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# COVID-19 Impacts on Social Work and Nursing Now and into the Future: National Administration Plans

Ethan J. Evans, Nassrine Nouredine, Susanna R. Curry, and Kisun Nam

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Social workers and nurses are experiencing acute levels of stress during the pandemic. This stress is due to the difficulty of providing services to clients who are in states of crisis, while simultaneously experiencing COVID-19-related trauma in their own lives. As current professionals report burnout and exhaustion, students training for these professions are also experiencing adverse impacts. For professions already seeing worker shortages before the pandemic, this complicates the path toward filling unmet needs in the workforce (American Association of Colleges of Nursing, 2020; Spurlock, 2020). Moreover, it could compromise progress toward the so-called triple aim in health care—enhancing patient experience, improving population health, and reducing costs—(Berwick, Nolan, & Whittington, 2008). Care team well-being is a prerequisite for the triple aim, thus calls for an expanded version—the quadruple aim—which would include provider well-being and prevention of burnout (Bachynsky, 2020; Batcheller, Zimmermann, Pappas, & Adams, 2017; Bodenheimer & Sinsky, 2014). In this column, we present recent research on the stress being felt among social workers and nurses on the existing workforce shortages and discuss the pressure experienced by students who hope to join these fields. We conclude with a preview of measures presented by the Biden-Harris administration to support colleges and universities and particular efforts to replenish the health care workforce as disruption caused by the pandemic evolves.

## IN THE FIELD: SOCIAL WORKER AND NURSE BURNOUT DURING THE PANDEMIC

Early research emerging from China, the original pandemic hot spot, has provided evidence of the impact of the COVID-19 pandemic on frontline and health care workers. With increased patient

loads, uncertainty surrounding the disease, and threat of contagion, a considerable proportion of health care workers reported symptoms of depression (50.4 percent), anxiety (44.6 percent), insomnia (34.0 percent), and distress (71.5 percent) (Lai et al., 2020). Proximity; hospital closeness to Wuhan; and workers directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19 were major factors associated with worker reports of these symptoms.

Over a year later, continual presence of increased stress puts health care workers at risk of burnout and exhaustion. Job burnout is a prolonged response to chronic emotional and interpersonal stressors on the job and is defined as consisting of exhaustion, cynicism, and sense of inefficacy (Maslach, 2003). Role stress, job autonomy, and social support are well researched antecedents to burnout and worker turnover (Kim & Stoner, 2008). Staff burnout has a direct negative effect on the experience of care for the patient and care outcomes (Good, Gozal, Kleinpell, & Sessler, 2016; Poghosyan, Clarke, Finlayson, & Aiken, 2010).

In a recent report titled *Taking Action against Clinician Burnout: A Systems Approach to Professional Well-Being*, the National Academies of Sciences, Engineering, and Medicine (NASEM) (2019) warned that the health care system is failing to achieve its goals; the report indicated that “the high rates of burnout reported among U.S. health care clinicians, and clinical students and trainees, are a strong indication that the nation’s health care system is failing to achieve the aims for system-wide improvement” (NASEM, 2019, p. 1). Research shows that the pre-pandemic burnout for nurses and physicians in the United States was significant, between 35 percent and 54 percent (NASEM, 2019).

The pandemic has brought increased levels of stress to nurses and social workers juggling their professional roles and their personal realities, increasing the risk of burnout. In the recent COVID-19 Pandemic and Emotional Well-Being Study of 181 social workers in the United States, 64 percent reported burnout (Holmes, Rentrop, Korsch-Williams, & King, 2021). Moreover, a quarter (26.21 percent) of social workers met the diagnostic criteria for posttraumatic stress disorder and 16.22 percent reported severe grief symptoms. Earlier research comparing burnout rates between social workers and nurses showed no statistically significant difference between them (Ben-Zur & Michael, 2007). In a recent study among nurses, many expressed emotional exhaustion and rates were particularly high among those working in departments related to COVID-19 (23 percent) (Chen et al., 2021). Somewhat surprising, nurses in this study scored low on lack of personal accomplishment, indicating that the effects of COVID-19 did not decrease the level of personal accomplishment for nurses. Early reports have indicated that COVID-19 is affecting nurses' mental health (Bojdani et al., 2020; Ruiz-Fernández et al., 2020; Sher, 2020; Werner et al., 2020). Badahdah et al. (2020) found that 25.9 percent of physicians and nurses reported severe anxiety and 56.4 percent reported high stress. These conditions may increase the shortage of social workers and nurses as these professionals may decide to leave the field or may even affect the quality of care they provide.

The ultimate impact of these current patterns may result in the public's difficulty in accessing health care services at a time in the nation's history when access to health care may be more important than ever. Increased burnout and worker shortages will negatively affect the health care system and health organizations' ability to achieve the triple aim of health to improve patient experience, improve the health of populations, and reduce the per capita cost of health care (Berwick et al., 2008).

### **NEXT IN LINE: STRESS AMONG SOCIAL WORK AND NURSING STUDENTS**

In recent decades, stress among students in higher education settings has been increasing (Burwell,

2018). Wang et al. (2020) studied the self-reported mental health status including depression, stress, anxiety, and coping mechanisms and barriers in more than 2,000 university students in the United States during the pandemic. The investigators reported that 48 percent of respondents had a moderate to severe level of depression, 38 percent had a moderate to severe level of anxiety, and 18 percent of participants reported having suicidal thoughts. A majority of the participants (71 percent) reported that their stress and anxiety levels had increased during the pandemic, with only 43 percent reporting an ability to cope adequately with the pandemic-related stress.

There is some evidence that students in social work programs and nursing programs in the United States experience more stress than in traditional courses of study (Bartlett, Taylor, & Nelson, 2016; Dziegielewski, Turnage, & Roest-Marti, 2004), even before the COVID-19 pandemic. During the early stages of the pandemic, a survey of 1,639 social work students found that a majority of respondents (80.7 percent) indicated that their mental health had been adversely affected (Council on Social Work Education, 2020). A review of the literature shows that most studies of the psychological impact of COVID-19 on nursing students have been conducted in other parts of the world. Moderate levels of perceived stress were reported among university nursing students at a university in India (Blanco-Donoso et al., 2020; Sheroun, Wankhar, Devrani, Lissamma, & Chatterjee, 2020). The same was true for nursing students in Turkey (Aslan & Pekince, 2020). In addition, Romero-Blanco et al. (2020) reported reduced overall quality of sleep among nursing students in Spain during the time of lockdown and resultant isolation. In one study published in the United States, nursing students surveyed were significantly more stressed after the onset of the pandemic, mentioning that balancing of work-home-school was the area that was most negatively affected (Nodine et al., 2021).

Building on this work, suggesting that college students are experiencing more stress during the COVID-19 pandemic, our research team is exploring the sources of this stress among social work students and nursing students during the pandemic. Through 171 surveys administered to BSW and MSW students at California State University, Sacramento, we asked students to

report about sources of stress during the pandemic and administered the Perceived Stress Scale (PSS). Our preliminary data suggest that students found the following issues most stressful: feelings of disconnection; feeling unhappy with their living situation; difficulty finding joy; and having unmet needs around food, shelter, and mental health. Those whose living situations had changed during the pandemic reported higher levels of stress as measured by the PSS. We are still exploring these sources of stress among BSW and MSW students, and we believe it is important to acknowledge and address these sources of stress as high levels of stress can affect academic performance (Rafidah et al., 2009), overall well-being (Shier & Graham, 2011), and experiences in field education. To investigate the psychological impact of COVID-19 pandemic on current nursing students, we collected surveys from a convenience sample of nursing students enrolled in our campus's prelicensure BSN program ( $n = 120$ ), too. Multiple scales were used to measure students' perceived stress, anxiety levels, grit, and coping mechanisms. Preliminary results revealed moderate levels of stress and anxiety. Most common sources of stress reported by respondents included having trouble focusing on studies, feeling disconnected from friends, feeling disconnected from loved ones, and feeling unhappy in living space. Fourteen percent of the participants reported that their experience with COVID-19 affected their decision to become nurses. These findings may further compound the nursing shortage.

### RESPONSE WITHIN THE PROFESSIONS

Both nursing and social work professions faced worker shortages prior to the pandemic (Spurlock, 2020; U.S. Department of Health and Human Services [HHS], 2016). Worker burnout is known to influence a health care professional's decision to leave the profession (Shoorideh, Ashktorab, Yaghmaei, & Alavi Majd, 2015). The professions are responding to the pressure and devising practice protocol and testing resilience strategies and developing preparedness guidelines for workers. Nursing researchers Lorente, Vera, and Peiró (2021) tested the influence that coping strategies and resilience had on psychological distress. They reported that active planning and instrumental support coping, along with positive reframing and emotional support coping, partially mediate distress. As a re-

sult they recommended that nursing systems seek to reduce workloads through efficient reorganization of tasks. To boost resilience, they suggested that health systems provide additional information and training to alleviate nurses' perception of insufficient preparation. Kranke, Mudoh, Milligan, Gioia, and Dobalian (2021) have published 11 guidelines for being emotionally prepared and ultimately for improving social worker morale and combating stress. The guidelines pertain to issues of liability; altering practice approaches; use of personal protective equipment; provider help-seeking; racial, cultural, or socioeconomic factors; and social worker support of their health care peers in disaster work.

Educational institutions and their social work and nursing programs are also adapting and changing curricula in response to experience gained during the pandemic. In a review of literature on the topic, Goni-Fuste and colleagues highlighted four education initiatives for nursing students that they described as "proactive interventions integrated into the teaching curriculum" (Goni-Fuste et al., 2021, p. 57). For both disciplines there is a need to find creative ways of enabling students to complete their education on schedule despite the suspension of clinical and community placements. Social work researchers Tortorelli et al. (2021) explored alternative placements and simulation.

### NATIONAL RESPONSE

What the Biden-Harris administration does to assist universities who specifically train social workers and nurses in the next several years is vitally important to the nation's health. Attention must be paid to both those in the field and those training to assume roles in social work and nursing. Specific efforts are needed to bolster the health care workforce. Initial actions are starting on both fronts.

The first targeted initiative is aimed at helping all schools and campuses open safely. Through an executive order in January 2021, the administration directed the Secretary of Education to provide evidence-based guidance to institutions of higher education on safely reopening for in-person learning (Executive Order 14000, 86 FR 7215, January 21, 2021). As a result, the U.S. Department of Education has created the Safer Schools and Campuses Best Practices Clearinghouse. This Web-based portal will

store information collected on how schools, colleges, and universities, and early education providers are reopening, operating safely, and supporting students during the COVID-19 pandemic. It will highlight lessons learned from the field and provide resources for meeting student, teacher, faculty, and staff needs. At <https://bestpracticesclearinghouse.ed.gov/colleges-and-universities.html>, submissions are solicited to share “lessons learned or best practice focused on helping to ensure equity as schools and campuses work to continually reopen during the COVID-19 pandemic” (U.S. Department of Education, 2021, para. 3).

The Biden–Harris administration has also proposed cash aid to higher education and tuition reduction for some students. After taking office, the administration released \$21.2 billion in aid to higher education from the coronavirus relief legislation approved by Congress and President Trump in December (Murakami, 2021). Then, with the \$1.9 trillion COVID relief package approved in March, nearly \$40 billion were allocated to extend the Higher Education Emergency Relief Fund through September 2023. This will provide aid to over 3,000 schools that have endowments worth less than \$1 million, including many historically Black colleges and universities. Moreover, the administration’s American Families Plan calls for \$109 billion to pay for two years of tuition at a community college “for first-time students and workers wanting to reskill” (Kelderman, 2021, para. 2).

In an additional executive order the Biden–Harris administration called for “ensuring a sustainable public health workforce” (Executive Order 13996, 86 FR 7197, January 21, 2021). The original order stipulated that the Secretary of HHS lead efforts to establish a national contact tracing and COVID-19 public health workforce program, to be known as the U.S. Public Health Job Corps. The corps is envisioned to provide 100,000 contact tracers, community health workers, and public health nurses to communities across the country.

Money for many of the efforts called for by the administration followed in March with passage of the American Rescue Plan Act of 2021 (McDermott, O’Brien, Waldo, Whitlock, & Zimmerman, 2021). This act includes \$7.66 billion to state, local, and territorial public health departments to hire staff and procure equipment, technology, and other supplies to support public health efforts. It also provided expanded funding for existing health

workforce programs—\$100 million for the Medical Reserve Corps, \$800 million for the National Health Service Corps, \$200 million for the Nurse Corps, and \$330 million for teaching health centers that operate graduate medical education.

## CONCLUSION

The skills of social work and nursing have each been called on during the COVID-19 pandemic. The novel disease brought exhaustion and pressure to workers’ sense of efficacy—factors that can induce burnout. As the professions look for ways to promote coping and resilience, student training programs are also working to best support their students. In the early days of the Biden–Harris administration, initiatives and cash are aligning to support both and foster the improved health of the nation as the COVID-19 pandemic evolves. **HSW**

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**Ethan J. Evans, PhD, MSW**, is assistant professor; **Nassrine Noureddine, EdD, MSN**, is associate professor; **Susanna R. Curry, PhD, MSW**, is assistant professor; and **Kisun Nam, PhD, MSSW**, is associate professor, Division of Social Work, California State University, Sacramento. Address correspondence to Ethan J. Evans, Division of Social Work, California State University, Sacramento, 6000 J Street, Mariposa Hall 4010, Sacramento, CA 95819-6090; e-mail: [ejevans@ucdavis.edu](mailto:ejevans@ucdavis.edu).

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