

Hospital Social Work & COVID-19: Distance and moral distress

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AIMS

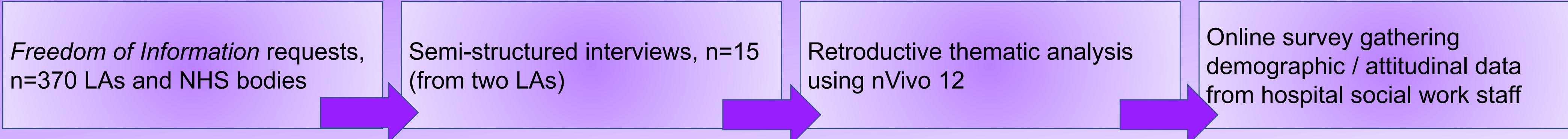
- To identify factors that impact on how hospital social work teams practice in acute NHS hospitals (in the UK)

BACKGROUND – RECENT RESEARCH

- Discharge planning is the main task undertaken by hospital social workers ^{a, b, c, d}
- Social work knowledge and values support social workers advocating for and protecting the human rights of patients ^{b, c, d}
- Generally positive interaction between health and social care at the level of the professional ^{a, c}, but difficulties in negotiating gaps between health and social care at an organisational level ^a
- Emerging evidence about the medium- and longer-term impact of COVID-19 ^e

Many hospital social work teams work to support functioning of NHS bodies, whilst not being directly employed by the NHS. The *Care Act 2014* sets out respective responsibilities of NHS bodies and local authorities (LAs) to support adult patients who are to be discharged from hospital and who may have a need for care and support.

METHODS



FINDINGS – FREEDOM OF INFORMATION

Most hospital social work teams are employed by LAs; three LAs delegate responsibility to the private or 3rd sector.

Some NHS ‘teams’ comprised only one or two social workers. NHS social workers were more likely to have specialisms such as palliative care.

Some respondents indicated that COVID-19 had a significant impact;

“When Covid restrictions came to force, the [NHS] asked local authorities to move social work staff out of the hospital. The staff have been relocated to strengthen community social work teams - there is no intention to reintroduce the roles.”
LA Fol response

FINDINGS – INTERVIEWS

During COVID-19 lockdowns, LA2 were moved out of hospital bases; at the end of 2022 there was no sign of them returning. Staff were unhappy about completing assessments under the *Mental Capacity Act 2005* without seeing patients;

“I’ve done a couple of Teams calls with somebody who had a delirium, and I just ended that because I just didn’t think it was fair. This was an older person, not used to technology, and I don’t think it helped that person seeing me on a screen ... talking to them.” Sue, social worker, LA2

Others spoke about losing the working relationships they had built up with NHS staff;

“It’s hard getting hold of the wards and, whereas at least when you were in the hospital you could ...pop up and say ‘sorry, I’ve been trying to get hold of you, can I get this information’...[since COVID-19] discharge information has been absolutely horrific as well.” Jackie, social worker, LA2

LA1 remained in their office within the main hospital. They referred to the impact on patients’ rights during COVID-19 restrictions, but also spoke of risk to themselves;

“We were seeing quite a lot of patients dying on the wards. We’re advocating for service user rights but then I think the rights were restricted become some people were dying alone.”

“We were actually on the ward, I mean we seen on TV they had these big space suits, all we had was a little mask and an apron... I’ve developed Covid five times myself.” Neil, social worker, LA1

Interviewees from both LAs spoke about lack of face-to-face contact with patients and families as being ‘uncomfortable’, ‘wrong’ or ‘unfair’, however for staff from LA2 this was an ongoing state of affairs, while for staff in LA1, this had been an unavoidable, temporary situation that was already somewhat resolved.

DISCUSSION

There appear to be differences in the experience of moral distress (inability to fulfil a moral imperative due to external factors ^f), depending on whether social workers remained in the hospital during COVID-19 restrictions;

Moving out of the hospital		Staying in the hospital	
+ Short-term physical and mental health	- Ongoing moral distress	- Physical health, uncertainty and fear	- Amplified moral distress during lockdowns
- Patient rights	- Working relationships with patients and other staff	+ Sense of belonging	+ Working relationships with patients and other staff

REFERENCES

^a Heenan, D. & Birrell, D. (2019) doi.org/10.1093/bjsw/bcy114 ^b Burrows, D. (2020) *Critical Hospital Social Work Practice*. London: Routledge; ^c Heenan, D. (2021) doi.org/10.1017/S0144686X21001124 ^d Willis, P. et al. (2022) doi.org/10.1093/bjsw/bcab004 ^e Manthorpe, J. et al. (2021) doi.org/10.1093/bjsw/bcab080; ^f Morley, G., et al. (2019) doi.org/10.1177/0969733017724354

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