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SOCIAL WORKERS' EXPERIENCES DURING COVID-19

Maija Slisco

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SOCIAL WORKERS' EXPERIENCES DURING COVID-19

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A Project

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In Partial Fulfillment

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Master of Social Work

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by

Maija Slisco

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Approved by:

Gretchen Heidemann, Faculty Supervisor, Social Work

Armando Barragán, Committee Member

ABSTRACT

The purpose of this study is to identify personal and professional challenges that social workers faced while working in-person with clients throughout the COVID-19 pandemic. This research utilized an exploratory qualitative design. In-depth interviews were conducted with eight participants. Participants were MSW postgraduates recruited through convenience sampling methods. Data was collected via in-depth interviews to identify universal challenges social workers experienced. Through thematic analysis of open coding, the following five semantic themes emerged: safety concerns/risks, ethical professional dilemmas, decreased ability to engage in self-care/increased acquisition of unhealthy habits, loss of connection, and emotional distress Through axial coding, it was found that all five semantic themes were connected to latent-level themes of resilience and uncertainty. Building on existing pandemic preparedness frameworks, these findings could allow for future research to formulate both individual and systems solutions of permeance.

ACKNOWLEDGEMENTS

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CHAPTER ONE

PROBLEM FORMULATION

The definition of disaster holds many meanings and varies by context. To define unexpected disasters within the context of this research, the disasters referenced include events that simultaneously create substantial loss, grief, and crisis for large groups of people (Bauwens & Naturale, 2017). It is not uncommon for social workers to assist as frontline responders in the aftermath of unexpected disasters such as hurricanes, floods, pandemics, and acts of terrorism. Past research has reported that social workers working in the field within the context of an unexpected disaster may later experience adverse mental health effects (Prost et al., 2016).

The current COVID-19 pandemic has created unique differences in frontline social workers' previously recognized disaster response experiences. The global community has been required to rapidly evolve to meet governmental guidelines with regard to public health measures, including, masking, social distancing, testing, lockdowns/closures/safer-at-home orders, sanitization, vaccinations, and more. Such changes in daily life have the potential to increase levels of anxiety and depression, perhaps due to both a lack of social connectiveness and heightened levels of fear for personal safety.

Media outlets' constant coverage of COVID-19 infection and death tolls often sets the tone for individuals' and communities' continued adherence to social distancing and self-quarantine measures. Researchers have recognized

that such continued vigilance, along with collective grief and preexisting daily life stressors, create a phenomenon known as COVID-19 fatigue.

Given the adverse effects of the COVID-19 pandemic within our global community, the need for research that identifies social workers' experiences with working amidst this unexpected disaster is apparent. To better prepare practitioners and improve client outcomes, identifying both personal and professional stressors should be emphasized, as should practitioners' perceptions of the therapeutic alliance.

Purpose of Study

The purpose of this study was to identify common themes among social workers' experiences working in direct client care during the COVID-19 pandemic. Existing research has demonstrated that social workers often experience adverse effects when working within a disaster response context, research regarding the effects of working within a global pandemic of the magnitude of COVID-19 is only beginning to emerge. It was anticipated that new themes or challenges might emerge based on the element of social isolation due to social distancing guidelines. In addition, this research also aims to explore barriers to direct engagement of clients as social distancing and fear for one's personal safety may pose ethical dilemmas pertaining to adherence to standards of care.

The research design was exploratory and qualitative in nature. Participants were current MSW postgraduates working in direct patient care. Data was obtained through interviews to identify universal experiences social workers faced both personally and professionally while working throughout the COVID-19 pandemic. The identified challenges will allow future researchers to formulate pandemic preparedness frameworks that incorporate both individual and systematic solutions.

Significance of the Project for Social Work

The findings from this research contribute to the field of social work in both micro and macro aspects. From a micro level perspective, social workers might be experiencing their own heightened levels of fear for their own personal safety, which could be detrimental to patient care, thereby creating an ethical dilemma. The standards for ethical behavior put forth by the National Association of Social Work (NASW) serve as guiding principles for practice. Included in this code is competence, which refers to the practitioner's duty to stay informed and educated on current methodologies to provide sufficient patient care (National Association of Social Workers, 2017). Due to the rapidly changing nature of COVID-19, staying abreast of current standards of practice requires the use of self-guided inquiry. For instance, such methods include researching the Center of Disease Control (CDC) guidelines as well as attending virtual Zoom meetings

with recognized agencies such as the NASW to collaborate through shared experiences.

Allocating time and energy to professional development can be especially challenging for social workers, who might also be experiencing challenges related to COVID-19 in their personal lives. Identifying social workers' unique experiences and challenges related to the personal effects of the COVID-19 pandemic allows practitioners to normalize their experiences, allowing for coping and self-care. Decker et al. (2019) found that including self-care routines that involve mindfulness and mediation reduced anxiety for social workers. Generally, social workers have acquired skill sets, including self-care and distress tolerance measures that help to moderate the adverse effects that occur while working during unexpected disasters. However, lockdown measures have likely disrupted established self-care routines, which has created cause for redefining self-care regimens. For example, individuals who regularly exercised at gyms prior to the pandemic may have adapted by exercising at home instead. Past research conducted on social work interns suggests that strong peer and supervision support groups could act as moderating factors to ease personal distress (Diebold et al., 2018). While seasoned social workers may be aware of the benefits of strong peer support, due to organizational changes including the reallocation of resources in response to COVID-19 crisis, staffing and supervisory support are often insufficient.

Past research by Roudini et al. (2017) reported that, when both individuals and communities prepare for possible disasters, negative outcomes such as adverse mental health symptoms are minimized. Schroeder and Bouldin (2019) reported a 98% increase in participant resilience levels upon implementation of an inclusive disaster response plan in rural communities. Therefore, organizations and agencies must better prepare for unexpected events. Having adequate peer and supervision support resources available during times of crisis could help practitioners experience less internal discord, thus allowing for the ability to deliver higher levels of patient care.

It is also important to identify macro issues, such as organizational communication styles, regarding COVID-19 protocols. For instance, agencies frequently revise their COVID-19 policies to comply with evolving state and federal recommendations. Such frequent revisions at local, state, and federal levels requires organizations to strategically communicate new protocols to effectively ensure that all staff members are kept abreast of new guidelines. For agencies and organizations to remain sustainable, they must anticipate future needs to ensure that appropriately funded services are available to draw from during times of hardship and restructuring.

Due to the element of COVID-19 within our current social, political, and economic climate, social workers are working in an unprecedented time. While this occurrence fits within the unexpected disaster criteria, the devastation is ongoing and cannot be measured as an isolated event. Research that focuses on

social workers' experiences of working within the context of a global pandemic

could assist with structuring future social work foundations. Such foundations

could include community care and self-care models tailored to a post-COVID-19

world. From an ecological perspective, it is possible that the global community

will experience similar occurrences. For this reason, society must better prepare.

The research question to be addressed is as follows: What challenges unique to

COVID-19 have social workers encountered both personally and professionally

while working in-person during the pandemic?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will first cover universal experiences social workers have faced while working through unexpected disasters such as the COVID-19 pandemic, with attention given to the social issue of pandemic preparedness. Next, ethical dilemmas and areas of controversy will be discussed; specifically, when working during a pandemic, situations can arise in which social workers must choose between personal safety and continuity of care. Last, the mental health consequences of working during COVID-19 including trauma and stress-related symptomology are addressed as they are the theoretical frameworks guiding this research.

Universal Challenges

Past research has identified that social workers working within the context of unexpected disasters often experience psychological symptoms of depression, anxiety, and trauma-related symptomology (Aafjes-van Doorn et al., 2020; Caringi et al., 2017; Prost et al., 2016). In addition, Tosone et al. (2015) found that social workers who worked in the field during Hurricane Katrina experienced symptoms of shared traumatic stress (SdTS), which refers to trauma that affects practitioners both personally and professionally. Those who scored higher in

avoidance and ambivalence experienced higher levels of SdTS, while those who scored higher in resilience experienced lower levels of SdTS (Tosone et al., 2015). These findings indicate the need for future educational curricula for social workers to include prevention and support models that focus on building resilience to moderate harmful effects and better prepare social workers for future unexpected disasters.

The COVID-19 pandemic appears to have affected practitioners working in the field during the pandemic in similar ways. However, in the case of COVID-19, the effects are magnified in a collective sense. This pandemic has not only affected isolated groups as past research on disaster work has addressed specific populations such as survivors of hurricanes, floods, tsunamis, and acts of terrorism. Rather, COIVD-19 has either directly or indirectly affected every member of society and thus every social worker and client on some level, a distinction that must be acknowledged. Horesh and Brown (2020) identified the limitations of current diagnostic measures as applied to COVID-19-related trauma. Research has found that current existing measures of trauma, such as those utilized for post-traumatic stress disorder (PTSD) and secondary traumatic stress (STS) disorder, do not capture the nuances of COVID-19-related trauma (Horesh & Brown, 2020). Therefore, new diagnostic measures might be necessary.

When working with clients, Delatorre (2019) discussed the challenge of conducting accurate assessments while working within a disaster context.

Delatorre (2019) identified the importance of assessing both risk and protective factors. For instance, it has often been found that women and children are often at an increased risk of experiencing PTSD symptomology (Delatorre, 2019). While social workers are familiar with biopsychosocial interviewing during times of crisis, needs are typically triaged based on clients' safety and resource security. Therefore, there may be a tendency to overlook protective and risk factors as well as cultural considerations (Yeager & Roberts, 2015). When assessing clients, practitioners must recognize their own sources of personal anxiety and stressors which could limit their standards of care.

Shanafelt et al. (2020) found that direct care workers' sources of anxiety during COVID-19 ranged from not having adequate PPE to contracting COVID-19 and infecting their family members. However, the underlying theme presented by frontline healthcare workers was the need to be heard and acknowledged by leadership (Shanafelt et al., 2020). Fitzpatrick et al. (2020) found higher levels of depression in socially disadvantaged populations such as ethnic minorities and women during COVID-19. Therefore, ethically, the need to address such mental health consequences through an inclusive and socially just lens is salient.

Ethical Dilemmas

Service Delivery

COVID-19 has lasted far longer than anticipated, and social workers have been required to adapt and quickly formulate solutions to meet clients' needs,

often with little agency or national guidance. Generally, social workers are well equipped to assist in times of crisis (Yeager & Roberts, 2015). However, the far-reaching personal and professional impacts of COVID-19 on social workers has made this challenging. Such challenges have placed the underlying value and principles of the social work profession at the forefronts of minds. For instance, Banks et al. (2020) found that social workers faced a variety of ethical dilemmas, such as having to make case-specific choices including transferring the care of clients, who formerly would have met the criteria for a hospital bed, to a lower level of care due to hospital overcrowding. Some social workers reported being torn between agency policies and the client's best interest, resulting in moral injury and feelings of helplessness (Banks et al., 2020).

Additionally, practitioners are sometimes faced with the dilemma of addressing their own adverse symptomology, which may conflict with maintaining high standards of patient care. Remaining fully present and authentically engaged with clients is a well-known standard of care within the social work profession. However, social workers who are experiencing symptoms of trauma and collective grief are likely to struggle with upholding such moral and ethical normative practices. Additionally, social workers are guided by social justice and clients' best interests. As such, social workers are required to be present to assess and acknowledge the impact of COVID-19-related social inequalities on their clients. Social workers have an ethical responsibility to recognize the

concept of trauma in order to implement interventions that will minimize re-traumatization.

<u>Confidentiality</u>

Camper and Felton (2020) addressed responsibilities regarding ethical considerations related to disclosing protected health information. While the Health Insurance Portability and Accountability Act (HIPPA) generally prohibits the disclosure of client information, when required for public safety, HIPPA allows such disclosures without prior client consent. The NASW code of ethics endorses client confidentiality, and Camper and Felton (2020) advised that, to adhere to such standards, it is preferred that social workers notify the client prior to disclosure and obtain a signed release of information form allowing for the disclosure of the minimum amount of information required by public health authorities.

In addition, social distancing and quarantine protocols have created the need for many practitioners to utilize telehealth platforms. Virtual platforms had already been controversial before the current pandemic in terms of patient care and ethics. While this research is focused on social workers working in direct care, the families of clients are often not allowed in facilities; thus, the use of virtual platforms is necessary. In addition, virtual platforms have been incorporated within inpatient facilities as a means of limiting exposure with patients who had tested positive for COVID-19. Evans et al. (2020) found that many practitioners had not been trained in utilizing telehealth platforms and

found it difficult to adjust to providing confidential services via virtual platforms. In addition, Banks et al. (2020) found that social workers reported that maintaining empathy and trust via virtual planforms was challenging.

<div align="center">Areas of Controversy</div>

The topic of COVID-19 has itself developed into a controversial issue largely due to political polarization, which often induces individuals to choose sides before obtaining all facts. Social workers are not immune to media influence or to the social stigmas attached to COVID-19 responsiveness. Through media coverage, leaders have provided mixed messages regarding the necessity of public health guidelines (e.g., masking, social distancing, vaccinating, etc.). While the choices are presented as simple, this is misrepresentative because individual circumstances often complicate such choices. Most often, the ability to act in a socially responsible and self-preserving manner—such as self-quarantining if one is suspected of COVID-19 exposure— is the result of privilege. Recognizing the social inequalities and systemic bias within our current systems requires social services and social workers to adapt and prepare for the historical trauma that might subsequently impact many in the future.

Theories Guiding Conceptualization

As this is exploratory research aimed at identifying common themes social workers experience while working during the COVID-19 pandemic, theories that focus on trauma and effective disaster relief treatment options guide this research. As previously discussed, the experiences currently identified as being related to COVID-19 often fall under the criteria for trauma- and stress-related disorders as listed in the DSM-5 (American Psychiatric Association, 2013). It is anticipated in the future that one might expect to find PTSD symptomology present when exploring social workers' experiences post-COVID-19. PTSD is a psychological disorder that can occur after experiencing traumatic events, which include unexpected disasters.

Aside from social workers' personal negative experiences due to COVID-19, most have also witnessed client suffering stemming from an array of negative COVID-19 outcomes. Therefore, STS may be present. STS is often referred to as the indirect trauma or emotional distress that helping professionals experience while working with clients who have experienced traumatic events. Caringi et al. (2017) found that STS was often offset by protective factors such as strong family support and well-designed organizational support. However, COVID-19 has made both individual and organizational supportive resources less accessible. Another theme that dominates social workers' experiences working amidst COVID-19 is vicarious trauma (VT). Aafjes-van Doorn et al. (2020) found that two thirds of practitioners reported moderate levels of VT, and one third of

respondents felt less competent in their clinical skills than they had prior to the COVID-19 pandemic, though their experience levels had remained the same.

Effectively identifying interventions, such as those based on a trauma-informed care (TIC) approach, while working within the context of a global pandemic is essential. The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a TIC framework (Substance Abuse and Mental Health Services Administration, 2014). The TIC framework is conceptualized through four assumptions and six principles. The guiding principle of TIC places the importance of recognizing the need for systems, programs, and practitioners to acknowledge the widespread impact of trauma and to develop the ability to recognize signs and symptoms presented in clients, coworkers, and the systems in which they are working (Substance Abuse and Mental Health Services Administration, 2014). This is implemented by responding to trauma through integration and utilization of practices that resist re-traumatization. It is important for systems and practitioners who are providing direct care during COVID-19 to draw on a TIC approach in order to maintain positive client and system outcomes.

The evolving nature of the pandemic and its impact on social environments must be acknowledged. Golightley and Holloway (2020) suggested that, in response to COVID-19, we must draw upon existing theories and make adjustments as COVID-19 requires. In addition, researchers have anticipated the emergence of collective grief and trauma. Researchers have begun to focus on

recognizing broken systems, ethical dilemmas, and social injustices, which have become more obvious throughout the COVID-19 pandemic than during previous disasters. To build sustainable systems that can withstand unexpected traumatic events in the future, research must be conducted on those working in the field during COVID-19 in order to draw on their insights, the lessons they have learned, and the strategies they have utilized.

Summary

In conclusion, past literature appears consistent with current COVID-19 studies. Both past and current researchers have observed practitioners experiencing many of the following reoccurring themes: SdTS, post-traumatic stress, STS, compassion fatigue, and VT. Ethical dilemmas were discussed within the context of service delivery and confidentiality. In addition, the nature of the controversy surrounding COVID-19 was acknowledged. Finally, trauma-informed frameworks and interventions were reviewed as they are the theoretical constructs guiding this research.

CHAPTER THREE

METHODS

Introduction

This research was intended to uncover universal experiences of social

workers working directly with clients during COVID-19. This chapter provides a

comprehensive outline of how this research was conducted in an ethically

sensitive manner following recognized research methods. The following areas

are addressed in detail: research project design, sampling, data collection and

instruments, procedures, protection of human subjects, and data analysis.

Study Design

This study utilized an exploratory qualitative design because the goal of

this research was to understand and identify common themes social workers

experienced while working during COVID-19. This design was chosen because

little is known about social workers' experiences working in direct contact with

clients during COVID-19. The identification of common themes allows for the

future construction of interventions on both micro and macro levels.

There are many benefits of utilizing an exploratory qualitative design

including that such a design allows for adaptability. Open-ended questions allow

participants to provide a wide range of experiences, allowing the researcher to

ask further in-depth questions regarding identified challenges. Additionally, when

respondents' narratives revealed themes different from those the researcher had expected to find, the interview structure could be redesigned. Through the in-depth interview process, the researcher was able to observe verbal cues such as tone of voice to assess whether respondents' moods and affect were congruent with their verbal narrative.

The limitations of a qualitative interview design must also be noted. Face-to-face Zoom interviews can produce discomfort for some; therefore, there is always the chance that respondents may have chosen not to answer in-depth questions or that such probing could stir up negative experiences or trauma related to COVID-19. In addition, due to circumstances related to COVID-19, the sample size was smaller than originally anticipated. Reasons for declining participation were often related to COVID-19 (i.e., increased work-related Zoom meetings, increased caseloads, increased family responsibilities, COVID-19 fatigue).

Sampling

Sampling consisted of a non-random, purposeful selection obtained through convenience sampling methods. The researcher contacted current MSW professionals through either personal emails or phone invitations. Participants were solicited if they had a master's degree in social work and provided direct patient care throughout the COVID-19 pandemic. All participants had provided services to clients before COVID-19 for many years. Because respondents were

personal contacts of the researcher, none of the respondents were affiliated with agencies or organizations that were required to approve their participation.

Participants were either called via their cell phone or sent an email and were provided scripted information regarding the purpose of the study, the study design, and the length of interviews (i.e., 20-45 minutes). Participants were asked questions such as—Are you currently providing face-to-face services? Do you have an interest in contributing to the creation of individual and systems level interventions in response to COVID-19? Upon confirmation of their interest, participants were sent an email with an informed consent form which they signed and returned to the researcher via email.

Data Collection and Instruments

Data was collected via a culturally sensitive interview process. Participants were obtained through the researcher's personal contacts in the field. Participants were recruited via email and phone calls. Respondents were informed that participation in the study was completely voluntary. The inclusion criteria for participants were 1) that they were a postgraduate MSW professional and 2) that they provided direct patient care during the pandemic. There were no exclusionary criteria based on age, race, or gender.

First, participants were informed of the purpose of the study. After they agreed to participate, informed consent was discussed, and the researcher obtained a signed copy of the informed consent form via email from each

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participant. Upon beginning the interview, the following demographic information was collected: age, gender, race and ethnicity, education level, licensure status, and number of years providing social work services.

Utilizing qualitative in-depth interview methods described by Grinnell and Unrau (2018), an interview guide was followed to refine areas of discussion to those most pertinent to the research question. Next, an interview format was utilized with a series of questions that allowed for participants to explore their unique personal and professional challenges related to working amidst COVID-19 (see appendix A).

Dependent on participant's consent, interview audio was recorded to observe verbal cues and to remain present, allowing for rapport building with respondents. The desired target number of interview respondents was initially between 10 and12. However, due to many respondents having experienced agencies entirely removing them from direct face-to-face contact with clients to providing only remote services, the final sample consisted of eight participants. All data was collected in adherence with COVID-19 social distancing protocols. Interviews were conducted by phone or the Zoom audio platform, allowing for remote data collection.

Procedures

The researcher reached out to personal contacts in the field that had an MSW degree and had been providing direct patient care throughout the COVID-

19 pandemic. It was advantageous that all participants had worked in the field for a number of years to compare experiences of working before and during COVID-19. There was no agency or organizational assistance therefore, the researcher called or emailed potential participants directly using the researcher's personal phone using the script described above to determine interest in participating in the study.

Due to social distancing guidelines related to COVID-19, all interviews were conducted via phone or a Zoom platform. Interview dates and times were selected based on both participant and researcher availability. The researcher conducted the interviews in a private home office setting, and participants were advised to virtually attend from a private location to ensure confidentiality. Once the participant and the researcher were connected via a remote platform, participants were reminded of the signed informed consent to record interview audio, and they were asked again for their verbal consent to turn on audio recording functions.

Protection of Human Subjects

The researcher discussed informed consent upon respondents' agreement to participate in this research. Next, confidentially was discussed. Once participants confirmed that they understood that all information would be coded using pseudonyms and that audio files would later be destroyed, they were asked to attest to their participation via an emailed informed consent form.

Once the consent form was received, the interview commenced. During the interview process, participants were instructed to protect the identities of others they may be speaking about by utilizing pseudonyms.

Interview audio was digitally recorded on an external recording device and stored on a password-protected laptop. The password-protected laptop was kept behind two locked doors. The data was then coded, allowing for de-identification of participants, and it was transcribed to digital files on the password-protected laptop. Following data transcription, the digital audio recordings were deleted. The interview journal utilized to note participants' verbal cues, such as hesitation and tone of voice within their responses, was correspondingly coded. The journal was locked in a file cabinet behind two locked doors.

Data Analysis

This research utilized qualitative data analysis techniques. Upon collection of each digitally recorded interview, the data was transcribed verbatim. To ensure ethical standards and participant confidentiality, each interview was assigned an identification number between 1 and 8. Observations such as the participants' demeanor and verbal cues were notated in an observation journal corresponding with the interview identification number. Interview transcriptions were formatted using line numbering, allowing for data to be organized in preparation for analysis.

Data analysis followed guidelines discussed by Grinnell and Unrau (2018). Data was previewed and analyses were recorded in a qualitative journal, along with notation of supporting rational for auditing purposes. A multi-level data analysis approach was utilized. Data was first coded for concrete themes and subsequently coded for abstract themes. Meaning units were identified and categorized. Data was then interpreted in an effort to identify universal themes defining social workers' experiences working in direct patient care during the COVID-19 pandemic. Evidence contradicting the underlying theoretical frameworks of this research was noted to acknowledge exceptions.

Summary

The methods utilized in this qualitative interview study design aimed at uncovering universal themes social workers experienced working in direct client care during the COVID-19 pandemic were discussed. The interview format was refined during the interview process, and guidance was sought to ensure reliability. The protection of human subjects was ensured through measures of informed consent and maintaining participant confidentiality.

CHAPTER FOUR

RESULTS

Introduction

This chapter first provides an outline of the data analysis process that was

followed to identify personal and professional challenges social workers faced

working throughout COVID-19. Next, participant's demographics will be

reviewed, and an interpretation of the findings will be provided. Lastly, the

implications of the findings for both micro and macro practice will be explored.

Data Analysis

Upon interview completion, audio interviews were transcribed verbatim.

Transcripts were then placed into tables to conduct thematic analysis. First, open

coding was utilized to assign units to concrete concepts found within narratives.

Next, axial coding was utilized to determine and construct associations between

units and to identify abstract themes. The following universal themes emerged:

safety concerns/risks, ethical professional dilemmas, decreased ability to engage

in self-care/increased acquisition of unhealthy habits, loss of connection, and

emotional distress. Axial coding on an interpretive level revealed the following

latent themes of resilience and adaptability.

There were a total of eight participants, who were between the ages of 33 and 64. The average participant age was 55. All participants reported their gender as female, and all were licensed clinical social workers within their geographical state of practice. The number of years worked in social work settings ranged from 10–30 and was 18 years on average. Regarding race and ethnicity, five participants were Caucasian, two were Latina, and one was Filipino and Jewish. Universal themes identified through open coding are discussed below.

Open Coding

Safety Concerns/Risk. When participants were asked to describe the first thought they had when they thought of COVID-19, it is not surprising that several participants responded with concepts related to fear for personal safety. For instance, Participant 4 responded:

"Freaked out … oh my gosh, I'm 64 years old, I'm of a vulnerable population as an older person, and I've had cancer.… I'm going to be treating a bunch of drug addicts and alcoholics who are going to be relapsing and exposing themselves, and what's going to happen to me?" (personal communication, June 2021).

Participant 5, a hospital social worker, stated,

"It was scary … we didn't really understand a lot about it … it took us a while to get tests back, then, you know, finding out after the fact that somebody

you spoke to was COVID positive is always a little anxiety provoking." (personal communication, August 2021).

Participant 6, also a hospital social worker, disclosed a fear for their personal safety regarding new occupational hazards: "For me, when I think of anything do with COVID, it's just … stressful to me. I felt very anxious, concerned about my safety … and that we're being put in that situation, right?" (personal communication, August 2021).

In addition to fear for their personal safety, Participant 1 discussed fear for others, stating, "I worry that our patients are going to contract this, and it will become so severe that they will end up on ventilation and die" (personal communication, March 2021).

Ethical Professional Dilemmas. Ethical dilemmas emerged when discussing participants' adherence with upholding NASW ethical standards of practice throughout the pandemic. Many participants described how COVID-19 negatively affected service delivery. Due to COVID-19 lockdown restrictions, many participants reported that many of the agencies that had previously provided support had temporarily closed or suspended their services. Additionally, many participants described social distancing guidelines (i.e., staying 6 feet away from others, masking, providing services via devices) created new barriers to service delivery, which in turn negatively affected therapeutic alliances. For example, Participant 1 stated,

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"I noticed with my patients it almost became like, what's wrong with me that you can't meet with me in the same space? Why are you taking precautions? This is all made up … a hoax … not real. So we're trying to protect ourselves because … there's evidence that it is real, and it's taking people down in our communities … and then we had patients who were somewhat insulted in a way, or their feelings were hurt because they didn't believe the truth behind it, and we're here setting these additional barriers to meet with them" (personal communication, March 2021).

Participant 2, a medical social worker, described feeling conflicted between adhering to social distancing guidelines and maintaining standards of care in terms of service delivery: "It felt like I was abandoning my clients in a time of their greatest need; it's challenging … many resources were no longer available, and there's nothing that would fill in the gap" (personal communication, March 2021).

Participant 5, also a medical social worker, further articulated the effect physical distancing had in terms of the therapeutic alliance when conducting biopsychosocial assessments:

"It obviously creates barriers, when you're physically further away, you're masked up with patients … later, I was literally just interviewing by phone … since they were positive … they were isolated … you can't even make eye contact, and so much communication is nonverbal" (personal communication, August 2021).

Participant 2 described finding it difficult to uphold standards of practice in terms of service delivery due to remote protocols: "That ability to sit with them in the same space … to hear through electronic devices how this is impacting them; it's so impersonal, and you want to be more comforting" (personal communication, March 2021).

Participant 7, a medical social worker, described facing ethical dilemmas regarding maintaining confidentiality when conducting assessments. Participant 7 described assessing patients through a glass wall to allow for physical observations (e.g., nonverbal cues). However, such assessments took place in a hallway in which there were often bystanders (e.g., patients, hospital workers) present. Participant 7 reported experiencing challenges with securing confidential areas to complete assessments; this increased Participant 7's stress levels.

It is important to note that, while six of the eight participating social workers experienced a diminished therapeutic alliance due to the incorporation of virtual platforms, this was not a unanimous experience. In fact, Participant 8 indicated that meeting clients via remote devices enhanced the therapeutic alliance: "Remember, we are in their kitchens, living rooms, bedrooms; we're seeing things that they would not necessarily provide … willingly provided, so there's almost a little bit more intimacy" (personal communication, September 2021).

<u>Decreased Ability to Engage in Self-Care/Increased Acquisition of</u>

<u>Unhealthy Habits.</u>

Another theme that emerged for many participants when discussing the impact of COVID-19 on their overall wellbeing was the acquisition of unhealthy habits (i.e., sedentary lifestyle, increased food consumption) and a reduction in self-care practices. For example, Participant 2 described craving comfort foods while simultaneously losing access to community gyms: "Exercise was always a big one for me, a way to manage anxiety and my physical health … so the gyms are closed … I find myself craving the carbs … I'll just say it, I think I gained about 12 pounds" (personal communication, March 2021).

Similarly, Participant 1 stated,

"It has changed my eating habits. By the end of the day, I'm burned out. I shared this with my daughters, who are both social workers, and they also put on pounds, I put on pounds … chocolate is my new go-to" (personal communication, March 2021).

Additionally, Participant 4 reported that, though COVID restrictions had been relaxed, uncertainty related to the virus still created barriers to resuming self-care routines: "My overall health has suffered … I quit the gym. I immediately froze my membership, then I canceled it … I still won't go back" (personal communication, June 2021).

Loss of Connection. Participants described experiencing a loss of connection in both personal and professional settings. Participant 6 described how social distancing guidelines decreased collaboration in the workplace:

"A lot of people still don't physically come to the hospital because of COVID … there was a little bit more involvement with County Public Health Nurses … sometimes the CPS workers have to come, but they still do more by phone … by email … before, we would have meetings that would include a bunch of different disciplines … now it's a lot of email and phone calls … so some challenges come with that" (personal Communication, August 2021).

Participant 1 further described how COVID-19 diminished professional collaboration:

"I've only spoken with some of the people I work with; we've taken on interns from the universities … never meeting face-to-face, which changes things up a bit … we don't get to size each other up … .we don't know who you really are … we're working in a way today where that personal connection, face-to-face contact of people getting to know each other's personalities and the care that we have for patients, is not readily observed" (personal communication, March 2021).

Additionally, Participant 2 described how the loss of connection was present in both their personal and professional lives:

"It's just strange; I mean, as social workers, we're all about behavior and contacts in the social world … I deal with this loss of connection professionally,

and then I look at my personal life, and I think, wow, I am not feeling like I am

connecting with anyone!" (personal communication, March 2021).

Emotional Distress. Another reoccurring theme that was identified was the

concept of emotional distress. Many participants described symptoms of anxiety,

depression, and STS. Participant 2 articulated how loss of connection created

emotional distress: "It's changed my interaction with others. I find that there's, I

don't know … I definitely feel at times even very depressed… I miss being

around people" (personal communication, March 2021).

While discussing the ethical dilemmas they faced in term of service

delivery, Participant 2 articulated the emotional distress this caused:

"If I'm going to be truthfully honest, I went through a phase where I was

beginning to question things and getting a little bit depressed, and I thought,

wow, this is not what I want to be doing … this is not what I committed to doing

… this is not who I am professionally" (personal communication, March 2021).

Participant 6 articulated how the inability to grieve loss created emotional

distress:

"I feel like the grieving process is different … harder … not being able to

attend funerals … everybody's dealing with their grief differently ... It's just a very

odd experience, kind of not knowing how to process it, you know?" (personal

communication, August 2021).

In addition, Participant 5 verbalized how experiencing collective grief and

the loss of connections (e.g., visiting family, dining out, travel) created emotional

consequences: "I'm more burned out … just more emotionally drained. I mean there's a heaviness that wasn't there before the before, right, just because of the massive amount of suffering" (personal communication, August 2021).

However, it is important to note that, while eight of the nine participants identified emotional consequences beginning at the onset of the pandemic and continuing, although diminishing, to the present day, Participant 3 reported feeling little emotional distress and having difficulty only during the first few weeks of the pandemic:

"I think my mental health has actually improved…time with my family, being a mom… the kids are home, just having that extra time… was a huge blessing overall… as a working mom, it has always been a struggle for me, so it's been such a positive that extra time with family because of lockdowns" (personal communication, April 2021).

Axial Coding

The concepts identified in the open coding stage were analyzed further. Through axial coding, it was found that the concepts were connected by subthemes of resilience and uncertainty. The concepts safety concerns/personal risk, emotional distress, ethical dilemmas, decreased ability to engage in self-care/acquisition of unhealthy habits, and loss of connection were all impacted by participants' resilience displayed by their adaptability and ability to successfully persevere throughout the pandemic despite continued uncertainty. Overall, social

workers appear to have strong coping skills, which appear to moderate adverse effects.

Resilience. Though COVID-19 evoked initial fear-based responses, and many participants expressed experiencing multiple personal and professional challenges at the onset of the pandemic, most participants' narratives indicated that they had found an equilibrium several months into the pandemic. Overall, social workers were able to successfully adapt, indicating the trait of resilience. This could be due to the fundamental practice of social work as it incorporates skill sets that are aligned with self-determination, resilience building, and problem solving. Participant 2 discussed experiencing difficulties with working throughout organizational changes imposed during the early stages of the COVID-19 pandemic regarding service delivery protocols; however, they adapted:

"The first few months were chaos, and after a year or 10 months went by, it was like, you know, this is working … I got adjusted to the routine, I mean, we are social workers, right? We solve problems" (personal communication, April 2021).

In addition, Participant 1 identified how interdisciplinary meetings transformed from case review sessions to meetings incorporating check-ins on practitioners' wellbeing, which increased resilience:

"We started to find that the way we were consulting with each other was different than we had before … we were sharing resources about self-care … asking are we still exercising … how are we eating … how often are we able to

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get together with families? We found there was such a growing need for it"

(personal communication, March 2021).

In addition, Participant 4 reflected on the professional growth they had

experienced due to the pandemic:

"I think I'm more confident now … less tentative … I have incurred the

sense that I have to be number one and take care myself … being part of a big

organization, I'm not afraid anymore to say I don't know if I'll come in to work

unless there's procedures put in place … I've become stronger" (personal

communication, 2021).

In addition, Participant 8 reported finding an effective coping skill of

fostering dogs and further described how the experience of assisting a foster dog

through birthing pups offset the experience of COVID-related collective grief.

While COVID-related collective grief is a universal experience for most

individuals, social workers are unique in the sense that coping skills utilized in

professional practice often extend into social workers' personal lives. For

example, though Participant 8 discussed acquiring unhealthy habits (e.g., eating

unhealthy snacks due to isolation), this was offset by purchasing a bicycle and

going for more walks.

Uncertainty. The element of uncertainty is the other overarching latent

theme that emerged through the axial stage of data analysis. This connection

was displayed among all five concepts that emerged through the open coding

process. It is well known that the validity of the virus and the protocols put in

place have been questioned by many, as displayed by the media (Ju & You, 2021). It is important to acknowledge that—though social workers are familiar with evidence-based practices—they are not exempt from external social and political influences. For example, Participant 2 reflected on the onset of COVID:

"It was very quick, then there were people that didn't take it seriously … and I wasn't sure really what side I was on, as a healthy person and also as a healthcare worker. Realizing the seriousness my agency approached this with, I had no choice to get onboard…I followed the protocols" (personal communication, March 2021).

Additionally, while discussing risk factors and safety concerns, many participants indicated that the lack of organizational transparency due to HIPPA laws increased their anxiety levels. For instance, Participant 1 reported,

"There is another issue here too…medical privacy needed to be protected, so no one knew who had COVID at work … If someone was out from work for a certain number of weeks, oh my gosh, they've got COVID. It's a little mind-boggling now that I'm talking to you about it. It went from everybody being at work and social distancing to then realizing, guess what, we're coming down with it" (personal communication, March 2021).

In addition, Participant 5 discussed the emotional distress brought on by uncertainty at the onset of COVID prior to the enactment of mandatory testing protocols for patients: "It's stressful … doing face-to-face assessments and not

really knowing people's COVID status because in the beginning, they weren't testing every patient" (personal communication, August 2021).

For most participants, once governmental and organizational protocols were enacted, the element of uncertainty appeared to decrease throughout the course of the pandemic. However, for many, it remained on some level to the present day. Participant 4 discussed risk factors of contracting the virus, which caused her to deactivate her membership to a community gym at the onset of the pandemic. Due to the uncertainty of risk factors, which continue to the present day, Participant 4 stated, "I still won't go back [to the gym] because I don't think I need to be in close contact with people that are breathing hard, sweating … until they know everything about the virus variants" (personal communication, June 2021).

In addition to uncertainty regarding virus transmission, many participants relayed the concept of uncertainty with respect to the future of the social work profession in settings that require face-to-face client care. Participant 5 stated,

"I'm concerned about health care. I think it's taken a really big hit … I am concerned about what that's going to look like over the next decade … lot of people have retired … a lot of people are burned out" (personal communication, August 2021). In addition, some participants had reevaluated the professional practice of direct, in-person patient care, as Participant 2 articulated:

"COVID was a little difficult to take and made me realize through all this the reason why I decided to venture into my next phase or into telehealth was to

be able to have a little more autonomy … more work–life balance … the pace I was going was not sustainable … I'm not going to work like that anymore; I can find a way to be to be of service without killing myself'' (personal communication, March 2022).

Undoubtedly, there are many aspects of social work that could potentially be streamlined for increased efficiency, which ultimately would decrease the amount of direct face-to-face contact (e.g., phone calls would reduce the drive time required for in-person meetings with clients). However, there is no substitute for physically sitting in the same space with another human being, particularly when one is experiencing distress. Utilizing foresight, the social work profession may anticipate a shift in service delivery. However, this must be implemented with strategic planning to avoid future social and emotional consequences for clients. When discussing the future of social work, all participants found the possibility of hybrid work models, in addition to fully remote options, appealing and promising. Participant 5 stated,

"I think that it has prominently changed the way we work and live … I don't think we'll ever be quite the same. Some of that might be good … it might be that more people may be working from home with more flexibility; I think that may be built into our work environments, and that's a good thing" (personal communication, August 2021).

Data Interpretation

This research found universal challenges experienced by social workers while working throughout the COVID-19 pandemic and categorized them into themes related to safety concerns/risks, ethical professional dilemmas, decreased ability to engage in self-care/increased acquisition of unhealthy habits, loss of connection, and emotional distress. Additionally, it was found that each theme was connected to the overarching concepts of resilience and uncertainty.

The concept of safety concerns/risks was often discussed in relation to contracting the virus, with attention given to systems-level protocols for ensuring both patient and practitioner safety. Unsurprisingly, all participants reported that they had experienced difficulties following safety protocols imposed to reduce virus transmission. This included participants who indicated that, upon the onset of the pandemic, they had questioned the level of severity displayed through public health administrations. Regardless of individuals' personal beliefs pertaining to governmental and organizational safety protocols (e.g., extended lockdowns, vaccinations, masking) all participants displayed an element of uncertainty regarding risk factors, which persists to the present. It is important to note that the discrepancies among participants regarding the validity and necessity of protocols appeared to align with sociocultural factors (e.g., political affiliations, geographical location, cultural beliefs, personal exposure to COVID-19 within social circles).

Ethical professional dilemmas emerged through discussions regarding adherence with NASW standards of practice such as service delivery. While all participants faced ethical challenges regarding barriers to service delivery and maintaining client confidentiality, most social workers were able to resolve the situations in a timely and appropriate manner. Again, participants' abilities to overcome challenges points to their resilience. Such an exploratory design allowed for the researcher to tailor interviews as new, unanticipated themes emerged. For instance, it was anticipated that participants may express that protocols implemented regarding virtual service delivery decreased therapeutic alliances. While 87.5% of participants asserted that they observed a reduction in the therapeutic alliance due to a hybrid model of service delivery, 12.5% perceived that providing remote services increased the therapeutic alliance. Most participants described barriers to care regarding organizational policies on service delivery. Somewhat surprisingly, even hospital social workers were limited to conducting biopsychosocial interviews via phone with COVID-19-positive patients. Participants expressed that such modifications had proved challenging with regard to both service delivery and adherence of confidentiality.

The concept of decreased ability to engage in self-care/increased acquisition of unhealthy habits was shared among all participants. However, variations in the levels of reduction of self-care practices and the acquisition of unhealthy habits appeared to be based on individual resilience levels. It was found that participants who had attended psychotherapy themselves at some

point in their lives or those who appeared to be following the evidence-based therapeutic interventions they recommended to clients experienced less difficulty adjusting self-care routines despite COVID related barriers. On a micro level, this serves as a reminder that social workers must remain dedicated to the pursuit of personal well-being to maintain personal sustainability within the profession and to adhere to ethical responsibilities regarding standards of care.

Loss of connection, both personally and professionally, was another universal challenge social workers identified. While all participants had experienced a loss of connection within their personal lives due to lockdowns, most participants found that such a loss of connection extended into professional environments. Following the onset of COVID-19, it was apparent that most organizations responded to the evolving pandemic from a crisis-level approach. For example, organizational policies changed rapidly based on new data and directives. While behavioral healthcare systems followed public health guidelines, individuals' perception of the reality of the virus created a divide within professional settings, thus increasing the loss of connection within social work team environments.

In addition, all participants described experiencing emotional distress resulting from COVID-19. However, emotional distress ranged from symptoms of anxiety, depression, and STS to general feelings of discomfort brought on by the uncertainty surrounding COVID-19. It appeared that participants who accepted COVID-19 practices as the new normal experienced less emotional distress.

Participants who conceptualized an end to COVID-19 or a return to normal appeared to utilize fewer coping skills and verbalized higher levels of anxiety, depression, and STS symptomology. Future research could explore whether this preliminary finding is supported through quantitative methods with larger samples.

Implication of Findings for Micro and Macro Practice

The identification of universal challenges social workers faced while working during the COVID-19 pandemic allows for the formulation of individual and systems level interventions. This research uncovered universal challenges social workers faced both personally and professionally. All participants interviewed were excited about and committed to exploring COVID-19-inspired interventions and about the possibility of formulating standard practices based on learned experiences.

To date, many of the opportunities for collaboration in social work settings have transitioned to virtual platforms. Most social workers quickly acquired the skill set of utilizing remote platforms, which became a preferred option for many. From an economic standpoint, organizational decision makers may choose to maintain virtual options post-COVID as it has been discovered that meetings which required logistical planning (e.g., meeting space, travel) can be successfully conducted through virtual platforms.

However, as it was identified, virtual service delivery can present ethical dilemmas such as maintaining client confidentiality through remote platforms. This calls for organizational-level reviews of NASW ethical standards of practice as the current framework was not created with COVID-19 considerations in mind. Such organizational large-scale interventions will in turn allow for micro solutions that will enhance sustainability by reducing practitioners' emotional distress as well as increase employee retention and levels of service delivery.

Summary

This chapter first provided an overview of participants' demographics and the data analysis process utilized to uncover universal themes for categorizing what social workers experienced both personally and professionally while working amidst COVID-19. Next, the findings were presented, and data interpretation was provided. Last, implications of the findings for micro and macro practice were explored.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter provides a discussion of the significant results of this study as they pertain to recommendations for future social work practice and research. Next, this study's limitations are discussed, and a conclusion is provided.

Discussion

This qualitative research was conducted to identify universal challenges social workers faced, both personally and professionally, while working amidst COVID-19. Through a structured interview process, the research questions were answered, and universal challenges were uncovered. As previously discussed, open coding methods revealed that participants experienced the following universal themes: safety concerns/personal risk, emotional distress, ethical dilemmas, decreased ability to engage in self-care/acquisition of unhealthy habits, and loss of connection. Fear of personal safety as related to emotional distress was found within all participants' narratives. This aligned with past research by Fitzpatrick et al. (2020), who found fear to be one of the most significant factors influencing depressive symptomology. In addition, the identified theme of psychological distress is consistent with past research on disaster work that displayed the relationship between social workers working

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amidst disasters and the experience of SdTS symptomology (Aafjes-van Doorn et al., 2020; Prost et al., 2016). Axial coding revealed that resilience was a universal element that moderated challenging COVID-19-related experiences. Future COVID-19 research should explore social workers' uncertainty as it relates to organizational environments to provide additional insight for formulating both individual and systems-level interventions.

In addition, participants often experienced ethical dilemmas regarding service delivery and confidentiality. Many participants articulated that the ethical dilemmas they faced created emotional distress, which negatively affected both their personal and professional lives. Banks et al. (2020) recently reported similar findings; they reported a positive correlation between experiencing an ethical dilemma and feelings of distress and hopelessness. Future research may consider the need for social work educational curricula to incorporate training in using remote platforms for service delivery to best prepare practitioners.

When this research was conceptualized, it was anticipated that results would support the need for interventions formulated from a pandemic preparedness perspective. However, over two years since COVID-19 was declared a pandemic, it has become apparent that organizations might benefit from incorporating new, permanent social work frameworks as opposed to frameworks that are designed to be implemented in crisis situations. For instance, transitioning from standard hierarchical organizational structures to

collaborative environments might allow for less uncertainty among practitioners and provide opportunities for building resilience through shared experiences.

Unsurprisingly, many social workers reported that they had already been experiencing burnout prior to COVID-19. Therefore, many have reevaluated their professional roles with consideration given to self-preservation (e.g., transitioning to remote work, finding employment with smaller caseloads). To procure social workers willing to work in direct care settings, organizations must draw from COVID-19 research and existing theories while formulating new frameworks allowing for more autonomy and collaboration to moderate levels of uncertainty, loss of connection, and emotional distress. Acknowledging the need for increased collaboration and autonomy within organizational settings is not new, as past research by Caringi et al. (2017) found that organizational interventions that increased collaboration moderated employee burnout and SdTS symptoms.

Limitations

Limitations of this research include a small sample size, which is not easily generalized to a larger population. In addition, due to the use of convenience sampling, 62.5% of participants were White which limited the sample's racial diversity. Additionally, all participants were female; therefore, future research should include gender variance within the sample to provide better representation. It is well known that gender norms play a significant role in social

interactions and individuals' perceptions of their experiences; therefore, recognizing this variable is relevant for continued research on this topic.

In addition, convenience sampling measures were utilized by drawing participants from the researcher's personal contacts in the field. It must be noted that such preexisting relationships could introduce both participant and researcher bias. Additionally, all participants worked in privatized or nonprofit healthcare or behavioral health settings; therefore, including public and county social workers would allow for better representation.

Conclusion

This research sought to identify universal challenges that social workers experienced both personally and professionally throughout the COVID-19 pandemic. This research successfully uncovered universal themes, many of which were consistent with challenges identified in past research on unexpected disasters and pandemics.

From an environmental perspective, future pandemics and environmental crises are inevitable. For this reason, social workers must incorporate interventions acquired throughout the COVID-19 pandemic into standard practice. It is advisable that individuals and systems do not look forward to a "return to normal" or an "end to COVID," because that vantage point does not align with the sustainability of the individual practitioner or the social work profession. While there have been significant challenges and unsurmountable

losses, COVID-19 has taught us that social workers are resilient and adaptable problem solvers who are adept at navigating crisis-level change. Yet, to maintain sustainability within the profession, macro-level policies and standards of practice must be revised in light of the lessons learned throughout the COVID-19 pandemic.

APPENDIX A

INSITUTIONAL REVIEW BOARD LETTER

March 2, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status:

Determined

Exempt IRB-

FY2021-122

Gretchen Heidemann Maija Slisco

CSBS - Social Work, Users loaded with unmatched organization affiliation.

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Gretchen Heidemann Maija Slisco:

Your application to use human subjects, titled "Challenges experienced by social workers working during COVID-19," has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required, including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at

https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following, as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important notice: For all in-person research, following IRB approval, all research must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.

- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.

- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-122 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair

CSUSB Institutional Review Board

ND/MG

APPENDIX B

INFORMED CONSENT

Informed Consent

The study in which you have been asked to participate is designed to gather information about the experiences of social workers working in direct client care during the COVID-19 pandemic. The study is being conducted by Maija Slisco, a graduate student, under the supervision of Dr. Gretchen Heidemann-Whitt, Adjunct Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to identify universal themes related to social workers' experiences of working during the COVID-19 pandemic.

DESCRIPTION: Participants will be asked a few questions about the personal and professional challenges they have faced while working in direct client care during the COVID-19 pandemic as well as questions related to demographic information.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported once de-identified. Interview audio will be digitally recorded on a password-protected external audio recording device. This password-protected device will remain behind two locked doors. Zoom video interviews will be deleted, and only the audio will be saved and stored on a password-protected

laptop. The password-protected laptop will remain behind two locked doors. The data will then be coded, allowing for de-identification of participants, and transcribed to digital files on the password-protected laptop. Upon transcription of data, the digital audio recordings will be deleted. Interview journals utilized to notate nonverbal participant responses will be correspondingly coded. The journals will be locked in a file in a file cabinet behind two locked doors. No information that would allow any participant to be identified will be included in the reported results. All data will be destroyed after 3 years.

DURATION: It will take 20–45 minutes to complete the interview.

RISKS: Although not anticipated, participants may experience some discomfort when answering some of the questions. You are not required to answer, and you can skip questions or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Gretchen Heidemann Whitt, Adjunct Professor in the School of Social Work at California State University, San Bernardino (CSUSB) at Gretchen.Heidemann@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022.

I agree to have this interview be audio recorded: _____ YES _____ NO

      I understand that I must be 18 years of age or older to participate in your study, and I have read and understand the consent document and agree to participate in your study.

_____

_____

Place an X mark here   Date

APPENDIX C

STRUCTURED INTERVIEW GUIDE

Structured Interview Guide

Can you tell me a little bit about yourself and what drew you to social work?

How long have you been a social worker?

What is your current job position, and what do your duties involve?

What is the first thought you have when you think about COVID-19?

How did you feel at the onset of the COVID-19 pandemic when working in direct contact with clients?

How do you feel currently about working in direct contact with clients?

How would you say your professional life has changed since the onset of the COVID-19 pandemic?

What challenges, if any, have you experienced in terms of your commitment level to social work since the onset of COVID-19?

From an ethical standpoint, how do you adhere to the NASW ethical standards of practice when faced with possible fear for your personal safety?

How has your personal life changed since the onset of the COVID-19 pandemic?

Have you experienced grief and loss due to COVID-19-related death of family, friends, clients, or coworkers?

What type of impact, if any, has collective grief had on you throughout this pandemic?

How has COVID-19 affected you or your family financially (e.g., reduced hours, extended hours, furloughs/layoffs, leaves of absence)?

How has your overall mental health been throughout the pandemic in contrast to pre-pandemic life?

How has your physical health been throughout the pandemic in contrast to pre-pandemic life?

Is there anything else you would like to add?

Created by Maija Slisco

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