work burnout.
For decades discrimination has been embedded within the structure, policies, and procedures of United States institutions. While public policy exists to combat such prejudice, covert forms of racism continue to persist within many organizations’ foundations. Microaggressions are among these hidden forms of oppression that have become normalized within institutions. Microaggressions are defined as “commonplace verbal, behavioral and environmental indignities” that “communicate insults or putdowns to targeted groups” (Robinson-Wood et al., 2015, p. 222). These insults are offensive and send messages of inferiority to those targeted. According to Moody and Lewis (2019), gendered racial microaggressions are linked to adverse health outcomes.

Black women are among those impacted by discrimination within the workplace. While health disparities exist between women and men, Black women are reported to experience substantial mental and physical health disparities in comparison to their Black male counterparts and white female counterparts. Despite this knowledge, there is limited research on the health of Black women (Beauboeuf-Lafontant, 2007). Current studies focus solely on racism and/or sexism; however, a more exhaustive investigation of the unique stress experiences of these women is needed. The overlapping expectations placed on Black women due to their social position within multiple marginalized categories and the various contributing factors that impact Black women’s stress levels can enhance societal understanding of the numerous impacts of stress on their health outcomes.

The perpetual exposure to stressors is associated with the early onset of chronic illness and severe mental health concerns in African American women (Warren-Findlow, 2006). Studies reveal that the stress experienced by Black women can be attributed to historical trauma, their societal position, economic location, and sociocultural experiences (Hall et al., 2012). Despite
substantive acknowledgement by the aforementioned scholars that stress has a negative impact on health outcomes for this population, current research on BWSW is inadequate. It fails to highlight the complexity of the stress that these women experience. Due to this complexity, researchers have struggled to define stress that encompasses BWSW’ holistic experiences.

Similar to the lack of research on BWSW’ stress experiences, research on coping strategies that help to decrease stress in Black women is also limited (Hall et al., 2012; West et al., 2010). A qualitative research study on how Black women cope with stressors suggests that this population has been socially conditioned to ignore their own personal needs to take care of the needs of others which has been viewed as both a strength and a hindrance (Nelson et al., 2016). Other literature highlights spirituality, prayer, a strong sense of self, utilizing social support and finding strength through ancestral pasts as coping strategies that African American women use to work through adversity (Shooter-Gooden, 2004). Contemporary literature specifically about BWSW’ coping with various pressures is limited as few provide a holistic exploration of this topic. For example, these studies fail to simultaneously consider stressors related to being a member of multiple marginalized groups and other generic stressors related to the stress perceptions and coping strategies of Black women working in the social work field.

Lastly, social work practitioners play an essential role in assisting vulnerable populations as they work to improve their “social, physical, and mental health” (Hussein, 2018, p. 911). Given the demanding nature of the profession, burnout and stress levels are high among social workers. Research suggests that social workers experience elevated levels of stress due to lack of support from organizations, an inability to “contribute to important decisions,” unmanageable work responsibilities and insufficient time allotted for completing tasks (Hussein, 2018, p. 920). Black women working in the social work field may experience heightened stress levels as they
juggle discrimination in the workplace while maintaining organizational values and ensuring that assigned goals are met. This study explored the various factors that can contribute to persistent anxiety experienced by BWSW.

My qualitative study explored the unique stress experiences and coping strategies of Black women working within the social work field utilizing an intersectional Black feminist approach. Furthermore, this study examined supports provided within the workplace and organizational stressors related to the stress responses of BWSW.

**Purpose of the Study**

Cultivation of the mental, physical, spiritual, and social well-being of Black women is paramount and needs further exploration. The National Association of Social Workers Code of Ethics (2017) states that social workers are responsible for providing service to clients by addressing social problems and fighting for social justice. Social work practitioners serve as catalysts for change, working with vulnerable populations to enhance their well-being and improve the dignity and worth of their clients. Working in the social work profession often calls for compassion and selflessness. Practitioners’ main goals are to empower clients, advocate against injustice and ensure that clients’ basic needs are met. Given the daily discrimination and oppression that Black women can encounter, both in their private lives and work institutions, social work research is responsible for exploring how to support Black women working within the social work field.

As BWSW labor to enhance the quality of life for others, the social work field must protect them. With social work ideals and core values at the forefront of this investigation, this study prioritized the holistic needs of BWSW and promoted positive health outcomes. In this study, the terms “health outcomes” and “health and wellness” were used interchangeably. They
refer to physical, mental, spiritual, and emotional manifestations of stress BWSW’s experience. According to Lee et al. (2018), there is an integral connection between the mind, body, and spirit as it relates to a person’s health and wellbeing. Lee et al. (2018) encourages practitioners to explore the relationships between the mind, body, and spirit to promote balance and harmony among clients. With this in mind, this study examined stress manifestations for BWSW from various domains (e.g., physical, mental, spiritual, and emotional) to ensure that the stress experiences of study participants were holistically captured.

This study aimed to provide insight into the stress experiences of Black women who have degrees in social work. The stress definitions and the factors that contributed to the stress of BWSW were examined using qualitative methodology. Heppner and Heppner (2004) state that qualitative research is utilized to explore the meaning of phenomena from the perspective of study participants. The primary purpose of qualitative research is to gain meaning through the lived experiences of a particular population: “Qualitative research is suited to promoting a deep understanding of a social setting or activity as viewed from the perspective of the research participants” (Bloomberg & Volpe, 2012, p. 27). BWSW provided an understanding of their stress levels through their experiences and perceptions. Study findings offered a deeper understanding of how these women defined and perceived stress, shed light on the factors contributing to their stress and explored how stress manifests physically, mentally, and spiritually for this population. Findings also highlighted the practices that have been most helpful in decreasing stress levels for BWSW and shed light on their perceptions of their overall health due to heightened stress levels.

Additionally, the study explored how BWSW’s perceived stress specifically within the workplace. Study participants were asked to describe workplace supports and stressors in
consideration of their perception of whether the workplace was responsible for providing support for their mental health concerns. The overall purpose of this study was to inform organizations on ways in which they could provide help to Black women social work staff and cultivate a safe environment that promotes positive health and well-being for BWSW.

**Research Questions**

The research questions in this study aimed to understand further the stress experiences and coping responses for Black women in the social work field. In the literature, the terms African American and Black are used interchangeably. Therefore, in reviewing the literature, the terms African American and Black are also used interchangeably. However, this study was open to all women who self-identified as Black (e.g., having African, African American, Afro-Caribbean, Caribbean, and Afro-Latina, ancestry). In addition, many subcategories are lumped into the category of Black or African American within the literature. These subcategories have been delineated in this study and are further discussed in the Methods section. The study heavily utilized the concepts of stress, social work burnout, and coping to capture Black women’s experiences. This section briefly conceptualized stress, social work burnout, and coping; the research questions in this study reflected those definitions.

The literature defines stress as “problems, hardships, or threats that challenge the adaptive capacities of people” (Everett et al., 2010, p. 31; Hall et al., 2012). Stress can “vary in intensity” and impact a person’s emotional well-being, mood, and behavior (Hall et al., 2012, p. 208; Schneiderman et al., 2005). For Black women, stress is viewed in the context of the intersections of oppression. Burnout is considered to be a form of stress impacting the lives of social workers. As previously stated, social work burnout refers to work-related stressors that are caused by the structural and cultural climate of an organization (Pyles, 2018). Utilizing this
definition, high burnout rates within social work institutions can result from an organizational environment that does not support staff. In this study, the term burnout was used to explore what factors within organizations contributed to stress among Black women working within the social work field. How institutions could support this population’s mental health needs was a core component of the analyses conducted.

According to Lazarus and Folkman (1984), coping refers to the efforts taken to manage various demands that are perceived to be taxing. These demands can be external or internal; they also require additional resources to overcome the challenge. Much of the research on coping suggests that a person’s perception of control over the stressor plays a major role (Lazarus & Folkman, 1984; Smyth & Williams, 1991). Thus, coping is, in essence, a strategy used to change unfavorable situations and decrease perceptions of stress. In this study, Black women in the social work field described methods they found helpful in reducing their stress levels.

A more exhaustive exploration of the terms stress, social work burnout and coping are provided in the literature review section. This exploration also included a discussion of how these concepts impact Black women. Furthermore, the questions created to guide this work aim to directly provide further knowledge addressing the gaps in literature surrounding the stress experiences and coping responses of BWSW. The overarching research questions for this study are as follows:

1. How do BWSW define stress, and what factors contribute to their stress perceptions?
2. How do BWSW describe their physical, mental, spiritual, and emotional manifestations of stress?
3. What coping strategies do BWSW use to decrease the impacts of daily stressors?
4. What workplace stressors contribute to an increase in stress levels with social work institutions?

5. Regarding the stress of Black women working within the social work field, what are workplace supports provided to promote positive health and decrease stress level?

Theoretical Framework

Much of the literature discusses Black feminist theory and intersectionality of oppression when exploring African American women’s discrimination and mental health. Black feminist theory posits that, “Black women face many problems as Black women, and their unique perspectives, identities, and experiences, cannot be derived from examination of the experiences and position of either Black men or white women” (Weldon, 2008, p. 194). This theory suggests that while race and gender have a major impact on the experiences of all women, Black women deal with specific oppressions within institutions, politically and socially, that cannot be compared to that of white women (Weldon, 2008).

Intersectionality of oppression is a major component of Black feminist theory and provides an understanding of oppressive political realities for African American women (Collins, 1986). Intersectionality of oppression refers to the connection between social categories that overlap creating interdependent systems of disadvantage (Weldon, 2008). Crenshaw (1991) states that intersectionality is described as a convergence of race, gender, and class; it considers the various interactions between social identities as it relates to multilayered discrimination. Intersections of race, gender, class, sexuality, ability, citizenship status and religion have been highlighted throughout literature as an important concept to explore when accessing determinants of health for African American women (Collins, 2000; Settles et al., 2008; Woods-Giscombé & Lobel, 2008). In addition, identities surrounding mental health status, sexual
orientation, and cultural background impact the health and wellness of Black women social workers. Given this knowledge, intersectionality, and Black feminism have been used as a guide for this study to incorporate the multiple identities that impact the lives of African American women. This section further explored Black feminist theory and intersectionality related to Black women and discussed how these theories had been utilized in previous studies. Additionally, this section explored how intersectionality and Black feminist theory guided how this study was conducted.

**Intersectionality/Black Feminism**

In response to the mistreatment of African American women, Black feminist theory emerged. Black feminist theory helps us understand and address the multiple intersections of oppressions that Black women experience and advocate for the lack of resources available to Black women within institutions (Taylor, 2017). Black feminism celebrates the value of African American women in society and promotes their liberation in political and structural settings (Taylor, 2017).

In 1974 the Combahee River Collective (CRC) was formed. It was a Black radical feminist group that took into consideration the simultaneous forms of oppression that impact the experiences of Black women (Taylor, 2017). The CRC posited that Black women face interlocking oppressions based on their multiple identities. The enmeshment of these various identities not only makes the experiences of oppression unique for Black women but also makes it difficult to fully explain the factors that contribute to their stress levels (Taylor, 2017). Black feminists assert that “there is very low value placed upon Black women’s psyches in society” (Taylor, 2017, p. 318). Given the multi-dimensional aspects associated with African American women’s health and wellness, this theory highlights the importance of advocating for structural
change that supports the holistic needs of African American women. In this study, Black feminist thought provided a foundation for understanding the role that social structures and institutions play in the mistreatment of African American women. This theory highlights the need to hold social work institutions accountable for providing a culture that supports African American women’s health and well-being.

Black feminist thought’s epistemology is centered around acknowledging the experiences of African American women within the United States and empowering them to advocate for social and political justice (Collins, 2000; Taylor, 2017). Black feminism promotes “emotional wholeness, psychological strength, and resilience and their centrality to African American women’s historical struggles” (Jones & Ford, 2008, pp. 136-137). King (1988) discusses the idea of multiple jeopardy which highlights the interaction between various oppressive systems within the lives of African American women.

Institutions, societal norms, laws, and multiple societal identities play a major role in the continuous cycle of oppression that African American women experience daily. Given current knowledge of the role that the intersectionality of oppression plays on the health of African American women, Black feminist thought provides a theoretical basis and lays the foundation for understanding the compounded experiences of oppression that African American women endure in society (Collins, 2000; Taylor, 2017). In this study, Black feminism provided a lens to explain how the multi-layered oppression that African American women experienced exacerbated their stress perceptions and impacted their existence within social work institutions.

“Black feminist thought consists of the ideas produced by Black women that clarify a standpoint of and for Black women” (Collins, 1986, p. S16). Patricia Hill Collins (1986) shares that Black women have a unique perspective of their experiences. This idea views Black women
as the experts of their experiences, highlights the importance of understanding their perspectives when conducting research and stresses the importance of Black women creating their own societal images. Self-definition and self-valuation are key themes embedded within Black feminism and highlights the importance of Black women defining their self-images in society. According to Collins (1986), self-definition refers to challenging the stereotypical underpinnings in political definitions of African American women. Self-valuations on the other hand call for African American women to replace “externally derived images” of African American women with images that have emanated from and are created by African American women (Collins, 1986, p. S17).

Negative images of Black women in society have painted a picture of them as “aggressive,” thereby negatively impacting their ability to assert their needs within institutions. Black feminism highlights the importance of Black women defining themselves and also speaks to their “power as human subjects” (Collins, 1986). Therefore, when exploring associations between the stress responses, coping strategies and workplace stressors to positive health outcomes within social work institutions for Black women, a qualitative analysis needs to be conducted to truly encapsulate their experiences.

Black feminist theory also supports the idea that while intersecting oppressions produce a shared understanding among African American women, their experiences are also diverse based on the characteristics that make them a collective (Collins, 2000; Taylor, 2017). This suggests that while there will be some similarities in the experiences of African American women, their “standpoint may be experienced and expressed differently by distinct groups of Afro-American women” (Collins, 1986, p. S16). With the various sub-categories of African American women in
mind, this study highlighted similarities in their experiences and gave voice to their individual experiences.

One key theme of Black feminist thought is to celebrate and understand Black women’s culture. This dimension of the theory places emphasis on uncovering Black women’s cultural experiences and exploring how African American women perceive the oppression that they experience (Collins, 1986). Collins (1986) defines culture as “the symbols and values that create the ideological frame of reference through which people attempt to deal with the circumstances in which they find themselves” (p. S21). This definition of culture suggests that cultural beliefs can continuously evolve based on experiences throughout a life span. Thus, understanding the cultural beliefs of African American women can shed light on how they cope with the daily oppression that they experience. Black feminist theory posits that cultural beliefs and values play a huge role in shaping how Black women view instances of “race, class, and gender oppression” (Collins, 1986, p. S22).

According to Collins (1986), sisterhood is an example of how culture impacts the lives of African American women. Sisterhood, in this case, stands for cultural feelings of loyalty and support for other African American women due to similar experiences of oppression. Sisterhood reveals how the shared experiences of African American women’s oppression influences how these women develop relationships with each other. This suggests a need for additional qualitative research about sisterhood to see how cultural beliefs and norms play in the stress perceptions of African American women, their coping responses, and how they behave within institutions that have oppression embedded in their structure. More specifically, this suggests a need for further research on sisterhood within social work institutions.
**Applications of Intersectionality and Black Feminism**

Black feminist thought has been utilized within current literature as a framework to help researchers conceptualize the multilayered experiences of African American women as it relates to discrimination and oppression (Collins, 2000). Howard-Hamilton (2003) states that theoretically framing research on African American women can be challenging because current theories do not consider the multiple roles and identities of Black women. However, Howard-Hamilton (2003) highlighted Black feminist theory as one of the “appropriate” theories to use when researching African American women (p. 19): As the experiences of African American women have been “shaped by so many outside influences,” Black feminism stresses the importance of allowing Black women to redefine their existence in society (Howard-Hamilton, 2003, p. 22). A qualitative study guided by Black feminist theory provides a platform for African American women in the social work field to define who they are and express some of the challenges that they experienced within institutions.

In an analysis conducted by Bell et al. (2000), Black feminist theory is used to explore the communicative experiences of African American women. In this study, Black feminist thought was used to articulate the differences in communicative perceptions of African American women. This study reveals that African American women often longed to develop meaningful relationships with other African American women. However, cultural differences impacted whether these women were able to develop these relationships. This suggests that there are endless possibilities in the communication and lived experiences of Black women due to cultural differences (Bell et. al, 2000). Black feminist theory provides the foundation for understanding that further exploration of African American women’s different standpoints is essential to unpack when researching their perspectives.
Intersectionality is a critical component of Black feminist theory. Much of the current literature on African American women have utilized an intersectional approach to highlight the multilayered experiences of Black women. In a mixed-methods study conducted by Settles (2006) an intersectional framework is used to explore the impact of race and gender on the well-being of African American women. Within this study a qualitative analysis is conducted to explore the rewards and difficulties associated with being a Black woman (Settles, 2006). Participants in this study identify stereotyping, discrimination, self-esteem, resources, and isolation as the most common themes (Settles, 2006). Among these themes, stereotyping in academic or professional spaces, discrimination, and feelings of isolation from other groups are categorized as challenges of being a Black woman. On the other hand, these women discuss positive feelings towards themselves and identify helpful resources. These include access to equal opportunity programs as a positive aspect of being Black women. Black women in the study also emphasize their race and gender and discussed how their combined identity impacted their experiences. Researchers in this study highlight that the intersectional framework “presented a way in which to consider, assess, and understand Black women’s lives and provided a greater depth and quality of information than might have been gained by looking at race or gender independently” (Settles, 2006, p. 599).

According to Thomas and Gonzalez-Prendes (2009), intersections of race, gender and class impede the ability of African American women to gain access to available resources. In another qualitative study conducted by Settles (2008), researchers use an intersectional framework to explore the role race plays in the gender perceptions of Black and white women. While the study reveals that there were some similarities in their self-perceptions due to their womanhood, the study also highlights that there were differences in their perceptions caused in
part by the racial-gender stereotypes that Black women experience (Settles, 2008). In a more recent study conducted by Lewis et al. (2017), an intersectional framework is applied to a study on the effects of gendered racism on the health and well-being of African American women. This study utilizes the Gendered Racial Microaggression Scale, Short Term Health Survey Version-2 and the Brief Coping and Problems Experienced Survey to explore the mental and physical health of Black women. The study reveals that experiences of “gendered-racial microaggressions predicted health outcomes” for Black women (Lewis et al, 2017, p. 481). These studies suggest that further exploration of the multiple oppressions that Black women experience is needed.

Within the social work literature, Black feminism is used to conduct studies on African American women and design culturally competent social work interventions that support this population’s holistic needs. In an article written by Williams (2000), a Black feminist model is highlighted as an important tool for bridging the gap between client concerns and historical experiences. This idea places emphasis on the importance of understanding how historical trauma and institutional oppression impact the lives of Black women. The Black feminist model focuses on “modes of psychological healing embedded in Black women’s historical transcendence and spiritual strength in the face of racist and sexist oppression” (Williams, 2000, p. 13). This model highlights the need for practitioners to develop social work interventions for Black women that include their cultural beliefs, provide messages of empowerment, and promote psychological wholeness despite the discrimination that they experience.

Jones and Harris (2019) also discuss using a Black feminist therapeutic perspective for interventions with Black women. A Black feminist therapeutic perspective is defined as an “intellectual and practical effort to use racial consciousness to place the authentic reality of Black women at the center of the therapeutic process” (Jones & Harris, 2019, p. 251). This therapeutic
perspective calls for practitioners to explore interventions that highlight the experiences of Black women as they relate to the discrimination that they experience within institutions (Jones & Harris, 2019, p. 251).

A Black feminist therapeutic perspective focuses on exploring the psychological impact that internalized societal views of Black women have on their psychological wellbeing; accordingly, Black women are observed “within the confines of their reality” (Jones & Harris, 2019, p. 253). This perspective encourages therapists to collaborate with Black women to develop treatment plans that specifically reflect the needs of each client. Jones and Harris (2019) highlight three key components of Black feminist therapy which include affirming the experiences of Black women, understanding the impacts of internalized oppression, and assessing—with sensitivity—the experiences of Black women. The overall goal of this perspective is to provide a safe space in which Black women can denounce inaccurate social images, define themselves, and feel empowered to explore avenues that can result in positive mental health outcomes (Jones & Harris, 2019, p. 261). Based on these findings, among many others, my research utilizes Black feminism as a defining construct with an emphasis on intersectionality to guide questions, methodology, and implications throughout the study. Intersectional Black feminism was used to capture the real experiences of Black women working within social work institutions.

**Limitations of Utilizing Black Feminism and Intersectional Frameworks**

Although Black feminist theory and intersectionality provide an excellent foundation for exploring the stress experiences, coping responses, and workplace stressors for Black women working in the social work field, there are some limitations when using these frameworks. While Black feminism and intersectionality emphasize the multilayered experiences of African
American women, these frameworks do not explore the various systems that impact Black women’s lives. Other frameworks such as ecological systems theory and critical race theory provide frameworks for understanding the different systems that impact Black women and exploring the interactions between procedures and how oppressive policies affect these systems.

Developed by Urie Bronfenbrenner, ecological systems theory considers the impact that environmental systems have on human development and explores the reciprocal relationships between systems (Gitterman & Germain, 2008). The ecological systems perspective recognizes how each element “directly and indirectly influences” other systems within a person’s life (Gitterman & Germain, 2008, p. 53). This theory helps to explore the workplace supports and stressors for Black women working within the social work field. It lays the foundation for understanding how organizations impact workers on an individual level. This theory could have been used to highlight the multiple conflicting roles that Black women are expected to uphold by society and the multi-layered stress experiences they encounter due to those roles; however, it was insufficient. This theory does not shed light on the multiple intersections of oppression Black women experience within each system. Therefore, Black feminism and intersectionality are better suited for this study.

Critical race theory explores the role that racism plays in developing policies. According to Howard-Hamilton (2003), studies utilizing critical race theory revealed that “persons in power designed laws and policies that were supposed to be race-neutral but still perpetuated racial and ethnic oppression” (p. 22). Critical race theory explores the direct impacts that racism has on people of color and posits that dominant groups use race as a form of power and control to keep minorities at a disadvantage and maintain their power. Given this notion, critical race theory has been utilized in studies on Black women to address the need to change policies that directly
impact Black women’s quality of life. Critical race theory provides a background for understanding how racism is embedded within society’s structural foundation and considers the historical trauma of people of color when exploring policies. While this theory highlights the need for structural change and the role of oppression in Black women’s lives, Black feminism and intersectionality provide a framework better suited for understanding individual stressors that impact Black women. Therefore, an intersectional feminist approach was utilized in this study to highlight the unique stress experiences of Black women in the social work field and explore how institutions could support them in maintaining positive health and well-being.
Chapter 2: Literature Review

As further investigations of stress and coping among African American women working within the social work field is necessary, this literature review sought to begin such inquiry. The purpose of this review was to operationally define stress that can lead to burnout and coping for African American women. This section explored the workplace stressors that contribute to social worker burnout for women working in the social work field. This review examined the relationship between stress, coping, and health outcomes using an intersectional Black feminist perspective. This literature review began with a brief discussion of the intersectionality of oppression that African American women face in historical trauma related to multi-layered pressure. Intersectional feminism has been used as a foundation for understanding the complexity of oppression that African American women experience.

Next, this review provided a thorough examination of conceptualizations of stress concerning African American women. Research on stress as a determinant of health for African American women was explored to emphasize the need for a holistic approach to coping with stressors. This review explored factors contributing to social worker burnout and investigated the role that institutions played in decreasing social workers’ stress levels. This review also focused on various literature on coping. More specifically, the study delved into the coping strategies that have been identified among samples of African American women and highlighted the gaps within the literature associated with African American women and coping. Lastly, this review investigated the association between coping strategies and the presence of adverse physical and psychological health outcomes among African American women. An analysis of the literature supported the need for future studies to determine which coping strategies would effectively
decrease the likelihood of adverse health outcomes of stress among BWSW and the supports offered to Black women in the social work field.

**Power Dynamics and Oppression in the United States for Black Women**

Much of the oppression that African American women experience today can be attributed to racism and sexism embedded in United States history. Therefore, when exploring intersections of oppression for this population, it was important to include a brief examination of the role that power plays in the oppression of Black women. This section briefly explored various domains of power that contributed to Black women’s oppression in the United States.

Patricia Hill Collins (2000) highlights the role that power plays in the lives of African American women. As previously mentioned, oppression is heavily influenced by a population’s desire to gain power over another. Collins ‘matrix of domination literature explores the intersections of oppression from a Black feminist perspective and highlights four domains of power that impact African American women in society. She argues that structural, disciplinary, hegemonic, and interpersonal domains of power provide a foundation for understanding the complexity of the oppressive experiences of African American women and highlights sectors of dominance as they relate to structural foundations (Collins, 2000). The structural domain refers to subordinate roles assigned to African American women within institutions such as the workplace, school settings, banks and hospitals. (Collins, 2017). Despite their immense knowledge, African American women are forced to take on lower paying, secondary roles compared to that of their male and female counterparts. The disciplinary domain refers to the oppressive rules, regulations, and laws that govern institutions (Collins, 2017). This domain shapes the actions of staff as disciplinary actions are merged with institutional behavior (Collins, 2017). Institutional regulations can play a significant role in organizations’ oppressive
environment and may promote discrimination among staff. In this domain, oppressions such as racism and sexism are hidden behind rules and regulations.

An example of this can be viewed when discussing dress codes in specific work environments. At times, regulations regarding “work-appropriate hairstyles” are oppressive and discriminatory to people of color. In this case, organizational protocols mask the oppressive nature of this regulation while ostensibly promoting productivity and equality to justify the rule (Collins, 2017).

The hegemonic or cultural domain refers to the oppressive ideas created by the dominant group that have been passed through generations and have become normalized within today’s society. This domain tends to accept the oppressive experiences of African American women as normative, which provides justification for these practices (Collins, 2017). In this domain, dominant groups may be unaware of the oppressive nature of their actions as they are socialized to believe that their actions are acceptable. Lastly, the interpersonal domain refers to the experiences of oppression that are perpetuated through interpersonal communications. This domain impacts African American women daily as subordination is immortalized through interactions with peers (Collins 2017). The oppressive nature of interpersonal communications with others leaves African American women feeling like outcasts and devalues their existence. The multi-layered oppression experienced by African American women needs to be further explored in relation to their experiences of stress.

**Conceptualizing Stress**

This section briefly conceptualized stress as it was discussed in the literature. The purpose of this section was to examine various forms of stress and their impacts on an individual’s physical and mental health. This discussion provided a foundation for understanding
how African American women’s stress experiences differ from that of other women. Stress is a subjective term that manifests in individuals differently (Hall et al., 2012). Due to the subjective nature of the term, researchers have struggled to create one definition for stress that captures the experiences of everyone.

Stress is a response that is caused by one or multiple stressors. Stressors refer to people, places, or situations that result in feelings of stress. Stressors are defined in the literature as “environmental, social, or internal demands that require one to change his or her behavior pattern” (Budescu et al., 2011, p. 455). Stress can vary in intensity and is based on a person’s perception of the stressor. Thus, two people who have experienced the same incident may perceive it differently, resulting in varying stress levels. Stress can manifest physically and cause severe strain and tension. The research literature links stress to negative health outcomes and adverse effects on psychological well-being (Davis et al., 2018; Schneiderman et al. 2005; Woods-Giscombé & Lobel, 2008). Some of these health outcomes include upper respiratory disease, cardiovascular disease, human immunodeficiency virus, Alzheimer’s, heart disease, and obesity to name a few (Schneiderman et al., 2005). Also, stress is known to exacerbate autoimmune diseases, increase depression, and intensify anxiety (Schneiderman et al., 2005).

Stress can be separated into two major categories: chronic and acute. Compas (1987) states that “ongoing aspects of the internal or external environment” are complicit in the development of chronic stress (p. 277). Researchers suggest that individuals constantly faced with challenges experience distress when they find little to no relief of those stressors (Compas, 1987; Hall et al., 2012; Lazarus & Folkman, 1984; Smith & Carlson, 1997). Chronic stressors leave individuals feeling overwhelmed as they are unable to manage their lives (Hall et al., 2012). The prolonged or recurrent exposure to stress with no resolve puts added pressures on the
body impacting physical and mental health (Compas, 1987). Examples of these stressors include losing a loved one, financial difficulties, and dealing with chronic health concerns. These stressors are intractable and often add severe pressure on the individual.

While stress is often associated with a negative connotation, positive events can also be considered stressful (Hall et al., 2012). As Gardiner and Kosmitzki (2011) assert in their work, positive stressors can lead to enhanced motivation and increased efficiency. These stressors along with other occasional instances of stress are often viewed as acute stressors (Compas, 1987; Hall et al., 2012; Lazarus & Folkman, 1984; Smith & Carlson, 1997). Compas (1987) defines acute stress as “changes in existing conditions or a disruption of the status quo” (p. 277). These stressors can include a school presentation, almost getting into a car accident, a job interview or misplacing a set of keys. Schneiderman et al. (2005) describe acute stress as not being linked to any long-term health risks as stressors; they are often mild and resolved rapidly.

Other literature suggests that stress is related to a person’s ability to create solutions to respond to their stressors (Bacchus, 2008; Smith & Carlson, 1997). Lazarus and Folkman (1984) define stress as “exposure to stimuli appraised as harmful, threatening, or challenging, that exceeds the individual’s capacity to cope” (p. 352). This theory posits distress as a result of lacking coping skills to deal with situations (Lazarus & Folkman, 1984). This definition highlights the idea that having coping strategies that are perceived as effectively reducing the stressor’s impact significantly alters one’s perception of stress. Hence, chronic stressors impact the physical and mental health of those experiencing them as they do not feel that they can overcome their stressors.
Black Women and Stress

Research suggests that African American women experience adverse health outcomes at disproportionately higher rates than other women (Woods-Giscombé & Lobel, 2008). These health concerns have been attributed to the chronic stressors that they experience on a daily basis (Warren-Findlow, 2006, p. 221). Despite substantiation that stress has a negative impact on health outcomes for this population, research on African American women is inadequate and fails to empower them to reject culturally oppressive societal views. Practitioners should work towards helping African American women develop strategies that can be used to decrease the health risks associated with stress (Woods-Giscombé & Lobel, 2008; Davis et al., 2018; Hall et al., 2012). Gaps in research have been linked to the complexity of the stress that these women experience, such as historical trauma, sexism, racism, daily microaggressions, and classism to name a few. Due to this complexity, researchers have struggled to define stress that encompasses African American women’s holistic experiences. As previously stated, to truly capture the stress experiences of African American women, the various intersections of oppression have to be explored (Everett et al., 2010; Hall et al., 2012). In a study conducted by Woods-Giscombé and Lobel (2008) researchers operationalize stress for African American women using three dimensions: race-related, gender-related, and generic stress. The study was explored in an attempt to identify African American women’s “distinct history, sociocultural experiences, and position in society” (Woods-Giscombé & Lobel, 2008, p. 2).

The purpose of this section was to define stress, specifically for African American women. This section also explored the unique stressors of African American women using three subcategories: race-related, gender-related, and generic stress. These categories provided a holistic view of the stress experienced by African American women and further explored
intersections of oppression for Black women and shed light on the areas in the literature that need additional exploration.

**Race-related stress.** Race is a social construct that categorizes people into groups based on their physical appearance (Higgenbotham, 1992). In some literature, researchers argue that race is biologically determined by the genetic makeup of each person (Higgenbotham, 1992). Other research reports that there is no scientific difference in genes across races therefore showing that race is based on physical characteristics socially determined by society (Angier, 2000; Clark et al., 1999; Jorde & Wooding, 2004). Associated with each race are stereotypical views that support the superiority of certain races while promoting the inferiority of others (Higgenbotham, 1992). Discrimination and oppression based on race is a form of racism which negatively impacts the quality of life for those targeted.

Despite its vast definition, one of the key components agreed upon by most researchers is the idea of racism as a form of power and control (Harrell, 2000; Higgenbotham, 1992). According to Harrell (2000) racism is “a system of dominance, power and privilege based on racial group designations” (p. 43). Harrell suggests that racism is “rooted in the historical oppression” of marginalized groups and thrives on societal privilege given to dominant groups (Harrell, 2000, p. 43). Categorizing people into groups based on race is strategically done by dominant groups to help maintain power (Higgenbotham, 1992). Stereotypical views entrenched into society keep minority groups oppressed while negatively impacting their psychological health.

Today, racism has shifted in its expression moving from overt forms of discrimination to covert forms (Harell, 2000, p. 43). Despite its shift to more subtle forms, racism still has negative impacts on the mental health of marginalized and oppressed groups. Microaggressions are
among these covert forms of discrimination and perpetuate stereotypical views of race, gender, and culture. Continued exposure to microaggressions over time can cause feelings of vulnerability, anger, isolation, and powerlessness (Robinson-Wood et al., 2015, p. 231). These aggressions degrade and depress African American leaving them questioning their sense of belonging within society.

Microaggressions are not only communicated through interactions with others but can also be expressed through images within the media. Today, stereotypical views are perpetuated through social media and television advertisements which send negative messages about race, gender, and class directly into the homes of African American (Littlefield, 2008). Through social media sites, daily news channels, and television shows, African American are bombarded with images of deaths fueled by racial discrimination, sexualized images of African American women or stereotypical depictions of African American in impoverished neighborhoods (Littlefield, 2008). Stereotypical views about race, gender, and culture are viewed or experienced everyday which leads to feelings of inadequacy and loneliness in African American (Robinson-Wood et al., 2015). The historical trauma associated with racism within the United States continues to play a role in the oppression currently faced by African Americans. It directly impacts their stress levels, physical, mental, and spiritual well-being.

African American women are often faced with racism in the form of microaggressions in the workplace and throughout their daily interactions. Current research explores microaggressions in three different forms that are reported to have varying impacts on marginalized groups. The three forms of microaggressions identified within the literature are microassaults, microinvalidation, and microinsults (Sue et al., 2007). Sue et al. (2007) define a micro-assault as an “explicit racial derogation characterized primarily by a verbal or nonverbal
attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions (p. 274). Micro-assaults are deliberate in nature and are manifestations of societal views towards the inferiority of minority groups (Sue et al., 2007, p. 274). This form of discrimination is reported to be the most overt of the three forms of microaggressions and are not as prevalent within the workplace.

The second form of microaggressions referenced within the literature is microinvalidation. Microinvalidation “excludes, negates, or nullifies” the experiences and feelings of people of color (Sue et al., 2007, p. 274). This form of microaggression is common within the workplace as instances of racial injustices are downplayed and ignored (Robinson-wood et al., 2015). African American women who try to address microaggressions within the workplace are often confronted by microinvalidation, having their concerns dismissed. Microinvalidation contributes to the powerlessness that these women feel. As a result, they are discouraged from speaking up for themselves within the workplace.

Lastly, Sue et al. (2007) state that microinsults are demeaning, insensitive remarks that are made towards a person’s heritage or identity. Microinsults are also prevalent within the workplace and are often unconscious in nature (Sue et al., 2007). Within the workplace microinsults convey a message that people of the minority group are not as qualified for the position regardless of their educational background (Sue et al., 2007, p. 274). Microinsults can occur nonverbally as well (Sue et al., 2007, p. 274). Nonverbal insults within the workplace usually occur when minority groups are ignored while trying to present ideas to coworkers and bosses (Sue et al., 2007, p. 274). Perpetrators of microinsults and microinvalidation are often unaware of their personal biases and stereotypical beliefs towards others (Sue et al., 2007, p.
Within the workplace, coworkers and bosses often lack knowledge of the effect their comments have on African American women’s mental health.

African American women are among those who have been impacted by microaggressions. Women who identify as African American are at a high risk for depression and anxiety triggered by racism (Szymanski & Lewis, 2016). This stress is referred to in literature as race-related stress and is reported to have “deleterious effects on the health and well-being” of African American women (Greer et al., 2009, p. 296). In a study conducted by Greer et al. (2009), their findings conclude that African American women experience worse health outcomes when exposed to racism as compared to their male counterparts. The literature also suggests that African American women are more vulnerable to race related stress associated with anxiety and obsessive-compulsive behaviors (Greer et al., 2009).

The relationship between psychological distress and perceptions of racism has been explored in much of the literature. Researchers argue that negative health outcomes caused by racism only occur if an individual’s perception of that event was negative (Clark et al. 1999, Franklin-Jackson & Carter, 2007). Franklin-Jackson and Carter (2007) assert that the perception of race-related stress is different for each person. For example, not all African American participants report experiences with race-related stress (Franklin-Jackson & Carter, 2007). Some of those who confirmed they experienced racism did not report any negative health outcomes (Franklin-Jackson & Carter, 2007). The authors suggest that everyone’s perception of racism is influenced by their personality, upbringing, past experiences, and personal beliefs about society (Franklin-Jackson & Carter, 2007). Two individuals who have experienced the same event at the same time may perceive the event differently due to their personal lens. Researchers use this example to explain why there are variations in racial experiences and racism-related stress.
reported by African Americans. Franklin-Jackson and Carter (2007) suggest that African-Americans’ perception of racism also depends on whether they identify with their race (Franklin-Jackson & Carter, 2007). Those who identify as African American are suggested to be more impacted by racism than those who do not. The study argues the importance of considering “racial identity as a lens for which racism is experienced” and explores the role that unsuccessful coping attempts plays in race-related stress (Franklin-Jackson & Carter, 2007, p. 7). Thus, perception is an important concept to explore when discussing the race-related stress responses of African American women. Additional research on how African American women perceive racism and the impacts that this perception has on their health would provide a broader understanding of the stress that these women experience.

Gender-related Stress. In addition to race-related stress, African American women also experience stressors based on their gender. Women experience “inequality, objectification, victimization, and discrimination” in the context of patriarchy (Schwartz & Lindley, 2009, p. 27). Women live in an inherently patriarchal society that perpetuates sexism and causes psychological distress (Szymanski et al., 2009). Sexism is defined as including gender-specific social acts of oppression that cause stress specifically for women (Szymanski et al., 2009). In society, women are expected to manage multiple roles of caregiver, provider, and partner, which can place a strain on their ability to tend to their personal and psychological needs effectively.

According to Woods-Giscombé and Lobel (2008), gender-related stress refers to gender discrimination. In a study conducted by Settles et al. (2008) researchers explore women’s perceptions associated with sexism. Researchers interview fourteen Black women and seventeen white women who describe bullying, sexual harassment, and under-appreciation at the hands of men. Study participants disclosed that gender discrimination occurred at a high frequency and
“in a variety of contexts, including families, schools, workplaces, and the community” (Settles et al., 2008, p. 463). Shooter-Gooden and Washington (1996) posit that “although American society devalues all women, among women, white women are idealized, and Black women are assigned a subordinate status” (p. 466). African American women experience a heightened form of oppression due to the intersectionality of racism and sexism. Research suggests that there is a correlation between sexism, racism, and psychological distress for African American women (Moradi & Subich, 2003; Woods-Giscombé & Lobel, 2008). Researchers highlight difficulties in distinguishing between the specific impacts of racism versus sexism for women; there is a need for additional literature specifying the individual impacts of these discriminatory constructs (Moradi & Subich, 2003).

**Generic Stress.** In addition to the racial and gender discrimination that African American women experience, they are also faced with generic stressors. Generic stressors include misfortunes, relational conflict, financial strain, or any other daily stressors (Woods-Giscombé & Lobel, 2008). For African American women, it can be difficult to distinguish between generic stress and gender/race related stress as discrimination can exacerbate generic stressors. “The double jeopardy of racism and gender-related stress may create a uniquely high level of vulnerability to generic stressors” (Woods-Giscombé & Lobel, 2008, p. 3). A generic stressor like economic stress can also be attributed to sexism or racism and lack of available resources. The combination of racism and sexism coupled with the generic stressors that African American women experience make their stress levels unique. Therefore, when exploring African American women’s stress responses, it is vital to recognize the intersections in which racism and sexism meet and the impact that this oppression has on the everyday stressors that African American women experience.
Some researchers suggest that African American women experience higher levels of stress due to the interactions between the various identities that they are expected to uphold within society (Szymanski & Stewart, 2010). The multiple identities of African American women are undervalued and marginalized. Identities based on their race, ethnicity, gender, and socio-cultural background are all negatively viewed within society adding to the stress that African American women experience (Settles, 2006; Szymanski & Stewart, 2010; Thomas et al., 2008). Gendered racism has been used in the literature to describe intersections of race and gender. Thomas et al. (2008) employ the term gendered racism to describe the interconnectedness of racism and sexism. “Gendered racism suggests that African American women are subject to unique forms of oppression due to their simultaneous Blackness and femaleness” (Thomas et al., 2008, p. 307).

Overall, the literature on African American women highlights the need for a more in-depth exploration of the complexity of stress experiences for African American women. Not only do these women deal with the generic stressors of everyday societal interactions, but they also experience discrimination based on various intersections of oppression. The social norms and interpersonal communications perpetuate the variety of oppressive experiences within institutions and social media. This constant exposure to negative images of one’s culture, micro-aggressions, chronic stressors, and discrimination has led to adverse physical health and mental health outcomes; this speaks to the need for additional research. Perceptions of stress related to adverse health outcomes in African American women need to be unpacked to improve African American women’s health and identify empowering coping strategies.
Super Woman/Strong Black Woman Schema

As previously stated, when referencing African American women much of the literature refers to this population as “Super Woman” or as the “Strong Black Woman” (Abrams et al., 2014; Davis, 2015; Jones & Shooter-Gooden, 2003; Woods-Giscombé, 2018). This schema is briefly highlighted for the purposes of exploring strength as a coping mechanism for African American women and sheds light on some of the conflicting ideas associated with these schemas. Across the literature, Black women are defined by their ability to “suppress fear and weakness, showcase strength, resist being vulnerable or dependent, constantly help others, and succeed despite limited resources” (Abrams et al., 2014, p. 504). These women are often expected to take on multiple conflicting roles such as caregiver and sole provider for their families (Abrams et al., 2014). With little to no backing, Black women are expected to independently support their households, while working full-time jobs, and raising children (Abrams et al., 2014). Often, this results in self-sacrifice as these women begin to neglect their own physical and mental health concerns to provide for their families.

Historical trauma, societal assertions, and family dynamics contribute to the internalization of the Strong Black Woman complex (Abrams et al., 2014; Nelson et al., 2016). African American women often feel obligated to take on multiple responsibilities embodying the image of strength that has defined them within society throughout history (Abrams et al., 2014; Nelson et al., 2016). As a result, research conducted on African American women suggest that the concept of strength has become an integral part of their identity as neglecting their own needs has become a norm (Littlefield, 2004; Nelson et al., 2016; Shooter-Gooden & Washington, 1996). In some households, African American women were taught strength by their families to protect them from the oppression experienced in society. Some literature views the strength of
African American women as the cause of their negative mental health outcomes, while Black feminism highlights the importance of understanding societal influences as it relates to their strength. According to hooks (2005), African American women suffer depression at the hands of societal norms and pressures as they are socialized to place their own psychological and social needs after the needs of others. From the perspective of Black feminism, African American women’s mental health concerns should not be viewed as a result of their own strong nature. To the contrary, this can be a direct result of the societal influence that views them as having a high tolerance for pain; this silences their voices and encourages them to be less assertive in advocating for their needs (hooks, 2005). This perspective empowers African American women to be more active in improving their mental health rather than succumbing to the societal pressures forced on them.

Across the literature, researchers have conflicting ideas as to whether the Strong Woman Complex is empowering or a hindrance to African American women (Abrams et al., 2014; Davis, 2015; Jones & Shooter-Gooden, 2003; Woods-Giscombé, 2018). In a study conducted by Nelson et al. (2016), thirty women are interviewed to explore their perceptions of the Strong Black Woman and Superwoman Complex. Researchers find that participants attribute five characteristics to the strength of African American women. These characteristics include controlling emotions, overcoming adversity, being independent, supporting family, and being a high achiever (Nelson et al., 2016). While each participant acknowledges the idea of strength in Black women, many express limitations to maintaining this strength (Nelson et al., 2016). Participants disclose that as a “superwoman,” African American women are expected to keep moving, be untrusting, and show no weakness. This often impacts their relationships as they struggle to be vulnerable and admit when they need support (Woods-Giscombe, 2010).
Maintaining the façade of not needing others can cause physical and mental distress as these women internalize needing others as a weakness (Watson & Hunter, 2016).

On the other hand, some participants view this schema as a coping strategy that promotes courage, self-reflection, and empowers women to stand tall in the face of their adversities. These women take pride in being viewed as a strong Black woman and assert that strength is also based on admitting one’s weaknesses (Nelson et al., 2016). Woods-Giscombé 2010 identifies a benefit of the Strong Black Woman complex as “survival despite personal obstacles, perceived inadequacy of resources, and unique life experiences attributed to the double jeopardy of being African American and female” (p. 12). Other benefits of embodying the Superwoman complex includes pride associated with supporting family members and being a role model for other African American women (Woods-Giscombé, 2010).

Resilience is identified as a key component contributing to the embodiment of the Strong Black Woman complex (Abrams et al., 2014). Resilience refers to characteristics that allow a person to “bounce back” or overcome circumstances of adversity (Abrams et al., 2014; Masten, 2001; Singh et al., 2012). Research on African American women identifies self-esteem, development of agency, spirituality, social supports, their children, internal locus of control, ancestry, and the Strong Woman complex as components contributing to the development of resiliency (Singh et al., 2012; Todd & Worell, 2000). In a study by Abrams et al. (2014), researchers interview 44 Black women to explore their definitions of the Strong Black Woman complex. Participants disclose that the survival of their ancestors in the face of oppression highlights resilience. “Reflections on ancestral resilience revealed a shared historical consciousness that empowered and motivated women to reconstruct and embody the resilient identities of their enslaved ancestors” (Abrams et al., 2014, p. 509). Many women in the study
feel obligated to exemplify resiliency as it has been ingrained in their DNA from their ancestors. Despite the strain that the Strong Black Woman complex puts on the mental health of Black women, these participants disclose that they must continue to move forward without succumbing to pressures of stress or asking for help (Abrams et al., 2014, p. 509). The various conflicting ideas surrounding African American women and coping in the literature suggest that additional exploration is needed. Research highlights the importance of organizations changing social structures and institutional cultures to shift ideas of self-care from solely on Black social workers' responsibility and hold institutions accountable.

**Social Worker Burnout**

This section briefly explored the concept of social worker burnout, highlighted literature on stress within institutions, and discussed the impacts of social worker burnout on African American women. The purpose of this section was to define social worker burnout as an additional stressor for African American women coupled with the intersections of oppression and generic stressors that they already experienced. This discussion focused on the need for institutions to facilitate safe work environments that support African American women’s health and wellness.

As previously stated, burnout is a response to work stressors that can result in “emotional exhaustion, depersonalization, and reduced self-efficacy” (Pyles, 2018, p. 201). Sánchez-Morena et al. (2015) assert that social workers are susceptible to burnout due to the demanding nature of their jobs. Sánchez-Morena et al. (2015) warn that social workers are an at-risk group for burnout caused by their constant exposure to clients in distress and their responsibility to assist those clients on a systematic basis (p. 2369). This definition of burnout suggests that burnout
results from chronic work-related stress associated with the social worker’s relationship with their clients and the institutions within they work.

Staff-client interactions are generally fueled by a range of complex feelings including embarrassment, fear, and despair given the client’s psychological, social, and physical concerns (Maslach & Jackson, 1981). Social workers are tasked with the challenging responsibility to assist clients in developing solutions for those concerns. Given the diversity of client situations, interventions vary across clients, limiting the support that social workers can provide. The constant exposure to clients under duress can cause chronic stress and lead to social worker burnout (Maslach & Jackson, 1981). Social worker burnout can result in psychological distress, emotional depletion, negative attitudes towards clients, reduced job satisfaction and staff turnover (Salloum et al., 2015).

Psychological manifestations of burnout include flu, lack of focus, exhaustion, lack of self-confidence, headaches, difficulty maintaining healthy interpersonal relationships, substance abuse, and lack of flexibility (Acker, 1999). Therefore, burnout has a huge impact on not only the social worker but also the clients that they serve and the institutions within which they work (Maslach & Jackson, 1981). As social workers begin feeling fatigued emotionally and physically by their jobs, the quality of job performance can decline (e.g., patient care impacted, administrative duties neglected, and community engagement decreases).

In a study conducted by Sánchez-Morena et al. (2015), burnout is explored in relation to psychological distress and social supports. The study samples social workers in Spain and utilized the Maslach Burnout Inventory- Human Service Survey to explore emotional exhaustion, depersonalization, and personal accomplishment. The study reveals that more than half of the social workers in the study report high levels of emotional exhaustion, which is highly associated
with burnout (Sánchez-Morena et al., 2015). These findings indicate the need for daily emotional management for social workers to decrease psychological distress and burnout levels. Pyles (2018) observes that institutions are responsible for making changes to their culture and structure that support the concerns of staff ultimately decreasing burnout. This idea shifts the responsibility of emotional management from solely on the social worker and holds institutions accountable for the health and wellness of their staff. Hence, social worker health should be a collaboration between the social worker and institutions.

Social Worker Burnout in the Workplace

Compassion fatigue and compassion satisfaction have also been highlighted in the literature on burnout. Compassion fatigue, also known as vicarious trauma, refers to the constant “exposure” to someone who is “traumatized or in crisis” (Pyles, 2018, p. 201). In the social work profession, social workers are responsible for providing compassionate care and crisis intervention during times of intense trauma. For some social workers, institutions have little resources available to support large caseloads of clients. The demanding nature of the profession can at times be taxing as institutional resources outweigh institutional expectations of workers and client needs. Compassion satisfaction “refers to the pleasure one derives from being able to do his or her work effectively” (Craig & Sprang, 2010, p. 322). It has been linked to personal feelings of accomplishment and growth which can decrease vicarious trauma and burnout (Craig & Sprang, 2010; Pyles, 2018). These definitions are crucial in understanding burnout within institutions as organizations play a vital role in increasing compassion satisfaction and decreasing compassion fatigue.

In a study by Craig and Sprang (2018), researchers explore the use of evidence-based practice on “compassion fatigue, burnout and compassion satisfaction” using a sample of trauma
specialists (p. 319). The overall goal of the study is to determine if utilizing evidence-based practices can impact reported feelings of compassion fatigue, burnout, and compassion satisfaction. Evidence-based practice in this study refers to trauma assessment and treatment trainings provided for trauma specialists. The results of the study reveal that when exposed to evidence-based practices, trauma specialists report decreased feelings of vicarious trauma and burnout and increased feelings of compassion satisfaction (Craig & Sprang, 2018). This study highlights the need for institutions to provide social workers with a tool kit to address client needs better.

In a longitudinal study by Maslach and Leiter (2008), burnout is studied to explore early indicators of job dissatisfaction. The study highlights key components of burnout within institutions. These components include workload, control, community, fairness, rewards, and values (Maslach & Leiter, 2008). Literature suggests that higher workloads increase exhaustion, ultimately “depleting the capacity of people to meet work demands” (Maslach & Leiter, 2008, p. 500). This illuminates the need for additional staff within institutions to spread out the work more evenly among staff. Control, role ambiguity, and fairness are also identified as impacting burnout rates among staff. Control refers to a staff person’s ability to be involved in decision making within an organization; ambiguity refers to unclear roles and lack of direction at work (Maslach & Leiter, 2008). Fairness refers to how “equitable” decisions within the organization are confirmed to be (Maslach & Leiter, 2008, p. 500). These terms emphasize the need for clear worker responsibilities and a collaborative decision-making process among staff and workers.

In addition, studies reveal that lack of rewards provided for staff in the workplace also increased staff burnout (Maslach & Leiter, 2008). Lack of recognition from clients, institutions, and colleagues for the work that staff complete plays a major role in staff burnout. This suggests
that when staff feel recognized for their work, they may feel a sense of accomplishment and pride in their position. An open and inclusive community of supporters is also highlighted as important when exploring burnout. Supportive supervisors, family members and colleagues shift the responsibility of staff to provide patient care on their own and create a collaborative space of shared responsibility. Maslach and Leiter (2008) affirm that institutional values “attract” a person to their job (p. 501). Burnout can occur within institutions when there is a gap between institutional and staff personal values. This implies a need for institutions to bridge the gap between a social worker’s personal values and organizational values through open communication and training. The research of Maslach and Leiter (2008) suggests that burnout is imbedded in the culture of the institution. Therefore, addressing issues of burnout is not the sole responsibility of staff but the onus of institutions as well.

Pyles (2018) encourage institutions to explore their culture and structure to address instances of staff burnout; this can promote healing justice within organizations. Healing justice, as coined by the researcher, refers to platforms and practices of healing and empowerment embedded within “structures, patterns and cultures” in an organization (Pyles, 2018, p. 198). Organizational structure in this context refers to “how an organization’s activities are allocated, coordinated and supervised, as well as with how information, communication and accountability flow” (Pyles, 2018, p. 203). This definition puts forth the idea that social work organizations need to include staff in decision making and provide them with social supports to decrease instances of burnout. On the other hand, organizational culture refers to assumptions surrounding norms of behavior within a particular environment (Pyles, 2018). The culture of an organization consists of values, norms, language, and assumptions that are modeled by colleagues and perpetuated by worker expectations. An example of a social service organization’s culture can be
the language that staff uses when referring to the people they serve such as clients, patients and consumers. When a new staff member enters the environment, they will begin to pick up on the language used and adapt to the new language at work. Another example of culture within organizations relating to self-care is the organization’s practices around taking time off, vacations, and breaks.

As staff members take time off in some agencies, there is a scramble from other staff members to take over their responsibilities. In an organization where the staff is already overworked and overwhelmed, using leave time often means that other colleagues will have to split someone else’s work and complete their own. This creates a culture within the agency where taking time off is not viewed favorably. As a result, staff often avoid taking time off in fear of their colleagues’ criticism. Thus, an organization’s culture can be changed or reinforced by staff and institutional values. Therefore, to effectively decrease burnout within institutions, structural and cultural changes must be made.

**Self-Care for Black Women in the Workplace**

Within the social work literature, there is an emphasis placed on teaching self-care practices to social workers. In kind, the literature suggests that learning self-care strategies helps to decrease instances of social work burnout and vicarious trauma. According to Lewis and King (2019), practices of self-regulation and self-reflection should be taught to social work students. In addition, emphasis should be placed on ensuring that social work students are aware of their personal biases when working with clients. In a study by Lewis and King (2019), undergraduate social work students participate in practicum that include self-care education and strategies. The study reveals that students involved in the practicum feel that they “gained new knowledge and insights pertaining to the usefulness of incorporating self-care strategies to help balance their
lives and manage stressful situations” (Lewis & King, 2019, p. 105). While self-care is important in decreasing the stress levels, institutional changes need to be made in tandem to support social work staff and promote compassion satisfaction.

Many institutions preach about the importance of self-care, implying that social workers are to blame for declines in health due to them not utilizing effective self-care practices. However, maintaining the overall health of Black women working in the social work field needs to be a joint effort between the social worker and the institution. In a study conducted by Bailey et al. (1996), researchers explore the impact of social supports on race and gender to gain a better understanding of how institutions can support African American women in the workplace. The study reveals that providing social supports to white men and women help to decrease depression and strain in the workplace. However, for Black women, social supports have no impact on their well-being. The study argues that the culture of organizations in which Black women exist is quite different from their culture at home.

Bailey et al. (1996) posit that “the culture of large organizations has been determined primarily by white men” which makes the transition from home to work easier for white men and women as compared to Black women (p. 302). These researchers also state that the “home life of white men and women may be more similar to their work environment allowing greater transfer of support from work to home” (p. 303). This article highlights the role that the institution’s culture has on Black women’s health and wellness. More specifically, this study underlines the need for cultural changes within organizations that provide a safe and supportive environment for Black women and considers their specific concerns. While there is a need for cultural differences in social work organizations to support African American women, there is extraordinarily little research detailing how Black social workers would like to be supported.
This study adds to this knowledge and provides action steps for enhancing the well-being of African American women in the social work field.

**Conceptualizing Coping**

Not only does this study explore how institutions can support BWSW, but it also explores coping strategies that African American women find effective in decreasing their stress levels. This section aimed to gain a better understanding of how coping is defined in the literature. This section briefly explored various forms of coping and laid the foundation for understanding the role that coping plays in decreasing stress. As previously stated, coping refers to a person’s ability to manage perceived demands and stressors. In the literature, coping is contingent upon a person’s perceived ability to overcome the stressor. Some researchers suggest that stressors do not have an impact on adverse health outcomes, but “rather the coping mechanisms employed determine the health outcome” (Vines et al., 2006, p. 3). Everett et al. (2010) suggest that individuals work daily to minimize the pain of stressors which can decrease harmful effects.

In the literature, coping is separated into two main categories: maladaptive and adaptive (Littleton et al., 2007). Maladaptive coping refers to strategies that provide temporary relief but do not provide a definite solution to the internal or external concern (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). Examples of maladaptive coping including substance use, social isolation, avoidance, and emotional withdraw to name a few. On the other hand, adaptive coping increases functioning and identifies the root of the stressor (Lazarus & Folkman, 1984). Adaptive coping strategies can include but are not limited to meditation, journaling, and reaching out to others for support. While these two categories are mainly expressed in the literature, researchers have not reached a consensus on the different types of coping.
Problem-focused coping and emotion-focused coping are also discussed in the literature (Folkman & Moskowitz, 2004; Littleton et al., 2007). Problem-focused strategies occur when a person understands what is causing the stress and develops a plan to manage that stressor (Littleton et al., 2007). This coping strategy is used to create solutions to solve the stressor and does not consider the emotional responses the stressor triggers. On the other hand, emotion-focused strategies refer to managing feelings of emotional anguish through “disengaging from emotions related to stressors,” reaching out to others or venting for emotional support (Littleton et al., 2007, p. 977). More specifically, emotion-focused coping allows an individual to explore their emotional response to the stressor. Some researchers argue that problem-focused and emotion-focused strategies can be both adaptive and maladaptive depending on the stressor (Littleton et al., 2007). This idea can be useful when exploring coping strategies for African American women such as those associated with the Strong Black Woman and Superwoman schemas; they have been discussed as avoidance strategies and viewed as a form of empowerment for these women.

Differences in class, economic location, culture, past experiences, morals, and upbringing play a major role in how people cope with stressors. Jones and Ford (2008) state that Black feminist theory emphasizes the importance of considering multiple intersections of oppression when exploring African American women and distress. Therefore, assisting BWSW to consider these intersections can decrease depressive symptoms by helping them “recognize how the internalization of socially constructed identities has contributed to their depressive symptoms” (Jones & Ford, 2008, p. 137). Practitioners should focus on helping African American women reject the negative societal thoughts about their culture, identify their multiple conflicting
identities, discuss intersections of oppression, and recognize daily life stressors (Jones & Ford, 2008).

Tobin et al. (1989) highlight coping using the terms approach coping and avoidance coping. Approach coping is seen as adaptive as it is based on gaining knowledge of the stressor and developing tactics to decrease the stressor. In contrast, avoidance coping is viewed as a maladaptive strategy as it is highly focused on pretending that the stressor does not exist (Littleton et al., 2007; Tobin et al., 1989). While this strategy decreases distress, the solution is often temporary and resurfaces later in life (Tobin et al., 1989). Researchers also subdivide these two categories further describing adaptive approaches as problem/behavioral approaches or emotional/cognitive approaches and maladaptive approaches as problem/behavioral avoidance or emotional/cognitive avoidance (Littleton et al., 2007). The problem-behavioral approach refers to actively strategizing to resolve the issue while the emotional/cognitive approach refers to exploring, managing, and addressing emotions that are associated with the stressor (Littleton et al., 2007).

In comparison, problem or behavioral avoidance is defined in the literature as disengaging from situations or stressors while emotional/cognitive avoidance is defined by not acknowledging emotional responses to stressors (Folkman & Moskowitz, 2004; Gross, 1998). Overall, the consensus in the literature on coping is that some coping strategies actively help to work through managing stressors, while others temporarily provide relief.

A study conducted by Tobin et al. highlights eight primary coping strategies most consistently used throughout the literature: “problem solving, cognitive restructuring, social support, expressing emotions, problem avoidance, wishful thinking, social withdrawal, and self-criticism” (1989, p. 355). The literature suggests that coping strategies like problem solving,
cognitive restructuring, seeking social support, and expressing emotions to others could be considered more adaptive strategies; problem avoidance, wishful thinking, social withdrawal, and self-criticism were more maladaptive strategies (Tobin et al., 1989). In a meta-analysis conducted by Littleton et al. (2007), researchers explore the relationship between coping strategies used and psychological distress. Investigators discover that there is a significant correlation between avoidance coping and psychological distress (Littleton et al., 2007). This suggests that avoidance coping is a maladaptive strategy; this highlights the need for additional research on the specific coping strategies and their impacts on psychological distress (Littleton et al., 2007).

Post-traumatic growth is another schema within the literature that has been used to describe coping. This term refers to “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004, p. 1; Jayawickreme & Blackie, 2014, p. 312). Despite the high-stress event, post-traumatic growth can occur when strengths are identified when facing the problem or a good outcome is a result of addressing an issue (Tedeschi & Calhoun, 1996). This concept posits that following a traumatic event, people can experience a profound improvement as a result of the trauma (Tedeschi & Calhoun, 2004). The literature suggests that there are five domains in which individuals see positive changes after a traumatic event: personal strength, spirituality, new possibilities, social relationships, and appreciation of life (Grad & Zeligman, 2017; Tedeschi & Calhoun, 2004).

Tedeschi and Calhoun (2004) describe personal strength domains. People who overcome a traumatic event equipped with the confidence that then they can deal with anything would have characteristics reflected in this type of domain. In their study, they assert the idea that the trauma has highlighted for the individual how strong they truly are as they thrive after experiencing such
adversity. This type of post-traumatic growth can lead to experiences of spirituality; those overcoming a trauma either have an increase in religious or spiritual sensibility or have a heightened sense of purpose (Tedeschi & Calhoun, 2004). In this domain, individuals may feel that a Higher Power has helped them overcome the adversity which increases their spiritual awareness. The spiritual domain is closely linked to the domain of new possibilities. The domain of new possibilities suggests that after overcoming trauma, some people have a new outlook on life which gives them the courage to try new things.

The domain of social relationships suggests that following a trauma, some people have a different appreciation for developing meaningful relationships with others or notice that their social support network grows. This domain suggests that coping is based on social support networks and proposes the idea that relationships can be strengthened following a trauma. Lastly, trauma can bring about a new appreciation for life, change in priorities or a new-found joy in the small beauties of life (Tedeschi & Calhoun, 2004). Despite these positive feelings suggested by post-traumatic growth, the traumatic event itself can still elicit feelings of distress, sadness, and anger. This suggests that post-traumatic growth is an emotional response that allows people to reestablish meaning in their life after a traumatic event rather than being overwhelmed by the circumstances of their challenging experience. This schema and other literature on coping provide a foundation for understanding how coping is discussed in the literature. Post-traumatic growth offers insight into the impact that historical trauma can play in African American women's stress and coping experiences. Specific literature on the coping strategies of African American women was explored to identify whether the definitions in this section applied to African American women.
Black Women and Coping

The purpose of this section was to emphasize the gaps in the literature and explore the need for future research surrounding how African American women cope with their multilayered stress experiences. The Strong Black Woman and Superwoman complexes were explored to discuss strength as a form of coping for African American women.

Everett (2010) advances the premise that “to understand stress and coping among Black women, it was necessary to further explore the interlocking effects of race, gender, and social class on these stressors and their effects on the women’s ability to cope with the consequences for their health, emotional, and psychological well-being” (p. 31). In a study by Thomas et al. (2008), researchers seek to assess the experiences of gendered racism for African American women and explore if coping “serves as a mediating variable between gendered racism and psychological distress” (Thomas et al., 2008, p. 307). The women in this study report that much of their experience with gendered racism occur through interpersonal communications at work and among strangers.

Overall, researchers find commonality in the experiences of African American women as many report daily instances of gendered racism. Researchers find that regardless of the coping strategies used, racism and sexism still have lasting impacts on the psychological well-being of African American women. In this case, the coping strategies used do not decrease adverse health outcomes. The study concludes that additional research is needed to further explore perceptions of gendered racism, how this form of oppression impacts the mental health of African American women, and coping strategies used to combat the health effects associated with oppression (Thomas et al., 2008).
In another study conducted by Shooter-Gooden (2004), researchers use a questionnaire to study the experiences of racism and sexism for African American women. The study explores coping strategies used by African American women to combat health concerns caused by racism and sexism (Shooter-Gooden, 2004). The researcher finds that the coping strategies used by African American women to manage stressors associated with oppression were varied. These coping strategies are grouped into two categories: external and internal. In this case, external coping strategies are categorized based on whether the participant sought help from institutions, friends, and family while internal strategies were categorized by the individual's ability to work through their feelings on their own (Shooter-Gooden, 2004). African American women report using internal strategies such as prayer, utilizing ancestors’ struggles as motivation, and valuing oneself to cope with daily stressors (Shooter-Gooden, 2004). Through spirituality, faith, and positive sense of self, African American women within the study are able to overcome the challenges faced as a result of discrimination and oppression.

On the other hand, the external factors most used by African American women include utilizing parents, partners, and friends for support. Few of the women in the study report seeking counseling as an external factor. Shooter-Gooden note that while strategies used to address gender and racial biases are similar, strategies of avoidance are used more when combating racial rather than gender biases.

The concept of role flexing is also highlighted as a coping strategy in this study. This term refers to altering normal behavior to adapt to the environment; this practice can result in the loss of oneself (Shooter-Gooden, 2004). The researcher notes that role flexing is used by African American women when faced with racial biases. Women often tone down their “Blackness” to appear more like their white counterparts within the workplace. In contrast, when faced with
gender bias, these women do not become more masculine but embody the stereotypical gender roles associated with femininity. However, the women in this study do not feel as though they are compromising themselves or losing their sense of self. These women report that they are instead controlling their societal image rather than accepting the stereotypical views placed on them (Shooter-Gooden, 2004). This study suggests that there are additional questions that could be explored to further highlight the stress experiences and coping responses of African American women. These questions included the following:

How effective are these strategies in ameliorating the negative impact of racial and gender stress? How can African American girls and women be socialized and taught to enhance and use these internal coping resources?... Are some strategies more effective than others? Does it depend on the particular type and form of racial or gender bias? (Shooter- Gooden, 2004, p. 423)

Overall, researchers stressed the need for further exploration to better understand how African American women can work towards managing the physical and psychological effects of oppression. The health and wellness of BWSW need to be a collaboration between African American women and institutions. Therefore, additional research needs to be conducted to explore coping strategies that these women deem adequate and how institutions can be supportive.

Implications for Dissertation Research

BWSW have unique stressors due to historical trauma, intersections of oppression, daily stressors, and cultural exclusion within institutions. The literature highlighted in this review suggests that the combination of everyday stressors coupled with intersections of oppression and subordinate power dynamics paint a unique picture of African American women’s stress
experiences. Researchers argue that African American women have distinct stress experiences such as race and gender-related stressors that exacerbate the impact of generic stressors. Despite this knowledge, current research struggles to aggregate these dynamics, limiting their understanding of the role that stress plays on the well-being of African American women. Therefore, additional qualitative research is needed indeed to unmask the stress experiences of African American women.

Structural and cultural factors within social work organizations add an extra layer to BWSW experiences. Current admonitions for social workers to practice self-care arguably blame social workers; this uniform approach fails to hold institutions accountable for their role in supporting African American women’s positive health. The literature in this review highlights the importance of the workplace embracing the onus to provide a culture for Black women in support and consideration of their specific needs. However, there is a gap in the literature discussing the stress perceptions, coping responses, and workplace stressors for Black women within institutions. This study allows Black women to shed light on their experiences and the support that they need.
Chapter 3: Methodology

Given significant gaps in the literature, there is a need to research the stress experiences, coping responses, and workplace stressors for BWSW. As previously stated, Black feminism suggests that Black women have unique stress experiences caused by the various intersections of oppression that they experience. Given this knowledge, interpretivism was the overarching theme used in this study. Interpretivism operates on the assumption that “reality is socially constructed, that individuals develop subjective meanings of their own personal experience, and that this gives way to multiple meanings” (Bloomberg & Volpe, 2012, p. 29).

This paradigm suggests that through conversation, observations, and individual perceptions, personal meaning is formed (Heppner & Heppner, 2004). Therefore, an interpretivist approach was used in this study to highlight the stress experiences and multiple stress realities of Black women. This section provided a detailed discussion of how this study highlighted the experiences of BWSW through data collection procedures. This section also discussed the study’s overall research design, sample recruitment strategies, data collection methods, and data analysis plans. Overall, this section shed light on how this study effectively created conditions in which BWSW’ stories were captured using qualitative approaches.

Research Design

Qualitative methods were used in this study to capture the authentic perspectives of Black women in the social work field. In alignment with interpretivist ideals, qualitative methods were used in this study to capture how Black social workers defined stress, how they described their manifestations of stress, the coping strategies they used to decrease their stress levels and supports/stressors within their workplace regarding their stress. As Heppner and Heppner (2004) assert, qualitative research is utilized to explore the meaning of phenomena from the perspective
of study participants. This information can be collected through interviews, visual text, artifacts, and case studies. The main purpose of qualitative research is to gain meaning through the lived experiences of a particular population. “Qualitative research is suited to promoting a deep understanding of a social setting or activity as viewed from the perspective of the research participants” (Bloomberg & Volpe, 2012, p. 27). In this study, Black women were given the opportunity to share their specific stress experiences, discuss coping strategies that have helped to decrease stress, and explore how their workplace could change agency culture to be more supportive to their needs.

Creswell and Poth (2018) offer five main qualitative approaches that can be used to conduct qualitative inquiry. These approaches include narrative research, phenomenology, grounded-theory, ethnography, and case study (Creswell & Poth, 2018). Of these five approaches, phenomenology was best suited for this study. A phenomenological study “describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon” (Cresswell & Poth, 2018, p. 74). The overall goal of phenomenological research is to gain a better understanding of the “essence of the experience” for a particular population (Cresswell & Poth, 2018, p. 103). Given the fact that the stress experiences for BWSW are unique based on the intersections of oppression that they experience, phenomenology was used to allow Black women to define their experiences.

There are two types of phenomenological approaches highlighted in Creswell and Poth (2018). These approaches include transcendental phenomenology and hermeneutical phenomenology. Transcendental phenomenology focuses on the specific experiences of participants but calls for the researcher to “set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination” (Creswell & Poth, 2018, p.
On the other hand, hermeneutical phenomenology refers to the analysis of written text or verbal communication by a researcher (Sloan & Bowe, 2013). In this case, language is used to provide historical and cultural contexts for both the researcher and participant (Sloan & Bowe, 2013). Given my position within the population studied as a social worker who identifies as Black, hermeneutical phenomenology was used to account for researcher positions within the data collection and analysis process.

Hermeneutical phenomenology focuses on “illuminating details and seemingly trivial aspects within experience that may be taken for granted in our lives, with a goal of creating meaning and achieving a sense of understanding” (Laverty, 2003, p. 24). Hermeneutic phenomenology not only considers participants’ experiences but is highly focused on their relationship to the world around them. Understanding the role that society, institutions, oppression, and discrimination play in the lives of BWSW as it relates to their stress is imperative. Given that white male ideologies dominate institutions silencing the voices of BWSW, hermeneutical phenomenology gives voice to their realities which have been stifled for decades. This approach allows researchers to explore the link between stress experiences and the social, cultural, and political context through the lens of intersectional Black feminism (Lopez & Willis, 2004). According to Creswell and Poth (2018), hermeneutical phenomenology also takes into consideration that “phenomenology is not only a description but is an interpretative process in which the researcher makes an interpretation of the meaning of the lived experience” (p. 77). Thus, hermeneutic phenomenology was utilized in this study as it allowed the researcher to interpret data collected and encourages the researcher to find meaning within the text based on researcher assumptions (Laverty, 2003, p. 24).
Role of the Researcher

Exploring the health and well-being of Black women is imperative. As a Black woman, I experience instances of oppression and discrimination daily. Existing within a society that has historically undervalued the lives of Black women and men is of particular concern. It has impacted my physical and mental health. Constantly navigating through oppressive societal structures, I have been belittled in spaces that claim to be inclusive, experienced direct attacks on my culture, womanhood, and background. Health care professionals have disregarded many of my health concerns until the concern turned into more significant medical issues that could only be treated with surgery or daily medications. These examples are only a few of the injustices I have faced throughout my personal and professional journey. In my experience, the stressors associated with juggling work, educational, and home responsibilities have been exacerbated due to the discrimination that I faced.

In addition to being a Black woman, I am also a Licensed Master Social Worker (LMSW) who has worked in the social work field for six years. In my experience, my work responsibilities and expectations have very often exceeded the time and resources allotted. While the nature of my work is rewarding, I feel overwhelmed due to the constant institutional shift in expectations and the lack of support from supervisors. I often feel the need to suppress my personal feelings to provide quality care to my clients. While ensuring that each client’s needs are completed, there is minimal emphasis on how institutions can support their staff’s health and wellness.

While self-care is often emphasized in rhetoric, the suggestion is that my well-being is not actually prioritized within the institution and should be explored outside of work hours. For example, constant images of police brutality and the death of people of color in the media have
been devastating and demoralizing. As a Black woman, I live in constant fear for myself, loved ones, and all people of color. At work, there has been little or no mention of the effects that these injustices have on the mental, physical, and spiritual health of clients and staff. Instead, I am expected to adjust to continually shifting rules, schedule changes with no notice, and manage any additional tasks assigned to me during the day. As social workers, we are trained to encourage clients to acknowledge and share their feelings and reach out for help when needed. In contrast, many social work institutions encourage social workers to suppress their feelings and needs while providing care. As we work to change oppressive institutional policies and procedures, we must also promote tangible changes within the structure of organizations that support staff; this can decrease social worker burnout.

My positioning within the population that I studied drives my passion for my research. As I conducted this study, I focused on authentically capturing the various stress experiences of the women within my research. I explored how they cope with stressors and discussed how social work institutions could provide a supportive organizational culture that promotes the positive health of Black women in the social work field. My overall goal was to feature the voices of study participants hoping that my research would encourage further exploration of Black women’s health and wellness. As a social worker, I vowed to support social justice and enhance the well-being of vulnerable populations. Therefore, I am responsible for advocating for Black women working within the social work field, ensuring that they are provided with resources that decrease stress levels and enhance their overall well-being.

Data Collection Setting

The University at Albany’s Institutional Review Board (IRB) prohibited face-to-face data collection methods until further notice, but electronic data collection methods were allowed. Due
to the IRB restrictions and COVID-19 mandates, semi-structured interviews in this study were conducted electronically. When utilizing electronic data collection methods, researchers must acquire informed consent from all participants and protect the privacy of all participants. Zoom Video Communications (Zoom) were used in this study as the sole data collection tool. Zoom is an electronic video conference tool that allowed me to conduct individual and confidential interviews with participants without having face-to-face interactions. Utilizing this online data collection method ensured that participants could engage in the study without being exposed to COVID-19. Zoom offered the ability for the researcher to record each interview and provide transcripts for each recording. I utilized this feature of Zoom as it provided detailed transcripts that were useful when analyzing the data. The interviews were all recorded, and efforts were made to protect the confidentiality of each participant. See below for more details regarding considerations for study participants within the Protection of Human Subjects Section.

**Study Sample**

The sample for this study consisted of 17 self-identified Black women (e.g., having ancestry of African, Afro-Caribbean, and Caribbean descent). Participants were given the option of specifying their ethnicity as the term Black encompasses many sub-groups. It was important for the researcher to delineate how these women identify ethnically as current research fails to highlight the differences between these sub-groups. The women who participated in this study were all social workers (i.e., have a bachelor’s, master’s, or doctoral degree in social work from an accredited social work educational institution). Social workers with professional licensures and certificates were also welcomed to participate in this study (e.g., LMSW, LCSW, ACSW, and LCSW-R). A detailed description of how these women were identified and their educational backgrounds are provided in Chapter 4: Findings.
In order to capture the workplace stressors within agencies for BWSW, participants had to work within a non-profit or public institution and agree to share their experiences. Due to COVID-19 mandates, participants also had to have access to Zoom electronic video technology. This section described study recruitment methods and highlighted how these methods had been used in previous studies with Black women.

**Recruitment**

In an effort to truly capture the stress experiences and coping strategies of BWSW, I recruited 17 participants. According to Creswell and Poth (2018), a qualitative study using phenomenology typically varies in size from 5 to 25 individuals. Thus, I conducted individual interviews with 17 Black women working within the social work field. I used a combination of convenience and snowball sampling as the recruitment methods in this study. Fliers were utilized in this study as one of the recruitment methods; this is further discussed in the convenience sample and the IRB sections later in the dissertation. The fliers included study purpose, eligibility requirements, time commitment, incentive information, and my contact information. See Appendix A for the recruitment flier.

**Convenience Sampling.** Convenience sampling is a nonprobability method of collecting data from participants “where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included” in the research sample (Etikan et al., 2016, p. 2). This form of sampling allows the researcher to accept any participant that fits the inclusion criteria and is willing to participate in the study. As a result of limited financial resources, a convenience sample proved to be the best way for me to collect data on the stress experiences of Black women. Availability of participants was a significant factor used to fill participant slots.
Participants were selected based on the order that they expressed interest. Whether they met the study criteria, were willing to assent to the research and provided informed consent were also considerations.

Given my current position as a Black woman working within the social work field and my connections at the University at Albany and the University of Saint Joseph, I utilized my networks to recruit women for my study. Electronic fliers detailing the purpose of the study and inclusion criteria were sent to the School of Social Welfare’s listserv at the University at Albany and the Director of Social Work at the University of Saint Joseph. Also, electronic fliers were posted on social media sites such as Facebook, Instagram, and Twitter. I also sent the recruitment flier to the Executive Director of the National Association of Social Workers (NASW); she agreed to send the flier to the Black social workers in her networks. These recruitment efforts were used to encourage a diverse sample of participants.

**Snowball Sampling.** In addition to convenience sampling, snowball sampling was used in this study. Snowball sampling is a recruitment method in which a researcher finds a few participants with the desired characteristics for the study and uses each “person’s social networks to recruit similar participants in a multi-stage process” (Sadler et al., 2010, p. 370). Noy (2008) indicates that snowball sampling occurs when the researcher utilizes an informant to provide contact information of other informants who fit within study criteria. The researcher then reaches out to identified informants who provide additional contact information for other informants (Noy, 2008). This process continues until researchers have the desired number of participants needed for the study. In this study, I identified Black women working within the social work field who were considered informants. My position within the population that I studied allowed
me to use my networks to identify informants who fit the study criteria. Willing informants were asked to provide contact information of other informants who matched the study criteria.

Previous studies have utilized snowball sampling to successfully recruit Black women (Fernander et al., 2010). Given the historical trauma and mistrust associated with research for Black people, snowball sampling was utilized as a strategy to promote trust. Informants provided contact information for their acquaintances and shared the study information through word of mouth. Utilizing informants encouraged BWSW to participate in the study and openly share their stress experiences.

**Data Collection Method**

Creswell and Poth (2018) state that data collection involves “anticipating ethical issues involved in gaining permissions, conducting a good qualitative sampling strategy, developing means for recording information, responding to issues as they arise in the field, and storing data securely” (p. 147). Previous sections have highlighted sampling strategies and ethical considerations. This section provided an understanding of how the data was collected to capture the authentic experiences of Black women working in the social work field. Kafle (2011) suggests that hermeneutical phenomenology is used to highlight the lived experiences of individuals through interviews and observations. In this study, I conducted semi-structured interviews that lasted approximately an hour and a half. The interviews did not exceed two hours and were conducted to capture the lived stress and coping experiences of BWSW.

**Semi-structured Interviews**

Semi-structured interviews were used in this study as the main data collection method and were recorded using Zoom software. A semi-structured interview is a discussion between an individual and a researcher. “Although the interviewer prepares a list of predetermined questions,
Semi-structured interviews unfold in a conversational manner offering participants the chance to explore issues they feel are important” (Longhurst, 2010, p. 103). Semi-structured interviews require the researcher to develop a list of questions and a schedule for which the main topics of the study will be covered (Fylan, 2005). As this form of data collection is not rigid, it provides researchers with the opportunity to discuss sensitive and private topics guided by the individual. This form of interviewing proved to be helpful when exploring the stress experiences of BWSW.

As previously stated, research questions aimed to capture the multilayered stress experiences and coping responses used by Black women working in the social work field. More specifically, this study sought to understand the stress that BWSW experience in their daily lives and within the institutions that they work. In addition, I explored the institutional supports in place for these women within their workplace and perceived stressors that contributed to an increase in the stress levels of study participants within the organizations they served. The overall goal of the study was to identify how institutions could provide support to BWSW that promote positive well-being. Semi-structured interviews were useful within this study as they allowed the life experiences of each participant to dictate the direction of the interviews. All participants' life experiences and perceptions were used to gain insight into definitions of stress for Black women and highlighted the factors contributing to their stress level.

An interview guide was created in alignment with the previously listed research questions. The interview questions reflected four main categories of inquiry that highlighted experiences of BWSW: stress perceptions, manifestations of stress, coping and institutional supports/stressors. The following is a list of sample interview questions from each section:

1. **Stress Perceptions:** When you think of the word stress, what comes to mind?
2. **Manifestations of Stress:** Based on the definition that you provided, when you feel stressed, describe how your body feels.

3. **Coping:** Describe what activities you do to help decrease your stress levels.

4. **Workplace Supports/Stressors:** Tell me about the organizational culture where you work in terms of taking time off and taking breaks during the workday?

See Appendix C for a complete list of the interview questions that guided each interview in this study.

**Protection of Human Subjects**

In qualitative research studies, it is the responsibility of the researcher to ensure that the participant’s information is protected, secured, and remains confidential. In this study, extra precautions were taken to ensure that each participant knew their rights as a participant and ensured that their identities were protected. Throughout each stage of the study (e.g., recruitment, data collection, and data analysis), ethical considerations guided efforts to maintain the safety of the BWSW who shared their experiences. This section discussed ethical concerns, how these were addressed and explored how I maintained compliance with the University at Albany’s Institutional Review Board (IRB) standards. As per Creswell and Poth (2018), prior to conducting a study, researchers must seek university approvals. The IRB at the University at Albany reviews studies to ensure that human subjects were protected during the entire research study. The purpose of IRB is to monitor each research project to promote participants’ safety and well-being. All research projects must be reviewed and approved by IRB prior to recruitment. Prior to sending out fliers requesting voluntary participation for the study, I submitted a complete IRB study application including all supplemental documentation (e.g., research questions, sample fliers, recruitment scripts, and training certificates). My IRB application was accepted,
and I was granted permission to proceed with collecting data. IRB requires researchers to use their institution’s email for recruitment. My University at Albany email was added to all fliers along with my cell phone number. Potential participants were encouraged to contact me if they were interested in participating in the study. IRB prohibited all studies that required face-to-face interactions; therefore, all recruitment and data collection were electronic.

**Voluntary Participation**

All participation in this study was voluntary. In accordance with the University at Albany’s IRB, all potential participants were informed of the study’s purpose, potential risks, and confidentiality protocols before agreeing to participate in the study. Each participant was provided the IRB study number as a reference and contact information for IRB staff in the case of needing to address any personal concerns. See Appendix B for the Recruitment Script that was read to all potential participants. Participants who assented to the research were asked for their contact information and scheduled for an interview.

**Benefits to Study Participation.** There were no direct benefits to the study participants other than the relief associated with sharing their experience, being listened to, and having their feelings validated. Broadly, this research held implications for the social work practice in that findings could directly benefit the well-being and resilience of BWSW. Potentially aggregating participant responses will contribute to institutional change that can promote emotional support for BWSW. Emotionally healthy social workers benefit society by providing focused service provision to vulnerable populations. The study aimed to provide BWSW with a platform to discuss their stress experiences and promote positive health and well-being for participants.

**Risks to Study Participants.** Study interview questions caused minor discomfort and created some anxiety surrounding the topics discussed. Experiences of stress, coping, racism,
sexism, and social work burnout caused uncomfortable feelings for study participants; some became emotional. As a trained Licensed Master Social Worker, I am well versed in basic social work skills for mental health service provision. I responded to the individual needs of each participant during their interview (e.g., validating their feelings and offering them time to take a break). In addition, after each interview, participants were sent a thank you letter, which included a list of potential resources that they could utilize if they needed additional mental health support. These measures helped to mitigate any unintentional risks due to study participation. All participants successfully completed the interviews and provided thoughtful insight into their experiences. All study participants were reassured that participation in this study would not affect their employment and that their identities were protected.

**Incentives.** All participants in this study were offered a $20 electronic Amazon gift card for their participation. Each participant was asked to provide an email address that they would prefer to use for their gift card. The incentive was given to participants to reward them for their participation in my study upon its conclusion. After sending the incentives, participants were contacted via text or email to ensure they received their incentives. In addition, a thank you letter was created and shared with all participants, expressing the importance of their contributions to research on the stress experiences of BWSW.

**Data Protection and Data Management.** Creswell and Poth (2018) suggest that when beginning to conduct a study, researchers need to “disclose the purpose of the study,” be sensitive to the needs of participants, and ensure that participants are not pressured into signing study consent forms (p. 55). In this study, I spoke with all participants informing them of the study’s purpose and reiterated that their participation in this study was voluntary. All participants were informed that they could stop participating in the study at any time and that they did not
have to answer any questions to which they did not wish to reply. Also, at the beginning of all interviews, I informed participants that the interview was being recorded. All identifying information (e.g., name and job) was left out of research findings to maintain confidentiality. After five years of securely storing these recordings, the interviews will be deleted (Creswell & Poth, 2018). I sent an email to all participants with a consent form detailing the purpose of the study, voluntary participation, and confidentiality. Participants were asked to electronically sign and return the consent form via email before participating in the study. On the day of the interview, I also reiterated participant consent information and asked all participants to provide verbal consent prior to beginning the interview.

Best practices in ethical considerations during the data collection process should include ensuring that researchers were being truthful with participants and addressing concerns associated with researcher and participant power dynamics (Creswell & Poth, 2018). In keeping with recommendations described in the work of Creswell and Poth (2018), I accounted for these ethical concerns by discussing how the data would be used after it was collected. I also avoided “leading questions, withheld sharing personal impressions, and avoided disclosing sensitive information” to research participants that could sway their responses in any way (Creswell & Poth, 2018, p. 55). Creswell and Poth (2018) also suggest that ethical researchers should not “use” participants for information without “giving back” as a professional practice (Creswell & Poth, 2018, p. 55). As aforementioned, all participants in this study received a $20 electronic Amazon gift card for their participation.

During the data analysis stage of this study, considerations were explored to ensure that participants’ privacy was always respected, and that data was not manipulated to highlight desired results. To account for this, I included all participants’ views and ensured that their
voices were heard. To protect participant privacy, pseudonyms and random five-digit identification numbers were assigned to all participants and personal information was not shared (Creswell & Poth, 2018). This ensured that the privacy of each participant was respected. Lastly, ethical considerations were considered when reporting data findings. Creswell and Poth suggest that researchers must “avoid disclosing information that would harm participants”; they should also avoid plagiarizing—communicate results clearly—and avoid falsifying findings (Creswell and Poth, 2018, p. 55). In keeping with these recommendations, this multi-faceted approach was employed to ensure ethical issues were considered and protocols employed so that my participants were safe, respected and protected throughout the study.

**Validation of Data**

Validation of data in qualitative inquiry refers to the “accuracy of the findings as best described by the researcher and the participants” (Creswell & Poth, 2018, p. 256). To validate qualitative data, researchers must conduct validation strategies; such measures increase confidence that study findings will appropriately reflect the true experiences of study participants (Creswell & Poth, 2018). Furthermore, Creswell and Poth (2018) suggest that validation strengthens qualitative inquiry as researchers spend time building rapport with participants to ensure that the data collected is accurate. While there are many approaches to qualitative validity, this study utilized practices to engender “trustworthiness”—as referenced by Lincoln and Guba (1985) and described in greater detail in the section that follows—to ensure that study findings are reliable. This section explored trustworthiness as a form of qualitative data validation for the study. This section highlighted the five methods (e.g., credibility, dependability, confirmability, transferability, and authenticity) that were used to ensure the accuracy and reliability of the data collected.
Trustworthiness

Lincoln and Guba (1985) suggest that trustworthiness strengthens the value of a qualitative study (Amankwaa, 2016). In quantitative inquiry, rigor is determined by internal validity, external validity, reliability, and objectivity (Amankwaa, 2016). Lincoln and Guba (1985) have developed the term trustworthiness which provides criteria for maintaining rigor when conducting a qualitative inquiry. According to Lincoln and Guba (1985), trustworthiness refers to how reliable, applicable, consistent, and unbiased a study is. Within the paradigm of trustworthiness, there are five methods to establish rigor within a qualitative study. These terms include credibility, dependability, confirmability, transferability, and authenticity (Cope, 2014).

This section explored Lincoln and Guba’s paradigm in-depth and discussed how I ensured that my study captured the authentic stress experiences of BWSW.

Credibility. Credibility refers to how confident the researcher is that the research findings capture an accurate picture of the participant’s experience (Amankwaa, 2016). Cope (2014) states, “a qualitative study is considered credible if the descriptions of human experience are immediately recognized by individuals that share the same experience” (p. 89). In addition, Cope (2014) suggests that to ensure that findings reflect the experiences of study participants, researchers should allow participants to provide feedback after data is collected. In this study, member checking was utilized to offer each participant the opportunity to clarify whether the researcher had accurately captured their thoughts. After coding and analyzing each participant’s interview, I sent an email to some participants providing my analysis of their responses. Each participant was asked to identify if my assertions were accurate, provide feedback and offer any additional information to clarify their perceptions. Once each participant responded to the email, and I incorporated their feedback into the study findings. This process helped to strengthen the
credibility of my study. In addition to member checking, I also utilized other researchers to check the themes that I developed. The researchers were asked to provide feedback surrounding the themes and offer opinions on other themes that I may have overlooked or misinterpreted. This practice added credibility to my study and ensured that I captured the essence of my participants’ experiences.

**Dependability.** The replicability of a study is marked by its dependability (Cope 2014). A qualitative study is considered dependable when the study can be repeated by other researchers and yield the same or similar results (Amankwaa, 2016). Lincoln and Guba (1985) suggest that to ensure that a study is dependable a researcher must have an inquiry audit conducted on their study. An inquiry audit is conducted by a researcher who has not been directly involved in your study. During an inquiry audit this researcher “examines both the process and the product of the research study” (Amankwaa, 2016, p. 122). This process is conducted to ensure that the all the research is accurate and that all findings are supported with data (Amankwaa, 2016). In this study, I had a student researcher serve as my inquiry auditor. The researcher was provided small portions of the analyzed data and was asked to review the data collected, themes generated, and findings to provide feedback on whether study findings had been supported by the data collected. All feedback was incorporated into the study analysis. This additional step of completing an inquiry audit further ensured that my findings were dependable and reflected each participant’s experience.

**Confirmability.** Confirmability refers to the researcher’s ability to demonstrate that the data collected “represents the participant’s responses and not the researcher’s bias or viewpoints” (Cope, 2014, p. 89). Cope (2014) suggests that confirmability can be demonstrated by adding direct quotes into the findings. Doing so serves to highlight study themes and provide the
researcher with an understanding of how findings were derived. Confirmability was shown in this study in multiple ways. For example, I remained transparent about my position within the population I studied. In this case, my position as a Black women social worker played a significant role in the way I interpreted the data collected. In the study, I incorporated direct quotes into my findings, but I also sought confirmation regarding whether the explanation I provided was thorough. Taking these steps (i.e., member checking and inquiry audit) were of the utmost importance so I and those who read this research can have confidence in how my themes were developed from the data collected.

**Transferability.** Amankwaa (2016) describes transferability as occurring when the researcher demonstrates that the findings can be utilized with other populations. Lincoln and Guba (1985) suggest that transferability can be achieved in a study when researchers provide a detailed description of the phenomenon being studied and substantively explore whether findings can be transferred across other populations. While stress is experienced by all populations, the intersections of oppression that BWSW experience coupled with their work stressors makes their stress experiences unique. In the study, I suspected that the stress experiences of BWSW were vastly different than other populations. Therefore, the findings in this study surrounding Black women social worker stress definitions may not be transferrable when exploring other populations.

**Authenticity.** Authenticity—similar to confirmability—is “the ability and extent to which the researcher expresses the feelings and emotions of the participant’s experiences in a faithful manner” (Cope, 2014, p. 89). Authenticity allows the voices of the participants “to shine” as direct quotes are used to highlight their thoughts and feelings. This allows the reader to get a clear picture of how the phenomenon has impacted study participants emotionally (Cope
In this study, I discussed with each participant their definition of stress and explored how they managed their stress levels within the institutions in which they work. As previously stated, member checking and direct quotes were utilized to ensure that my analysis of the data collected was authentic and genuinely reflected the thoughts and feelings of each participant. Further exploration of data analysis plans is detailed in the section below to ensure research findings were trustworthy and reflected the experiences of each participant.

**Data Analysis**

Creswell and Poth (2018) provide a detailed description of how to effectively analyze qualitative data collected using phenomenological methods. Their work places a high importance on the researcher exploring how the data will be represented, coded, interpreted, and how themes will be developed prior to beginning the analysis process. There are three main data analysis strategies that are highlighted within the literature to effectively analyze qualitative data (Creswell & Poth, 2018). These data analysis strategies include organizing the data, “reducing the data into themes through a process of coding and condensing the codes” and “representing the data in figures, tables or a discussion” (Creswell & Poth, 2018, p. 183). This section delved deeper into each data analysis strategy and explored how the data collected in this study were analyzed.

**Transcription Process**

The Zoom transcription feature was used to develop the initial transcription for all 17 participants. While each transcript was fairly accurate, connection malfunctions, participant accents, and the use of slang proved difficult for the Zoom transcription feature to capture words spoken accurately. In order to ensure the accuracy of each transcription, I compared each transcript to its corresponding recording. This process was done in alignment with the principles
of trustworthiness to ensure that each transcript reflected the actual experiences of study participants. Organizing the data was the next step in the data analysis process. I created digital files for the data and developed a system that clearly identified the data collected (Creswell & Poth, 2018). After reviewing each transcript for accuracy, I began to separate each transcript into four sections based on the interview questions outlined in Appendix C (i.e., stress definitions, coping strategies, stress manifestations, and workplace supports/stressors).

Organizing the data also involved identifying which qualitative data analysis software was best suited to store the data. I created a consistent “file naming system” that made the data easily accessible while also maintaining the anonymity and confidentiality of the research participants. Atlas.ti was chosen as the software to store, manage, and code data. More information detailing how Atlas.ti was used is discussed in the next section. In order to ensure participant anonymity, each participant was given a unique five-digit identification number and a pseudonym. All data was then uploaded into Atlas.ti and labeled by the participant identification number. De-identifying or redacting the data was done to maintain participant confidentiality and provided an efficient system for distinguishing between participants' responses.

**Atlas.ti**

ATLAS.ti software was used to manage, organize, and synthesize all data. According to Creswell and Poth (2018), ATLAS.ti is a qualitative data analysis program that enables users to organize, code, annotate, and compare data collected. Many qualitative studies have utilized ATLAS.ti to store and analyze data collected on the perceptions of Black women (Flash et al., 2014; Waite & Killian, 2009). This software provided a safe space for me to compile, organize, and create themes that captured the stress experiences of BWSW. All data were stored on a password-protected computer to safeguard the participant’s confidentiality.
Theme Generation

Utilizing Creswell and Poth’s (2018) phenomenological qualitative data analysis strategies as a guide, I began with the first interview and developed a list of statements that highlighted participant experiences (e.g., feeling unheard, experiencing microaggressions, and managing heavy workloads). Next, I grouped similar words in interviews into broader categories (e.g., hopelessness, structural racism/sexism, and unrealistic work expectations). This step began the process of generating more significant themes or codes, clustering repetitive statements. Using ATLAS. ti allowed me to create codes for selected participants until saturation occurred. During this stage of the coding process, researchers are encouraged to pick diverse samples of data and create as many codes as they can within that data. Using this strategy allowed me to apply the codes identified from a small group of participants to all the participants in the study. In this phase of the analysis process, phrases that alluded to stress, coping, burnout, and workplace culture were grouped into large categories. Within those large categories, I looked for subcategories reflecting physical, mental, spiritual, and emotional manifestations of stress, workplace stressors, workplace supports, and intersections of oppression, to name a few. I used both existing patterns that have been highlighted in the literature on BWSW—a deductive strategy—and inductive methods, which allowed each participant to highlight new themes based on their unique experiences. The categories were used to highlight various stress perceptions that these women experienced, physical manifestations of stress, and the coping strategies that they used to decrease stress. Creswell and Poth (2018) also suggest that the researcher begins to develop a textual description of participant experiences as a next step. This involves developing a detailed description of what the participants experienced as it relates to
their stress levels, coping strategies, and workplace stressors (Creswell & Poth, 2018). In this step, I included direct quotes from participants that highlighted their experiences.

After creating a textual description of the experiences of BWSW, I developed a structural description. According to Creswell and Poth (2018), when creating a structural description, researchers explore the “setting and context in which the phenomenon was experienced” (p. 201). In this case, information as to the places where BWSW experience stress was essential to capture. Lastly, I developed a composite description of the experiences of BWSW. A composite description is a discussion of what the participants reported about their experiences with the phenomenon and how they experience it (Creswell & Poth, 2018). BWSW shared that most of their stress experiences were related to their work responsibilities. Additional details surrounding study findings are discussed in Chapter 4: Findings.

**Inquiry Audit**

As previously stated in accordance with conducting the study to reflect trustworthiness practices, an inquiry audit was conducted with Dr. Kaydian Reid of the University of Saint Joseph. Dr. Reid performs research on the experiences of Black Caribbean women. She provided exceptional insight into the codes that were developed as part of the process to analyze study data on the experiences of BWSW. The inquiry audit was performed utilizing the Zoom platform; Dr. Reid was presented with small sections of de-identified data and asked to provide her thoughts on what themes emerged from the data. The themes identified by Dr. Reid were compared to themes that I generated to ensure that the themes accurately represented the thoughts, feelings, and experiences of study participants. Dr. Reid and I concurred on the data presented regarding stress experiences, coping responses, stress manifestations, and workplace
stressors for study participants. Further discussion of these themes is provided in Chapter 5: Discussion.

**Member Checking**

During each interview, I incorporated member-checking strategies. Namely, I paraphrased participant statements to highlight observed themes and asked for clarification when needed. These strategies proved helpful as study themes were generated during each interview by each participant. In addition, member checking was conducted with some participants after performing an inquiry audit and finalizing study themes. In instances where further clarification was needed, participants were contacted by email and asked to confirm whether I had captured their experiences accurately. I provided each participant with a paragraph synopsis of their interview and a list of the themes that emerged from our discussion. They were asked to respond within 48 hours, providing me with feedback and clarification of their responses. After receiving their responses, I examined their input and made the necessary changes to study themes. Each participant was made aware of the member-checking protocol during the consent process. Each participant agreed to be contacted. During the data analysis process, my overall goal was to voice BWSW' experiences of stress and highlight coping strategies used to deal with those stressors. Given the aforementioned methods, I am confident that the experiences highlighted in Chapter 4 reflect the accurate perceptions of all study participants.
Chapter 4: Findings

The qualitative research study was conducted to advance knowledge on stress and coping experienced by BWSW. Utilizing a hermeneutical phenomenological approach, I interviewed 17 self-identified Black women working within the social work field. My multiple identities (i.e., Black, woman, and Caribbean social worker) and the semi-structured nature of the interviews created a safe environment for participants to candidly share personal and intimate details about their private and professional lives. Study interviews were structured to gain responses to five major categories: stress perceptions, stress manifestations, coping strategies, workplace stressors and workplace supports. Each category was constructed to fill the gaps in research knowledge regarding experiences particular to that of BWSW. In addition, the data collection efforts aimed to gain recommendations from BWSW on how their workplace could support them in decreasing workplace stress. An intersectional Black feminist approach was used to provide a foundation for understanding the multilayered experiences of BWSW and highlighted how the overlapping expectations associated with their compounded identities impacted their stress levels.

Five research questions structured the reporting of study findings as follows:

1. How do BWSW define stress, and what factors contribute to their stress perceptions?
2. How do BWSW describe their physical, mental, spiritual, and emotional manifestations of stress?
3. What coping strategies do BWSW use to decrease the impacts of daily stressors?
4. What workplace stressors contribute to an increase in stress levels with social work institutions?
5. Regarding the stress of Black women working within the social work field, what are workplace supports provided to promote positive health and decrease stress level?
Following data analysis, five salient themes and subthemes addressing the gaps in current literature surrounding BWSW’ stress and coping were highlighted. The salient themes include the following:

Theme 1: Stress Perceptions for BWSW
Theme 2: Stress Manifestations for BWSW
Theme 3: Coping
Theme 4: Workplace Stressors
Theme 5: Recommendations for Workplace Supports

This chapter was organized by reporting aggregated demographic characteristics from the 17 study participants and significant findings from the analyzed data. Direct quotes from study participants were used to highlight their stress experiences. Study findings shed light on the stress of participating BWSW’ experiences through direct quotations and the shared encounters of all participants.

**Participant Demographics**

Participants were 17 self-identified BWSW who worked in various settings across the United States. Study participants lived and worked in eight states: Delaware, Massachusetts, New Hampshire, New York (i.e., Brooklyn, Bronx, Binghamton, Albany, Schenectady, and New Rochelle), North Carolina, Ohio, Texas and Virginia. Although all study participants self-identified as Black, each participant was given the opportunity to provide specific ethnicity information regarding how she identifies. Demographic data reveals that of the 17 women, 5.9% (1 participant) identified as Black, 47.1% (8 participants) identified as African American, 5.9% (1 participant) identified as African American/Black and 41.2% (7 participants) identified as African American/Caribbean. African American/Caribbean participants reported being born or
having parents born in Jamaica, a country in Africa, Barbados, and Haiti. Further explanation of
the importance of providing all participants with the opportunity to self-disclose their identity
was included in Chapter 5: Discussion.

Participants ranged in age from 26 to 53 years of age, with a mean age of 36 years. When
asked about their relationship status, 52.9% (9 participants) of BWSW in this study reported
being single, while 11.8% (2 participants) divorced and 35.3% (6 participants) are married. Most
of the study participants reported that they were not the sole provider in their household with
58.8% (10 participants) reporting that they share their household responsibilities with partners,
children, or roommates. The annual individual income of the respondents was split between three
income categories with 31.3% (5 participants) ranging from $50,000 to $74,999, 31.3% (5
participants) ranging from $75,000 to $99,999 and 37.6% (6 participants) making over $100,000
yearly. One participant did not provide annual household income information. Of the 17 BWSW
in this study, 70.6% (12 participants) did not have children, while 29.4% (5 participants) had
children ranging in age from 4-years-old to 22-years-old.

Approximately, 94.1% (16 participants) reported that their highest level of education was
a master’s degree in social work from an accredited school of social work, while 5.9% (1
participant) disclosed that her highest level of education was a bachelor’s degree in social work.
Most of the women (82.4% or 14 participants) reported being a licensed social worker in their
state (e.g., LMSW, LCSW-R, LMSW, and LICSW). Experience within the social work field
ranged between 4 and 25 years of experience with 17.7% (3 participants) ranging between 0 to 5
years of experience; 35.3% (6 participants) ranging from 6 to 10 years of experience; 29.4% (5
participants) ranging from 11 to 15 years of experience; 5.9% (1 participant) ranging from 16 to
20 years of experience; and 11.8% (2 participants) ranging from 21 to 25 years of experience.
BWSW in this study also reported that they worked in non-profit and public institutions: 52.9% (9 participants) work in public institutions and 47.1% (8 participants) work in non-profit institutions. The study participants provided services for an array of populations in various settings, including child welfare, hospitals (e.g., dialysis and neurology), prisons, schools (e.g., high school and college), and foster care agencies. Participants' work expectations ranged from micro to macro responsibilities (e.g., community organizing, case management, comprehensive assessment, counseling, crisis de-escalation, and program development). Table 4.1 on the following page references the BWSW's sociodemographic characteristics.

Participants were asked to rate their average perceived stress levels for the last week, month and year on a scale of 1 to 10, with 1 being the lowest and 10 being the highest. Participants reported perceived stress levels on the higher end of the scale: they indicated a 6.2 average stress level for the last week; 7.3 average stress level for the last month; and an 8.1 average stress level for the last year. Findings indicated that study participants perceived high levels of stress in the last year as well. Stress was defined as including a combination of work-related, generic, race-related and gender-related stressors. When asked more specifically about their perceived stress levels in the workplace, findings showed that much of the stress study participants experience is linked to their workplace. When asked to rate their perceived workplace stress levels using the same scale, 35.3% (6 participants) rated their stress level between 3 and 5 while 64.7% (11 participants) rated their levels between 6 and 10, indicating high stress in the workplace. Table 4.2 on the pages that follow reports BWSW’s perceived workplace stress level.
Table 4.1. Black Women Social Worker Demographic Characteristics

Table 1
Sociodemographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>Black Women Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=17</td>
<td>N</td>
</tr>
<tr>
<td>Self-Identification (Ethnicity)</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
</tr>
<tr>
<td>African-American</td>
<td>8</td>
</tr>
<tr>
<td>African-American/Black</td>
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</tr>
<tr>
<td>African-American/Caribbean</td>
<td>7</td>
</tr>
<tr>
<td>Annual Individual Income ($)</td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>5</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>5</td>
</tr>
<tr>
<td>Over $100,000</td>
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<tr>
<td>Highest Social Work Degree</td>
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<td>Bachelor of Social Work</td>
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<td>Master of Social Work</td>
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<tr>
<td>Employment Setting</td>
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<tr>
<td>Non-Profit Institution</td>
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<tr>
<td>Public Institution</td>
<td>9</td>
</tr>
<tr>
<td>Years of Social Work Experience</td>
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</tr>
<tr>
<td>0 years to 5 years</td>
<td>3</td>
</tr>
<tr>
<td>6 years to 10 years</td>
<td>6</td>
</tr>
<tr>
<td>11 years to 15 years</td>
<td>5</td>
</tr>
<tr>
<td>16 years to 20 years</td>
<td>1</td>
</tr>
<tr>
<td>21 years to 25 years</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 4.2. Black Women Social Worker Workplace Stress Levels

Table 2
Perceived Workplace Stress Levels of Participants

<table>
<thead>
<tr>
<th>Participant Stress Levels</th>
<th>Black Women Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=17</td>
<td>N %</td>
</tr>
<tr>
<td>Perceived Workplace Stress Level (AWSL)</td>
<td>(1 = low stress and 10 = high stress)</td>
</tr>
<tr>
<td>3 PWSL</td>
<td>2 11.8</td>
</tr>
<tr>
<td>5 PWSL</td>
<td>4 23.5</td>
</tr>
<tr>
<td>6 PWSL</td>
<td>1 5.9</td>
</tr>
<tr>
<td>7 PWSL</td>
<td>5 29.4</td>
</tr>
<tr>
<td>8 PWSL</td>
<td>3 17.6</td>
</tr>
<tr>
<td>9 PWSL</td>
<td>2 11.8</td>
</tr>
</tbody>
</table>

Theme 1: Stress Perceptions for BWSW

The literature surrounding the stress experiences of Black women failed to provide a clear understanding of how BWSW perceive stress. Study participants were asked to share some of the words that came to mind when thinking of the term stress and provide a definition of stress that was specific to them. Pseudonyms were used for each study participant to protect their identity and ensure their confidentiality. Three themes emerged when exploring stress perceptions for these BWSW; they were dissimilar to current definitions of stress. Findings indicated that hopelessness, personal, and professional life balance, and responsibility all played a significant role in increasing the stress levels of study participants.

Hopelessness

Many of the participants characterized their stress levels by their inability to create realistic solutions to overcome their adversities. Findings suggested that BWSW in this study...
often felt intense hopelessness as they struggled to develop solutions to solve some of the circumstances in their lives. Hopelessness in the literature is defined as “negative expectations about oneself and the future” (Aubin et al., 2016, p. 106). Hopelessness for study participants refers to feelings associated with being unable to envision a solution to solving unpleasant circumstances. When asked to define stress specifically for herself, Tasha, who is a 39-year-old Jamaican American woman working in New York, shared these thoughts:

Being given more than I can bear mentally, emotionally, physically. Like being given more things than I can put my thought process to be able to think and feel confident in doing. Once I don't have the confidence in knowing I can do something and do it properly and accurately the stress will come.

Most of the participants in the study, including Tasha, reported overall high-stress levels; findings indicated that the research participants felt that they were unable to quickly change current life circumstances, which in turn added to their heightened stress levels. Similar to Tasha, Brenda, a 38-year-old African American woman working in Virginia, reported that stress for her could be defined as follows:

Just like I'm hitting a brick wall [in] every single way. I can't really get over the hurdles that are ahead of me and that really frustrates me not to be able to accomplish what I need to do so… I mean as Black women, we have a double negative against us. We're already women and then we're already a race that's considered not of the elitist class, so I think that it already puts extra barriers on us… Because it's always this idea is like people in general and Black women are supposed to be the strong culture, so we [are] supposed to manage and it’s not supposed to impact us, so they don't need to check in with us as often
because we are going to be able to manage through that. But no, we still have challenges that we face also.

Brenda shared that she was often frustrated with herself when she could not effectively create solutions to overcome her obstacles due to a societal expectation that Black women are “strong” and do not need additional support. The hopelessness of being unable to overcome her situation, coupled with the intense pressure placed on Black women to remain stoic in the face of adversity, added an extra layer to her stress; she attributed this to her high-stress levels.

*Personal and Professional Life Balance*

Another theme that emerged when exploring how the research participants perceived and experienced stress was personal and professional life balance. Findings indicated that study participants associated their stress with finding a balance between managing the demands of their professional life with the responsibilities and challenges in their personal lives. When asked what came to mind when she thought of the word stress, Chelsea, a 30-year-old African American mother of one attributed her stress to what she referred to as a “second shift.” She disclosed that after coming home from her full-time job, she had to switch gears and she began her second full-time job. She described this as “being a mom, clean[ing], planning, helping with homework and cooking. So that second shift comes into my mind a lot for women, but even you know more so for Black women.”

In addition to taking care of the household responsibilities as a parent, Cathy, a 32-year-old woman working in Delaware, shared that when she thought of the term stress, the words “overbearing, burnout and heavy load” came to mind. She attributed much of her stress to constantly working to gain financial stability. Findings indicated that for these BWSW, stress can be linked to their workplace responsibilities and their family, finances, and other personal
aspects of their lives. Shina, a 30-year-old woman, shared that when she felt stressed, she often had to identify which “sector” of her life the stress was coming from. Shina shared these observations:

> Work is a stressor, my family is just stressful…is it my friends, is it my romantic life? So, I mean automatically when I think about stress I go well, where is it? Where is it? Is this Monday to Friday stress? Like where is it? Because then, if I know where it's at, then I could try to figure out how we're going to deal with it.

Similar to other participants, Taylor described her stress as the constant struggle to balance “work and home” life responsibilities. She shared that much of her stress stemmed from trying to balance “everything that I have on my plate.” Findings indicated that there was a level of stress associated with addressing overlapping responsibilities within their personal and professional lives for BWSW in this study.

**Burden of Responsibility**

In addition to hopelessness and finding balance within their lives, findings indicated that many study participants also attributed their stress to the burden associated with their varying responsibilities. As previously discussed, Black women are often praised for their ability to sacrifice their personal needs to take care of the needs of others (Abrams et al., 2014). Study findings indicated that the constant pressure to provide for those around them and to be successful within the workplace contributed to the increased stress levels of BWSW in this study. Thus, the burden of responsibility refers to the weight of having to support everyone in one’s personal life and having to go above and beyond in white spaces to prove that Black women deserve their positions at work. Rebecca, a 29-year-old woman, disclosed that stress for her has reflected this conundrum:
Meeting an expectation of you know…being everything plus some. When it comes to a professional setting, you know, trying to be a better woman and partner and friend and family member… trying to grow spiritually trying to you know, bring peace…embrace generations of cycles that weren't really contributing to a good mental health …trying to break all of that. So, I would say stress for Black women… can be debilitating if we don't stay on top of it recognize it and call it for what it is.

Rebecca shared overwhelming feelings of needing to support everyone while also breaking generational cycles that teach Black women to neglect their health to cater to the needs of those around them. Similar to Rebecca, Taylor shared the following:

> Stress as a Black woman is unfortunately all too common… It's something that we all carry the weight of. I would say, we carry the stress of everyone… you know from work, from our loved ones to our children. I think we carry the stress of everybody on our shoulders.

In addition, findings indicated that study participants also felt a responsibility to go above and beyond their work expectations to prove their worth and change the negative perceptions of Black women in the workplace. Many women shared that there is pressure within the workplace to be perfect and to create opportunities for Black women who follow them. Some participants also shared that there is no room for failure as a Black woman because they are tokenized in white spaces and are expected to represent Black culture. Chelsea, a 30-year-old woman, working in a school setting, disclosed that she often felt like she needed to overcompensate at work. She shared the following reflections:
[Stress has an] impact on me in terms of overcompensating or not wanting to fail. So, I work extra hard and maybe even sometimes harder than I should be at the time, which is why I'm stressed… like I try to overcompensate or just go extra hard.

Many of the participants shared that they had an intense fear of perpetuating the stereotype of Black women being lazy, uneducated, and aggressive. When asked to define stress from her perspective, Aaliyah a 28-year-old African and Caribbean American woman pointed out this concern:

When I think about stress for Black women, I think about an expectation that Black women have to be able to deal with stress and not look like the angry Black woman.

[Black women have] to be able to hold up to a certain standard…that society kind of puts out for us that I feel puts us in a box that we have to live up to.

The constant struggle to create a positive narrative of Black women in the workplace forced participants to work twice as hard as their white counterparts to dispel stereotypical views. Alexis, a 31-year-old African American/Jamaican woman working as a trauma counselor in the criminal justice system, shared that she often felt tokenized at work. Her thoughts focused on diversity within socially constructed groups:

I think of me being…that token Black person in the room, and just kind of feeling like there's this… implicit expectation for me to be the person that speaks… on behalf of all Black people when all Black people aren’t the same. We all have had experiences related to the racism that's going on and that's been going on. And we always have you know, although we have this… similar foundation, we all have different perceptions and different varying degrees of how it impacts us.
Alexis’ experiences highlighted that some Black women felt additional stress within the workplace surrounding the impression that they needed to represent their culture in the work setting. Like Alexis, Brenda, a 38-year-old woman, highlighted the cultural burden of responsibility in her interview:

And then you know it's always a stigma too that they assume that Black people in general are lazy. And I sometimes feel like I have to, it's horrible, but I feel like I have to kind of break down that stigma as well to say no, we can come in here and we can handle business. Just like you all of the elitist class, we can do it, too. So, I feel like I have a duty to the rest of our culture to do my best.

Brenda’s experiences and that of many other participants highlighted additional pressure for Black women that forces them to strive for perfection in the workplace as coworkers and bosses may attribute their actions to their entire race.

**Theme 2: Stress Manifestations for Black Women Social Workers**

Another significant component of the study was exploring the physical, mental, emotional, and spiritual manifestations of stress for BWSW in this study. Holistic impacts of stress on study participants are further explored in the sections that follow.

**Physical Manifestations of Stress**

Physical stress manifestations reported by the BWSW in this study were similar to that of those that are identified in the current literature (Schneiderman et al., 2005). When asked to report physical manifestations of stress, participants shared that they experienced severe headaches; tension in their body; back pain; hair loss; heart palpitations; sleep disturbances; weight gain or weight loss caused by stress eating or loss of appetite and stomach pain; and tightness in their chest. In addition, some participants acknowledged that stress exacerbated
symptoms related to their pre-existing health conditions (e.g., high blood pressure and autoimmune diseases). Taylor, a 39-year-old African American woman, and a few others disclosed that they have been hospitalized because of unexplained medical conditions that participants attributed to high-stress levels:

It was an illness … I mean I was nauseous around the clock. I couldn't keep food down, like water…would make me vomit. I lost 60 pounds because I couldn't keep any food down… I was always dehydrated [and ended] up in the ER… like four or five times that year… It was me going to doctors and nobody could figure out what it was. They hospitalized me for a week and did all these tests but still couldn't figure anything out… It lasted a year… So, what I figured out is that it was stress…because it was like I said I was getting a divorce, leaving New York, and starting a new job, starting multiple jobs, and it was like I was under so much stress. My salary was cut in half, you know, all these different factors and it's such a tremendous toll on my body.

Findings associated with physical manifestations indicated that constant exposure to high stress had both short-term and long-term impacts on the physical health of BWSW in this study.

*Mental Manifestations of Stress*

Data regarding the mental health of study participants indicated that most of the participants had experienced feelings of depression or anxiety to the extent that counseling or medication was needed to reduce symptoms. A common symptom reported by study participants was racing thoughts. Participants disclosed that their mind was constantly on a loop as they (1) continuously replayed stressful incidents in their head and (2) continuously developed multiple scenarios in their mind until successfully creating a solution to solve their stressor. Some
participants shared that racing thoughts often impacted their ability to sleep and contributed to an inability to focus.

**Emotional Manifestations of Stress**

Study participants shared that they experienced several emotions when feeling stressed: despair, fear, worry, terror, powerlessness, overwhelmed, aggravation, anger, resentment, frustration, confusion, and sadness. Many participants expressed feelings of powerlessness, fear, and anger attributing this as having stemmed from their inability to develop solutions to alleviate their stress. Hopelessness turned into a combination of anger and sadness as BWSW in this study quickly sought to overcome adverse situations. When stressors lingered or could not be swiftly resolved, some participants reported increased anxiety and depression symptoms (e.g., loss of appetite, loss of energy, chest tightness, and inability to sleep).

**Spiritual Manifestations of Stress**

When asked if stress impacted their spirituality, study participants indicated that stress did not impact their spirituality in negative ways. However, participants identified religion and spirituality as resources for decreasing stress levels. Most study participants correlated their spirituality with their religious beliefs. Religion and spirituality played a crucial role in the lives of study participants as they leaned on religion to support them during their most stressful times. Spirituality in coping is explored in-depth within the coping section. Religion proved to be one of the major coping strategies utilized by BWSW in this study.

**Theme 3: Coping**

BWSW in this study utilized a wide variety of strategies to decrease their stress levels. The coping strategies that participants mostly used were mindfulness practices (e.g., deep breathing, meditation, and aroma therapy), physical activity (e.g., going to the gym and walking),
spirituality (e.g., praying and journaling), seeking professional support, taking anxiety or depression medication, reaching out to others for support (e.g., family, friends, and other Black co-workers), and entertainment (e.g., listening to music and watching television).

Of the 17 study participants, 16 of the women attended counseling, were looking for a counselor or had previously attended counseling for mental health concerns. In terms of medication, 7 of the 17 women have taken or are currently taking medication for various mental health concerns (e.g., anxiety, depression, ADHD, and sleep disturbances). As social workers, all the women highlighted the importance of seeking counseling as a resource to support them with their mental health concerns. Many participants indicated that they preferred having a Black woman for a counselor to address their mental health concerns. However, many of the study participants stated that they struggled to find a Black woman counselor in their area. On the other hand, participants working with white counselors shared that they felt comfortable with their current counselor because cultural differences and racism were addressed in the first session. Findings suggested that for many of these BWSW, a combination of coping strategies that tend to their mind, body, and spirit proved to be most effective in decreasing their stress levels.

Utilizing friends and family as a form of support proved to be one of the most utilized coping strategies for study participants. Kayla, a 39-year-old woman working in New York, disclosed that she felt comfortable sharing her feelings and discussing her stressors with her friends: “I have a solid group of friends, who I you know will talk to or cry with [me]. We’ll share like, ‘hey, this is going on and I don't know what's happening and I need your help.’”

As previously stated, spirituality/religion was utilized by many of the women in the study to mitigate the effects of the stress and promote hope for study participants. When asked if their stress levels have impacted their spirituality, most women reported that stress affected their
spirituality positively as religion helped provide comfort and support. Tasha, a 29 year-old woman disclosed that she would not be where she was in life if it had not been for God:

[Stress] makes me lean more on God. It makes me lean more not on my own understanding and just constantly like having those conversations with God… I pray for strength. So definitely the stress makes my faith stronger, because every time I get through another difficult situation… it's like okay, somebody must have had my back because it wasn't in me to do that… Something else was pushing me.

Similar to Tasha, Brenda a 38-year-old woman shared that when she felt an intense amount of stress, she prayed more. She disclosed, “I think in those times when I am stressed, I will try to pray. I will try to look for the lesson in this. What God is trying to teach me in the midst of it.” Tasha’s and Brenda’s stories are examples of the use of spirituality as a coping mechanism for BWSW in this study. Findings suggested that participants utilized religion, spirituality, and their belief in a Higher Power as a resource for providing them with strength and comfort to overcome challenges. Brianna, a 33-year-old woman living in North Carolina, disclosed that she not only shared her concerns with her husband and parents, but she also shared her concerns with her priest:

More than likely it's my husband, my mom, my sisters, my… minister. So, whenever I’m having a lot of mental issues, normally I go to my mom and dad because they pray for me… A lot of times, I go to my husband. He’s not much of a talker but he's a good listener.

Lee et al. (2018) suggests that to regain balance and control over a person’s life, it is important to explore the interconnectedness of the mind, body, and spirit. Lee et al. (2018) posits that if a person is out of balance in one aspect of their lives, then their entire equilibrium will be
off-balance. Findings reflected that study participants used a wide variety of coping strategies that address their mind, body, and spiritual needs.

**Theme 4: Workplace Stressors**

Study participants identified the workplace as a primary source of stress. As previously stated, 11 of the 17 participants reported high levels of stress within their various workplace settings. Participants attributed their stress to large amounts of paperwork; increased work demands; and lack of support within the workplace, to name a few. Three major themes emerged, highlighting stressors within the workplace that caused additional stress for BWSW in this study: structural racism and sexism; unrealistic workplace demands; and workplace culture regarding taking time off. Each theme will be discussed in detail in this section.

**Structural Racism and Sexism**

As previously discussed, sexism and racism are embedded in the policies and procedures that provide a roadmap for how workplace/agencies are run daily. Racist and misogynistic protocols in organizations often create a workplace culture that is not supportive of Black women. Study participants perceived that stereotypical views of aggression, strength, and resilience impacted how they interacted in the workplace. The study participants noted that racism and sexism impacted their relationships with their coworkers/supervisors and how they viewed themselves in the workplace. Participants shared that their stress experiences were different than that of coworkers of other races and genders. When study participants were asked if they felt that their stress experiences differed from people of another race and gender, many study participants reported “yes”— they felt their stress experiences were different. This was pointed out by Bethany, a 26-year-old woman living in New York:
Well, first and foremost as a Black woman again, we don't really have that many privileges… Black women go through a lot compared to men and non-African American or non-Black women… Constantly being stereotyped and stigmatized against. Constantly having to fight for ourselves and defend ourselves from even Black men [and] white woman. Trying to make our mark and being seen and heard without being invalidated.

Bethany went on to share that being invalidated within the workplace contributed to feelings of powerlessness; she felt like an “imposter” and a “failure” within her social work role. Bethany’s experiences speak to the impact that racism and sexism were reported as having on the self-image of Black women. In addition, many participants disclosed that they often felt that their ideas are overlooked compared to their coworkers due to their race and gender. Study participants also emphasized that coworkers of other genders and races are perceived as being offered more support from their supervisors. Participants also shared that their coworkers were encouraged to express their concerns at work, while Black women were viewed as aggressive for expressing those same concerns. Alexis, a 31-year-old woman, from Massachusetts shared that she often wondered if promotions were denied, ideas overlooked, or support was not provided because of her race. Alexis disclosed the following:

But I do think that Black people, specifically Black women…experience a different capacity of stress, then people who are not Black…I think of like an incident could happen, maybe in the workplace let's say and [a] white person might think of like the context of the incident like, why did this happen? They might think about how it relates to them… And then I think of an incident in the workplace and how a Black person myself, I would perceive it. And first thing that comes to my mind is, is this about my
skin color [or] my gender? Which I find that people of other races or someone who's male and white perhaps, they wouldn’t have that thought.

Instances of feeling ignored, undervalued and dismissed within the workplace due to racism and sexism were common occurrences among study participants.

**Unrealistic Workplace Demands**

Large amounts of paperwork, large caseloads, and multiple job roles with a lack of support, limited resources and inadequate time to complete everyday tasks were delineated as examples of unrealistic workplace demands for study participants. BWSW who participated in the interviews enjoyed working with their clients and were passionate about their work, but disclosed that being overloaded with multiple responsibilities added additional stress to their jobs. Chelsea, a 30-year-old woman, highlighted that she was expected to complete too many tasks within a small timeframe as part of the expectations for her role; her work setting had no supervision, which resulted in her leaving her job to pursue other employment. Chelsea described the following circumstances as common:

So, you’re working around constant crisis…. So, there's that and then there's a piece of expecting [you] to do everything in a little amount of time, and to do everything…with fidelity and perfectly. So, there was that stress and a lot of it. I know everyone felt that it was just the aura of that building; high expectations are unrealistic at times for me, and it was stressful.

Chelsea also recalled an instance when she felt that she needed to look for new employment due to the high levels of stress that she experienced at work. This was not dissimilar to the recollections of many other participants. Others shared that they often had to skip their lunch break, work during lunch or complete additional non-paid hours to complete all the work
responsibilities expected. Tasha, a 29-year-old woman, shared that completing required documentation in the allotted time was her most significant stressor. Tasha said that often she was provided little to no guidance as to how to complete paperwork; this caused her immense stress. She candidly shared a stressful incident at work: after completing 16 case notes (often a lengthy undertaking to include the requisite detail for one case note) and submitting them for billing, she was informed that all of them were incorrect; they needed to be resubmitted. She revealed frustration with her job as she was then expected to continue seeing clients and resubmit all 16 notes in a short timeframe. There was consensus among interviewees that the workload felt overwhelming as they were often expected to complete their job responsibilities and that of coworkers—and sometimes bosses.

**Workplace Culture Regarding Taking Time Off**

High turnover rates and fast-paced work environments contributed to a workplace culture for BWSW in this study. A majority of those in the culture frowned upon taking time off: Study participants reported feeling pressured by their coworkers and bosses to avoid taking time off. They shared that they only take time off when there is a major emergency or are too sick—as opposed to somewhat sick, able to stand and possibly infectious—to go to work. Many participants reported that they often continued working if they were not feeling well while isolating themselves in their office. Rebecca, a 29-year-old woman working in New Hampshire, shared an account of the recent passing of her sister. She disclosed that she did not have much personal time off (PTO) as a recent hire and went to work the day she found out about her sister’s passing. Rebecca disclosed that she worked the entire day without anyone knowing that she had a significant loss in her family. She said she needed to save her PTO to attend her sister’s funeral and could not take the day off to grieve. After burying her sister, Rebecca flew home and
went back to work. Rebecca’s heart-wrenching story was one of the many stories that highlighted the strength of BWSW and the stigma associated with taking time off.

Some of the participants shared that they had taken time off recently. However, many participants disclosed that when they did take a day off from work, rest was not factored into the day as it was used to take care of other responsibilities (e.g., doctors’ appointments, cleaning, laundry, or running errands) that were unable to be completed during the workweek. Taylor, a 39-year-old woman public school social worker, shared that she learned that she should take time off when she feels overwhelmed. She shared that she finally took a day for herself last month. When asked if taking time off was accepted at her job, Taylor shared a memory of her most recent day off:

It was so nice to be home and not do anything. I had this long list of stuff I was going to do. I didn't do it. I just sat and just chilled the whole day. And it was like I need this more. You know, I never do this… So yeah, it's definitely not accepted. I don’t want to say not accepted but you kind of get looked at a little funny if you take days off.

Taylor shared that often when a coworker takes time off, the expectation of the workload is passed to another coworker or left to be handled when she returns to work. With the small number of staff members qualified to take on her caseload, Taylor thought she could not take time off as often as she needed. Brenda’s experience closely aligned with Taylor’s. She is a 38-year-old woman who works in a hospital. Brenda conveyed that there was an “unwritten rule that they wanted you to always be there in my previous job.” She expressed concern that while working in a community mental health agency, there was little to no talk about staff mental health or staff support. She also shared that she often felt discouraged from taking time off as
PTO was “always questioned; it was always bought up. Why they need all this time off? So, it's like I said, [there was] almost an unwritten rule that you should not take time off.”

Findings from this study indicated that high work demands coupled with pressure always to be present at work contributed to additional stress for study participants; this often led to workplace burnout. As previously discussed, workplace burnout can be attributed to a lack of balance between social work values and workplace expectations (Wilson, 2016). The duty to provide adequate services for clients, patients, and community members is often overshadowed by the unrealistic work demands and workplace culture to avoid taking time off. Many participants shared that their workplace often encouraged them to take time off but had no real plan in place structurally to ensure that their workers were cared for or that work responsibilities were covered if they took needed time off.

**Theme 5: Recommendations for Workplace Supports**

In order to address the heightened stress levels for BWSW in this study, it was imperative to ensure that participants were able to identify how their workplace could work towards decreasing some of the stressors that contributed to their stress on the job. When explicitly asked how their agency could create a supportive workplace culture for them that promoted positive well-being, two major themes emerged from this study: the need for more frequent staff appreciation and normalization of discussions regarding workplace stress. Findings surrounding recommendations for workplace supports were explored more in-depth to encourage change within the workplace and promote positive health among BWSW.

**Frequent Staff Appreciation (Informal and Formal)**

Findings indicated that regardless of going above and beyond to accomplish their workplace goals, study participants felt underappreciated for their efforts. The participants noted
that women continuously put their best foot forward at work; however, they did not receive the recognition they deserved. As highlighted previously, study participants felt that at times they work harder than their coworkers. Given the societal notion that Black women are strong and resilient, the stress of Black women is often unnoticed. The study participants agreed and were expected to perform their jobs despite high levels of stress. Most study participants felt pressured to overachieve in the workplace, which is sometimes viewed as a strength that impacts their stress levels. In addition, findings indicated that regardless of how well BWSW in this study performed, pressure to do better still existed.

Study participants shared that they wanted both informal and formal recognition from their bosses for the work that they completed. Tasha, a 29-year-old woman, shared that during her first week at her job, there was a staff appreciation day where all work stopped. Staff was provided with awards for their specific contributions to the agency. When asked how her job could promote self-care and cater to her needs, Tasha recalls how she felt that day:

I would do more staff appreciation stuff because that day was like the happiest day at work… I’ve ever had in any job. I saw so much team building. I saw people relate. Like I was new, so no one really knew me. So, I was like watching from the outside, like wow, this is a loving environment I am about to enter.

Since that day, Tasha reports that there has been little staff appreciation, high-stress levels, and infrequent discussion initiated by her supervisors on how to decrease work stressors. Many participants shared that they felt as though most supervisors and many colleagues on their job did not care about their well-being. Study participants shared that their jobs are focused on productivity most of the time at the expense of staff well-being. BWSW in this study reported that formal appreciation and informal appreciation (e.g., saying thank you, verbal
acknowledgment in meetings, and staff appreciation days) from their workplace would make the stress associated with their jobs more tolerable.

Ashley, a 43-year-old African American woman, working in an all-male prison, disclosed that she had risked her safety since COVID-19 began by providing counseling services to men in prison. She disclosed that her job did not provide the proper personal protective equipment (PPE) but expected her to meet with patients each week in person. She also said that she felt that her efforts were unnoticed most of the time as her job required additional work in her caseload, often without acknowledging her hard work. When asked what would make her feel more supported at work, Ashley stated, “just being appreciative of your workers, you know…We don't get told thank you. We don't get talked to [in order] to see, you know, how much stress we're really dealing with [given] what's going on.” Many of the study participants shared feelings of underappreciation and indicated that their jobs often lacked consideration for staff well-being. For study participants, recognition, and appreciation for their work ethic are needed for them to feel supported within the workplace.

**Normalizing Discussions Surrounding Workplace Stress**

Normalizing workplace stress's conversation took on many forms for the BWSW in this study. Participants shared that their jobs needed to have open communication about workplace stress, provide training surrounding how to decrease workplace stress, and build policies into the agency's structure that address workplace stress. Many of the participants shared that they do not believe that their work environment was a safe space to share feelings and discuss stressors; in addition, they felt undervalued. When asked how her job could make her feel safe to discuss workplace stress, Ashley, a 43-year-old woman, discussed supervisory support:
One, supervision is a big thing. I think when you can have supervision and someone there to listen and really take into consideration what's going on in your life and also help you through that. I mean not necessarily be your therapist but help you… if you're not learning how to handle the stress on the job. Like kind of help you work through that with you… But, you know, just recognize what it is that you're tackling, listen to what it is that you're tackling. And you know, work with you on that.

BWSW in the study stressed the importance of frequent staff meetings that encouraged them to candidly share their job stressors and assisted them in solutions to decrease stress levels. Findings indicated that study participants often continued working through stress at work for fear that coworkers and bosses will view them negatively. Many expressed a desire to have a safe space where they were encouraged to share feelings surrounding workplace stressors; this would help to decrease stress. Taylor, a 39-year-old woman who currently works as a social worker in a school, discussed that she has never had a job that she feels supported her wellbeing in her 18 years of working in the social work field. Taylor went on to describe her vision of actions taken by a healthy workplace:

Encourage taking care of yourself and reducing your stress. I think we have to normalize that conversation. Like the fact that I’ve been a social worker, for what, 18 years and I’ve never had a job that has promoted my well-being. That's a problem you know, and I know I’m not the only…But we have to normalize like we're social workers. We're dealing with mental health every single day, but our mental health is jacked up. So just like when they tell you on the airplane put your own mask on first before you can help somebody else.
Taylor, along with many other participants, shared that if their job normalized frequent discussions surrounding their health and worker needs within the workplace, their stress levels would decrease. As a result, they would be more effective at their jobs. Findings regarding how the workplace indicated that the culture of the organization needs to be more inclusive, more encouraging, and more appreciative of the sacrifices made by BWSW to maintain productivity at their job. Many of the study participants reported a lack of genuine concern for their well-being in the workplace. Like Taylor and many others, Brianna, a 33-year-old African American woman working as a social worker in a hospital had concerns about her access to a healthy working environment. She shared that employers should provide a safe space where staff concerns are genuinely heard. She also shared that “showing that you care about them, showing that you're interested in what they feel like, can make the job better.” Findings indicated a lot more work needs to be done to support BWSW in the workplace and decrease their overall stress levels.

**Summary of Findings**

The shared experiences of the BWSW in this study highlighted the various impacts that stress had on their lives. Stress was shown to have both short- and long-term effects that manifested for these women in many ways (e.g., physically, mentally, emotionally, and spiritually). Study findings indicated that much of the stress that participants experienced could be attributed to the multiple overlapping societal roles that these women were expected to uphold in their personal and professional lives due to their race and gender. Findings indicated the need for further exploration of BWSW’ stress and coping. The next chapter provides a deeper discussion of the salient themes related to literature previously discussed in this dissertation and new research findings. The next chapter answers the overall research questions associated with intersectional Black feminism and highlights implications for social work practice.
Chapter 5: Discussion

The significant contributions of this study point to the need for additional research to be conducted surrounding the health and well-being of BWSW in the workplace. Often Black women are overlooked, disregarded, stereotyped, and underrepresented within organizations (Settles, 2006; Szymanski & Stewart, 2010; Thomas et al., 2008). Racism and sexism have been embedded in the policies and practices that have governed the United States for many years and continue to impact how Black women are treated in society. Despite being constantly undervalued, Black women are expected to perform at high levels within the workplace and often carry the responsibility of taking care of everyone around them (e.g., partners, children, friends, and parents). The pressure to take on additional responsibilities at work, with little support from supervisors, has had physical and emotional impacts on Black women. The overlapping societal expectations of Black women coupled with high-stress social work environments can have lasting implications for the health of BWSW. The current study aimed to gain insight into the stress experiences of Black women social workers and allowed for the voices of Black women to be heard in research.

Chapter 5 provides further discussion of the stress experiences of 17 self-identified BWSW through an intersectional Black feminist lens. In addition, the study findings highlighted the importance of disaggregating race and ethnicity for Black populations, and discussed the impacts that stress has on the mental, emotional and physical well-being of Black women (e.g., John Henryism, Imposter Syndrome, and Allostatic Load). The exploration of John Henryism shed further light on the physical toll that coping with adversity had on the health and well-being of Black women. A discussion of imposter syndrome highlighted the impact that societal racism and sexism have on Black women's self-perception. Lastly, engaging with the literature on
allostatic load highlighted how constant exposure to intense stressors impacted the physical and chemical reactions of the body for Black women. The concepts of John Henryism, imposter syndrome, and allostatic load provided further insight into the participants' experiences in this study through an intersectional Black feminist lens.

**Research Question 1: Stress Definitions and Contributing Factors**

Research questions highlighted the stress definitions, stress manifestations, coping responses, workplace supports and workplace stressors for BWSW in private and non-profit organizations across the United States. Research question one explored how BWSW defined stress and discussed the factors that contributed to their stress. Study participants defined stress as an overwhelming desire to create solutions to overcome adversity and difficulty balancing personal and professional life expectations. Findings suggested that stress was enhanced by participants' perception of their ability to overcome seemingly insurmountable challenges. When research participants were unable to overcome difficulty, they expressed hopelessness as they felt stuck in unpleasant situations.

Racism also played a role in participant stress definitions. Study participants defined stress as the intense pressure to be strong in the face of adversity, taking care of everyone around them and dispelling the stereotypical myths associated with Black people in the workplace. Aside from having overwhelming work responsibilities, many participants disclosed that they felt responsible for taking care of everyone in their lives and felt a responsibility to represent their entire culture. Often, participants felt obligated to take care of others at the expense of their health.
Research Question 2: Stress Manifestations

Research question number two sought to provide insight into the physical, mental, spiritual and emotional manifestations of stress for BWSW. The findings highlighted that physical manifestations included various physical symptoms ranging from heart palpitations to physical pain in the neck and back. Other physical symptoms reported closely mirrored current research studies as stress exacerbated preexisting medical conditions such as high blood pressure and autoimmune diseases (Schneiderman et al., 2005). Similar to current stress literature, the stress experienced by study participants had lasting psychological impact for BWSW (Davis et al., 2018; Schneiderman et al. 2005; Woods-Giscombé & Lobel, 2008). Stress was linked to intense racing thoughts, increased anxiety and depression symptoms by study participants. Most participants shared that they sought mental health counseling or have taken medication to assist them with their mental health concerns. Study participants did not indicate any spiritual manifestations of stress. Instead, participants reported religion as a significant source of strength to help them overcome intense stressors. Therefore, participants identified that stress positively impacted their spirituality as prayer gave them hope and comfort in difficult situations. Lastly, fear, uncertainty, anger and confusion were the most common emotional manifestations for study participants. Study participants reported the overwhelming desire to develop strategies to overcome adversities to trigger feelings of hopelessness as they were often unable to generate immediate solutions to decrease stressors.

Research Question 3: Coping

Research question three sought to determine how Black women coped with high stress levels. Study participants identified a holistic view of coping. Lee et al. (2018) highlight the importance of understanding the connection between the mind, body, and spirit to promote
balance within a person’s life. Research findings for study participants highlighted that they prefer a wide variety of coping strategies to decrease their stress levels. Coping strategies included praying, resting, exercising, counseling, gaining support from friends/family and watching television. A combination of strategies that supported mental well-being (e.g., counseling and medication), physical well-being (e.g., exercise, walking, and resting) and spiritual well-being (e.g., praying and meditating) for BWSW proved to be the most useful in decreasing stress levels.

**Research Question 4: Workplace Stressors**

Question four explored the stressors for BWSW in the workplace. Research was conducted to examine the causes of stress within the workplace for study participants. Research participants indicated that structural racism and sexism, unrealistic work responsibilities and workplace culture played a huge role in increasing stress levels. Study participants shared that they were often overlooked, overworked, underappreciated, and reported that they were expected to complete extensive work responsibilities in a short period. Pyles (2018) argued that workplace culture can play a huge role in staff burnout. Workplace culture surrounding high work demands and pressure to avoid taking time off, was highlighted as a major barrier for study participants, causing increased stress. Findings emphasized that the workplace has a responsibility to explore organizational communications, supervision, policies, and procedures to encourage positive health and wellbeing of staff (Pyles, 2018, p. 203).

**Research Question 5: Workplace Supports**

Lastly, research question five explored the workplace supports for BWSW that promoted positive health and helped to decrease stress levels. The findings indicated that there was little support for study participants within the workplace surrounding their health and well-being. In
some cases, there was mention of stress relief and self-care in the workplace, yet many participants felt no specific plan was put in place to ensure a decrease in their workplace stress.

Published research exploring the stress perceptions, coping responses and stressors for Black women working in the social work field is scarce. The study only scratches the surface of what is needed within workplace settings to decrease stress and create a supportive culture for BWSW. Race-related stress, gender-related stress, generic stress, and the Superwoman/Strong Black Woman schema played a role in exacerbating the stress experiences of study participants. Additional research on the stress experiences of BWSW needs to be done as findings suggest that stress has both long-term and short-term effects on the health and well-being of Black women.

**Importance of Disaggregating Race and Ethnicity for Black Populations**

The racist and sexist nature of policies and practices coupled with the pressure to live up to unrealistic societal expectations places a heavy load on Black women. Expected to face adversity and carry the weight of everyone with grace and strength, Black women are often discouraged from expressing their feelings (Thomas et al., 2004). Black women must have a strong self-awareness to combat internalizing the misogynistic and racist societal standards (Marsh, 2013). Marsh (2013) posits that Black women often have to navigate between accommodating for their “Blackness” within society without assimilating to the dominant cultural expectations. In this context, “accommodation refers to adapting the ideals and beliefs of the external environment as a way to create a consistency between an individuals’ internal understanding and their external reality” (Morton & Parsons, 2017, p. 1372). Thus, Black women must often maintain their Black culture, while adapting to the dominant culture in predominately white spaces. Accommodating in white spaces provides protection for Black women as they are
able to control their personal narratives within the workplace while also celebrating their Blackness outside of white spaces.

Black women in America are often discredited, diminished and undervalued not due to their merit but the stereotypical assumptions of society (Settles, 2006). To maintain a strong self-concept in the face of adversity, Black women must “observe the hypocrisy between what society states to be true and what reality demonstrates regarding their positioning and influence,” (Morton & Parsons, 2017, p. 1372). Black women exist in a society that ignores their needs and forces them to switch back and forth between conflicting identities. Black feminism posits that Black women are the experts of their own experiences and highlight the importance of Black women defining their own self-image in society (Collins, 1986). Given what is known about Black women, they need to be afforded the opportunity to express their ethnic and racial backgrounds that provide cultural context and shape their experiences.

Much of current literature on the health and well-being of Black women use the terms African American and Black synonymously to describe participants and fails to truly highlight what the race or ethnicity terms represent (Woods-Giscombé & Lobel, 2008; Davis et al., 2018; Hall et al., 2012). African American and Black are terms generally used to describe people with African ancestry. Aggregating race and ethnicity in research fails to highlight the various experiences of the multiple sub-categories within the Black population (e.g., Afro-Caribbean, Afro-Latinx, and African). Aggregating race and ethnicity refers to combining the various sub-categories of race and ethnicity into one large category (e.g., Black and African American). Black feminism highlights the importance of recognizing and celebrating Black women’s culture in an effort to highlight individual perceptions of oppression (Collins, 1986). Therefore, in researching Black populations, disaggregation or separating the ethnic background of
participants into sub-categories is necessary as it can provide additional insight into cultural beliefs, experiences and traditions of each ethnicity. For example, Black people growing up in households with multiple racial or ethnic backgrounds (e.g., South American ancestry and Southern United States ancestry) exist within a combination of varying cultural traditions and cultures that shape how they view the world. In addition, Black feminism stresses the importance of understanding the role that culture plays in how Black women perceive oppression (Settles, 2006). Black feminist theory highlights the need to explore further the role that ethnicity and race play in how oppression is perceived. For example, social location and cultural beliefs can impact how a Caribbean Black woman experiences and responds to oppression. Often on demographic forms and in research, Black men and women are forced to categorize themselves as either Black or African American, which does not provide a platform for self-identification. The very literature designed to allow the voices of Black populations to be heard stifles their experiences by lumping their ethnic and racial identity into one category.

The study findings revealed that although all study participants identified as Black, when given the opportunity to provide further detail about their ethnic background, participants did not solely identify as Black. Out of the 17 women in this study, only one woman reported that her ethnicity was Black. The findings speak to the need for all Black racial and ethnic identities to be disaggregated within research. Lumping their ethnicities together does not truly allow Black women to define themselves within research. In alignment with Black feminist perspectives, Black women are the experts of their experiences and should be provided with opportunities to create their own identities in society (Collins, 1986). Therefore, race and ethnicity should be an open-ended question for Black women in research, allowing them to express their identity and create their image. Research currently fails to make the distinction between different Black
ethnicities. When using these aggregated terms, it is especially important to highlight what ethnic background researchers are referencing. Srinivasan and Guillermo (2000) stated that researchers should be “cognizant of the differences between racial and ethnic identity” (p. 1732). Srinivasan and Guillermo (2000) discussed the need to disaggregate ethnic data within research as aggregated data does not allow for researchers to explore important “relationships between ethnicity and health” (p. 1733). Thus, the study provided a space for BWSW to specify how they identified ethnically in addition to their Black identity.

Despite the aspects of diversity in study participants, there was striking consistency among study participants stress levels, coping responses, stress manifestations, workplace supports and workplace stressors. Due to this consistency, I have referred to study participants as Black. However, additional research with a larger sample needs to be completed to explore the potential relationships between ethnicity and health for BWSW.

**John Henryism**

BWSW overexert themselves to both excel in the workplace and take care of their personal responsibilities (e.g., spouse, children, parents, bills, and friends). This survival mechanism, which resonates with the Strong Black Woman narrative, has been socialized in Black women both inside of the workplace and within their daily lives. Most study participants indicated not only physical illnesses as a result of high levels of stress but also mental health concerns (e.g., depression and anxiety). In addition, some study participants indicated that high levels of stress directly resulted in hospitalizations due to unexplained medical conditions or flare ups of pre-existing medical conditions (e.g., high blood pressure and autoimmune diseases). BWSW are often overexerted and overworked to meet the societal standards placed on them as per current study findings. Also, study participants felt an intense pressure to change the negative
stereotypical views of Black people within the workplace. Participants’ determination to overcome adversity and provide for their families at the expense of their own physical and emotional well-being, resonates with the literature on surrounding the concept of John Henryism (Bronder et al., 2014).

John Henryism, a term coined by Sherman James in the 1970’s refers to “a strong behavioral predisposition to cope actively with psychosocial environmental stressors” (James, 1994, p. 163). John Henryism was derived from the American folk-legend of a Black man named John Henry who worked driving steel pins for a railroad company (Bronder et al., 2014). Although he was efficient at his job, a machine was built to replace him. John Henry, in an attempt to avoid being superseded by the machine, raced against the machine, and won. Later he died as a result of “physical and emotional exhaustion” due to overexertion from competing with the machine (Bronder et al., 2014, p. 116). His story birthed John Henryism. Unfortunately, determination and drive to overcome adversity resulted in his death (James, 1994). John Henry’s story highlights the idea that “high-effort coping with demanding psychosocial stressors (e.g., financial/occupational concerns and discrimination) could compromise” the health of those who lack resources to effectively cope with adversity (Haritatos et al., 2007, p. 1193). This folktale is a somber reminder that although a person works as hard as he can to overcome adversity, he may die—unable to reap the benefits of his hard work.

James (1994) posits that economic disparities and experiences of racism contribute to John Henryism being employed as a form of coping in Black communities. Similarly, study participants felt stressed when they could not quickly find solutions to resolve the adversities they faced. Most of the participants felt comfortable handling their stress by themselves. They reported seeking support only when they were facing severe mental and physical concerns as a
result of increased stress levels. Bronder et al. (2014) link John Henryism with the Strong Black Woman schema and posit that Black women are often expected to be strong both in their personal and professional lives. The societal expectation that Black women can juggle multiple tasks and overcome adversities while leading their households creates a space where Black women feel intense pressure to deal with stressors on their own (Bronder et al., 2014). In the study, participants also expressed increased stressors due to feeling like they had to be everything for everyone in their lives. Findings highlighted the presence of the Strong Black Woman/Superwoman schema and alluded to the prevalence of John Henryism. BWSW often overwork themselves similar to John Henry, only to discover that their efforts are in vain. An examination of the impact of resorting to John Henryism speaks to the need for societal changes that prioritize equality but fail to address equity for BWSW within organizations.

Bronder et al. (2014) state that racism and sexism play a role intensifying the drive for Black women to exude strength and overcome challenges without complaint. Societal views of strength add extra pressure on Black women as they internalize stereotypical myths surrounding their coping abilities (Bronder et al., 2014). Thus, Black women are likely to cope with stressors through overexertion, and fortitude without “expressing their psychological distress, depressive or anxiety symptoms, or [need of] psychological services,” (Bronder et al., 2014). The study indicated that a combination of generic stressors (e.g., professional and personal responsibilities), race-related stressors (e.g., microaggressions in the workplace, political inequality, and fear of unjust arrest/murder), and gender-related stressors (e.g., stereotypical gender expectations in personal/professional life) coupled with societal views regarding their strength, increased stress for Black women. Although many of the women in this study reported high-stress levels, most of them continued to work hard, determined to overcome adversity. They persisted to take care of
family/friends until their bodies physically shut down or symptoms of anxiety and depression became unbearable.

According to Bennett et al. (2007), John Henryism is categorized by three main factors: “efficacious mental and physical vigor; a strong commitment to hard work; and a single-minded determination to succeed” (Bennett et al., 2007, p. 371). Many of the BWSW in this study exhibited all three coping classifications of John Henryism. Most study participants shared high stress levels both in the workplace and in their daily lives. BWSW in the study expressed the ability to work beyond their limits to take care of all personal and professional responsibilities utilizing holistic coping strategies to keep physical and mental manifestations of stress at bay. Study participants also described a strong work ethic passed on to them through a family work ethic; this was enhanced by the pressure to represent Black people within the workplace.

In addition, many study participants shared that they felt responsible for taking care of everyone around them and felt pressured to prove that they belonged in their jobs. Lastly, much of the stress experienced by participants was caused by their determination to develop solutions for their stressors. Many participants shared that they often had racing thoughts as their minds constantly worked to create effective solutions to overcome adverse situations. Study findings indicated resorting to John Henryism and highlighted the impact that racism and sexism have on the well-being of Black women. Namely, stereotypical societal views affect how Black women behave in the workplace. Black feminism stresses the importance of Black women defining themselves in society and creating their own narratives. Given the study findings, additional research needs to be completed to explore further how Black women define themselves in the context of societal expectations that impact their use of John Henryism to cope with adversity.
Imposter Syndrome

BWSW reported a constant fear of failure and expressed feelings of ineptitude in the workplace. Study participants said thoughts of fraudulence of their holding positions of influence were common as they did not fully comprehend their work responsibilities or roles; BWSW felt they did not belong in the esteemed positions they held. Although study participants went above and beyond work expectations and were overqualified for their positions, some still reported feeling insecure about their work capabilities. They expressed a fear of being discovered as an imposter. In current literature, feeling like a “fraud” and harboring insecurities about work performance have been identified as “imposter syndrome.” Feenstra et al. (2020) state that imposter syndrome is the “notion that some individuals feel as if they ended up in esteemed roles and positions not because of their competencies, but because of some oversight or stroke of luck” (p. 1). The term imposter syndrome was “coined in the 1970s by psychologists Dr. Pauline Rose Clance and Dr. Suzanne Imes,” to describe feelings of deceit in professional and academic settings despite various accolades (Edwards, 2019, pp.18-19). Some of the participants in this study reported heightened anxiety as they tried to prove themselves as competent in the workplace constantly.

Imposter syndrome is also categorized by a person’s “inability to internalize personal achievement” (Clark et al., 2014, p. 255). Much of the current literature is written from a lens that fails to consider the cause of imposter syndrome for marginalized groups. Instead, contemporary literature is heavily focused on clinical solutions to addressing imposter syndrome—a small bandage for a larger issue. It is not uncommon for the literature to minimize the systematic oppression that Black women experience; this plays a role in how they view themselves. As it is currently defined, the term imposter syndrome points the finger at the
individual rather than addressing what is causing feelings of imposter syndrome. Black women are often silenced and excluded within the workplace, which leads to self-doubt. Current literature seems to blame the individual for their imposter feelings as if it is a personal deficiency. Feelings of imposter syndrome are not a defect or pathology in Black women; instead, they are a natural response to structural arrangements which exclude Black women in white or male-dominated spaces.

Imposter syndrome has been linked in the literature to marginalized groups, including women (Feenstra et al., 2020). Feenstra et al. (2020) state that “instead of framing the insecurities of individuals, especially those who belong to marginalized groups, as a problem that arises from within these individuals…it is time that researchers consider the important role of outside forces as well” (p. 2). Feenstra et al. (2020) suggest that imposter syndrome should be explored in the context of how societal norms and perceptions contribute to imposter syndrome rather than exploring individual characteristics (Feenstra, 2020). Hogg and Terry (2000) posit that social positioning plays a role in how people view themselves in society. In this study, participants link feelings of imposter syndrome to being overlooked and disregarded in the workplace due to race and gender. Findings speak to the role that stereotypical views and societal pressures play in the development of individual self-perceptions.

Black women are socialized from birth to remain strong and stoic in the face of adversity as a protective factor against the negative internalized feelings caused by constant exposure to racism and sexism (Shorter-Gooden, 2004). In order to “fit-in” within predominately white workspaces, Black women are often encouraged to suppress cultural aspects of their identity. Black feminist theory posits that culture is a crucial aspect of a Black women’s identity as culture provides references for understanding values (Collins, 1986). Collins (1986) posits that
values provide a foundation for understanding how Black women deal with the adversity experienced. Therefore, when cultural aspects are suppressed in the workplace, Black women are forced to deal with adversity internally while continuing to excel at their jobs. The constant expectation for Black women to assimilate to the dominant culture within the workplace while being exposed to daily stereotypical views regarding their “Blackness” can lead to feelings of doubt surrounding their capability within the workplace (Feenstra et al., 2020). The study participants linked imposter syndrome to the overt and covert forms of racism that was experienced in their workplace. While participants reported that they did not outwardly share feelings of stress with co-workers or supervisors, instances of oppression caused feelings of doubt about their value within the workplace.

Women are often socialized in organizations to minimize themselves in the workplace which can contribute to a lack of recognition in the workplace (Bailey et al., 1996). Black women are silenced even more within the workplace for fear of being considered aggressive for sharing thoughts, concerns, and suggestions. Tiefenhaler (2018) suggests that “the more skills and education women acquire, the more they doubt their abilities” (p. 1). Tiefenhaler (2018) goes on to share that women who experience feelings of imposter syndrome tend to go above and beyond in the workplace to achieve “the status that they feel they never earned,” (p. 1). The study points to the notion that as BWSW work extra hours and feel heavily relied on despite personal feelings that they received their positions by “luck”. Much of the current literature surrounding imposter syndrome focuses on exploring how the individual can clinically work to create a more positive self-image (Clark et al., 2014). However, more studies surrounding how institutional structures and stereotypical views impact self-image and how racism and sexism impact feelings of imposter syndrome need to be conducted.
When asked if BWSW felt that their stress levels were different than people of other races and genders, study participants indicated that their stress was exacerbated by structural racism and sexism. Utilizing an intersectional Black feminism lens, an analysis of findings further highlighted the role that overlapping societal expectations played in the structural oppression that Black women experience (Williams, 2000). Self-definition is one of the major tenets of Black feminism (Collins, 1986). Dispelling stereotypical foundations in the structural definitions of Black women proved crucial for study participants as stress was linked to constantly maintaining a positive self-image in the workplace. Some participants disclosed that they were often invalidated or viewed as aggressive, which negatively impacted how they viewed their capabilities in the workplace. Further exploration of how professionals may succumb to the imposter syndrome and the roles that social factors play in developing this type of coping strategy for BWSW is warranted.

**Allostatic Load**

Current literature suggests that exposure to constant high stress levels has a negative impact on the overall health of an individual (Davis et al., 2018; Schneiderman et al. 2005; Woods-Giscombé & Lobel, 2008). Many of the BWSW interviewed shared that they experienced high levels of stress daily. Much of the stress described came from feeling as though they lacked the skill and knowledge to overcome or cope with the challenges that they experienced. Constant exposure to high levels of stress without sufficient capacity to effectively cope efficiently with the given stressors can be clarified through an inquiry into the research on allostatic load (Guidi et al., 2020). Allostatic load “reflects the cumulative effect of experiences in daily life that involve ordinary events (subtle and long-standing life situations) as well as major challenges (life events)” (Guidi et al., 2020, p. 12). Cicchetti (2011) posits that allostatic
load reflects how your body reacts to constant stressors and efforts to maintain stress responses for a prolonged timeframe. Intersectionality highlights the multiple overlapping systems of disadvantage that combine to exacerbate the oppressive experiences of Black women (King, 1988; Collins, 2000). A key component of Black feminism—intersectionality—provides an understanding of the multilayered stress experiences of Black women based on their identity (Settles, 2006). Thus, constant exposure to stress based on multiple layers of a Black woman’s identity can result in a high allostatic load (Kerr et al., 2020).

Allostatic load reflects the “wear and tear of chronic stress on the brain and body” (Kerr et al., 2020) and is characterized by two major criteria. First, an individual must be exposed to chronic stressors and/or life experiences that surpass their ability to cope (Guidi et al., 2020). In addition, Guidi et al. (2020) state that “the stressor must be associated with one or more of the following features which have occurred within six months after the onset of the stressor: (1) significant impairment in social or occupational functioning, (2) significant impairment in environmental mastery (feeling overwhelmed by the demands of everyday life)” (p. 12). An additional feature might include at least two of the following symptoms such as difficulty falling asleep, restless sleep, early morning awakening, lack of energy, dizziness, generalized anxiety, irritability, sadness, and demoralization. When constantly exposed to stress with no effective way of coping, stress responses and psychological arousal can be activated on a long-term basis (Guidi et al., 2020).

Current literature explores the role that chronic stress plays in the development of illnesses or fatality (Kerr et al., 2020). Kerr et al. (2020) state that women report higher levels of psychological stress as compared to their male counterparts. Black women exist in a world where they are marginalized for both their “Blackness” as well as their womanhood. Literature suggests
that the constant exposure to daily instances of racism and sexism can impact the stress levels of Black women. Furthermore, being a member of more than one marginalized group exacerbates the stress levels of Black women (Kerr et al., 2020). In a study conducted by Kerr et al. (2020), allostatic load is systematically reviewed to explore the relationship between sex, race/ethnicity, mental health, and allostatic load. Black women, due to their multiple identities, show “higher levels of allostatic load when compared with non-Black women” (Kerr et al., 2020, p. 20). Allostatic load is also reportedly higher among those who expressed high levels of perceived racism, social inequalities, and continued exposure to adversity (Guidi et al., 2020). Current allostatic load research also suggests that work-related stress has a high correlation with allostatic load.

Current literature also links allostatic load to work-related stressors (Mauss et al., 2015). Factors that contribute to allostatic load in the workplace included “effort-reward-imbalance, low work safety, low decision latitude, and low job control, as well as health consequences like exhaustion, burnout, and low self-rated health” (Mauss et al., 2015, p. 13). Allostatic load takes a toll on the physical and mental health of an individual (Guidi et al., 2020). Studies reveal that “subjects with allostatic overload had significantly higher levels of self-rated stress, psychological distress and abnormal illness behavior than those without” (Guidi et al., 2020, p. 16). The literature also highlights a relationship between allostatic load and mental health concerns including depression and anxiety (Guidi et al., 2020). In addition, high allostatic load can lead to maladaptive coping strategies such as lack of sleep, unhealthy eating, and lack of physical activity (Guidi et al., 2020).

Given what is known in the literature, BWSW are at risk for a high allostatic load. Factors that make BWSW vulnerable to carrying a high allostatic load include being a part of
multiple marginalized groups, having high-stress jobs, and feelings of burnout. The study participants reported high-stress levels and feelings of hopelessness surrounding their inability to overcome those stressors. BWSW also identified feeling overwhelmed with balancing daily responsibilities; they expressed anxiety, sadness, and disturbed sleep patterns. In summary, the participants in this study met the criteria for a high allostatic load. The constant high levels of stress experienced by study participants in their daily lives, coupled with the experience of burnout in the workplace, placed BWSW at risk for a high allostatic load. Constantly being in a state of stress has impacted BWSW’s mental health (e.g., depression and anxiety) and physical health (e.g., high blood pressure and hospitalizations). Participant interviews pointed to additional research that needs to be conducted to explore the impacts of allostatic load on BWSW considering ethnicity, race, gender, and work expectations as critical components.

Limitations

While study provisions were made to ensure all participants’ voices were heard, some limitations impacted study outcomes. The use of Zoom proved to be both convenient and challenging when conducting interviews. In a study conducted by Archibald et al. (2019), researchers seek to explore the benefits and challenges of utilizing Zoom as a virtual qualitative data collection tool. Participants identify that Zoom is convenient in terms of providing a space for people in different geographic locations to connect (Archibald et al., 2019). However, participants share that they experience connection issues when trying to log onto the session (Archibald et al., 2019). Study findings highlight that while there are some challenges with using Zoom to collect data, the benefits exceed the challenges (Archibald et al., 2019). Zoom created challenges in controlling the research environment in this study as well. The virtual nature of the interviews posed some minor issues in terms of Wi-Fi connections. At times,
video connections froze, interrupting the flow of the interviews. In addition, some participants had to step away from the interviews to tend to children, partners, and other household responsibilities. Zoom also limited the researcher’s ability to use body language and social cues to adjust interview questions and cater to the participants’ needs. In an effort to counter unintended effects of this method of communicating, periodic check-ins were included in the interview to promote feelings of safety for study participants. Despite utilizing the virtual platform, study participants were open, candid, and felt comfortable discussing their vulnerable stress experiences with researchers. While these minor limitations occurred, overall, Zoom proved to support the busy schedules of BWSW as they were able to participate in interviews while attending to other responsibilities.

Convenience sampling also added limitations. The first 17 Black women who expressed interest in the study were accepted to participate. Therefore, researchers had no control over the age range of participants, diversity in social work roles, or each participant's geographic location. Despite this limitation, there was some geographic diversity as participants lived in various areas in the United States, including New York, Delaware, New Hampshire, Texas, Virginia, Massachusetts, Ohio, and North Carolina. Participants also ranged in age from 26 to 53 years old and worked with diverse populations. Participants’ demographics provided distinct insight into the varying stress experiences of BWSW. It is important to note that the findings in this study were not meant to be generalized but were intended to be used to shed light on the stress experiences of the BWSW that candidly shared their stress perceptions. Despite these limitations, this study captured the stress definitions and coping strategies of the Black women social work participants in this study and shed light on the various factors that contributed to their high-stress
levels. Each interview was in-depth and thorough, exploring the authentic experiences of each study participant.

**Implications for Social Work**

Current literature suggests that stress contributes to a decrease in the overall health of Black women (Woods-Giscombé & Lobel, 2008; Warren-Findlow, 2006). The present study highlighted the stress experiences of BWSW and explored factors that contributed to their stress levels. Social workers are expected to care for others’ needs. They are also taught to suppress their personal feelings and needs while doing so. Furthermore, there is a cultural/societal expectation of Black women’s strength as more robust which encourages them to take care of the needs of others while neglecting their own. In essence, BWSW are expected to take on the needs of everyone within the workplace and at home. Study participants were invited to provide recommendations for workplace supports that could aid in cultivating a safe and supportive workplace environment. Participants highlighted that more emphasis needs to be placed on the mental health of BWSW in the workplace. In addition, study participants were asked to discuss some of the barriers they perceived prevented them from feeling supported in the workplace. Participants shared that structural racism and sexism; lack of mental health support and unrealistic workplace demands were major barriers in the workplace that impacted their mental health. Overall study findings indicated that additional research is needed to gain further insight into how continued exposure to high-stress levels affects BWSW. There is much work to be done to truly address the structural racism and sexism embedded in institutional policies and practices that further marginalize Black women and exacerbate their stress experiences. This section highlighted existing programs that provide support to social workers within the workplace and
includes recommendations for change within social work education and workplace policies and practices that could be beneficial in providing an inclusive work environment for BWSW.

**Implications for Social Work Education**

Study findings indicated that there is a need for exploration of how racism and sexism contributed to the stress experiences of Black women. Current social work education stresses the importance of self-care and maintaining a healthy home and work-life balance (Napoli & Bonifas, 2011). However, there is a need for additional curricula that explores the impacts of structural oppression on marginalized groups and how intersections of identity play a role in exacerbating structural oppression. Specifically, more curricula should discuss some of the challenges that social workers will experience as members of a marginalized group working with individuals within marginalized groups. Tauriac et al. (2013) state that discrimination and racial differences should be incorporated into academic curricula to highlight the experiences of students. Intergroup dialogue is one of the current strategies being used to address instances of prejudice and discrimination among diverse groups (Tauriac et al., 2013). Intergroup dialogues are defined as “facilitated face-to-face encounters between members of two or more social identity groups with a historically contentious relationship” (Tauriac et al., 2013, p. 3).

Intergroup dialogues can also include facilitated discussions between groups of varying degrees of privilege (Tauriac et al., 2013). These forums provide an open space for individuals of different identities to discuss personal experiences with discrimination and oppression over the course of several weeks (Tauriac et al., 2013).

Learning in intergroup dialogues is facilitated by trained professionals and incorporates open discussion, activities, and readings to highlight the varying experiences of group members (Tauriac et al., 2013). Some social work programs are incorporating intergroup dialogue into
social work curricula. For example, the School of Social Work at the University of Washington has incorporated intergroup dialogues into its curricula to empower students and address issues of oppression. The objectives of the intergroup dialogues are to promote social justice and help students unlearn societal prejudices that contribute to bias. In addition, the University of Michigan School of Social Work offers an upper-level social work course (e.g., Training in Intergroup Dialogue Facilitation: Skills for Multicultural Social Work Practice) that incorporates intergroup dialogue and social work core values into curricula. The course aims to teach social work students how to be sensitive to the cultural needs of future clients. While this course was offered to MSW students at the University of Michigan, the course is not mandatory for all students.

Social work curricula should incorporate intergroup discussions as mandatory for all social work students regardless of concentration. More discussion needs to be incorporated into these dialogues, not only concerning racism. Still, it should also include a discussion of how overlapping societal expectations impact the lived experiences of Black women. Current curricula emphasize the impacts of discrimination on future clients. However, more focus needs to be placed on how oppression will impact the lives of social workers entering the workplace. The dialogues should include discussions of how social workers can advocate for themselves in the workplace and how social workers can cope with work stressors. Within these forums, dominant groups will be forced to have uncomfortable discussions surrounding their privilege and learn about multiple identities that impact the experiences of Black women. Intergroup dialogue courses should also focus on structural oppression, implicit bias, and how stereotypical views impact the daily experiences of marginalized groups. Within these forums, dominant
groups will be forced to have uncomfortable discussions surrounding their privilege and learn about multiple identities that impact the experiences of Black women.

Similar to intergroup discussions, caucuses—also known as racial affinity groups—have been utilized to shift the “organizational paradigm towards antiracism” (Blitz & Kohl Jr., 2012, p. 479). Caucuses are utilized within organizations to discuss instances of privilege, oppression, and institutional racism within organizations (Blitz & Kohl Jr., 2012). Race-based caucuses provide a space for individuals of the same racial categories to come together and discuss goals for equity and inclusion within the organization (Blitz & Kohl Jr., 2012). After meeting separately, the groups come together to have a larger discussion surrounding staff and organizational changes that can facilitate an inclusive organizational culture. According to Blitz & Kohl Jr. (2012), caucusing can also be “valuable in fostering accountability and validating perceptions of institutional racism within the organization, further supporting the organization’s members” (p. 482).

Guh et al. (2020) explore the effectiveness of a 90-minute workshop teaching medical educators how to implement racial affinity caucuses into their organizations. The workshop included an exploration of the impact that racism has on the health outcomes of people of color (Guh et al., 2020). Study outcomes revealed that workshops not only strengthened trainee knowledge on institutional racism but also helped to generate confidence in trainee ability to implement caucuses in their respective organizations (Guh et al., 2020). Findings suggest that affinity groups that account for race, gender and intergroup discussions could be useful in cultivating an organizational culture that is inclusive for Black women. The University of Pennsylvania Social Policy and Practice program incorporated affinity groups for MSW students in 2020. The course at the University of Pennsylvania is called SWRK 603: American Racism in
Work Practice and is mandatory for all Master Social Work students. Staff at the University of Pennsylvania have been afforded the opportunity to participate in these affinity groups to help address instances of white privilege and the “white savior complex.” Like intergroup discussions, affinity groups within schools have a specific focus on the racial concerns of students. While instances of racism are essential to explore, current curricula do not account for the multiple marginalized identities within BWSW. Additional curricula need to be incorporated to address instances of overlapping oppression through an intersectional lens.

While the current social work curriculum includes implicit bias discussion, the focus is generally on how personal bias impacts the therapeutic relationship between the social worker and the client (Merino et al., 2018). However, there is little discussion surrounding how implicit biases of coworkers and bosses impact the overall experiences of social workers in the workforce. In addition to conversations about self-care and implicit bias, intergroup dialogue discussions also need to be incorporated into current curricula. Additional research should explore how social workers can advocate for themselves in the workplace and the stress impacts associated with being a part of a marginalized group while working in the social work field. More emphasis needs to be placed on the health and well-being of social workers. Intergroup dialogues can help shed light on Black women students’ experiences and prepare them for some of the challenges that they may face when entering the workplace. Highlighting Black feminist perspectives, intergroup dialogues can help address stereotypical workplace views and empower BWSW to create their self-image in the workplace.

Social work curricula do not equip BWSW with the knowledge of how to deal with instances of high stress in the workplace. Additional information could be provided within social work education to explore how marginalized groups can advocate for themselves and reduce
workplace stressors. Macro social work courses can examine how social workers can influence workplace policies and practices that further oppress marginalized groups. Workplace institutions could use study findings to develop a curriculum for Bachelor of social work (BSW) and Master of social work (MSW) programs. It could include a focus on understanding how the various intersections of oppression BWSW experience contributed to their increased stress levels. In the past, social work curricula have utilized a model that “emphasizes tolerance of individual and group differences,” but lacked “information on institutionalized racism and on white privilege in particular” (Abrams & Gibson, 2013, p. 148). Abrams and Gibson (2013) criticize the vagueness in the Council of Social Work Education’s (CSWE) recommendation for teaching social work students’ “multicultural awareness.” The vague nature of CSWE’s recommendation for education leaves multicultural awareness up for interpretation and does not set a standard requirement of what social work students need to learn regarding structural oppression, intersectionality, diversity, and inclusion. To combat the ambiguous curricula recommendations surrounding teaching social work students about social justice, Abrams and Gibson (2007) propose incorporating discussions of white privilege and the “implications of white identity” into all social work education (p. 151). Discussions surrounding the difference between being Black in predominately white workplaces and being white in predominately white workplaces are warranted to facilitate an understanding of how overlapping experiences of oppression impact marginalized groups.

In a recent exploration of CSWE’s Educational Policy and Accreditation Standards, accredited institutions must adhere to two competencies about diversity. The two competencies are required of workplace institutions to address diversity issues and promote economic and social justice. The first required competency calls for social work students to understand how to
manage their personal biases and explore the role diversity plays in influencing life experiences. The second competency is to explore how students can promote social justice on an individual and systemic level. While these competencies examine instances of social justice, they fail to outline curricula focusing on the health and well-being of the social worker as it relates to oppression, especially BWSW. Changing the curriculum to include an understanding of the impacts that oppression and institutional culture have on the lives of Black social workers could provide a supportive environment for Black women social worker students. It could also influence how these future social workers support potential Black women clients.

**Implications for Continuing Education**

In addition to influencing social work education, study findings could provide helpful information that could affect how social workers are trained after graduating with a social work degree. Study findings could be used to support a collaboration between the National Association of Social Workers, the Council on Social Work Education, the National Association of Black Social Workers, and social work educational institutions. The overarching goal would be to develop continuing education trainings that discuss workplace culture and highlight how institutions can be supportive to their Black women staff. Training needs to be developed to highlight strategies that employers can use to create a workplace environment that encourages discussion of staff needs. Pyles (2018) highlights that burnout is related to workplace culture (e.g., environmental factors and work responsibilities). Employers have a responsibility to ensure that the needs of their staff are met. Workplace policies and procedures need to be revamped to be more inclusive of marginalized groups. BWSW are marginalized on multiple levels in the workplace. Factors that impacted how study participants perception of stress in the workplace included structural racism and sexism; unrealistic expectations in the workplace; and lack of
support regarding taking time off. Developing continuing education training that discusses how to encourage social work staff to share their mental health concerns and decrease workplace stress (e.g., smaller workloads; encouragement to take vacations and breaks; and changing workplace polices to be more inclusive). Training would encourage employers to consider staff needs in additional ways which can decrease workplace burnout.

Training would first explore definitions of workplace culture as it relates to social work burnout and stress. Workplace culture can play a huge role in impeding burnout within the workplace (Pyles, 2018). Awa et al. (2010) state that burnout can be prevented within the workplace by changing “work procedures like task restructuring, work evaluation and supervision aimed at decreasing job demand, increasing job control or the level of participation in decision making” (p. 185). The study participants indicated that their work responsibilities often outweighed the time allotted for completion. The proposed continuing education courses can explore how to cultivate a positive workplace culture for social work staff. In a study conducted by Awa et al. (2010), interventions cater to restructuring workplace procedures; they were evaluated to explore if organization-directed and person-directed interventions prevent burnout in the workplace. Study findings indicate that person-directed interventions (e.g., offering counseling for staff, encouraging social interaction, and teaching relaxation exercises to staff) significantly reduced burnout within the workplace (Awa et al., 2010). In addition, there is some evidence that organization-directed techniques (e.g., work performance evaluations, shifting work responsibilities, and restructuring how daily operations are run) also decrease instances of burnout within organizations (Awa et al., 2010). Given this, suggestions for cultural change within organizations should consider both the personal and mental health needs of staff as well as how the structural and daily operations of the workplace impact staff. Lastly, training
should include a discussion of current workplace practices that perpetuate stereotypical views of Black women and provide insight into how Black women are silenced within the workplace. Trainees would be invited to have open discussions about the oppression experienced in the workplace and identify areas for improvement in their organization.

**Workplace Policy and Practice Change**

Current policies and practices contribute to a culture that invalidates BWSW and ignores their needs. Structural racism and sexism need to be addressed as it demoralizes Black women in the workplace. BWSW deserve to work within a safe space that considers their holistic needs and encourages them to share their feelings openly. Study participants felt silenced in the workplace due to constantly being ignored. When expressing themselves, participants thought that they were labeled as aggressive. Study findings suggested the need for policy and practice changes that uplift and support BWSW. Workplace policies and procedures need to be revamped to be more inclusive of marginalized groups. This section explored current diversity, equity, and inclusion programming in the workplace. It provided a provisional outline for workplace training that supervisors could offer to teach strategies for supporting social work staff.

**Cultivating an Inclusive Workplace Culture**

Training for supervisors needs to be conducted in the workplace. How to cultivate a supportive environment for social work practitioners, specifically BWSW, should be the focal objective of the leadership training. Some study participants indicated that incorporating and normalizing self-care discussions into the weekly workplace operations would help them feel more supported. Study participants also suggested that there should be a weekly meeting specifically for social work staff; during the meeting they could share ideas and support each other with managing work responsibilities. Moreover, participants indicated that they would like
to be offered the space to share work-related concerns with supervisors without being considered aggressive and have opportunities to be incorporated in the planning process to address those concerns. The study findings began to lay the foundation for workplace training curricula that emphasizes the needs of BWSW.

Training should be offered to workers at all levels of organizations, including the management team. It should include supporting social work staff and cultivating an inclusive culture for BWSW. When trainees are empowered to develop a safe space within the workplace that welcomes staff concerns, allows staff to be a part of decision-making processes and encourages taking time off for self-care everyone benefits. Training could address staff concerns and develop action steps for addressing issues as they arise. It should emphasize the impact that being a member of multiple marginalized groups has on workplace experiences. As a result, trainees would have additional opportunities to learn how to develop a workplace culture that is inclusive for all staff.

Chrobot-Mason and Aramovich (2013) argue that employees develop knowledge surrounding organizational priorities based on their experiences in the workplace. For example, BWSW in this study share that they do not feel prioritized within the workplace due to the constant increase in workload and responsibilities. Participants share that their workplace focuses more on productivity and profit rather than the health and well-being of staff. BWSW in this study share that they often feel undervalued within their workplace as they are forced to take on unrealistic caseloads to increase workplace revenue. Chrobot-Mason and Aramovich stress the importance of organizations developing an “affirming climate” for staff where all staff needs are met (p. 663). An affirming workplace climate “consists of management practices to create a work environment defined as providing equal access and fair treatment to all” (Chrobot-Mason
& Aramovich, 2013, p. 663). Chrobot-Mason & Aramovich (2013) conduct a study exploring the impact that an affirming climate in the workplace has on staff turnover. Study findings indicate four psychological outcomes that decreased staff turnover. The four variables include “identity freedom, psychological empowerment, climate for innovation and organizational identification” (Chrobot-Mason & Aramovich, 2013, p. 679). Identity freedom refers to how comfortable employees felt sharing their identities at work, while psychosocial empowerment highlights a workplace climate where staff felt enabled by supervisors to speak about work-related concerns (Chrobot-Mason & Aramovich, 2013). In addition, Chrobot-Mason and Aramovich (2013) share that a culturally sensitive workplace climate is achieved when staff felt encouraged to share innovative and creative ideas (i.e., climate of innovation) and feel a sense of belonging within their workplace (i.e., organizational identification).

BWSW in the study often felt the need to suppress their identity, felt silenced from sharing concerns and ideas within the workplace, and often felt isolated as Black women working in the social work field. The findings speak to the need for developing workplace training that highlight the four psychological outcomes that are expressed by Chrobot-Mason and Aramovich (2013). Such training could teach upper management and supervisors strategies for creating an inclusive workplace culture that more substantively reflects the needs of BWSW. Such training should have open and non-judgmental discussions with management teams to address current policies that might stifle the voices of BWSW and force them to hide their identities within the workplace. Organizations should be encouraged to engage deeply with their policies, organizational climate, and personal biases.

Currently, universities have been pushing to emphasize issues surrounding diversity and inclusion. At the University at Albany (SUNY), the Office of Diversity and Inclusion seeks to
provide an inclusive environment for students through curriculum, programming, and activities. The overall responsibility of the Office of Diversity and Inclusion is to provide a safe space for open dialogue that embraces the differences of students, faculty, and staff. The University of Michigan School of Social Work program has created a Diversity, Equity and Inclusion (DEI) strategic plan that encompasses open dialogue, gaining access to social justice funding, and anti-racism programming. Programs like the examples provided should be incorporated in the universities that train social work students and be included with the institutions in which social workers provide services.

Much of the current DEI initiatives focus on training social workers how to be supportive to clients but fail to explore the lived experiences of social workers, and more specifically BWSW. Ng and Sears (2020) state that to promote a diverse culture and climate within the workplace, organizations need to have long-term support from managerial and corporate staff. Ng and Sears (2020) posit that “CEOs must visibly demonstrate pro-diversity behaviors for organizational members to embrace these efforts and for diversity practices to be implemented” (p. 447). Therefore, to make significant changes within organizations regarding inclusivity, management teams must model the importance of diversity and inclusion through policies, procedures, and staff expectations. The diverse needs and lived experiences of all staff must be considered when developing a workplace environment that is welcoming and supportive for BWSW. Changes made on the managerial level regarding diversity equity and inclusion will trickle down to staff on all levels. In the study, BWSW shared that their workplace emphasized generating revenue rather than the health and well-being of staff. Organizational structure, organizational practices, workplace policies, workplace staff responsibilities, and institutional culture need to shift to include staff's personal and professional needs. Creating an environment
that puts the lived experiences of staff at the forefront could cultivate a workplace culture that is supportive of the needs of BWSW.

**Recommendations for Future Research on Black Women**

Black women are invalidated, overlooked, stereotyped, misunderstood, and mistreated within the workplace. Supporting and uplifting everyone around them, the needs of Black women are often dismissed and forgotten. Additional studies need to be conducted to explore further the impact that stress has on the health of BWSW. Black women are often expected to handle hardship stoically without regard for themselves. This may be due to the resilience and strength they exude in the face of adversity. As social work researchers, we have a duty to advocate for marginalized and oppressed groups. Black women’s physical and mental health have taken a back seat to everyone else's needs, and it is time to advocate for changes in societal assumptions of Black women and workplace policies. In order to promote change for Black women, further research must be conducted capturing the true experiences of these women.

Current literature fails to disaggregate race and ethnicity for Black study participants. Cultural differences shape the experiences and perceptions of various ethnic groups. Future qualitative studies need to be conducted that highlight the cultural differences and sub-categories of race and ethnicity for Black women. Providing opportunities for Black women to list additional ethnic and racial information will give voice to their individual experiences and provide helpful information crucial to addressing the overlapping societal expectations placed on Black women. Finally, disaggregating race and ethnicity in research for Black women will give Black women the opportunity to define themselves in society and begin to dispel society assumptions.
This study only scratches the surface of the research needed to highlight the stress experiences of BWSW. There remains a lack of knowledge regarding how BWSW define stress varying in age, social work experience, location, and workplace settings. Additional research is needed on the role of structural racism and sexism in Black women’s internalized feelings towards themselves. Studies exploring John Henryism, imposter syndrome and allostatic load specifically for BWSW will paint a more holistic picture of their true stress experiences and the toll that stress has on their overall health. Limitations in the current study (e.g., sample size, funding, geographic location, and qualitative design) point to the need for more in-depth analysis of the stress experiences of BWSW.

More specifically, a mixed methods national study grounded in the ideas of intersectionality needs to be conducted further to examine the stress experiences of BWSW. This study could include an exploration of the different experiences of various racial/ethnic groups, such as BWSW, white women social workers and Black men social workers. The proposed study could include the Perceived Stress Scale (Cohen et al., 1994) and the Clance Imposter Phenomenon Scale (French et al., 2008) to gain further insight into the perceived stress of BWSW and explore feelings of fraudulence in ability. Such a study could also measure allostatic load identifying allostatic load scores for each study participant. The combination of understanding stress perceptions of BWSW and exploring how stress impacts participants physically will provide a deeper understanding of the physical and psychological pitfalls of constant exposure to stress. Exploring the stress definitions of Black men and white women social workers as compared to BWSW would highlight the actual differences in the lived experiences of Black women.
In addition, qualitative inquiry can be used to further inquire the stressors within the workplace for study participants. To gauge feelings associated with imposter syndrome, questions could include participants’ perception of the skills they possess, which qualifies them for their current work position. Questions surrounding personal esteem at work, accolades and staff recognition could help to shed light on feelings of imposter syndrome for Black women in the workplace. Imposter syndrome should also be explored in the context of racism and sexism to see how structural racism and sexism affect how BWSW view themselves. In alignment with intersectionality, a more profound discussion needs to be conducted, exploring the multiple identities of Black women, and the role that each of these identities plays in their stress perceptions. Cultural aspects of upbringing and experiences also need to be highlighted as cultural aspects tie into Black women’s work ethic and identity development.

**Future Research Pathways**

Black women deserve to be supported, celebrated, and heard within academic research. The overall goal of my future research will be to promote structural changes within the workplace institutions that Black women give much of their time and energy to. Future research will include qualitative exploration of the stress experiences of BWSW on a larger scale if funding is provided. Future studies will account for a larger age range of participants with a more diverse sample of women and include BWSW from multiple geographic locations. This study will be conducted again on a larger scale utilizing a mixed-method approach. Questions used in this study will be used again in future studies; however, I would like to add the Perceived Stress Scale (Cohen et al., 1994) to the study to collect more data regarding the stress levels of BWSW.

In addition, I hope to conduct future research exploring the differences in stress levels of BWSW based on their work responsibilities (e.g., micro versus macro responsibilities). Future
research will aim to explore if women who have macro work responsibilities present higher stress levels than those who have micro responsibilities. Furthermore, questions surrounding experience in the social work field will also be explored to see if years of experience impact the stress levels of study participants. Questions for future research will include a deeper exploration of the physical and mental manifestations of stress, including discussing the impacts that stress has on exacerbating preexisting conditions. Given that the participants in this study identified meditation, exercise, and prayer as coping skills, future research will explore the holistic coping methods BWSW use to deal with stressors. Questions surrounding participants’ recommendations for culturally competent body-mind-spirit interventions (Lee et al., 2018) will be added to this inquiry. Future studies will aim to highlight BWSW’ recommendations for incorporating body-mind-spirit interventions in the workplace as a resource for decreasing their stress levels. My future research will also focus on the experiences of BWSW and ensure that their voices are heard within research.

Conclusion

Research on BWSW’ stress experiences and coping strategies have highlighted the need for additional exploration surrounding these topics. Current literature lacks an understanding of how BWSW perceive stress, how their economic location impacts their stress levels, how they cope with stressors, and which coping strategies can help decrease the harmful effects of stress specifically for these women. Moradi and Subich (2003) cite “the significant links of perceived racist and sexist events to psychological distress; [they] suggest that counselors/therapists should integrate understanding of African American women clients’ experiences of racism and sexism into case conceptualizations, treatment planning, and interventions” (pp. 466-467). Given the knowledge of the adverse health outcomes associated with African American women and stress,
it is imperative to further research these areas. Also, research is essential to highlight how institutions can assist in supporting BWSW. Hence, practitioners and researchers should further understand the stress of BWSW utilizing intersectional Black feminism as a framework for understanding the oppressive experiences of these women.

Based on the literature, to some extent, understanding Black women’s stress experiences calls for exploration of their coping mechanisms. Literature posits that it is the ability to cope with a stressor rather than the existence of the stressor that determines health outcomes (Vines et al., 2006). Given the disproportionately high rate of stress-related health outcomes for Black women, it is imperative to explore the role that coping strategies play in the psychological and physical well-being of BWSW. As a group, Black women have unique experiences and historical traumas that may utilize unique coping strategies. Although literature surrounding Black women and coping is limited, strategies such as avoidance, conforming to social expectations, and utilizing social support have been highlighted for this population. Additional schemas such as the Strong Black Woman complex and the Superwoman complex have also been highlighted, but researchers have found conflicting views about these schemas. Black women exude strength; this perceived capacity has taken on both a negative and positive connotation as some feel that strength is a form of empowerment while others view it as a form of self-neglect. Concepts like the ideas of post-traumatic growth and role flexing as forms of coping need to be further explored to understand how BWSW cope with stressors experienced within the institutions in which they work and their daily lives. The overall goal of this study was to understand how BWSW perceive stress, experience stress, cope with stressors, and what supports they identify are needed within institutions to promote a shift in their physical manifestations of stress. The
study results will begin to shed light on the experiences of BWSW, but much more work needs to be done.

The study findings were directly aligned with intersectional perspectives. BWSW in this study experienced oppression at the various intersections of their identities (e.g., race, ethnicity, gender, age, and career-social work position). The combination of the overlapping societal expectations of BWSW and their cultural expectations of Black women exacerbated their stress levels. It impacted how they view themselves within various systems. The findings enhanced awareness surrounding the need for exhaustive studies that consider the role that oppression plays in the identity development of BWSW. The study findings confirmed the possible detrimental impact of schemas such as the Superwoman schema and highlighted that BWSW have unique stressors due to their social position within society. However, additional exploration of the role of socialization and cultural practices (e.g., traditions and ingrained messages taught during upbringing) in identity development and stress perceptions is warranted.

While some study findings mirror current stress literature surrounding experiences of other races and genders, this study showed that the stress experiences of BWSW are exacerbated by racism, sexism, and historical views of Black women in society. Stereotypical views of strength and aggression coupled with the intense pressure to dispel societal workplace myths surrounding Black women make Black women's stress experiences different from other social workers. Racism and sexism intensify the stress experiences of BWSW as they juggle multiple identities, overlapping societal expectations, and family expectations. The study findings supported the notion that the stress of BWSW is complex and needs further exploration in the research literature.
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Appendix A: Recruitment Flier

Black Women Social Workers Needed!

ALL PARTICIPANTS RECEIVE A $20 GIFT CARD
TIME COMMITMENT: APPROX. 1.5 HOUR (2 HOUR MAXIMUM) INDIVIDUAL ZOOM INTERVIEW
PARTICIPATION IN THIS STUDY IS VOLUNTARY

This study will explore the stress experiences, coping responses, and supports for Black Women working in the social work field.

Eligibility Requirements

1. Self-Identification
   - Self identify as Black (e.g., having African Ancestry, African-American, Afro-Caribbean, Afro-Latina, etc.)
   - Self identify as a Woman

2. Education/Professional Background
   - Have a social work degree from an accredited social work education institution (e.g., Bachelor, Master, Doctorate)
   - Work for a non-profit or public institution performing a range of social work activities

3. Technology Access
   - Have access to Zoom electronic video communication

SCHOOL OF SOCIAL WELFARE
UNIVERSITY AT ALBANY
State University of New York

Willing participants Email or Text Collina Cooke

This study was approved by University at Albany's Institutional Review Board (IRB #21X013).
Dear Participant,

My name is Collina Cooke, and I am a Doctoral candidate in the School of Social Welfare at the University at Albany (SUNY). I am conducting a research study exploring the stress experiences, coping responses and institutional supports/stressors for Black women social workers within the organizations in which they work. This letter serves as an invitation to participate in this study.

Eligible participants in this study must self-identify as a woman and identify as Black (e.g., having African Ancestry or indicating they are African American, African, Afro-Caribbean, Caribbean, or Afro-Latina, for example.). Also, women must be social workers (e.g., have a bachelor, master, or doctoral degree in social work from an accredited social work education institution). Social workers who have professional licensures and certificates are also welcome to participate in this study (e.g., LMSW, LCSW, ACSW, and LCSW-R). Lastly, participants must report working within a nonprofit or public institution performing social work activities (e.g., counseling, case management, advocacy, and referrals) and have access to Zoom electronic video communications.

If you are interested in participating, you will be invited to engage in an individual interview with me. The interview is expected to be no longer than an hour and a half (possibly two) and will be recorded using Zoom.

Participation in this study is voluntary. To ensure participant confidentiality, your identity will remain anonymous. To ensure that your identity is protected, each participant will be assigned a pseudonym and work institutions will not be specified. In anticipation of your participation, you will receive a $20 Amazon gift card as a token of appreciation.

If you interested in participating in this study or have any questions, please feel free to email me at [doctoral candidate’s email inserted] or text me at [doctoral candidate’s cell phone number inserted].

Thank you for your time and consideration,

Collina D. Cooke, LMSW
University at Albany (SUNY)
School of Social Welfare
Doctoral Candidate
Appendix C: Individual Interview Guide

Stress Perceptions

1. On a scale of 1-10 (1 being no stress and 10 being high stress) rate on average your stress levels last week?
   
   a. Based on the same scale, how would you rate your stress levels from last month?
   
   b. Based on the same scale, how would you rate your stress levels from this year?

2. When you think of the word stress, please share what comes to mind.
   
   a. Please share how you define stress specifically for you.
   
   b. What are the factors that contribute to increasing your stress levels?
      
      i. Please whether trauma or historical trauma has had an impact on your stress levels.
   
   c. Please share if you have experienced stress as a result of discrimination and oppression.
      
      i. If so, can you share an instance in which you have been discriminated against, how you felt and how this instance impacted you.
   
      ii. Can you share an instance of micro-aggressions that you have experienced? (How did you deal with it?)
      
      1. Have you experienced micro-aggressions within the workplace?
**Manifestations of Stress**

3. Based on the definition that you provided, when you feel stressed, please describe how your body feels.
   
a. What happens to you physically when you feel stressed?
   
b. Please share if you are aware of any health concerns that have been exacerbated as a result of high stress levels (e.g., medical conditions and diseases).

4. Based on the definition of stress that you provided, please share how stress has impacted your mental health.
   
a. If you feel comfortable, please share if you have ever been diagnosed with a mental health disorder due to your stress levels.
      
i. If no, have you ever felt as though you may have a mental health disorder due to your stress levels. (Share what this disorder is and why you think you have this disorder.)

5. Based on your definition of stress, please share how stress has impacted your emotions.
   
a. What emotions do you feel when you are stressed?

6. Based on your definition of stress, please share how stress has impacted you spiritually.

**Coping**

7. Please describe what activities you do to help decrease your stress levels.
   
a. Given the stress that you experience, what keeps you moving forward?
i. What factors contribute to you taking care of your responsibilities despite the stress that you experience.

b. Please share a list of activities that you have utilized to decrease your stress levels.

c. Of the activities described, which activities do you find most helpful in decreasing stress?

   i. How long have you been utilizing these activities to decrease your stress levels?

**Workplace Supports/Stressors**

8. Please describe your work environment.

   a. What are some of your responsibilities at work?

   b. What population do you work with?

   c. What is the workplace culture where you work in terms of taking time off and taking breaks during the workday?

      i. Do you take time off or see your colleagues taking time off?

         1. If so, how often do you take time off?

   d. If you are aware, how often do your coworkers take breaks or vacations and does your workload increase when they take time off?

9. What are your stress levels at work?

   a. Please share with me how often you take time off.

      i. Do you feel comfortable asking for time off or taking a break at work?

   b. Describe what emotions you often feel at work?

      i. What contributes to you feeling those emotions at work?
ii. Do you feel stressed while at work? (If so, what contributes to this stress?)

10. How do you cope with work stressors?
   a. Does your workplace support you in coping with stress at work? If so, how?
      i. If not, what do you think your workplace can do to help decrease your stress levels?
      ii. Do you feel comfortable sharing with your workplace when you feel stressed? If so, what makes you feel comfortable and who do you speak with about your concerns?
   b. What strategies do you use to decrease work stress?

11. What are your suggestions, solutions, and ideas to creating a culture where you feel supported and encouraged to share stress levels and needs within your workplace?