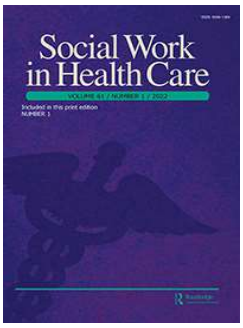

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'We are essential:' Pediatric health care social workers' perspectives on being designated essential workers during the COVID-19 pandemic

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ABSTRACT

Continued provision of essential services is critical to maintaining society's functioning during a crisis. During COVID-19, lockdowns and restrictions designed to preserve the public's health forced an examination of what it means to be an essential worker. Drawing from thematic analyses of focus group data from 55 social workers employed in a large, urban, pediatric, quaternary hospital, this study examines the perspectives of hospital social workers on the meaning of the essential status designation of social work. Findings revealed themes pertaining the substance of social work, the ways in which essential status is carried out, and implications of the designation not only for the future of the profession but also for the populations who receive social work services. The discussion raised important questions about the essential role of social workers in broader health care settings. Our findings suggest that health care systems need to engage in ongoing discussions of how to maximize the efficacy of the social work workforce, both in terms of integration with medical teams and recognition of the important roles social workers play across the hospital system, and facilitate the performance of their essential functions.

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Introduction

In March 2020, the World Health Organization declared COVID-19 a global pandemic (Cucinotta & Vanelli, 2020). Health care social work, which plays a critical role in integrated patient care (Zerden et al., 2019), became even more critical amidst the changing environmental stressors of the pandemic (Guerrero et al., 2020). Health care social work is a subspecialty of general social work practice that touches every aspect of health care; health care social workers work in medical settings such as inpatient oncology or outpatient primary care as well as in mental health and public health programs (Miller et al., 2017). The early days of the pandemic required these social workers to

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take on tasks such as pandemic response planning and advocacy and support for marginalized populations disproportionately affected by the pandemic, in addition to continuing their critical psychosocial services in an environment of increased need. (Brown, 2020; Farkas & Romaniuk, 2020). Given their training and service locations, health care social workers were also uniquely positioned to address the psychosocial impact of the pandemic (Dubey et al., 2020) and the corresponding uptick in need for mental health services (Pfefferbaum & North, 2020).

Once the United States (US) began to institute its first wave of stay-at-home advisories, the term essential worker gained a new level of importance. The essential worker category, defined by the US Department of Homeland Security as those who conduct a range of operations and services essential to maintaining critical infrastructure operations (Cybersecurity and Infrastructure Services Agency [CISA], 2020), existed prior to the COVID-19 pandemic, but it garnered increasing recognition and distinction as shutdown orders swept the globe (Stevano et al., 2020). Businesses and workers deemed essential were universally exempted from closure or stay-at-home orders; these workers were expected to report to their workplaces, rather than isolating at home in order to avoid exposure to COVID-19 (Larochelle, 2020). While states developed their own parameters regarding essential worker status, all states designated "health care workers" as an essential category (National Conference of State Legislatures, 2020). Consequently, health care social workers were included in the essential designation.

Though the essential designation bears a universal recognition, there is very little available guidance on how essential work should be carried out (Stevano et al., 2020). While the public often appeared to conflate the terms frontline and essential, some stressed the distinction that frontline workers were those whose work could only be done in person, whereas essential workers may be able to perform their duties remotely (Tomer & Kane, 2020). In the absence of universal guidance, hospitals and other health care organizations had to quickly develop their own protocols specifying which patient services needed to be provided in person and which could be delivered remotely (Bojdani et al., 2020; Panesar et al., 2020). Some instances, such as those requiring the clinician to physically treat the patient, clearly needed to be delivered in person; in other instances, such as a social worker providing psychosocial support or resources, the need for in person patient contact was less clear (Venville et al., 2021). The question was further complicated by safety considerations, as working on-site carried a greater risk of exposure to the virus than working remotely, particularly in environments where effective personal protective equipment was in limited supply (Angelucci et al., 2020). Health care social workers were forced to confront and navigate a potentially

competing set of priorities: professional priorities pertaining to client needs and personal priorities related to keeping themselves and their families safe (Farkas & Romaniuk, 2020).

To ensure that health care social workers can continue to practice safely and effectively, there is not only a need to examine the ways in which they understand and carry out their designation as essential workers during the COVID-19 pandemic, but also to learn from social workers themselves about what work they can effectively perform remotely and what needs to be done in person. The purpose of this study was to understand the ways in which pediatric health care social workers experienced and carried out the designation of essential worker during a global pandemic and how this designation affected their professional and personal lives. The methodology involved a secondary thematic analysis of existing focus group data..

Methods

All participants were recruited from the social work department of a large, urban, quaternary pediatric hospital located in the northeastern US. The department is comprised of over 200 social workers who are educated at the Masters' level, licensed by the state's accrediting body, and employed in a broad range of full-time and part-time roles spanning over 50 programs and clinics. With the permission of departmental administrators, participants were recruited via a departmental e-mail listserv; a total of 4 e-mails were sent between April 20, 2020 and May 4, 2020. Consenting participants were asked to enroll themselves in a focus group based on their primary work location and setting (Inpatient, Outpatient/Primary Care, Specialty Program, Emergency, or Leadership/Administration); enrollment in each group was capped at eight people.

All focus groups were conducted asynchronously using FocusGroupIt, a cloud-based focus group software platform broadly used for qualitative research ("About FocusGroupIT," n.d.)and structured to ensure that participation was entirely anonymous. There was no video component, no identifying information was recorded by the software, and participants could choose the name under which their replies were posted. Respondents also participated asynchronously, typing in responses to the researchers' questions and to other respondents' answers on their own time, so their identity was not shared in the same way it would be in a synchronous face-to-face focus group. Participants had the ability to log in and out of the platform to add to their responses and dialogue with other participants' responses, which differentiated this data collection method from an online survey (Gamarel et al., 2021).

In addition to a series of other questions, participating social workers were asked to respond to the following question prompt specifically about essential personnel status: "social workers are classified as essential personnel. How do

you feel that this designation has affected your work, if at all? Do you feel like social workers should be classified as essential? Why or why not?" The research team intentionally did not provide a definition of "essential" in order to explore ways in which social workers were defining the term and how their definitions impacted their work and personal lives.

Focus group questions were released on three separate days during the week of April 20th, 2020; all focus groups remained open for the following 14-day period to provide participants with ample time to both respond to questions individually and generate dialogue in the asynchronous online forum. In addition to open ended focus group questions, individuals were asked to complete a brief demographic survey using REDCap (Research Electronic Data Capture), a secure, web-based application designed to support data capture for research studies (Harris et al., 2019, 2009). Results of the demographic survey were not linked to focus group participant responses to maintain participant anonymity. This protocol was reviewed by the {XXX} Institutional Review Board (IRB-P00035257) and declared exempt.

Data analysis

Focus group transcripts were imported into NVivo 12 qualitative software for analysis (QSR International, 1999). The research team utilized thematic analysis, a descriptive qualitative data analysis method of identifying, analyzing and reporting patterns or themes within the data (Braun & Clarke, 2006). Consistent with thematic analysis processes outlined by Braun & Clarke, the four researchers, who were trained in both qualitative data coding and familiar with health care social work, first read each of the 14 focus group transcripts in full to familiarize themselves with the data, consider latent and manifest content, identify patterns and assist with the initial code generation process (Vaismoradi, Turunen & Bondas, 2013). Researchers were divided into three teams comprised of two coders per team; two of the researchers were on more than one coding team. After reading the transcripts in full, each team coded approximately one-third of focus group data line-by-line to facilitate identification and exploration of themes. Upon completion of line-by-line coding, the teams met together over a series of four weeks to establish consensus in code definition and develop a codebook. Data from focus groups were subsequently recoded using codes generated by consensus, with a particular focus on the essential personnel question prompt as a sensitizing concept (Miles & Huberman, 1994).

Throughout the coding process, the constant comparison method (Glaser & Strauss, 2009) was used to ensure consistency within and across coding teams; reliability meetings were held weekly to minimize coder drift. Consensus on codes was reached through intensive discussions among members of the research team whenever disagreements arose (Harry et al., 2005). Consistent

with thematic analysis, in which the results should tell a story relative to the research question (Vaismoradi, Turunen & Bondas, 2013), findings are presented within a narrative analytic framework guided by the meaning of "essential" and ways in which it is carried out with respect to social work.

Results

Fifty-five social workers participated in 14 focus groups over the study period. Participants were drawn from five primary work locations/functions: leadership/administration (5), emergency (4), inpatient (13), outpatient (22), and specialty programs (11). Only 15 participants completed the demographic survey; as such demographic characteristics are not reported.

Thematic analysis of qualitative data identified four primary themes about the essential personnel designation related to a) the substance of social work (e.g., "what our work entails"), b) the ways in which social work practice is carried out c) the health of the profession, and d) future directions for practice. There was overwhelming consensus among focus group participants that the substance of social work is essential, but the ways in which the designation was put into practice varied by setting, program, or clinic. Overall, social workers indicated that their work supporting patients and families should be considered essential, but that an essential designation does not (and should not) necessarily mean that services that can be provided remotely must be provided in person. Salient themes related to the importance of the essential designation for the social work profession and the essential roles and functions of social work in promoting health – both now and in the future – also emerged.

Essential: the substance of social work

Across all focus groups, social workers spoke to the essential nature of social work. They also discussed the critical contributions that social workers make to health care service provision and patient well-being. As a member of social work leadership explained, "treating the whole family and understanding the systemic elements of patient and family experience is essential to effective health care." A program-based social worker further highlighted this point, reflecting that "I am glad that social workers are deemed essential members of the team, as I think we represent a perspective to support patients/clients that is not otherwise met in the same valuable way by other members of the interdisciplinary team." Social work expertise in mental health and other psychosocial domains were understood as essential; as another member of leadership noted, "social workers address basic needs that are no doubt essential to human beings. Social workers deal with mental health – and that is just as essential to well-being as physical health."

Many participants underscored the relevance of social work and its mission in these areas to populations who have been subjected to systemic racism, social exclusion, and chronic underinvestment, as highlighted by an outpatient social worker's response:

> the designation [of essential] is warranted. This crisis further exposes the institutional and health disparities across racial lines. Social work has focused on the socially determined health outcomes and has advocated for families with this understanding. The designation further validates that these socially determined health outcomes further impact family/individual functioning and health outcomes.

Respondents noted that social work, given its role and professional skillset, is particularly well-suited for emergency response efforts to large scale crises such as the current COVID-19 pandemic, as "social work in crisis response has always appropriately felt essential for all the ways in which we're capable of responding and supporting patients and families." Similarly, an outpatient social worker highlighted the breadth of skills germane to social work in her response:

> without a doubt Social Workers should be classified as Essential Workers. The ability to identify areas of needs, assess situations, acquire resources, and execute a plan to ensure that patients, families, staff, providers and our community stakeholders offers social workers the opportunity to demonstrate administrative and clinical skills needed for all phases of emergency planning.

Carrying out "essential" work

Analyses revealed three subthemes pertaining to the way the essential designation is carried out, or, as one social worker described, "the way in which our work is conducted," and potential implications of the classification. These subthemes are safety concerns, essential does not always mean in person, and essential from home is possible. These themes all centered around the question of whether the essential status designation required working on-site and delivering care face-to-face. For social workers who defined essential personnel status primarily in terms of in-person work requirements (as opposed to the nature of the work itself), questions arose related to whether the designation of essential status was "worth" the trade-off with respect to the increased exposure risks inherent to in-person delivery of care. Other social workers conceptualized the essential designation as not always requiring in-person care and noted that in some circumstances care could be delivered completely remotely. However, regardless of perspectives on and opinions about how essential work was carried out, the consensus across groups was that the work itself was essential no matter how and where it was performed. This was reflected by a social worker who noted that "at the end of the day though, being essential to me means that we are meeting the needs of our patients and families as best we can."

Safety concerns

For respondents who understood essential to mean that social workers would be required to be on-site and potentially have face-to-face patient interactions, the primary concern that arose was safety. For example, as an inpatient social worker described, "I do not see myself as essential in the sense that I need to come into the hospital and put myself and my family at greater risk." In fact, any hesitancy on the part of respondents to embrace the essential designation appeared to be directly related to concerns about expectations for in person work:

> I think designating us as essential personnel puts undue pressure on us as a workforce. I do notagree that social workers should be classified as essential. While our work is VERY important, Ido not feel that we should be asked to risk ourselves for in-person support.

Even respondents who appreciated the essential designation expressed fear associated with risk:

> I feel this is a double-edged sword. I appreciate that the department has fought so hard to haveSW classified as essential, but at the same time, the nature of this pandemic makes it scary to bein the hospital and present.

Essential does not always have to mean in person

While some social workers assumed essential meant in person work at all times, others indicated an understanding of essential that did not necessarily require an on-site presence or providing in person support and services for patients. As one inpatient social worker summarized: "we are essential, and we have proven with this pandemic the myriad ways we can serve. That is not the same as being on-site – when that is not what is good for the patients or the broader community." Another program-based social worker embraced the essential designation while also pointing out the need to exercise some degree of discretion with respect to circumstances that require an on-site presence:

> we [social workers] are essential staff, the service that we provide is absolutely essential. However, as other hospital providers have been doing, we should also have the flexibility in exercising our clinical judgment to determine which situations and which cases warrant an in person meeting versus a virtual one.

Participants advocating for a de-coupling of the in-person requirements from essential personnel status contended that not all aspects of social work job responsibilities require physical on-site presence, and that in non-pandemic circumstances "social workers would only be physically present for the acute/essential portions of our jobs."

In this vein, some respondents noted distinctions between essential and frontline workers, and considered themselves essential but not "frontline." A program-based social worker further clarified that "I don't want someone

applauding my 'frontline efforts' when I'm not on the frontlines, and I don't want those accolades taken away from someone who truly is on the frontlines." Similarly, an emergency department social worker who was required to be on-site shared that "I don't think that social work can assist with what we have deemed 'frontline health care' during this pandemic," indicating that, while frontline and essential characterizations may overlap, some social workers perceived these as distinct concepts.

Essential from home is possible

The majority of social workers were confident that some elements of their duties could be effectively carried out while working remotely in order to minimize exposure risk and contribute to social (physical) distancing efforts. As one program-based social worker explained: "I think my job can – and should – be done from home, coming in-house only when absolutely essential to deal with an acute case (which I would be more than willing to do)." Due to hospital COVID-10 mitigation strategies, social workers frequently described communicating remotely with patients and families even when on-site, which further cemented the idea that services could be effectively delivered from home. As an outpatient social worker clarified:

> While I think that social workers provide essential functions, I do not think the work has to essentially be done in person, especially in the context of a hospital setting where there are other essential personnel present. Unlike medical personnel who have to collect vitals, blood, testing, etc. all of which must be done in person, I believe that social workers' work can be done through virtual platforms. Although it is certainly best practice to be in person, I believe it can be performed virtually.

The implication here is that the psychosocial interventions delivered by social workers do not necessarily require a physical presence. As the respondent states, while the ideal is still in person service delivery, the work can also be done via telehealth to mitigate exposure risk. As others noted, "we are effective in using telehealth/telecommunication and can thrive from home" and ""we [social workers] continue to be essential even if we are not at the bedside!"

Essential for the sake of the profession

Despite the concerns and conflicted feelings about in person work, many respondents indicated that an essential designation was important for the social work profession, not only in terms of practicalities such as job security but given both ongoing and historical attempts to be recognized as an important part of the multidisciplinary treatment team. As one emergency department social worker who was required to be present on-site explained,

Social work has worked so hard to be seen as an essential part of the multidisciplinaryteam. Although it is difficult to be at work at this time, I think it is crucial that wecontinue to show up and continue to demonstrate why social work is essential. I also think it is

important for social work to be present to work side-by-side with team members.

One respondent worried that not being designated as essential could come at a cost: "I worry that losing the classification of our profession as 'essential' would take us many steps backwards from the table of disciplines within the strong current of a 'medical or disease model' of health care." A program-based social worker reflected that "it is a good thing that we are considered essential, as, indeed, we are. And we want to keep that profile," suggesting that hard-fought gains, such as recognition of social workers as core team members in health care settings, have the potential to be lost.

Respondents across multiple groups indicated that during the early stages of the pandemic social work was not recognized or publicly acknowledged in the same ways as other professions. For example, one social worker observed that

> Doctors and nurses are sharing their stories. Social workers are not being asked to share their stories with others and the public. When [free] meals are provided, people are noting the health care workers (i.e. nurses and doctors). But where do we fall in all of this?

Many social workers felt they were living out the "essential" designation through their work without the support, recognition, or compensation bestowed upon professionals from other disciplines. A member of social work leadership noted that this is a long-standing issue for the social work profession: "the challenge is reconciling our status and low pay relative to other professions. It's not really fair to be treated as non-essential in so many ways while being told you are absolutely essential when it suits."

Essential for the future: the roles and functions of social work

Across all groups, respondents reflected upon the essential role that social work will continue to play in pandemic response and recovery efforts as well as general health care provision. Many participants underscored the fact that the roles and functions of hospital social work are essential at all times, not just in global crises such as the circumstances presented and exacerbated by COVID-19. This theme was raised in multiple groups and reflected in comments such as "I do think we should be considered essential workers, not only now in a pandemic but in the ongoing work of the hospital in typical times" and "hospital-based social workers in particular are needed at all times – not just when there is a global pandemic."

The discussion of essential personnel in the context of the global pandemic elevated and encouraged discussion of the essential nature of the profession more generally. A number of participants raised the idea that it is also "essential" that other disciplines recognize and support social work contributions to patient care and interprofessional teams, both now and in the future. As one social worker noted:

> Mental health, safety issues, resource needs, and medical needs will continue with higher than typical acuity, I imagine, and it is essential for the hospital and community to continue to recognize this - and the important role that social workers will play in caring for patients and families.

Some attributed the absence of recognition to a lack of understanding the social work role. As a program-based social worker reflected:

> We are a very important part of the larger multidisciplinary team, but many other disciplines still do not understand the full scope of what we can do. We will need to continue to advocate for social work and the many roles we can play in this moment and the future to come."

Limitations

This study had several limitations, including the low response rate to the REDCap demographic survey that rendered the quality of participant demographic data inadequate to report. In addition, the study has limited generalizability, given the size and makeup of the sample; it would be fruitful to continue this research at other hospital sites or types of healthcare settings. Another limitation is that the study occurred at a single point in time during the acute phase of the COVID-19 pandemic; more research is needed to elucidate longer term implications of the social work essential designation.

Implications for social work practice

This is the first known study to examine social worker perspectives on being designated essential personnel in a pediatric health care setting. Throughout the COVID-19 pandemic there have been value or opinion-based publications stressing that social work be recognized as an essential workforce (e.g., Gewirtz, 2020; Lipe, 2020). The National Association of Social Workers (NASW) declared the 2021 social work month theme "Social Workers are Essential," stating in their rationale that social workers have performed critically important societal work throughout history, but especially during the pandemic and racial justice movements of 2020 (National Association of Social Workers [NASW], 2021). This study takes that idea one step further by supplying qualitative data both supporting the conceptualization of social

work as essential and raising questions about how the meaning of essential can be interpreted and carried out both during the pandemic and going forward. In addition, findings illuminated nuances of what the essential designation means specifically to health care social workers in a pediatric hospital setting, and what it implies for the day-to-day realities of their work and personal lives.

Though social workers expressed varying views about how the essential designation should be carried out, there was little doubt that social work was both essential and made a critical contribution to pandemic response and recovery efforts. There was broad agreement about the essential nature of what social workers provide to patients and families, and the importance of this perspective going forward. One of the biggest areas of debate and concern among social workers was the conflation of essential status with requiring universal in-person work under all circumstances, especially in circumstances where services could be provided virtually. While some social workers noted the value of working "side-by-side" with interprofessional team members from other disciplines, no respondents indicated that a designation of essential status for the sake of the profession was worth the cost of associated health risks – particularly when those risks provided no direct benefit to patients and families.

This research demonstrates a need for further clarity in the definition of the essential designation for social workers, particularly as to when and whether essential work needs to be performed in person. Our findings suggest that clear expectations and protocols regarding requirements for in person work could eliminate additional stress and confusion among social workers; this clarity is especially needed in a decentralized social work department with social workers working in varied roles across numerous settings. While findings strongly support the contention that the essential designation is warranted for social work, it is not one-size-fits-all, and conflating essential work and in person work can create unnecessary risk for essential workers (Farkas & Romaniuk, 2020; Larochelle, 2020).

Study results indicate that many social workers in outpatient roles felt their essential work could be done effectively from home, allowing them to continue providing care for patients and families while also limiting exposure risk. This may not be feasible, practical, or effective for social workers employed in emergency or inpatient settings; in these cases, strategies such as rotating in person and remote work may be helpful, especially if social workers find themselves having to significantly limit in person interaction with patients even when on-site. Our findings indicate that pediatric hospital social workers have a strong understanding of their work and what aspects of it truly need to be done in person, suggesting social workers from both leadership and direct service roles should be involved in hospital wide efforts to discuss the essential designation.

Another implication of our research is the importance of developing clear rules and protocols around the delivery of social work services via telehealth. Telehealth can increase social workers' ability to perform essential duties safely and effectively from home or other remote settings, but challenges with telehealth implementation, specifically involving licensure jurisdiction and billing, have been a problem. As (Ross et al., 2021) stated, the National Association of Social Workers and Association of Social Work Boards need to develop solutions to issues presented by cross-state licensure restrictions to practice jurisdictions, and managed care entities need to implement billing guidelines that permit reimbursement for telehealth services. Otherwise, these challenges will continue to disrupt continuity of care and function as barriers to effective social work use of telehealth. Telehealth has the potential to eliminate some of the conflict between the essential designation and social workers being able to limit COVID-19 exposure for themselves and their families, but only if these issues are addressed. At the same time, research has uncovered disparities in access to technology and digital literacy, often most pronounced in communities disproportionately affected by COVID-19 (Lame et al., 2020). Development of clear protocols around telehealth use and jurisdiction must also be accompanied by ongoing efforts to ensure that telehealth does not inadvertently exacerbate existing inequities in care.

Finally, there needs to be consideration of how social work is recognized as an essential workforce. A more nuanced definition of essential is an important start, as all social workers may not be considered "frontline" workers or required to perform all duties in person, but that should not distract from the fact that their work is, and should be, designated essential. One area requiring future research is whether social work is designated essential only in specific crises, or during non-crisis periods as well, and what, if any, distinctions should be made between these circumstances. Respondents were clearly frustrated not only by the lack of clarity on their essential roles, but by a perceived lack of recognition. There is a need for greater recognition of the social work's essential and important role in health care, especially during the pandemic and post-pandemic recovery period (Guerrero et al., 2020). Recognition possibilities include increased awareness and publicity of social work's role and increased compensation for essential services provided during both crisis and non-crisis periods.

The COVID-19 pandemic has raised awareness of the role of social determinants of health in the broader health inequities and disparities seen across the United States (Ryan et al., 2020; Sharma et al., 2020; Turner-Musa et al., 2020). The impact of the pandemic has been felt most deeply in communities of color, who have been the victims of systemic inequities in both the healthcare system and society at large. The disproportionate impact of the pandemic on those with the least resources to address it is likely to continue for months or even years to come. The existence of a vaccine does not address the underlying

health disparities affecting communities of color or the disproportionate losses these communities have experienced. Indeed, historical injustices are likely to impede the uptake of the vaccine some of the communities that need it most (Bogart et al., 2021; Fisher et al., 2020). In many ways, it falls on social workers to address some of the root causes and consequences of these inequities when they intersect with the healthcare system – whether that is addressing the emotional impact of racism or the practical concerns of housing stabilization for families who have lost one or more wage earners. It is this work that is essential, not just during the pandemic but to address long-standing social injustices in both the American healthcare system and society at large.

Social workers play a central role in addressing the social determinants of health and providing social care in health settings (Harris et al., 2019) as well as other arenas. They are the workforce that is often responsible for addressing the most basic, and essential, of needs at the base of Maslow's hierarchy – food and shelter – as well as providing opportunities for individual and community empowerment. As such, the social work profession is essential, not just during the crisis of a global pandemic but in an ongoing manner for there to be effective healthcare delivery in the hospital setting.

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