



Perception of Frontline Social Workers' Role in Healthcare Sector Combating COVID-19 in Tamil Nadu: A Phenomenological Study

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Abstract

COVID-19 emerged as a global pandemic of the twenty-first century. It has created a huge burden on society. More specifically, it has turned into one of the health risks that threaten to undermine societal order in general. The global effort to save humanity from this public health crisis is heavily reliant on professional social workers. According to the study's qualitative findings and perspectives on social workers' experiences in the health sector, the COVID-19 response is addressed. This study explores the function and difficulties faced by frontline social workers through an empirical phenomenological approach. Primary data for this study was gathered from 20 social workers from the leading healthcare institutions in Tamil Nadu using purposive and snowball sampling. The study focuses on three key conclusions, including the requirement for interdisciplinary expertise to address the multifaceted effects of pandemics, perceived difficulties in pandemic practice, and obstacles in service provision. The report offers recommendations for advancing social work initiatives as a conclusion. It also explains how modern social work may benefit healthcare facilities better in the fight against the pandemic.

Keywords Global pandemic · Social order · Professional social workers · Healthcare sector · COVID-19 · Pandemic practice

Introduction

Health is multidimensional involving biological, ecological, social, and psychological dimensions. Generally, drug therapy is given more importance and psychosocial dimensions are least considered. According to WHO, "health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity." The world has witnessed many health problems including epidemics, endemics, and pandemics. COVID-19 is a pandemic which has caused enormous damages to economic and social life of people and resulted in deaths of a considerable size of the population. Maintaining social distance, wearing masks, and cleaning hands were considered as important practices to control the disease. There is a least priority for social dimension of the diseases in general, and human rights are not given due recognition in particular in developing and underdeveloped countries. Especially in countries like India, human rights relating to health are not taken into account

with due consideration. But preserving human rights with regard to treatment of COVID-19 is essential so that the pandemic can be effectively handled. There are certain international standards of human rights to be followed to control COVID-19 and its disruptive effects. Social workers can play an effective role in preserving the following rights:

- (a) Protecting freedom of expression and ensuring access to critical information
- (b) Ensuring quarantines, lockdowns, and travel bans comply with rights norms
- (c) Protecting people in custody and in institutions
- (d) Ensuring protection of health workers
- (e) Addressing disproportionate impacts on women and girls
- (f) Rooting out discrimination and stigma and protecting patient confidentiality
- (g) Ensuring marginalized populations have access to healthcare without discriminations

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Review of Literature

Social Workers in Healthcare

Healthcare social workers' duties and responsibilities vary from patient to patient. As the case of every patient is very unique, social workers in healthcare have to adjust to a variety of needs. Health social workers are involved in working in a variety of environments. They assume various roles in the design, delivery, and evaluation of care. Professionally, they aid in arranging and providing linkages across organizational systems and professions with a view to improving healthcare for individuals and general populations as well (Browne, 2019).

The Roles and Responsibilities of Social Workers

Wigley from Adelphi University stated through a research article titled, "Social Workers in Healthcare: How they make a difference" that the core responsibilities of social workers in the healthcare setting are as follows: (1) Assessing the Patient's Physical and Psychological Needs, (2) Answering Questions from the Patient or Their Family, (3) Providing Financial Planning and Assistance, (4) Developing Discharge Plans, (5) Individual and Group Counseling, (6) Case Management Paperwork, and (7) Advocating for Patient's Rights.

Specific Tasks of Social Workers in Healthcare in India

(a) Direct Patient Services

When patients arrive at the hospital, they are first unfamiliar with the setting. They must be familiar with the hospital's amenities, such as emergency, OPD, diagnostics, and the protocols and procedures used during the course of therapy. Patients and their family need detailed information on the disease, available treatments, diagnostic procedures, medications, scheduled follow-up visits, and other topics. Patients with terminal illnesses that pose a serious threat to their lives may experience depression or other forms of misery and need psychosocial help. The environment of the patient can occasionally affect how well a treatment works. There is a chance that patients will not have access to the resources they need from friends, family, the hospital, and the community. Between the patient and the doctor, practically speaking, is a distance. Patients frequently hesitate to provide a doctor with all of the pertinent information concerning their

illness. Doctors are also too busy with their demanding schedules to devote enough time to thoroughly explaining all treatment plans in a way that patients can easily understand. Hospital social workers engage in a variety of activities geared toward assisting patients and their families during treatment in order to offer assistance on these social, economic, and psychological fronts and close the communication gap between the patient and doctor. These direct patient services include daily rounds; admission; a thorough social and psychological assessment; counselling; case work; group therapy; crisis intervention; support groups; resource mobilization; referrals; institutionalization and rehabilitation of particular groups, such as the unidentified, handicapped, children, elderly, and mentally ill; follow-up; patients' advocacy; coordination with multidisciplinary teams; and health education, promotion of knowledge, and awareness.

(b) Administration

Hospital social workers organize their work and assist the hospital administration in its goals by engaging in the tasks listed below.

- The hospital's or department's programs and projects must be planned, formulated, carried out, and evaluated.
- Involvement in hospital committees
- Planning a patient's discharge or transferring them for additional care
- Upkeep of case records
- Fund- and grant-raising
- Make use of social media to build community relations
- An explanation of the hospital's function to community organizations
- Taking part in the execution of CSR activities

(c) Teaching, training, and supervision

Modern hospitals provide a number of academic programs through affiliated medical colleges and universities in addition to providing clinical services. As a crucial member of the healthcare team, social workers actively engage in teaching students from a variety of fields, including nursing, occupational therapy, public health, social work, and medicine. Additionally, they offer orientation, instruction, and supervision to nursing students, interns, and NSS volunteers as well as social work students conducting fieldwork. By providing insightful input from the field during the curriculum creation process, they work closely with social work departments to ensure that social work education is applicable to people's needs. In addition to this, hospital social workers develop and organize

ongoing training for medical professionals such as doctors, nurses, paramedics, and administrative staff on a variety of departmental and patient care activities. They also take part in and organize conferences, seminars, and symposiums for the purpose of knowledge sharing and professional skill development.

(d) Research

Trained social workers initiate, oversee, and take part in research-related activities on a variety of subjects, including social, economic, and psychological aspects of illness/health, KAP studies, program evaluation studies, follow-up studies, explorative studies, comparative studies, and interventional studies.

As a result, social workers perform a variety of tasks including counselling, teaching, enabling, advising, brokering, coordinating care, training, conducting research, consulting, and community organizing. They serve as effective patient advocates and a reliable conduit between patients, doctors, and organizations.

Hospital social workers play a key role in the Indian healthcare system. They play a variety of roles and engage in a variety of activities that not only aid patients and their families in achieving the best possible disease outcomes but also support hospitals in organizing and putting into place various healthcare initiatives. Hospital social work has made some progress, but it has not been very gratifying, and professional social workers face many difficulties while trying to fulfill their duties in hospitals (Kumar, 2019).

Difference Between Private and Public Healthcare Facilities in India

While private hospitals are fully run and administered and also funded by either an individual or a group of people, public hospitals are entirely managed, administered, and funded by state or central governments. Private hospitals make sure to provide quality healthcare services, but public hospitals could not provide quality healthcare services because of a limited budget allotted for healthcare facilities by the government. Private hospitals have short or no waiting periods for health service. On the other hand, public hospitals have long waiting periods because of the increasing number of patients being served every day. The doctor to patient ratio in private hospitals is high. On the contrary, public hospitals have a low doctor to patient ratio. Treatment provided at private hospitals is so expensive, but the treatments done at public hospitals are easily affordable by patients who are admitted with the hope of recovering. Private hospitals continue to attract affluent patients as they offer the high costs of services. On the other hand, public hospitals attract less affluent patients due to their

affordability. Private hospitals are well equipped with modern machines and technologies. On the contrary, public hospitals, at times, lack proper equipment too which leads to delay in service provided. The services are run for profit, but the cost of these services is rather high. Public hospitals are meant to provide quality healthcare services either free or at a low cost, so that even the poor can seek treatment. While private health services are concentrated mainly in urban areas, public health services are available in rural as well as in urban areas.

Statistics About COVID-19's Impact in India

As of 2 May 2022, India has the second-highest number of confirmed cases in the world with 43,082,345. Mathieu et al. (2020) reported cases of COVID-19 infection and the third-highest number of COVID-19 deaths at 523,869 deaths from CNN titled, “As Covid sweeps India, experts say yes and death are going unreported” and the New York Times also mentioned on 24 April 2021 through the title, “As covid-19 devastates India, deaths go undercounted.” Finally, there was a coronavirus pandemic news from AL Jazeera on 3 May 2021, through the title, “India covid patients ‘die due to oxygen shortage’.” On 8 August 2020, the Indian Medical Association (IMA) officially announced the death of 198 doctors due to COVID-19. This number was quickly increased to 515 by October 2020 which was reported by India News—Times of India on 29 August 2020, and it further reached 734 by 3 February 2021. However, on 2 and 5 February 2021, the health ministry announced in the Rajya Sabha and Lok Sabha respectively that 162/174 doctors, 107/116 nurses, and 44 ASHA workers/199 healthcare workers had died due to COVID-19 according to Hindustan Times on 5 February 2021. The figures were based on the government’s “Insurance Scheme for Health Workers fighting COVID-19.” As of 17 April 2021, IMA put the number of deaths of doctors at 747 according to the report by Mascarenhas through Indian Express dated 16 April 2021. Tens of thousands of doctors, nurses, and health workers have been infected with COVID-19. Healthcare workers followed by frontline workers in India were provided with COVID-19 vaccinations first, starting from 16 January 2021, which was reported by Divyanshu Dutta Roy in NDTV. This included 9,616,697 healthcare workers and 14,314,563 frontline workers; by May 2021, according to Hindustan Times on May 14 as reported by Sinha, Smriti, a majority of these had also been given their second dose. As per Times of India 25 June 2021 figures of IMA, 776 doctors have succumbed to COVID-19. As per the report of worldometer on 3 May 2022, the people who were infected with coronavirus cases are 43,085,166 and 523,889 deaths and 42,541,887 recovered.

The “world’s strictest lockdown” was implemented by the Government of India during the first wave of the COVID-19 pandemic in India in March–May 2020 (Hale et al., 2021). This lockdown totally stopped the business activity and mobility. This lockdown also paved the way for millions of migrants traveling back to their villages as they did not have opportunities for work in the cities. This lockdown was exercised strictly throughout India with an idea of curtailing the fast spread of COVID-19 and to reduce the ensuing burden on the healthcare system to save lives. The government was of the strong view and hoped that the lockdown would facilitate a quicker resumption of normal economic activity over time. However, the trade-off from the lockdowns was short-run reductions in economic activity. In contrast to wealthier countries, the lockdown potentially affected the Indian economy more as per capita incomes were lower; remote working was less prevalent; the extent of digitization was lower, and social protection was weaker (Beyer et al., 2023).

Health Social Work

COVID-19 emerged not only as a global pandemic but also as a major social event of this century disrupting the social order as a whole (Teti et al., 2020). Every nation imposed a lockdown as it expanded throughout it to stop the virus’s rapid spread. People in the billions were quarantined. People experienced social isolation as a result of the lockdown. For healthcare providers worldwide, the epidemic poses numerous personal, professional, and political concerns (Banks et al., 2020). Every nation carefully considers and prepares for the role that public health professionals will play during the pandemic. The importance of a key public health workforce and its competencies are also extensively discussed. Social work professionals are frequently ignored in this conversation (Paul et al., 2020). It is important to emphasize that professional social workers are readily available around the world and are actively carrying out their tasks and obligations at the micro, mezzo, and macro levels to save the suffering mankind from the public health catastrophe (Roy & Kaur, 2020). More precisely, social workers are proficient in administering different forms of counselling, providing psycho-social care and support, and referring patients and their families to other healthcare professionals as needed. Social workers working in the health sector are in a unique position to support care management, advance health education, serve as health navigators, and lastly assist with mental health issues during this public health crisis.

The sub-discipline of social work that incorporates the healthcare industry into current social work practices is known as health social work (Ruth & Marshall, 2017).

Studies that documented the experiences of healthcare providers tended to focus more on medical specialists like doctors and nurses and far less on frontline social workers (Redondo-Sama et al., 2020). Fewer studies on the social work profession during the pandemic directly examined the pandemic’s effects on the social work profession than they did the health system’s use of social work competencies in the fight against the pandemic.

Objectives

This study intends to provide qualitative insights into the involvement of healthcare social workers in the state of Tamil Nadu throughout the pandemic. This study pays attention to the experiences and opinions of social workers regarding COVID-19 using a phenomenological method. The study recognized a variety of frontline social workers’ duties and particular obstacles in the context of the pandemic response. The study outlines ideas for strengthening social workers’ initiatives. In fighting the pandemic, it further explains how modern social work can benefit public health.

Methodology

Study Design

“Phenomenology, in simple terms, is defined as an approach to research that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it” (Teherani et al., 2015). Here, the goal is to “describe the meaning of this experience—both in terms of *what* was experienced and *how* it was experienced” (Teherani et al., 2015). “Phenomenology is usually expressed as the study of phenomena as they manifest in our experience, of the way we perceive and understand phenomena, and of the meaning phenomena have in our subjective experience” (Gutting & Foucault, 2013). More simply stated, “Phenomenology is the study of an individual’s lived experience of the world” (Van Manen, 2016). “By examining an experience as it is subjectively lived, new meanings and appreciations can be developed to inform, or even re-orient, how we understand that experience” (Lemus, 2014).

Qualitative inquiry is a specific research design wherein data analysis techniques are combined in order to provide a deep and holistic understanding on why and how things happen rather than to provide a quantitative expression of a certain phenomenon. The study used qualitative inquiry as a study design. The primary data is usually obtained

from a relatively small group of respondents through interviews and direct observation. Qualitative inquiry particularly expounds the experiences of the concerned persons while providing visibility to complexities, values, perspectives, and health situations (Teti et al., 2020). Using an empirical phenomenological approach, the study acquired detailed descriptions of the experiences of frontline social workers from the health sector in Tamil Nadu. This study is of qualitative enquiry which elucidates their working experiences.

Sampling

“Snowball sampling refers to a non-probability sampling technique in which a researcher begins with a small population of known individuals and expands the sample by asking those initial participants to identify others that should participate in the study. In other words, it refers to contacting samples through initial samples” (Crossman, 2020). In purposive sampling, “The researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience” (Van Arsedale, 2017) “Purposive sampling is typically used in qualitative research to identify and select the information-rich cases for the most proper utilization of available resources” (Patton, 2002). In other words, purposive sampling is used to select particular samples deliberately with an assumption that those samples will give reliable information. Respondents for this study were drawn from purposive and snowball sampling methods. Keeping in mind the inclusion and exclusion criteria, the following criteria were used in selecting participants of this study.

Inclusion Criteria

- In Tamil Nadu, social workers are employed in the government and private healthcare sectors.
- People with a minimum of two years’ experience in the health sector.

Exclusion Criteria

- Participants in the health sector were not included if they declined to participate in the study.
- Participants receiving treatment for COVID-19 who tested positive were excluded.

The sample size for this study was finally determined through data saturation.

Demographic Statistics on the Sample

	No. of respondents
Age	
25–30	2
31–35	5
36–40	3
41–45	6
46–50	3
51–55	1
Total	20
Sex	
Male	7
Female	13
Total	20
Religion	
Hindu	8
Christian	10
Islamic	2
Total	20
Education	
UG	3
PG	15
M.Phil	2
Total	20
Place of work	
Public hospital	6
Private hospital	14
Total	20
Years of experience	
3–5 years	2
6–10 years	5
11–15 years	6
16–20 years	4
21–25 years	2
26–30 years	1
Total	20

Data Collection

Health social workers working in both private and public healthcare institutions in Tamil Nadu provided the primary source of information for this study, which was conducted using a semi-structured interview guide. It was Tamil that was used for the interviews. During the second wave of COVID-19, 20 participants were subjected to a total of 20 in-depth telephone interviews between July and September 2021. The in-depth telephone interviews were recorded on

audio with the participants' consent by the researcher. When it came time to analyze and interpret the study, the recording was the main source of qualitative data.

Data Analysis

Since the data analysis was governed by the report “Qualitative thematic analysis based on descriptive phenomenology” (Sundler et al., 2018), the researcher read it twice before beginning this study. The audio recordings of the in-depth phone discussions and interviews were immediately translated into Tamil after they were recorded. The text was later translated into English. The researcher checked the translation twice. It was also compared to the original recordings in order to determine patterns and key words that contributed to the understanding of the meaning. Additionally, the researcher created a thorough description and divided them into numerous categories.

Codes and Themes

From the recordings of the telephonic discussion with health social workers, the researcher transcribed them into English. For the analysis of data, the researcher had 212 codes from which three key themes emerged. They are (1) the requirement for interdisciplinary expertise to address the multifaceted effects of pandemics, (2) key challenges in pandemic practice, and (3) obstacles to service delivery. These three themes were identified as the significant findings of this study.

Limitations

- (a) Telephone interviews were used due to lockdown.
- (b) Sample size was relatively small, thus limiting generalizations across settings.
- (c) Inability to observe respondents' expressions and reactions due to telephone interviews.

Main Findings

Twenty social workers from government and private healthcare institutions in the state of Tamil Nadu made up the research sample. Three health social workers declined to take part in this study because of non-cooperation, which led to some tension in the work schedules. With seventeen participants, data saturation was finished. In order to check the data redundancy, two additional interviews were conducted for this study. In total, three key themes were identified by the data analysis as the significant findings. They are (1) the requirement for interdisciplinary expertise to address the

multifaceted effects of pandemics, (2) key challenges in pandemic practice, and (3) obstacles to service delivery.

Theme 1: The Requirement for Interdisciplinary Expertise to Address the Multifaceted Effects of Pandemics

Nearly all facets of society have suffered severe collateral damage as a direct result of COVID-19. A collaborative approach and a micro planned skilled workforce are required to handle this multifaceted public health issue. Currently, a social worker's position is of utmost importance, particularly in the health sector. Social workers who are skilled and have had formal training are capable of using a multidisciplinary approach to challenges. They are educated and given the necessary training to work in these healthcare environments during the course of their studies, where a large number of practitioners are involved in the delivery of healthcare to guarantee the achievement of the end result.

According to the study, the private and public health sectors each contributed 13 and 7 respondents to this study, respectively. It is encouraging to note that frontline health social workers from both health sectors actively engaged in a variety of roles in response to the pandemic requirements of their different organizations. Their responsibilities included spreading awareness of the pandemic, providing health education as health educators, serving as healthcare managers, providing counselling as counsellors, coordinating patient care from start to finish as patient relation coordinators, establishing friendly and positive relationships as public relations officers, and providing medical social workers to treat patients in emergency care on a war footing basis depending on the need and requirements. The participants were made aware of the fact that they would have to prioritize various aspects of their duties and responsibilities in battling the pandemic while also dealing with the new and evolving healthcare demands of this difficult period. Professional health social workers from the government sector were heavily involved in testing, locating, and tracking COVID cases from the start of the COVID-19 pandemic. The initial wave of cases were brilliantly traced, which significantly decreased the number of COVID-19 instances. Tracing and monitoring were tough and frequently got very difficult because of the massive increase in COVID-19 cases in the second wave. The current focus of healthcare social workers is on providing free support services in mental healthcare, coordinating treatment, making referrals, participating in the discharge and transitional planning of COVID patients, implementing pre-death and post-death preparedness, offering grief counselling, and engaging in community sensitization through digital media. At the local level, health social workers made a significant contribution to public

education, were steadfastly committed to halting the virus's spread, and were dedicated to provide timely counsel and interventions to the vulnerable. The social workers do a great job on the frontlines of providing counselling and psycho-social support through the helplines.

The amount of people calling us on the phone and contacting us through the helplines shows that there is a rising desire for assistance. The pandemic's effects have had a negative impact on everyone's lifestyle and mental health, regardless of age. We're prepared to provide a helpful hand to everyone who approaches and contacts us in this critical situation. – Social Worker. 2

Medical social workers' responsibilities in a clinical setting include assigning patients to doctors based on their comorbidities, screening, studying, and assessing the state of the patients, keeping track of their data, and writing case histories. Furthermore, they are crucial to the management of discharges and health navigation.

When a patient with COVID enters the hospital, my main responsibility is to conduct a bio-psycho-social assessment and then record the results in the patient's case history. Depending on the patients' present state of health, I am responsible for sending them to the appropriate doctors. – Social Worker 0.17.

In fact, they have proactively begun to act as a connection and communication channel between the patient and family members in order to provide pertinent information regarding the pandemic.

In my hospital, I was given the responsibility of overseeing the management of international patient care. There was a sharp decrease in patients from outside of India following the pandemic. At the same time, I started to see that the patients impacted by Covid-19, as well as their witnesses, had more of a need for therapy. In this context, I respectfully brought up the need for counselling and asked the management to allow me to take on an extra function as a counsellor. At first, the management was hesitant to comply with my request, but they ultimately decided to do so as I wished. The management finally saw the value of the counselling after a month of testing, and they kept boosting my confidence. Since then, I've been offering support for mental health. –Social Worker 3

There is little doubt that the private sector is where social workers primarily perform their clinical social work duties. It has been noted that some hospitals employ these social workers to mobilize the many resources needed for receiving care at the hospital, including medical supplies, ambulance services, and blood and plasma. It is important to note that social workers' understanding of corporate social responsibility (CSR)

and fundraising abilities are underutilized. Almost all of the participants emphasized their unused skills and their relevant responsibilities and functions in battling the pandemic, despite the fact that they all indicated their skill sets as well as their various duties within the healthcare system.

Theme 2: Key Challenges in Pandemic Practice

The study uncovers a range of difficulties faced by healthcare social workers in the course of their job during the edemic. The difficulties they encounter in this regard are mostly connected to using ethical practice, role shifts brought on by the pandemic, resource limitations, follow-up actions, and self-care. Most significantly, upholding ethical practice is one of the professions of social work's fundamental values. Additionally, it places a focus on completing assigned work, guaranteeing social fairness, upholding individual dignity, and competency. The main ethical issues raised by social workers during the pandemic response revolve around providing equitable assistance and addressing the affected and their health disparities. Private hospital doctors expressed their concerns about having to make concessions to the facility's fair service policies. Allocating the scarce resources to the patient's needs for support services and treatment facilities is one of the issues, obligations, and responsibilities of social workers in the private sector. It is a huge task for them to build strong relationships and rapport with patients and their families, persuade them of the need and emergency of switching to another hospital, and convince them of the resource limitations.

Sometimes patients are brought by family members at the last minute for emergency care. They won't readily trust us when we tell them the hospital is full and we don't have any ventilator facilities. Although it is really difficult, our main responsibility in this uncomfortable scenario is to persuade the families. Some people will be resistant to being persuaded. If a patient is in a life-threatening situation, we notify the doctors right once, arrange for first assistance, and then transfer the patient to another hospital. – Social Worker 1

The self-determination of patients is valued in social work ethics. They make an effort to perform their best while also guaranteeing a patient's right to choose the course of therapy they require on their own. Due to financial constraints or the patient's health, it is occasionally not possible for COVID patients. Under these circumstances, the practitioners failed to uphold their professional social work code of ethics and values.

Understanding the new needs, getting used to them, and adapting their practices were all difficult tasks for social workers. The need for social distance has been highlighted by practitioners, particularly in the field of mental health, as requiring a significant adjustment in their strategy and plan of action.

For many, experiencing tele-health was completely novel. In particular, social workers found it extremely difficult to establish trust and maintain compassionate relationships over the phone or in person while wearing protective equipment.

Teleworking and even the usage of personal protective equipment (PPE) made it difficult to communicate nonverbally and eliminated many opportunities to reassure others by touching them. As the number of COVID-positive cases increases, it becomes more difficult to provide care for each person. It is almost impossible to continue patient follow-up in these situations. Many COVID-positive patients' health states continued to deteriorate even after treatment, and some of them passed away even after COVID recovery and release; in such a situation, it is impossible to assess the effectiveness of care management. In the case of telehealth counselling, the same scenario applies. A counsellor kept getting more clients in 1 day than normal. As a result, it was not feasible to perform the follow-up or assess the success of the counselling.

At first, it was a little challenging. Because we don't have a lot of time to get to know the service users, we were unable to see them in the majority of cases. Also difficult was the follow-up. However, as more and more service users come to us, we have begun to adjust our procedures in response to their requirements and wants. – Social Worker 5

Among the difficulties or factors mentioned by many are the increased workload and the lack of staff. We discover that there are very few social workers appointed in hospitals even during this difficult moment. The fact that many hospitals only have one social worker position open is troubling. It is pitiful to realize that even though it is not their responsibility, some of them are expected to handle all the outstanding paperwork and reports. Due to pandemic-related financial loss, five participants from the private health sectors unfavorably indicated that they were not paid as usual regardless of the workload.

It has been 45 days since I received my entire salary, despite the fact that I am working more than before during this Covid period. We are all affected by the massive load that Covid has placed on society and the economy— Social Worker 6.

During a public health emergency, many frontline employees put less emphasis on taking care of themselves because they are so busy tackling the pandemic. For social workers, preventing an infection from this disease becomes a major concern. They are unable to freely enjoy love and delight with their loved ones during a public health emergency because they are forced to fully distance themselves from their own family, friends, and relatives in order to protect and protect others. Few practitioners have experienced burnout due to the stress of their jobs and managing their emotions

while dealing with the pandemic. In addition to looking after one's health and ensuring a sound body and mind, taking all necessary precautions for safety and assisting others in overcoming their difficulties have become dual obligations.

Theme 3: Obstacles to Service Delivery

The social workers are well-positioned to work on micro, mezzo, and macro levels in combating the pandemic. Although they are equipped with necessary skills for supporting and coordinating multidisciplinary health teams, a range of factors and issues make them limited from adequate service delivery. The most important thing is the lack of proper acknowledgment from all quarters and lack of due recognition of the social work competencies and the roles played by social workers in the healthcare setting. Sharing of participants revealed that the interdisciplinary team members are not aware of the functions of a professional social worker with specific reference to the health sector. In most cases, even the fellow colleagues might not consider the suggestions articulated by the social worker. This kind of scenario of conflict and difference largely takes place in the private health sector.

I had a notion that social work in hospital setting is about helping patients to process and claim their insurance, but you are involved in grief counseling now; but this is purely a job of a psychologist – Social Worker 11

In the health sector, social workers are not allowed to function alone. Therefore, they have to mainly fit into the organization's structure and mode of services. Above all, it puts restrictions on them from the ethical practice of social work, especially when the private hospitals constantly focus on money and power over equitable and fair provision of services. Based on the financial status of the patients, when an organization discriminates against patients, individuals' self-respect, self-esteem, dignity, and value are not taken care of.

Quite many times, ideas emerged in me and also I seriously thought about quitting the job. In spite of pointing out a couple of unjust practices to the management, it all proved to be in vain. It was unpleasant to work in such situations, but I consoled myself saying that a pandemic is not the right time to leave the job. There is still a lot to do for those in need. –Social Worker 14

Participants from the health setting of the government sector articulated more job satisfaction and acceptance of their practice. On the other hand, almost all the participants reckoned that the private health sector is not fully making use of health social workers to combat the pandemic to the brim. The social workers and other health professionals in the private hospitals received their basic training on self-precautions and service delivery. However, no participants were

thought of and, therefore, they were not included as a part of any kind of specific discussion on social work practice regarding the pandemic. On this aspect, social work associations listed out specific guidelines to put into practice during the pandemic, but most practitioners have not been involved in any productive or ideal discussion or evidence synthesis regarding social work practice. This lack of guidance and unity is a big barrier to the proficient utilization of social workers in pandemic response to the fullest.

Discussion

As COVID-19 emerged as a global humanitarian crisis, it has left a lot of challenges for us to address as a team. Furthermore, it has also opened up vistas of opportunities for social workers to leave an inefaceable imprint on the healthcare sector (Redondo-Sama et al., 2020). Social workers could practice ecological, clinical, and bio-psychosocial methods to deal with multifaceted pandemic issues. It is the need of the hour that healthcare social workers come together in promoting collaboration among the existing and emerging healthcare teams and organizations for the enhancement of effective and valuable delivery of services to COVID patients and their families. During this pandemic, they could voluntarily opt to provide leadership and advocate effective and efficient services among organizations and institutions in responding to the COVID-19 pandemic. By approaching and developing a good rapport with the Ministry of Health and other departments, social workers could step in as an advocate for mobilizing more funding to the health care setting in light of the severe financial constraints brought on by the pandemic.

The social work practitioners complained that they did not get even a single opportunity to engage in public debates or policy discussions in addressing the adverse impact of the pandemic. A study from Albania suggests that social workers ought to engage themselves more systematically in political spaces where decisions on social policies and programs are planned, discussed at length, and finally made to be put into practice (Dauti et al., 2020). Without any further delay, the government should be ready to recognize the dynamic and critical role played by social workers in healthcare setting. Social workers' place in tackling the virus outburst can be highlighted and sent as action plans to the government to implement seriously by giving topmost importance. As per the suggestion of most of the participants in this study, it is a paramount need that the healthcare system recruits more social workers with better pay scales for coordinating the interdisciplinary teamwork in order to obtain better results. A review article spelled out clearly the pandemic as an action call for social workers. It left a caution among social workers that unless we draw the relevance of connections

between social work and the global pandemic, the upcoming generation will begin to question the profession's relevance (Amadasun, 2020).

Recommendations

- (a) *Continuing professional social work education:* Social workers are expected to enroll for a special course in order to continue their profession offered by association of professional social workers which will give credits based on participation of presentation of papers, chairing the sessions in a period of 5 years, accumulation of 30 credits for the validation of qualification to practice.
- (b) Training in preventive health seeking behavior
- (c) Training in first aid administration
- (d) Training to perform as Accredited Social Health Activist (ASHAS) and multi-purpose health workers

Conclusion

Social workers are doing their best work on the front-lines in combating the COVID-19 pandemic. This study highlights the roles, challenges, and barriers encountered by healthcare social workers in every stage during their pandemic practice and service in Tamil Nadu state. Social workers are frustrated because they are not properly utilized to handle health crises. It is reported largely by all social workers that it is due to the lack of acknowledgement and non-recognition in the health sector, and that the social workers continue to stay underutilized of their skills and efficiencies, even during this public health crisis and its emergency. It is a must that importance is to be given to social workers' role in tackling the virus outbreak which can be highlighted by sending their action plans to the government. The present study insists on the role of social work practitioners in expanding their professional best practices and learning from the pandemic response.

Human rights are to be given importance for getting a positive response and recovering the individual and the public from the pandemic. Human rights are the key factors in shaping the pandemic response both for the public health emergency and the broader impact on people's lives and livelihoods. Human rights put people center stage. Responses are to be shaped without violating human rights, so that the effective outcome can be achieved with regard to the control of the pandemic. Healthcare for everyone should be ensured and human dignity should be preserved. But they also focus our attention on who is suffering the most, why, and what can be done about it. They prepare the base now for getting rid of this crisis with more equitable and sustainable societies, development, and

peace. As social work is a profession that deals with psychosocial dimensions of mankind, social workers are extensively connected with individuals and groups. They are involved with individuals and groups through various methods in transmitting information about COVID-19 and precautions to be followed. They also intervene into the emotional disturbances, anxiety, grief, and depression. Further in the context, lack of effective treatment methods, attitudes, and behavior of people are important aspects to get away from the infections. Ensuring the preservation of human rights relating to COVID-19 is largely in the hands of social workers compared to other medical and paramedical professions.

Human rights are not toothless and vague recommendations, but hard law. States across the world employ far-reaching measures to handle the coronavirus outbreak. Time and resources are limited and there is immense pressure to introduce effective measures and to scale them back the appropriate time. While promoting the right to life and health, the states must align these measures with other human rights obligations, especially civil and political rights. The rights to privacy, freedom of movement, and other fundamental human rights have to be respected as far as possible. To limit the outbreak and avoid undue pressure on the healthcare system, close to every country in the world have imposed restrictions on the freedom of movement through quarantine, isolation, and travel bans. The challenge might not be willingness, but knowing how to apply human rights to the assessment of the COVID-19 measures. COVID-19 measures that respect, protect, and fulfill human rights are the only sustainable measures in the long run, from a legal, democratic, and medical point of view. While introducing measures to fight the pandemic asks for a human rights assessment, state authorities also have an obligation to adjust the measure to the current situation. Even if quarantine and the use of geo-location data are acceptable measures in the early development of pandemic, positive changes in the morbidity and mortality rates imply that such invasive measures must be customized accordingly or terminated. Hence, continuous, transparent-based evaluation is needed.

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Data Availability Data will be made available upon request.

Declarations

Ethical Responsibilities and Approval This article is original and neither submitted to other journals nor published elsewhere in any form or language.

Informed Consent The article obtained verbal informed consent from the participants of this article prior to the interview. The participants have consented to the submission of the case report to the journal.

Conflict of Interest The author declares no competing interests.

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