

Our response is limited: Exploring Nigerian social workers' actions amidst the COVID-19 pandemic

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Abstract

Few events, throughout recorded history, have set human affairs to a complete halt as the global COVID-19 pandemic. In a relatively short span, it has resulted in millions of infections and tens of thousands of death. Such a situation poses legitimate concerns to the social work profession whose historical value is premised on addressing social challenges by responding to public health situations. This article aims to explore the response of Nigerian social workers to curtailing the effect of the COVID-19 pandemic. Semi-structured interviews were conducted among social workers in three medical institutions in Benin City, Nigeria, and the data were subjected to thematic analysis. Findings show that social workers, although faced with one major challenge are frontline responders; to public health concerns and that they have earned profound value among other healthcare workers. Implications are drawn for social work practitioners and educators to help offset the identified challenge.

Keywords: COVID-19, Healthcare settings, Nigeria, Pandemic, Social work

Introduction

Throughout the annals of recorded history, there has not much been an event that has brought the world and its pivot elements (i.e., trade and commerce, entertainment, showbiz and sports, politics, beliefs, social gathering, wellbeing, and so on) to a complete standstill as the corona-virus (COVID-19) phenomenon (Evans, 2020, Zhang, Wu, Zhao & Zhang, 2020). Understandably, few could have predicted that such a phenomenon could have occurred in the 21st century given sporadic advances in technological innovation and medical breakthroughs, as well as the effect of globalization in terms of knowledge exchange (Omorogiuwa, 2020a). Following the first reported outbreak of COVID-19 in the city of Wuhan in Hubei province of China, the world has been enthralled with palpable frenzy, arising from many disturbing footages of mass quarantine, enforced sequestration (construed as human rights infringements in some quarters), and deaths (Omorogiuwa, 2020b). The frightening wave in which the viral disease has spread around the world, connote a reminder of the linkages of our world- streaming from mass migration, interregional cooperation, and burgeoning socioeconomic and geopolitical interdependence (Amadasun, 2020; Evans, 2020; Omorogiuwa, 2020b). Implicitly, just as information could travel at supersonic speed, so too would dreaded diseases or viral infections.

Today, few social problems could become like a torpedo in terms of the pandemic capacity to wreak havoc on the human race. Such potentiality poses moral, rational, ethical, and legitimate concerns to the social work profession whose historical value commitment is edged on securing the sanctity of human life through the promotion of social restoration, cohesion, and transformation (Amadasun, 2020; Amadasun and Omorogiuwa, 2020). Amid threats to these values, occasioned by the raging pandemic, social workers all over the world have been urged to deploy their crisis management expertise to navigate the murky terrain (IFSW, 2020; NASW, 2020; Zhang et al., 2020; Omorogiuwa, 2020a). In line with this directive, this paper presents the findings of a semi-structured interview conducted among social workers in three (one large and two medium-sized) medical centres in Benin-City, Edo State, Nigeria.

Methodology

Procedure

The study adopted a qualitative methodology using an in-depth interview. Six (6) social workers from three hospitals in Benin-city Edo state were interviewed. In each hospital, two social workers were interviewed to ensure even distribution among the three hospitals. By any means, we knew just how much our background could influence the findings of this report arising from (1) our preconceived biases and (2) the recognition that the participants' awareness of who we were could likely trigger favourable responses which could be at variance with reality. To offset this and to fast track the data gathering process, we presented ourselves to our colleagues in the hospitals as researchers who are seeking information for academic and research purposes only.

Data collection and analysis

Interviews were conducted at their various offices within the social welfare unit of the hospital. By adopting the researcher model, they felt a sense of calm and composure and were at liberty to share their experiences with us. This thinking greatly helped in ensuring their objectivity as was palpable throughout our conversations. The interviews were concise and each one lasted about thirty minutes. Care was taken to observe all COVID-19 protocol.

The interview schedule elicited information on such issues as the role of social workers in the pandemic, collaborations with other healthcare personnel, and problems they encounter in the hospital at this time of the pandemic. The instrument was designed in such a way as to elicit information about what could be intended but unspoken as we also sought for non-verbal cues to validate their statements. The interviews were transcribed. After the transcription, the responses were read thoroughly and harmonized by both researchers. Thereafter, themes were generated.

Ethical consideration

This study adhered firmly to ethical issues of voluntary participation and consent (participants were assured they could terminate the discussion when they feel compelled), and privacy and protection from harm (they were assured that the data gathering instruments- audio recorder and notes- would be concealed and subsequently destroyed). Additionally, the names of the medical institutions are undisclosed, and to

further enhance their protection, their voices are largely presented as a collective to blur any individual identification.

Findings

Gains of the profession amidst COVID-19 and role of social workers

On a positive note and from a professional perspective, respondents noted that if there is such a thing that COVID-19 has brought to Nigeria, it will be the abrupt realization of the indispensability of social workers in healthcare service delivery. As one participant phrased it,

Prior to this time [the pandemic's outbreak], we were often treated with contempt or disdain if you like, since other caregivers, especially medical doctors, felt that their job was more important. But now, overwhelmed by rising cases and cognizant of likely community's resignation and social disruptions, they have now come to terms with our pivotal role as practitioners, in crisis management, inclusive of our pivotal value as a profession whose commitment to social stability and order is unparalleled.

Respondents also noted that more collaborations are going between social workers and other healthcare professionals in the hospital. They noted that more than ever before, carers in medical institutions have now assumed a more trustworthy posture in forging a coordinated alliance and multi-sectoral approach to problem-solving. They reported that though mutual distrust was commonplace among healthcare workers but that it reduced during this pandemic. According to one respondent,

“doctors often exhibit overbearing attitude, thinking of themselves as superior to other workers... such attitudinal disposition hindered a successful approach to healthcare provision but currently, they are now the ones who mostly come to our offices (and just for the record, I cannot remember the last time such visit happened), seeking for our insights about how to manage the situation and organize a coordinated response to COVID-19.

In terms of specificity to responding to the situation, they averred that they mostly apply social work models and theories. One of the social workers noted, “we mostly employ our expertise in crisis management to calm the situation through recourse to strengths-based approach... this has proven helpful in calming down patients' anxieties, their families freight, and the larger community's worries”. In summing up their overall responses to the pandemic, they submitted that through their efforts they have been able to restore some hope amid the frenzy, by and large. However, one respondent while conceding to fear noted that “fear is still palpable because you cannot completely eliminate this feeling but we have done much to assuage the fears of anyone within this premises”.

Challenges

One major issue that the respondents decried as a setback to their response to the pandemic is their limited professional training and education in the area of leading emergency response procedures and effective crisis management techniques. According to one respondent, “we would have preferred a situation where our skills in crisis management especially were developed but we just did not have the opportunity

of acquiring these important skills”. Another added, “what we know now was learned on the job and through, as well as through the help of other helping professionals”. They agreed that there is a need for in-service training so that they will learn how to manage a future pandemic. One social worker stated

We, as current practitioners, and future practitioners can become better equipped in the planning and administration of effective crisis management techniques not just for responding to COVID-19 but any future outbreak whose consequence may equal this pandemic or worse.

Another drawback is related to what they described as their inability to replicate their professional action in mainstream society because of uncontrolled fear-mongering arising from apocalyptic tales or conspiratorial theories. They believe that this has heightened social tension which may result in anarchy if not properly handled. As one of the participants puts it “our response is limited because we are medical social workers whose primary constituents are within the four walls of medical facilities. For this reason, our actions are not pronounced in mainstream society”.

Implications for social work education and practice

What lessons can social work education draw out from this study? As the purveyor of professional values, knowledge, skills, and attitudes (CSWE, 2008), social work education has a crucial role to play in building the capacity of practitioners to socially respond to COVID-19 and other associated healthcare challenges (Omorogiwa, 2020b). One way in which social work educators can ensure the attainment of this goal is through the integration of the crisis management module into a professional education curriculum in Nigeria. By making such a course mandatory, students will be well equipped in this regard. Training can be facilitated through the organization of workshops, seminars, or symposia to enhance the needed skills by practitioners. Again, relative to students, another strategy is to assign students to human service organizations whose focal point is on crisis intervention and management. Thankfully, such organizations abound in the country and partnerships should be fostered expeditiously.

The findings of this study reflect our long history of social action on which we have contributed to the mitigation of public health crises regardless of settings or context (Amadasun, 2020; Amadasun and Omorogiwa, 2020; NASW, 2020). What further roles can social workers play amid the current situation? As the IFSW (2020) has recently made clear in its policy statements, social workers are uniquely positioned to amplify disease prevention efforts, as well as to help address anxiety and other issues of exigencies arising as a result of the pandemic. Consequently, given the snowball effect of COVID-19 to social frenzy, social workers must assume the lead role in the dissemination of verifiable information about the nature of the pandemic to allay fears arising from rumour-mongering. One means for achieving this goal is through education and sensitization, reflective in writing opinion pieces in local and national print media, including featuring in electronic media talks by disseminating precise evidence from reliable sources (IFSW, 2020).

Conclusion

Given the uncertainty regarding the end of COVID-19 and the unease bore by the world's population, social work professionals (researchers, educators, and practitioners) must demonstrate uncommon resolve in ensuring the maintenance of social order while concurrently working assiduously to restore hope among patients, families, and the broader communities. While there is not yet to a curative vaccine to stem the contagion, what is needed to defeat the pandemic cannot be found in panic mode or in spewing conspiratorial hypothesis, but winning the battle against COVID-19 is rooted in our collective resolve to selflessly work harmoniously through knowledge sharing, mutual respect, and solidarity regardless of our professional variation. As is replete in history, if we could overcome far more deadly plagues, it is just a matter of time before this wave of the moment takes its place in history.

One major limitation of this study is the non-inclusion of social work educators and social work practitioners in voluntary or statutory social services agencies. Adding their voice could have balanced the narrative of their counterparts in medical settings by affirming or refuting the claims made. Another constraint was difficulty in accessing the social work practitioners given the partial lockdown in Benin-City. Notwithstanding, this study has made a significant contribution to the professional literature not only in explicating the nexus between COVID-19 and the social work profession but also in sharing the experiences of social workers in responding to the pandemic in Nigeria.

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