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# Impacts of the COVID-19 pandemic on nephrology social work: Perspectives of social workers

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## Abstract

A mixed method study utilized surveys and focus groups to explore the perceptions of nephrology social workers in Canada regarding the impact of the COVID-19 pandemic on their practice with patients and their families. As part of this larger study, participants were invited to focus groups which elicited pandemic experiences, personally and professionally, and to offer post-pandemic recommendations for nephrology social work. The sample comprised 15 nephrology social workers from several Canadian provinces, who provided in-depth reflections regarding the impact of the pandemic on professional practice.

Study results reflect COVID-19 pandemic-related experiences of Canadian nephrology social workers, including psychosocial impacts as well as practice and infrastructure shifts. In providing service to patients and families, nephrology social workers were forced to confront personal, professional and organizational landscapes altered by hospital and broader societal public health guidelines aimed at decreasing the spread of COVID-19. Although an inherently challenging experience, participating social workers concurrently noted areas of growth that resulted from pandemic circumstances.

## Keywords

social workers, nephrology, renal, COVID-19 pandemic, professional practice

## Résumé

Une étude à méthodes mixtes a utilisé des sondages et des groupes de discussion pour explorer les perceptions des travailleurs sociaux en néphrologie au Canada concernant l'impact de la pandémie de COVID-19 sur leur pratique auprès des patients et de leurs familles. Dans le cadre de cette étude plus vaste, les participants ont été invités à des groupes de discussion qui ont suscité des expériences liées à la pandémie, personnellement et professionnellement, et à proposer des recommandations post-pandémiques pour le travail social en néphrologie. L'échantillon était composé de 15 travailleurs sociaux en néphrologie de plusieurs provinces canadiennes, qui ont fourni des réflexions approfondies sur l'impact de la pandémie sur la pratique professionnelle.

Les résultats de l'étude reflètent les expériences liées à la pandémie de COVID-19 des travailleurs sociaux canadiens en néphrologie, y compris les impacts psychosociaux ainsi que les changements de pratique et d'infrastructure. En fournissant des services aux patients et aux familles, les travailleurs sociaux en néphrologie ont été contraints de faire face à des paysages

personnels, professionnels et organisationnels modifiés par les directives hospitalières et sociétales de santé publique plus larges visant à réduire la propagation du COVID-19. Bien qu'il s'agisse d'une expérience intrinsèquement difficile, les travailleurs sociaux participants ont simultanément noté des domaines de croissance résultant des circonstances pandémiques.

## **Mots-clés**

travailleurs sociaux, néphrologie, rénal, pandémie de COVID-19, pratique professionnelle

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## **Introduction**

The World Health Organizations (WHO) declared a global pandemic on March 11, 2020, in direct response to the spread of COVID-19 coronavirus, a severe acute respiratory syndrome (National Post, March 23, 2020). The impact of the pandemic on the Canadian health care system was swift and far reaching. To curb the virus, Canadian public health authorities instituted recommendations such as physical distancing, hand washing, and household and self-isolation (Government of Canada, 2020), and virtual care became a primary mechanism in the delivery of health services (Canadian Institute of Health Research, 2021). In a report commissioned by the Canadian Institute for Health Information (2021), it was noted that health care centres were continually required to adapt to a changing pandemic landscape which necessitated the retraining and shifting of human resources to support the greatest areas of need, and cancellation of surgeries and elective procedures.

The impact of these measures on patients and families was significant and multifaceted, brought about by the rapid transition to virtual care, lack of once available resources, and stringent policy restrictions on visitors and masking. The outcome for a vast majority of patients and families was increased isolation, loneliness, and adverse health consequences (Currin–McCulloch et al., 2021). Specifically for patients diagnosed with end stage kidney disease (ESKD), the necessity for life sustaining treatments, i.e., in-centre hemodialysis, entailed the inability to remain at home despite isolation orders, and rather required continual and relatively frequent travel to the hospital, resulting in higher risk of contracting COVID-19 (Beaudet et al., 2022). As a direct result of pandemic restrictions and move to virtual care, this cohort of patients experienced heightened stress and mental health concerns (Kendzerska et al., 2021). The increased prevalence of comorbid mental health issues such as depression, anxiety and chronic stress in this population (Hajat & Stein, 2018) was likely exacerbated by the multiple disruptions to treatment regimens and pandemic-related stresses.

For health care social workers, the pandemic necessitated substantial changes to their practice which was primarily fueled by the introduction of virtual technologies in patient care (Ashcroft et al., 2021a). As a result, traditional roles associated with health care social work in part were abandoned to reprioritize more urgent pandemic-related care needs of patients and families such as ensuring access to virtual technology, resource allocation, problem solving and crisis management (Walter-McCabe, 2020). While the literature on the specific impact of the pandemic on nephrology social workers is beginning to emerge, it is yet limited.

## **Background**

To date, one study, based in India (n=6), has specifically explored the perceptions of social workers who supported renal disease patients during the COVID-19 pandemic (Powathil & Anish, 2022). This study suggests that nephrology social workers had to adapt to a more diversified role due to patients' amplified need for mental health services among changing public health circumstances. Despite notable challenges in frontline social work in a pandemic, participants outlined the emerging strength of resilience whereby professionals reported feeling equipped to manage the crisis while providing patient care to nephrology patients (Powathil & Anish, 2022).

Due to the limited literature, related studies contribute varying perspectives that help supplement known literature regarding nephrology social workers. A multi-disciplinary study from the United Kingdom focused broadly on nephrology-affiliated health care providers (Selvaskandan et al., 2022), while numerous additional studies have addressed the impact of the COVID-19 pandemic on social workers practicing in clinical areas other than nephrology. Studies exploring health care social workers' pandemic experiences have been published internationally, including in Australia (Joubert et al., 2022), Israel (Schiff et al., 2021; Shinan-Altman et al., 2022), Canada (Ashcroft et al., 2021b; Craig et al., 2022; Currin-McCulloch et al., 2022a; Currin-McCulloch et al., 2022b; Donnelly et al., 2021; Nicholas et al., 2023), and the United States (Currin-McCulloch et al., 2022a; Currin-McCulloch et al., 2022b; Fantus et al., 2022; Jones et al., 2022; McKenna et al., 2022; Ross et al., 2022; Schneider et al., 2022; Weng, 2022; Wiener et al., 2021).

During COVID-19, health care social workers reportedly experienced significant personal and professional challenges, including moral distress and psychological challenges, concern for patient well-being and personal safety, changes in workload, and adaptation to service delivery (Ashcroft et al., 2021a; Ashcroft et al., 2021b; Craig et al., 2022; Currin-McCulloch et al., 2022a; Currin-McCulloch et al., 2022b; Donnelly et al., 2021; Fantus et al., 2022; Jones et al., 2022; Joubert et al., 2022; McKenna et al., 2022; Nicholas et al., 2023; Powathil & Anish, 2022; Ross et al., 2021; Ross et al., 2022; Schiff et al., 2021; Schneider et al., 2022; Selvaskandan et al., 2022; Weng, 2022; Wiener et al., 2021). Significant changes in roles were noted as social workers assumed tasks related to advocacy and bridging communication between patients and families. They supported patients and families, and social workers navigated barriers of limited resource availability (Ashcroft et al., 2021a; Ashcroft et al., 2021b; Currin-McCulloch et al.,

2022b; McKenna et al., 2022; Powathil & Anish, 2022; Ross et al., 2021; Ross et al., 2022; Schiff et al., 2021). Several studies identified professionals' prioritization of maintaining quality care for patients despite experiencing internal stress related to personal and/or family strain, including psychological and/or physical impacts (Ashcroft et al., 2021b; Fantus et al., 2022; Nicholas et al., 2023; Schneider et al., 2022; Shinan-Altman et al., 2022; Weng et al., 2022; Wiener et al., 2022). However, the literature also underscores the level of resilience and continued commitment demonstrated by social workers in ensuring a high standard of practice (Currin-McCulloch et al., 2022a; Currin-McCulloch et al., 2022b; Jones et al., 2022; Nicholas et al., 2023; Wiener et al., 2021).

Despite a body of studies addressing health care social work in the pandemic, the specific experiences of nephrology social workers are under-researched globally, resulting in uncertainty related to immediate and longer-term impacts of the COVID-19 pandemic on nephrology social work. To address this gap, we conducted a study examining the experiences of the pandemic on social work in renal care units within acute care hospitals in Canada. As part of a larger study, we are reporting focus group findings addressing nephrology social workers' perceptions about personal and professional impacts related to practicing during the pandemic.

## **Methods**

Social workers who were engaged in an existing network of nephrology social workers in Canada (the Canadian Association of Nephrology Social Workers [CANSW]), received an online invitation to participate in the study. Following completion of an initial survey, participants were invited to a focus group to explore how the pandemic had affected, and continues to affect, social work practice as well as pandemic impacts on social workers both personally and professionally. The focus groups were conducted by AM, HN and DBN, following the development and piloting of a focus group guide that outlined semi-structured open-ended questions. Focus group questions facilitated reflection and conversation within the groups. Multiple focus groups were offered to accommodate varying scheduling availability.

Audio recordings of focus group dialogue were transcribed verbatim and all identifying information was removed. The transcripts were coded and analyzed with the support of NVivo qualitative research software (QSR International Pty Ltd., 2020). This process of analysis included (1) reading transcripts line-by-line and coding meaning units, (2) grouping codes into relevant categories, and (3) reviewing codes and categories in the ultimate development of themes (McCracken, 1988). Qualitative rigor reflected established methods as follows: (1) the data was analyzed and reviewed by multiple analysts, (2) emerging findings were reviewed by team members, (3) emerging themes were reviewed by social workers with a clinical background and expertise in nephrology, and (4) emerging themes were reviewed against raw data for corroboration prior to concluding themes (Lincoln & Guba, 1985).

Institutional research ethics board approval was received from team members' respective universities. Informed consent was received prior to study commencement, and participant anonymity was ensured through various steps such as removing reference to potentially

identifying personal or locational information. A rigorous stepwise recording and transcribing process was implemented to maintain participant privacy and ensure data integrity.

## Results

Fifteen nephrology social workers practicing in the following Canadian provinces participated in an online focus group: British Columbia, Nova Scotia, Ontario, Saskatchewan, and Quebec. An average of three social workers attended each focus group that lasted approximately one hour. All participating social workers were actively practicing in nephrology social work during the pandemic and at the time of the study.

The findings generated from this study reflect COVID-19 pandemic-related experiences, including psychosocial impacts and service or health infrastructure/system shifts. In providing service to patients and their families, nephrology social workers navigated hospital and broader societal public health guidelines aimed at reducing the spread of COVID-19. Although a substantially challenging experience, participating social workers concurrently noted areas of growth that resulted from this crisis. As briefly described below, themes reflected personal impacts, professional impacts, organizational impacts and ‘silver linings’.

### *Personal impacts (“trying to keep myself safe from the virus”)*

Participants described enduring fear and anxiety related to the risk of contracting COVID-19 and spreading the virus to their loved ones at home. As one participant summarized,

My husband was fearful for my life, fearful of me bringing something home to him, [and] fearful of me bringing something home and affecting the kids.

The acute awareness of this risk was a daily struggle for many social workers, with participants continually assessing and reviewing potential risks in daily practice including potential virus exposure. One participant articulated their thought process:

How long was I there? Taking it step by step...where in the risk pattern was I? Was I really close, no mask, more than ten minutes? Sometimes the worry was too much.

Extensive vigilance to minimize risk of contracting COVID-19 was reported to come at substantial personal and professional cost to social workers. Safety protocols, such as physical distancing and the use of personal protective equipment (PPE), altered the manner by which social workers were able to meet professional responsibilities and roles, often with noted impacts on both social workers and clients. Participants shared experiences of,

Layers of...barriers to protect yourself, protect the patient, but...how long could I counsel somebody with all this garb on. I just about passed out many times.... PPE made it difficult to have conversations especially of a sensitive nature, and I felt bad about that.

Social workers who contracted COVID-19 through work or other exposure, described scrutiny and stigma by others for not being “careful enough”. A participant summarized such an experience:

Coming back to work after I got sick...I did feel...a sense of shame...almost like judgement. I kind of felt like assumptions being made about me...where I was.... [I] felt judged for not being careful enough.

As reflected in these quotes, participants often conveyed an acute sense of needing to be hyper-vigilant regarding safety for personal protection as well as to protect others. This was conveyed as a daily emotional weight carried by participants during the pandemic.

#### *Professional impacts (“I feel so helpless”)*

Witnessing first-hand the impact of the pandemic on patients and families, yet often feeling unable to intervene in a meaningful way, contributed to a reported sense of helplessness. The toll of witnessing isolation among patients and families due to restrictive visiting policies, emerged as a common struggle. One participant described:

There was so much sadness...patient after patient...having to isolate themselves from their families, not having them with them in the hospital for treatments for fear of catching COVID.... It was hard to hear those stories one after another.

Another participant described a sense of professional and practice restriction and in some cases, helplessness:

I felt helpless. There’s nothing we could do. As social workers, we like to advocate for our patients and want them to have a good experience, especially at [the] end of life. We had no way to...get people in, and you feel helpless. You can’t help the patients that you are working with.

Social workers’ sense of helplessness reportedly was intensified by feeling restricted from advocating for their patients as desired due to having little control or influence over administrative decisions that were being made. A participant described:

The policies didn't make sense from a patient care perspective, but that didn't seem to matter. [It was] hard to sit back and watch.

Another social worker noted their lack of control or influence:

[Restrictive policies] put a huge damper on the therapeutic relationship. This isn't right. We can't have this on our shoulders because it is ruining our relationships with patients and families, yet [there's] not much we can do.

The professional sense of helplessness was exacerbated by the inability to access previously available community resources and supports for patients and their families due to the pandemic. Participants noted:

The fear of being unsettled, the fear of resources that you totally expected to be existing, being pulled out from under your feet", and having, "my day-to-day work [getting] a little more complicated...looking at how to navigate resources that had changed [or were] no longer there.

The sense of helplessness that the participants felt in not being able to access supports for their clients was described as substantial, with one social worker summarizing:

You're trying to give information on where they can go if they wanted help...a housing application or something like that, but that wasn't being offered anymore so that was really challenging.... [I] just didn't know where to turn to help people.

Another vicarious professional challenge expressed by participants, reflected media characterizations of health care workers earlier in the pandemic as 'brave', 'leaders', and 'superheroes' in the fight against the virus. A participant verbalized:

We were told at the beginning we have a responsibility to be leaders in our community [which] seemed like a big weight of responsibility.

This community and discursive narrative for some workers carried an additional emotional burden, as illustrated by the following participant:

There was this narrative about health care heroes that I found deeply problematic because the implication is there that you have to be a superhero and I'm definitely not, nor do I ever wish to be. That's far too much responsibility for me to shoulder.... When I did take a break, I felt guilty.

Vulnerability yet hypervigilance in work demand and seeking to remain virus-free, combined with a professional sense of helplessness to provide previously-offered aspects of the social work role, were primary social work challenges during the pandemic. These layers of experience were reported to deeply affect social workers both personally and professionally.

*Changes in the organizational context of practice (“changing scope of the social work role”)*

Organizational policies, procedures and restrictions to minimize the spread of the virus within health care institutions substantially altered the context and processes of practice for nephrology social workers. Three primary forces were noted by participants to have impacted their role during the pandemic: 1) the use of technology in the delivery of patient care, 2) staff redeployment, and 3) placement in the role of ‘visitor list coordinators’. Each are described below.

*The use of technology in the delivery of patient care:* A hallmark adjustment made by health care organizations in response to the pandemic was the rapid and widespread increase in technology use for gathering and communication in patient care. Virtual platforms such as telehealth and the telephone more generally became vehicles to provide patient care services. As one social worker noted:

We were running all over the place with iPads and coordinating Zoom meetings or Facetime meetings with patients [and] family members. [This] was really challenging.

At times, technology was used in deeply intimate or critical moments, such as end-of-life processes, with one participant explaining:

We have a lot of palliative patients who died in the hospital. They weren’t letting anyone in, so social workers would set up Zoom calls so patients could say good-bye to their loved ones.

Despite challenges, the use of technology was also described positively, particularly when facilitating heightened service access in ‘hard-to-serve’ or distant regions, or to patients with mobility issues such as those for whom physically coming to the hospital was a challenge. Some participants appreciated being able to work from home; for example, a participant stated:

I don’t have to commute to work anymore. I don’t have to prepare lunches or drive...those nuisances.

In terms of benefits to patients and their family caregivers, a participant noted:



Sometimes people are unable to travel here or sometimes for financial reasons, people can't make an appointment. It's good to know we have another way we could do [our work] if need be.

Amidst these benefits and drawbacks, virtual interaction generally was perceived as contributing to the loss of "humanness" in social work, thus deleteriously impacting communication and relational depth both with patients and amongst interdisciplinary team members. A participant summarized:

You can't form the same kind of relationship, no matter how warm and caring your voice is over a phone, as you do with verbal, facial and body language.... When we've only had virtual contact, people don't even know where you're calling from or how you work together.

The reliance on virtual communication was identified as particularly challenging for new staff hired during the pandemic as they sought to establish themselves as part of the team. Of this challenge, a social worker noted:

I don't think they feel they're really part of the service. I think it's delayed their sense of connection, rapport and identity as a nephrology social worker.

*Redeployment of staff:* The organizational redeployment of staff to various areas within the hospital, due to ongoing staff shortages, was noted to impose negative impacts on service provision during the pandemic. A participant recalled:

All of sudden, [hospital administration] announced to us in the middle of the pandemic, one of our nephrology social workers was going to be redeployed to monitor people's handwashing and use of PPE. How were we going to cover her shift?

Whether due to covering staff absence or meeting increased patient care needs, gaps in human resources/staffing often resulted in social workers juggling increased case coverage, pressing responsibilities and/or additionally assigned tasks, thereby resulting in significant service disruptions. A participant shared:

The pressures of...multiple redeployment [meant] that you never get to [needed tasks],...[and don't] feel competent that you are on top of your caseload".

Another participant described being, "redeployed twice so my patients were at the bottom. We were unprepared so there was six months where there was no social worker here at all". Social

workers further described instances in which they were deployed to roles and responsibilities outside their professional scope, as illustrated by a participant:

Things like wiping down scales after people were weighed...a porter kind of role, or, supporting the nurses going in to feed patients and do patient transfers.

This redeployment, lack of available staff and requisite to assume responsibilities outside their scope of practice, were reported to sometimes leave social workers stretched physically and emotionally.

*Social workers as 'visitor list coordinators'*: Some redeployment responsibilities introduced internal or moral conflict relative to social workers' values and roles, with a noteworthy example being the 'visitor list coordinator'. At the height of the pandemic, many health centres sought to monitor and track infection rates to decrease exposure risks with visitor list coordinators undertaking daily administration of approved visitor lists, including determining individuals identified as 'exceptions.' When this role was assigned to social workers, it was viewed to periodically cause stress due to imposing a negative relational 'wedge' between the social worker and patients/families which in turn sometimes impeded relational connection with patients and families. A participant reflected on this tension:

I think that the social workers really should not be involved in this visitor piece at all. I think that was a huge stressor on us.... [It] affected the relationships. I just think we should be left out of it as it's an administrator thing, and that's how it should be handled.

Challenging directives that impacted practice were described to result in social worker exhaustion and, in some cases, burnout. Participants attributed this experience to propel some social workers to leave health care-based social work practice:

I have noticed in our hospital that we had a lot of turnover, a lot of social workers leaving the profession and it's been really hard to hire new social workers. We have so many vacancies [for which] we can't find someone to fill, and that been unusual in my time as a hospital social worker. There's been a lot of burnout.

As illustrated in these areas of impact, virtual care, staff redeployment and shifted workload responsibilities contributed to an altered organizational context of practice for social workers in nephrology. These changes reportedly impeded patient care and the well-being of social workers.

### *Lessons learned ('silver linings')*

The pandemic forced nephrology social workers to garner emotional and practical resources to cope with substantial stressors, as described above. While largely describing pandemic impacts negatively, personal and professional growth also emerged. A renewed focus on self-care, including physical activity and time with family and friends counterbalanced increased work stressors. Participants noted the importance of being:

Really careful about self-care and making sure that my life outside of the hospital is healthy with some happiness so that I have enough juice to come back to work.

Examples of self-care were conveyed:

To do [physical activity outside],...to eat really well, sleep really well, and [to] keep...personal relationships in good shape.

Participants described strategies such as creating cognitive distance between their personal and professional life to manage the emotional toll of working during the pandemic. This entailed compartmentalizing home and work or conscientiously limiting exposure to pandemic-related conversation in one's personal life. Participants described having:

To come home and...try and separate, compartmentalize myself,... and it was quite challenging. [I] had to kind of minimize my engagement in those types of conversations, and it really helped.

Another participant relatedly stated:

My family didn't need to hear what I was doing at work, it was not helpful to them at all.

Several participants limited exposure to pandemic-related news media or other communication of difficult stories or experiences to avoid becoming engulfed by the often-negative emotionality related to the pandemic. A participant self-reported:

Physical reaction[s] from an anxiety point of view to listening or watching the news. I just completely stopped, and I figured anything important will be told to me at work.

And another described staying:

[Staying] off social media as it was becoming overwhelming seeing all the sad stories.

For others, the pandemic served to generate an orientation to live with a conscious determination to not dwell on elements of the pandemic that were beyond their control. A social worker noted:

I like to have a plan and know what to expect, but you have to let that go and just accept what's happening because we don't have any control over it really.

In addition, establishing boundaries around activities to manage emotional energy, emerged as important:

I actually dropped all of my union functions other than health and safety because I needed to decompress, and get rid of things that continue to consume my mental energy, I would say, 'I'm not doing any of that...because this is where I feel I can do the best for everyone'.

Through the maintenance of self-care practices and positive cognitive strategies, beneficial results were perceived:

I saw that it made a difference in terms of me being present in my day-to-day job in providing that support for patients when I myself was going through the same fear that they were.

The use of technology was also regarded as a catalyst for positive growth amid the pandemic. Firstly, staying virtually connected with colleagues, specifically through CANSW, was commonly noted as an important resource for accessing professional/peer connection, sharing information and debriefing. A participant noted:

CANSW was a huge help...just having that unconditional support and knowing that there are people out there, even though I don't know what they look like and vice-versa.

Additionally, introducing virtual platforms for training/education resulted in learning opportunities for professional development, as illustrated by a participant:

I found that there's... a groundswell of professional development virtual things that have been available, and I've tried to take advantage of those, and just give myself permission to make time for them in a way I wouldn't have before.

The development of strategies to maintain physical and psychological wellness, in addition to the use of technology for connection and professional development, were viewed as beneficial. Beyond these vicarious benefits and individual and collective resilience, it is important to note that for some nephrology social workers, the pandemic spurred an internalized reflectiveness

about the alignment/misalignment of workplace values with professional and/or personal values. One participant noted:

People may be feeling a little bit differently about the organization as a whole and feeling like a lot was asked of us during the pandemic, and some just didn't feel that [there] was any reciprocity from the organization.

Participants commonly talked about their values and priorities, with one participant summarizing their view:

The pandemic has caused people to reflect deeply on...life and what's right for them and things that didn't seem possible before maybe do now, and people are making changes and we're seeing that [now].

In summary, study findings reflect pandemic-related adversity and shifts, as experienced by nephrology social workers – both personally and professionally. Amidst challenges, positive areas of growth and resilience were identified, including awareness of, and satisfaction in, having managed such a challenging experience. These findings contribute to an emerging understanding of both challenges and areas of growth experienced by Canadian nephrology social workers during the COVID-19 pandemic.

## **Discussion**

Study findings indicate three emergent considerations or questions that integrally reflect the pandemic experiences of nephrology social workers: the impact of emotional labour associated with the pandemic, the presence of moral distress, and post-traumatic growth. Each is briefly discussed below.

### *Emotional labour associated with the pandemic*

The COVID-19 pandemic was the catalyst of an emotionally taxing experience for nephrology social workers. Hochschild (2012) defined 'emotional labour' as the effort workers exert in managing their own emotions and that of others through the course of enacting a helping or caregiver role in accordance with requirements of the workplace or profession. The concept of 'emotional labour' recognizes a distinction between emotional management in the 'work' sphere versus the 'domestic or private' sphere (Hochschild, 2012). However, study findings and the literature reflect that pandemic circumstances affecting health care delivery unintentionally blurred the boundaries between *the private* and *the professional* for health care providers (Nicholas et al., 2023), arguably adding a layer of complexity due to daily emotional demands and processing needs. Study findings and the literature highlight parallel concerns of isolation, fear and uncertainty in both spheres of existence (Nicholas et al., 2023), as well as a sense of simultaneous helplessness, frustration and inability to help or meaningfully contribute (Feldman

et al., 2021). Such challenges seemingly left social workers struggling to emotionally process private and professional roles and shifts.

In such circumstances of blurred delineations between work and home spheres as occurred during the pandemic, an emergent question asks, ‘what is the impact on emotional coping processes?’ Ingram (2013) argues that the emotions of social workers have a significant impact on the context and direction of practice; thus, challenges related to pandemic impacts seem multi-layered. Beer and colleagues (2021) propose a theoretical framework of coping strategies for emotional labour that includes mechanisms that occur in the immediate, both within and outside the workplace. Research in the area of emotional labour notes that in ‘normal times’, social workers often attempt to mitigate the effects of emotional labour by emotionally distancing practice and seeking support from colleagues (Beer et al., 2021; Rose & Polattiyil, 2020). However, as evidenced in the COVID-19 pandemic, personal, practice-related, organizational and societal circumstances negated many traditional ways of managing stress and emotional strain, with the isolation from colleagues and others, and the inability to separate home and work, being particularly challenging.

The long-term impacts of this increased emotional labour and corresponding disruptions to coping mechanisms are still unknown. Yet, research is emerging indicating increased mental health risk associated with the pandemic (Greenberg et al., 2020). The emotional labour of nephrology social workers during the pandemic could be hypothesized as a factor in creating fatigue and burnout, as reported by participants.

### *Moral distress*

Among health care providers, the pandemic experience has been imbued with extreme stress and emotional exhaustion (Nicholas et al., 2023). While increased levels of emotional labour were a strong contributor to social workers’ strain, the additional presence of professional ‘moral distress’ experienced by social workers during the pandemic, emerged as a co-existing challenge. Moral distress results from individual perceptions that workers must compromise ethical values, and may feel powerless to change their circumstances (Thomas & McCullough, 2014).

Study findings point to moral distress originating directly from changes in organizational contexts of practice. As previously noted, health care responses to pandemic challenges often translated into dramatic changes in policy and practice within institutions. Masking, isolation protocols, transition to virtual care delivery, and the enactment of restrictive visiting policies were but a few of the formidable system changes that impacted both patients and professionals. These changes represented a significant departure from typical care provision and daily practice.

A consequential by-product of these shifts entailed circumstances whereby health care professionals, including social workers, sometimes felt unable to fulfill their moral and ethical responsibilities to patients and families. Study findings illuminate multiple workload shifts and demands that placed social workers in conflict with personal and/or professional values and

beliefs. Examples include redeployment outside of a social work scope of practice, and restrictive visiting policies that left patients isolated from family and other support networks.

The moral distress literature notes that if left unattended, moral distress can lead to disillusionment and increased stress and burnout (Thomas & McCulloch, 2014). It is postulated that the pandemic exposed nephrology social workers to circumstances and situations that led some to question elements of their role in their organization, and amplified misalignment of values relative to practice expectations. Results from this study indicate the need to critically reflect on the long-term impacts of moral distress on health care social workers and the profession generally. Anecdotal indicators of individual and collective emotional exhaustion may be reflected in a disproportionate number of social workers exiting health care and/or the profession of social work for reasons grounded in values, ethics and beliefs relative to service delivery and organizational functioning.

### *Post traumatic growth (“nephrology social workers moving forward”)*

The pandemic experience of nephrology social workers informs post-pandemic practice, education, professional development and support for social workers in health care. Post-traumatic growth (PTG) theories posit that the stress and confusion of traumatic and/or adverse events create circumstances that challenge or question values, goals and beliefs (Tedeschi & Calhoun, 1996). This concept has been expanded from an individual orientation to include societal traumas or adverse events (Schubert et al., 2015). PTG is theorized to occur within domains of experience including: appreciation of life, relationship with others, personal strength, recognizing new possibilities and spiritual change (Tedeschi et al., 2018). Underpinning PTG is the tendency for change and growth beyond a previous level of functioning by an individual or group – after the adverse experience (Schubert et al., 2015). Utilizing a PTG lens, the pandemic, as experienced by nephrology social workers, seemingly has included growth in several of the domains, as outlined below, even amidst this profoundly difficult protracted experience.

*Relationship with others:* Study findings highlight reflections by social workers on the importance of the ‘humanness’ of practice, and a renewed appreciation for relationships with family/friends, patients and their family members, social work colleagues, interdisciplinary colleagues and other community connections. These important reflections were raised in the context of virtual technology as lacking in some ways, but being a lifeline in others, relative to relational connection. Identified benefits of technology included mitigating isolation and ensuring continued professional development. Professional organizations, such as CANSW, were highlighted for their integral role in facilitating connection. Ensuring ways for social workers to connect with colleagues who practice in similar contexts, emerged as supportive. These findings identify appreciation for connection in bolstering emotional coping during a pandemic experience. Perhaps previously taken for granted, individuals in this study seemingly reflected on heightened awareness of, and appreciation for, these relationships and the importance of human

connection more generally. Finding ways both organizationally and jurisdictionally (regionally, nationally and internationally) to connect and support social workers (and other health care professionals) are important priorities that will require resources and intentionality.

*Appreciation for life:* The narratives contained within this study resonate with a renewed appreciation for, yet a critical reflection on, what previously was viewed as ‘normal’ or typical. Accordingly, the pandemic seemingly served as a catalyst for social workers to reflect on what is important personally and professionally; for instance, whether their values are reflected in the organizations within which they work, and a deep and perhaps renewed appreciation for the struggles of patients and their families. The pandemic has amplified the plight of those most marginalized in our communities and in various ways, has shed a brighter light on the critical need for social justice for individuals facing health challenges, with critical reflection among health care providers on their practice and organization. The realization that both patients and professionals were impacted in varying but also somewhat parallel ways during the pandemic, may offer social workers and other health care providers an informative lens relative to the significant challenges facing patients and their families in a constrained system of care with insufficient supports and resources.

*Personal strength:* Being exposed to high levels of emotional stress and uncertainty during the pandemic forced nephrology social workers to develop and/or apply skills and ways to manage the emotional labour associated with their role. Examples included consciously making the decision to relinquish that which they could not control, and cognitively strategizing and restructuring thinking to manage uncertainty embedded in the experience. These examples reflect resilience amidst adversity.

*Recognizing new possibilities:* Participants identified that technology-mediated care delivery, although challenging at the onset of the pandemic, offers important potential to render more accessible service and professional connection – learning that generally was not as strongly known or applied pre-pandemic. For some social workers, skills related to using technology were developed during the pandemic; in some cases, resulting in new ways of working more efficiently. While recognizing these gains and learning, caution is needed to judiciously ensure in-person services are maintained, as needed.

*Implications of a post traumatic growth lens:* Locating pandemic experiences through a PTG lens is useful in framing the pandemic experience, thus inviting reflection on areas of challenge and growth. Nephrology social workers developed skills and abilities that can serve as points of personal and professional reflection, awareness and education that may be advantageous in moving forward. These lessons certainly can contribute to areas of practice development.



### *Implications for practice, education and research*

These findings provide an impetus to critically reflect on nephrology social work and the profession more generally. Research into pandemic experiences offers important insights that inform professional development and the capacity of social work to respond to crises in the future. Reflection on implications for social work practice in health care as well as considerations for practice, education and research are explored below.

*Practice:* The pandemic has provided a call to the profession to deeply reflect on the role and scope of nephrology social work (and more broadly, social work in health care) in the aim of more aptly equipping social workers to advocate for their professional needs and offer a voice at the table of organizational policy (both within and beyond a pandemic or other geo/health disaster). The demand for social worker redeployment exemplifies what we view as a potential misunderstanding and misalignment of the social work role by health care administrators or other disciplines (albeit likely influenced by the constrained context of the pandemic), with unfortunate consequences for the social work profession and individual social workers.

A noted lack of social workers seeking positions in health care, exemplified by currently unfilled job postings, may be an early indicator of an emerging health care resource struggle. Recognition of the burden of emotional labour and moral distress supports the need for future inquiry and proactivity focused on the organizational and sectoral alignment of professional values and ethics, with implications for professional development and support as well as professional education for current and emerging practitioners.

*Education:* The pandemic highlighted the need for education preparing social work students to navigate the realities of health care-based social work. Such educational advancement must integrate skill sets for micro, meso and macro social work. Clarity of the social work scope of practice, and communication and advocacy skills are essential for health care social workers in professionally navigating large bureaucratic health care organizations, and developing interdisciplinary and community relationships to support professional capacity. In addition to developing adaptable skill competencies, preparing students for emotional labour and the development of support networks and collegial relationships are integral in moving forward. Novel strategies to optimize field practica and mentorship opportunities will be essential to support social work capacity as a profession.

*Research:* The pandemic has uncovered many gaps in the Canadian health care system, with significant implications for social work as a profession. Research is needed on social work capacity to address the needs of patients and their families as well as social workers, and to prepare the profession for potential future health outbreaks/pandemics or other disasters. Study findings illuminate potential areas of ongoing research, with emerging questions that include a

deeper exploration of moral distress amongst social workers in health care and conversely, strategies for nurturing well-being as well as recruitment and retention.

## **Study limitations**

We sought to sample across Canada, but acknowledge disproportionate representation in particular regions. Further inclusion of social workers from various systems and models of care would add to the applicability of findings given regional variation in policy, programming and practice responses to the pandemic. While these challenges in recruitment are noted, saturation and consistency of findings across several regions increase overall confidence in these findings.

## **Conclusion**

This study informs current and future nephrology social workers, including the importance of professional support and critical areas to advance relative to human resource allocation during a health crisis such as a pandemic. These findings further offer consideration in advancing pandemic preparedness, response and recovery.

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The author declares that there is no conflict of interest.

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