# Social Work in the Context of the COVID-19 Pandemic

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## Abstract:

The coronavirus (aka COVID-19) pandemic has paralyzed the whole world and society as such has found itself in a health, social and economic spiral. We have come to discover how the helping professions – including social work – are undersized, undervalued and marginalized, and yet virtually essential for our survival as a society. This means that there is a growing need for a systemic reform not only in the field of social work, but also in education focused on the helping professions.

Due to the ongoing COVID-19 epidemic, opportunities are being sought for the use of social workers in the field of support provided to healthcare strategies, but also the strategies in the field of social work itself. In the field of healthcare – in addition to medical staff in the residential healthcare facilities and first contact facilities – various specialized departments, such as infectology, pneumology, epidemiology, clinical microbiology, tropical medicine, pharmacology and others, are being actively involved in the process to manage the pandemic. Psychology and social work should be part of the above cooperation. Following the outbreak of the epidemic in our country, the Ministry of Health developed a standard procedure for rapid guidance of the clinical

management of pediatric and adult patients infected with coronavirus (Šuvada, Jarčuška, 2019), which was intended for medical staff providing health- care. This material is primarily intended for the healthcare professionals who provide healthcare to patients hospitalized with severe and acute respiratory infections. A certain risk in the creation of this material was that this procedure was based only on the currently available knowledge, which at that time did not encompass a comprehensive clinical image of the disease, its transmission and duration.

The working group consisted mainly of doctors, nurses, laboratory technicians, and even practitioners in the field of ethics, but it contained no support professionals, psychologists (let alone clinical) or social workers who could contribute to the topic with their holistic approach to treatment and patient care, which the authors of the text build on. This narrowing is also interesting because at least one of the co-authors is a professor in the field of social work.

The above standard procedure is unilaterally focused on the somatic aspects of the presented issues, which are understandably prioritized in the times of a pandemic, but even a crisis such as this one cannot make us neglect the psychological, social and spiritual needs of patients. Inadmissible simplifications appear in the text due to the exclusion of supporting scientific disciplines. Nurses cannot provide psychological counseling because they are not qualified to work professionally with panic, fear and anxiety in the patients as per the expectations in the Standard Procedure of the Ministry of Health of the Slovak Republic. Paradoxically, the doctors don't expect the nurses to perform specialized medical procedures.

The history of the current coronavirus pandemic can be traced to the several cases of hitherto unexplained pneumonia, which appeared in the Chinese city of Wuhan in December 2019. These cases were linked to the exposure to the local seafood market. The cases were confirmed as an acute respiratory infection caused by a coronavirus, and the disease started to transmit from person to person (Perlman, 2020). The most likely hosts for SARS -CoV-2 in the wild are bats (Zhou, 2020). The SARS and MERS viruses were not a complete novelty to the professional public, and experts had identified and described them as early as in 2004. However, it took some time to identify their etiological context and define the relevant procedures. The number of cases without contact with animal hosts had increased dramatically not only in China, but also in Hong Kong, Taiwan and Macau. On March 5, the first confirmed cases were reported in Italy and later in the neighboring European countries. By October 2021, altogether 4,913,115 COVID-19-related deaths had been recorded. There are currently 241,409,221 confirmed cases in 221 countries and territories.The mortality rate is still being assessed.

Patients with pneumonia infected by COVID - 19 have become the central source of infection. Respiratory aerosols have been the main route of transmission, but transmission is also possible through body contact (Zhou, 2020). Based on a rapid epidemiological research, the incubation period of the infection was 3 to 14 days. The clinical signs of the early mutations included fever, symptoms of influenza, signs of pneumonia in the imaging examinations, and low white blood cell or lymphocyte counts. Trips to places with permanent transmission, contact with patients with a fever or respiratory symptoms, groups of possible carriers (means of transport, mass events, medical or social facilities) were all considered an epidemiological risk.

The first anti-epidemiological measures were issued by the Chief Hygienist of the Slovak Republic on 3.3.2020. This decree mandated the application of quarantine measures 14 days after the last contact with the infected; identification of his/her social contacts, which included the monitoring of symptoms typical for the coronavirus infection; the decree also prohibited social contacts and travel and it mandated a quarantine at home, in the hospitals or quarantine centers. The decree was primarily focused on the patients with life-threatening diagnoses, people over the age of 65, and it defined the rules for avoiding high-risk areas. The preventive measures included: population testing; isolation of at-risk and positive individuals; gradual vaccination; disinfection of at-risk environments; preference and support for work from home/home office; government measures to minimize the spread of the epidemic (shuttering schools, facilities and establishments providing services; ban on public meetings, cross-border travel; imposition of curfews with

the above exceptions; ban on travel between counties; etc.). The above psychological support was disproportionately limited to interests and education.

The whole society, and the world at large, has found itself in a health, social and economic collapse. Thus, individuals who have tested positive for SARS-CoV-2, or have been tested for airway or blood homogeneity with SARS-CoV-2, have been confirmed as positive (WHO, 2020). The various emerging mutations in the United Kingdom, Brazil, South Africa and India posed significant trouble because they were to some extent resistant to the then prevention and treatment, and were characterized by rapid spread and higher mortality rates. The emergence and spread of mutations significantly complicates prevention and treatment, and especially so today.

The close contacts of confirmed cases play an important role in tackling the situation. The close contacts are people who live, study and work with a confirmed case. This group also includes medical staff, caregivers and social workers who care for or treat the patient. This also includes the co-patients or clients who have been in contact with a confirmed case.

Preventive and control measures must be applied when patients enter the hospital, or when symptoms appear in the clients residing at home or in the residential social care facilities. Standard preventive measures include: hand hygiene; use of PPE; protection against contact with blood body fluids and secretions of the patient to minimize the direct risk of infection.

COVID-19 affects people in various ways. Most infected have mild to moderate symptoms and recover without hospitalization. The disease has the following clinical symptoms in the course of its development:

- Asymptomatic disease.
- Disease without significant complications – fever, cough, sore throat, swelling of the nasal mucosa, malaise, headache, muscle pain, nausea, fatigue, loss of taste or smell, skin rash, or other non-specific symptoms.
- Mild pneumonia - mild course of pneumonia, difficult breathing, rapid breathing.
- Severe pneumonia – high fevers, severe respiratory distress.
- Acute respiratory distress syndrome – worsening respiratory symptoms, chest obstructions, collapse of the lungs or lung lobe, enlarged lymph nodes.
- Sepsis – a life-threatening condition with organ failure in response to infection, low oxygen saturation, acceleration of cardiac function, decreased diuresis, increased sweating, mental disorders.
- Septic shock – persistent hypertension despite intravenous fluid replenishment.

Treatment includes: isolation of the infected patients at home or in a facility; bed rest; monitoring of vital functions; adequate energy and fluid intake; supportive treatment; adequate pharmacotherapy (although there is no specific drug treatment available yet). Patients with severe development are placed in medical facilities (capacity permitting), oxygen therapy is used (if a sufficient number of devices are available), and laboratory monitoring also plays an important role. The hygiene of workers who are in contact with the patients or clients (hand hygiene, gloves, coats, drapes, eye protection) is a prerequisite for an effective approach. The healthcare professionals should be registered and monitored.

In addition to medical staff, hospitals also allow social workers to operate on their premises. We have already mentioned that health and disease also have a social dimension; social factors are part of the etiology of a disease and pathogenesis; qualified professionals in the field of social work should participate in the treatment process.

Despite the fact that professional statements and publications present the need for an holistic approach, practical experience differs significantly from these public presentations. The social field is marginalized in the healthcare system, and various alternative options for substituting qualified social workers were sought. Without argumentative support, it was assumed that this issue would be handled by medical staff; and it was expected especially from nurses who are not qualified for this job.

Abroad, where social work in healthcare has a long tradition, there are “clinical social workers” who have the necessary competencies to function in the healthcare system and in a professional team. Certain types of our healthcare facilities sporadically open the position for “social workers” in the context of the Decree of the Ministry of Health of the Slovak Republic of 14

December 2012 no. 09780-OL-2012 (pp. 283 - 285), but this position does not appear in the matrix of medical professions. However, the number of these employees per client does not correspond to the needs of intervention social work and their role is often reduced to administration and communication with external social services.

During the Covid pandemic, social workers in residential healthcare facilities have been involved in managing the critical situation in hospitals also because of staff shortages. Some medical staff have become infected with Covid and many workers are in quarantine. In an overload situation, social workers do not focus centrally on work with individual patients, and according to their statements, there is: much less space for informing the patient; discussing the disease and treatment; helping the patients to adapt to the new situation; helping them cope with uncertainties, worries, anxiety, supporting the positive attitude to treatment; preparing the patients for discharge; etc. The current situation does not allow for direct cooperation with the patient's family and wider social environment, as these persons are prevented from entering the medical facilities. Social workers are therefore available where the current situation in the hospital requires it.

The situation in residential social care for various target groups of clients is even more complicated. Seniors in the social care homes are most at risk of contracting Covid. There are many clients diagnosed with Covid-19 in these facilities, there is no contact medical care personnel at the bedside, and the medical staff only consists of nurses who are aided by other professions in the time of crisis. The clients' basal needs are covered by the bedside nurses.

According to the Maslow's pyramid of needs (1968), nursing care should take precedence over traditional, professional methods of social work. It was necessary to create isolated enclosed zones for the infected in the facilities. Despite adhering to the principles of prevention and hygiene, many contact workers in the facilities became infected and the facilities had to operate with reduced numbers of workers. However, there was open space for professional interventions by social workers. The facilities were closed and the clients lost personal contact with their families and the social environment. The clients were struck by minimal social contacts, frequent contact with the death of other clients, and unclear strategies, measures and prognoses. The clients exhibited an increased level of anxiety, fear and tensions. They needed somebody at their side who would listen, understand their situation, provide them with relevant information and support them in a threatening situation.

The support provided to clients, motivation boost for the infected clients to actively participate in treatment and an active approach to prevention for uninfected clients was an important contribution of social workers in this context. The uncertain and traumatic situation in social facilities fuels an atmosphere of dissatisfaction and misunderstandings and reduces the control of affective behavior and aggressive communication.

In regular supervision, social workers have noted an increasing number of conflicts between the clients, but also between the clients and staff. They are looking for ways to participate effectively in resolving the misunderstandings and conflicts and use effective strategies and techniques. One of the important tasks of social workers was to create a positive atmosphere in the facilities, support cooperation at all levels and ensure telephone or online communication between the clients and their families.

Social work in the area of field and social care was also specific for this period. A field social worker works in two central environments. The open environment is typical for work on the street and in low-threshold facilities, and field work is also carried out in the clients' families. Social workers state that the alternation of in-person and online communication with the clients is one of the hallmarks of this period. In contact care, it is necessary to follow all hygienic principles and protect oneself against infection by masks, respirators or shields. Social workers provide the clients on the street with the necessary protection, and by doing so they also protect themselves.

The structure of the presented and solved social problems changes to a certain extent in the context of the Covid situation and limiting measures when working in families. The isolation and closed-up nature of the family: supports the emergence of "cabin fever"; tensions in families increase; rate of aggressive manifestations; outright aggression and verbal and brachial violence is becoming ever so frequent. Experts are more

often confronted with;increased consumption of alcohol and other drugs; the number and level of addictions in the online space is on the rise. The current situation has also greatly influenced the conflict between work and family (Greenhaus, Beutell, 1985). We could map out how the pandemic has affected the social system, but that is more of a social policy issue.

The solutions for this crisis were also provided by social education. When staff shortages in social care facilities reached a critical level, the facilities turned for help to higher education institutions where social workers were being prepared. Often, these included the workplaces where the students of social work take up their practice. The teachers contacted the students; explained the critical situation to them; informed them about the needs of these workplaces; emphasized the voluntary aspect of their work; and some students indeed provided active assistance to these facilities. Later, the Ministry of Labor, Social Affairs and Family of the Slovak Republic responded to the need for cooperation between social education and social services. The departments of social work also responded to the call of the Ministry of Education of the Slovak Republic regarding the assistance in the education of pupils, especially from socially disadvantaged environments. The students of social work were also involved in these activities and helped to cope with the complicated situation in education.

During the pandemic, the work of social workers in healthcare was also restricted by the home office work mode of the officials from institutions such as regional self-governing units (VÚC), municipal offices, and the Office of Labor, Social Affairs and Family (ÚPSVaR). Everything takes longer – including the assessment of reliance on social services. When visits are forbidden, this makes communication with relatives more difficult. In the first wave in Spring 2020, the stakeholders mostly communicated over the phone or by email. The situation turned for the better in the Spring of 2021: the relatives could visit the social workers in their offices, and the social workers mediated the meetings with the clients with the permission of the Chief Physician or Senior Consultant in the more difficult cases. Furthermore, they dealt with the placement of patients in social services facilities (ZSS), mostly with an immediate effect. As the numbers of clients in the facilities decreased, they even managed to house them faster than before the pandemic, in cooperation with a homeless shelter and a dormitory.The situation turned for the worse during the state quarantine when the clients had to be relocated, which was nearly impossible. At that time, they also asked colleagues from other hospitals for help and advice, but they all had the same problem and could not find the solutions.

A Memorandum of Cooperation was signed between the Ministry of Labor, Social Affairs and Family of the Slovak Republic (MPSVR SR), Association of Social Work Educators and the relevant universities providing education in the field of social work, which aims to ensure the preparedness of the Ministry of Labor, Social Affairs and Family for the pandemic of acute respiratory diseases, determination of the tasks for the Ministry of Labor and other organizations under the responsibility of this Ministry in preparation for the pandemic, and mutual cooperation to provide voluntary assistance and support to the clients of social care facilities by students of accredited Social Work study fields.

Social work educators - as conveyors of professional knowledge, skills, attitudes and values (Amadasun, 2020) - are professionally bound to expedite action to conduct and disseminate research about **(1)** social workers' response to protecting their client systems or service users from the COVID-19 pandemic, **(2)** coping strategies of service users (e.g. of older adults, women, resource-deprived households) amid the inaccessibility to medical care in most developing regions around the world, and **(3)** our interventions for families undergoing loss - which could be of relatives, parents or any other loved ones or of socioeconomic or material loss due to the pandemic. By engaging in research, the profession would be creating a vast reservoir of literature that could be fundamental (directly or suggestively) in dealing with future challenges.

Vaccination is the most effective way to control the current COVID-19 pandemic. To this end, the Ministry of Health (Ministry of Health of the Slovak Republic) has prepared a vaccination strategy that combines proposals for implementation of the strategy developed by the expert sections of the Ministry of Health of the Slovak Republic; the working group to implement vac-

cination on the basis of the mandate given by the Pandemic Commission of the Slovak Republic; as well as documents by experts in the field of infectology and epidemiology of the Slovak Republic. There are two basic types of vaccines against Covid-19. The so-called vector vaccines, e.g. Oxford/AstraZeneca COVID-19 vaccines, and mRNA vaccines, e.g. Pfizer/BioNTech or Moderna, which are – following subsequent clinical trials - recommended for children aged 5-18 years in addition to the adult population.

EU leaders have identified the mutations of the new coronavirus to be an increasing problem. Although there are positive signs of a good response of some vaccines to known variants according to doctors and scientists, the situation should be monitored. The Indian variant, also known as delta, is currently the most widespread mutation.

Bridging the crisis situation in the context of the Covid-19 pandemic and social work is a completely new phenomenon in the field of social work. For this reason, we tried to map the first experiences of social workers involved in these processes and monitor the current situation regarding the possible cooperation between the Ministry of Health, Ministry of Social Affairs and Ministry of Education.

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