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## Nursing Home Social Work During COVID-19

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As the impacts of COVID-19 on nursing facilities became apparent, the members of the U.S. based National Nursing Home Social Work Network (NNHSWN) immediately considered what it could offer as a useful response to assist nursing home social workers working in facilities. The NNHSWN was brought together nearly a decade ago by Dr. Mercedes Bern-Klug at the University of Iowa School of Social Work and Bob Connolly, a social worker and Centers for Medicare and Medicaid Services (CMS) retiree who had worked on developing the Minimum Data Set or MDS. Membership consists primarily of social work researchers interested in nursing homes, most of whom have work experience in that setting. Readers of this journal may be familiar with Dr. Bern-Klug's and Mr. Connolly's publication and work on obtaining comments and policy suggestions on the proposed nursing home regulations in 2016 (Bern-Klug et al, 2016).

During some initial organizing calls that included a social work director at a nursing home in a hard-hit area, it became clear that COVID-19 presented many challenges for social services staff in nursing homes. For instance, social workers and nursing homes needed to figure out effective ways to communicate with family members. Some basic steps, like obtaining the email addresses for family members, were not standard in some facilities and those who waited until their nursing home had a COVID-19 outbreak found it too late to initiate such protocols. Often, social workers found themselves making calls to update family members who were stressed, frightened, and frustrated.

When visitation restrictions were implemented, many social workers were also involved in helping residents stay connected to their families. This task proved to be challenging as access to technology was sporadic, and access to personal protective equipment (PPE), even worse. With PPE shortages nationally and nursing homes not being prioritized for PPE, many social

workers were unable to obtain PPE, as it was reserved for the “frontline workers”. Lack of PPE hampered social workers’ ability to assist with communication. One social service director warned her administrator not to overpromise what the facility could provide in regards to video calls and other regular communication. Between mounting cases of COVID-19 and shortages of PPE, the ability to assist residents with video calls and maintain regular communication declined over time.

Social workers also faced ethical dilemmas, existential crises, stress, and fears. They were thrust into having difficult conversations about advance directives with the family members of very ill patients over the phone. Some social workers were labeled “non-essential” and asked to work from home or to avoid care units. How does one provide counseling and psychosocial care when one cannot access the resident directly? Nursing home social workers had to figure out how to conduct their work remotely with frail residents, some of whom already had communication challenges. Like many other nursing home workers, their workload increased dramatically with additional tasks. Also like other nursing home workers, many feared contracting COVID-19 and bringing it home to their families. In some cases, their families feared for them and did not understand why they continued to work in nursing homes at a risk to their own health.

We realized there were actions the NNHSWN could take to address these challenges. Guided by our original question of, “What we can do to help?”, we did three things. First, we took our existing nursing home social work resource page <https://clas.uiowa.edu/socialwork/nursing-home/national-nursing-home-social-work-network> (University of Iowa School of Social Work, n.d.) and updated it with a cultivated list of resources to help nursing home social workers with the new responsibilities of their jobs. In

subgroups, we combed the vast resources that were being generated almost on a daily basis and posted links to those we felt were the most succinct, the most accurate, and the most relevant. Second, we created weekly, then bi-weekly, online resilience-building support sessions via Zoom for those working in nursing homes. These sessions, facilitated by members of the NNHSWN and other research colleagues, provided a space for people in social service roles in nursing homes to hear from others with similar challenges, and to take time for themselves to de-stress, process trauma, and find solutions to the dilemmas presented to them on a daily basis. Finally, the NNHSWN disseminated information about the updated website and the support sessions through a nursing home social work listserv also hosted through the University of Iowa, and through state and local connections.

This letter highlights a few of the many the challenges facing nursing home social services workers and departments during COVID-19. We share them as the challenges, sacrifices, and important work of this professional group was largely unnoticed by the media and may not be widely known even within the social work field. Our group's activities also highlight the ways that researchers can support our practice colleagues at this difficult time, amplify their everyday efforts, and contribute to healing during this pandemic.

## References

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