COVID-19 Journal Entry: The Perspective of a Bachelor of Science Social Work Student in Field Placement

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Abstract: As a senior Bachelor of Science in Social Work student, I have been able to see firsthand how a macro event, the COVID-19 pandemic, impacts micro practice social work. In this journal entry, I discuss my experience as a student completing my practicum at a hospice agency during the COVID-19 pandemic. This journal considers the needs of vulnerable older adults during this pandemic and critically discusses the ethics behind implementing telehealth, as well as the isolation experienced by the older adult population.

***Keywords*:** COVID-19, student, social work, telehealth, older adults, ethics, pandemic, macro, isolation

As a senior Bachelor of Science in Social Work and Bachelor of Science in Gerontology student, this pandemic has been a very emotionally devastating time. Similarly to many of my peers, I have had many academic and personal plans cancelled. As a first-generation college student receiving Summa Cum Laude honors, I was prideful and anxiously waiting for my family to see me walk across the stage this May. Although there are many negatives during this time, I must look at the positives. This pandemic has been an amazing learning experience for me. As a social work student, I have been able to see how policy and societal changes at the macro level impact mezzo and micro practice.

Amid the COVID-19 (coronavirus) pandemic, organizations such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have advised all people to stay home unless it is absolutely essential to leave. As a result, many businesses, schools, universities, daycares, social service agencies, etc. have closed their doors and have instructed their workers or students to work from home if applicable (Godoy, 2020). As Godoy (2020) describes, this is all part of an effort referred to by epidemiologists as "flattening the curve," the goal of which is for all people to limit their interactions with others to slow the spread of the virus. As seen in other countries, COVID-19 spreads extremely fast from person to person, and healthcare resources need to be available to treat the growing number of infected patients. The impending lack of resources has made COVID-19 a pandemic (Godoy, 2020).

However, vulnerable populations' need for social work services does not stop amid this pandemic. COVID-19 may cause additional stress, economic hardship, and could negatively impact the physical and emotional well-being of clients and social workers (National Association of Social Workers [NASW], 2020). As of now, the only guidance provided by social work governing institutions (such as NASW), has been to switch to telehealth when applicable and to try to obtain proper Personal Protective Equipment (PPE) when interacting with clients. Although telehealth is not new to social work practice, it is noted that many social workers have been thrown into telehealth practice with little to no notice and/or training.

During the 2020 COVID-19 pandemic, many social workers were left questioning how to provide their services to their clients and/or communities. This move towards telehealth and remote services has helped social workers uphold the NASW Code of Ethics. The most important ethical code we hold as social workers is our responsibilities to our clients. More specifically, as stated in 1.01 of the NASW Code of Ethics, social workers have an ethical requirement to remain committed to their clients (NASW, 2017). Of course, any time the use of technology is discussed in social work practice, we must address that this use is not accessible to all clients and agencies. Additionally, the use of technology may not be appropriate for some clients based on their cognitive abilities and/or the emotional sensitivity of the conversations (NASW et al., 2017).

For example, at my field placement hospice agency, we work mostly with older adults and their families. The biggest barrier, in my opinion, is the appropriateness of telehealth. All our clients have a terminal illness and a prognosis of less than six months. The social workers in this setting provide psychosocial support through conversation and normalization of death and the dying process. Additionally, hospice social workers provide end-of-life education, connect clients to needed community resources, and assess for complicated grief that may require more in-depth counseling. In my opinion, these are not emotionally appropriate conversations to have over the phone or a video calling platform. However, given the COVID-19 pandemic, I cannot think of another solution to keep providing services. Many long-term care facilities are on lockdown; due to the vulnerability of our client population, they need to be in quarantine. The entire goal of hospice is to provide and enhance the comfort, peace, and quality of life of our clients at the end of their lives. No one, regardless of terminal status, wants to die a painful death fighting for air due to COVID-19. Due to the nature of how COVID-19 spreads and the timeline of the symptoms, we do not want to be responsible for a client's pain or untimely death. So in this situation, it may be appropriate to provide telehealth services.

However, there are many barriers facing the older adult population. According to a 2013 study, many older adults feel uncomfortable utilizing telehealth services and many do not have access or the required knowledge to utilize many online video calling services (Cimperman et al., 2013). However, this study did show that some older adults feel comfortable receiving remote services over the phone (Cimperman et al., 2013). This was the method that was utilized most at my field placement hospice agency. The clientele felt more comfortable with this option and my field supervisor reported that she was still able to create a therapeutic relationship with clients to assess their psychosocial well-being (N. Corl, Personal Communication, June 8, 2020).

Overall, many older adults are uncomfortable with the impersonal connection of telehealth services (Cimperman et al., 2013) and this trend was seen at my field placement hospice agency. As stated before, it is a social worker's ethical responsibility to be committed to their client's well-being (NASW, 2017). In these unprecedented times, it may be unethical to cause more stress by making older adults utilize a type of service that makes them uncomfortable. This is now a huge ethical dilemma in the geriatric healthcare community because older adults still require and deserve services. I am thoroughly interested to see how this emergent use of telehealth may improve or worsen the comfort level of older adult clients utilizing the service. This pandemic could cause changes to service delivery in the geriatric healthcare community

lasting years after it ends.

Additionally, it is worth noting the trend of isolation among older adults and how COVID-19 has worsened the experience. In 2017, the US Surgeon General declared a "loneliness epidemic" among the older adult population (Berg-Weger & Morley, 2020). Berg-Weger and Morley (2020) found that COVID-19 and the vulnerability of the older adult population to the virus has resulted in increased isolation, but this increase has provided a platform for professionals to further discuss and research what can be done to alleviate this isolation and loneliness, even after the pandemic.

Social workers are in a unique position during the COVID-19 pandemic to develop and implement interventions that may decrease the loneliness experienced due to the isolation of older adults throughout this pandemic and in general (Berg-Weger & Morley, 2020). This unique situation provides social workers the opportunity to improve how we assess for loneliness. This also provides the opportunity to further develop and adapt existing evidence-based interventions for isolation (Berg-Weger & Morley, 2020). Additionally, the implementation of telehealth services provides older adults the opportunity to learn how to use and access non-traditional ways of maintaining communication with their friends and family (Berg-Weger & Morley, 2020).

Within my field placement hospice agency, I saw these interactions occurring as the social workers had to focus more deeply on assessing for loneliness and had to assist their older adult population with utilizing the technology available. My field placement supervisor reported having more emotionally in-depth conversations with her clients and their families than she had ever had in the past. This shared experience of COVID-19 made her patients feel more comfortable sharing their experience and further utilizing her psychosocial support during the stressful time (N. Corl, Personal Communication, June 8, 2020). Another social worker at my field agency reported that serving clients throughout the pandemic was stress-inducing (C. Madigan, Personal Communication, June 8, 2020). The COVID-19 pandemic has been a complicated and unique situation. More specifically, my supervisor reported that at the start of the state-wide stay-at-home order, when the rules and expectations were not clear, hospice patients who were actively passing were unable to be visited by family members or members of the hospice psychosocial team at the time of death. Only the hospice nurse was allowed in (N. Corl, Personal Communication, June 8, 2020). Additionally, as a student, it was frustrating as I had to step back interactions with clients so the social work team could have the opportunity to learn and advance their telehealth skills. Additionally, many clients felt uncomfortable with me joining on a phone call with their social workers. Understandably, the last couple of weeks of my internship were spent doing paperwork and research for the agency so the social work team could focus on adapting their visits to the unique situations of each client.

My field placement hospice agency was unprepared for this pandemic. Although it is hard to plan for the conditions of an unknown pandemic, there are steps that could have been taken. For example, the leaders within the organization could have researched and found courses for all staff to take to uphold the quality of the agency's services and the competency of the workers. This pandemic has provided the profession with the opportunity to learn more about assessing

and intervening with older adults experiencing isolation. I, and many others, expect the impact of the COVID-19 pandemic to be lasting, and more research is needed to see what social workers and other professionals alike can do to better assess and intervene in isolation-induced loneliness. Additionally, more research is needed on effective interventions and the implementation of telehealth services with the geriatric population. Overall, I have seen firsthand the impact of a macro level traumatic event on everyday social work practice. While this situation is not great, I am now more knowledgeable and better prepared to serve my future clients.

References

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