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I FELT GUILTY [THAT] I DIDN'T DO ENOUGH. ORGANIZATIONAL AND POLICY RESPONSES EXACERBATED FRONTLINE SOCIAL WORKER DISTRESS

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Résumé de l'article

Cette étude explore les expériences des travailleuses sociales et des travailleurs sociaux de première ligne en milieu urbain durant la première vague de COVID-19. Elle vise à mettre en lumière les changements de rôles et de responsabilités dans le réseau de la santé et des services sociaux, afin de montrer comment ces changements les ont affectés et prendre en compte ces expériences pour les orientations futures de la profession. Huit travailleuses sociales et travailleurs sociaux de différents milieux ont été interviewés. Nos analyses suggèrent que bien que tous les participants aient vécu des expériences négatives dans le cadre du travail de première ligne durant la pandémie, la fréquence et l'intensité de ces expériences ont été exacerbées par les politiques et le contexte organisationnel. Les travailleuses sociales et les travailleurs sociaux ont signalé des périodes de détresse plus importantes lorsqu'ils devaient oeuvrer en dehors de leur champ de pratique, que leurs compétences n'étaient pas prises en compte ou qu'elles étaient sous-utilisées et que les contextes organisationnels priorisaient la détresse individuelle plutôt que le soutien collectif. Si nous voulons maintenir la santé et le bien-être de nos travailleuses et travailleurs, et préserver la valeur de notre profession, il importe d'interventir de manière systémique et préventive. Des strategies telles que le soutien collectif par les pairs, le debriefing, la mobilisation de l'expertise des travailleuses sociales et des travailleurs sociaux pour intervenir au plan psychosocial, et l'inclusion des voix des travailleuses et travailleurs de première ligne dans le développement de solutions pour répondre aux difficultés reliées à la pandémie pourraient aider à réduire la détresse et améliorer leur réponse aux problèmes sociaux.

I FELT GUILTY [THAT] I DIDN'T DO ENOUGH. ORGANIZATIONAL AND POLICY RESPONSES EXACERBATED FRONTLINE SOCIAL WORKER DISTRESS

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Abstract: This study explores urban social workers' experiences working the front lines during COVID-19's first wave. It aims to uncover social workers' shifts in roles and responsibilities across the health and social service network, to illuminate how these shifts impacted them, and ultimately to derive meaning from these experiences to inform future directions for the profession. Eight social workers from a range of contexts were interviewed. Our analyses revealed that, while all participants described some negatives of front-line pandemic work, the frequency and intensity of these moments were exacerbated by organizational and policy responses. When social workers were expected to work outside of their scope of practice, when their skills were overlooked or underutilized, and when their organizational contexts focused on individual distress rather than collective support, they reported intensified periods of distress. If we hope to retain the health and wellbeing of our workforce and preserve the value of the profession, systemic preventative responses must take priority. Building opportunities for collective on-going peer support and debriefing, leveraging the expertise of social workers to address psychosocial issues, and including the voices of front-line workers in the development of solutions to pandemic-related hardships may help reduce social work distress and improve front-line workers' responses to social issues.

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Keywords: pandemic, social work practice, burnout, compassion fatigue, coronavirus

Abrégé : Cette étude explore les expériences des travailleuses sociales et des travailleurs sociaux de première ligne en milieu urbain durant la première vague de COVID-19. Elle vise à mettre en lumière les changements de rôles et de responsabilités dans le réseau de la santé et des services sociaux, afin de montrer comment ces changements les ont affectés et prendre en compte ces expériences pour les orientations futures de la profession. Huit travailleuses sociales et travailleurs sociaux de différents milieux ont été interviewés. Nos analyses suggèrent que bien que tous les participants aient vécu des expériences négatives dans le cadre du travail de première ligne durant la pandémie, la fréquence et l'intensité de ces expériences ont été exacerbées par les politiques et le contexte organisationnel. Les travailleuses sociales et les travailleurs sociaux ont signalé des périodes de détresse plus importantes lorsqu'ils devaient œuvrer en dehors de leur champ de pratique, que leurs compétences n'étaient pas prises en compte ou qu'elles étaient sous-utilisées et que les contextes organisationnels priorisaient la détresse individuelle plutôt que le soutien collectif. Si nous voulons maintenir la santé et le bien-être de nos travailleuses et travailleurs, et préserver la valeur de notre profession, il importe d'interventir de manière systémique et préventive. Des strategies telles que le soutien collectif par les pairs, le debriefing, la mobilisation de l'expertise des travailleuses sociales et des travailleurs sociaux pour intervenir au plan psychosocial, et l'inclusion des voix des travailleuses et travailleurs de première ligne dans le développement de solutions pour répondre aux difficultés reliées à la pandémie pourraient aider à réduire la détresse et améliorer leur réponse aux problèmes sociaux.

Mots-clés : pandémie, pratique du travail social, épuisement professionnel, fatigue de compassion, coronavirus

SOCIAL WORKERS HAVE FACED MANY challenges working the front lines of the COVID-19 pandemic (Franceschini et al., 2021; Paul et al., 2020; Peinado & Anderson, 2020; Yu et al., 2021). Documented adaptations and contributions reported by social workers at peak periods during the COVID-19 pandemic have included: (1) linking individuals, families, and communities to critical resources amidst widespread shutdowns; (2) elucidating social inequities exacerbated by the pandemic; (3) supporting individuals and families virtually, by telephone and face-to-face, when permitted; and (4) providing instrumental and affective succor to interdisciplinary teams during this difficult time in history (Franceschini et al., 2021; Paul et al., 2020; Peinado & Anderson, 2020; Yu et al., 2021). While a plethora of research has highlighted the physical

and mental toll that healthcare workers such as nurses and physicians have faced as a result of their pandemic-related contributions (Kang et al., 2020; Labrague & De los Santos, 2020; Lai et al., 2020; Liu et al., 2020; Morse & Dell, 2021; Shechter et al., 2020; Xiao et al., 2020), studies reporting the repercussions borne by social workers as a result of these adaptations have been surprisingly scant (exceptions include Ashcroft et al., 2021; Aughterson et al., 2021; Banks et al., 2020).

That social workers' experiences have been less prominent than that of other front-line workers may be explained by both the medicalized focus of our responses to the pandemic and the associated neoliberal principles underpinning health and social services (Harris, 2014; Ornellas et al., 2020). For example, media coverage and governmental responses in Canada have repeatedly featured hospitals and care homes where controlling the spread of disease has been the basis upon which success has been measured. How such medicalized discourses, and the policy and resource-allocation decisions that followed, have affected the lived experiences of social workers has remained relatively unexplored.

For decades, the neoliberal agenda has been prominent in decisions regarding health and social services. Neoliberalism, which ascribes a reductionist role to the state, positions social work as a regulatory profession charged with efficiently managing and distributing scant resources to individuals whose capacity to thrive in a free market may be compromised (Harvey, 2007). This gatekeeping function — which is often supported by the adoption of standardized assessments — places relational connections, professional judgment, and advocacy at the backstage of service provision and creates a care environment in which these critical social work roles are minimized and undervalued (Craig & Muskat, 2013; Levin-Daga & Strenfeld-Hever, 2020). To date, few studies have examined social workers' pandemic-related reactions and contributions through a neoliberalist lens (Burton et al., 2020; Takian et al., 2020).

The absence of social workers' perspectives and experiences is particularly relevant for provinces like Quebec, where austerity measures have resulted in a series of major health and social service reforms enacted between 2005 and 2014 (Grenier & Bidgoli, 2015; Grenier & Wong, 2010). In 2014, 1300 supervisory jobs were cut across the province in the name of efficiency (Wankhah et al., 2018). Some of the long-lasting impacts from these "new public management decisions" (Grenier & Bidgoli, 2015, p. 118) have included the replacement of clinical supervision with administrative oversight, burgeoning social work caseloads, and the overall retrenchment of public services (Ornellas et al., 2020; Rahman et al., 2020; Young et al, 2018).

Amidst this backdrop, this qualitative study explores the experiences of social workers working across the health and social service network in Montreal, Quebec, during the first wave of the COVID-19 pandemic.

Our study aims to: (1) uncover the shifts in roles and responsibilities experienced by social workers employed across the health and social service network; (2) illuminate the ways in which social workers were impacted by the nature and context of their work; and ultimately (3) derive meaning from these experiences to inform future directions for the profession.

Methods

We used an interpretive descriptive approach informed by the principles of reflexive thematic analysis to explore participants' experiences (Braun et al., 2019; Thorne, 2016). Interpretive description presumes the existence of multiple realities that are constructed through social interactions and influenced by context (Thorne, 2016). This approach makes space for researchers to bring their expertise to the research process and develop rich interpretations to guide policy and practice (Thorne, 2016). We felt the approach would enable us to bring our own positions as social workers to the analytic process, derive meaning from social workers' experiences, attend to contextual features, and inform future directions for the profession.

Participant Selection

We invited practicing social workers to participate in this study during the summer months of 2020, four months following the first wave of restrictions associated with a spike in COVID-19 cases. First, we circulated invitations to participate on a social networking platform used by Montreal-based social workers. Second, we used word of mouth to purposefully solicit social workers from settings under-represented by the self-selection process (e.g. child mental health; youth protection). By ensuring maximal variation of settings, we were able to explore patterns of significance despite setting heterogeneity (Patton, 2014). Approximately 20 social workers expressed an initial interest in participating, of which eight met inclusion criteria and agreed to participate.

Participants

Six female social workers and two male social workers participated in the study. Four participants were working in publicly funded long-term care (LTC) homes. At the time of interview, three out of the four participants had been deployed to LTC homes as a result of a provincial mandate. Participants who were deployed were positioned to compare their regular service to their work in a LTC environment. The four remaining participants were working in youth protection (two), outpatient adult psychiatry (one), and with adults in an acute care hospital (one). The distribution of work environments represented by study participants

resembled that of Canadian social workers, in that the majority are employed in health and mental health settings, followed by youth services (Frost, 2008). While five participants were working face-to-face during the pandemic, three were conducting their practice virtually. We have ascribed gender-neutral psuedonyms and refer to all participants using they/them pronouns to reduce the likelihood of participant identification.

Interviews

We used semi-structured telephone-based interviews to solicit participants' views and experiences. We selected this form of data collection to gain a deep understanding of social workers' experiences. We also hoped this approach would provide social workers with the opportunity to reflect on their experiences and participate in the development of recommendations for change (Wolgemuth et al., 2015). Interviews lasted 60 – 90 minutes and were conducted by the first author as a component of her graduate work. The first author, who was also working the front lines of the pandemic as a hospital-based social worker, conceived the study due, in part, to her own undocumented lived experience. Conscious of her dual perspective as insider (practicing hospital-based social worker) and outsider (researcher, non-youth-protection nor community-based social worker), she attempted to navigate these roles in a way that allowed her to deeply explore the lived experiences of all study participants (Lincoln & Guba 1985, as cited by Pilotta, 1985). This meant that there were some instances in which the first author elected to proceed with a beginner's mind to elicit more details from respondents. She typically employed this stance when participants ceased to elaborate on an event or experience, suggesting that she 'knew all about it.' For the most part, her position as an insider enabled her to build trust with participants in the "shared narrative space" of the interviews (Watts, 2008, p. 8)

Our semi-structured interview guide broadly explored (1) the roles and responsibilities social workers held during the first wave of the COVID-19 pandemic, (2) the challenges and opportunities experienced by social workers, and (3) the perceived impact of working as a social worker during the first four months of the pandemic.

Data Analysis

We audio-recorded, transcribed, and thematically analyzed the interviews in six stages (Braun et al., 2019). The first author recorded, transcribed, and led the initial analysis of transcribed interviews, which included gaining familiarity with the data (stage one) and developing preliminary codes that appeared to closely resemble the sentiments expressed by participants (stage two) (Braun et al., 2019). She was joined by her co-authors in the development, refinement, and reporting of interpretive themes (stages three through six) (Braun et al., 2019). The second

author came to the research encounter as a social work graduate with expertise in compassion fatigue and burnout. She and the third author (a social work educator and researcher) entered the research process concerned about the increasingly technocratic and instrumental roles that social workers were playing in health and social services prior to the onset of the COVID-19 pandemic. While these perspectives invariably influenced the analytic choices they made, a process of reflexive dialogue and memo-writing allowed the authors to track, discuss, and critically examine their interpretive decisions against the backdrop of participants' accounts (Marshall & Rossman, 2006; Neuendorf, 2019). For example, we developed the descriptive code *individual responses viewed as unhelpful* early on in our coding process. Recognizing that our critiques of the individualist notions of neoliberalism likely influenced the early emergence of this code, we elected to make concerted efforts to revisit the original transcripts for sentiments that supported, contested, or elaborated on this idea.

Ethical Considerations

All procedures related to data collection, storage, analysis, and reporting were approved by the Office of Research Ethics at McGill University [REB File #: 20-05-070]. The first author attained written informed consent prior to conducting interviews with participants. During this process, she reviewed the purpose of the study, the voluntary nature of participation, and the anticipated benefits and risks of participation. All participants were assured that their confidentiality would be protected through data storage provisions and the use of pseudonyms in presentations and publications.

Findings

All participants reported at least some moments of elevated anxiety, anger, sadness, helplessness, and hopelessness associated with working through the first wave of the COVID-19 pandemic. Ruby, for example, described the fluctuating periods of anxiety they experienced, stating, "[sometimes] *I feel like I cannot breathe.*" Ashley spoke of concerns for physical safety and occasionally asked themselves, "*Am I going to be able to get through this and walk out of here alive?*" While these impacts were evident throughout participants' accounts, analysis of the data revealed that the frequency and intensity of these moments appeared to be exacerbated when social workers were expected to work outside of their scope of practice, when their skills were overlooked or underutilized, and when their organizational contexts focused on individual distress rather than collective support. Conversely, when social workers were able to meaningfully contribute to their settings in their area of professional expertise, when they felt valued and acknowledged by their organizations,

and when they were given opportunities for peer exchanges and support, they reported a sense of purpose alongside their distress. Unfortunately, as the sections that follow reveal, the extent to which systemically driven responses exacerbated rather than diminished social workers' distress were commonplace.

Working out of Social Work's Scope of Practice Contributed to Suffering

All social workers in this study described undertaking some newly ascribed pandemic-related tasks and roles that were highly administrative in nature. Getting contact information for establishments, screening clients for COVID-19 related symptoms, informing persons of potential COVID-19 exposure, and monitoring adherence to public safety protocols were amongst the responsibilities ascribed to social workers across the health and social service sector. Social workers recognized that these responsibilities "*didn't have anything to do with social work*," but they took on these functions to support a collective effort and "*be a part of the team*" (Leslie).

Notably, when tasks assigned to social workers fell so gravely outside of their scope of practice, or when these functions overshadowed or detracted from their capacity to practice social work, they described feelings of guilt, individual responsibility, and even heightened distress. Ruby, who experienced the added pressure of monitoring safety adherence during supervised visits, stated:

> *You are the one to tell parents keep the mask on, cover your nose, but the minute they move out of the room they take off their mask and hug their children,* […] *it's a lot of responsibility. You don't want anything to go wrong because then it's your fault.*

Skyler, who was deployed to LTC from outpatient psychiatry to assist with instrumental tasks such as feeding, described their experiences as follows:

> *There was lots of stuff that I couldn't do because I don't know how to lift a patient because there were safety techniques that I don't know how to do.* […] *I just felt perpetually inadequate.* […] *The service that they need[ed] that I could give them [was] more emotional support, which I was not allowed to do.*

Like others deployed to LTC, Skyler had the dual distress of performing tasks they felt ill-equipped to undertake while being blocked from using the skills they did have to address the suffering that surrounded them. Over time, the three deployed participants described this circumstance as traumatic because each "*felt guilty that* [they] *didn't do enough*" (Ashley).

Exceptionally, some social workers reported retaining their capacities to offer meaningful emotional and social support alongside

COVID-related duties. Social workers like Darren described the personal impact of these circumstances as follows:

> *I would meet with families who were under a lot of stress because the kids didn't have school to go to and a lot of time the services were gone that they were linked to. People were isolated. There were times* [I] *would be one of the few sources of outside support or contact* [families] *had during the pandemic.* […] *that was one of the things that kept me going.*

Unfortunately, with the heightened demands placed on social workers to monitor and address physical health and safety, social workers' capacities to experience the sense of fulfilment described above appeared to be the exception rather than the rule.

Invisibility of Social Work and Social Issues Exacerbated Social Workers' Distress

Amidst the added pressures of working the frontlines of the pandemic, social workers expressed disappointment that their efforts were rarely recognized publicly or organizationally. As Jesse stated,

> *I don't feel like we've been recognized as much as the other disciplines have been, even though we've been working on the front lines day-in, day-out, and risking our lives in the same way, but you don't see any commercials about us.*

While this form of oversight was not new to social workers, it was particularly distressing in the context of the pandemic, as the issues faced by social workers were increasingly complex. Ruby described the impact of this oversight as follows: "*There was no support. You were pretty much on your own in many situations.* […] *Complicated cases became so much more to deal with because people's priorities were elsewhere.*"

Although social workers felt some form of recognition "*would go a long way*" (Leslie), they also attributed the complexity of their work to a long history of overlooking critical social issues. Sam, for example, described the helplessness they felt having to inform a client that there was no alternative housing to send them to during a COVID-19 outbreak, given earlier cuts to housing. They stated, "*The person on the phone was asking me, 'are they leaving me to die?' and I d*[idn't] *have an answer for that.*" The lack of safe and reasonable public housing options for vulnerable populations during COVID-19 outbreaks was understood by participants as directly linked to a history of public neglect and inaction. Witnessing the suffering associated with these decisions was disheartening, destabilizing, and lonely.

On rare occasions, social workers did express feeling recognized for their positive contributions. Kris, for example, stated that their manager, who engaged in weekly debriefs, was "*really thankful for the work* [they]

were doing and really sensitive to how difficult the work was." This form of organizational validation was highly valuable in light of the complexities faced by front-line social workers. However, for the most part, social workers reported feeling invisible, undervalued, and unacknowledged for a role that had become increasingly complex due to the longstanding neglect of social issues.

Top-Down Decisions and Individualized Rather than Collective Supports Exacerbated Distress

The pain and suffering that social workers both witnessed and experienced appeared to be exacerbated by systemic responses to the pandemic. Rather than being consulted on where, what, and how they might be most useful, social workers reported feeling "*ushered around*" during the course of the pandemic (Darren). Consequently, for many participants, the individual supports offered through employee assistance programs (EAP) and listening lines were considered to be too little, too late. Skyler, who spoke of the limited nature of EAP programs for issues of compassion fatigue and burnout, stated: "*EAP* […] *the thing is that* [we] *kind of took forever to get through because* [of] *waitlists and such. EAP is six sessions, and I already burned through a few of them with my first burnout.*" In each setting, workers self-monitored their need for support and were expected to reach out for external and often outsourced short-term supportive services as needed. Notions of self-selection and external application for time-limited services involving orientation of a stranger to the setting and situation were all perceived as barriers to timely access and care by participants. Ashley explained the barrier of reaching out for help as follows: "*I think we put it on the information sheet: if you need to talk to someone, here's the number to call. And the employee needs to take the initiative to do it, and people don't.* "

Participants appeared to experience more organizational support when group debriefings, peer support, and on-site group mental health programs were available, because these services were preventative in nature, on-site, and supported a view that distress was a collective rather than an individual problem. Kris described the importance of collective debriefing as follows: "*Social workers talked in a meeting, and that was a confirmation that we had just touched the surface of debriefing about our experience and how important it is for us together* […] *A debriefing is necessary.*" It is noteworthy that these opportunities were particularly rare for deployed workers who were not working amongst their usual team of support during the pandemic.

In the most extreme examples, when social workers faced the combination of challenges depicted above, emotions and distress were so elevated that some felt they had no choice but to leave the profession. This was the case for Skyler, who experienced a number of conditions that challenged their wellbeing, including feelings of invisibility, the pressure

of working outside of their scope of practice with limited training, and limited-to-no organizational support. They described the impact of these combined challenges as follows:

> *When I was at the care facility I went into a pretty severe depression* […] *I wasn't at the point of 'I'm going to end my life,' but I was at the point where I was like, 'I do not want to live.'* […] *It was not good for my mental health.*

Conversely, participants were more inclined to find hope amidst uncertainty and joy alongside pain when they were able to address psychosocial needs, when they felt involved and consulted with evolving services, or were surrounded by a network of support. Sam, who felt supported in their workplace and was able to work within their scope of practice, stated:

> *I'm very lucky that we have a really great manager, and that really makes all the difference.* […] *We're lucky that the upper manager is also really reliable… that made all the difference. She worked hard to get us access to what we needed.*

These two experiences exemplify how the contexts and conditions often worked together to exacerbate or somewhat mitigate the inevitable distress of working the front-lines of the pandemic as a social worker.

Discussion

Pandemics are chronic stressors that deal a blow to people's psychoemotional, relational, and physical wellbeing, as well as to their pocketbooks (Van Bavel et al., 2020). Yet, our study reveals how neoliberal principles such as de-professionalization and individualism underpined governmental and organizational responses during the first wave of the COVID-19 pandemic, thereby exacerbating social workers' distress (Ornellas et al., 2020).

Put differently, the first-wave pandemic responses often debased the social work profession and its values, and they further devalued the human experience of every member interacting within the health and social services system, including patients, service users, and front-line workers.

As was expressed by participants in the current study, social workers had already felt challenged in their practice prior to the onset of the pandemic due to neoliberal principles that placed pressure on social workers to focus on efficiency and budgets at the expense of humanity and compassion (Astvik et al., 2020; Baker Collins & Cranmer-Byng, 2018; Fox, 2019; Grenier & Bidgoli, 2015; Grenier & Wong, 2010; Rahman et al., 2020). Following years of underfunding, many social workers in our study felt they were disallowed from providing the psychosocial support they were trained to offer, making it challenging to address human suffering.

Our study also found heightened social worker distress due in part to organizational and policy responses that prioritized physical and medical needs over psychosocial and emotional needs. Jesse's lament over the lack of a public recognition for social workers is not only supported by a noted absence of social work mentions in media coverage and policy statements (Currin-McCulloch et al., 2021; Franceschini et al., 2021; Miller & Reddin Cassar, 2021; Ross et al., 2021) — it is also indicative of a social context that undermines the importance of psychosocial wellbeing.

When frontline workers feel systemically constrained from what they consider to be a moral or ethical imperative, such as providing support and empathy to a highly distressed individual, they can experience moral distress that can eventually lead to burnout and abandonment of a profession (Brassolotto et al., 2017; Davidson et al., 2020; Jaskela et al., 2018; Maslach & Leiter, 2016). Our findings certainly illuminate the ethical and moral distress that emerged for social workers working outside of their scope of practice in contexts in which psychosocial issues were completely or largely ignored. This distress highlights how the invisibility of social issues and social work contributions may run far deeper than a benign failure to congratulate workers for their valuable role (Kisely et al., 2020; Rahman et al., 2020; Walton et al., 2020). During the first wave, it rather created a circumstance in which social workers felt they may have been contributing to human suffering by failing to act as they had been trained to do.

Recent literature on moral distress suggests that social workers reduce distress when organizations mandate them to 'do the wrong thing' by championing individual acts of micro-resistance, such as spending time nurturing a relationship even when told this is outside of one's mandate (Baker Collins & Cranmer-Byng, 2018). However, our findings suggest that social workers' capacity to exercise this form of moral agency was severely compromised during the first wave of the pandemic, as the stakes were too high for social workers to make individual decisions.

Seen in this light, it is all the more ironic and disheartening that expressions of distress, burnout, depression, and trauma were treated reactively as individual issues rather than collectively and preventatively by insisting on daily team debriefings, focusing on developing team mentorship programs, and creating mechanisms for the provision of daily updates that extend beyond impersonalized email communication (Lee & Miller, 2013; Young et al., 2018). In fact, the individualized reactive response expressed by our participants as commonplace has been linked to broad-based worker absenteeism and disillusionment in studies examining front-line staff wellbeing during previous pandemics (Marano, 2020; Maunder et al., 2006). While worker absenteeism and disillusionment are soaring as the pandemic continues to loom, mental health and collective support appear to remain at the backburner of governmental and

organizational responses, which have focused instead on incentivizing a career in health and social services through monetary support and on implementing strategies to prevent illness exposure and spread (Evans et al., 2021; The Canadian Press, 2021).

As our study findings show, the limited efficacy of individualized responses may be attributed to the ways in which such approaches serve to place responsibility on the individual to seek help when required, rather than the system to ensure all workers are regularly screened and provided with avenues of support in the context of their daily work. We are not suggesting that there is no place for individual short-term crisis support for workers interested in seeking such services (Champion & Skinner, 2008; Hobfoll, 1989; Inter-Agency Standing Committee, 2007; Rogers, 2016; Taha et al., 2014; Young et al., 2018). In fact, we believe that access to this type of assistance should be extended rather than abandoned (Aiello et al., 2011; Kisely et al., 2020; Lee et al., 2005; Walton et al., 2020). However, our findings suggest that this neoliberal strategy of individualism is insufficient in addressing the broad-based consequences associated with working the front lines of the pandemic. If unaccompanied by collective and preventative solutions, a solely individualized focus can also serve to exacerbate a sense of distrust amongst workers who feel let down, overlooked, and abandoned by a system they prevented from collapsing (Amadasun, 2020; Paul et al., 2020).

Recent research has correlated better staff wellbeing outcomes to a sense of collective support, like weekly staff debriefings, daily huddles, mindfulness activities, and a general acknowledgement by the organization that "it's okay not to be okay" (Ross et al., 2021 p. 19). Our findings further suggest that peer-led initiatives may hold particular value for social workers who have worked the front lines of the pandemic, as they foster joint exchanges around the moral and ethical dilemmas shared by workers.

The myriad of ethical breaches forced on participants in our study were evident in participants' accounts of their shifted roles and responsibilities. Top-down administrative decisions compelling social workers to work outside of their areas of competence, and provincial legislation mandating social workers to engage in physical care provision and screening, are examples of the practices imposed on social workers that stand in stark contrast to how ethical conduct is described in Canadian codes (CASW-ACTS, 2005). The impact of these pressures were possibly further exacerbated by the lack of collective action by the profession regarding how and under what conditions these values should continue to be upheld. Re-thinking how to apply professional values and principles in times of crisis, emergency, and disaster is a manifestation of the collective action participants viewed as necessary to support healing and growth (Banks et al., 2020).

Study Limitations

Our purposeful sample featured a range of social workers from across the health and social care network. However, our sample size precluded us from exploring systemic differences found elsewhere to impact workers' experiences of distress, such as social work in organizational contexts (e.g. large versus small social work departments; higher versus lower rule-bound environments), and populations serviced (Baker Collin & Cranmer-Byng, 2018). For example, the organizational responses found to exacerbate or hinder distress for social workers in our study may have been more likely to occur in various work environments like those noted above. However, we were unable to explore these connections, due to our limited sample. As noted in our introduction, the province in which this study took place had undergone two periods of health and social service restructuring in the name of efficiency and care coordination. While other jurisdictions across Canada have reported similar trends, it is possible that the features and timing of these changes created unique challenges for social workers. Nonetheless, we consider our decision to highlight and account for these neoliberal underpinnings to be a strength of the current study.

Concluding Remarks

During the final stages of writing this paper, the social work community experienced the tragic loss of two youth protection workers by suicide (Ross, 2021). This devastating occurrence serves as a sore reminder of the severe distress some front-line social workers have been shouldering. While the precise factors leading to this devastating result may never be uncovered, the individualized nature of the response to this event — which urged burdened and overworked workers to 'reach out should they require support' (Plante, 2021) — is of particular concern in light of our study findings. This onus of self-monitoring and reaching out when distressed stands in stark contrast to findings from Europe that highlight that worker 'resilience' is fostered when social workers are offered ongoing clinical supervision and strong peer support in the workplace (Frost et al., 2018). Yet two years and five waves (at time of writing) into the pandemic, workers continue to see the neoliberal principles of individual choice and efficiency guide actions around supporting distress, repopulating the ever-dwindling health and social service workforce, and health and social service spending. We hope that our study serves as a critical reminder that a systemic preventative response — such as building opportunities for collective on-going peer support and debriefing, leveraging the expertise of social workers to address psychosocial issues, and including the voices of front-line workers in the development of solutions to pandemic-related hardships — must take priority if we hope to retain the health and wellbeing of our social work workforce and preserve the value of the profession.

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